
MINUTES OF THE COUNTY DURHAM AND DARLINGTON LOCAL MEDICAL COMMITTEE HELD ON TUESDAY 6 SEPTEMBER 2016 IN THE BOARD ROOM AT APPLETON HOUSE

Present:

Tanya Johnston
David Robertson

Chair
Secretary

Richard Harker
Caren Purvis
Niamh Telford
Gopal Chealikani
Rushi Mudalagiri
Kamal Sidhu
Norbert Dielehner
Heather Prestwich

Darlington
Derwentside – Practice Manager
Durham
Easington
Easington
Easington
Sedgefield
Sessional

Claire Elder

LMC

Invited:

Sue Jacques
Joseph Chandy
Neil O'Brien

CDDFT
ND & DDES CCG
ND CCG

Number	Item
L16/72	Apologies for Absence None
L16/73	Minutes of the Meeting held on 5 July 2016 – were agreed as an accurate record.
L16/74	Matters Arising Capita – Practices still experiencing problems. Peterlee UC – Still under review. Firearms – DAR confirmed he had a meeting set up with responsible officer to discuss. IFR – On the whole consultants were aware that they could make IFR and that process does not depend on GPs always having PAT when making referral.
L16/75	Clinical Commissioning Groups ND & DDES CCG - Joseph Chandy

Private and Confidential

	<p>GP Forward View – ND & DDES are placing in bids for a share of funding to support practices in difficulties (£451,000 between 13 CCGs). The Committee suggested several ways for this money to be used. Whilst any funding to support practices was welcomed the amount of money per CCG was noted to be relatively limited. A long discussions ensued in ways practices in need might be helped. There was concern about practices declaring themselves in need of help and whether this would trigger a performance review or have implications with regard to their CQC registration but JC felt that this would not be the case.</p>
<p>L16/76</p>	<p>Local Authority</p>
<p>L16/77</p>	<p>Better Health Programme</p> <p>Edmund Lovell did not attend but Neil O'Brien attended and briefed the Committee on the BHP:</p> <p>BHP was being absorbed as part of Sustainability and Transformation Plans (STP) and driven by the need to improve the quality of care for patients. The Committee wondered whether the Public would understand the changes to the system but NO felt that said there was a robust communication strategy to ensure that the public were fully informed of the options for change.</p> <p>The Committee felt that General Practice, with current funding levels would not be able to take on all the changes being mooted. Practices are finding it increasingly difficult to have enough clinical capacity to meet patient demand. With no funding increase for Primary Care for the last 10 years, coupled with significant increases in demand and complexity, the Committee emphasised the potential risk to provision of general practice.</p> <p>NO pointed out that an integrated community service would make General Practice feel better connected and in control.</p> <p>Members felt that unbadged additional funding should be found for General Practice otherwise more clinicians would continue to leave the NHS either by early retirement or going abroad to work. Members expressed their need to see the current situation stabilised. Members also pointed out that General Practice was good value for money. NO could not promise any unbadged money and felt at this point it would be unrealistic to expect any extra funding. Although the committee shared this assessment they felt that it was important to continue to press for greater investment.</p> <p>Members wondered how all these new expectations were to be met as well as at the same time moving towards 15 minute appointments. GPs were now expected to deal with complex chronic illnesses without additional funding whereas when A&Es ran into difficulties more money was provided to secondary care.</p> <p>Members wanted to know if new community hubs would take some work away from Primary Care and could they be used by GPs to help with workload pressures.</p>

Private and Confidential

	<p>NO confirmed the consultation dates had slipped in part because it was recognised that a Northeast regional plan was needed as any smaller footprints would create a number of boundary issues.</p> <p>Members wanted to know what was happening with CDDFT: was it to be split in half and one half aligned with the north (Gateshead etc) and one half with the south (James Cook, etc). SJ explained that there had been no definitive plan but there be greater interdependency and co-operation, ie Urology being handled by Sunderland, Dermatology in Durham and Orthopaedics in BAGH. Clinicians were working across all sites and no one was restricted to providing services in one place anymore. Consultations would be probably going out in March 2017 and changes had to be implemented by 2020.</p> <p>Members wondered how services would be moved and how this would affect patients – NO confirmed that the whole patient population would be looked at and the best area for the service would be dependent on travel times and where patients were situated.</p> <p>SJ concluded that Clinicians would have to be work in a networking fashion.</p> <p>Members raised concerns about the financial gap and expressed some doubt about whether this could be closed.</p> <p>The LMC agreed that discussions must take place with member organisations ie CCGs and interested parties such as Federations. This would ensure that GPs had a strong voice. However, it was also pointed out that the LMC remained the statutory body representing GPs and therefore needed to be included in the consultation process.</p>
<p>L16/78</p>	<p>Secondary Care</p> <p>Sue Jacques & Colleagues – Trust & Community Update</p> <p>SJ attended by herself as others were unable to do so.</p> <p>Expenditure – expenditure is down as the Trust is attracting staff therefore reduction in locum costs.</p> <p>Jobs – The Trust is continuing to promote exciting roles for clinicians, being more creative with posts and providing more options for training.</p> <p>Urgent Care – The Trust has asked staff to stay on within Peterlee out of hours centre until after consultations have finished but there have been some resignations. The Trust has issued confirmation that there are plenty of jobs within CDDFT to support all staff there and they would be TUPE across.</p>
<p>L16/79</p>	<p>Out of Hours Issues</p> <p>79.01 111 – Wording of dispositions</p>

L16/80	Communication from the BMA/GPC DAR briefly updated the Committee on briefings from the BMA/GPC regarding the outcomes of the 2016 Conference of LMCs.
L16/81	General Correspondence Minor Ailments Service – (ND & DDES CCG Area) DAR updated the Committee on correspondence received regarding the amendments being made to the Minor Ailments Service. Fees for the MAS have been reduced and it was anticipated that some pharmacies would choose to no longer offer this service.
L16/82	Any Other Business 111 – Derwentside reporting problems (4 significant events). Two week referral forms – it was agreed to bring this matter to October's meeting Primary Care Workforce Tool – CP updated the Committee – it was becoming a more onerous and complicated task year on year. The Committee asked that this also be deferred to the October agenda also.
L16/83	Date, Time and Place of Next Meeting 4 October 2016 @ 19.30 in the Board Room at ND CCG Rivergreen, Durham