
**MINUTES OF THE COUNTY DURHAM AND DARLINGTON
LOCAL MEDICAL COMMITTEE HELD ON TUESDAY 7 JULY 2015
IN THE BOARD ROOM AT APPLETON HOUSE**

Present:

James McMichael	Chair
David Robertson	Hon Secretary
Tanya Johnston	Chester-le-Street
Rob Cowley	Derwentside
Niamh Telford	Durham
Francis Whalley	Durham
Gopal Chealikani	Easington
Rushi Mudalaguri	Easington
Norbert Dielehner	Sedgefield
Heather Prestwich	Sessional
Robin Wade	Sessional
Claire Elder	LMC

Invited:

Andrea Jones	Darlington CCG
Jenny Steel	Primary Healthcare Darlington

Number	Item
L15/71	Apologies for Absence Fiona McConnell (CLS) Richard Harker (Darlington) Sanjay Gupta (Easington) KV Reddy (Easington) Kamal Sidhu (Easington) Robin Wade (Sessional)
L15/72	Minutes of the Meeting held on 2 June – were agreed and signed as an accurate record.
L15/73	Matters Arising End of Life Care Help and advice has been provided by the LMC with regard to this document, but it was felt that it could be improved.

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	<p>TEWV – ICE</p> <p>Work was ongoing to allow clinicians in TEWV FT access to lab results using ICE. A further update would be available in September / October. It is hoped that this will reduce the need for practices to provide the results of blood tests to MHT.</p>
L15/74	<p>NHS England</p> <p>Meeting with NHS England</p> <p>DAR explained that the meeting with NHS England was fairly quiet but highlighted the issue of List Closures. In the past this has been a comparatively rare occurrence but there has been an increase in applications recently. Practices were clearly struggling to fill vacancies and whereas previously neighbouring practices might have been able to cope with a temporary list closure this might no longer be the case and there was a risk of triggering a domino effect</p> <p>It was noted that in other parts of the country complete practice closures had taken place. Members were concerned as to whether the LMCs would be given advanced warning of such events locally.</p> <p>Assurance Framework – Changes in the assurance framework were being proposed but it was anticipated that this should result in fewer practices being identified as outliers. Details of this were yet to be finalised and agreed.</p>
L15/75	<p>Clinical Commissioning Groups</p> <p>75.01 Annual Reports – DDES/ ND/ Darlington</p> <p>Were accepted by the LMC.</p> <p>75.02 Models of Care – Jenny Steel</p> <p>Primary Healthcare Darlington (PHD) – JS gave an update on PHD Darlington and their models of care that have arisen from their work with the Prime Minister’s Challenge Fund. PHD is working closely with other local organisations ie CDDFTs / Mental Health & Local Authority. Within Darlington there had been a health summit to develop collaborative working. Darlington Health & Wellbeing Board is providing input on behalf of Darlington Borough Council.</p> <p>A GP has been working each Sunday at DMH within the acute unit and helping to identify and discharge suitable patients to intermediate / community / primary care</p> <p>75.03 Darlington CCG – Andrea Jones</p>

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	<p>AJ advised the Committee that Darlington CCG has appointed Ali Wilson, the current Chief Officer of NHS Hartlepool and Stockton-on-Tees CCG to undertake the role of Accountable Officer for an interim period.</p> <p>Darlington held an Extraordinary Meeting in June – there will be an organisational review over the summer involving 4 GPs and a Practice Manager. Recommendations will go to the Board in September.</p> <p>Presently a PMS review is in place – work on specialised services that are not being carried out by all Practices and also a time to look at better ways of doing things. PHD and the CCG are trying to make sure this review is as fair as it can be without destabilising any practice.</p> <p>PHD has seen the advantage of not providing all services at all practices now they are working as a federation. The PHD has decided it is now a time to improve on quality and reduce group variations.</p> <p>Securing Quality in Health Services (SeQiHS) Darlington CCG is leading on the work on behalf of the CCGs across CD&D. It was agreed to invite the project director, Rosemary Granger to the next LMC meeting.</p> <p>The CCG are looking at urgent care/ out of hours/ 8-8 and 24 hour working and what is needed not what is wanted in order to provide an excellent service for the community.</p> <p>Members were interested to know the outcomes of discussions with the Trust in connection with the re-design of Urgent Care/ Community Nursing.</p>
<p>L15/76</p>	<p>Secondary Care</p> <p>76.01 Meeting with CDDFT</p> <p>After much work the meeting with CDDFT was cancelled on the day of the meeting at the FT's request. However CE would begin attempts to rearrange this.</p>
<p>L15/77</p>	<p>Out of Hours Issues</p> <p>Members once again raised issues with the lack of cover at the Durham Centre and the Committee was made aware of entire evenings not being covered. The LMC noted the continual problems.</p>
<p>L15/78</p>	<p>Communication from the BMA/GPC</p> <p>Jeremy Hunt's Speech – Noted that the "New Deal for GPs" was neither new nor a deal.</p> <p>Capita had been selected as the preferred bidder for Primary Care Support</p>

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	<p>Services (also known as Family Health Services). The final contract for the provision of administrative support functions was yet to be finalised but might well have implications for general practices.</p>
L15/79	<p>Medical Defence Organisations</p> <p>79.01 Fee Increases</p> <p>Members around the table mentioned that some of them had had £200 per month increases.</p> <p>The BMA is holding a series of meeting with defence organisations to address a variety of problems affecting GPs including the level of subscriptions.</p> <p>GPs needed to be aware that their defence organisation need to be informed of the scope of work that they were undertaking, including any out of hours work.. Although doing out of hours work tended to increase subscriptions the committee was made aware of an instance where a subscription had been reduced because of the amount of annual leave was above average.</p> <p>Locum Nurses – to indemnify locum nurses Practices must be sure that the nurse they employ provides correct certification.</p>
L15/80	<p>Regional LMC Meeting</p> <p>Appraisers – The AT had proposed that appraisers will now be allocated. NE & NW areas are the only areas that continue not to allocate. Strong objections have been raised and further discussions were anticipated.</p>
L15/81	<p>Quality Improvement Scheme</p> <p>It was noted that the ND CGG QIS was being discontinued.</p>
L15/82	<p>Reimbursement for contraceptive implants</p> <p>Members will continue to use FP10s for the contraceptive implants. The deficit in payments to do with contraceptive implants is a national problem.</p>
L15/83	<p>Date, Time and Place of Next Meeting</p> <p>1 September 2015 @ 19.30 in the Board Room at ND: CCG Rivergreen, Durham</p>