# **HIGHLAND LOCAL MEDICAL COMMITTEE**

# Tuesday 21<sup>st</sup> April 2015 Board Room, Assynt House, Inverness at 3.10pm

## **AGENDA**

<u>Timings</u>			
3.10pm	1.	Welcome and apologies - for information	
3.15pm	2.	Confirmation of Minutes of the Meeting held on $26^{th}$ February $2015$ - <b>attached for approval</b>	
3.20pm	3.	Matters Arising from the Minutes (not otherwise on the agenda)	
3.25pm	4.	Committee Membership 4.1 GP Sub and LMC Members – attached for information 4.2 GP Sub and LMC Associated Committees – attached for information	
3.35pm	5.	Update from other groups - for information  5.1 GP Reps/GP Sub – anything to report from the Chairman  5.2 Chairman's Group Meeting 24 <sup>th</sup> March 2015 - anything to report from the Chairman  5.3 RCGP Update - Miles  5.4 Any other groups	
3.45pm	6.	Heads UP/Issues 6.1 Levies and Communication with Practices (2C Practices) and Sessionals – Update Lindsay 6.2 Enhanced Services and IT – Update Sue 6.3 Locality Negotiations – Committees Thoughts on Moving Forward 6.5 GP Page on Intranet – Update Claire 6.6 Electronic Reporting to PF / Sudden Deaths - Sue 6.7 Primary School Flu Vaccinations - Sue 6.8 Microbiology Swabs – Update Dave 6.9 Referral Management in Psychiatry – Iain 6.10 Workload Management – Peter/Sue 6.11 Prescribing and Monitoring of Tenofovir in Primary Care – Claire – SBAR attached for information	
4.10pm	7.	SGPC Roadshow – 26 <sup>th</sup> May 2015	
4.15pm	8.	Health and Social Care Integration	
4.25pm	9. I	Recent LMC Actions Update - Sue	
4.30pm	10.	LMC Policy and Administrative Matters  10.1 GP Counselling Service – Update Sue  10.2 Succession Planning  10.3 LMC SBAR Form – attached for Information  10.4 LMC Website – Password Protected Area – Update Chris	
4.40pm	11.	Verbal Update Scottish Conference 12th and 13th March 2015 - Lorien	
4.50pm	12.	Management Unit Issues	
		<ul> <li>12.1 Argyll and Bute Issues</li> <li>12.1.1 Pre Chemotherapy Bloods Argyll and Bute – Update Peter Von Kaerne</li> <li>12.1.2 Ambulance Provision for Mental Health Patients Argyll and Bute - Peter Von</li> </ul>	

#### Kaerne

- 12.2 North and West Issues
- 12.2.1 Nursing Home Dressing Prescriptions Dave
- 12.2.2 Change in Midwifery Provision Sheila
- 12.3 South and Mid Issues
- 12.3.1 Maternity Leave Pay Update Sue
- 12.3.2 Pre Op Assessment Alan
- 12.4 Sessional / Locum Issues
- 12.4.1 Rheumatology Cover Update Lorien Cameron Ross
- 12.5 GPs in Training Issues Nothing Noted
- 13. AOCB
- 14. Date of Next LMC Meeting 16th of June 2015
- 15. Dates for LMC Meetings 2015
- 25<sup>th</sup> August 2015
- 20<sup>th</sup> October 2015
- 15<sup>th</sup> December 2015

### HIGHLAND LOCAL MEDICAL COMMITTEE

# Tuesday 21<sup>st</sup> April 2015 Board Room, Assynt House, Inverness at 3.10pm

**Present:** Alan Miles, Anne Berrie, Chris Williams (VC), Claire Robertson, Dave Gillman, Douglas McKeith, Ian Scott, Ishbel Hartley (VC), Iain Kennedy, Jonathan Ball (Chair), Lorien Cameron Ross, Miles Mack, Neil Wright (VC), Peter Von Kaehne (VC), Sheila Carbarns, Susan Hussey Wilson, Lindsay Dunn (notes), Irene Robertson

# 1. Welcome and Apologies

Apologies were received from Roberta Lindemann and Fiona Neale.

# 2. Confirmation of Minutes of the Meeting held on 24th February 2015

# Treatment Plans – Adults with Incapacity

Page 6 – Item 14.2 – Amendment to the minutes as GPs are not obliged to complete treatment plans or write in Care Home notes. GPs can however choose to write in the Care Home notes but the duty is only to write in General Practice notes. It would be useful to look into some of these areas during discussions with Geriatrician colleagues.

Action: Lindsay will update the minutes.

The minutes of the previous meeting are otherwise accurate.

# 3. Matters Arising from the Minutes (not otherwise on the agenda)

**Maternity Pay** – NHS Highland reimburse maternity leave as per the SFE. The maternity leave payments are made from the BAF budget. The maternity leave re-imbursement is for locum costs incurred with a maximum pro rata payment of: 2 weeks @ £982.92 and 24 weeks @ £1506.15. **Action: Sue will send Peter the letter about payment for partial weeks.** 

**Microbiology Swabs** - David wrote to Emma Watson and the issue has now been referred to the AMC. Whilst it is crucial to label test requests correctly, for certain tests it is more invasive or onerous to recall a patient.

Action: Jonathan to ask Andrew to discuss at AMC

- 4. Committee Membership
- 4.1 GP Sub and LMC Members
- 4.2 GP Sub and LMC Associated Committees

**Argyll and Bute Contract Group** – Andrew Falconer is on the Contract Group and he has not attended for some time. Andrew does not attend LMC or indeed the Contract Group. Peter has tried to contact Andrew by phone and email but has not had any response. As Andrew has failed to attend more than 3 meetings we will write to Andrew directly.

Action: Susan will write to Andrew.

We are still looking for people for a number of people to stand for Committees.

Action: If anyone is interested, please let Lindsay know.

- 5. Update from other groups
- 5.1 GP Reps/GP Sub anything to report from the Chairman

There is nothing to add to what was discussed previously.

5.2 Chairman's Group Meeting 24th March 2015 - anything to report from the Chairman

The following items were discussed:

- Website
- Communication strategy
- Social media
- SLMC Conference
- UK LMC Conference
- SGPC Roadshow
- LMC Mission Statement
- Care Home SLA
- Workload Management Document

### 5.3 RCGP Update - Miles

The following items were discussed:

- RCGP continue to be worried about the workforce problem. Practices are closing across
  Scotland and as Practices collapse there will be implications for the remaining Practices in
  these areas. A press release tomorrow morning will give further information. RCGP are
  grateful for having strong SLMC support for the aspirational 11% NHS budget figure. It was
  discussed at GP Reps that the recent SGPC survey found 25% of Practices in Scotland have
  vacancies as at March 2015, but difficulty in recruiting is seen as a GP problem until Practices
  collapse.
- Miles has done a pictogram about the workforce issues and he will circulate this to the LMC.

#### Action: Miles to circulate his pictogram.

- Primary /secondary care interface work is ongoing but there is lots more to be done. IT systems play an important part in this.
- The proposal to replace QOF is peer- based, values driven and the project is progressing slowly.
- OOH
- Prescription for Excellence
- Remote and Rural
- Mental Health

# 5.4 Any other groups

There were no other groups.

#### 6. Heads UP/Issues

# 6.1 Levies and Communication with Practices (2C Practices) and Sessionals – Update Lindsay

Practices that want to sign up have now signed up. This item will be removed until December 2015

Action: Lindsay will ensure this is on the December agenda

# 6.2 Enhanced Services and IT – Update Sue

There is a tool on the ESCRO website which can be used to identify progress for individual Practices for Enhanced Services.

Dave Kelly wrote to SHW at LMC as the company that run Vision have decided to start charging for anyone who wants to write software to interact with Vision. There is a small charge of £8,000 that has been paid this year in Highland but this is likely to be the tip of the Iceberg. Highland GPs use a lot of extra software (ESCRO). This is not good news but is a national issue. This is for info and we will need to wait and see how this progresses.

# 6.12 Locality Negotiations – Committees Thoughts on Moving Forward

There is no consensus about how we negotiate on behalf of Operational Units.

In other Health Board areas, the LMC negotiates all Enhanced Services. The Roadshow may help to broadcast the message that LMC can discuss matters Constituents' behalf from 2017. It has become apparent that some Practices accept changes in ES from HHB as they think this has already been discussed and agreed by the LMC. This issue is about to arise in in Argyll and Bute.

LMC needs to consider how we might achieve this mandate.

This will go on the Chairs Group agenda.

Action: Lindsay to ensure this is on the Chairs Group agenda

This will go on the June LMC agenda.

Action: Lindsay to ensure this is on the June agenda

# 6.13 GP Page on Intranet – Update Claire

We need to get some support at GP Reps and we will need to prepare a paper and take it to the next GP Reps meeting.

Action: Claire will prepare a paper.

### 6.14 Electronic Reporting to PF / Sudden Deaths – Susan

This was discussed at GP Sub and nothing further was discussed.

# 6.15 Primary School Flu Vaccinations – Sue

Abhayadevi has written to Sue and Jonathan regarding a LES is to undertake this work. Rates of pay would need to accurately reflect the cost. Even if LMC agree to consider this Practices are not obliged to sign up for the LES. Therefore Public Health will need to have a back-up plan regardless. Claire suggested that LMC carefully considered this previously and said no, so why would we now say yes? Public Health will be better prepared to manage the campaign as they have last year's experience. It is a lot of work for a very small number of vaccinations. Practices had few vaccination requests during the last flu season but this may be down to the LMC campaign. Rural practices were more likely to undertake vaccinations.

The 2017 contract may mean that vaccines are not part of General Practice work.

There is not great enthusiasm to agree to this LES.

Action: Sue to write to Abhayadevi

# 6.16 Microbiology Swabs - Update Dave

This was covered under item 3.

#### 6.17 Referral Management in Psychiatry – lain

lain suggested to his colleague that he write an SBAR to the AMC.

# 6.18 Workload Management – Peter/Sue

The document is really useful.

Action: Lindsay to send round the workload document

# 6.19 Prescribing and Monitoring of Tenofovir in Primary Care – Claire – SBAR attached for information

Claire has an example about a new drug monitoring issue. Claire phoned a nurse at the Gasto unit and explained the situation and that she was uncomfortable to prescribe this, and that monitoring was not appropriate in General Practice. The nurse took it back to the Gastro MDT for further discussion. Drug monitoring for secondary care is a generic problem. Drugs are added without discussion with General Practice.

Action: Claire will take this to AMC.

## 7. SGPC Roadshow – 26th May 2015

The roadshow is taking place on the evening of the 26<sup>th</sup> of May in the Centre for Health Science. We are borrowing a VC unit from NES to allow GPs from remote practices to VC in.

## 8. Health and Social Care Integration

Chris was not present at this point of the meeting so there was no update. It will remain on the agenda.

Action: Lindsay to ensure this is on the June agenda

# 9. Recent LMC Actions Update - Susan

This will be looked at every three meetings.

Action: Lindsay to ensure this is on the Agenda twice a year

## 10. LMC Policy and Administrative Matters

# 10.1 GP Counselling Service – Update Susan

There is no update

#### 10.2 Succession Planning

We need to start our preparation for the elections.

# Lindsay has prepared a timeline which is as follows:

- Early May Write to practices with Declaration and nomination forms.
- End of May Deadline for nominations
- First two weeks in June Vote if necessary
- 16<sup>th</sup> June 2015 Last meeting of the current committee. The new Committee will vote for its office bearers, prior to the first meeting of the new LMC and GP Subcommittee.
- 25<sup>th</sup> August 2015 The first official meeting of the new LMC/GP Subcommittee

Action: Lindsay will email out the timeline as to what will happen when in terms of the elections.

#### 10.3 LMC SBAR Form – attached for Information

This will be sent out to Constituents and will also go on the website.

Action: Lindsay to send out to Constituents and put on the website.

## 10.4 LMC Website – Password Protected Area – Update Chris

Chris was not present at this point of the meeting so there was no update. It will remain on the agenda.

Action: Lindsay to ensure this is on the June agenda

## 11. Verbal Update Scottish Conference 12th and 13th March 2015 - Lorien

Lorien gave a brief update which included the following:

- Highland Reps Sue, Dave, Lorien and Iain were at the Conference.
- Evening function allowed us to meet other delegates who were interested in our recruitment methods. There was a nice meal with dancing.
- The Chair of SGPC gave a speech at the meal
- Delegates from all regions
- Motions on wide range of topics
- The majority of motions were carried.
- Highland LMC need to contribute more motions. We could collect motions as the year goes on so we can have something to take to the conference.
- The next Conference is scheduled for Friday 11<sup>th</sup> March so can people please put this in their diaries. We could do this at the end of every meeting.

Action: Lindsay to add motions to the agenda as a standing item

### 12. Management Unit Issues

## 12.1 Argyll and Bute Issues

## 12.1.1 Pre Chemotherapy Bloods Argyll and Bute – Update Peter Von Kaehne

This was discussed under item 4.2

# 12.1.2 Ambulance Provision for Mental Health Patients Argyll and Bute - Peter Von Kaehne

Peter was not present when this part of the agenda was reached. It will be discussed in June.

Action: Lindsay to ensure this is on the June agenda

#### 12.2 Argyll and Bute Issues

Peter was not present when this part of the agenda was reached. It will be discussed in June.

Action: Lindsay to ensure this is on the June agenda

#### 12.2.1 Nursing Home Dressing Prescriptions – Dave

The new residential home in Tain is asking for help with dressings and the District Nurses are saying this is not something they deal with. This issue has been raised before and Dave discussed this with Ian Scott, Thomas Ross and Kate Patience Quate. We will invite Kate Patience Quate to attend the next GP Sub meeting.

Action: Lindsay to ask Irene to invite Kate.

#### 12.2.2 Change in Midwifery Provision - Sheila

Community midwives used to go to surgeries to carry out a clinic every month or two. It has recently changed and antenatal clinics are now being held centrally in Golspie which can be a 40 mile round trip for patients.

#### 12.3 South and Mid Issues

#### 12.3.1 Maternity Leave Pay – Update Susan

This was discussed under item 3.

#### 12.3.2 Pre Op Assessment

A constituent was asked to action a MSU result from pre-op assessment prior to orthopaedic surgery. The pre-op team contacted the patient explaining they have a UTI and needed to contact their GP for treatment and repeat MSU. The patient was asymptomatic, so did not have a UTI but assymptomatic bacteruria. There was a similar case with an oncology patient with bacteruria showing multiple antibiotic resistance and microbiology advised against treating. Oncology

reluctantly took this advice. Again, this took Practice admin time and an estimated hour of duty doctor time.

A second constituent had a patient ring in looking for same day appointment for pulse/BP/height/weight/cardiorespiratory examination and nasal & perineal MRSA swabs (she was actually very vague about what she needed). Her Orthopaedic surgery was suddenly scheduled for Wednesday and Pre-Op clinic had rung her the night before asking her to attend the GP practice the next day for these things. The GP rang the Pre-Op clinic to ask why they weren't doing the assessment and they said it was because they had done it nearly a year ago but the results were now out of date so they thought they would save the patient a trip to Raigmore by getting the GP to do it. They were willing to see the patient if the Practice couldn't do it. The GP advised them a) GPs were not funded for this work and b) any swabs we took would not reach the lab until Monday afternoon which risked her operation on Wed being cancelled for lack of results. The patient was willing to travel and so she went up to the clinic.

Susan is working with Emma Watson who is pleased we have some named examples.

Action: AI to write SBAR and Sue will take this to the AMC.

#### 12.4 Sessional / Locum Issues

#### 12.4.1 Rheumatology Cover – Update Lorien Cameron Ross

Nigel Small offered help to the Service in October but there was no reply. He chased this up in February and the service has said they will have discussions to try and resolve this. It is not clear how GPs can engage with this problem.

## 12.5 GPs in Training Issues

Nothing was noted

#### 13. AOCB

No further items were discussed.

#### 14. Date of Next LMC Meeting

The next meeting is on the 16th of June 2015

## 15. Dates for LMC Meetings 2015

- 25<sup>th</sup> August 2015
- 20<sup>th</sup> October 2015
- 15<sup>th</sup> December 2015

The meeting finished at 5.25pm.