NOTTINGHAMSHIRE LOCAL MEDICAL COMMITEE (Ltd)
MINUTES OF THE LMC OPEN MEETING,
held on 28 July 2015,
at the LMC Offices, 5 Phoenix Place, Nottingham

Present:	**Dr G Place (Chair)**	**Dr P Holden**
	Dr M Bicknell	**Dr S Kinra**
	Dr A Bilkhu	**Dr C Packham**
	Dr K Butt	**Dr O Sharma**
	Dr J Greenwood	**Dr C Singh**
	Dr A Harrison	**Dr A Tangri**
	Dr K Deacon	**NHS England**
	Alison Ellis	**LPC**
	Joanne Sherwood	**Wellspring Surgery**
	Mr C Locke	**Notts LMC Ltd Secretariat**
	Mr J Cummins	**Notts LMC Ltd Secretariat**
	Mr D Smith	**Notts LMC Ltd Secretariat**
	Mr S Jones	**Notts LMC Ltd Secretariat**

09/15 Apologies

Apologies for absence had been received and were reported to be available from the LMC offices.

10/15 Minutes

The minutes of the previous 'Open' meeting of the LMC held on 26 May 2015 were approved as a correct record.

11/15 Matters Arising

There were no matters arising.

12/15 The process of managing GP performance, appraisal and revalidation

The Chair introduced the Area Team Medical Director, Dr Ken Deacon, who had taken over from Dr Doug Black in April, having previously been Medical Director for Staffordshire and Shropshire. He said that Dr Deacon would be discussing the performance review process. The Chair also expressed an interest as a member of the PLDP for Nottinghamshire.

Dr Deacon began by highlighting that there was now a single national policy for performance reviews and that there were currently two committee stages, namely the Performance Advisory Group (PAG), which undertook an initial assessment and screening, and the Performers List Decision Panel, which made decisions relating to the performers list. He noted that some

historic cases in Nottinghamshire had been escalated to the PLDP prematurely and resulted in these cases being open for lengthy periods of times. He indicated that he was keen to resolve as many cases as possible without escalating to the formal committee stages. He emphasized that his role was to ensure GPs could continue to work as long as it was safe to do so.

He reported that since commissioning had been delegated to CCGs, they would be responsible for practices, whereas, the Medical Directorate would be responsible for individual GPs. He highlighted that there was a "teething issue" nationally with moves to a single appraisal system and that there was a lack of local flexibility.

With regard to revalidation, Dr Deacon highlighted that the GMC set the rules and the RCGP interpreted them. He emphasized that College guidance changed regularly and that the Responsible Officer was responsible for interpreting the guidance and making recommendations. He reported that, following the NHS England reconfiguration, there appeared to be differing interpretations among ROs and he indicated that he would write to GPs to clarify matters once the new college guidance had been released. He said that he took a more "black and white" view of evidence and highlighted that his default rates of referral were less than ½ the national average.

In response to a query from Dr Butt about the consistency of approach for appraisals, Dr Deacon indicated that the training for Nottinghamshire and Derbyshire would be standardised and that LMC observers were welcome to attend the training sessions.

In response to a query from Dr Kinra about the guidance for safeguarding children, Dr Deacon indicated that he was awaiting clarification from the College but he noted that this was a GMC requirement but not a specific requirement for revalidation. He said that he would inform GPs of the latest guidance when available.

Dr Bicknell highlighted that following the disclosure of performance statistics for Nottinghamshire and Derbyshire between April 2013 and April 2014, it had transpired that Nottinghamshire had a disproportionate number of performance investigations and that this had had a negative impact on GPs locally with early retirements being one of the consequences. He also expressed concern at the conflict of interest arising from local GPs being part of the performance review process.

In response to Dr Bicknell's request for reassurances, Dr Deacon said that he had closed numerous outstanding cases and that he would take a pragmatic approach moving forward using the highly competent case investigators at his disposal. He highlighted that all GPs involved on a performance panel would be rigorously scrutinised in terms of conflict of interest and competence and that he had the facility to use investigators from different areas to avoid conflict of interest and that PLDPs would consider cases from outside their immediate area on a reciprocal basis.

In response to a query from Dr Butt about nurse revalidation, Dr Deacon noted that there was still some uncertainty about this and that discussions were ongoing. Dr Holden emphasized the importance of addressing the NMC's *ex cathedra* statements and to ensure that nurse revalidation did not affect service delivery.

In response to a query from Dr Greenwood about physician associates being employed in general practice, Dr Deacon noted that this proposal had encountered difficulties due to the fact that these were not registered health professionals which meant that, *inter alia,* there was no

legal mechanism for them to sign prescriptions. He suggested that pharmacists could be utilised until the prescribing issue was remedied.

Dr Holden noted that there was no legal definition of an advanced nurse practitioner. Dr Deacon highlighted that there had been a change in terminology to "general advanced clinical practitioner".

In response to a query from the Chair about how outcomes from and lessons from performance issues were communicated to practices, Dr Deacon highlighted that cases would be dealt with as efficiently as possible and that he would try to avoid cases going to the PLDP on more than one occasion.

In response to a query from Dr Bicknell on PLDP membership, Dr Deacon indicated that the panel would be composed of an independent chair (usually a solicitor), the Medical Director, a senior NHS England manager responsible for patient safety and a discipline-specific practitioner. He noted that the LMC did not have a seat on the panel in its own right but he reported that he had disagreed with this decision and acknowledged the value a LMC rep would offer to the voting committee. He had accordingly been pleased to accept LMC nominations for that role.

In response to a question from Dr Holden on whether PLDP members went through judicial procedures, Dr Deacon said that this did not take place but he noted that members had formal training.

In response to a query from Dr Sharma on the "soft intelligence" used in the performance review process, Dr Deacon highlighted that this was dependent on the definition of "soft" intelligence, for example, he highlighted that a low-grade complaint would not be escalated to a committee hearing but he said that a copious amount of low-grade complaints would raise concern. He stated that the purpose of "soft" intelligence was to assist in the identification of any patterns or themes which would be a cause for concern and necessitate a performance review. In response to concerns expressed by Dr Bicknell about the low-grade intelligence currently in circulation, Dr Deacon highlighted that this information would be considered obsolete unless performance investigators were actively directed to it.

In response to a request from Dr Bicknell to improve engagement with the LMC, Dr Deacon indicated that his intention was to hold quarterly meetings with local LMCs.

The Chief Executive welcomed Dr Deacon's supportive approach and moves to improve engagement with LMCs.

He then raised a concern about the practice of encouraging doctors to go on sick leave, as opposed to being suspended, which had meant that practices were not eligible for financial support to cover their absences. Dr Deacon highlighted that the rules had changed and that if the GMC suspended a doctor, the Area Team would need to follow suit. He stated that NHS England would be able to offer financial support and a degree of flexibility in these instances.

In response to a query from Dr Bicknell on Health & Justice coverage, Dr Deacon noted that Vikki Taylor was currently overseeing operations locally.

The Chair thanked Dr Deacon for his time and his informative responses to questions from the floor.

13/15 LMC/CCG discussions

The Chief Executive reported that Notts LMC had discussed the nature of its liaison arrangements with CCGs at a summit meeting on 1 July. He highlighted that future meetings would be titled the LMC/CCG strategic liaison group and that the following meeting was likely to take place in October. He reported that at the meeting, some CCGs had agreed to have LMC reps on their PCCCs whilst others had declined, and that in a discussion about the extent to which CCGs consulted the LMC, a number of CCGs had indicated that they would need to consult their member practices before deciding whether to consult the LMC. He highlighted that the LMC had brought the issue of the unresourced transfer of work from secondary care to the attention of the CCGs, whose response was an acknowledgement of the issue which they viewed as a consequence of the pressures faced by secondary care clinicians rather than a Trust-inspired "conspiracy". He noted that CCGs had requested that GPs inform them of any issues.

He indicated that the LMC planned to conduct of survey of all Notts GPs during July and August on a number of key questions, including the changing NHS landscape, whether the LMC should be formally consulted by CCGs; the transformation programmes; the role of the LMC and CCGs; GPs' knowledge and use of LMC services such as the CQC preparatory visits and pastoral network; and the unresourced transfer of work from secondary care to primary care. He said that the LMC would use the results of the survey to inform discussions with CCGs at the next meeting of the LMC/CCG strategic liaison committee.

He reported that there had been discussions about using infrastructure funds for other purposes such as for incorporating clinical pharmacists into primary care teams.

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14/15 Primary Care Development Centre

The Chief Executive reported the PCDC had had its "confirm and challenge" stakeholders' event on 4 July which he felt had achieved its purpose in terms of engagement and accountability. He reported that the LETC had recognised the value of the PCDC, whereas the CCGs were focused on transformation and had raised a number of challenges including the need to improve the Centre's engagement with them. He reported that he would be looking at how the PCDC could fit with the national "10 point plan for general practice".

He reported that the PCDC's bespoke leadership programme had concluded in June with positive learning outcomes for the 18 participating GPs. He reported that the bespoke Practice Managers vocational scheme delivered by IHM was being well received and that the mentoring and sign-posting service for GPs in Nottinghamshire and Derbyshire (GP-S) had received a good level of interest since its launch. He reported that the PCDC had been carrying out a scoping exercise for HEEM's roll-out of CEPNS (Community Education Provider Networks).

He reported that funding had been secured for 34 GP fellows and that over 20 expression of interest forms had been received to date with at least ½ of the applicants interested in working in Nottinghamshire. He highlighted that, in Nottinghamshire, the scheme was not exclusively for training practices on the proviso that the interested non-training practices had passed a LMC inspection. He reported that CCGs were happy to tailor the scheme to meet individual GP fellows' special interests.

NOTED

15/15 Any other business

i) Guidance from HM Coroner

The Chief Executive reported that HM Coroner had produced updated guidance for practices and OOH organisations. He indicated that the LMC would circulate the guidance to LMC members first for comments and then to all practices.

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16/15 Date of next meeting

The Chair reported that the subsequent meeting would be on 29th September at the LMC's office, Phoenix Park, Nottingham.

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Chairman
29th September 2015