NOTTINGHAMSHIRE LOCAL MEDICAL COMMITEE (Ltd)
MINUTES OF THE LMC OPEN MEETING,
held on 30 September 2014,
at the LMC Offices, 5 Phoenix Place, Nottingham

Present:	**Dr G Place (Chair)**	**Dr A Khalique**
	Dr J Ambrose	**Dr S Kinra**
	Dr M Bicknell	**Dr Y Rao**
	Dr K Butt	**Dr O Sharma**
	Mr B Girling	**Dr A Tangri**
	Ms J Girling	**Dr R K K Tumurugoti**
	Dr J Greenwood	**Dr C Johnson**
	Dr D Black	**NHS England**
	Mr C Locke	**Notts LMC Ltd Secretariat**
	Ms H Shuker	**Notts LMC Ltd Secretariat**
	Mr M Wright	**Notts LMC Ltd Secretariat**
	Ms A Bolton	**Notts LMC Ltd Secretariat**
	Mr S Jones	**Notts LMC Ltd Secretariat**

27/14 Apologies

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

28/14 Minutes

The minutes of the previous 'Open' meeting of the LMC held on 22nd July 2014 were approved as a correct record subject to the following amendment:

p.2 – 4% "BMI" should read "BME".

29/14 Matters Arising

i) LMC CQC preparatory visits
The Chief Executive reported that the LMC had carried out a number of CQC preparatory visits to date and that a joint event with Derbyshire LMC was planned in the near future on the new CQC inspection regime.

NOTED

30/14 NHS Changes: Co Commissioning and Area Team reconfiguration

Dr Black offered to explain the recently announced changes and began by highlighting that the Area Team was currently responsible for the commissioning of all primary medical services and that as its Medical Director and GMC responsible officer, he monitored performance issues under the performance list regulations. He added that the Area Team was responsible for the commissioning of specialist services such as bone marrow transplants on a supra-regional basis,

as well as being the commissioning of services for health and justice and military health services. He highlighted that CCGs were currently responsible for the commissioning of community and secondary care services and quality improvement.

Dr Black stated that the notion of co-commissioning was predicated on a "CCG-led" approach and that the commissioning of primary care services would effectively be devolved to CCGs. He reported that an Area Team event was planned on 16 October with Dr David Geddes to discuss the transfer of commissioning responsibilities to CCGs.

He reported that the reorganisation of NHS England would commence on 1st October with a 45 day consultation with all staff in NHS England. He said that the principle behind the changes was to revise NHS England's core functions, by devolving core commissioning responsibilities to CCGs and improving specialist commissioning after the poor performance of NHS trusts and some CCGs. He reported that there would be an internal realignment of how NHS England commissioned specialists services and a reduction of 1/6 in running costs to meet Government targets.

Dr Black highlighted that the 24 Area Teams currently in operation would coalesce and become 12 and that there would be significant cuts at senior management level, including a reduction in the number of medical directors. He indicated that extra-developmental functions, such as care strategy, would disappear but he noted that responsible officer functions and statutory duties would not be affected by the changes.

He reported that the Nottinghamshire and Derbyshire Area Team would be merging with Shropshire and Staffordshire. He said that the possible reasoning behind this was to improve national performance by combining underperforming regions (such as Staffordshire) with more competent ones such as Nottinghamshire and Derbyshire.

Dr Johnson expressed her surprise that co-commissioning would include dentistry, pharmacy and optometry.

In response to a question about whether there would be a reduction in the number of GP reps on CCG boards to accommodate other sectors, Dr Black replied that this would not be a necessary consequence.

Dr Khalique enquired about the impact of the reconfiguration on practice and CCG budgets. Dr Black replied that the reconfiguration would not affect individual practice or CCG budgets but he anticipated a significant reduction in senior, clinical input.

Dr Johnson commended the Area Team for their efforts in securing Challenge Fund monies and asked what impact reconfiguration might have on this. Dr Black acknowledged personnel who had played an integral part in the successful Challenge Fund proposal, might no longer be available and that strategic planning would be devolved to CCGs.

The Chair enquired about the impact on performance management. Dr Black said that capacity would be challenging but he was confident that the team's ability would not be adversely affected.

Dr Bicknell asked about issues regarding premises investment and Dr Black admitted that this was likely to remain severely restricted.

Dr Khalique asked about the impact on APMS contracts and related issues involving potential conflicts of interest. Dr Black said that there had not been any specific announcements and that APMS practices would undergo a contractual review in due course. He stated that there was a view within NHS England that 5 years might be viewed as too short a duration for an APMS contract and that the contractual environment for primary medical services would undergo significant changes in over the next few years. Dr Khalique commented that GMS and PMS contracts were both threatened by a lack of investment in premises.

The Chief Executive indicated that the LMC would express in writing to NHS England their reservations on the proposed geographical reconfiguration.

NOTED

31/14 GP Contract Issues

The Chief Executive highlighted that the LMC had received notification on the negotiated changes to the GP contract and that, on first glance, many of the changes appeared to be beneficial. For example, he noted that the unplanned admissions changes would reduce practices' workload. He highlighted that the Patient Participation and Alcohol Reduction enhanced services would cease on 31 March 2015 and that funds would be transferred to core budgets. He also noted that there would be simplified rules for locum changes; a 'named GP' for all patients; concessions in respect of online records sharing; guaranteed payment of locum reimbursement for sickness and maternity locums and published information on GP earnings would expressly exclude non-GP contract income. He indicated that the LMC would produce a contract bulletin to circulate to all practices in due course.

Dr Johnson hoped that the locum reimbursement weekly rate would be increased and not reduced and she suggested that the LMC could provide guidance for practices on how to publish accounts in relation to the requirement to publish GP earnings. Dr Bicknell highlighted that GP earnings would not be published until April 2016.

The Chief Executive reported that it had been agreed that there would be no reduction in the size of QoF in 2015/16 and that the QoF point value would be adjusted in 2015/16 to take account of population growth and relative changes in practice list size. He noted that the planned changes in thresholds in QoF from April 2015 would be deferred for a further year. He highlighted that any funding released from PMS reviews would be reinvested in primary medical services. Regarding the pace of change i.e. the period during which the PMS 'premium' would be clawed back, Dr Black indicated that there was no suggestion that the local agreement on parity with MIPG would not be honoured. He said that 21 practices would be significantly affected and that recent workshops with those practices had received positive feedback. The Chief Executive added that the implementation of the out of area patient LES had been postponed and that the LMC would report on its progress in due course.

NOTED

32/14 Coroner's advice

The Chair recounted the discussion with the Coroner at the LMC's Open meeting in May and he highlighted that the LMC had written to the Coroner upon receipt of her guidance. He said that the letter had been written on behalf of the LMC's constituents to express their concerns, but there had been no response to date. The Chief Executive indicated that the LMC would now consider sending a reminder letter.

The Chief Executive reported that the Coroner had made concessions including an agreement that a patient whose details were recorded in EPACCS and on 'special notes' could be treated as an expected death. He highlighted that problems were still occurring in OOH services and that said he would be liaising with NEMS and CNCS to discuss these further. Dr Bicknell stated that clarification in writing on the extent of the changes conceded by the coroner would be helpful and he recommended that the LMC write to the Coroner acknowledging the negotiations which had taken place with OOH services.

Dr Butt reported that the Coroner was expected to attend a PLT event in February 2015.

NOTED

33/14 Primary Care Development Centre

The Chief Executive reported that the PCDC had had productive engagement with CCGs in Nottinghamshire and that the Centre would be facilitating discussions with practices in a number of areas on the subject of federative working.

He referred to the paper he had produced on *inter-practice collaboration*, which had been circulated to all practices and stakeholders across both counties and was available to download from the PCDC's website.

He highlighted that the PCDC had been lobbying the Derbyshire and Nottinghamshire LETCs for financial support and that the Centre would be supporting CCGs' Challenge Fund proposals.

Dr Johnson commended the Chief Executive and the rest of the PCDC team for their work to date and sign-posted the Centre as an invaluable resource for general practice in Nottinghamshire and Derbyshire.

In response to a question from the Chair about the Area Team's commitment to fund the Centre for a second year, Dr Black replied that there would be a commitment subject to the agreed review.

NOTED

34/14 Any Other Business

There was no further business.

35/14 Date of next meeting

The Chair reported that the subsequent meeting would be on 25th November at the LMC's office, Phoenix Park, Nottingham.

_____

Chairman
25 November 2014