**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 3 July 2017**

**In the Lairdside Suite, Royal Standard House**

**PRESENT:** Dr R Williams Chair

 Dr B Quinn Vice Chair

 Dr A Adegoke Hon. Secretary

Dr S Jalan Dr S Jarvis

Dr L McGrath Dr A Mantgani

Dr R Millard Dr F Newton

Dr M Smethurst

**ALSO PRESENT:** Dr Stephanie Gallard – Wirral Community Trust

 Ms Tracy Orr – Wirral Community Trust

 Mr Iain Stewart – Wirral CCG

 Ms Nesta Hawker – Wirral CCG

 Ms Sarah Boyd-Short – Wirral CCG

Mr Peter Lear – Wirral LDC

Ms Claire Ashley – BMA

 Mrs S Lepts, Wirral LMC

38. **Welcome**

 The Chair welcomed members and visitors and introduced Ms Claire Ashley (Employment Relations Business Manager) as BMA representative who will attend future Wirral LMC meetings as and when her diary permits, Tracy Orr (Wirral CT) and Sarah Boyd-Short (Wirral CCG).

The Chair asked the LMC Office Manager to add Ms Ashley to the agenda email list and a member asked Ms Ashley for contact details of the service that can provide advice regarding Federations *(some content loss due to background noise).* Ms Ashley replied she would double check with a colleague and forward the contact details on through the LMC office.

The Hon. Secretary added there is also the GPC Lead for Working at Scale and advised members to contact the LMC office for details.

  **ACTION**:

* LMC Office Manager to add Ms Ashley to the Agenda Visitors email list.
* Ms Ashley to forward contact details to LMC Office.

39. **Apologies**

Apologies were received from Dr Ali, Dr Cooke, Dr G Francis, Dr J Mottram, Dr M Syed, Ms Howell and Mr Price.

40. **Declarations of Potential Conflicts of Interest**

Dr Jalan mentioned he works for the Community Trust if GP OOHs was going to be discussed. *(Some content lost due to background noise)*

41. **Clinical Commissioning Update**

The Chair raised LMCs concern around GPFV and informed members that LMC met with Peter Groggins from NHSE and as an area Wirral seem to be behind with certain aspects of GPFV. GPs are still unclear of what potential benefits they can receive through GPFV and, as previously requested from CCG, the Chair asked for a list of potential benefits to access and invited Mr Stewart and Ms Hawker to provide a summary of where CCG is up to.

Mr Stewart gave an update on:

* Receptionist Training - £29k a year for 3 years. Received 16/17 allocation and agreement in place to share between the two Federations. CCG has requested invoices from the Federations for the share to be paid and Federations need to invoice each year with their plan as to what they will do with the funding specific to training.
* International Recruitment – CCG need workforce strategy to determine if international recruitment for GPs is a solution for Wirral and a draft workforce strategy in place by September. There is funding in the system to fund £36k per GP for relocation costs but the GP cost will be a practice cost.
* Estates & Digital - 5 technology bids were submitted to the Estates, Technology Transformation Fund (ETTF). ***(See appendix 1b)***

*Members discussed poor GP engagement, whether the technology bids were for what Primary Care needed, questioned who makes the decisions and stated it would be more useful to increase and improve IT equipment in practices and availability of a permanent laptop in nursing homes for GPs to use rather than devices given to practices that may not use them, and would be useful to look at the business cases behind the bids. It was also requested that CCG look into recruiting a GP IT Lead to liaise with practices, LMC and Federations to improve engagement and answer members concerns.*

*Mr Stewart replied there is a national fund for IT equipment in practices which comes under the GP IT Contingency Budget locally.*

* Estates – 5 practices and 3 potential schemes
1. ETTF partner with NHS Property Services as developer
2. Practices find capital or 3rd party themselves
3. Put a business case together and ask the company that currently pays the rent if they will cover the increase.

*The Chair stated concern around the timescale of NHSE requesting business cases for new builds/surgery developments within days and then keeping practices waiting for a response or move to next step.*

* GP Resilience Fund – next deadline is 14 July 2017. Mr Stewart attends monthly Primary Care Lead meetings in Liverpool. The next meeting is towards the end of July where the meeting will start as normal, pause and then convert into a panel to assess the bids and reach a decision. Successful bids need to articulate the problem, state a solution and provide a plan for the end of the funding.

Mr Stewart ended his update.

The Chair asked for an update on the proposal for the musculoskeletal service which LMC was only made aware of a few weeks ago.

Ms Hawker informed members that it is currently undergoing procurement so difficult to talk about all of the detail. The outline position is Wirral has an issue with the rate of outpatients actually having surgery in orthopaedics in comparison to other areas and the CCG has been nationally mandated by NHSE to put in a musculoskeletal triage service. Ms Hawker added the CCG was already underway with putting musculoskeletal triage in place which includes elective orthopaedics. It is going out as a prime provider for the contract who will be held to account on the outcomes back in terms of triage and the planned orthopaedic work. Ms Hawker clarified that prime provider did not mean single provider.

The Chair asked if the triage service has to be used by GPs and stated there will be concern amongst GPs who are unclear or unaware of the change to the service and also issues of triaging interfering with the traditional relationship of primary and secondary care.

Ms Hawker stressed this is a mandate from NHSE not CCG choice and added there is a lot of work to do and as soon as procurement is over the CCG will carry on with engagement.

The Hon Secretary asked what triage will be doing, who would be providing the triage and where it will be and stated there is engagement problem and GPs should have been made aware of the triage before going to tender and given the opportunity to have some input.

Ms Hawker was unable to answer the questions as she didn’t have all the information but understood there were GP engagement events and GP involvement. She added she would check with Dr Paula Cowan and brief her with LMC concerns to address at the next LMC/CCG mid-month meeting next week.

Members discussed the lack of consultation, how concerns are brushed aside, how discussion after procurement is inappropriate, the history of this being done before on the Wirral with robust complaints, that triage can be done in primary care.

Opinion was split as some welcomed the triage service while others were not as keen but all agreed more information was urgently needed about the service and how it will work and it was suggested LMC request CCG pause the procurement process. It was agreed LMC will wait to meet with Dr Cowan before writing to the CCG to pause further procurement and if not satisfied or reassured with CCG response LMC will then consider how to proceed.

New Hospital Contract Summary

The Hon. Secretary read out a summary on the new hospital contract and changes from last year and carried forward to this year. ***(See appendix 1c)***. He informed members the summary will be made available on the LMC website along with the template letters to send back to hospital and requested LMC is notified of the complaints to challenge the CCG.

Members discussed the changes and it was asked who will monitor to ensure secondary care comply. The Hon Secretary confirmed it is the obligation of the CCG and LMC will need to make sure it is done. He added this will be sent out to all GPs with a request for them to feed back any complaints and non-compliance and that all hospitals had been written to directly to monitor it.

Mr Stewart requested LMC pass complaints on to CCG at the time so they can be taken to the contract meetings to be addressed by the provider.

There were no further questions and the Chair thanked Mr Stewart and Ms Hawker for coming.

**ACTION:**

* Ms Hawker to check GP engagement/involvement and brief Dr Paula Cowan on LMC concerns around musculoskeletal triage service.
* LMC Office Manager to upload new hospital contract summary on the LMC website, email all Wirral GPs the new hospital contract summary and forward on any complaints received from practices to the CCG.

 42. **Community Trust Update**

 The Chair introduced Dr Stephanie Gallard and Ms Tracy Orr (Divisional Manager for Primary Care) and invited them to give an update.

 Dr Gallard firstly apologised for the absence of Dr Sim and secondly for her unavoidable late arrival and gave an update on:

 GP OOH Service

Dr Gallard thanked LMC for the GP OOH questionnaire results circulated with the minutes. She added there was a lot to comment on as the service has gone through significant change in the last year. Responses in the survey showed a view from some people who had possibly not worked in the service for a while, as views given did not appear to reflect the current service. Dr Gallard requested to return to LMC to provide a short presentation on the changes to OOH, and correct some of the misconceptions within the survey.

It was agreed that Dr Gallard and Ms Orr would return to the September meeting to provide a brief presentation and take guidance from LMC on relevant salient points to send out a communication of the changes to practices. It was also suggested CT could repeat the survey with those people currently working in the service.

Primary Care Streaming

Members discussed concerns around primary care streaming such as dilution of GP OOHs and possible disadvantageous effect it may have on Primary Care.

Ms Orr advised members of the current consultation around primary care streaming which is nationally mandated and comes from the Luton and Dunstable model. She added there are a lot of conversations around whether the model needs adapting for Wirral. The CT are not in a position to be able to absorb the projected primary care stream workload into the current establishment of GP OOHs *(some content lost to background noise).* Ms Orr continued that one of the reasons for re-design of the GP OOHs was to give money back to the CCG which has now been done. As a consequence, the GP OOHs is now staffed according to a capacity and demand review which looked at incoming demand, including NHS111. There is no resource for anything above that and CT are currently in discussion with CCG and WUTH as to where additional funding will come from. Ms Orr also added that NHSE have stated that patients cannot be streamed offsite.

Dr Gallard informed members that this has not been launched in a light hearted manner. CT has done 2 pilots over 2day stretches which provided interesting and robust data on what was streamed away from A&E. Also on the 19 and 20 July, CT will be doing paediatric streaming. Dr Gallard added it will be live at the time of the next LMC meeting in September but she will add the data from the pilots onto the end of the GP OOHs presentation.

There were no further questions and the Chair thanked Dr Gallard and Ms Orr for coming.

**ACTIONS:**

* CT to present on GP OOH service and provide streaming pilot data at LMC meeting 4 September 2017.

43. **WUTH Update**

 No representative present.

44. **Minutes from Previous Meeting**

The 5 June meeting minutes were noted to be a true and accurate record and were proposed by Dr F Newton and seconded by Dr A Mantgani.

A member raised a query regarding Mr Stewart’s confirmation in the June minutes that consumables are included in the £800k Phlebotomy budget as CCG have sent out communications contradicting this. LMC have not been made aware of this and it was not mentioned during the CCG update. It was agreed LMC will confirm with Dr Cowan at the next LMC/CCG meeting.

Members discussed concerns around CCG, WUTH and CT poor engagement and not keeping LMC informed, often procuring services and implementing change before discussion with LMC and whether the right people are attending the meeting to provide all information. It was agreed LMC should be more proactive, officially log opposition and provide better communication with GP members.

**ACTION:**

* LMC to confirm inclusion of cost of consumables in phlebotomy budget with Dr Cowan at next CCG/LMC Meeting on 13/7/17.

45. **Re-affirmation of Officers**

The Chair, Vice Chair and Hon. Secretary stepped out of the room while their positions were discussed by members. They were invited back to the room and informed their positions were re-affirmed.

Members discussed the time constraints of past meetings. It was agreed future meetings will be restructured with an initial closed session for LMC members to discuss any issues and raise questions to challenge any upcoming decisions before CT, WUTH and CCG arrive for the open session.

**ACTION:**

* LMC Office Manager to amend agenda timings and notify visitors, CT, WUTH and CCG of the changes.

46. **Matters Arising**

LMC Accounts

The Chair informed members accounts were back and LMC have a healthy balance with £2k more than last year. He added a copy of the accounts will be circulated to all members after the meeting.

**ACTION:**

* LMC Office Manager to email copy of accounts to all LMC members.

 47. **Any Other Business**

None.

 48. **Date of next meeting**

 The next LMC meeting is Monday, 4 September 2017, commencing at 1.15pm and finishing at 3.15pm.