**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 4 December 2017**

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

**OPEN SESSION**

**2.27pm – 3.23pm**

**PRESENT:** Dr R Williams Chair

 Dr B Quinn Vice Chair

 Dr A Adegoke Hon. Secretary

Dr B Ali Dr K Cooke

Dr G Francis Dr S Jarvis

Dr L McGrath Dr R Millard

Dr J Mottram Dr F Newton

Dr M Smethurst Dr M Syed

**ALSO PRESENT:** Mr David Hammond – Wirral Community Trust

 Mr Martyn Kent – Wirral CCG

 Ms Micha Woodward – Involve North West

 Dr Stewart Kennedy – ST3

 Mrs Melanie Carroll - Wirral LPC

 Mrs S Lepts, Wirral LMC

85.  **‘Connect Us’ Project**

Ms Micha Woodworth introduced herself as project manager for the ‘Connect Us’ project and gave members details of the project and resource available ***(See appendix 1c).***

It is a project run by Involve Northwest and funded by Public Health, for Wirral residents who may be socially disconnected or isolated, or have a number of other presenting issues or needs but feel trapped. Its main aims are to:

* Encourage, motivate and support people to feel part of the community
* Provide up to date information and signposting/referring on the doorstep
* Support to build/expand personal networks
* Support neighbourhood groups to expand and grow if this is the aspiration
* Inspire belief in positive change and progress for all people
* Engage with people and their community and listen to what is important to them
* Build upon assets and actualise a positive shift for communities
* Improve health and wellbeing

Ms Woodward invited members to signpost patients who fit the above description to the service and informed members that once referral is made there is a 3 working day response to make contact either by text, knock on the door or letter.

A short Q&A session followed and members discussed integration of the referral with the EMIS clinical system, patient self-referral and GPW-Fed involvement with the project. It was agreed that the project could benefit some patients and Ms Woodworth was asked to forward some case studies and an electronic copy if the referral form to the LMC Office Manager. The Hon. Secretary will include information and contact details of the project in the LMC December newsletter.

**Action:**

* **Micha Woodworth to email case studies and electronic copy of referral form to LMC Office Manager who will email to all Wirral GPs and for copy to be included with LMC newsletter.**

86.  **WUTH Update**

No representative present.

87. **CCG Update**

The Chair invited Mr Kent to provide an update. Mr Kent gave an update on:

Level 3 Co-Commissioning

The CCG emailed LMC the results of the level 3 delegated commissioning survey (25% in favour, 75% against), shared it with NHSE and are currently awaiting the next steps.

Mr Kent was asked if NHSE could approve level 3 despite the result and he responded that there could be a possibility but there has been no discussion of it to his knowledge.

Urgent Care

There has been public and GP concern about Eastham WIC closing and if it will be re-opened. The CT have been asked to re-open it but there is no definitive date.

Mr Hammond added that the CT have a number of options but the big question is workforce due to the nurse practitioner streaming initiative at WUTH. A proposal has gone to the CCG and CT are awaiting a response. No representative from WUTH present so there is no update or confirmation that A&E issues are the same as a few months ago but winter is coming so the CT are reluctant to move staff away to reopen Eastham.

The Chair commented that staff are CT staff helping WUTH in A&E situation and the Hon. Secretary added that secondary care are still paid for patients streamed by A&E to primary care and they should refund it as primary care is not funded and resourced adequately. Mr Kent confirmed secondary care are paid and Mr Hammond responded that this is the early stage of GP streaming and what is happening now is not always going to happen. There is a greater focus on intervention and new model of care to support this.

The Chair acknowledged the pressure on the CCG to help A&E and supports that the patient is seen in the right place at the right time but not that the hospital is being paid. He added LMC will bring this up with the CCG at the LMC/CCG mid-month meeting.

Extended Hours

The Chair informed Mr Kent of LMC role to champion and get resources for primary care and raised LMC concern that appointments are being held back for A&E and monies for primary care are being used for secondary care.

Mr Kent spoke about the service pilot fund from May, additional money from NHSE from 1st April to expand the service, asking GP Feds to support streaming in a transitional pilot, the locally determined requirement of additional funding for a hospital site and all streaming to be done on site.

LMC informed Mr Kent of members’ discussion in the closed session which raised concern of the potential inappropriate use of money and that extended access is operational in larger practices but for purposes of equity should be able to be provided by smaller practices. Mr Kent replied he will feedback concerns regarding the Arrowe Park site at the next operational group meeting and added that the CCG has asked for 9 sites and streaming element for Arrowe Park with no specification on size of sites.

Care Homes

Mr Kent informed members that the basics and delivery plans for care homes is due to be discussed at governing body meeting tomorrow and funding for care homes will double next year.

Members discussed concerns and the ethical question around care home patients being moved from practices, the risky step to consider redistributing patients to practices equally, that patients like their GPs to continue looking after them as they have built relationships and the importance for patients to decide and not be driven by an external body or directed by the CCG to move practice.

LMC have fought against the boundary issue and raised concern that it is ethically questionable and morally wrong to say elderly patients in care homes cannot decide and that GPs can have a kind and frank discussion with the patient to decide if they want to change practice.

There were no further questions and the Chair thanked Mr Kent for coming.

**ACTION:**

* **LMC to ask CCG about duplication of monies paid to secondary and primary care re Urgent Care.**

88. **CT Update**

The Chair invited Mr Hammond to provide an update. Mr Hammond gave an update on:

* Phlebotomy – CT are awaiting formal confirmation of the budget, co-designing the model looking at location and IT capability. Current waiting times are high but service is running at level above what contracted for.
* Health Wirral 50+ programme – work is ongoing regarding locality model and system level for older people in Wirral. Mr Graham Hodgkinson can attend future LMC meeting to provide further information/update if LMC wish. LMC agreed.

There were no further questions and the Chair thanked Mr Hammond for coming.

**ACTION:**

* **Mr Hammond to liaise with LMC Office Manager re Mr Hodgkinson attendance at future LMC meeting.**

89. **Correspondence**

 None.

90. **Any Other Business**

None.

91. **Date of next meeting**

 The next LMC meeting is Monday, 8 January 2018, commencing at 1.15pm and finishing at 3.15pm.