**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 5 June 2017**

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

**PRESENT:** Dr R Williams Chair

 Dr B Quinn Vice Chair

 Dr A Adegoke Hon. Secretary

Dr G Francis Dr S Jarvis

Dr L McGrath Dr A Mantgani

Dr R Millard Dr J Mottram

Dr F Newton Dr M Smethurst

Dr M Syed

**ALSO PRESENT:** Dr Ewen Sim, Wirral Community Trust

 Dr Stephanie Gallard – Wirral Community Trust

Mr David Hammond – Wirral Community Trust

Mr Iain Stewart – Wirral CCG

Mr Peter Lear – Wirral LDC

Dr Helen Forster – GP Registrar

 Mrs S Lepts, Wirral LMC

26. **Welcome**

 The Chair welcomed members and visitors and introduced Dr Sarah Jarvis, new LMC member, from Earlston Road Surgery.

27. **Apologies**

Apologies were received from Dr Ali, Ms Carrol, Dr Cooke, Ms Hawker, Ms Howell, Mr Price and Mr Rowlands.

28. **Declarations of Potential Conflicts of Interest**

No change.

29. **Clinical Commissioning Update**

The Chair invited Mr Stewart to give an update.

Mr Stewart gave an update on:

Primary Care Transformation Plan

CCG submitted original response to NHSE regarding GPFV in December. Since then there have been discussions at members meetings and an evening event was held on 10 May with Wirral LMC for GPs and Practice Managers. The feedback from the meetings and NHSE feedback from the CCG plan has all been built into the current version of the Primary Care Transformation Plan. It will be considered tomorrow, Tuesday 6 June, at the Governing Body for approval but will remain a live document.

*A concern was raised that LMC members had not seen the draft proposal to be presented to the governing body and as the official voice as representative of GPs, LMC should have the opportunity to put forward a formal response and present their views to the Governing Body.*

*The Chair informed members that he, along with other GP representatives, would be attending the Governing Body meeting.*

*Mr Stewart responded that CCG has attended at least two Members meetings, Glenn Coleman also attended a Members meeting (repeating the information CCG provided) and to conclude the phase LMC offered support by providing an evening event at the Postgraduate Centre. He added that programmes are not fully formed nationally so engagement will continue around components of the overall plan.*

Prescribing Budget Incentive

CCG now has 16/17 March actual data, so full expenditure to base and outline the procedures on going forward. Modelling and setting the budget based on outturn and varying spend:

* £1 per patient – if on budget
* £1 per patient, plus share of underspend (currently 50%) – if under budget

Trying to keep it simple and step towards trying to pass more control back to practices. Mr Treharne’s commitment is to do this with all commissioning budgets in due course and Prescribing would be the most direct budget to start with. An offer will be out very shortly and there will be an appeals paragraph to cover practices that are overspent but efforts are shown regarding over-spend.

*Members raised concern around potential negative public response; for patients to be made aware and the press deflected from GPs and asked for confirmation that the CCG will manage this. Mr Stewart will get back to the LMC Office Manager with confirmation.*

Phlebotomy procurement.

There have been a couple of engagement events with patients and practices. Questionnaires given out requesting peoples preferences for a phlebotomy service. This is underway to conclude shortly and feedback will be collated in terms of result for the service model to be designed and developed, which will then lead to procurement in terms of tender within time limit. Mr Stewart will continue to provide an update at each LMC meeting.

*There was consensus view at the last meeting that practices should be given first option and Mr Stewart was asked for assurance of this, as it was not clear to members that GPs have been asked to opt in or out, and also if practices will be asked to confirm their option before the final procurement process. Mr Stewart was also asked how much the phlebotomy budget is and if it includes the cost of consumables. It was also commented that there is currently inequality in provider’s payment and the CCG should make sure it is equitable in the future.*

*Mr Stewart understood that the survey questionnaire sent to practices had asked practices for preferences in terms of having a service commissioned for them or them being able to commission their own service. He added that practices will be asked to confirm of opting in/out before the final procurement process and the phlebotomy budget is £800k. Mr Stewart will get back to LMC to confirm if the budget includes cost of consumables.*

Funding Proposal for Federations

Around £50k funding proposal for Federations to be considered by Primary Care Co-Commissioning Committee next week; giving funding to the 2 federations to allow for the time given for the Accountable Care involvement.

*The Chair commented this was really good news as LMC had raised funding for federations with the CCG at a previous CCG/LMC Meeting. He informed members LMC would be meeting with both GP Federations on Thursday 8 June, 2017 and will discuss this further along with other issues.*

Care Quality Scheme

This scheme has just ended and Mr Kent has looked at the data in at the end of March for all practices and most have not achieved the indicators described originally in PCQS. Next Tuesday, the CCG will propose an amendment to the Primary Care Co-Commissioning Committee to recognise the efforts of all practices around prescribing work. Mr Stewart will ask Mr Kent to email the bullet points to Mrs Lepts to include in the minutes.

*The Hon. Secretary stressed that LMC had raised concern and informed Mr Kent that this wouldn’t be achievable. Mr Stewart replied he would feed this back and added that PCQS will not hold up payments; which should be at the end of June.*

Lead Practice Manager and Practice Nurse for each of the two GP Federations

There is a proposal for creating Lead Practice Manager and Practice Nurse roles for each of the two GP Federations. Funded time at Federation Level of 4 people; 2 for each Federation. Mr Stewart asked for LMC feedback on whether this should be Wirral level, locality level or cluster level. Mr Kent costed 4 people at a rate but if county level it could be 7 or 8 people.

*This was discussed briefly and the Hon. Secretary replied that for now 2 per Federation is fine. It was asked if the Federations will have the freedom to determine who represents them and for the engagement not to be set against specific projects. Mr Stewart will get back to the LMC Office Manager with a response.*

*The Chair added that this will be discussed at the LMC/GP Fed meeting on Thursday 8 June, and backfill is welcomed.*

*The Hon. Secretary asked Mr Stewart for an update on CCG payment for GPs completing safeguarding forms and/or attending meetings. Mr Stewart replied he would take this back and email LMC Office Manager to include in the minutes.*

**ACTIONS:** *(including post meeting response from Mr Stewart)*

* **Does Phlebotomy budget include cost of consumables?**- *Yes*
* **Mr Stewart to ask Mr Kent to email bullet points re Care quality scheme amendment –**

*Proposed Amendment to PCQS 2016/17 Antibiotic Targets*

*2.4 It is suggested that the Antibiotic targets are amended to reward practices for the overall improved performance in both areas using the criteria set out below (See Appendix B):*

*a) Pay practices the ‘reward payment’ if they have made a reduction against the indicator but not met the full stretch target.*

*b) Pay practices the reward payment for the overall prescribing Antibiotic indicator if they are below the CCGs baseline / good starting position.*

* **Safeguarding payments** *– Advice from CCG Lead for Safeguarding is that the sharing of appropriate information to inform a safeguarding matter is a statutory requirement under CQC regulations so there is no payment available. If it helps, Mr Stewart can arrange for the CCG Lead to attend a future LMC for further explanation.*
* **Prescribing Schemes** – will the CCGA manage the response to potential negative public response? -*Yes*
* **Primary Care Transformation Plan** – process for LMC to provide formal response. *The Plan remains a live document in order to take into account future developments around GP networks (PC@Home); accountable care developments so amendment/additions to the Plan will be discussed with the LMC and iterations of the Plan will be shared with LMC – also, LMC have a standing invitation to attend the CCG Primary Medical Co-Commissioning Committee where issues impacting upon primary care will be decided upon with recommendations to the CCG Governing Body.*
* **CCG funding for PM/PN leads for Federations** – can the Feds have the freedom to determine who represents them and can the engagement not be set against specific projects? – *Currently it is envisaged that a role description will be available for interested colleagues to apply (similar to how the clinical advisor roles were established) – the areas of work they will be involved in will be broad-ranging subject to the primary care matters considered.*

30. **WUTH Update**

 No representative present.

 31 **Community Trust Update**

 The Chair introduced Dr Sim, Dr Stephanie Gallard and Mr David Hammond (Business Manager for CT) and invited them to give an update.

Dr Sim gave an update on:

Healthy Wirral Executive Delivery Group

Dr Sim attended this system wide meeting on behalf of the CT. The Healthy Wirral Executive Delivery Group draws together the Chief Executives, Medical Directors and Directors of Finance of the providers for the CCG. The group looked at the delivery of the Healthy Wirral Programme and decided that GP Federations need to be supported before the community side of the Healthy Wirral Programme can get off the ground. There was a commitment from the delivery group that a solution would be found and Dr Sim said he was very happy to hear from Mr Stewarts update that the CCG is putting an offer forward for the Federations.

Adult Social Care integrated from LA to CT

Adult Social Care is now integrated from the LA to the CT. This is not the delivery of the care packages but the assessment of the people in providing an opinion about how care will be delivered. There will be a gradual and fairly swift process of integration, with social care and clinical community teams co-locating in clinical hubs around the localities and a more streamlined system behind the scenes with handover of cases.

Single Referral Process

Dr Sim spoke about this back in May. The CT are now due to re-launch the service by sending an email communication out to all practices as, although people are generally happy, there are still some areas people are unsure of and don’t know or understand the process. The CT are very keen for the CCG to reconsider their position on AQP services, as Podiatry and Physiotherapy are two very popular services.

The Hon. Secretary requested clarification on the integration of CT and Social Care asking who commissions them now, and with the CCG and LA budget being cut the implication this has on the NHS budget with taking on LA staff.

Mr Hammond replied the principal move for the first 12 months was integrating around 230 staff who continue to do the work as they have been doing. CT is focused on co-location and shared IT system, then looking at systems and processes to enable more streamlined sharing of work. The contract that is being developed with the LA , the current employer, and employment has switched to CT and lays out funding for the next 5 years so CT do not anticipate any impact on the NHS budget as it is money coming from the LA.

The Chair informed members of correspondence received informing GPs of pressures on the ambulance service and WUTH at full capacity. He raised the issue of the email coming from a CCG hospital manager rather than a Medical Director and asked members for their thoughts.

It was suggested this had no impact on practices as GPs are not sending patients into hospital that do not need to go in and are doing their utmost all the time to consider alternative acute admission. Although it is difficult for GPs as not very clear which services are available and whom to contact. Mr Stewart informed members that the CCG has an online portal with a service index of around 90 services but practices would not be able to access it. He added it is web based so can easily be made available as an icon on their desktop and is searchable by organisation, service type etc.

There were no further questions and the Chair thanked Dr Sim, Dr Gallard, Mr Hammond and Mr Stewart for coming.

**ACTIONS:** *(including post meeting response from Mr Stewart)*

* **Re-issue of the local directory of service with alternative services to support practices in referral/admission decisions** – *CCG Business Intelligence team have been asked to extract the service index (which holds in excess of 90+ services) from within the Primary Care Portal and make it available as a desktop icon on practice computers.*

32. **Minutes from Previous Meeting**

The 3 April meeting minutes were noted to be a true and accurate record and were proposed by Dr Quinn and seconded by Dr Adegoke.

The 8 May meeting minutes were noted to be a true and accurate record and were proposed by Dr Smethurst and proposed by Dr McGrath.

33. **LMC Conference 2017 Update**

The Chair and Hon. Secretary attended the LMC Conference (a UK event for LMC representatives from all of the UK and devolved nations) in Edinburgh, on Thursday 19and Friday 20 May, 2017.

The Chair gave an update on the issues and different contracts of LMCs in Northern Ireland, Scotland and Wales and informed members that 3 of the 4 motions Wirral LMC proposed (CQC, GP Performance and E-Referrals) were passed.

The Chair informed members the list of motions will be left in the LMC Office for anyone that wants to see them and briefly spoke about a number of themes debated including:

* GPC arm of BMA – GPC will discuss with Dept. of Health
* Rationing – what is perceived as rationing within the NHS and which services are funded/ not funded
* Independent contract status
* Working at scale – GPC made clear to keep module of registered patients and to keep to the working to scale arrangement
* GPFV – Cynicism around GPFV, failing to deliver services and vote that GPFV be allocated to individual practices
* Workload – pressures and no defence in law for any mistakes and need to negotiate maximum safe list of patients per day.
* QOF - non capitation based practice allowance
* Defence Fees –all GPs received a letter from MDU about changed figure for discount rates for settlement of figures from 30-60% or doubling and discussed at conference for push for defence fees to be paid by the government.

Members had a discussion around GP performance and NHSE representation (to present written guidelines and reference to record keeping and notes during consultation) and Care Home Scheme. Dr Francis informed members that NHSE will not send a representative to attend a GP meeting and are planning a region wide discussion of performance in general. It was agreed LMC need to ensure the Care Home Scheme is equitable for all practices and it was suggested the budget be devolved to all practices to spend on elderly patients in care homes or at home, as some practices do not have elderly patients in care homes. LMC will take this up with Dr Cowan at the next LMC/CCG meeting in 2 weeks.

**ACTION:** LMC to discuss Care Home Scheme Funding with Dr Cowan.

34. **Matters Arising**

GP OOH Survey Monkey Questionnaire results

The Hon. Secretary read out results from the Survey monkey questionnaire on GP OOHs.

***(See appendix 1b)***

Members briefly discussed the results and it was agreed LMC present the results to the CCG (at the next mid-month LMC/CCG meeting) and also to the CT to look into how the service can be improved.

Members discussed GP OOH funding, way the service is run, triage in A&E and asked for the following to be relayed to the CCG:

* Belief the funding for the service has dropped and poor rate of pay as there has been little if any rise in pay from years ago.
* Part of GP OOH is provided by GP incomes
* Issue of inequality where GPs working in OOHs employed by the CT or NHS Trust are indemnified but locums or ad hoc GPs working in OOHs need to provide their own.
* Request analysis of which practices use A&E

**ACTION:** LMC Officers to confirm to do list and address issues with CCG at next mid-

month meeting and LMC to provide results of questionnaire to CCG and CT and

 discuss how the service can be improved.

35. **Correspondence**

BMA Representative at LMC Meetings

The Chair and Hon. Secretary met Ms Claire Ashley at the LMC Conference and raised the issue of non-representation of a BMA representative at the LMC monthly meetings. Ms Ashley confirmed her availability to attend the July meeting and will attend future meetings if possible.

 36. **Any Other Business**

Date for Diary

LMC Annual Dinner will be held at Thornton Hall, Friday 3 November, 2017.

Re-Affirmation of Officers

The positions of the Chair, Vice Chair and Hon. Secretary will be re-affirmed at the next LMC meeting on 3 July, 2017.

LMC Office Equipment

The Chair informed members of receipt of the accounts for 2016/17. He informed members of the possible need for a new fridge, laptop, tape recorder etc. and asked members for their thoughts on a reasonable amount to spend.

Members proposed and agreed the Chair, Vice Chair and Hon. Secretary make an executive decision.

 37. **Date of next meeting**

 The next LMC meeting is Monday, 3 July 2017, commencing at 1.15pm and finishing at 3.15pm.