**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 5 December 2016**

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

**PRESENT:** Dr R Williams Chair

Dr B Quinn Vice Chair

Dr B Ali Dr D Blackie

Dr K Cooke Dr G Francis

Dr A Mantgani Dr L McGrath

Dr R Millard Dr J Mottram

Dr F Newton Dr M Smethurst

Dr M Syed

**ALSO PRESENT:** Ms Fiona Johnstone, DPH Wirral Council

Dr E Sim, Wirral Community Trust

Ms Val McGee, Wirral Community Trust

Mr I Stewart, Wirral CCG

Ms Melanie Carroll, LPC

Mr P Lear – Wirral LDC

Mrs S Lepts, Wirral LMC

91. **Welcome**

The Chair welcomed members and visitors.

92. **Apologies**

Apologies were received from Dr Adegoke, Ms Cox, Ms Howell, Dr Forster, Dr Jalan, Mr Coupe, Mr Price and Mr Rowlands.

93. **Declarations of Potential Conflicts of Interest**

None

94. **Matters Arising**

The Chair informed members of a number of matters:

* Following elections in the CCG, the appointment of Dr Sue Wells as Chair and Dr Paula Cowan as Medical Director.
* Resignation of Mr Jon Develing, CCG Accountable Officer. He is working his notice and the CCG are in the early stages of recruitment to the role. Mr Edwards will keep LMC informed/ involved to meet the candidates or at least for LMC to be aware of the candidates and invited to meet the short list.
* NHS England agreement to attend a future Members meeting.
* LMC Annual Dinner at Thornton Hall – The evening was a great success and LMC received several letters of thanks. There was a good mixed attendance with 52 people attending out of 54 guests who confirmed from LMC, other LMCs, CCG, WUTH, Dentists, Public Health, etc.

*(Ms Johnstone arrived. The Chair stopped his update to return to later in the meeting and moved on to the Diabetes and Respiratory Care Update).*

**ACTION:** CCG to keep LMC informed of recruitment for Accountable Officer post.

95. **Diabetes and Respiratory Care Update**

Ms McGee and Ms Johnstone gave a short presentation on Diabetes and Respiratory. ***See appendix 1a.***

A discussion followed around concerns and issues raised regarding diabetes education, support for those practices providing diabetes care, whether general practice could be empowered to do more, shortage of community diabetic specialist nurses, gaps in service, variation and inequality, the diabetes and respiratory work being a model of care rather than a new service and adequate resources.

Dr Sim advised members that the CT have a Diabetes Expert Course which is a dietician delivered and peer supported group that patients can be referred to.

Ms Johnstone confirmed that public health provided extra investment this year and continue to commit for next year but that it is a challenging time with stretched resources and more people coming through, sicker and poorly earlier in life. She added that this is not commissioning a service but is a model of how care can be provided in the community and filling the gaps.

Ms McGee said clinicians are keen to use expertise at the right time in a patient’s journey and there needs to be a consistent approach in all practices across Wirral. This is the start of the conversation on how everyone can work together to ensure people are seen in the best way, to learn from the past and that if anyone had any ideas once leaving the meeting to let her know.

The Chair thanked Ms Johnstone and Ms McGee for coming.

96. **WUTH Update**

No representative present.

97. **Community Trust Update**

The Chair congratulated Dr Ewen Sim on his appointment as Visiting Professor with the University of Chester and invited Dr Sim and Ms McGee to provide a Community Trust update.

Dr Sim gave an update on:

Phlebotomy service

The Phlebotomy service went live on 1 December with considerable delays around some of the hubs due to a gridlock resulting from confusing communication from the GPs and CCG with a large volume of patients turning up at 8.00am when the service started at 8.30am. However, for a service that was set up to deliver 840 blood samples a day through the 4 sites it dealt with 1200. Staff worked through every break, were flexible and moved from site to site to cover the hottest spots. The next day, waits improved to 15 minutes. There will be a communication sent this afternoon to all GP’s and Practice Managers to ask them to amend the information given to patients:

* To avoid hotspots between 9.30 - 10.00 and 13.00-15.00
* Last patient will be seen if they arrive by 16.00

The service will be monitoring the demand and activity as phlebotomists are being told day to day where to go on predicted demand. The service is there all day as a drop in but arriving in bulk causes a problem.

The Chair said GPs will see how this goes. The good things about the service model are home visits are not limited but the downside is some GPs, who had CT providing the service, will miss Phlebotomy in the surgery. He added that hopefully it’s not the end of the story from the organisation and there will be an opportunity for review at some point.

Members discussed the unhappiness of some practices with the current solution and concerns around how the new service is being procured, hub location and the lack of in West Wirral. It was requested that the CT provide an update at the next meeting on how the current service is going and if there is an increase in domiciliary visits.

Dr Sim said he was happy to bring a monthly report to LMC but that he wouldn’t send out information as to where the hotspots were as staff are relocated and the hotspots change.

Mr Stewart clarified that the current phlebotomy provider is an interim service which will end at the end of July 2017 and the CCG are currently in the procurement process with no engagement as yet. Procurement will go through the options in January and Mr Stewart said he would invite the procurement officer to a LMC meeting to share the options.

Ms McGee gave an update on CT headlines:

* Operational Plan – due in on 23rd Dec which falls out from STP’s. Plans went in and work is going on as to how robust they are and where the CT need to take them forward.
* Signing off contract with CCG and local authorities to be completed by end of Dec.
* The CT is in the final negotiation stage with the Council on the transfer of the Adult Social Care staff in to the Trust. Both the CT board and the council cabinet will receive formal business cases.
* First piece of work around Accountable Care- the work AQUA is doing with Partners on Wirral starts Friday 9 December 2016.
* A&E delivery board- concentrating on 4 hour wait and what the CT can do to support Primary Care to keep people out of hospital and home quickly. Just started a Home First pilot which gets people from hospital to home with support from therapy staff.

Ms McGee ended her update and the Chair thanked her and Dr Sim for coming.

**ACTION:** Mr Stewart to invite Procurement colleague to LMC meeting to share phlebotomy provider options.

98. **Clinical Commissioning Update**

The Chair invited Mr Iain Stewart to give an update.

Mr Stewart gave an update on key points:

* Main contracts – WUTH, CT, CWP and Wirral GP Providers, contracts to be signed by 23rd December 2016 (normally end of March). Work is underway with offers to the providers, offers are processed and then accepted or there may be potential mediation and arbitration.
* Message from Mr Develing – to equalise resource across economy. Offers reflect desire for recurring investment.
* GP Forward View – a 4 to 5 year programme. CCG need to submit their plan by 23 December. The plan will be shared with practices later in the week for initial comments.
* Sexual Health Services – Wirral Public Health have commissioned the service with effect from April 2017 with Wirral Community NHS Foundation Trust and the Trust are keen to secure the services of a local GP to act as ‘GP Champion’ for the service. The role will be advertised in due course by the Trust.
* Appointment of Dr Paula Cowan as Medical Director, so there is now a vacancy for Urgent Care post. An appointment not an election. Mr Edwards will advertise the post.
* Phlebotomy – Each hub has access to WROCS so the patient can either take the form or provide a WROCS number. Not insistent on patients having a form but they do require a WROC number. If neither is provided bloods cannot be taken as previous DNA sits in WROCS so can’t take a guess. Patient could ring the surgery to get the number.

Mr Steward ended his update and asked if there were any questions.

Members discussed the phlebotomy forms and agreed the patient should be encouraged by the phlebotomist to phone the surgery whilst still at the hub for the number required. Mr Stewart replied he would feedback to the provider.

The Chair thanked Mr Stewart for coming.

**ACTION:** Mr Stewart to feedback to phlebotomy hub provider

99. **Matters Arising Continued.**

The Chair returned to his update on matters arising:

* The LMC website is being set up by Dr Adegoke and looks likely to be ready in a simple format in the New Year. Agenda’s, minutes (once ratified) and the annual report will be uploaded.
* Dr Abel Adegoke attended the LMC Secretaries Conference on 24 November 2016 at BMA House in London and submitted a brief summary report, which the Chair read out to members. ***See Appendix 1b***.

Members discussed and raised their concerns regarding medicine management, following CCG guidelines for prescribing and a members question asking if GPs can charge for issuing a private prescription.

The Chair agreed that failing to prescribe was a big concern and said he would put the members concerns to the CCG.

**ACTION:**

100. **Minutes from Previous Meeting**

The minutes from the previous meeting were noted to be a true and accurate record and were proposed by Dr Millard and seconded by Dr Syed.

101. **Sub Committee Reports**

None

102. **Correspondence**

A member asked if there could be a self-referral system for pregnancy, as it’s not an illness patients should be able to self-refer. A member responded that this is already in place at Arrowe Park and another member added that it is also in place in Liverpool.

The Chair replied that he would email the Director of Nursing and Midwifery at Arrowe Park for confirmation.

**ACTION:** Email Director of Nursing and Midwifery regarding Antenatal self-referrals.

103. **Any Other Business**

The Chair informed members of the end of the mutual assessment period for the LMC Office Manager, Mrs Lepts, and she withdrew from the meeting whilst members discussed her appointment to the role.

Members agreed to formally appoint Mrs Lepts as the LMC Office Manager. The Chair advised her that she was no longer in the mutual assessment period and that he and the Hon. Sec would provide a contract of employment as soon as possible.

104. **Date of next meeting**

The next LMC meeting is Monday, 9 January 2017, commencing at 1.15pm and finishing at 3.15pm.