**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 7 November 2016**

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

**PRESENT:** Dr B Quinn Vice Chair

Dr A Adegoke Hon. Secretary

Dr B Ali Dr D Blackie

Dr K Cooke Dr G Francis

Dr S Jalan Dr L McGrath

Dr R Millard Dr J Mottram

Dr F Newton Dr M Syed

**ALSO PRESENT:** Ms N Hawker, Wirral CCG

Mr I Stewart, Wirral CCG

Ms Charlotte Wainwright, Wirral Community Trust

Dr E Sim, Wirral Community Trust

Mr G Price, WUTH

Dr H Forster, GP Registrar

Dr R Sadiq, ST3 Doctor

Mr P Lear – Wirral LDC

Mrs S Lepts, Wirral LMC

79. **Welcome**

The Chair welcomed members and visitors.

The Chair introduced Dr Rehana Sadiq, an ST3 doctor, and asked members if they had any objections to her attendance at this meeting. There were no objections.

80. **Apologies**

Apologies were received from Mrs Carroll, Ms Howell, Dr Mantgani, Dr Smethurst and Dr Williams.

81. **Declarations of Potential Conflicts of Interest**

Dr Quinn declared that he is currently the Secretary of GPW Federation, Chairman of the Peninsula Healthcare Management Board and Chairman of the Peninsula Health Patient Trust.

Dr Francis declared she is a GP Trainer, Dr Newton that he is Chairman of GPW Fed and Dr Mottram that he is a member of GPW Fed.

82. **GP Single Referral Process**

Dr Sim thanked the LMC for the invite to talk about the GP Single Referral Process and introduced his colleague Ms Charlotte Wainwright, a project manager for the Community Trust, who is managing the timeline of the initiative.

Dr Sim gave a short presentation on GP Single Referral Process. ***See appendix 1a.***

The initial concept is a rough guide but the aim is to simplify the multiple referral forms into a single referral process for the GPs. An entirely electronic process which is auditable, secure, legible and which the CT will have secure management of documents through NHS.net and greater security that the referral is complete from the beginning, so the process will be streamlined for the GP and the patient.

Dr Sim is working toward a timescale of the end of this year / early next year and once a tangible solution is worked out, with admin within the services and practice staff, he would like to bring it back to the LMC for review and then pilot it to some practices.

Dr Sim ended the presentation and the Chair asked if there were any questions.

A member asked if WROCS would still be available to use and was informed that there are technical issues to discuss with the CCG but they wouldn’t close anything on WROCS and there might be a period of dual running. The concept is to offer GPs the opportunity to refer in a single way rather than close down other avenues.

A member raised concern about patient data issue with patients required to consent to data sharing but was assured by Dr Sim that there will be no patient data issues. The new referral process will be a mail merge form but the information required will be extracted using Read code as it is for the current referral letter process.

The Chair asked if there were any other questions and if members wished to raise any other matters pertinent to the CT.

The Hon. Secretary mentioned Phlebotomy.

A member raised a number of concerns about the changes to Phlebotomy service; and a discussion followed. The concerns included patients struggle to get to the Hubs, non-compliance, an increase in requests for domiciliary visits, waiting time for bloods at the drop in service and the impact of these on the elderly, frail, disabled and working people. Also discussed was the increase in practice requests due to hospital requests, lack of parking at Arrowe Park where one of the hubs is based, opting out and how looking at the effect on the frail, elderly etc. should have been dealt with before the planning stage. It was also suggested that the hubs have an hour each day where they take appointments only or offer evening/ Saturday morning service.

Dr Sim responded that the Hub model, which involves four hubs, was agreed with the CCG and is live to be implemented on the 1st December. There are no caps on domiciliary visits and the full hub model will be able to accommodate urgent and paediatrics phlebotomy services because there will be space and more than one phlebotomist, as two are needed to deliver the paediatric service. He added that talking about the frail, elderly, anyone with a disability whose mobility is limited or has carers support introduces an inequality and he would take that back as a matter to be discussed with the CCG, as it’s a commissioned service. Dr Sim went on to say that appointments for working people was a good suggestion and he would like to accommodate it and will talk to the CT about appointments.

The Chair asked if Mr Stewart or Ms Hawker had any comments.

Mr Stewart responded that the model was in response to safety concerns as, since June this year, the CCG has listened to practices and patient’s complaints regarding the practice based model. The practice based model commissioned 2 years ago showed data within each month of an average of 17,000 appointments with levels of around 10% of unused appointments at practice level that couldn’t be accounted for just by DNA. 500-1000 unused appointments a month is inefficient and there were safety concerns regarding 2-3week waits on urgents. The CCG was not convinced that continuing with the practice model was efficient from a provider point.

Mr Stewart also said that this was not a perfect model but that it addresses the safety issues around urgents and paediatrics where, for safeguarding purposes, two phlebotomists are required in the room for a child. The hub model from Dec, resolves the risk from urgent to routine maximising performance with the hub being open 8.30 to 16.30, with staggered lunches (so no loss of service) and two phlebotomists on duty at each hub.

Ms Hawker confirmed that practices would have the opportunity to opt out of a future procured service and added that the CCG will need to go out to procurement as the contract is due to end next July.

Mr Stewart added that practices who had already opted out would not be able to send patients to the hubs as once they opted out it took the resource out of the system and the reason they opted out was because they had the resources to provide the service in house. The hub was only commissioned on behalf of practices that chose not to provide the phlebotomy service in house.

Mr Stewart informed members that it had been agreed with the provider that GPT patients would be able to ring the central booking service and pick a time slot. The provider would then inform the phlebotomy service who will manage the GPT through the walk in demand.

The Hon. Sec raised the point that the LMC was expecting a different model but also that it accepted this was an interim solution and said the LMC have informed the CCG they should be meeting soon to discuss the new model and contract. He raised two points with Mr Stewart: having to complete a form for the patient to take to the centre but the phlebotomists in the centre should access to WROCS so no need to duplicate printing a form and that it was a very good idea to go back and think about how the elderly and working groups are accommodated.

Mr Stewart confirmed that, before the end of Nov going into early Dec/ Jan, the CCG will start to engage with practices and patients to ask for their service experience, input, ideas and challenges experienced to plan a phlebotomy service model. The timescale for procurement is about 6 months so the specification needs to be designed for an Aug start as all contracts will end in July. The budget for the current year contract is £660k and about £120k for the opted out.

It was suggested that from the 1st Dec practices that have been supporting the current service need to stop taking bloods in the surgery and send patients to the hub for the CCG to understand the demand over the next 6 months.

Ms Hawker assured everyone that this model will meet the urgents and routine.

The Chair thanked Dr Sim and Ms Wainwright for coming.

83. **Minutes from Previous Meeting**

The Chair apologised for the delay in sending out minutes of the last meeting and informed members that the draft minutes would be emailed to them as soon as possible.

**ACTION:** Email draft minutes at end of the meeting.

84. **Matters Arising**

The Chair moved Matters Arising forward to the next meeting on 5th December.

85. **Clinical Commissioning Update**

The Chair invited Mr Iain Stewart and Ms N Hawker to give an update.

Ms Hawker gave an update on:

* The leaked STP. Cheshire and Wirral LDS part is a work in progress with no fixed plan.
* Reminder of a consultation ongoing at the moment on a range of services - update of the PLCP, looking at clinical evidence and what other CCG’s are looking at to see where Wirral CCG can reduce access to or increase the threshold to services. First public meeting was last week which only 3 people attended. Expected response on IVF but no direct feedback yet. No decisions made, just asking public for views.
* CCG is currently working on a policy for an optimal pathway for pre-elected surgery which was approved at the governing body. People with a BMI over 30 and/ or who smoke will be asked to do a health input to improve outcome of the surgery. They will have a 6 month plan and work with a planned GP care lead so there is no additional pressure on the GP. It will be a streamlined pathway. The patient will have a choice whether to follow the plan with for example weight management scheme or smoking cessation but will have to wait the 6 months until surgery if they do not.

Members discussed this and questioned the ethics but the general view was they welcomed the plan as long as the patient is offered a full supportive programme, could opt in or out and the risks be made clear to them and that it is an appropriate pathway if there is a risk benefit.

The Chair informed members that this had already been successfully implemented in other CCGs in the country.

Mr Stewart gave an update on:

* The Estate Technology Transformation Fund (ETTF) which offers capital for new builds. The deadline was June and 6 practices put bids in. There were 4 practices where they are ‘potential to proceed’ phase now and the CCG are putting together a project initiation document with a view potentially of the business cases.
* Level 1 part of Pharmacy Scheme that has been running for over a year will cease on Monday 14th November following consultation but level 2 will continue. 90% of patients were consulted and 93% agreed that doctors should not prescribe over- the-counter medicines. All pharmacies have been given notice that level 1 will cease from close of business Sunday 13th November. Pharmacy budget of £200k a year and at the end of Yr1 10-12,000 claimed on level 1 and 400 on level 2. So there will be a saving on future consultations at level 1 and the CCG believe it will have an impact on GP workload.
* The CCG need to have their implementation plan for the GP Forward View by the 23rd December and Mr Stewart will explain the outline summary of how the CCG intend to implement the components of the GP Forward View at the next LMC meeting on the 5th December.

*(Some content lost due to background noise*)

The Chair thanked Mr Stewart & Ms Hawker for coming.

**ACTION:**

86. **WUTH Update**

The Chair invited Mr Gary Price, Associate Director of Strategy, to give an update.

Mr Price informed members of an action point from the last meeting regarding a respiratory and diabetes update and confirmed he had put the CCG in touch with the LMC office manager, Mrs Lepts, to arrange their attendance at the next LMC meeting to give an update on the work.

Mr Price then gave a brief update on WUTH specific headlines:

* Finance and Performance plans are on target for Q2.
* 4 hour performance – remains on agreed projectory and conscious of Dec, lost 60 care home beds in the system
* System Resilience Group (SRG) – joint group between all partners of the CCG, morphed into the A&E recovery board, chaired by Mr Alison. GP Federation are on the board.
* Cancer performance – on target RTT 1-2% off.
* WUTH has been selected, in the top 3, as centre for global and digital excellence by NHS England. If the LMC agrees Mr Price would like Informatics to do a wider presentation on what this means for the Wirral at one of the next LMC meetings.
* Susan Gilby, Medical Director, starts in Jan and Mr Price will introduce her to the LMC once she has started.
* Primary Care engagement – good engagement session at Primary Care Wirral last week and invited to the GP Fed Board on 15th November.
* There will be an event on the evening of the 14th December. Medical Consultants and all Wirral GPs are invited. LMC will be informed once specifics are confirmed. An email has gone to all Wirral GPs from CCG about this.

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

The Chair stated he had an issue with hospitals adding to the difficulties with blood testing *(some content lost to background noise)* and a lack of practice resource to deal with the hospitals requests and he asked members if they felt the same.

The Hon. Secretary informed Mr Price that about 4 weeks ago the BMA had written to the Chief Executive about the current NHS contract for secondary care which clearly defines the responsibility of the hospitals clinician. Also that all Wirral GP’s have been advised to deflect back to the hospital anything that has been requested that isn’t part of the GP core contract using standard template letters. The Hon. Secretary added that the LMC are currently collecting ‘dump’ letters from practices (making sure patient safety is not compromised) of anything deflected back to the hospital which LMC would share and suggested Mr Price inform the consultants of the situation.

A brief discussion followed with members sharing experiences of referrals received from hospitals that were deflected back and the change in management of upper and lower GI’s.

Mr Price replied that he can be contacted outside of the meeting at any time and he would take this point back.

The Chair summarised the issue over doctor’s orders coming out in an untimely fashion for lab tests which GPs don’t have the resources for and a change in upper and lower GI’s and concerns with clinical care. He also requested the LMC and WUTH meet to address these issues and for Mr Price to raise the issues with the consultants.

(*Some content lost to tape change and background noise)*

The Chair asked Mr Stewart if he would like to add anything further from the WUTH perspective and asked members if they had any further questions.

There was nothing further to add and the Chair thanked Mr Price for coming.

**ACTION:** Email Mr Price a copy of the BMA letter sent to the CCG Chief Exec.

Arrange meeting to discuss change in upper and lower GI’s.

87. **Sub Committee Reports**

**Cervical Screening Programme Board: 17 October 2016**

Dr Mubeen Syed provided a written report from the Cervical Screening Programme Board meeting on 17 October 2016. See appendix 1b.

Dr Syed read through the points on the report and a discussion followed about the importance of raising awareness and informing women that smears could be taken when they are on their period. It was suggested that information be available in a new leaflet, put in the newsletter, Wirral Globe, receptionists be aware and there should be a cervical smear campaign. Dr Syed informed members that a campaign had been raised in a previous meeting.

The Hon. Sec added that CQC commented on lower rate of cervical smears at his practice recently and suggested using a high profile individual that had survived cervical cancer to advertise smear campaign and asses what effect that would be on women.

88. **Correspondence**

The Hon. Sec informed members of a letter received from NHSE regarding a pharmacy opening in Heswall and that it would be emailed to them at the end of the meeting and any comments would be welcomed.

The Hon. Sec confirmed there was no other correspondence but informed members of two meetings he attended:

* NHSE meeting 26th October – where Capita was discussed. The Hon. Secretary asked members to inform or provide the LMC with evidence of any problems in terms of payments, patient records etc. as somebody locally in the NHSE local area team is leading on this nationally and wants the information as the general belief is that things are improving unless evidence is collected to counteract that.
* Monthly CCG Meeting - The issue of inclusion matters was brought up and the struggle with waiting times. The CCG have undertaken a review of the service and, although initial assessment waiting time is good, the service is still failing on the second treatment assessment. However, CCG are going to have another review on the 15th November. The Hon. Secretary asked again if members had any information about the service to pass it to the LMC, so it could be passed on to the CCG, especially around CBT as patients are really struggling to get an appointment and waiting too long.

The Chair informed members that he attended the CCG Governing Body meeting on 1st November in Dr William’s absence. He reported:

* Current overspend of £7m which, if there was no change, by the end of the year would be £15m but the CCG are aiming for £9m.
* PCQS seemed to have paid off as referral rates were down by1%.
* Expanding at Level 3 co-commissioning.
* Hospital discharges and A&E targets.

A member asked why there is an over spend if referral rates are improving and the Hon. Sec responded that last year the overspend was £17m and this year it has reduced to projected £9m.

A member mentioned that GPs on a retainer scheme should be notified that there is a new retainer scheme with significant remuneration and suggested the information be put in the LMC newsletter.

**ACTION:** Email members a copy of NHSE letter re pharmacy opening in Heswall.

Newsletter item.

89. **Any Other Business**

A member asked if Wirral LMC were any closer to having their own website and the Hon. Secretary replied that work is currently being undertaken and the website should be up and running in the New Year.

The Chair reminded members of the LMC Annual Dinner at Thornton Hall on Friday 18th November and asked those who hadn’t already done so to confirm their attendance with Mrs Lepts.

90. **Date of next meeting**

The next LMC meeting is Monday, 5 December 2016, commencing at 1.15pm and finishing at 3.15pm.