**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 8 May 2017**

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

**PRESENT:** Dr R Williams Chair

Dr K Cooke Dr S Jalan

Dr A Mantgani Dr L McGrath

Dr R Millard Dr F Newton

Dr M Smethurst Dr M Syed

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

 Ms Helen Brislen – Wirral Community Trust

 Ms Melanie Carrol, Wirral LPC

Ms Joanna Middleton, NHS Digital

Mr Paul Charnley, WUTH

Dr Susan Gilby, WUTH

Dr Helen Forster – GP Registrar

 Mrs S Lepts, Wirral LMC

13. **Welcome**

 The Chair welcomed members and visitors.

14. **Apologies**

Apologies were received from Dr Adegoke, Dr Ali, Dr Francis, Ms K Howell, Mr P Lear, Dr J Mottram, Mr G Price and Mr D Rowlands.

15. **Declarations of Potential Conflicts of Interest**

No change.

16. **Digital Wirral Presentation – WUTH**

Mr Paul Charnley, Director of IT and Information at WUTH informed members he would be talking about integrating systems across the Wirral not just System One and Millennium. Just before Christmas WUTH reported to LMC that Wirral was successful for bidding on some funding for digital exempla status and in that there were a number of projects proposed of which some particularly impact Primary Care.

Mr Charnley talked members through the Digital Wirral presentation. ***(See appendix 1b)***:

* This is a 2 year programme that is going to attract £10m in to the community – to be spent in on the hospital side and in the community.
* If Countess of Chester are approved as a ‘fast follower’, by using WUTHs system, it will bring another £5m.
* Whilst there are set plans there are still opportunities to work out priorities of what to do within each other’s programmes of work.
* So far WUTH has 44 GP practices that have signed the information sharing agreement that are at the point of their data being absorbed to the shared record. It does not include anyone who opted out and doesn’t include certain sensitive Capita data.
* Wirral record likewise is in the shared record and the community data is now in test.
* Mental Health have an extract they use for Cheshire care record so WUTH are adapting that for Wirral and are working with the council on the Social Care record but not got as far yet. There was a meeting last week to re-engage with them.
* The £10m has not yet hit WUTH’s bank account but when it does the resource will be available to make that part of the programme work.
* For the future WUTH will be looking to put a patient’s own personal health record (that they may have on a website e.g. Puffell) on the system.
* WUTH held a workshop last week with people like Dr Paula Cowan (CCG), Representative from Wirral Federation and Council etc.
* This Global Digital Exempla Funding allows WUTH to provide programme and project management and information analysts to help support the organisations to pick this up and use if for real in the Wirral.
* There are two Governance groups – Healthy Wirral Partners Executive Group and Fiona Johnstone leading on ‘what’s health intelligence’ and may need Primary Care representatives directly in the group.

Mr Charnley ended the presentation and asked if there were any questions.

Members asked where the £10m came from, why it is being spent on the shared record only and if it could be used towards speeding up EMIS.

Mr Charnley replied that the £10m is for the broader ‘provider digitisation’ and a community wide project so will benefit all in the Wirral and reminded members that he is not responsible for IT in Primary Care.

Members raised a number of concerns around patient data being out there available to all, sharing practice data with the hospital, a system that could be used to check up on GPs; GPs have worked hard on their system to just hand it over to the hospital, GPs have heard from colleagues in the hospital that digital recording is a nightmare with long queues to input data and a shortage of tablets and integrating the practice system could slow it down or make it crash which would slow down surgery; and without an IT system Primary Care won’t work.

The Chair agreed with members concerned and added that Dr Sue Wells was made aware that GPs are worried about sharing data with hospitals, although the Chair was not sure of the outcome of those discussions.

Mr Charnley replied that there was a leaflet, radio and newspaper campaign and only a small percentage of people opted out of sharing their data. The system is not intended to be loose and will have a sign in so you only see what you are allowed to see. The shared record will be a place where the primary care system and hospital system sit together with no risk of damage to confidentiality as it has been cleared with the Information Data Protection Act. He added that once funding is received equipment can be updated and more tablets bought but this would take a year or so to put into place.

There was a brief discussion around Radiology and Microbiology results and members asked if the results could be sent to the requesting GP rather than the principal GP and that practices should have an option for one person to deal with all requests or for the GP to change the settings. Mr Charnley replied it is not a system that can be controlled and agrees that targeting the requestor makes sense but that sometimes they are locums so move from place to place frequently. It is a governance issue with the practice if the GP is away or the registrar leaves.

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

17. **Electronic Repeat Dispensing Presentation**

The Chair introduced Ms Joanna Middleton, NHS Digital Implementation Support Manager for EPS Implementation and Change.

Ms Middleton informed members of her remit to talk about Electronic Repeat Dispensing or ERD as it is now referred to. The presentation was large so she went through it quite quickly and answered questions along the way on ERD and EPS (Electronic Prescription Service). **(*See appendix 1c)***:

* Ms Middleton’s background was EPS on the Wirral.
* EPS is established service now with over 23million patient nominations.
* 66% average live site usage nationally and Wirral is still the highest user of EPS nationally for the amount of practices. *(Recently exceeded by 2 other CCG’s)*
* ERD is an electronic system that supersedes paper based batch prescribing.
* Ms Middleton intends to implement ERD at practices across the Wirral by taking a slow, considered approach as to what patients are put on the system.
* Recommends when ERD is implemented at a practice to start off with a simple patient cohort and looking at patients where the majority of their medication can be put on ERD. It needs to be communicated very clearly with the patient as with ERD the patient doesn’t need to order so need to be very cautious there isn’t patient confusion.
* If a patient doesn’t require a particular medication the pharmacy can mark the item as not dispensed on the system so it will reduce medicine wastage and will be done for every patient on ERD. This is in the pharmacy contract so they are fully aware of their responsibility.
* Looking at this as per individual geography on the social demographics that exist in each geographic area. So in some areas it won’t be a high percentage of patients able to be put on ERD but even the few patients that can will bring benefit to GPs, the pharmacy and to the patient. If that is only 5% of the patient list then that is 5% benefit to the GP, Pharmacy and patient.
* There is no ‘target’ but recommendations in the GMS contract are overly ambitious with 25% of patient lists on ERD. Ms Middleton will be implementing ERD on the Wirral with a target to hopefully get 5% of patients onto ERD which is achievable if only use suitable patient cohorts.
* ERD is in the contract but not currently mandate.

Ms Carroll commented that excess medication patients are not contractual but as soon as they go on ERD it becomes pharmacy contract and they will have to ask questions. She informed members that there are some practices across the country that are running at 20-25% ERD and some locally at 12%, so people are using it and finding it beneficial. She added that what Joanna is here to do is to highlight that this is happening and that she is here to support practices in rolling it out on the Wirral.

Ms Middleton agreed and confirmed she is here to work with practices using her experience with EPS and to fully support Pharmacies. She informed members there is a Wirral practice that does 24% ERD, so using it to a great extent with no problems. She told members this can be done properly, taking it slow, and one tiny step at a time, checking the benefits of what is and isn’t working so well.

The Chair summarised there will always be potential glitches but the solution is starting small and moving big. He added that EPS is something that all GPs use and there are probably capabilities that aren’t fully utilised so some increased tutoring and coaching would be helpful before get to the ERD. He suggested Ms Middleton maybe return to LMC for another session in a couple of months.

Ms Middleton confirmed she would be more than happy to do so and that there will be EPS refresher training as part of the implementation of ERD. She added that communication of interest will be sent out to practices shortly.

The Chair thanked Ms Middleton for coming.

18. **WUTH Update**

 No representative present for update.

The Chair introduced Dr Susan Gilby, Medical Director for WUTH.

Dr Gilby informed members of her working background and stated she was less hospital focused but focused on patients. She gave members the guarantee that she has the best interests of the population not the hospital or herself and that she has an insight into GP difficulties.

The Chair replied that there are huge challenges and the key is increased working together, sharing of knowledge and best uses of resources to help patients on their journey and to avoid hospital admission. He thanked Dr Gilby for coming and welcomed her attendance to any of the monthly meetings.

19. **Clinical Commissioning Update**

 No representative present.

20. **Community Trust Update**

 The Chair introduced Ms Helen Brislen – Business Manager for CT and invited Dr Sim to give an update.

Dr Sim gave an update on:

Phlebotomy

* Phlebotomy service is going very well.
* Figures presented in past have levelled out to fairly uniform uptake at the 3 initial hubs.
* The fourth hub in West Kirby has had a good start with 653 patients - the hub is not a drop in but appointment based.
* Still see about 8% of domiciliary – no access granted. From 1st Jan – 30th April, there were 8017 referrals of which for 550 there was no one at home when phlebotomists arrive.

The Chair added that current re-procurement of the phlebotomy contract is on hold to allow different stakeholders to pause for thought and allow the present service to settle before the CCG decide to go out for tender and whether practices can bid to host services themselves as opposed to CT.

Single Referral Process

* Went live to all practices last month.
* No negative feedback from service users and few personal comments from GPs and emails about issues that have cropped up about not understanding the forms.
* Phase 2 of the project will look at extending the scope but unable to go into any of the AQP areas. CT asked the CCG if could possibly do Podiatry and Physiotherapy and CCG said no.
* The other area looking at to commit for some services to be referred to by care homes.
* Other services e.g. Magenta housing have requested access, to have a variety of services available to other parties to refer to reduces the burden.

The Chair said that the E-Referral single form is very helpful and makes simplification of referrals and having a standard form for most but not all things. A member commented that it was a disadvantage that Podiatry and Physiotherapy are not included.

Dr Sim added that there are 3 tabs at the top of the form so GPs can refer to 3 areas simultaneously and can refer to community nurses and dietetics with the same referral. CT will be giving an update promotion to explain this.

There were no further questions for Dr Sim and the Chair thanked him for coming.

21. **Minutes from Previous Meeting**

The Chair informed members of Mr G Price email request for March minutes amendment of ‘at 90% bed occupancy’ to ‘over 90% bed occupancy’. Members approved the amendment. The 6 March meeting minutes were noted to be a true and accurate record and were proposed by Dr Jalan and seconded by Dr Cooke.

The minutes from 3 April meeting will be approved at the next monthly meeting, 5 June 2017. ***(See appendix 1d)***

**ACTION:** LMC Office to send out3 April draft minutes with June agenda.

22. **Matters Arising**

The Chair informed and updated members on:

Wednesday 10 May – Primary Care Transformation Meeting at Clatterbridge Hospital Postgraduate Centre.

A reminder that all Wirral GPs and Practice Managers are invited to Primary Care Transformation, including GPFV, discussion at Clatterbridge Postgraduate Centre on Wednesday 10 May, 18:30 to 21:00. There will be input from the CCG and both Wirral GP Federations followed by a Q&A session. Most GPs have a grasp of what GPFV is about but not all GPs go to the Members meetings. It’s important to understand how to bid and claim for funding available. A number of flyers have been sent out to GPs and Practice Managers.

Payments for Safeguarding Reports

This was raised with the CCG a couple of meetings ago with no definite reply from them regarding payment. Other areas in the country attract a fee and LMC will continue to pursue this and will raise again with Dr Cowan at the next LMC/CCG mid-month meeting. The Chair added that GPs are not contractually obliged to provide the reports but morally and ethically should do them.

Members discussed this briefly and agreed that GPs should be paid. It was also suggested that GPs make a stand to not do them as it is not part of contract and not goodwill; to take a firm view and also a 24 hour turnaround is not acceptable.

LMC Elections

There were 4 principal vacancies and nominations closed on Friday 5 May. The Chair was pleased to announce that 3 GPs who were already members (Dr Cooke, Dr Jalan and Dr Syed) were appointed unopposed.

There was only 1 new nominee, Dr Sarah Jarvis, who will fill the fourth vacancy and be appointed without need for election.

LMC Conference 2017

The Conference is on 17– 19 May in London. Dr Richard Williams and Dr Abel Adegoke will be attending.

LMC submitted 4 issues for debate and 3 have been chosen:

* E-Referrals letter states ‘’Contact GP’’ and should say contact hospital
* CQC Inspection
* NHSE ridiculous expectation of GP consultation

A member asked for an update from the last meeting where Dr Francis informed members of her request for an NHS England representative to present some written guidelines and reference to record keeping and notes during consultation, if they had been invited to LMC. The Chair replied this had not happened and he would follow up with Dr Francis.

Local Representative Committee

The Chair and Hon. Secretary attended this meeting last week with dentists, ophthalmic and pharmacists. It was about working together. Dentists are taking on NHS patients so GPs can encourage patients to go to a dentist if they have a toothache and Pharmacy working on Tier 2 functions starting now with UTI treatment.

**ACTION**: Contact Dr Francis regarding update on NHSE representative at LMC meeting

23. **Correspondence**

Benefits Reform

In 2013 Wirral LMC put out a letter that GPs could use when under pressure for letters of support if turned down for benefits/found unfit for work. A practice has queried if this is still the standpoint of LMC and asked for an updated version of the 2013 letter. Members had a brief discussion and agreed that it was reasonable for GPs to provide a brief summary from the computer; a printout that could be practice stamped but not signed with no charge for this. This takes no time at all and saves doing a personal letter.

The Chair suggested this be mentioned in the newsletter. All practices should list the activity they charge for and complete a form when requests come through and for practices to publicise it but it would be up to the individual practices, along with whether they charge for the service.

GP Online Services

Email received from NHS England to encourage more GPs to be involved with allowing patients to sign up to online services. The Chair informed members the LMC Office would forward this email on to them.

Cameron Fund

This is a charitable organisation who are affiliated with the BMA, present at the LMC Conference and who provide financial help to GPs in hardship and illness. An email was received regarding a new portal site with a request for LMC to disseminate to all GPs. It was agreed that LMC Office will forward the email to all Wirral GPs and post the link on the LMC website.

Changes to 2017-19 Hospital Contract

Hospital staff are now contractually obligated to:

* Follow up test results.
* Issue Fit notes for period of reasonable absence from work, not just their duration in hospital.
* Clinic letters within 10days, 7 days in 2018.
* Patients need to be given enough medication for their immediate needs following outpatients.

Practice Overpayment by NHS England

A Wirral practice was overpaid by NHS England and it took 12-18months before either realised the overpayment. NHSE have since started to claw back the overpayment with little debate or negotiation. The future of the practice is in jeopardy due to a number of financial implications including accountancy fees. The practice has emailed LMC seeking advice. Members discussed this briefly and agreed that the overpayment should be taken back but after negotiations with the practice and clawed back over a 3-4yr period. It was added that this is a symptom of Shared Services unresponsive to needs of practices and now off-loaded to Capita. NHSE should be held responsible and performance of Capita registered as there are a lot of complaints, although it was noted they are slowly getting better.

**ACTION:** LMC Office to forward email to members regarding GP Online Services, forward email to GPs re Cameron Fund link and upload to LMC website and to respond to the practice overpaid by NHSE stating LMC support.

 24. **Any Other Business**

The Chair informed members:

* Dr Margaret Hayes of Field Road Surgery sadly passed away.
* Information received from Liverpool Medical Institute that they are financially unviable and appealing for membership, so LMC will forward info out to GPs. *(Members informed the Chair that this information has already been received by GPs so does not need to be forwarded by the LMC)*
* Mileage allowance – reminder to members to claim mileage for any sub-committee meetings and to state the mileage on the forms. LMC Office has updated the form for this information to be added. ***(See appendix 1e)***

A member commented on sharing data (with reference to the Digital Wirral Presentation) and asked if GPs would be comfortable sharing information with Virgin if they were to offer a service in the future. If not, he asked why GPs had no worries with sharing notes with WUTH who are a Foundation Trust, so an independent provider. He left this thought with members and added that his concern is the GP will become a subsidiary of the hospital as already a few GP practices taken over by the hospital in other areas. GPs have worked hard to collect the data for the hospital to just take it.

It was also asked if a BMA rep had responded to LMC’s request to attend LMC monthly meetings. The Chair replied there had been no response and he will chase this up.

**ACTION:** LMC to chase up BMA response for representative to attend LMC monthly meetings.

25. **Date of next meeting**

 The next LMC meeting is Monday, 5 June 2017, commencing at 1.15pm and finishing at 3.15pm.