**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 5 March 2018**

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

**OPEN SESSION**

**2.22pm – 3.20pm**

**PRESENT:** Dr R Williams Chair

Dr A Adegoke Hon. Secretary

Dr B Ali Dr C Cooke

Dr S Jarvis Dr G Francis

Dr L McGrath Dr Newton

Dr Millard Dr Mottram

Dr Syed

**ALSO PRESENT:** Ms Nesta Hawker – Wirral CCG

Dr David Rowlands – WUTH

Mr Dave Hammond – CT

Mr Peter Lear – Wirral LDC

Mrs Melanie Carrol – Wirral LPC

Ms Claire Ashley – BMA

Mrs S Lepts, Wirral LMC

The Chair welcomed Mr Dave Hammond, Ms Nesta Hawker and Dr David Rowlands.

116. **CCG Update**

The Chair invited Ms Hawker to provide an update.

Ms Hawker provided an update on:

* Place based care and how to develop neighbourhoods – the need to work together to explore what is in the 51 footprint, 9, 4 & 1 footprint. The CCG is keen for a GP to lead in each neighbourhood and looking at holding an election, how to fund it and job descriptions in other areas, ensuring services are wrapped around people in that place, to enable GPs to be freer in their time. The CCG will be asking people to join workshops and working groups. Also about the community aspect with hospital and third sector to make sure neighbourhood knows what to do.
* MSK – Ms Hawker unable to comment or update. There will be further discussion in private business at the Governing Body meeting to be held tomorrow.
* Urgent Care – Public part of the listening exercise finished at the end of February and information from this will help develop options. Ms Hawker visited Eastham to hear patient’s views and was interested to find the number of patients that go to the GP with no serious issue and those that have a serious issue that don’t go as they don’t know where to go. Also, patients are not fast tracked from WIC to A&E.

Members had a brief discussion and raised a number of concerns:

* Concerns after extended access but reassuring to hear there will be more GP input in future plans.
* LMC and GP Federations would like to see significant GP input in the MSK service with triage etc. and Ms Hawker asked to discuss this with the governing body.
* It was asked why patients are not fast tracked from WIC to A&E.
* WIC’s are not safe and should not be expanded.
* Lack of professional care and respect between different healthcare providers.
* Compromising patient care

Ms Hawker informed members the final sign off for extended access will be in tomorrow’s governing body meeting and agreed to share the above concerns.

There were no further questions and the Chair thanked Ms Hawker for coming.

**ACTION:**

* **Ms Hawker to share LMC concerns at the governing body meeting.**

117. **WUTH Update**

The Chair invited Dr Rowlands to provide an update.

Dr Rowlands gave an update on the following key points:

* Resignation of the Trust’s Chairman – Interim Chairman is Sir David Renshaw.
* Main hospital roof – fell in and affected the sexual health clinic but no patients were on the ward.
* NHSI on public domain – about culture and concerns.

Frontline functioning really well, top down targets pushed on executives, financial pressures and costs and cultural issues in A&E that need addressing.

There was a brief discussion around better communication with GPs and hospital staff, how to handle risk and facilitate urgent cases. It was suggested LMC host a joint event with WUTH to educate and connect GPs to ensure a patient is signposted correctly; offering educational training which will look at the pathway and system and who the lead GPs are. LMC will look at areas for educational training and Dr Rowlands will do best to facilitate.

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

**ACTION:**

* **LMC to look at hosting a joint event with WUTH for GPs and Hospital GPs and to identify and inform Dr Rowlands of areas for educational training.**

118. **CT Update**

The Chair invited Mr Hammond to provide an update.

Mr Hammond gave an update on:

* CQC visit – Inspection of GP OOHs tomorrow.
* Place Based Care – building on Ms Hawker’s point of what place based care means and alignment of services.
* Creating teams at neighbourhood level.
* The opportunity to bring the right range of people together to make it happen, how to support this, do better, what roles to support, the structural element and value of people sharing information, working well and pathways.
* There are two areas: Frailty and multiple long term conditions.
* Urgent care point that NHSE are clear there should be a GP Lead.
* A different approach to risk management and identifying risk and opportunity to shift focus on how people are supported in a care setting.
* GPs and Lead nurse managing risk and identifying what is best in the community.
* District Nurse Re-organisation – Staff consultation has just finished. 11 teams to 9 teams mapped across 9 neighbourhoods with band 6 nurses identified in the GP neighbourhood and band 5 identified with surgeries. It will be another 3 months before any changes on the ground. Next stage (Qtr1, 2018/19) is mapping exercises for teams within surgeries. Practices will have a named senior DN and know who their team is. If a patient moves out of the area there will be a crossover of teams.

Members had a brief discussion around single contracts, complacency that comes with one provider, the IAPT service, the role of the CCG to strictly manage the contracts, issues with quality and waiting times, not sharing information and holding providers to account as GP practices are by NHSE.

Ms Hawker responded that the IAPT service will be discussed at the governing body meeting tomorrow. The CCG have done everything they can and the service has reduced their waiting times.

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

119. **Date of next meeting**

The next LMC meeting is Monday 14 May 2018, commencing at 1.15pm and finishing at 3.15pm.