**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 1 October 2018**

**In the Hughes Room, The Lauries**

**OPEN SESSION**

**2.15pm – 3.41pm**

**PRESENT:** Dr R Williams Chair

Dr A Adegoke Hon. Secretary

Dr B Ali Dr K Cooke

Dr S Jarvis Dr A Mantgani

Dr R Millard Dr J Mottram

Dr F Newton Dr M Syed

Dr L Towersey

**ALSO PRESENT:** Mrs M Carrol – Wirral LPC

Mr P Lear - Wirral LDC

Mrs V McGee - Wirral CT

Dr P Cowan - Wirral CCG

Mr M Chantler - Wirral CCG

Ms J Evans – Wirral CCG

Dr I Taylor – GPST3

Dr T Wyatt – PCW Federation

Mr M Ahmed – GPW Federation

Dr D Rowlands - WUTH

Mrs S Lepts - Wirral LMC

The Chair welcomed Mr Ahmed, Mr Chantler, Dr Cowan, Ms Evans, Ms McGee, Dr Rowlands and Dr Wyatt to the open session and apologised for running late.

173. **Urgent Care Transformation Consultation Briefing**

The Chair invited Ms Evans and Dr Cowan to provide a brief presentation to update on the Urgent Care public consultation.

Ms Evans ran through the presentation slides ***(See appendix 1g)*** and informed LMC the public consultation went live last Thursday 1 November 2018 and will run until 12th December 2018. There will be further engagement with stakeholders and the CCG Governing Body will then consider the feedback and make a final decision early in 2019. NHSE have mandated that the Urgent Care Centre is open for a minimum of 12 hours, 7 days a week, 365 days a year. Wirral CCG are asking for the public’s views on the current urgent care services as well as the newly proposed model and for their preference of the Urgent Treatment Centre (UTC) being open for 24 hours per day or 15 hours per day. Wirral will have one UTC based on the Arrowe Park site next to A&E and there is also a local offer of 4 health and wellbeing hubs in locations to be decided.

Mr Chantler (CCG Communications and Engagement Director) commented that the proposals are out and open for stakeholder views so up to the public to respond.

Ms Evans informed members she would be happy to return and discuss this further if needed.

Members were not opposed to the Urgent Care Centre but raised the following concerns:

* The public are confused through no fault of their own and the CCG are listening to the public but are they talking to those who work in the services?
* Patients will look at the option of 15 or 24 hour service and probably opt for the 24 hour service but this is not realistic. How will the CCG provide staff 24/7 when there is shortage of staff to run OOH at the moment?
* Wirral practices are running at full capacity (some with 4 week wait for an appointment) and struggling to recruit GPs with vacancies in practices. How many appointments are to be generated with limited workforce?
* It will be more difficult to recruit to practice when GPs can work for extended access.
* The UTC should run for 12 hours initially and then once up and running and managing the service provide it for 24 hours.
* Who will be managing the UTC?
* Practice patients prefer to go to a GP rather than a hub. UTC will take patients away from practice. There should be more investment into practices.
* Why are Minor Injury Units and Walk in Centres being closed?
* What are the financial implications? Activity and costings are not clear.

Dr Cowan welcomed member’s views and informed members there is no additional funding for the UTC so it’s about educating patients and working together. This consultation is to collate views and then for working groups to collaborate and form the contractual model which will then go to tender.

Ms Evans informed members that the detailed case of change is on the CCG website with all the information and to make it make it clearer and easier for patients, information has been extracted into a FAQs document. This document will be updated every time a question is asked so people can see the CCG response and activity and cost has been added and will go out this week.

The Chair summarised that the CCG were here to provide LMC with information on the public consultation and a listening exercise with no decisions being made until Feb 2019. He thanked Ms Evans and Dr Cowan for the update and added that LMC will continue to work with the CCG and will formulate an LMC response with concerns before the December deadline.

174. **CCG Update**

The Chair invited Dr Cowan to provide an update.

Dr Cowan informed members Urgent Care was a major part of the update and has been covered during the presentation so nothing further to add.

175. **WUTH Update**

The Chair invited Dr Rowlands to provide an update.

Dr Rowlands updated on:

* Newly appointed staff:

Ms Janelle Holmes – Chief Executive

Mr Anthony Middleton – Chief Operating Officer

Ms Natalia Armes – Director of Transformation & Partnerships (*who LMC should invite to LMC meetings and who will attend in Mr Price’s stead)*

Dr Nikki Stevenson – Medical Director

* Neighbourhoods –Secondary care is willing and very keen to get involved in more locality working now that form has started to take root so function can evolve. Emphasis will probably be on respiratory, cardiac, diabetes and long term conditions etc. It may vary from neighbourhood to neighbourhood depending on demographics. There is some work going on about present and future demographics to try and establish where the emphasis will be for a particular neighbourhood.
* Patient portal – has rolled out and live for maternity and diabetes for some time. Past few months it has rolled out to follow up for cancer patients so colorectal breast neurology and in near future gynaecology as well. Patients sign up to have access to the portal and get a training session in terms of which results are going to be available and what they do as a consequence of seeing those results. Feedback has been very positive so far. The idea is to get patients more involved in their own care, to self-care, and to try and get rid of the routineness of any sort of follow up so can concentrate on patients that need to be seen as opposed to those that don’t.

A member asked who to contact to request WUTH representation at a neighbourhood meeting. Dr Rowland replied they can contact him or Ms Armes.

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

176. **CT Update**

The Chair invited Ms Val McGee to provide an update.

Ms McGee provided an update on:

* Neighbourhood development – After seeing direction of travel from the CCG around their strategy, the CT really welcomed the opportunity to look at neighbourhood development. As a consequence a lot of CT staff are involved in neighbourhood developments going through e.g. community nurses and social workers so in all 9 neighbourhood meetings should be seeing a lot of CT staff involved. They believe it is the right thing to do and are very committed and enthusiastic to take some of that work forward. One of the objectives is looking at people with frailty. CCG led on frailty event last week where a number of CT staff were involved; district nurses, matrons and to some extent social workers. It’s the work they deal with all the time so anything that manages that area in a much more coordinated way then it has to be good and as a result hopefully will start to see some of the non-elective admissions coming down.
* Risk Stratification – CT have been working with the CCG & WUTH around the risk stratification and understanding the types of patients that GPs would consider to be frail and whether they are on CT caseloads. Also some specific work with Moreton around house bound patients.
* MDT working – CT are working with GPs around the development of MDT working but the CT has actually been working as an MDT for a while and it is now how CT can make sure other professional groups can be part of that.
* Integrated assessment tool for health – CT are embarking on developing an integrated assessment tool for both health and social care. Need to work through how to bring two separate IT systems together.
* CT are conscious they need to think about how to link health visitors in and the work that the Urgent Care are looking at around some of those walk in and planned appointments for children.
* Readiness for winter – how to improve discharge pathway out of the hospital and into the Discharge to Assess and Home First options which will help the CT to extend hours and support the hospital and 7 day offer to get discharges over the 7 days and encourage care homes to take people over 7 days a week not just Mon-Fri.

*(Some content lost due to drilling noise in room next to the meeting room)*

* Heart failure transformation – heart failure has been raised in two recent neighbourhood meetings. Through work with the CCG and joint partnership with Novartis, CT has an enhanced community cardiology offer and worked closed with Primary Care Support. So can build on that for the neighbourhoods.
* Meeting at Thornton Hall on 11th October 2018 around heart failure and clinical update.
* Official launch of the community cardiology work on 7th November 2018 between 6pm and 9pm at the Floral Pavilion.
* Impact on staff of urgent care redesign – Ms McGee spoke to OOH & WIC staff ahead of consultation launch. Staff raised concern about losing their jobs and the 24hr option as the public are likely to opt for 24hrs. Ms McGee reassured staff to not to be concerned about jobs as no money is being taken out and there is plenty of work available for their skill set. All staff were informed that that the CT will be responding to the consultation so they can feed into that or respond as Wirral residents.

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

177. **PCW Federation Update**

Dr Wyatt provided an update:

* All schemes going well.
* Natalie Young-Calvert has been appointed Chief Executive and dedicated point of contact.
* Care Home Scheme – looking into the care home situation with people that are being supported currently and have put something out for member’s opinion on what to do, clearly needs more variation and looking at aligning care homes to practices or a single service across Wirral. Need a system wide solution.

*A member asked if the GPWFed Nursing Home Assessment Scheme document was going to be shared with PCWFed. The Chair added that Primary Care Wirral should be aware that GPWFed shared a draft proposal with LMC which was looked at in an impartial way during the closed session. Dr Wyatt was handed a copy.*

178. **GPW Federation Update**

Mr Ahmed provided an update on:

* Collaborative working – e.g. nursing home, 36 practices are working together and will soon meet with the CCG to discuss the scheme.
* Proactive and active in working with the CCG and with different industries.
* Extended Access Service – meeting targets provided and patients are happy with the multiple sites and weekend appointments. Continuously informing patients that 7 day GP appointments are available.
* Health check – meeting end of September and all member practices have reached 75% of the block contract targets so ahead of plan that is due to finish.
* Education for GPs –training for all GP practices in Wirral
* Commended and patients are happy with the services member practices are providing in house
* Elections and selected board – Dr Mottram is Chairman. 13 members (9 GPs and 4 PM’s).
* A lot of engagement with member practices.

*Dr Rowlands added that he had met with Dr Wyatt and Ms Joanne Malkin regarding educational sessions but not formalised what they are going to be. This is Pan Wirral and separate from neighbourhood meetings. Dr Rowlands would like to get the sessions up and running but is waiting on LMC to feedback on suitable topics for discussion.*

**ACTION:**

* **LMC to feedback to Dr Rowlands – suitable topics for discussion/areas to look at for GP educational sessions.**

179. **PMAC**

Lead officer’s Dr Jalan and Dr Cowan submitted a paper to LMC ***(See appendix 1h)*** on Electronic transmission of PMAC (Patient Medicine Administration Chart) and recommendations that:

*Electronic copy of computer generated PMAC will be acceptable to community nursing team if:*

1. *Emailed from NHS account of the clinician generating the PMAC.*
2. *The electronic PMAC clearly states the name of the doctor issuing it.*

The report was emailed with the agenda for members review but members did not get a chance to discuss it during the closed session.

The Chair said the recommendation seemed sensible and reasonable and LMC will formally reply to Dr Cowan.

A member requested the response go back to the gateway keeper as could be a risk if returned to the GP and they are away from practice or a locum. Dr Cowan noted the request. A member also asked if the form could be redesigned and suggested some changes. Dr Cowan replied it could be looked at in the future.

**ACTION:**

* **LMC Officers to formally reply to Dr Cowan re PMAC recommendation.**

180. **Correspondence**

The Chair informed members of correspondence received, for information, from Dr Cowan; a summary from her meeting with Dr Jane Wilkinson (GP Champion Sexual Health) about cervical smears and women who are difficult to smear on the Wirral (mainly women who have psychological problems, learning difficulties or physical disabilities and how to deal with those patients.

181. **Any Other Business**

Wirral CCG AGM

Dr Francis attended the Wirral CCG AGM on 18 September 2018 and provided a report. A copy was handed to members for reference ***(see appendix 1i)***.

Dr Francis informed members she did not attend the meeting on behalf of LMC but thought she would provide a report for LMC. There were good presentations by the CCG who were honest about their financial situation. Good turnout and response from patients at the meeting was very positive with a round of applause at the end.

Wirral LMC Support Group

A number of members have left the meeting as it has overrun but the Chair stressed the need for LMC to support GPs that run into personal or professional difficulties in practice and added that the LMC GP Support Group requires formalising so will be on the agenda for the next LMC monthly meeting.

A member commented that there are terms of reference that were drawn up last year or year before which would provide a good document for discussion to decide how to take it forward.

Wirral LMC Annual Dinner

Reminder for Wirral LMC Annual Dinner to be held on Friday 16 November, 2018 at Thornton Hall.

**ACTION**

* **Agenda – LMC GP Support Group.**

182. **Date of next meeting**

The next LMC meeting is Monday 5 November 2018, commencing at 1.15pm and finishing at 3.15pm.