**WIRRAL LOCAL MEDICAL COMMITTEE**

**Minutes from the meeting held on Monday 4 June 2018**

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

**OPEN SESSION**

**2.22pm – 3.15pm**

**PRESENT:** Dr B Quinn Vice Chair

Dr A Adegoke Hon. Secretary

Dr L McGrath Dr R Millard

Dr J Mottram Dr M Syed

Dr L Towersey

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

Mr Iain Stewart - Wirral CCG

Mr Peter Lear - Wirral LDC

Mrs S Lepts - Wirral LMC

The Chair welcomed Ms Nesta Hawker and Mr Iain Stewart to the open session.

145. **CCG Update**

The Chair invited Ms Hawker and Mr Stewart to provide an update.

Mr Stewart and Ms Hawker provided an update on:

* Phlebotomy – 1st July 2018 start with GP Practices.
* GP Neighbourhood Lead adverts – due to half term week Dr Cowan not satisfied that the advert sent out in the email bulletin was explicit enough that GPs could apply, the deadline was extended from 1st June 2018 to Friday 8th June 2018. Tight deadline as need to be able to demonstrate progress from the transformation healthcare money in order to be able to bid for further funding. The CCG are looking to hold the first neighbourhood meeting on 25th June 2018.

*There was brief discussion around concerns raised by practices with neighbourhood working and attendance at meetings for GPs with more than one practice in different localities and PCQS work around requirement of attendance at meetings. It was noted that PCQS is given to an N and requirement for meetings is on the N code not each practice. Neighbourhoods are different and about the place so the CCG suggest GPs get involved in each of the neighbourhoods where their practices sit and work with other practices in the neighbourhood by attending group meetings which will look at needs for patients in that area not just with medicine but housing, social services, 3rd sector etc.*

* Network Development Fund Application Pack – Glenn Coleman emailed this to senior partners and practice managers. Funding to ‘allow practices to invest in or release staff to support the development of the networks transformation and development project’ and needs to fit in with place base and the 9 neighbourhoods. Martyn Kent and Julian Eyre are coordinating for Wirral and should be liaising with both Wirral federations around ideas and what to put in, to bid for anywhere between £10k and £150k as an economy and then on top £1per patient to all be invested in organisational development not services.
* Well done for 17/18 across the incentive schemes e.g. PCQS and Prescribing. Payments will be made by the end of June 2018. With the prescribing scheme around 35 of 51 practices achieved an under spend with £1 per patient reward and share of the under spend. Once detailed at individual practice level the CCG can update

*LMC asked Mr Kent to add the appeal process and Mr Stewart confirmed this has been written into both PCQS and Prescribing.*

*A member suggested LMC could invite and the CCG should get in touch with Dr David Unwin who has saved around £40k a year, for the last 6 years, in his own practice, with a radical approach to treating type 2 diabetes. He is due to speak to the health committee at parliament, can be followed on Twitter and on YouTube. Mr Stewart noted this and replied the CCG will follow this up.*

* E-Consulting –Funding was received under GPFV and a market day was held in October 2017, which practice colleagues attended, where a couple of suppliers including E-Consult provided demos. The E-consult system has been developed by a GP who claims in time, and once embedded, consultations via the system will take minutes to discharge and (although not all patients will use it) can reduce face to face consultations. A GP has up to 48 hours to respond to the consultation via the system and the patients will receive an email with the note that the practice will get back to them within 48 hours. Mr Stewart suggested that once e-consult is in place for month or so and working well a peer using it could attend LMC to speak to members.

*Members briefly discussed this and raised concern around possible inequalities for patients that don’t have access to or can’t use computers, those that could use it to access an appointment quicker and that really sick patients won’t want to talk to a computer. Ms Hawker added that e-consult should be seen as increasing access for patients.*

MSK

Wirral CCG has not paused the introduction of the MSK service as requested by LMC and the Hon. Secretary raised the following concerns:

* LMC requested early meeting to discuss concerns but earliest date the CCG gave was 12th June 2018.
* As detailed in Primary Care Communication today, WROCS will be switched off for MRI requests. This was not discussed with LMC at all and is very dangerous as MRI scan is needed for people with MSK issues e.g. patients with past breast and prostate cancer who may have back, shoulder or thigh pain and concern about possible metastatic disease. LMC are raising clinical flag and will put concerns in writing to the CCG.

*Ms Hawker will raise this with Dr Paula Cowan.*

Urgent Care Transformation

A member asked what else the CCG are working on. Ms Hawker informed members that the Urgent Care Transformation is going through the robust assurance process with NHSE and awaiting regional sign off on what the CCG will be going out to consult the public with.

LMC asked what can be done in future to ensure engagement and involvement is more meaningful between the CCG, Wirral LMC and the wider GP community. Ms Hawker replied there are GP members meetings at Thorton Hall where GPs do not all attend, do not always feedback to their practice or feel they can’t voice their opinion. The format has now changed to 4 locality meetings which seems to be proving better for engagement and discussion. Primary care communications are sent out, separate emails, evening engagement events and practice visits. It is difficult as the CCG has received complaints that things have gone quiet and complaints that practices are bombarded with too many emails or practice visits. Mr Stewart added that the CCG often speak to both Wirral federations and presume the federations are acting on practices behalf and informing them of what is being talked about.

The Hon. Secretary gave an LMC perspective on what can be improved on:

* LMC often get to know about changes to or new services when they are at an advanced level e.g. PCQS – last year it was too late for LMC officers to provide any input but requested to have input for the new year. LMC made suggestions but Mr Kent did not take these on board and did not get back to LMC.
* After receiving LMC comments the CCG should come back to LMC and finalise before issuing to people.
* Best for everybody, most of all the CCG, to let LMC be involved at the concept of the plan so that GPs opinion and influence will be known right from the beginning and not become antagonistic at the end. Things are done in good faith but without thinking through the consequences on GPs. LMC are looking at how it will affect GPs e.g. with MSK, the CCG ceasing MRI scans to prevent inappropriate requests has an unintended serious consequence.
* Meaningful engagement would be to involve LMC from beginning of the process, to build up and listen to LMC feedback of what might/might not be acceptable and the CCG do not have to do as LMC say but will at least know how LMC feel.

Ms Hawker replied it is for both sides to work on and that LMC also meet with Dr Cowan monthly and can look at how to build on that. Mr Stewart added that LMC have a standing invite to Primary Care Committee meetings where proposals are discussed, the governing body delegate authority to that committee to make decisions, conflicts of interests with GPs are resolved and anything with a direct impact on Primary Care and GPs is discussed. There are 6 meetings a year which are open to the public, held on a Tuesday every other month for a maximum of 2 hours, and is an opportunity for minuted and formal input. Any LMC member can attend and is automatically a non-voting member. Mr Stewart will email the dates for the rest of the year to the LMC office manager.

Docman

Docman10 is a cloud based document that has been bought and secured from GPFV funding for all practices but there will be a pause with implementation until the infrastructure is ready; practices will be staying on Docman7 for the time being due to lost records and slow broadband connectivity with start of Docman10 a few weeks back. The CCG are working to get the records back to Docman7 and key issue seems to be with individual practices broadband width as Docman10 has minimum requirement of 2Mb broadband download speed. The CCG have also CSU (partner managing the implementation) for a technical assessment and 100% assurance that Docman10 is working properly before implementing in all practices.

Members raised concern of using Docman10, as it is cloud based solution, in case of system failure and practices will need to be aware of the risk. Mr Stewart informed members that cloud solutions is coming, the majority of practices already have Docman7 (only 3 or 4 practices don’t use Docman and use EDT light or EMIS) and the hospital will also move to Docman.

Nursing Home Enhanced Scheme

The CCG suspended the scheme around the minimum 20 patient element to qualify for the scheme and is awaiting a final report from NHSE on their investigation into claims and allegations made. Practices that are in the scheme, and who were last year, should continue as they are and they will be remunerated.

There were no further comments and the Chair thanked Ms Hawker and Mr Stewart for coming.

**ACTION:**

* **LMC officers to write to Dr Cowan with MRI scan concern re MSK**
* **Mr Stewart to email Primary Care Committee dates to LMC office manager**

146. **CT Update**

No representative present.

147. **WUTH Update**

No representative present.

148. **Date of next meeting**

The next LMC meeting is Monday 2 July 2018, commencing at 1.15pm and finishing at 3.15pm.