Worcestershire and Herefordshire Local Medical Committees Ltd

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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 9th January 2020 at 7.30pm

OPEN MEETING

PRESENT: Dr M Davis, Dr G Farmer, Dr I Haines, Dr D Herold, Dr K Hollier, Dr R Kinsman, Dr F Martin, Dr S Morton, Dr S Parkinson, Dr E Penny, Dr S Pike, Dr D Pryke, Dr J Rayner, Dr C Whyte, Dr M Venables, Dr W Safdar, Dr E Shantsila, Dr K Wiltshire, Dr R Williams, Helen Garfield, Lisa Siembab

1. APOLOGIES: Dr B Fisher, Dr P Bunyan, Dr R Benney, Dr J Rankin, Jackie Evans

The Secretary ran through the action points from the last meeting:-

Safeguarding Regulations – Dr F Martin was due to send a FAQs document on this subject but this issue has now moved on.

Health and Care Trust – The secretary has meetings scheduled with the specific leads at the Trust and has already spoken to the MSK lead, Rob Cunningham, he is fairly new in post. He shared that the Trust now understand that they have insufficient staff resources. They have appointed 3 APP who are now in post and they are widely spread across the county. They also have a new service lead for physiotherapy.

They must provide a detailed recovery plan by the 15th January 2020, however, it will take them approximately 6 months for the waiting times to return to normal. They also now understand that their service model is too complex. The next stage is to create a single point of access for all MSK referrals, however, their focus currently is on reducing their waiting time.

Quality Improvement Steering Group – The Chairman is to update on this once he has attended the initial virtual meeting. An offer will be made to the Clinical Directors for a representative and this will be communicated by the CCG at one of their upcoming development CD days.

Dermatology Service – The Secretary shared that there is no progress on this as yet.

Special Allocations Scheme – The Secretary updated that there is no progress at present and Dr S Parkinson agreed to put this in writing to GPC.

NHS111 – The Secretary will escalate the issues raised at the last LMC Meeting when she meets with the Urgent Care Lead.

Rent and Valuation – Dr S Parkinson raised this at the last meeting and has received no responses to-date.

2. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 19TH DECEMBER 2019 BY THE CHAIRMAN

3. MEETING WITH THE CORONER

The Secretary updated on her recent meeting with the Coroner for Worcestershire, Mr Reid. They talked about terminology on death certificates and the change to the notification of death regulations in Oct 2019 that has reduced the regional variation. He has stated that a "mode of death" is not acceptable. The Coroner is very happy to attend an LMC Meeting to use the Committee as a sense check for communications and new processes. He asked for feedback on the pilot which we have asked the practices taking part to provide. We have not received any negative feedback on the new death regulations and they have not either.

Medical Examiners in the community will not be rolled out for at least 12-18 months to general practice although it is now live within Trusts. It would require legislative changes. The Vice Chairman outlined a few issues with contact at the Coroners asking for information by fax.

4. DRAFT NETWORK SERVICE SPECIFICATIONS

The Secretary updated that these were released on the 23rd December 2019 and have been shared with the Committee. The Secretary outlined that these are still in draft but have raised alarm. There is no dedicated funding for the work and all of the additional workforce roles will be required and recruited to in order to do the work and to support the delivery of the new specification. Practices would be paying 30% of the costs for these roles and agree training etc. The practices would be taking the risk and liability for these staff and it is difficult to recruit to these roles. The workload and monitoring is immense and there is no additional resource to cover this whatsoever.

LMCs have been asked to complete a survey with feedback on this and this has been shared with the Committee and the Clinical Directors. GPC do not appear to have been involved in the initial discussions around these drafts. A summary of the specifications is available.

The Secretary and the Chairman have drafted a Position Statement that was tabled for comment by the Committee. An LMC has broken down the finances and has fedback horrendous figures on this. The Officers' view is that this is not achievable

and it needs to be rejected outright. There is a real motivation and willingness from PCNs and practices to work collaboratively and the LMC would not want practices to withdraw from the PCN DES at this stage. We await the outcome of negotiations through GPC.

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The Chairman shared his anxieties around the staff and the workload and the metric data that would become available to be shared with NHSE and CQC.

Dr S Parkinson updated that GPC Executive Team have been very quiet on this.

The Committee unanimously agreed to issue the Position Statement to all GPs, our local CCG, GPC and our local MPs.

5. COMMUNITY PHARMACY CONTRACT

The Vice Chairman updated on a recent meeting with Fiona Lowe from the LPC on the new 5 year Community Pharmacy Contract. This was published in Summer 2019. Linked in with the document there is much talk about integrating with and working with PCNs and pharmacists are very keen to engage with general practice. He explained that we do need to work more closely with pharmacies and this could be a way of trying to manage some of GP workload.

There are some pilots running around the country where GPs are referring directly to the pharmacists and there are some issues around how we do that. They will deal with a limited number of straight forward patients. They also have a quality framework that may link in with QOF to a certain degree and how we could do that is a question to be answered. Hospital discharge summaries are starting to go to the pharmacist first and this is eliminating talking to GPs.

There is a meeting with the LPC and CDs to open the discussions around all of these issues to try and capitalise on the opportunities that exist for general practice within the new contract. The Vice Chairman and Dr J Rankin are working on a set of questions for this event to inform the discussions.

The MURs are being phased out and the idea is that pharmacists will be involved in that and how this will be done needs to be worked out. Dr R Kinsman asked a question about how the hospitals and the pharmacists are sharing information and how this is updated if the patient changes pharmacy. There are a whole host of data sharing issues and anxieties around this were discussed.

6. GP PROVIDER BOARD UPDATE/FUTURE FUNDING

The Chairman updated that the Provider Board met and there has been a lot of discussion about the 3 locality Alliance Board Chairs who are GPs. The CCG has sent a letter out to the Clinical Directors of the PCNs to say they no longer plan to fund these roles and this work should be transferred to the PCNs. The Alliance

Board Chairs do have employment rights and this has been checked with LMC Law. The Chairman and the Secretary have hosted a teleconference with the Alliance Board Chairs and the PCNs and all were very clear that the CDs do not have the capacity to take on this work.

Discussions were held about the current structure needing to be reconsidered. The strategic function is to be continued by the GP Provider Board at the request of Clinical Directors and future funding for the integration role will need to be reviewed in order that this work continues to progress and build on the work actioned so far.

The second part of the meeting was from the Health and Care Trust from Sue Harris and Sarah Duggan. They are taking on the mental health contract for Herefordshire shortly. Both Acute Trusts have released strategy statements to state they are the only two host providers for integrated care. Both Trusts are financial challenged and for them to take on 95% of the work that they are not currently doing seems unrealistic. It would be better if the whole health economy could come together as a community health provider to fight for this money. This would provide true parity of esteem between the provider board and the community provider in the STP footprint.

7. ANY OTHER BUSINESS

There was no any other business

CLOSED MEETING

The Chairman closed the meeting at 20.30pm.