

**MINUTES OF HEREFORDSHIRE LMC MEETING HELD
17th June 2020**

Those in attendance: A Seftel, P Adams, R Dales, N Fraser, C Reese, J Johnson, F Nikitik, P Dye, A Hargreaves, A Leeman, W Leeman, C Hawker, S Parkinson, M Hearne, L Gwilliam, A Heal, P Harris, J Stevenson, Lisa Siembab

1. **Apologies** No apologies were received.
2. **Conflicts of Interest** – No new Conflicts of Interest
3. **Minutes of the Last Meeting** – These were agreed
4. **MATTERS ARISING**

- **Provider Board Update**

NF updated that during the pandemic each county has focused on their own area with operational issues and decisions sitting with the Clinical Directors. The board is still unfunded, however, there is a bid with the CCG for funding.

NF shared that Hospitals are running at approximately 50% capacity and this is impacting capacity within general practice.

NF shared that there is some discussion nationally regarding funding for practice premises adaptations through pandemic funding as practices move through the restoration phase. There is advice being given to the CCG and we are hearing in other areas funding is being made available.

CH responded that the guidance is very clear and the adaptations for this phase are not considered to include corridors and waiting rooms as we are not seeing large numbers of patients waiting in waiting rooms. There is no national guidance on this and the CCG have tried to be pragmatic and reasonable but they are not in a position to fund all of the work. Practices need to develop their plans at PCN level with this in mind and being realistic about the use of rooms in specific buildings to suit the needs of the patient.

NF shared that PCNs are preparing Plans for Delivery and the Clinical Directors are looking at what is delivered at each practice using specific rooms and this requires careful planning with the CCG support in order to deliver an effective solution.

NF shared that there have been various issues raised nationally with the staff antibody tests. Locally Taurus have taken on this work as they do not hold a GMS contract and this is working locally and the tests have already started.

NF shared that Test and Trace is now up and running with small numbers so far.

RD asked there is any funding available for antibody testing for the public and if there is widespread demand how that will be managed? NF responded that that this is yet to be confirmed. CH also commented that will need to be a commissioned service and Joanne Alner is leading on this piece of work. There are issues with capacity to deliver this within general practice with flu season approaching and Covid still present. There is also an increased risk of demand if the flu patient cohort is expanded. These issues of capacity and resource have been flagged for general practice.

MAIN BUSINESS

- **Herefordshire Half Hour**

NF explained that a decision on this going forward needs to be made and information on the options has been cascaded to practices via the Clinical Directors.

RD shared the issues with the meeting. Further CCG resource is available from October to cover some of the cancer aspects. If we were to move forward with the proposed changes there are some work that fall outside current contract. They would be included in treatment room LES to be established when we equalise with Worcestershire in April. Herefordshire can still operate a half hour provided it is safe, contractual and seamless for patients. RD asked practices for their views and a discussion followed on this issue.

MH shared the feedback Taurus has received so far which was mixed with some practices wanting to do it themselves and others wanted a mixed service provider. This can be delivered on a PCN basis but there is not very long to deliver this especially in the current climate.

There was no consensus and it was suggested by NF that this should go to a PCN decision? MH suggested that unless by the end week PCN confirm they would like Taurus to do this work they would not be able to deliver in time resulting in this work defaulting to practices to deliver as this needs to be in place by 1st July.

It was agreed that all practices/PCN should let Taurus know by the end of the week their preferred option with a PCN consensus being preferable and the default position will be that it will go back to practices from 1st July.

- **Sexual Health Services**

RD updated that there are two issues around sexual health services. He has been in

discussion with the local council. The Local Authority have advised they are unable to fund the loss of income during the COVID period and we are still awaiting contractual negotiations between the current provider and Taurus representing the practices. Health Checks are still waiting and Worcestershire have agreed something locally to fund this work.

NF commented that the Cabinet Office have been clear that no practice should be financial disadvantaged by this and the BMA have said they will support practices with this.

NF asked for the views of the Committee? RD commented that because another provider holds the contract there is no direct contract with practices and this is why the health checks funding is more likely.

It was agreed we should the secretary should write again to the local authority expressing our concerns and also explain that as providers we are financial disadvantaged and they should have discussions with the contract provider. We also need a stable service in place going forward.

- **CCG Payment Issue**

RD updated on a clerical error made by the CCG that resulted in some practices being paid incorrectly. This issue affected both counties and has now been rectified. All practices should double check all payments from the CCG during the period. CH updated that the payment date was 29th May in it was in relation to Covid claims and affected 8 practices as a result of a clerical human error. All affected practices were written to on 5th June with the action to be taken outlined. A number of audits have been undertaken to look at practice accounts versus what is on the payroll system and the actual payments to ensure the correct payments were made. No further errors were found. Additional checks have been now put in place and it was a one-off incident.

- **DSQS**

RD updated that for dispensing practices the DSQS has been suspended with income protection and any resumption of this will be centrally negotiated.

- **The Restoration**

NF updated that Clinical Directors are discussing this in depth and submitting plans by the end of the week for their networks. General practice is trying to run two systems and have reduced capacity and we need to ensure we are consistent and we are able to manage patient demand.

- **GPC Update**

NF welcomed SP who gave an update. He provided a paper update which was shared.

RS asked if there was any discussion nationally regarding payments that have been frozen and are now being reimbursed and how we will contract for things going forward to allow for GPs to retain their income? SP responded that this is part of QOF review.

ANY OTHER BUSINESS

- **MAR (medicine administration record) Charts**

JS raised an issue about these charts as they are now digital, together with, some other prescribing tools. These could potentially be restricted to variable dosing medications and reduce the MARs activity to things like insulin and potentially weight dosed heparin. It may be helpful to formalise our LMC view on this. NF responded that the legal position on this is that GPs use the FP10 to prescribe and the how that drug is administered is on the label of the prescribed drug. That is the legal requirement and anything else is an administrative instruction for nurses which they manage themselves. There are some exceptions ie insulin where the dose changes within the same prescription where it is suitable for a MARS chart to be used. SP commented that Worcestershire has adopted the same approach. This digital tool is also being used in out of hours and can be viewed by the district nurse online which has proved to be really useful.

It was agreed this is the LMC view on the use of MARs Charts.

DATE OF NEXT MEETING

Next Meeting: to be held on 22nd July 2020