

**MINUTES OF HEREFORDSHIRE LMC MEETING HELD  
22<sup>nd</sup> July 2020**

**Those in attendance:** A Seftel, P Adams, R Dales, N Fraser, C Reese, F Nikitik, P Dye, A Hargreaves, S Parkinson, M Hearne, L Gwilliam, J Burgess, J Powell, M Hearne, S Moran, N Marriott, R Dua, R Walthew, L Siembab

1. **Apologies** Lynda Dando
2. **Conflicts of Interest** – No new Conflicts of Interest were raised.
3. **Minutes of the Last Meeting** – These were agreed and signed off.
4. **MATTERS ARISING**

- **Provider Board Update**

NF updated that the Provider Board continues to await news of funding to support this going forward.

NF gave an update on various national and regional issues:-

**Integrated Care Systems** – the ICS model is to be firmed up from next April and CCGs have been informed that they will have a greater strategic role and will become strategic commissioners with no operating function. This is a potentially a big change for practices as the CCG currently provide all of their support.

**Covid Monies for Trusts and CCGs** – this funding will continue until October.

**Local Authority Funding** -. It is hoped there will be further clarity in October Statement.

**Primary Care Funding** - the procedures for primary care capital funding have not yet been agreed and practiced premises and improvement fall within this funding. This will not affect those that are already approved.

**Restoration** – Clinical Directors in both counties are pushing for a clinically led bottom up restoration.

**Flu** – this year the flu vaccinations programme will be the largest one ever undertaken. The 50-64 cohort will be included and practices will may have ordered sufficient stock and it is hoped this will be centrally procured.

Undertaking these vaccinations with social distancing and the appropriate PPE will be a challenge, together with the coronavirus vaccine that may be here before Christmas. The two cannot be given at the same time and may require the Coronavirus vaccine may require two doses.

**111 First** – Herefordshire is a pilot for this new initial to divert patients from A&E. The emphasis from NHS 111 seems to have changed and it feels that there may be a shift away from using this in future.

**Discharge Planning** -There is a piece of working to look at better discharge planning. We are returning back to business as usual in terms of support in the community and safer discharge planning after August with the budgets returning to normal.

- **Herefordshire Half Hour**

RD updated that this changed just over a month ago and there is a mixture across the county with some practices are using Taurus for this half hour and others covering it themselves. He asked how everyone is getting on with this and no issues were raised.

Mike Hearne shared that 5 practices have joined Taurus to undertake home visiting only and there is little activity at present. The challenge for Taurus to take this on with little activity and to keep it within budget. Taurus are happy to change the model if they receive feedback that it is not working for practices.

## MAIN BUSINESS

- **Sexual Health Services**

RD updated on the issues locally and gave a history of what has happened around sexual health services. Last year Solutions for Health (S4H) held the contract and contracted Taurus to provide Long Acting Contraception (LARCs) Two weeks before the end of the financial year SFH requested to contract directly with practices rather than through Taurus and some practices preferred to continue with the Taurus model. However, the pandemic stalled any further conversations on this and a spot purchasing arrangement was established.

A month ago, the LMC meet with S4H, Taurus and the Commissioners to look at a way forward. A federation-based model was preferred by practices.

RD commented we need clear contract to provide this service. Indemnity is the key issue for practices and unless there is a contract in place practices there was a potential risk that practices may not be covered for this work.

RD confirmed the LMCs view that there needs to be a contract, no cap be placed

provision and that practices prefer to continue with a federation-based model.

- **Health Checks**

RD updated that at present these are provided through Taurus and during Covid there has been some support in place.

MH commented that we are now being asked to restart health checks and this has been raised with PMs as this is not seen as a priority. However, Local Authorities are often monitored on these provisions.

- **Covid-19 Anti Body Testing for General Public**

RD updated that the CCG did issue a potential contract to practices/PCNs and asked if any practice have heard any more on this? MH has asked for the numbers on this. There is no further update on this.

- **Covid-19 Cost Pressures for Practices**

RD shared that practices are now getting busier again and seeing patients in the new normal is very time costly. When we look at costing enhanced services we need to ensure that these additional costs are considered so that practices are able to cover their costs. This is on the agenda nationally. NF also commented that there is also an issue of increased work in general practice due to changed ways of working with the Trust.

NF shared that there is a new CCG Transitional Board that will look at these issues amongst others.

MH asked practices to provide Taurus with the number of bloods that are now being undertaken at practice level that would have been undertaken in the Trust. This would help the Trust to understand the resource required to resource this appropriately at practice level. JB to take back to PMs group.

**Action: JB to feedback to PM Group and to feedback to Taurus**

SP shared that transfer of work from secondary care was discussed at the last GPC Meeting and this is a national issue.

- **GPC Update**

NF welcomed SP who gave an update.

NF shared that we are an early adopted for 111 First as part of the national pilot.

## **ANY OTHER BUSINESS**

**EPS4 (electronic prescribing service)** – FN raised this as some practices are under pressure to sign up to this. This enables the patient to be able to have their prescription send to any pharmacy if they do not have a chosen pharmacy.

## **DATE OF NEXT MEETING**

**Next Meeting:** to be held on 9<sup>th</sup> September 2020