

MINUTES OF HEREFORDSHIRE LMC MEETING HELD
7th July 2021

Those in attendance: Dr J Johnson, Dr N Fraser, Dr A Seftel, Dr P Dye, Dr R Dua, Dr P Adams, Dr M Hearne, Dr L Gwilliam, Dr P Downey, Dr J Goodellow, Dr A Hargraves, Dr R Kemp, Dr T N Nakshbandi, Dr V Wilkins, Dr S Das, P Sheers, Lisa Siembab

Apologies Dr S Parkinson

1. **Conflicts of Interest** – There were no new Conflicts of Interest raised.
2. **Minutes of the Last Meeting** – These were agreed with one small change to those in attendance.
3. **MATTERS ARISING**

- **Xray Requests for Non-Doctors**

The Secretary shared that PS raised an issue about non doctors not being able to request xrays. He had tried to speak to the Trust regarding this issue with little success and, therefore, escalated this via the ICS Executive Board. The issue was raised with the Transition Board and all agreed it would be ideal for other professionals to be able to make these requests.

The Secretary raised this once more with the Trust sharing the views of the local health system and that this would be welcomed. A meeting is now scheduled with the radiology department for 8th July 2021.

Action: The Secretary will share an update following the meeting

- **Collaborative Shared Care**

The Secretary shared that all practices have been asked to sign up to a data sharing agreement with an unrealistic timetable for this to be rolled in general practice. It is suggested that this is carried out on a PCN level. The LMC has sought a legal opinion from Shanee Baker and they were happy with the content of the agreement itself. The issue is that the responsibility of the security of the data rests with the practice as the data controller. Practices need to ensure that they have sufficient time to communicate this change with patients and ensure they are happy for their data to be shared. If there are any issues it is the practices that would be reported to the ICO.

The LMC has asked for a comprehensive communications package from the CCG and this will be issued on the 19th July. This will be a toolkit for Practice Managers including information for our own staff on data sharing. Practices need to feel confident that patients have had sufficient time to consider this before practices agree to share patient information. This is for patient care only

at this stage and this does make it simpler, however, practices do need to feel confident they have fulfilled our obligations at data controllers. The LMC advice is that they can sign up to the data sharing agreements but are not yet in a position to switch it on.

- **GDPR**

The Secretary shared that this is a different data sharing exercise and is being carried out by NHS Digital. The initiative was being rushed through and now there has now been a delay until September. More information will be released soon on this. This exercise is for secondary care use for planning purposes and is separate to the data sharing agreement above. It is considered to be a good thing from a planning perspective and data control for the extracted data will pass over with the data which will be a one time exercise.

- **Medical Examiners**

The Secretary updated that Medical Examiners will be rolled out soon. From April 2022 there will need to be a Medical Examiner in each area who will be responsible for contacting the doctor who has been dealing with the patient prior to the death. The Medical Examiner will then review the notes and make an assessment recommendation to the Coroner.

The Trust Medical Examiner will also assume responsibility for community deaths and there is currently legislation going through parliament to reflect this change. The changes to present a risk of loss of income to practices and the BMA are looking at how to mitigate this risk.

- **Place Based Summary**

The Secretary gave a summary on the changes to the health economy at both place level and ICS levels. The ICS has received planning guidance from NHSE and this has changed the tone of developments within the ICS at the top level. This changes the structure of the ICS Board and the guidance states that the representatives that sit on the board must have an Executive Team the Trust, GPs and the local authority represented. These representatives are present to give factual advice/knowledge on their area of expertise and not to represent their respective areas of the health economy. Each ICS has to publish a constitution to include who will sit on their board and executive team.

The Secretary invited MH to give an update on place.

MH shared that Nisha Sankey, Lauren and himself give a weekly podcast for all practices and GPs to give an update on the ICS. The Transition Board is now the One Herefordshire Partnership and it had its first meeting this week. The Clinical Practitioner Forum is still running and that makes the key clinical decisions prior to be taken to the Partnership for sign off.

- **Contacting Long Waiting Outpatients**

The Secretary shared that the CCG are pushing for a digital solution to combat waiting lists and a chatbot is to be trialled in Worcestershire soon. There are some issues with this technology such as not knowing who you are talking to how it can be abused. We should have the outputs from that trial soon.

- **Costing of Enhanced Services**

The Secretary shared that ReVivo and the Enhanced Services are being largely bundled apart from the directed enhanced services. There has been a concern that going forward when the commissioning organisation changes that enhanced services will become the responsibility of the place leader and therefore guarantees have been sought from the CCG that the funding is secure for the next 2 years. Enhanced Services form part of the discretionary element of the contract. Historically these services have been costed by the CCG and there are risks to practice income with this approach. We need to ensure that these services are costed correctly, including the cost of staff, to future proof practice income.

The PCCU publish a list of cost for GP contacts nationally and this is accredited data. Some of these are less than practices currently receive in Herefordshire. This is a national issue and a system for costing needs to be agreed before responsibility for these services is handed over to the place based leading organisation.

There is another model in Wessex with a super spreadsheet that works out the cost for each enhanced service. This is quite a technical and complex area that we need to ensure we get right. The Secretary proposed that LMC fund some finance to be carried out this work. The Secretary asked if practices would find this useful. There were no objections to this. This is being discussed with Worcestershire LMC although their enhanced services are slightly different.

Action: The Secretary to explore this further

MAIN BUSINESS

- **Contacting Long Waiting Outpatients**
This was covered under Place Based Summary

ANY OTHER BUSINESS

- **Health Care Bill and the Future of LMCs**

PD asked about changes to this Bill and the Secretary confirmed that he has read this but found it difficult to detect the changes. The LMC are still in the proposed changes to the Act and the only change was to the commissioning

structure to an integrated care board with LMCs reporting to an area of the board and this will allow multiple LMCs to report to one integrated care board.

DATE OF NEXT MEETING

- **Next Meeting:** to be held on 8th September 2021.