

Minutes - Cambridgeshire LMC Meeting

Thursday 9th July 2020 at 2:45pm

Virtually, via webex

Present:

Drs Diana Hunter (Chair), Kavita Bhardwaj, Sean Culloty, Ben Curtis, Francesca Frame, Emma Gayton, Liz Halliday, James Howard, Steve Jones, Nanette Kelly, Lisa Lim, Liam Loftus, Harshad Mistry, Neil Modha, Mike Moor, James Morrow, Kathryn Newell, Paula Newton, Duncan Outram, Simon Poole, Nathalie Rodriguez-McCullough, Clare Routledge, Richard Weyell, Jennifer Wheatley

In attendance: Dr Katie Bramall-Stainer, Alice Benton and Emma Drew

1. Apologies for absence and welcome

Apologies were received from Drs Jo Scrivens and Amrit Takhar

2. Minutes of previous meeting

2.1. Minutes of the meeting Thursday 4th June 2020

The minutes were approved.

3. Matters Arising

3.1. Matters arising not elsewhere on the Agenda

There were no matters arising not elsewhere on the agenda.

4. System Recovery Update

4.1. Lessons Learned PwC Report

The Committee received this item.

The Committee discussed the report that was commissioned by the STP following guidance from the regional NHSEI Team. It was noted that when meeting with local system leaders, the LMC, Alliances, Federations and PCN Clinical Directors have demonstrated a strong, co-ordinated and united voice for Primary Care.

The Committee discussed the issue of inappropriate shift of workload from secondary to primary care, over and above pandemic-related issues, and welcomed the consistent message from those who speak on behalf of the diverse constituency across Cambridgeshire & Peterborough. This has been enormously powerful when communicating with system leaders who are not necessarily used to having a strong and united GP provider and representative voice at the table. Much work remains, and much more will come to the fore as the scale of waiting lists becomes quantified and we go into the autumn and winter with expected significant increases in morbidity, Covid and the ask around what the national influenza vaccination schedule may look like.

4.2. Health Inequalities paper

The Committee received this item.

The Executive Director presented the paper which focuses on reducing health inequalities, workforce distribution, discrepancies and commissioning for outcomes. As a result of COVID-19, it has highlighted known issues and now is a good opportunity to look at possible changes in the system, in particular decisions when looking at equal commissioning offers.

The Committee agreed that there appeared to be a disparity of funding between the more affluent and most deprived areas, and a potential need to address this, but voiced its concern as to how that might be achieved given that general practice contracts were already weighted to allow for deprivation indices with the Carr-Hill formula. There was discussion and agreement that the provision of services should be adequate for the need with more funding being brought into the system to lessen the gap, rather than a re-balancing of existing funding. Furthermore, members expressed how illogical such conclusions were when applied to general practice, in that for example premises and the staff within them are fixed around a catchment area, and some pockets of relative affluence can contain populations with highly atypical needs and vice versa.

4.3. Cambridgeshire & Peterborough Local Outbreak Control Plan

The Committee received this item, noting that NHSEI is seeking assurance from CCGs to ensure that General Practices have undertaken risk assessments to protect their staff during COVID-19.

The Committee felt that whilst General Practice have been undertaking risk assessments and working hard to protect their staff since the beginning of the pandemic, there seems to be a general lack of understanding of the impact of issues like inadequate PPE and a lack of occupational health cover for primary care have had on the workforce.

The Committee also discussed and noted the expectations around CCGs ensuring the provision of occupational health services to support staff in primary care, and where the funding for this would come from. Further clarity was expected from NHSEI and GPC England.

5. **CCG Update**

5.1. Primary Care financial balance & Public Health Funding update

The Committee received an update from the Chief Executive that public health would proceed with LARCs and Health Check activity payments for April-June 2020. Practice payments will be made based upon activity levels in Q1 2019/20 across Cambridgeshire and Peterborough. It was appreciated that practices would have many demands upon them as the country moved out of lockdown, but that there would be an expectation that the downturn in activity would attempt to be addressed throughout the course of the year, capacity and pandemic permitting.

Annual targets for Health Checks would remain unchanged and public health remain committed to work with practices to support their delivery. The Lifestyle Services that public health commission have offered to support with any backlog Health Checks but this would require further discussion and understanding. The Committee welcomed this approach, thanked public health colleagues and appreciated that not all local

authorities had honoured these funds. The Committee noted that the CCG had recently issued local guidance on the phased approach to the provision of LARCs. Public health would be sending a letter out to all practices in the next week to advise them of the agreed approach.

The Committee also heard how the Alliances and Executive team had worked with the Cancer leads to fund practices' capacity to deliver additional dedicated clinics to address the backlog in cervical cytology screening.

The Committee heard a report from the Chief Executive around the projected financial balance of the primary care budgets at the end of 2019/20, and of potential cash flow pressures into 20/21, particularly from NHSEI's new approach of withholding PCN DES funds until CCGs had identified spend. Cambs LMC would be raising this issue nationally through GPC England.

5.2. Integrated Performance Report 2020/21

5.3. Primary Care Business Intelligence Data

These two items were taken together. The above papers were received and noted. The Chief Executive then invited the Committee to debate the merits of greater data scrutiny in activity in general practices and PCNs to potentially create the argument for further investment in primary care. The Committee discussed how only a minority of work is captured in 'appointment' provision, and how to best capture other 'care episodes' that provided a fuller picture of the scale of delivery within practices to patients. The Committee recalled the CCG's business intelligence unit's finding in January 2020 that 85% of all Cambridgeshire and Peterborough urgent and 7 day NHS need is managed in general practice, and what that projected figure might have increased to at the present time.

The Chief Executive remarked that forecasting referral, diagnostic and prescribing activity through 2020 would need to reflect the transfer of work into primary care at the present time combined with the relative reduction in activity in secondary care and increased dependence on advice and guidance pathways. Members noted that data could be used to prove whatever point the data-gatherer wished to make, so general practice would need to be cautious and may have a desire for the LMC to take a leading role in this area. The committee debated the logistics of each practice recording activity in a consistent manner, especially in the autumn/winter of a global pandemic, and the importance of clear audit trails to increase data relevance and value. Members wondered if this may 'change the conversation' at an STP board level and remarked how practices had collaborated through PCNs effectively and how this could be a potential progression of that work. The committee wondered if initially a 'snapshot' of a day or a week may be more achievable. The Committee's attention was drawn to the qualitative and quantitative differences between data used in peer-review and research with data used by health commissioners as drivers for funding and/or influence. 'The data needs to tell a story and provide fact rather than anecdote...if primary care delivers ten times the activity of another part of the system, it deserves a more substantial voice in the system.'

5.4. Health Intelligence Vaccinations Update

The Committee received this paper and noted the contents within. The Chief Executive also remarked that national conversations were being focused around prioritising any backlog of immunisations and other cancer screening programmes but that an SOP on Phase Three was awaited in August together with clarity around the influenza schedules.

5.5. Autumn/Winter 2020/21 'Flu Vaccination Programme

The Committee discussed how the 2020/21 influenza vaccination programme might be commissioned and delivered differently this year. The challenges in planning, ordering, expectations, demand and safety with regard to increased infection prevention and control measures in the midst of a potential second wave of a global pandemic were discussed. The Committee also debated the

differences in demand and health inequalities across the county. The Committee agreed that a range of options might be required to accommodate the diverse range of practices. It was noted that PHE and NHSEI had not yet issued advice and further clarity is urgently required. The Chief Executive and Chair agreed to raise the points made urgently with GPC England.

6. CQC

- 6.1. Cambs LMC CQC ESF Guide
- 6.2. Letter to Rosie Benneyworth from the Chief Executive and verbal update
- 6.3. Committee feedback on CQC and ESF

The Committee took the above items together and noted that the guidance published on the Cambs LMC website had been very helpful in assisting those practices who had been selected to undergo a video interview for the Emergency Support Framework. The Committee noted the Chief Executive's letter co-signed by a number of other LMC CEOs of influence, and discussed a number of questions to put to the Chief Inspector for practices when the Chief Executive was due to meet later in the month.

7. Executive Actions, Feedback & Questions

7.1. AEDS Medical Monitoring

The Chief Executive reminded the Committee of previous discussions regarding inappropriate requests to take on the medical monitoring of unstable patients under the AEDS requiring regular review, and how the LMC had been instrumental in supporting local constituents to push back on these requests. The Chief Executive again reminded Committee members that this was not GMS, and was presently commissioned from CPFT. The Chief Executive is supporting a GP currently who has been asked to provide evidence to another Coroner inquest into the death of an AEDS patient. The LMC office continues to signpost constituents to the template letter and guidance on the Cambs LMC website. The Committee asked the Chief Executive to write again to Sean Horstead, assistant coroner, due to the lack of response to the letter sent in February following some unfortunate comments in the media made after the conclusion of an inquest into another death of an AEDS patient.

7.2. Cambs LMC organisational governance

The Chair updated the Committee on the status of the work being undertaken to review the structure of the LMC and heard that an update would be brought to the September meeting.

7.3. Life After CCT Conference

The Committee heard that the conference via Zoom was a great success with a wide range of speakers presenting on the day. Early feedback from the day, including contemporaneous polls during the speakers' sessions, was incredibly positive. The Committee agreed that whilst much work was put into such an event by the Chair and the Executive, undertaking such conferences virtually was evidently popular and successful and should be continued.

7.4. Representatives to UK and England LMC Conferences 2020/21

The Chair invited the Committee to express their interest to the office by close of business on Friday 17th July 2020 to nominate themselves as one of five conference representatives for the England

conference scheduled for November 2020 and UK conference scheduled for May 2021. The Chair would be attending as a GPC member and observer, and the Chief Executive would be attending in her capacity as the deputy chair of the UK Conference of LMCs.

8. Items to receive

8.1. LMC June Newsletter

8.2. LMC update emails from GPC

The Committee received these items. As GPC England was due to meet the following week there was no business to discuss but the Chair reiterated that the questions raised in today's debates would be escalated to the national committee.

9. Reserved Item of Business

10. Any other business

There was no further business to discuss.

11. Date of next meeting

Thursday 10th September 2020 - 3:00pm-5:00pm – Remote via Webex