

Minutes - Cambridgeshire LMC Meeting

Thursday 4th June 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, 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, Jo Scrivens, 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 Nanette Kelly, Amrit Takhar & Jo Audoire

2. Minutes of previous meeting

2.1. Minutes of the meeting Thursday 30th April 2020

The Committee received this item and 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. LMC Business

4.1. Organisational Governance

The Chair reminded the Committee of the intended changes to Cambs LMC's governance structure requiring a two week consultation process to be followed. Cambridgeshire and Peterborough constituent practices and local stakeholders were notified of the intended changes to the constitution in an article published in the May 2020 LMC Newsletter, and a post published on the home page of the Cambs LMC website.

The consultation opened on 7th May 2020 and closed on 22nd May 2020. It was noted that no questions were received, therefore the new Cambs LMC Constitution has been accepted.

There will now be continued discussions with the LMC legal team and Employment Group to work on a proposal going forwards. It is hoped that the Committee will be updated at the next meeting.

4.2. Levy Arrangements

At the April 2020 Committee meeting, the Committee agreed to increase the levy by 3 pence. Subsequent to this meeting, it was determined that a historic proposed levy rise of 1 pence in 2017,

was never realised. This was due to a change in funding arrangements with the GPDF at the time. Thus, it was confirmed by the Chief Executive, clarified with the CCG, local NHSEI team and PCSE, and agreed by the Committee, that with effect from 1st April 2020, the levy would be 55.82 pence

4.3. PCN DES & LMC Virtual Meeting

The Committee reviewed this item online as a link within the agenda.

The Chair expressed her thanks to the Cambridgeshire & Peterborough Training Hub for their support in hosting the meeting on the LMC's behalf. The Committee were also thanked for their attendance at the virtual meeting. Feedback received from the Committee was that the event was a success from a spectator perspective, and it was noted that the delivery of the webinar was very professional and clear with the online format allowing for more constituents to attend in the evening, whilst at home.

The Committee heard that all PCNs within Cambridgeshire & Peterborough had signed up to the 20/21 DES; the Executive team were working collaboratively to ensure that all practices who wished to be part of a PCN had an opportunity to do so. It was noted that the change to the directions meant that not all Clinical Directors would remain in role in the 20/21 year.

The Chief Executive thanked those Committee members involved in discussions relating to ensuring all practices within Cambridgeshire & Peterborough are included within all PCNs in the County.

5. COVID-19

5.1. CAPCCG Care Homes Revised LES & Simon Stevens' letters

The Committee received these items.

The Chief Executive informed the Committee that the LMC has been in negotiation with the CCG to guarantee local funding arrangements for residential and nursing home beds prior to and after the DES specification is expected to commence later in the Autumn. It was noted that whilst some practices had questions around the implementation of the amended LES, the majority of practices would not see a substantive increase in workload, and in those newly eligible homes, any ambulatory patients should still be expected to attend the surgery for their ongoing needs, however this was unlikely for the foreseeable future due to Covid, and so a video call or virtual 'ward round' may be more appropriate.

5.2. GMS/LES/Public Health funding during COVID-19

The LMC has been liaising with Public Health colleagues in the Local Authorities. There have been challenges regarding disparity between Cambridgeshire County Council and Peterborough City Council's funding for Enhanced Services. The LMC understood that Peterborough City Council had not yet reached a position and Public Health were not keen to present a case that was incomplete. The LMC had been clear with Public Health colleagues that a Countywide funding solution would be necessary.

5.3. CQC Emergency Support Framework (ESF) Implementation plan for Primary Care

The Committee reviewed this item online as a link within the agenda. Discussion took place around the CCG/CQC's webinar held for local practices and the key elements of the implementation of the CQC ESF. It was noted on the webinar that the supportive call would be between 15-60 minutes in duration, and that there was no expectation that practices would be required to prepare for the

telephone call, however upon review of the intended questions, the Committee were disappointed to see in excess of 50 bullet points of questions and queried how this volume of questions could be managed in the time allocated.

The Committee felt strongly that General Practice has never ‘switched off’ during the global pandemic and has been co-operative; innovative; and transformative. It was clear the next piece of work for practices would be around reflecting what changes had worked well, what needed to be changed in light of learning. The Committee questioned if regulatory organisations had likewise reflected on what their new role needed to be in a post-Covid world, perhaps allowing greater professional autonomy, with a lighter touch regulation. The Committee questioned the perception of genuine ‘support’ around the ESF, and wished to note its concern in CQC mandating such interviews at a time when the regulator must be cognisant of the challenges being faced by practices, who were trying their best to prioritise safe and effective care. There was a fear that practice time spent on work around preparation and on the call itself would mean taking GPs and their teams away from their frontline duties to patients, potentially destabilising patient care.

The Committee felt that there was a need to articulate these concerns to wider constituents in the following day’s newsletter, and asked the Executive team to take this forward.

5.4 Local recovery plans and managing risk in General Practice

The Chief Executive and Alliance leads gave a verbal update on the interaction with the CCG and acute trusts in moving forward with recovery plans. The Committee questioned why other NHS services were unable to ‘switch back on’ and to appreciate the increased risks and responsibilities being transferred onto primary care at this time. However it was also noted that there needs to be a very careful approach to safeguard colleagues in all NHS settings who are trying to revert to a new normal, and how much a logistical challenge this will be.

The Committee shared concerns around securing all patient-facing services having access to appropriate PPE; requesting clarity at a national level around contract reimbursements and asked the Executive and Alliance leads to focus on safe and effective referral processes for patients with secondary care as an ongoing priority in the local system recovery.

6. **CCG/STP Matters**

6.1. IT: 111/CCAS, GP Connect and Online Consultation models

The Committee noted the variation in reports of activity from C-CAS across the county, and the increase utilisation rates of 111. Some referrals into practices had created problems and not followed agreed algorithms and these issues were being fed back locally, regionally and nationally.

The Committee were reminded of locally commissioned online consultation tools, and the Chair encouraged members to engage with the CCG IT teams in feeding back constructive criticism where utilisation rates were poor. The Committee voiced concern over a ‘one size fits all’ for demographics of significant difference, and that what was commissioned pre-Covid may not be commissioned now, given practices’ transformation and innovation in the use of online consultation and triage models.

The Committee was optimistic that the CCG would allow a wider choice of long-term digital solutions taking into consideration practice and patient feedback.

6.2. CCG/STP Clinical Leadership direction

The Chief Executive informed the Committee of the STP and CCG’s ambition to learn system lessons from Covid-19, and how Jude Simpson had been seconded to the STP from PwC to undertake a series

of interviews with system leaders, including the Chief Executive and Alliance leads and some Clinical Directors of PCNs. The June STP meeting was scheduled to be the first public meeting since the pandemic, albeit being held virtually, and the document was due to be shared at this meeting. The paper would be shared at a future meeting, but had already started to reveal some challenges in the way different parts of the system communicated and inter-related to each other.

6.3. NHS Property Services/CCG financial ask

The Committee were informed of ongoing discussions between practices, the CCG and NHS Property Services regarding understandings around rent and service charges. The LMC Executive are supporting a number of practices across the County, and some are also part of a wider legal challenge being represented by the BMA.

The Executive understood that there was an appetite from the CCG to reach agreement on a number of historic premises issues that had been ongoing for some time, to better plan for future financial balance given that the ETTF is drawing to a close.

6.4. GPES Data Collection

The Committee reviewed this item online as a link within the agenda. The Committee was reminded of the invitation that was sent via CQRS on 15th May 2020 which needed to be accepted by 27th May 2020. It was noted that although it was an invitation, this was not a voluntary request and GP practices are legally required to comply with it.

The purpose of the data collection, which is supported by the BMA and RCGP, is to support research and planning for COVID-19. Practices will also need to update their own privacy policies to include details for this collection. More details, including links to a template privacy notice are available on the LMC website.

7. **Executive Actions, Feedback & Questions**

7.1. West Cambs VTS Feedback

The Committee received this item and were delighted to hear that the previous Training Programme Directors have been re-employed in permanent roles. This was already proving helpful in providing ongoing support for the trainees at this challenging time.

7.2. Cambs LMC Website

The Committee noted the refreshed Cambs LMC website and were invited to comment or send feedback to office@cambslmc.org. The Committee noted and thanked Emma Drew for her particular work on the site development.

7.3. LMC advice documents

The Committee reviewed these items online as links within the agenda.

8. **GPC matters**

8.1. Report from our GPC Representative re: GPC England 21st May 2020

The Chair confirmed that GPC England met virtually via Skype on 21st May. Discussions were focussed on feedback from the GPC England Executive Team with NHSEI. 'Post COVID-19' and

'what the future looks like' discussions also took place alongside consideration on how LMCs might challenge GPCE, on those discussions in the future.

9. Items to receive

- 9.1. LMC April/May Newsletter
- 9.2. LMC update emails from GPC

The Committee received these items

10. Any other business

The Chief Executive gave the Committee advance notice of a confidential reserved item of business which will be brought to the next LMC Committee Meeting.

11. Date of next meeting

Thursday 9th July 2020 3:00-5:00pm – Remote via Webex