

Minutes - Cambridgeshire LMC Meeting

Thursday 15th October 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, 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. Welcome, introduction & apologies for absence

Apologies were received from Drs James Howard and Liam Loftus

The Chair advised the Committee that Jo Audoire has chosen to retire from her role as Executive Officer, and thanked her for her service and contribution to the LMC, Committee and Constituents over the last 9 years.

2. Minutes of previous meeting

2.1. Minutes of the meeting Thursday 10th September 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. National Picture

4.1. GPC's 'Covid-19: General Practice during the Second Wave

The Committee received this item.

The Committee discussed the national agenda and how this is being applied to local systems, noting with disappointment that despite the activity levels in Trusts remaining well below expected levels in a wide number of services, Practices continue manage high demand alongside a considerable transfer of workload burden. Members heard how constituent practices were working incredibly hard with very little system level support, yet there is still the expectation that General Practice needs to support the wider system. The Committee questioned how the narrative can be changed to reflect how the wider system can instead support General Practice.

The Committee discussed how services can be configured, what work General Practice could deprioritise, and how the wider system might help, together with a public campaign to enable patients to understand the pressure General Practice is under.

The Committee were aligned to the PCN Clinical Directors concerns over practice financial viability, the need for winter pressures money, and a support package for workload transfer and IT provision. The Committee agreed that resources at practice level were required in recognition of the workload that has already shifted to General Practice and to reflect the increasing demands of both winter and a second wave of Covid-19. Any additional funding should be issued with flexibility and trust and in recognition of the work that is already being done, rather than with restrictions and excessive monitoring.

If hot hubs were to be required in a second wave of Covid-19, the Committee agreed that PCNs are not equipped with estates nor workforce to deliver hot hub models which should be commissioned at a federation level. The need for adequate PPE was flagged and the Chief Executive confirmed her part on a national panel where FFP3 masks in hot hubs and reducing restrictions on ordering limits are being discussed.

There was further discussion about the anticipated Covid-19 vaccination programme and the role that General Practice may well be required to play in delivering it. The Committee agreed that primary care was best placed to run a quick and effective service and that the positive reputational impact would be welcome. The role GPs have in engaging the population to participate in a vaccination programme is well recognised. The practicalities and challenges in delivering mass vaccination were acknowledged, and it was noted that like other campaigns, General Practice would require funding to adequately cover the costs.

4.2. NHSEI's letter to practices 6th October 2020

The Committee received and noted this item.

4.3. NHSEI's GP Fellowship Scheme

The Committee received this item and heard that uptake to the 2019/2020 Fellowship in General Practice Scheme had been low. Having secured extra funding and bringing the local scheme more into line with the national programme, the Training Hub has now confirmed additional places and it is anticipated that more applicants will apply. Tomorrow's newsletter will feature an update from the Training Hub and the LMC office will continue to liaise with them in the coming months.

4.4. CQC's Transitional Monitoring Approach

The Committee received and noted this item.

The Committee noted that the CQC is introducing a transitional monitoring approach to safely monitor services and conduct inspections. Their key focus will be on safety, how effectively a service is led, and how easily people can access the service. The initial inspection focus will be on those practices in special measures.

The Chief Executive explained that practices will be given 21 days' notice and contacted in advance regarding some focused system searches on safety areas, e.g. high-risk drugs and MHRA alerts. Specific policies will also be requested in advance of the day of inspection. Examples of monitoring questions for General Practice are yet to be published on the CQC website. It was noted however that the prompts for Primary Care Dental Providers are now available on the CQC website and it is anticipated they will be very similar for General Practice and practices may find these helpful, together with the work undertaken by the LMC around the ESF earlier in the year.

4.5. NHSEI paper on Designing Integrated Care System in England

The Committee received and noted this item.

It was noted that there would be further discussion at future meetings as details for the proposed local transition into an Integrated Care System becomes clearer.

5. Local Picture

5.1. Commissioning Update

The Committee heard that the LMC office has been working with the CCG to agree a fair and acceptable Diabetes Local Enhanced Service and is currently awaiting feedback. The negotiations also include terms for an additional non-recurrent allocation to support improvements in Diabetes outcomes. Agreeing on specifications that are deliverable within current constraints is key to landing the arrangements for the remainder of this financial year.

Regarding Eating Disorders and further to the quality feedback provided by the LMC last month, the Committee heard that the CCG and CPFT have addressed the concerns raised; only stable patients will be seen in primary care, there will be a defined route to escalate and return to the specialist service if there are concerns. There will be access to the consultants for primary care and clear times they will be accessible. The pathway and colour coded flow diagram makes clear where responsibility lies with some GPSI time attached to the service to provide support and clinical governance too.

The revisions to the pathway will be implemented over the coming months with the intention being that it will be fully in place by April 2021.

The Chair, on behalf of the Committee noted the Chief Executive's hard work on navigating this piece of work and bringing clarity to the pathway with local system colleagues. The Committee were also unanimous in expressing its thanks to her for representing General Practice at a recent and at a future Coroner's Inquest.

5.2. Integrated Health & Care Record

The Committee received this item and noted issues that have arisen in other areas of the country regarding subject access requests, data processing oversight/indemnity, risk share agreements and the role of the Data Protection Officer. The local system intends to integrate all parts of the health and care record at once, rather than more incremental approaches taken elsewhere.

The Committee noted this approach with some concern and were in agreement that robust systems should be put in place to manage SAR requests for My Care Record data and the negotiation of risk share agreements between practices and commissioner.

General Practice representation will be included in emerging oversight forums, this will include LMC oversight. Others with an interest in this area were encouraged to put themselves forward in order to get a balance of those with an interest and those overseeing through a view of protection.

The Committee noted that an information campaign with FAQs would be helpful to practices and were invited by the Chair to email the Chief Executive if further queries or comments on the document arise outside of the meeting.

6. LMC Response

- 6.1. Alliances Update
- 6.3. Cambs LMC Capacity Calculator & Workload Transfer Survey Launch

The Committee took the above items together and received item 6.1.

The Committee then received verbal updates from both North and South Alliances, who both reiterated the importance of having a powerful, unified voice on behalf General Practice in Cambridgeshire & Peterborough. Both Alliances have worked hard to align themselves at local meetings, the core aim being to protect the interest of General Practice and ensuring it is included in the wider system agenda.

Moving on to discuss the Capacity Calculator & Workload Survey launched on 7th October 2020 Cambridgeshire and Beds & Herts LMCs, the Chief Executive reminded the Committee of the purpose of the survey and confirmed that very early response data suggests that patients' access to their GP has actually improved compared with a year ago. The amount of GP time spent dealing with indirect patient contact has increased by 180%; 92% of practices are undertaking work which 12 months ago would have been done by local acute trusts.

This survey will also provide qualitative data to support the argument that General Practice cannot continue to sustain the unfunded work. The ability to show this in GP hours is powerful. It will also help to push back on the incomplete NHS Digital GP appointment data and misinformation from the media.

This piece of work has demonstrated the benefits of working collaboratively with a neighbouring LMC, skills and resources have been shared to create a valuable output.

- 6.2. Clinical Director – LMC Meeting 7th October 2020

The Chief Executive informed the Committee that the Clinical Directors met with the LMC on 7th October 2020 where discussions covered the LMC's Capacity Calculator and Workforce Survey, hot hub provision and PCN development funding. The Clinical Directors signalled that they felt overwhelmed with all the demands on their time and were appreciative of the LMC providing them with ways to align and come together.

The Committee heard of the Clinical Directors' unanimous concern and shared view of the LMC over practice financial viability and loss of private income. There was agreement that there was no capacity in estates, IT or workforce for PCNs to be able to deliver hot hubs which need to be commissioned at a federation level.

The Clinical Directors expressed a need for winter pressure monies and funding for what General Practice is already doing but not getting remunerated for. This includes the example of Advice & Guidance and conversions to outpatient appointments. It is understood that over 50% are not resulting in an outpatient appointment which impacts on the work that practices are picking up. Data to support this could inform a discussion about realigning resources to general practice. If a methodology to collect this can be identified, then this could be something that the CDs could take forward.

The Committee commented on the benefits of there being a unified voice within the system to tell the collective story of General Practice via the LMC, Alliances and the PCN Clinical Directors.

The Chair signalled an intention to bring the Committee Members and the Clinical Directors together to discuss the primary care strategy going forwards and suggested this would be considered for the December meeting. Further views on this would be sought outside of the meeting.

7. Executive Team Actions, Feedback & Questions

- 7.1. Draft Conflict of Interest policy
- 7.2. Draft Code of Conduct policy
- 7.3. Draft Register of Members' Interests

The Committee received these items.

- 7.4. Incorporation Update

The Committee heard that work is still ongoing, together with the alignment of policies and noted no items of concern.

- 7.5. 2021 LMC Elections

The Committee heard that the LMC Office is looking to conduct the 2021 elections electronically next year. The Committee noted that work is currently underway to scope the options, including a validation exercise to ensure the office has the email contact details for all those eligible to vote in the Cambridgeshire & Peterborough area. The office will be advertising the elections via the LMC newsletters, VTS schemes, Locum groups and Practice Managers. The Committee were also asked to promote the LMC mailing lists to any colleagues who might not be signed up to encourage maximum coverage.

8. Report from our GPC Representative

- 8.1. GPC UK – 1st October 2020

The Committee heard from the Representative that there had only been one GPC UK meeting this year. It was noted that the changes made as a result of the Meldrum Report, which led to the split between UK and individual nations' meetings, are not working well. It was also confirmed that Dr Richard Vautrey was re-elected, uncontested, as Chair of the UK BMA General Practitioners Committee and GPC England for the next 3 years.

- 8.2. Submitted motions to Conference of England LMCs to be held on 27th November 2020

The Committee received this item.

9. Items to receive

- 9.1. LMC September 2020 Newsletter
- 9.2. LMC update emails from GPC

The Committee received these items.

10. Any other business

There was no further business to discuss.

11. Date of next meeting

Thursday 12th November 2020 3:00-5:00pm – virtual via Webex