

Minutes - Cambridgeshire LMC Meeting

Thursday 10th September 2020 at 2:45pm
Virtually, via webex

Present:

Drs Diana Hunter (Chair), Kavita Bhardwaj, Sean Culloty, Francesca Frame, 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, Jo Scrivens, Jennifer Wheatley

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

1. Welcome, introduction & apologies for absence

Apologies were received from Drs Ben Curtis, Emma Gayton, Richard Weyell

2. Minutes of previous meeting

2.1. Minutes of the meeting Thursday 9th July 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. Committee business

4.1. Co-option of Peterborough VTS Trainee

The Committee unanimously agreed to co-opt Dr Fatima Alkali to the LMC Committee as a GP Registrar Advisor, representing the Peterborough VTS from October 2020.

4.2. Retirement of Dr A Takhar

The Committee were informed that Dr Takhar has retired from the Committee. The Committee took the opportunity to thank him for his contribution to the LMC and local profession over the years, and wished him well for the future.

4.3. Future meeting arrangements

The Committee discussed the advantages and disadvantages of the Committee meeting arrangements, noting that despite the lack of face to face interaction since the start of the pandemic, the management and flow of the virtual meetings has been extremely efficient. The Committee agreed to continue holding virtual meetings for the remainder of 2020, and will review the future meeting arrangements for 2021 at the end of the year.

5. System Recovery update

- 5.1. Performance report w/e 23rd August 2020
- 5.2. STP delivery status 1st September 2020
- 5.3. System wide winter plan 2020-2021
- 5.4. PCCC restoration and recovery plan 2020/2021

The Committee received and took these items together, noting that the reports which are produced each week demonstrate the challenge of local collaborative working, with capacity/restoration of services not returning as quickly as expected, and where Cambridgeshire and Peterborough performs compared with other CCG/STP areas of the country.

The Executive shared a sense of system frustration and articulated the challenges faced and the potential barriers to further integrated care - given the NHS England aspiration of a 'roadmap' to an ICS status by 2021. It was observed how some acute trusts may be reverting to silo-working, delaying momentum and risking a strategy being found to tackle restoration and recovery; capacity and staffing; waiting lists and estates transformation.

The Committee noted with dismay and concern, the relative lack of data or narrative demonstrating the workload in general practice and the potential GP capacity gap of national and local expectation versus what was possible and indeed, safe; despite the fulsome role played by the LMC in system discussions by executive team members and alliance lead committee members.

The committee heard from the Chief Executive of the various funding streams being put in place to support 111 in retriaging patients from ED to primary care; and community trusts via the D2A pathway to assess CHC at the bedside to expedite discharge from the ward. The committee noted how work continues to be driven back to practices but without resources to match.

The Committee agreed that providing evidence and telling a story from across the county might be a helpful platform to secure much needed investment into practices to survive the coming winter. The committee voiced a need for sizeable funding, rather than small aliquots as per historic examples.

The Committee reflected on previous discussions about the LMC conducting some survey work and agreed that now is the time to shift the anecdote to fact, seek data and deliver a powerful message of fact and not anecdotal opinion in GP activity.

5.5 LMC proposed response

The Committee agreed that NHS Digital data may not be recording an accurate picture of general practice activity due to the iterated challenges in seeking comparable and reliable GP appointment data. There followed a discussion around the NHSEI GPAD website and GMS contract update regarding this. The executive confirmed that an article around GPAD will feature in tomorrow's newsletter.

It was also agreed that obtaining evidence of workload transfer is essential to capture the complicated work coming from advice and guidance pathways, given the subsequent reduction in secondary activity A&G brings, and if the LMC is to conduct some local survey work, it needs to be beneficial to the local profession and be right first time. The executive agreed to take this forward and report back to the committee in October.

6. CCG update

6.1. Diabetes LES

The Committee received this item.

The Committee heard that the terms of the LES were fluid and negotiations ongoing. The Chief Executive put some of the remaining challenges to the committee for advice and opinion. The Committee requested targets that would be realistically achievable; and prioritising patients with diabetes, rather than normoglycaemic patients.

The Committee were not averse to suggestions to commission differently, and for example to focus on the bottom quartile of practices, and support them with focused engagement and work to understand their bespoke challenges, and the setting of mutually agreeable targets to improve towards.

The executive agreed to take the committee's advice and aspirations back to the commissioner for further discussion, and to report back next month.

6.2. Eating disorder pilot proposal

6.3. Cambs LMC statement to Coroner

The Committee received these items together. The LMC has been called to attend an inquest next week as a 'witness of fact' and the consensual voice of General Practice across Cambridgeshire.

The Committee discussed the draft proposal for a pilot from the CCG/CPFT. Members sought guarantees around clear definitions and pathways, including timely emergency access to specialist intervention if necessitated.

Members with experience of this cohort of patients, expressed concern around the risks of rapid deterioration from mild-moderate to severe, and concern around the upper threshold of 16 weeks' wait being potentially too long. Clarity over how a patient could be expedited if they became a significant clinical concern in the interim was sought.

The Committee appreciated the vision, and the single point of access felt safer than the status quo. The focus on family/carer support was noted with agreement, as was the ability to self-refer and remove thresholds. Due to the cruel nature of eating disorders, the patients in greatest need of help are often least likely to self-refer and this led members to question what happens when the patient refuses to be seen? Comment was made that the structure of the proposal could work but many might continue to feel it would be in their patient's interest to refer for specialist intervention, having regard for NICE guidance, and the outcome of recent, local, high-profile inquests.

There was concern that some terminology seemed vague; that prescribing arrangements needed clarification; and absence cover arrangements to ensure continuation of service provision. The risk assessment sample guides were seen as helpful pointers for GPs to focus on key clinical findings, but the committee preferred the clarity of focusing on stability and instability. There was also feedback around the governance of the proposed employment model.

The Committee unanimously requested clarity around clinical governance: if blood results were to be monitored and interpreted by the AEDS, the results should be communicated back to the GP in a manner that made it clear they were to be actioned by AEDS.

The Committee was concerned that the Coroner's Prevention of Future Deaths Report should be understood prior to agreeing on a commissioned pathway of care. The Committee appreciated the need for an urgent resolution in service provision, pathways and commissioning, but not if this meant potentially jeopardising safe, adequate and robust solutions being embedded.

7. Executive Team actions, feedback & questions

7.1. Articles of association

The Committee received and unanimously agreed to accept the draft articles of association.

The Chief Executive advised that the organisation would also be seeking advice with regards to any necessary areas of organisational governance that were lacking, such as contracts of employment reflecting current legislation; and any absent policies and procedures that were required.

7.2. Conflict of Interest policy

This item will be deferred to the next Committee meeting.

7.3. Code of Conduct policy

This item will be deferred to the next Committee meeting.

7.4. Conference of England LMCs 27th November 2020

The nominated representatives for the Conference of England LMCs on 27th November 2020 were confirmed as Drs Ben Curtis, Francesca Frame, Paula Newton, Lisa Lim and Nathalie Rodriguez-McCullough. The Chair and the Chief Executive would attend as GPC Observers to maximise a Cambs LMC presence.

The Committee noted that the representatives would be meeting immediately after the Committee Meeting to discuss the submission of motions ahead of the deadline of 18th September 2020.

8. Items to receive

8.1. LMC July 2020 Newsletter

8.2. LMC update emails from GPC

The Committee received these items.

9. Report from our GPC Representative

The Committee were informed by the GPC Representative, Dr Diana Hunter, that many items discussed at the July GPC England meeting had moved on significantly due to the pace of change in the present global pandemic. The influenza guidance has now been published and tomorrow's newsletter will focus on this this. It was confirmed that the next GPC meeting will be GPC UK on 1st October 2020 where members may potentially be voting for a new chair.

10. Any other business

There was no further business to discuss

11. Date of next meeting

Thursday 15th October 2020: 3:00pm-5:00pm – virtually via Webex.