



Salford and Trafford Local Medical Committee
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**Minutes of the Trafford Sub-committee
held on Wednesday 21st May 2014 at Sam Platts, Old Trafford**

PRESENT:

EXECUTIVE MEMBERS

Dr Iain Maclean (IM)
Dr Colin Kelman (CK)

MEMBERS

Dr Amabel Freeman (AF)
Dr Sally Johnston (SJ)
Dr Aarya Prabhakaran (AP)
Dr Joe Chandy (JC)

IN ATTENDANCE

Mrs Vivienne Simenoff (VS)
Mrs Kerrie Rowlands (KR)

APOLOGIES

Dr Nigel Guest
Ms Diane Eaton
Mr Ben Squires
Ms Michaela Buck

CO-OPTED MEMBERS & OBSERVERS

Mr Christian Booth (CB) rep PM's
Trafford South
Mrs Deborah Darlington (DD) rep
PM's Trafford South
Ms Gina Lawrence (GL) Trafford
CCG
Mr Jason Swift (JS) Trafford CCG
Ms Alison Overton (AO)
Ms Andrea Ferguson (AF)
Mastercall
Ms Tracy Willows (TW) OOH
Trafford

AGENDA - PART A

1. Declaration of interest

None declared

2. Approval of last month's minutes

No amendments were suggested and the minutes of weds 16th April were approved.

3. Review of actions from the last meeting

No	Subject	Action	Who
1	Unplanned admissions – issues with supply of data to practices	Find out why this information wasn't being supplied Update was given in the meeting: Raised as a National issue. Date of implementation has been put back from June to Sept. Working with the CSU to extract data as temporary solution. Risk Stratification tool avail Mid June. Action closed	(JS)
2	Poor Communication CMHT – issue with the quality of discharge summaries. It was felt that the template was not user friendly.	Feedback to IMT steering group Update in the meeting: Feedback as requested. Action closed	(JS)

4. Area Team Update

Ben Squires was unable to attend the meeting and therefore provided the following written update:

Enhanced services

Practices had been provided with opportunity to sign-up to this year's Directed Enhanced Services. The Area Team were hoping that the new format which had reduced bureaucracy would be helpful to practices. There had been little response to date (across GM) to the revision to the Extended Hours DES, accommodating for a collaborative approach to delivery across practices. This was expected to be a beneficial arrangement to the practices, and the LMC were asked to consider encouraging practices to consider this approach.

Unplanned admissions

The Area Team were meeting with CCG leads on the 29th May and would be discussing the local operational aspects of the new Avoiding Unplanned Admissions DES. Practices should have received the update

clarifying that care plans to be in place by Sept (rather than June as previously expected)

Co-Commissioning Opportunities

Simon Stevens, the new CE of NHS England, had extended an invitation (through a letter from Dame Barbara Hakin, Chief Officer, and Ros Roughton, Director of Commissioning) to CCGs to engage in co-commissioning of primary care. Over the past year, Greater Manchester had looked to work together with CCGs around primary care development and it was felt that this should bring the opportunity to build on this approach. An example of this may be in relation to consideration of commissioning of PMS and APMS services from General Practice (amongst other possibilities).

PMS & APMS reviews

The Area Team is looking to discuss development of a Gtr Mcr approach with the Association of Greater Manchester LMCs. Any local implications would be discussed with local LMCs going forward.

Vivienne Simenoff (VS) commented that in the Salford Sub Committee meeting held on Monday 19th in which Ben Squires had attended, the LMC commented on their concerns that as a result of PMS review a Gtr Mcr contract would be created and the local aspects would be lost. (BS) had offered his reassurance that this would not happen.

Gina Lawrence (GL) added to the update by saying that Simon Stevens was focusing on three main areas of change, specialist commissioning, acute trust review and primary care. His view was to see CCGs strengthened and with more responsibility. There was also the potential to take back the budget and staff (GL) went on to say that the CCG had been tasked with submitting their ideas by 20th June 2014 and they would like to engage with the LMC. When asked (GL) confirmed that Performance Management would stay with the LAT. She concluded by saying that the CCG were not looking to radically change anything but build on the work already started.

(GL) went on to give the **Trafford CCG update** noted in this agenda as item number 7.

Specialist Commissioning

Spend in Gtr Mcr had been extremely high and commissioning of these services was being reviewed. (GL) said it was likely that the commissioning of set conditions would return to the CCG for commissioning. The rest would be co-commissioned by the CCGs and

the Specialist Commissioners jointly. When questioned about the role of the CSU (GL) said that they will become more commercialised and offer a wider range of services to the CCG which the CCG would have the option to buy.

At this point an issue was raised with a claim for contraceptive implants. The practice concerned had been told that payments for these were to be paid quarterly. Similarly another claim for near-patient testing was only being paid annually in some areas. (JS) said the content of the contract had not changed and therefore this should not happen. He asked for the specifics to be sent to him so he could investigate. **Action Local practices and JS**

(GL) continued her update by saying that the Trusts have been asked to re-submit their Better Care Fund proposals by June 2014. They need to have more focus on reducing the number of patient using A & E.

18 week performance – targets have been lifted temporarily whilst the trust clear any backload, after which they will be re-set.

Premises – The CCG were working with the Area Team to look at whether the CCG want to support future premises options. Propco was diminishing and the CCG would have more authority regarding estates.

(VS) Asked about section 106 (the ability for planning permission to include provision for health and community premises) and how this would feed into the above. (GL) said that this is now called Community Investment Levies and they are determined by local residents. She went on to say that there are several large development plans in Trafford and the CCG have put in request through planning for healthcare provisions.

5. Workforce expansion

Concern around the diminishing workforce was raised at this point. (GL) said that this had to be part of the plan for 2016 and various options would be looked at such as more salaried positions.

6. Council Update

Apologies had been received from the council and therefore there was no update available in the meeting.

7. Trafford CCG update

Noted above.

8. Healthier Together

(GL) provided the following update;

A public document was being developed that outlined the potential choices for the reconfiguration of hospitals. The CCG had raised concern around the out of hospital standards set. It had been the CCG's view that some of these were aspirational however the document suggested they were fixed. She gave the example 'your child WILL be seen on the same day' The CCG had asked for the wording to be changed.

The LMC raised their concern again with the word 'standards' (GL) said that the document had been written at Gtr Mcr level. She said that practices would not be performance managed against them.

(GL) went on to discuss a piece of work 'A challenged Economy' A set of trusts across a geographical corridor had breached the terms of their Monitor Licence. UHSM was included in the list and had breached their financial terms. (GL) stressed that the care in the trust was not compromised in any way. A team of people led by the Dept of Health had been given a 12 week window to sort out the issues.

9. CCG's £5 per head resource

This money was aimed at focusing practices on unscheduled care and would form part of the incentive scheme developed by the CCG.

10. CQC's consultation on our new approach to regulating, inspecting and rating care services

The document CQC Overview 2014 sent out with the agenda was noted and comments invited. A comment was made that the people carrying out the reviews don't necessarily understand primary care that well. It was agreed to encourage constituents to feedback their comments on the consultation document. **Action LMC**

11. Update from Mastercall

Andrea Ferguson (AF) gave the following update:

Walk in centre - over a thousand patients a week were being seen at the centre and this had dramatically increased since the changes to Urgent Care Centre. Mastercall were attending the weekly operational meetings regarding the New Health Deal at Trafford General and were reporting the increased activity.

Alternative to Transfer scheme – pathfinder pilot. This was going extremely well and was aimed at deferring patients away from A&E.

There had also been an increase in the number of patients being dealt with by the OOH team.

Deborah Darlington (DD) referenced the new contractual requirements for monitoring the quality of OOH services that applied to practices that had opted out of OOH. This is included complaints. (DD) asked how a practice would find out if there had been a complaint. (GL) agreed to look into it. **Action GL**

12. Pensions Seminar Feedback

Noted in Part B below

AOB

None

DATE OF NEXT MEETINGS

Trafford Subcommittee – 2014 Meeting dates
1.00-2.30pm, preceded by a buffet from 12.30pm. Held at Sam Platts, Trafford Wharf Road, Old Trafford M17 1EN
Wednesday June 11th
Wednesday July 16th
No meeting in August
Wednesday Sept 10th
Wednesday Oct 15th
Wednesday Nov 12th
Monday December 8 th evening JOINT FOR MEMBERS OF BOTH SALFORD AND TRAFFORD SUBCOMMITTEES, AND ANNUAL GENERAL MEETING In Sam Platts, Trafford Wharf Road, Old Trafford, M17 1EX