



Salford and Trafford Local Medical Committee
Suite 3, 6th Floor, St James's House, Pendleton Way, Salford M6 5FW
E-mail: vsimenoff@nhs.net or kerrie.rowlands@nhs.net

**Minutes of the Trafford Sub-committee
held on Wednesday 15th July 2015 at Sam Platts, Old Trafford**

PRESENT:

EXECUTIVE MEMBERS

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

MEMBERS

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

IN ATTENDANCE

Mrs Vivienne Simenoff (VS)

CO-OPTED MEMBERS & OBSERVERS

Mr Jason Swift (JS) Trafford CCG
Ms Gina Lawrence (GL) Trafford
CCG
Dr John O'Malley (JO) Mastercall
Mr Christian Booth (CB)
(representing Pm's Trafford South)
Mrs Deborah Darlington (DD)
(representing PM's Trafford North)
Ms Kylie Thornton (KT) Trafford
Council
Ms Jessica Taati (JT) Trafford
Council
Dr David Lee (DL) CSC
Mr Paul Thorp (PT) CSC
Ms Carolyn Eadie (CE)– Trafford
CCG – IG manager

APOLOGIES

Dr Nigel Guest
Mrs Kerrie Rowlands
Mr Asif Raja

Special Business

Trafford Care coordination centre (TCCC) – presented by Dr David Lee

Dr Lee advised that he was presenting supported by his colleague, Paul Thorp, Carolyn Eadie, the Information governance manager of the CCG, and Dr John O'Malley from Mastercall. Mastercall are CSC's clinical partner in this project. He explained that CSC provides and develops solutions to meet their client's requirements this includes both developing technical solutions and organisational or people solutions-. He advised that TCCC is currently a referral management/ booking service operative from July 1st 2015. It is relocating from Meadway HC to Crossgates House in Sale. It is, however, expanding to cover a number of functions commissioned by the CCG. These will include enhanced referral management across 23 conditions which have been identified by the CCG for higher scrutiny of referrals linked to the locally agreed Map of Medicine pathways. He said that the service is not there to delay the referral – and digression from the original referral will be discussed in the first instance with the referring GP.

Dr Lee said that currently there are 2000 patients in Trafford at very high risk of hospital admission and they will be offered a care coordinated approach. Patients can be identified by their GPs or through using risk stratification software from October 2015. Once the patients have been identified by the system their case and their appropriateness for a care coordination approach will be discussed with their GP. By coordinating Health and Social Care there should be a reduction in unnecessary admissions. .

The service will also be involved in discharge management, where patient needs are complex. This will support acute trusts and practices and will also aim to reduce the risk of readmission.

The service will order equipment and transport for patients who need it. It will provide a directory of services from a health and social care and provide a better service for both patients and GPs.

The engagement with GPs process started with the presentation to the LMC. Following this each practice will be approached to arrange 2 visits. Between the day of this meeting and 19th October to each practice in Tr

1. Visit 1 To brief practices and discuss the information sharing protocol and Locally Enhanced Service

2. Vist 2 will provide an update nearer to the "go live date" and provide access to training in how GPs can use aspects of the technology solution, for example, the professional portal and directory of services..

Dr Lee was asked what will happen if patients choose to opt out of sharing their information with them. (GL) said that if patients choose to opt out, or are currently opted out of information sharing, GPs can refer them directly using the e-referral system. He said that although the system will operate using implied consent, wherever possible the system will include seeking explicit consent, for example during the enrolment process for care coordination and where GPs recommend that specific care plans are uploaded to the system to better support patient care across the primary /secondary care interface and over the out of hours periods.

Dr Lee was asked how the system will link in with patients resident in Manchester. He said that they do not at present, but he would be working with Boundary House which is a pilot site to explore this further.

Dr Lee was asked if the system would increase the workload for GPs. He said that it will require GPs to engage when patients are identified for care co-ordination. Practices will need a generic email address and a protocol to ensure that it is checked during staff absence.

On the issue of payment there will be two tranches of money:

- Start up payment to get the system running
- 2nd payment to run it. He said that he expected using this system will make life easier for GPs. GL said that if it does not the CCG will look at continuing this additional payment. It is expected that using this system will reduce both admissions of patients and home visits for GPs.
- Dr O'Malley assured Members by saying that the service will be run by highly qualified nurses and in line with usual Mastercall policy there will be regular auditing of the service including the quality of communication with GPs.
- Dr Lee and his colleagues were thanked for attending and then left.

(GL) gave her apologies and also left as she was attending a Healthier Together decision making meeting.

AGENDA PART A

1. Declaration of interest

None were made

2. Approval of last month s minutes

No additional comments were received and as such the minutes were approved.

3. Review of Actions from the last meeting

No	Subject	Action	Who
1	Cardiology LES - Equipment issue	(GL to escalate Update in the meeting: (JS) said that the CCG would be activating new equipment to allow practices to provide the cardiology LCS Action Closed.	GL
2	PMS Review - Budget. Up to date information required by practices	(GL) agreed to find out if the information was available. Update in the meeting: (JS) said that the process had been agreed with the AT. Comment was made that there had been no flexibility over arranging new dates. It was recognised that there needs to be. Action closed.	(GL)

4. Council Update

(KT) said that there was no update from Public health.

She tabled a paper on the options that the LA is considering to replace its use of the commissioning support unit:

This would use Outcomes 4health for GPs and Pharmoutcomes which is used by pharmacists. She said that system will work with Emis web, and that Lancashire is currently using the system.

Action: LMC to discuss with colleagues in Lancashire

5. Trafford CCG update

(JS) gave the following update:

Ascot house – LCS has now been issued. There have been three applicants for expressing interest. He was asked if any practice that has

been covering Ascot house until now could be eligible for retrospective payments. (JS) replied that previously the service provided had been core GMS, but the service that would be provided in the future would require far more. As such no retrospective payments would be made.

Extended access – Frances Romagnoli has been leading discussions with each locality on this. There is a proposal to incentivise delivery of access standards and extended access. There will be incentives to deliver the DES this year so that as many practices as possible sign up. The more practices that sign up, the more money will be in the pot post April 16 when there is joint commissioning.

- Level 1 money will encourage and link with the DES
- Level 2 money will be a hub model working in localities, which will be linked to pharmacies and diagnostics. This will operate 6.30-8pm and Saturdays and Sundays.

It was noted that the DES monies remain whether practices sign up to this LCS or not.

Concern was expressed as to whether this would destabilise Mastercall, but it was noted that this service would be for bookable appointments only. It was also noted that it will be up to each locality to determine how it will deliver the hub system and Mastercall operates a local practice.

Model for nursing and residential homes - a vote of practices had taken place and the greatest number of votes had been cast to deliver a "Salford" type of service where patients in nursing homes are registered with one practice. It was noted that it will be up to each practice to decide if they feel that the benefits of reduction of workload are greater than the loss of income.

6. Healthier Together/Primary Care Strategy

(GL) was attending a meeting on hospital configuration and the outcome would be communicated.

7. Devo Gtr Manchester

No additional information was discussed.

8. PMS Reviews

No additional information was discussed.

AOB

(VS) asked if (JS) had seen the recent communication from the BMA on sharing of prescribing and diagnostics. She offered to share it with him.

Action: (VS)

DATE OF NEXT MEETINGS

Trafford subcommittee – 2015 Meeting dates
1-2.30pm, preceded by lunch from 12.30pm. Held at Sam Platts, Trafford Wharf Road, Old Trafford M17 1EX
No meeting in August
Weds Sept 16th
Weds Oct 14th
Weds Nov 11th
Monday December 14 th evening JOINT FOR ALL MEMBERS OF BOTH SALFORD AND TRAFFORD COMMITTEES at Sam Platts, Trafford Wharf Road, Old Trafford, M17 1EX