



Salford and Trafford Local Medical Committee
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**Minutes of the Trafford Sub-committee
held on Weds 18th Jan at Sam Platts, Old Trafford**

PRESENT:

EXECUTIVE MEMBERS

Dr Colin Kelman (CK)
Dr Arya Prabhakaran (AP)

MEMBERS

Dr Amabel Freeman (AF)
Dr Joe Chandy (JC)
Dr Sally Johnston (SJ)
Dr Rachel Howard (RH)
Dr Scott Pearson (SP)
Dr Rimma Grant (RG)

IN ATTENDANCE

Mrs Kerrie Rowlands (KR)
Mrs Eve Donelon (ED)

APOLOGIES

Dr Dev Shah (DS)
Dr Tom Earnshaw (TE)

CO-OPTED MEMBERS & OBSERVERS

Mr Christian Booth (CB) (rep Pm's Trafford South)
Ms Deborah Darlington (DD) (rep PM's Trafford North)
Ms Rebecca Demain (RD) CCG
Dr Marik Sangha (MS)
Ms Eleanor Roaf (ER) Council
Ms Alison Overton (AO)
Dr Masud Prodhan (MP)

Welcome & Declaration of Interest

Dr Kelman welcomed everyone to the meeting and explained that the agenda would be re-arranged for the day due to the introduction of a late agenda item.

No declarations of interest were made

SPECIAL BUSINESS

Update on Shared Care prescribing

Liz Clarke attended the meeting to talk about shared care protocol and to obtain feedback on the process for patients under shared care arrangements across Greater Manchester. This included changes to the templates used. Discussion also included the required health checks and the subsequent impact on GP workload. There was some discussion on whether or not there was already an enhanced service arrangement in place and (LC) said that she would be explore that further with the CCG.

GP Health Service

Dr Francis began by saying that the service was due to be launched in GM at the end of the month and was aimed at GP's suffering mental health problems. He added that it had been running successfully in London for over 7yrs. The main offer has a CBT approach with access to a consultant Psychiatrist and associated therapists through the process of Self referral. Work was also being done to look at other ways of accessibility such as the use of Skype etc.

The service will be launched at the end of Jan after which a telephone number for GP's to call will be published. In the meantime the intention was to advertise the service via CCG/LMC Newsletters etc. GP appraisers would also be made aware. Confidentiality and involvement of the GMC were raised. Dr Francis confirmed that support would be a closed communication between themselves and the GP. The GMC would be only informed if there was a risk to patient safety or the GP themselves. The aim of the service was to keep GP's working if they were able.

More information can be found in the slides inserted here:



GP Health Slides.pdf

AGENDA - PART A

Approval of last month's minutes

Minutes of 16th Nov were approved.

Review of actions from the last meeting

No	Subject	Action	Who
1	<u>List dispersal policy</u> A meeting had been set up to move this forward and the LMC will feedback further. There would also be a separate discussion surrounding the legacy of past closures in an attempt to resolve the issues.	LMC to update after the meeting An update will be provided next month	LMC
2	<u>GM Health & Social Care</u> CK) said that ideas were being put forward and discussed for improvements in GM to enable monies from the resilience fund to be accessed. This included support required for GP's to action changes. It was agreed in the meeting that the LMC should request further thoughts from practices.	LMC to forward email to members from Tracey Vell (RD) will look at this from a CCG perspective.	LMC
3	<u>Firearms – BMA guidance</u> Dr Earnshaw (TE) advised all that the BMA guidance surrounding firearms had been withdrawn a there was a legal challenge against it. This being the right to say no. (TE) said that there could be a conscientious objection however the objecting GP would need to find another doctor.	LMC to highlight to all once definitive guidance is released. No further update this month	LMC

Council Update

Eleanor Roaf (ER) attended the meeting and provided the following update:

She began by saying that following re-tendering of the substance misuse service there would be no changes to content or payment.

There had been a flu outbreak in care homes. (ER) asked to be particularly vigilant when visiting care homes.

She went on to talk about how Trafford was a high prevalent area for HIV and what could be done to raise awareness. It was likely that a letter would be issued to practices asking them to consider testing of all new patients. This prompted debate on whether or not this should be routinely offered. The general view was that testing in primary care should be promoted given the prevalence of HIV in Trafford, but that this might be better achieved through routine offering of HIV testing as and when

bloods are taken, as many practices do not offer blood tests at registration. The letter will be amended to reflect this.

Trafford CCG update

Work underway with NHSE on the 5yr forward view which included the Resilience Programme which offers five areas of support (noted below) The first two are accessible now, the other were to follow once the transformation bid was in. Rebecca Demaine(RD) said that the CCG were aware that a number of companies were expressing an interest but as yet no action could be taken until monies were available.

The menu of support from this programme is:

1. Releasing time for care.
National resources and expertise will help groups of practices plan their own Time for Care programme. This will help you use proven innovations from the Ten High Impact Actions quickly, safely and sustainably. Your programme can be tailored to meet local interests and plans.
2. Building capability for improvement.
Free training and coaching will be provided for clinicians and managers to grow confidence and skills in using improvement science and leading change. In addition, we will support a new national primary care improvement community, spreading and accelerating innovation, improvement and transformation.
3. Training for reception and clerical staff
The programme is providing funding via CCGs towards training for receptionists to play a greater role in active signposting and for clerical staff to manage more incoming correspondence. Over the next five years, a typical 10,000 patient practice could receive around £7,500 towards training and backfill costs.
4. Practice manager development.
Working with practice manager leaders, the programme will support networking between managers at a local and national level, to share successful ways of managing workload and provide peer-to-peer encouragement and support.
5. Online consultation systems.
From April 2017 the programme will provide funding via CCGs towards the cost for practices to install an online consultation system, helping GPs spend more time doing what only they can do.

GM Health & Social Care Partnership

No further update this month.

New Models of Care

Dr Sangha (MS) gave a brief update on progress. He said that work was underway to look at the quick wins and ensuring communication was maintained with all. This included meetings and attendance at events such as the Education Event.

10. Blood tests - requests from Secondary Care (DD)

Deborah Darlington raised this as an ongoing issue and requested LMC support in returning request from secondary care. This prompted discussion around the lack of awareness in secondary care on what is commissioned. (CK) said he was aware of work already underway to ensure the issue is resolved for the future.

AOB

(MP) raised the issue of increased demand for phlebotomy services and the pressures the service was facing and requested that the LMC put pressure on the commissioners to resolve the issue

Next meeting Weds Feb 15th 2017

Trafford subcommittee – 2017 Meeting dates
1-2.30pm, preceded by lunch from 12.30pm. Held at Sam Platts, Trafford Wharf Road, Old Trafford M17 1EX
Weds Feb 15 th
Weds March 15 th
Weds April 12 th
Weds May 17 th
Weds June 14 th
Weds July 12 th
No meeting in August
Weds Sept 13 th
Weds Oct 11 th
Weds Nov 15 th
Monday December 11 th evening JOINT FOR ALL MEMBERS OF BOTH SALFORD AND TRAFFORD COMMITTEES at Sam Platts, Trafford Wharf Road, Old Trafford, M17 1EX