



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 20th July 2016 at Sam Platts, Old Trafford**

PRESENT:

EXECUTIVE MEMBERS

Dr Colin Kelman (CK)

Dr Marik Sangha (MS)

Ms Michelle Irvine (MI) Trafford
CCG

MEMBERS

Dr Amabel Freeman (AF)

Dr Joe Chandy (JC)

Dr Aarya Prabhakaran (AP)

Dr Sally Johnston (SJ)

Dr Rachel Howard (RH)

Dr Scott Pearson (SP)

Dr Dev Shah (DS)

IN ATTENDANCE

Mrs Vivienne Simenoff (VS)

Mrs Kerrie Rowlands (KR)

APOLOGIES

Eleanor Roaf (Trafford Council)

Asit Raja (LPC)

CO-OPTED MEMBERS & OBSERVERS

Mr Christian Booth (CB)

(representing Pm's Trafford South)

Ms Deborah Darlington (DD)

(representing PM's Trafford North)

Mr James Helgason (JH) LPC

Ms Andrea Ferguson (AF)

Mastercall

Ms Julia Battersby (JB) Mastercall

Ms Leigh Lord (LL) Trafford CCG

Ms Gina Lawrence (GL) Trafford
CCG

AGENDA - PART A

1. Declaration of interest

None declared in the meeting

2. Approval of last month's minutes

Minutes of Weds 15th June were approved.

3. Review of actions from the last meeting

No	Subject	Action	Who
1.	Sexual Health Services - routine cervical screening proposed exclusion. Discussion regarding the impact of this change and numbers involved. It was felt that this could be significantly higher than anticipated.	Provide a list of clinics to the LMC for onward communication to all GP's Action carried forward - (GL) would chase Provide an estimation of numbers to enable the LMC to enter into discussions with the CCG regarding the service change	Local Authority

4. Proposed mechanism for accepting shared care - Leigh Lord (LL)

Locality Lead Medicines Management Pharmacist, NHS Trafford CCG

The GMMMG interface Prescribing Subgroup had identified a need to standardise the process for GP's accepting individual patients under shared care arrangements across Greater Manchester. A proposal had been drafted and circulated to LMC members before the meeting for reference. This paper was noted and comments invited.

Discussed ensued and all agreed that there was a need for consistency across all trusts. Comment was made to concerns with the existing process making the an 'opt out' process less viable. Reference was made to the general lack of awareness in Secondary care of shared care arrangements and questions raised surrounding funding. It was agreed that the preference was for an 'Opt In' process that provided a summary and a link to the full shared care protocol. It was also noted that this may not be the best choice however members felt that it was the safest.

5. Council Update

Trafford council had sent their apologies this month and therefore there was no update this month.

6.18 weeks - Gina Lawrence/Michelle Irvine

Gina Lawrence (GL) introduced Michelle Irvine (MI) Associate Director of Performance & Quality Trafford CCG. Michelle (ML) had come along to the meeting to update the LMC on the work that had been done to investigate issues surrounding Refer To Treatment (RTT) pathways and the 52 week waiters issue identified earlier in the year at UHSM.

It had been identified that patients had routinely been removed off waiting lists and then put back on, thus restarting the 18week clock. There appeared to be two main causes:

1. Lack of training and understanding the 18week rules. (patients who were not available should be held until they re-contacted the department with a convenient date instead of following the regulations to refer the patient back to the GP)

2. A legacy rule within RTT data script implemented in 2008. This was an electronic process which removed patients automatically off the waiting list if they had waited 3 months following their first appointment, should they have a subsequent appointment the clock restarted to zero weeks again. The consequence of this was that the Trust had been misreporting the waiting times and some patients had been waiting longer than 52 weeks for treatment.

(MI) went on to talk about the number of patients affected and the work carried out to ensure no undue harm had been done to patients. She also stressed that none of this applied to cancer patients. She also referred to the letters received from UHSM asking GP's to comment on whether a pathway should be left open, as a second opinion. However it was noted that if the trust did not receive a reply they would still close the pathway and they were considered low risk.

(VS) suggested that (MI) provided a statement to the LMC that could be issued to all GP's. (VS) said that the LMC are always happy to work with organisations sending out information to GP's to make sure they get the response they needed.

7. Trafford CCG update

Gina Lawrence (GL) gave the following update:

She began by talking of the work underway across all of Greater Manchester to re-design and develop new systems. She added that in Trafford, the CCG had devised a leadership structure to support the work. Matt Colledge had been appointed as Chair and Nigel Guest will be more focused on Primary Care working with Dr Sangha and Dr Jackson. (GL) would be responsible for the day to day management of work within the CCG.

(GL) reminded everyone of the decision 3 years ago to down grade Trafford General A&E to an urgent care nurse led centre. However as Trafford were not in a position to do this a model had been put forward for Central Manchester and Mastercall to work together. Andrea Ferguson (AF) declared an interest at this point.

(GL) went on to talk about the delays at Wythenshawe and the plan to open more beds at Ascot house. She also mention the work TCCC are doing to help the problem which will be presented at a future meeting in more detail.

Commissioning - The council will not be able to sustain itself financially next year if things continued as they are, This would be the same for the CCG the following year. (GL) reminded everyone that Trafford had received the lowest allocation of funding across Greater Manchester. (GL) said that whilst integrated working would help it would not solve the problem entirely. Therefore work was being done with all public services to look at what could be done differently in the future. This prompted discussion around the misconception of new money coming in and why Trafford had received the lowest allocation in the first place.

8. Devomanc

Covered under agenda item 7.

9. New Models of Care

Dr Marik Sangha (MS) attended the meeting and gave the following update:

He began by outlining the reasons why a new model of care was needed and how a decision on funding was still awaited. He said that the work had gained pace and any support the LMC could provide would be welcomed. (MS) mentioned the survey that was due to be sent out to

practices and how the information was needed to establish a baseline. During the meeting the LMC gave their support of the ongoing work to develop the detail of NMOC.

AOB

None raised in the meeting

DATE OF NEXT MEETINGS

Trafford subcommittee – 2016 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 14th
Weds Oct 12th
Weds Nov 16th
Monday December 12 TH evening JOINT FOR ALL MEMBERS OF BOTH SALFORD AND TRAFFORD COMMITTEES at Sam Platts, Trafford Wharf Road, Old Trafford, M17 1EX