NOTTINGHAMSHIRE LOCAL MEDICAL COMMITEE (Ltd)
MINUTES OF THE LMC OPEN MEETING,
held on 24 November 2015,
at the LMC Offices, 5 Phoenix Place, Nottingham

Present:	**Dr G Place (Chair)**	**Dr K Sharma**
	Dr K Anandappa	**Dr O Sharma**
	Dr M Bicknell	**Dr C Singh**
	Dr K Butt	**Dr A Tangri**
	Dr S Kinra	**Dr M Tadpatrikar**
	Dr T Gazis	**NUH**
	Dr I L Jeune	**NUH**
	Ms J Sherwood	**Practice Manager**
	Mr C Locke	**Notts LMC Ltd Secretariat**
	Mr S Jones	**Notts LMC Ltd Secretariat**

26/15 Apologies

Apologies for absence had been received and were reported to be available from the LMC offices.

27/15 Minutes

The minutes of the previous 'Open' meeting of the LMC held on 29 September 2015 were approved as a correct record.

28/15 Matters Arising

There were no matters arising.

29/15 Nottingham Care Navigator

The Chair introduced Dr I L Jeune and Dr T Gazis, Consultant Physicians, NUH, who provided a brief presentation on the Nottingham Care Navigator.

Dr Jeune began by drawing attention to statistics locally showing that there was no effective admission avoidance (<5% through NEMS) and that the AMRU audit had identified that 28% of patients could have their needs better met in an alternative setting. As a response to this, Dr Jeune recommended reducing admissions through a "Navigation" system; discharging safely and quickly through effective DC and rehab, and improving in-hospital flow. He highlighted that the shared aim of Navigation was to get patients to the "right place, first time"; to support decision making in the community by offering a GP option to seek urgent senior medical advice from the appropriate specialty. He highlighted that the services available would include telephone advice, urgent clinic slots and admission where necessary to the appropriate specialty. He said that the launch of the Nottingham Care Navigator had provided a central access point for these services.

Dr Tazis then drew attention to the challenges and lessons learned from the initiative to date. As regards GP engagement, he highlighted that early clinical engagement and promotion was key and that representatives had attended PLT and practice manager events to promote the service. As regards triage consultants, he highlighted that it was a new way of working and posed challenges when the service was incorporated into daily clinical work. As regards systems and monitoring, he emphasized the importance of allowing sufficient time to develop effective and sustainable ICT and to develop metrics early and monitor direct/indirect impact. As regards effective planning, he recommended that the focus should be on a few key specialities, to have realistic timescales and to allow time for testing.

Dr Kinra applauded the initiative and noted that acute medicine was engaged and she felt that there was mutual respect between health sectors. Dr Bicknell concurred but noted that the ED component needed improving and he said that there needed to be skilful risk management. He highlighted that there was a lower commissioning spend on urgent care but he drew attention to the upcoming urgent care vanguard as a potential opportunity for further funding for the project. He noted that the respiratory unit had been effective from his experience but that cardiology required improvement. Dr Jeune thanked Drs Kinra and Bicknell for their comments and said that improvements to IT were needed to improve communication between specialties. He highlighted that commissioning decisions varied across the region and that there was no agreed model. Dr Tazis said that he hoped to see sharing of information across sectors.

The Chair indicated that County GPs would find the initiative useful and he asked about the timing of admissions and if EMAS could cope with the pressures involved. Dr Jeune responded that the initiative aimed to relieve pressures on EMAS and to tackle the delays in the system. Dr Tazis added that it was better to have admissions earlier in the day.

In response to a query from Dr Kinra about improving communications with GP surgeries, Dr Tazis indicated that there were plans to use an effective application in order to lower the ED conversion rate and to transfer patients out of hospital more effectively. Dr Butt stated that there needed to be a more systematic approach to appointments and said this should not be difficult as the majority of practices used SystmOne.

Dr Tadpatrikar commented that this was an opportunity to blur the boundaries between primary and secondary care. Dr Tazis concurred. Dr Butt noted that Sherwood Forest Hospital had a high number of locums and agency staff who did not possess an adequate knowledge of ancillary services. Dr Tazis expressed concern at “creating a wall” and emphasized the importance of investing time in conversations between primary and secondary care. Dr Bicknell emphasized the importance of learning taking place as a healthcare community including from urgent medicine and the importance of having feedback through the Navigation service.

In response to a query from the Chair about liaising with social services to create care packages in a timely manner without delays, Dr Tazis indicated that there were many rules that would inhibit the process of care packages and funding. Dr Jeune added that there were community geriatricians available to support the system.

Dr Tazis concluded by highlighting that work was underway to improve various specialities, including respiratory and neurology, in order to make them more responsive to the system.

30/15 GP Contract Issues

The Chief Executive reported that the Prime Minister had recently announced that there would be a new contract for GPs, namely a "voluntary" contract to help deliver 7/7 access. He highlighted that this had unsettled a number of LMCs nationally and contributed to a call for a special LMC conference which had now been organised for January 2016.

He reported that NHS England had received a £3.6 billion cash injection but he indicated that there was speculation about whether the money would actually be forthcoming. He highlighted that there had been conversations between Jeremy Hunt and Simon Stevens about what the money could be used for and that there was suggestion that it could be used to address the debts of hospital trusts. He added that there was an expectation regarding should be financial incentives for practices to work collaboratively and he reported that the GPC had suggested that core GP funding should be ring-fenced in order to maintain consistency and equity nationally. He reported that Nottingham City and the LMC were in discussion about the future of AQP services and that there might be a move to recommission them in a different form. He highlighted that BMA guidance on new models of care and GP contractual obligations had been released and was available via the LMC's practice liaison bulletin. He highlighted that the guidance focused on financial rewards and reinforced the view that GPs would need powerful incentives to give up the protection offered by their core contract.

The Chief Executive reported that, locally, attention was focussed on vanguard projects. He reported that the LMC was aware of the MCP model in Rushcliffe which had been proceeding at its own pace and was being led by its constituent GPs. He also drew attention to the Mid Notts vanguard project, based on the Mid Notts "Better Together" transformation programme, which had caused a lot of anxiety locally and he highlighted that the LMC was still actively involved via the Mid Notts GP Provider Cabinet, which had recently compiled a GP investment plan to discuss at a forthcoming extraordinary PLT event.

Following concerns expressed from Dr Tadpatrikar about GPs' awareness of the investment plan, it was agreed that the LMC would circulate the plan to all GPs in Mansfield & Ashfield and Newark & Sherwood having noted that the plan was in the public domain and could be accessed via the CCGs' website. He added that the Cabinet were hoping for confirmation from the CCG that the plan would be included in the agenda papers for the extraordinary PLT event and he commented that the Cabinet had struggled to gain a CCG commitment to invest in general practice. He said that he hoped that there would be a meaningful discussion at the PLT event about supporting primary care.

In response to a query from the Chair on the next wave of the primary care transformation fund (formerly the infrastructure fund), Dr Bicknell highlighted that the deadline for CCGs to submit their applications was the end of February 2016 for centrally allocated funds of approximately £750 million.

The Chief Executive indicated that the LMC had offered to support CCGs in producing their local estates strategies and he expressed concern that a number of CCGs locally might not yet have one in place.

31/15 Primary Care Development Centre

The Chief Executive reported that the PCDC had held a primary care workforce symposium in November to discuss the primary care workforce of the future and highlighted that it had included,

among other things, presentations on physician associates, clinical pharmacists and multi-disciplinary teams.

He reported that the PCDC had submitted a number of business cases to HEEM with support of the local delivery groups in Nottinghamshire and Derbyshire, including a proposal to establish the PCDC as a recognised training hub as referenced in the *ten point plan* for general practice. He highlighted that the PCDC was moving towards a model where education and training would no longer be free at the point of delivery from April next year. He highlighted that the only chance of gaining funding from stakeholders was to demonstrate that the PCDC was "transformative".

Dr Butt emphasized the importance of the PCDC continuing to run core training for practices and he noted that the Caldicott Guardian training had been fully booked within days of the course going live. He added that it was also important for the PCDC to have funding for the whole of Nottinghamshire rather than allowing individual CCG localities to hog the funding for themselves.

32/15 Any other business

i) Junior doctors' strike

The Chair reported that there was some uncertainty about the effects of the imminent junior doctors' strike as regards GP Registrars and in a response to a query from Dr Bicknell, the Chief Executive indicated that the LMC would be issuing advice to practices.

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33/15 Date of next meeting

The Chair reported that the subsequent meeting would be on 26th January 2016 at the LMC's office, Phoenix Park, Nottingham.

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Chairman
26th January 2016