MINUTES OF HEREFORDSHIRE LMC MEETING HELD 17th January 2018

Those in attendance: P Adams, C Rees, N Fraser, P Young, J Burgess, A Wood, A Jones, A Wissler, P Dye, J Shirazi, R Davies, A Seftel, R Dua, S Morgan-Jones, A Hargreaves, A Leeman, C Hawker, L Woakes, D Horne, C Laird and R Dales

- 1. Apologies J Sleath
- 2.
- 3. Conflicts of interests: No new conflicts of interested.
- **4.** Minutes of the last meeting were signed off as correct.

5. MATTERS ARISING

• Unwarranted Variation LES

The LMC continued to voice concern at governance risks within the LIS. Practices who have done the work to try to improved quality of referral were concerned re potential loss of resources if the LIS did not go ahead. LMC view was to let individual practices decide on whether that accept the LIS payments or hand them back to the CCG for reinvestment. It was felt that if practices and LMC had clear view of and time to discuss future enhanced services then these issues should not arise again.

Service charges

The LMC felt a formula would be the best way to determine fair charges for non-GMS services within the practices. Practices managers to discuss further.

Specialist epilepsy nurse

To continue

• Post Vasectomy Samples

No response yet from Mr Jha. LMC was unable to endorse private sector postal vasectomy service. LMC view that this was a secondary care provided service and the advice of follow up samples should be the responsibility of the provider.

MAIN BUSINESS

• BMI in orthopaedic referrals

LMC agreed that it would be good practice to have a recent BP and BMI on any GP referrals that may lead to surgery. However, cases where the hospital had declined the referral rather than asking for the additional details was disadvantaging patients.

Action Secretary to write to commissioners

Local QOF

A discussion was had regarding Herefordshire moving from a national to a local QOF scheme. It was felt that unless there are changes to the national contract it was not likely to be supported locally.

Practices managers were still working on the next LIS scheme which reimburses practices for services outside GMS.

• £3 per head

The CCG were looking at how this money would be allocated and working with the primary care at scale group which has representation from GP localities, secondary care, LMC and federation.

GP winter pressure support

£20m was made available nationally to support primary care. However, it was unclear whether any of this resource was available locally.

Antivirals for influenza

Care home provision of antivirals was not a GMS services and the CCG were in consultation with the federation and practices for its provision locally.

ANY OTHER BUSINESS

• Late payment for practices and CCGs

Practices and CCG can claim payments going back 7 years. However, it is important for both practices and CCGs that payments were made promptly to ensure clear budget forecast. The LMC noted the support the local CCG had given to practices in this regard.

Patient access to EMIS web notes

Concern has been raised that after a recent patch wider access than was envisioned had been given to patients accessing their on-line notes. This concern had been escalated.

• E referrals

The LMC had concerns whether this system would be ready in time.

• NHS pension certificates

Concerns had been raised re delay in this area.

Action Secretary to forward to GPC to take up nationally.

• Collaborative payments for child protection meetings

Concerns that reimbursements here were not being honoured.

Action LMC officers and LW to follow up

DATE OF NEXT MEETING

Next Meeting: 28^h Febuary 2018 at 7.30pm