

25<sup>th</sup> June 2018

See Distribution

**NOTES FROM A MENTAL HEALTH ISSUES MEETING HELD ON 22<sup>ND</sup> JUNE 2018**

Present:

Dr P Fielding	(Chairman)
Dr Lawrence Fielder	(CCG Mental Health clinical lead)
Helen Edwards	(CCG Primary care team)
Jeannette Giles	(CCG Primary care team)
Karl Gluck	(CCG Mental Health commissioning lead)
Mike Forster	(Secretary)

Apologies:

Dr Andrew Seymour	(CCG Clinical Lead)
Dr Amjad Uppal	(2gether Trust Medical Director)
Dr Tom Yerburgh	(LMC Chairman)
John Campbell	(2gether Trust)
Kim Forey	(CCG)
May Hutton	(CCG Accountable Officer)
Colin Merker	(2gether Trust)
Mark Walkingshaw	(CCG)

**ACTION**

Actions arising from the March meeting. See Annex A, subject to more detailed explanations below:

Item 1 – Eating Disorders. It was recognised that there was a commissioning gap in this area. The NICE guidance looks for access to eating disorders service within 2 weeks. The 2gether Trust was recruiting to meet this challenge and expected to be ready in the autumn – a report on progress would be issued in July. As to physical checks in support of this service, the CCG stated that two practices (unnamed) were interested in providing it. Karl Gluck would circulate a detailed update to members. (The need for ECG interpretation also applies to those patients with severe mental illness – see below) .....

**KG**

Item 2 – Physical health checks for patients with severe mental illness (SMI). The 2gether Trust is in discussion with the CCG to commission the services for ECG and bloods. The Trust believed that ECG interpretation would be the biggest challenge as they are a requirement for support of patients on antipsychotic medication.

Item 3 – ADHD shared care for adults. The specification of the service had been prepared but not yet circulated. Funding had been agreed to create clinics but the shared care pathway had not yet been agreed. Dr Fielder had not yet been involved but it was agreed that he should be .....

**LF/KG**

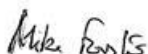
Item 4 – Children and Young Persons Psychiatry Service. The figures had been shared and would in due course be drilled down to practice, cluster and locality level. What needed to be done was to take lessons from these figures.

Item 5 – Autistic spectrum disorder. The CCG stated that they were responding to a draft strategy created by the 2gether Trust. Issues were of funding and the commissioning plan. The national waiting times were 16 weeks, but locally they were up to 9 months, so clearly something should be done.

Item 6 – AOB.

- Old AOB items.
  - Serious case reviews. The LMC looked for a synopsis of the process followed by the 2gether Trust and for a copy of the eventual report to be sent to the GP concerned. ....  
It was suggested that the GP could be invited to contribute to such reviews, and that such reviews should be carried out swiftly. The CCG stated that the requirement was for a first report within days and the final report to be issued within 4 weeks.
  - Legal protection for GPs in the Coroner’s Court. Discussions continue with Bevan Brittan, solicitors.
- New AOB Items. Alders (previously known as Cambian Alders) had received a Good assessment from the CQC. Understood that the patients involved were particularly ‘difficult’ and likely to self-harm. The CCG confirmed that all serious incidents had to be reported to the CCG and there were information governance issues to be considered. The LMC were grateful for the financial support given to affected practices, and hoped that that support might continue if needed. An MOU had been suggested but Alders want it to be a more formal deed; this too was being reviewed by Bevan Brittan.

2gT



**M J D FORSTER**  
**Lay Secretary**  
**Gloucestershire LMC**

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PA to Colin Merker and John  
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ANNEX A TO  
NOTES OF A MENTAL HEALTH ISSUES MEETING  
DATED 22 JUNE 2018

**ACTIONS LIST**

Past actions, relating to paragraph numbers in the March 2018 Notes. (Text in red was submitted by the 2gether Trust before the June meeting)

<b>Para.</b>	<b>Action</b>	<b>On</b>	<b>Progress made</b>
<u>Eating Disorders</u>			
1.c.(1)	Let all members know the result of the eating orders decisions of the Priorities Committee	<b>KG</b>	The priority has been agreed but funding is required for next year as well, which is being considered....
1.c.(2)	Ensure that clinical input was included in the plan when addressing blood tests and ECG results	<b>CCG</b>	OUTSTANDING ACTION
1.c.(3)	Hold up on advising practices not to provide the service	<b>LMC</b>	LMC retains the right to advise practices.
1.c.(4)	2gether Trust to pick up on the style of Eating Disorder Clinic letters	<b>2gT</b>	Being looked at to be more supportive and less stark and demanding also looking at contact in such circumstances, as this has helped GP colleagues in providing support in conjunction with ED staff.
<u>Physical health checks for patients with severe mental illness (SMI)</u>			
2.c.(1)	Provide the wording of the CQUIN to the LMC	<b>2gT</b>	This has been shared The Physical Health care sequence runs from Page 38 to page 54. It is Nationally set.
2.c.(2)	... and identify any follow-up issues	<b>2gT</b>	As the CCG commission the services for ECG and bloods we (the 2gT) have been discussing we can identify and discuss any gaps we may need to consider further. I think ECG's are going to be our biggest challenge as they are a requirement for support patients on antipsychotic medication We will keep you briefed
<u>ADHD – shared care for adults</u>			
3.c.	Share the service specification	<b>CCG</b>	OUTSTANDING ACTION
<u>Children and Young Persons Psychiatry Services (CYPS).</u>			
4.c.(1)	Find out who has used the CYPS helpline, and how well used it has been	<b>2gT</b>	Figures were provided. Looking at developing this to practice level and GP Cluster/Locality level for future reports
4.c.(2)	Tell the LMC what the helpline number is	<b>2gT</b>	<b>01452 894272</b> Available 09.00am to 05.00pm Monday to Friday
<u>Autistic spectrum disorder</u>			
	No formal action, but an update on progress will be required	<b>CCG</b>	OUTSTANDING ACTION

<u>AOB</u>			
6.	Newsletter item about serious incident reviews	<b>LMC</b>	Done
	Invite Coroner to a main LMC meeting.	<b>LMC</b>	Contact has been made. In the meantime, one of the Coroner's Officers has met with the LMC Executive
	Look into the possibilities of extending the legal cover they already provide to any GPs involved in a case	<b>2gT</b>	<p>We (The 2gT) have started discussions with Bevan Brittan who provide support to the Trust and Trust staff attending Coroners Inquests. At the current time they have a concern about possible conflicts of interest and their being no liability to the GP if they do not charge a fee. We have invited one of the partners to come and discuss our requirements in more detail with us as we feel they are escalating the scope of this extension of our agreement. This is about extending "Expert" Support in preparing for a coroner's inquest and support on the day, rather than legal cover. Our expert support could always start by advising a GP if they felt that they needed separate legal support for an inquest and this could be arranged separately by the GP as needed. This proposal is intended to provide expert support to reduce the traumatic impact of a coroners inquiry on a GP colleague who maybe involved and called to give evidence. We will update further as our discussions reach a conclusion.</p>