

Worcestershire Secretary: Dr Gillian Farmer – gfarmer@worcslmc.co.uk
Herefordshire Secretary: Dr Richard Dales – herefordlmc@btinternet.com
Executive Officer: Lisa Siembab – lsiembab@worcslmc.co.uk

The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 17th January 2019 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr P Bunyan, Dr M Davis, Dr G Farmer, Dr I Haines, Dr K Hollier, Dr R Kinsman, Dr F Martin, Dr G Moore, Dr S Morton, Dr E Penny, Dr S Pike, Dr D Pryke, Dr B Fisher, Dr J Rankin, Dr H Ray, Dr J Rayner, Dr L Stepien, Dr R Benney, Dr W Safdar, Dr E Shantsila, Dr J Seewoodhary, Helen Garfield, Amy Louvaine, Lisa Siembab, Dr Carl Ellson, Dr Anthony Kelly, Lynda Dando

1. **APOLOGIES:** Dr C Whyte, ~Dr D Herold, Dr S Parkinson
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 17TH DECEMBER 2018 BY THE CHAIRMAN**

The Secretary ran through the actions from the last meeting:-

Trust Historical Letters – Dr Carl Ellson agreed at the last meeting to establish more information and feedback a contact for any issues on the new batch of historical letters. This is still outstanding.

ERS – the Secretary updated that there is a new contact for all ERS queries and issues and there are different contacts across the health economy as opposed to one single contact.

GP Provider Board – the Secretary updated that she discussed communication with the Trust at the last Provider Board Meeting. The Provider Board is keen to start engaging with the Trust, however, this will require some funding and further conversations need to be had with the CCG around this.

The Chairman signed off the minutes of the last meeting as accurate and correct.

3. **MEMBERSHIP** – The Secretary updated that Amy Louvaine will be stepping down as the PM Representative for South Worcestershire at the February meeting. Amy

Louvaine updated that Jackie Evans, a Practice Manager from Pershore Medical Centre, has agreed to join the Committee. Amy updated that she is leaving to work for the Federation, SW Healthcare. Jackie Evans will attend the February LMC Meeting.

Dr J Seewoodhary updated that he will be finishing his training shortly and this will be his last meeting. A new representative will be selected from the VTS group. The Secretary and the Committee thanked him for his work on the Committee. The Chairman reiterated the importance of having trainees on the committee.

4. **CCGs** – Lynda Dando updated that the Members Briefing has been sent out today and that included the CCG Key Messages. This touches upon national issues such as the Long Term Plan and local implementation of the GP Forward View.

She also updated on the new PCE Contract that is to be a two year contract. They have set out a contract specification with a rationale for changes and this was shared with LMC Officers earlier in the day. Lynda Dando will write to all practices on Tuesday 22nd January 2019 attaching an amended draft following LMC Officer input. This will trigger a 7 week engagement period that will conclude on the 7th March 2019. Practices will be asked to complete a survey monkey. On 1st March 2019 they will collate and consider all of the feedback. A final decision on all the changes will be made by the Primary Care Commission on the 30th March 2019 for an offer to be issued to all practices on 18th March.

Lynda Dando further updated that most of the changes in the specification are to provide greater clarity and a signal of a strengthened role by the CCG in terms of monitoring the contract.

The Secretary confirmed that all feedback should be made to the CCG, via the Survey Monkey, however, if anyone wishes to they can feed back comments through the LMC Office. The Chairman asked for practices to give detailed comments in the survey.

The Secretary updated that there is £500,000 transformation monies remaining and asked for confirmation that it will come back into general practice. Dr Carl Ellson commented that we are moving into a few years of great change and we need to open discussions on a range of issues. The Secretary commented that communication is poor and that if an issue is going to directly affect GPs then this must come via the LMC. Dr Anthony Kelly responded that the CCG do have GP input and these roles need to be respected.

The Secretary raised a recent issue of additional workload around wrist splints for carpal tunnel syndrome where practices are being asked to determine the size of the splint with instructions being issued on how to do this, refer and chase misplaced referrals for the orthopaedic company. Dr Anthony Kelly commented that he has spent a lot of time negotiating with the company on this and the company want a clear audit trail to ensure the patient receives their splint.

Dr M Davies commented that in the North they offer the patient either a referral or advise them to buy their own from a pharmacy and this seems to work well. A long discussion continued on this issue and the workload implications.

The Secretary updated on the issue of colorectal referrals and that this was another area where a communication did not come via the LMC Office. She further updated that there is no issue with the request for a blood test but the real issue lies with the Trust rejecting referrals because the blood test has not been done. This creates additional workload and delay to the patient and there is a lack of flexibility in the system which could impact on patient safety. Dr Carl Ellson updated the background to this decision and the changes due to be implemented to cancer services and two week waits. The Secretary reiterated that the issue is with the rejection on a two week wait because a box may have been missed on the form. A long discussion continued on this.

Dr Carl Ellson updated that he is requesting that the Trust update their two week wait process with a few minor tweaks. He agreed to take the comments of the Committee back to the Trust and look at where in the process the EGFR blood test result is critical ask if the nurse can request this if it has not already been requested by the GP.

Action: The Secretary agreed to look at a representative from the LMC to attend the Clinical Innovation Group

The Secretary raised a query regarding the new Ophthalmology Service and the Kidderminster Pathway that still receives fax referrals. Dr Carl Ellson responded that this needs to be reported via Datix as a quality concern, which it has been.

Dr M Davies raised an issue that he had received an email with a change to a service from a doctor at the Acute Trust changing the referral pathway for GCA (Giant Cell Arteritis). Lynda Dando asked for this to be forwarded to her so that she can raise this with Simon Gartland.

Action: Lynda Dando to feedback on the response from the Trust (email sent to all practices)

5. **HEALTH AND CARE TRUST** – The Secretary updated on a meeting she had earlier with Sarah Dugan, the Chief Executive of the Trust. This was a very useful, positive meeting to identify the direction of travel and the new model of working.
6. **STP** – The Chairman updated that this group has not met yet for 2019 and they will be talking about the Long Term Plan.
7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The Secretary updated that she had a meeting recently with Dr Suneil Kapadia. There was an article in the Worcester Observer that the Trust is in deficit of £199.6 million and this is a worsening position.

During the meeting Dr Kapadia updated that there are now no interim posts at the Trust and the new Chief Executive, Matthew Hopkins, is now in post. Dr Kapadia talked about lots of plans to decompress the system as they have been on level 4 for a while. During January they will be looking at how they manage patients in the system. They are also aiming to reduce their agency fees by 2% and they need more elderly care doctors.

9. REGULAR ITEMS

- a. **NHS England** – the Secretary updated that there is a meeting on 23rd January 2019 where PAG will be discussed. On 21st December 2018 the Secretary received an email outlining a Practice Management Development Fund for 2019 and NHSE want to share a small pot of money across all LMCs. They wanted a completed MOU, case studies and for us to host a networking event in order to evidence the spend of these monies.

We already have all this in place with the CCG and we had agreed to part fund a Practice Manager Network Event. This was discussed on the listserver and it was collectively felt that it is not an LMC role to hold budgets and report on the spend and this would be best delivered by the CCG. Most LMCs have rejected this. The Secretary has agreed with Denise Horton our approach to NHSE in order to secure the money and the CCG carry out the reporting element. The Secretary asked if the Committee were comfortable with this approach. All agreed.

- b. **Public Health/County Council** – nothing to report
- c. **Federations** – nothing to report
NW Healthcare – nothing to report
SW Healthcare – nothing to report
Wyre Forest Health Partnership – nothing to report
- d. **Education** – Dr F Martin updated that they have over recruited for this area for those starting in August 2019.
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – The Vice Chairman shared an update via email as he sent his apologies. The Secretary updated that the Vice Chairman is questioning whether he should still attend this meeting as Nikki Marriott attends and does feedback. It was agreed that he would still attend for now.
- f. **Dispensing** – Dr J Rankin updated regarding supply issues and drugs in short supply that is becoming an real issue. Normally in a typical month there would be 20 drugs under concession ie prescription pricing authority will allow an equivalent drug to be enable a drug to be reimbursement. Often the equivalent drug will be at a loss.
- g. **Out of Hours / NHS 111** – Dr E Penny updated that they have recruited 7 more GPs for the out of hours service.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr E Shantsila updated that generally registrars are happy with the training and there are no significant issues with practices but there are some issues around future GP needs. This might be why there is a good recruitment rate. He also commented that it would be good to increase the

VTS training with GPs with special interests. Therefore, if a GP wants to meet future GPs to get to know them it might be useful to put these forward to the VTS. Dr F Martin updated that all trainees are in practice one day per week including when they are in hospitals.

The Secretary asked if Dr F Martin wanted to put something in the newsletter to seek more trainers, however, she felt that there were sufficient numbers at present.

- j. **P.M. Groups** – nothing to report
- k. **Administration** – nothing to report
- m. **PAG** – nothing to report

10. MATTERS ARISING

- i) **Long Term Plan and NHS Planning Guidance** – the Secretary updated that she has read these two documents that contain lots of aspirations but no real detail. A link to the plan was included in the last LMC Newsletter. She ran through the main points of the Long Term Plan. We are now awaiting an update from GPC about the new contract changes.
- ii) **LMC Secretaries Conference- When things go wrong and Supporting GPs** – the Secretary updated that she attended this conference in December 2018 and she updated on some of the key issues. She also attended a workshop on these two topics. She outlined that support for GPs is something we could think about providing as an Committee. The Committee agreed this would be a good direction of travel for the LMC. The Secretary updated that we are creating a wellbeing section on the LMC website and Dr Pam Smith has agreed to the LMC Wellbeing Champion. Her details will be on the website with links to available resources. The Secretary agreed to try and secure some funding to move this work forward and enable us to provide mentoring to GPs.
- iii) **Proposed Employer Pension Contribution Changes** – the Secretary updated that there are changes being made to NHS pension contributions making a rise in contributions. Most will be aware of this and the Secretary has completed the consultation and urged everyone to also complete it.
- iv) **Datix Review Update** – the secretary updated that she has reviewed the quality issues raised via Datix with Dr George Henry to try understand the emerging themes. Issues such as missed pathology on radiology reporting, no summary being provided when patients self discharge, lack of prescriptions being provided by outpatient departments, patients being discharged immediately from orthopaedics if they DNA once, requesting referral by the GP. She ran through a number of reoccurring themes.

Dr Kinsman suggested the LMC include an article in the newsletter asking for practices to report quality issues around a specific topic of the month to highlight issues that have become normal.

Action: The Secretary agreed to consider this

- v) **OTC Medication Written Authorisation** – The secretary updated on a recent issue with a home care provider who said they cannot issue OTC medication without written authorisation from the GP. The LMC advice is not to do this as we cannot take responsibility for OTC Medications and the CCG policy is to prescribe for long term use.

11. **COMMITTEES**

- a) **GPC Committee** – nothing to report
- b) **GPC England and UK** – nothing to report

12. **NEW ITEMS**

There were no new items

13. **ITEMS B – Receive - Circulated**

14. **ITEMS C – For discussion**

15. **ANY OTHER BUSINESS**

GP Partnership Review – the Secretary updated that Dr Nigel Watson has now published his GP Partnership Review Report and this has been shared across the Committee and with all GPs.

CQC – The Secretary updated that there is a new Chief Inspection of Primary Medical Services and Medical as Professor Steve Field has left. Her name is Dr Rosie Benneworth. Her previous roles were discussed.

Brexit – the Secretary updated that we are still awaiting news on this and the implications for general practice.

CLOSED MEETING

The Chairman closed the meeting at 21.47pm.