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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 18th July 2019 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr P Bunyan, Dr I Haines, Dr K Hollier, Dr R Kinsman, Dr F Martin, Dr E Penny, Dr S Pike, Dr D Pryke, Dr J Rayner, Dr C Whyte, Dr R Benney, Dr W Safdar, Dr E Shantsila, Dr K Wiltshire, Helen Garfield, Lisa Siembab, Dr Birch and Dr Robinson (observing)

1. **APOLOGIES:** Dr B Fisher, Dr S Morton, Dr R Williams, Dr S Parkinson, Jackie Evans, Lisa Luke, Dr H Ray

The Chairman welcomed two observers to the meeting, Dr Baxter and Dr Robinson asked the Committee to introduce themselves.

2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 20th June 2019 BY THE CHAIRMAN**

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

Share Care Protocols – the Secretary updated that she has emailed Lynda Dando who has passed this onto Jane Freeguard. Anthony Kelly is planning to speak to Mike Hallissey, the Interim Medical Director from the Acute Trust, on this issue and has commented that both the Trusts will need to identify leads to take this work forward.

Rockwood Scoring System – the Secretary updated that she has spoken to Carl Ellson to ask if this can be used on the two week wait referrals and he is taking his forward.

Discharge Summaries – the Secretary updated that we have previously had really good feedback from the Trust on making these much simpler and clearer and now Carl Ellson and Anthony Kelly have committed to take this work forward with the

Trust. The Secretary has also contacted Graham James but has received no response to-date.

Bariatric Surgery – the Secretary updated on the monitoring of patients who have had bariatric surgery. The Secretary is still pushing for a LIS on this as in other areas.

Appraisal Spring Newsletter Advice from NHS England – the Secretary updated that she still has not received a response on this issue and is still pushing for a response with GPC now involved.

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

3. **MEMBERSHIP** – nothing to report

4. **CCGs** – There was no representative present from the CCG. Lynda Dando sent her apologies although LMC Officers were informed that Anthony Kelly would be attending.

The Secretary updated that a letter has been sent from David Geddes from NHSE and NHS Improvement in July to CCGs and STPs regarding the sharing of information as part of safeguarding work. This work is not resourced under the national contract and GPs are not mandated to undertake this work. The letter asked for STPs, together with, local GP Provider Representative to review their arrangements and implement the appropriate changes to ensure that this work is adequately funded where undertaken.

This means that all safeguarding reports, including attendance at the conferences, should be appropriately resourced by the CCG. The Secretary updated that she has contacted Lynda Dando regarding this and she has responded by providing the names of the leads that are moving this piece of work forward. This does not relate to all collaborative payments but it is an opportunity for GPs to be paid for reports for safeguarding for children and vulnerable adults.

The Secretary updated that there are various issues ongoing with the CCG at present, such as, shared care, eating disorders, bariatric LIS and PSA Monitoring in Secondary Care. She explained that there is a new project group to address monitoring of PSA results and this is expected to be patient focused..

Dr M Davies raised a concern at a recent meeting he attended as a pathway was described as signed off by the LMC and this was not the case.

The Secretary asked if the committee felt comfortable with a PSA LIS as a way forward. All agreed that they are doing this work anyway and would support a LIS for this work and it would be better for patients if general practice run this service.

Action: The Secretary to request a PSA Monitoring Enhanced Service

5. HEALTH AND CARE TRUST

The Secretary updated that she has a meeting scheduled with Sarah Dugan.

6. STP/ICP

The Secretary updated on the Long Term Plan Implementation Framework that sets out what the ICS need to develop in terms of their 5 year Strategic Plan and this needs to be clinically lead.

The Chairman updated that the STP had a meeting on Tuesday and he reported that there is a significant concern from Healthwatch on the lack of public consultation. The ICS has completed a maturity matrix and scored 50% across all areas. There was a talk regarding the Estates Strategy from NHS Midlands who hold a budget to develop the strategy. There is an enthusiasm to invest in PCN infrastructure.

7. WORCESTERSHIRE ACUTE HOSPITALS TRUST

Triage via FAU for patients over 80 – the Secretary updated on this new initiative that started on the 1st July 2019. The Secretary has raised concerns regarding this pathway and she has spoken to Mari Gay at the CCG. She has responded that this was introduced because of issues with WMAS sending increased patients straight to A&E and there was also an issue with one locality that had higher numbers of referrals to A&E. Mari Gay also updated the Secretary that the first week of the new service had gone really badly and they are considering a single point of access model. A discussion followed on how this works in other areas.

Two Week Wait Templates – the Secretary reminded the Committee that the new template letters will be released tomorrow (Friday 19th July) over a 6 week implementation period. The Secretary asked to be informed of any issues with the new forms or implementation.

**Action: All to feedback any issues with implementation/templates
Helen Garfield agreed to liaise with the other two Practice
Manager Representatives to agree how best to ensure the old
forms are not used**

A discussion followed on the specialist nurse, Michelle Judge, who deals with patients that need an urgent two week wait referral with unknown primary cause.

**Action: Lisa Siembab to ensure this information is shared across the
county**

9. REGULAR ITEMS

a. NHS England

Digital First Primary Care Policy Consultation - the Secretary updated on this consultation that has been released and asked all to be aware of this document. It looks at out of area registration arrangements and GPC have commented that proposals are significant and could impact on all areas of the country. They are planning their response to this. This could potentially make it easier for private providers to take this work away from General Practice. The Secretary has asked Dr Simon Parkinson to feedback her concerns to GPC as part of the response to the consultation. The Secretary is pushing for local GPs to be supported with this.

Premises Review Report – the Secretary updated on this report that has recently been released and the key findings. She was disappointed that there is no commitment for any funding for this work.

- 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** – nothing to report
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – nothing to report
- f. **Dispensing** – the Vice Chairman updated on the DSQS Audit and that he has not had a response to his queries on the audit. The audit will be centred around supply issues. Contractually practices should have until the end of the financial year to submit this.
- g. **Out of Hours / NHS 111** – Dr E Penny updated that she did not attend the last meeting although she did review the performance report for May and this seemed to have improved with only 2 complaints being received.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr E Shantsila updated on the new contract and the main points are that the super numeracy status has been confirmed, there will be a 2% annual pay increment and if Trainees are less than full time they will receive £1000.
- j. **P.M. Groups** – nothing to report
- k. **Administration** – nothing to report
- l. **PAG** – the Secretary updated that a LMC Representative was not required at the last meeting.
- m. **GPPB** – the Chairman updated that the GP Provider Board recently held a meeting with the Clinical Directors of the PCNs. There was feedback from this event at the last Provider Board. There is a further meeting planned to work on the vision and values of the Provider Board. There is now a commitment to meet with the Clinical Directors on a regular basis and they have an open invite to attend the GPPB.
- n. **CIG** – the Vice Chairman updated that the last CIG was cancelled at short notice.
- o. **PCNs** – the Chairman shared that there is no update on this at present. The Chairman informed the Committee of an event that the Clinical Directors have been invited to attend by the Acute Trust as part of their Clinical Strategy in August 2019.

10. MATTERS ARISING

Minute: 5/693

BMA ARM Update

The Secretary updated on the main motions that were passed at the recent ARM in Belfast. They can be found [here](#).

Minute: 5/691

Meeting with Nigel Huddleston MP

The Secretary updated on a meeting she recently had with the MP where they discussed the key issues facing General Practice.

Minute: 5/695

Falsified Medicines Directive

The Secretary updated that there is still no detail on this and the LMC advice remains for practices to not purchase any equipment until there is funding available for this from the CCG. GPC have had a meeting with NHS England and designated IT funding sources should be used to support this initiative although dispensing practices are responsible for providing their own equipment and GPC are continuing to push back on this.

11. COMMITTEES

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

12. NEW ITEMS

a) **Travel Vaccinations/Indemnity**

The Secretary updated on an issue that has arisen regarding travel vaccinations and indemnity for practices undertaking this work. Previously this was covered by the state scheme but this has now changed and private travel vaccination are no longer covered. There has now been agreements put in place so that these employees will not be financial disadvantaged as a result of a claim being made. There is support for practices with this work. Practices now need to procure this indemnity for their staff separately.

Update 25/07/2019 – There has now been an updated received on this issue and the following was included in the July Newsletter:-

INDEMNITY – PAID FOR TRAVEL VACCINATIONS NO LONGER COVERED BY CNSGP

The Department of Health and Social Care (DHSC) and NHS Resolution (NHSR) have confirmed a [change in cover](#) provided by CNSGP, with the supply and administration of paid for travel vaccinations no longer included. Previously the published scope of CNSGP included the supply and administration vaccinations

where patients are directly charged. DHSC and NHS England have stated that this information was not correct and have apologised for this error.

DHSC and NHSE have committed to ensure that any general practice staff who were administering travel vaccinations and immunisations (where patients were charged a fee) and who understood themselves to be covered under the CNSGP for such activities, are not financially at a disadvantage as a result of any claim, or potential claim, against them as a consequence of relying on the incorrect information. In order to mitigate any risk to the health of patients, NHSR will provide assistance in relation to any claim for clinical negligence for the supply and administration of privately funded travel vaccinations for the period between 1 April and 31 July 2019.

General practice staff should contact NHSR to access support for such claims. Claims relating to the supply and administration of any travel vaccinations or immunisations (where the patient is required to pay) provided outside of this period should be reported to your medical defence organisation or indemnity provider.

This will have clear implications for practices, who may face little choice but to decide to stop providing non-NHS funded travel vaccinations as a result. It was very unhelpful that this change was announced on the NHS Resolution website without consultation or the profession being notified, and this has been fed back very clearly to DHSC and NHS Resolution. We welcome the decision to confirm that all travel vaccinations will be covered under CNSGP until the end of July, and would urge practices to consider carefully the services they deliver after that date and ensure all of their staff are fully indemnified for all services which they continue to provide." Read the MDU statement [here](#).

The following immunisations for travel are part of Additional Services under GMS and PMS and no fee may be charged by the contractor to a patient registered for NHS services with that contractor:

- Cholera
- Hepatitis A
- Paratyphoid
- Poliomyelitis
- Smallpox
- Typhoid

These are also the travel vaccinations which are covered under CNSGP.

b) **LMC Dinner – Friday 4th October 2019**

The Secretary updated that the date that has now agreed for a dinner and dance at the Abbey Hotel in Malvern for all Committee Members and guests at £45 for two people. The Committee we will be inviting the Clinical Directors.

c) **LMC Survey Results**

The Secretary updated on the result of a recent survey the Committee undertook. She ran through the main points of the results being that practices like the newsletter and there were some comments about using Clarity Team Net as a way of communicating with practices. T, this might be a way of better way of communication with more salaried

GPs. General communication was rated as good and there was a valued of the support aspect of our work. There was a request to reduce amount of emails and duplication. There was a discussion about how each of the representatives share information across each their locality areas.

There were some comments for us to offer services that we already offer such as resilience support and looking at reducing workload and talking to our MPs.

**Action: The Secretary agreed to look at ways in which the representatives communicate across their locality area
The Secretary and Lisa Siembab to look at ways in which we can communicate our offer, and the things we are already doing**

The Vice Chairman commented that he felt there needs to be greater interaction between the LMC Office and the locality representatives. He also asked for meetings not to be moved in order that everyone can plan their diaries. This is only done where dates for events, such as LMC Conference, as not yet known

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

14. **ITEMS C – For discussion**

15. **ANY OTHER BUSINESS**

i) **Vaccinations**

Dr J Rankin raised an issue with hepatitis B Vaccinations and patients on dialysis. GPs are now not expected to take this work on as part of the new GP Contract. He has raised this with the CCG and they were not aware of this or any funding available for the work. The Secretary asked for the details of this so that she can escalate this.

Action: Dr J Rankin to forward this detail on this issue

CLOSED MEETING

The Chairman closed the meeting at 21.30pm.