

Chairman: Dr Shaun Pike – spike@worclmc.co.uk

Vice-Chairman: Dr David Herold

Secretary: Dr Simon Parkinson - sparkinson@worclmc.co.uk

Executive Officer: Lisa Siembab - lsiembab@worclmc.co.uk

The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 15th November 2018 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr P Bunyan, Dr M Davis, Dr D Herold, Dr R Kinsman, Dr G Moore, Dr S Morton, Dr S Parkinson, Dr S Pike, Dr D Pryke, Dr B Fisher, Dr J Rankin, Dr H Ray, Dr J Rayner, Dr C Whyte, Dr L Stepien, Dr R Benney, Dr W Safdar, Dr E Shantsila, Dr J Seewoodhary, Helen Garfield, Amy Louvaine, Dr Carl Ellson, Dr Anthony Kelly, Lisa Siembab

1. **APOLOGIES:** Dr K Hollier, Dr F Martin, Dr E Penny, Dr M Venables, Dr I nHaines, Lisa Luke, Lynda Dando
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 11th OCTOBER 2018 BY THE VICE CHAIRMAN**

The Vice Chairman signed off the minutes of the last meeting as he chaired this meeting as accurate and correct.

Quality Concerns – the Secretary updated that there was an article on this included in the last newsletter and she has also had discussions with Dr George Henry on this subject.

Pharmacy2U Link for Dispensing GPs – the Vice Chairman provided a link that was included in the last newsletter.

Flu Vaccination – the Assistant Secretary updated that he has yet to raise the issue with GPC of pharmacies administering vaccines in an unsafe way and he agreed to do this.

DSQS Audit for Dispensing Practices – Dr J Rankin and the Vice Chairman updated on the issues with the DSQS audit and discussions are still ongoing. The audit was late being issued during November and is to be completed by practices by February. The Vice Chairman is in discussion with Anne Kingham at the CCG and NHS

England as this seems to be not contract led and does not allow sufficient time for completion.

Advertising Vacancies – the Secretary updated on recruitment and that the Herefordshire and Worcestershire Training Hub leaflet has gone out to all practices. She asked if the committee wish to have vacancies advertised on the bottom of the newsletter as this may encourage more to read the newsletter. Dr M Davies commented that this may encourage practice staff that are not that happy to apply for other jobs and move practices. All agreed to leave advertising of vacancies with the CCG and the training hub at present.

Action: Anyone with strong views on this to let the LMC Secretary know

WMAS – the Secretary updated on this issue of ambulance crew requesting urgent review of patients at their GP surgery and leaving patients at the practice. She commented that specific cases would be helpful and listserver discussions seem to suggest that this is the direction of travel nationally. There was an Ambulance Service review recently.

DMC Service – The Secretary updated that this issue was about early discharges of dermatology patients and she had received several complaints regarding this service. The Secretary has discussed this with Dr George Henry and the CCG are going to raise this with them in relation to their contract. Dr Carl Ellson asked for any robust data on this as the CCG are meeting with them to challenge them to work together more cohesively, however, it is difficult to do this without accurate data on the concerns. The Secretary commented that Dr George Henry does have that data.

Quality Events and Datix – The Secretary raised this issue and, although this system is not ideal it is the only reporting mechanism in place. Any cases raised will be looked at by the CCG and without these being reported it will be difficult to see the scale of the problems. The Secretary will be meeting with the CCG at regular intervals to look at emerging themes so that these can be escalated. If anyone cannot get Datix to work they can email Dr George Henry with quality concerns directly, however, this should be a last resort only.

Dr R Kinsman commented that most GPs will not report issues and it is the usual GPs that are reporting and many GPs do not know what Datix is. It was agreed that reporting should be via the Practice Managers as this seems to be the best place for this work to sit.

Action: The LMC Secretary to encourage practices to report quality concerns via Datix

Dr S Morton queried whether the Secretary should be looking at patient identifiable data but the LMC Secretary responded that she will only be looking at themes not patient identifiable data.

Radiology – the Chairman commented that radiology reports no longer have concerns or advice noted on them. The Secretary responded that this has been taken up with the Trust and they have responded that they have not changed their policy on reporting. More outsourcing of radiology reporting may increase variation in reporting due to seleradiology issues. Dr Carl Ellson commented that they regularly meet with the Trust to discuss radiology and they have followed up those flagged with practices. Dr Carl Ellson asked for any more specific cases. The plan is for reporting to be under one governance structure sitting within the trust and for this to be robust.

Action: All to forward any examples via Datix and/or to the LMC Office

3. **MEMBERSHIP** – The Secretary updated that Dr Venables has had a baby girl, Zoe Kate. Both are doing well and we wish them all well.
4. **CCGs** – Dr Carl Ellson updated that Lynda Dando sent her apologies.

Ophthalmology Services - Dr Carl Ellson updated on changes from next Monday to the ophthalmology service. The eye care health service should now be commissioned at an STP level. There will be a three level service, an enhanced primary care service, triage, and what the Acute Trust currently offer. He further updated that within the county we already have these three elements but not county wide. The CCG has decided to pilot two services across the county from Monday. All GPs will have access to a PEARS service for Minor Eye Conditions being provided by enhanced local ophthalmologists. This has worked well in South Worcestershire. Red flag eye conditions can continue to be referred to the Acute Trust Service, however, lower level cases can now be referred to MECs. There will be a list of these MECs opticians and GPs will not need to provide a referral letter. CCG will send out a letter to Redditch and Bromsgrove practices with access details as they do not currently have these. South Worcestershire and Wyre Forest already have these details.

From Monday there will be an intermediate triage service which will offer a range of services and will take referrals from the MECs service. It will be unlikely that GPs will refer into this service. The Secretary clarified that this seems different to the letter that was originally issued and Dr Carl Ellson responded that this has been changed.

Dr H Ray asked if the patients can self refer and self direct, Dr Carl Ellson responded that they can and the GP will not be involved in this. The Triage service will also refer to the two other services. Helen Garfield commented that if patients try to self refer they will probably need their NHS Number which they will not know. Dr Carl Ellson agreed to feed this back. GPs will receive a list of opticians that have signed up to this service.

Action: Dr Carl Ellson to feedback regarding patient's NHS Numbers

MSK - Dr Anthony Kelly updated on MSK that there was a national directive to have an intermediate triage service for MSK. Worcestershire took a decision to provide this from the 7th January 2019 and they have been engaged across the whole of the county. There has been good progress with Redditch and Bromsgrove and they have agreed that this part of the country will no longer have access to MRIs from 7th January and that there will be an effective intermediate triage service available instead.

Dr Anthony Kelly further updated that the Health and Care Trust has agreed to be the prime provider for the county utilising all of the existing providers. The Chairman asked for a communication to go out to all GPs to explain the new arrangements in the new couple of weeks as practices will need some time to embed the new arrangements. Dr Anthony Kelly agreed to do this.

Action: Dr Anthony Kelly to ensure a communication is drafted to all GPs on the new MSK Service

Dr Anthony Kelly said this will be delivered on a county wide basis by a centralised service. Dr B Fisher asked if the waiting times for general physiotherapy will be assessed as the majority will not need to be referred to ICATS. Dr Anthony Kelly responded that all patients will be seen within 28 days and urgent cases within 7 days.

Dr S Morton asked what will happen to those currently delivering these services in practices, ie a FCP (First Contact Practitioner)? Dr Carl Ellson responded that they are working towards a centralised model. The Secretary commented that the issue is we do not have a clear picture of what is happening across the county and practices are doing different things. Dr A Kelly responded that they are trying to keep the anomalies in each of the localities and keep the services where they are. He also commented that it is up to providers to deliver services in the best possible way to meet commissioning intentions. There was a discussion about whether FCPs exist across the county.

Dr G Moore asked if private physiotherapist can refer to this service as this creates additional workload issue for GPs. Dr Carl Ellson said this is not in scope at present as private physiotherapists cannot refer into a NHS Service.

Following a lengthy discussion the Chairman commented that this is not clear and the Secretary commented that there needs to be a clear plan in place for January.

Winter Plan – The Secretary updated that she has read the County Winter Plan and summarised that this covers all providers and she summarised how this might impact on primary care. The document can be accessed [here](#).

Shared Care Protocols – The Secretary updated that she has agreed with the CCG to an amalgamation of the Coventry and Worcestershire models. This is a standard template and be included with a letter and the aim is not to create any additional workload. The idea is to have hyperlinks to guidance, advice and a tick box for yes,

no and a comments box. This means this can be rejected by the GP if it is not on the approved list of drugs or if the GP have any concerns. They have agreed to start with a list of drugs that are already part of shared care but medications will need to be on the formulary and if the drug is not the GP can reject the share care request. Any new drugs to be added would need to go to the Area Prescribing Committee for approval.

Jane Freeguard has agreed to produce a draft document for Worcestershire and then get this agreed with the Trust. There is a further meeting to be had with the Health and Care Trust to agree this across the both Trusts. The idea is for this to arrive at the practice via Docman. All agreed this was a good way forward.

Action: All to feedback if there is a better IT solution for this
The Secretary to request James Harley be involved regarding IT for shared care
The Secretary to share the final version with Herefordshire LMC

DOACs - The Secretary updated that it is the view of the CCG that DOACs will not be funded separately in primary care but as we move away from Warfarin the pot of money attached to this should remain in primary care. Jane Free guard's idea is an enhanced service to support safe prescribing. The CCG would want assurance and would want a selection of drugs to be monitored to ensure safe prescribing. The proposal is to pool warfarin, insulin and DMARDS monies and the CCG will look at the modelling. There was a discussion on single pots and safe prescribing. Dr G Moore commented that this money could be just spread across the other contracts so that we do not lose this money. The Secretary pointed out the risks to this kind of enhanced service and it was felt to be manageable to practices.

Dr Carl Ellson questioned whether their attendance at LMC Meetings is still valid as they are not always able to answer the questions raised without having prior notice. The Chairman agreed to try and give them better notice of the issues in future.

Pay Award – The Secretary updated that a letter was sent from the BMA to all CCGs nationally asking whether they would honour the full uplift to raise this from 4%. The response from NHSE was that no provision has been made for this and CCG should follow national guidance.

Action: Lisa Siembab to email the letter to Committee Members

General Practice Support Team – The Secretary updated the scheme has been that this is the new rebranded from the original for the resilience peer support team as it was felt this did not reflect the work of the team. There was a workshop of those working in this team recently and there will be a presentation at the CCG Development Day to give practices an idea of what the team do.

The Secretary further updated that this is about support for practices and not monitoring by the CCG and is delivered by local GPs and Practice Managers. One area that has been identified is where practices are under claiming and the CCG will

now provide data to practices so they can identify where they may be missing claims. Lynda Dando has also agreed that they are changing their claim statements as Dr J Rayner raised an issue with how complex these currently are.

The Secretary commented that providing standardised, GP designed templates with all practices would be helpful and she has requested that a working group look at this. The Vice Chairman mentioned QMasters who already provide such products and there was a discussion about what already exists around the county.

5. **HEALTH AND CARE TRUST** – nothing to report
6. **STP** – The Chairman updated and he and Mike Hearne have produced a report to give an update on the STP. The Chairman asked the Committee to review the document and ensure it answers all the questions and gives the right level of information. It still needs to go via the Communications Team.

Action: Lisa Siembab to send this out to the committee for comment

Provider Alliance Meeting – The Chairman updated that the Provider Board group are looking at how the integrated care for GPs can be best facilitated. The Chairman updated on a recent meeting and meetings are also ongoing to establish a Provider Board across both counties. A discussed followed on enhanced services and GMS+.

7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The LMC Secretary updated on a meeting the LMC Officers recently had with the Trust Interim Chairman, Sir David Nicholson. He confirmed that no takeover bid by Swift although they do collaborate with other Trusts. They are producing a long term strategy to be implemented and they are currently undertaking clinical service reviews to inform this. Sir David Nicholson committed to allow the LMC to be involved in areas which would impact on General Practice and a further meeting is arranged with the Medical Directors at the Trust.

ICE – The Secretary updated that the NHS England have mandated all Acute Trust Clinicians to only use ICE and that this will now apply to general practice. They receive about 10 rejected reports per week which are handwritten. The Secretary asked if anyone has any views on this to please let the LMC Office know. Dr B Fisher asked about Midwives and Community Practitioners. ANPs remain unable to access ICE. Dr C Whyte raised an issue renal monitoring diagnostic reports are not easily accessible on ICE and this needs to be on the front screen.

**Action: The LMC Secretary to ask if these reports can be moved on ICE to the front screen
All to email any views on restriction to using ICE only to the LMC Office**

9. **REGULAR ITEMS**

- a. **NHS England** – nothing to report
- 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)** – The Vice Chairman shared a LWAB report which will be shared with the Committee via email
- f. **Dispensing** – Falsified Medicines Directive - The Vice Chairman updated that any GP who issues medication in their practice will be affected by changes that will take effect on 9th February 2019. He gave an overview of the potential impact of this for GP practices. LMC advice is to do nothing at present until more is known.
Action: Article on this to be included in the Newsletter
- g. **Out of Hours / NHS 111** – noting to report
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – nothing to report
- j. **P.M. Groups** – nothing to report
- k. **Administration** – Advertising Vacancies/Training Hub – see above
- m. **PAG** – The Secretary updated that NHS England did not email all the performers of the last PAG Meeting to ask if they would like a LMC representative and it was all very last minute. The Chairman and Secretary have had discussions with Francis Campbell about what has gone wrong with the process. Dr R Kinsman suggested adding an article to the newsletter asking for GPs to let the LMC know if they are on PAG and would like representation.

Action: the Secretary to include this in the next newsletter

10. MATTERS ARISING

DSQS - Dr J Rankin commented that the CCG has moved the deadline for the DSQS audit. The Secretary asked the Vice Chairman and Dr J Rankin to discuss with the dispensing group and feedback to her

Action: Dr J Rankin and the Vice Chairman to feedback to the Secretary

11. COMMITTEES

- a) **GPC Committee** – nothing to report
- b) **GPC England and UK** – The Assistant Secretary updated on the GPC Meeting he attended earlier in the day.

Action: The Secretary to advise GPs to check their annual pension statement carefully due to concerns over PCSE

The Assistant Secretary agreed to share some slides on integrated care

12. NEW ITEMS

Minute: Budget 2018 Impact

The LMC Secretary updated that there will be £2billion for mental health services as part of the new budget

Minute: Quality Reporting and Datix

This was discussed earlier under CCG

Minute: Estate Planning

The Secretary updated on a meeting she attended earlier in the day with Town Planners in Redditch and Bromsgrove and the CCG. She has asked the CCG to ensure that there is a clear process in place regarding future planning applications across the county.

Minute: Provider Board Meeting

See above under STP

13. ITEMS B – Receive - Circulated

14. ITEMS C – For discussion

15. ANY OTHER BUSINESS

CLOSED MEETING

The Chairman closed the meeting at 21.52pm.