Worcestershire and Herefordshire
Local Medical Committees Ltd

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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 20th June 2019 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr P Bunyan, Dr G Farmer, Dr I Haines, Dr D Herold, Dr K Hollier, Dr R Kinsman, Dr F Martin, Dr S Parkinson, Dr E Penny, Dr S Pike, Dr D Pryke, Dr B Fisher, Dr J Rankin, Dr H Ray, Dr J Rayner, Dr C Whyte, Dr W Safdar, Dr E Shantsila, Jackie Evans

1. NEW MEDICAL SCHOOL PRESENTATION BY PROFESSOR JOHN COOKSON

We welcomed Professor John Cookson who gave a presentation outlining the development of the Three Counties Medical School. Prof Cookson went through a brief biography of his career which includes setting up medical education in Hull/York and in Botswana. He covered a different approach to what constitutes a medical school and the way that medical education is integrated into every aspect of life. He talked of a medical school “without walls”.

The first intake is planned for 2021 pending approvals and it will be a Graduate entry programme. Prof Cookson is keen to recruit and retain local graduates.

The University of Worcester is a small University and the Medical School will rely on a collaboration of partners between the University and the NHS. Prof Cookson stressed the importance of collaboration with the NHS to ensure success.

He outlined the course structure and the ways in which the School is trying to widen participation. He summarised the current position in the School’s development. New funded places are expected to come out soon with a possible bidding process late Autumn. It is likely that the GMC approval will be forthcoming. The School has set up a Partnership group with representation from all local NHS Trusts and the University on it.

The intention is to have longitudinal placements in the community in Year 3 of the programme not just in GP surgeries but also in community hospitals and some acute hospital specialist areas.

The School is aiming for 100 students initially as they want to ensure they can get enough placements for the students.

Dr Pike asked where the Medical School was with engaging Practices to source placements. Some practices already take students from other Medical Schools like Birmingham and Oxford. Prof Cookson doesn't think that already having medical students from another School should necessarily be a barrier. The spread of existing medical students is not high so there should be scope for placements. Prof Cookson stressed that this is collaboration and not just about placements as the University will also be looking for input into teaching and course development.

Some concerns raised in the meeting that the University might find it difficult to recruit students as other Universities are pushing for placements. Dr Bunyan raised some concern around the funding for placement students as it is important that there is enough funding to support the placements. Prof Cookson feels it is important that the reimbursement is at the same level as a clinical session. Dr Farmer stressed that support for practices with students in difficulties or with particular issues is important.

2. APOLOGIES: Dr S Morton, Dr R William, Dr R, Benney, Helen Garfield, Lynda Dando, Lisa Siembab

3. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 25TH APRIL 2019 BY THE CHAIRMAN

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

Constitution – Lisa Siembab shared this with the Committee.

GPDF Function Leaflet – Lisa Siembab shared this with the Committee.

Claims Data for Practices – this issue has now been resolved.

Anti Coagulation LIS – this was shared with the Committee.

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

4. MEMBERSHIP

The Secretary updated that Dr R Williams will be Wyre Forest representative and IT representative as he has a special interest in IT. Dr G Moore has asked to stand down from the Committee with immediate effect and as a result the Committee now needs a new Treasurer. The Secretary asked for expressions of interest. Dr R Kinsman agreed to take on this role.

5. CCGs

PCE contract – The Secretary updated that there is a requirement for weekly referral meetings as part of the contract. She read through update from Lynda Dando and feedback from practices included:-

Prospective Referrals – this has always been a requirement and the change is that the frequency of reviews has changed to at least weekly. Practices are not required to do this piece of work as part of a formal meeting, the CCG knows that informal discussion happens often daily regarding referrals. Informal discussions in the coffee room are acceptable and these do not need to be formally recorded.

Peer Review of Emergency Admissions – the CCG is going to clarify the requirements of the bi-monthly meetings. Wording has been revised and they can use local data to identify areas to focus on.

Urgent GP assessment of patients through WMAS – this has now been removed.

Funding for Neighbourhood Teams – this has been retained and the deadline for completion of Neighbourhood Team Plans has been pushed back to the end of July 2019.

Dr S Parkinson queried if the CCG is increasing the PCE funding this year. There was a general discussion on the unreliability of the data used for referrals data. It was felt that the referrals have declined but that there comes a point when it is more difficult to see further reductions.

The Vice Chairman raised a concern regarding having to use Eclipse Live for prescribing. He agreed to raise this at the CIG meeting next Tuesday.

CCG Merger – the Secretary gave an update on the proposed CCG merger. The consultation process will run until 30 June 2019. She recommended the Committee to read the Consultation document. Dr S Parkinson queried what the original SW CCG constitution stated regarding disbanding the CCG. This raised a discussion about whether the CCG is still a member organisation and whether the LMC would wish to support or stop this development and if the LMC could actually have any impact on the merger.

Safe Prescribing LIS – The Secretary raised a concern that the shared care agreements have been withdrawn. Practices will be directed to the APC website which is good but has some significant gaps. The Secretary is concerned about the fact that all monitored drugs are on the list. She has been given assurance that there is not an expectation for the GP to prescribe everything on the list. Practices will only get paid for what they do and do not have to prescribe all the drugs on the LIS list. In general the new LIS will be favourable in terms of income for most practices.

This LIS does not address the shared care principle. Dr S Parkinson advised that practices in Warwickshire are about to withdraw all shared care drugs as they do not have a shared care agreement. The Secretary updated that this unfortunate as we

were so close to getting this agreement in Worcestershire. The Chairman felt that the LIS can be used as a starting point to plug shared care agreements and other drugs into but without the shared care agreement it is a bit risky and we need to advise colleagues accordingly.

The general view was that Worcestershire general practices do a lot more than GPs in other areas and it was felt that there is complacency within the CCG that GPs will do this work. The Committee agreed that we should feedback that we are happy with the LIS and funding provided that shared care agreements are in place and access to secondary care clinicians when needed.

Action: The secretary to reinforce the need for shared care protocols' agreements with the CCG

Rejection of 2WW Referrals – The Secretary gave an update on this following a meeting with NHS England where this came up in conversation. Francis Campbell asked her to write with further information and advised a further meeting with the Trust. The Trust cannot reject a 2WW referral, they can request further information or downgrade a referral and after discussion with the GP. The Trust are now going to review all 2WW referrals and they will all be in template forms and GP will not be able to submit the referral without completing the template. The template changes will go through CIG. The Vice Chairman has seen some of the templates and feels they are clearer and easier to use. A change in wording regarding informing patient that they need to be around for 14 days is expected. The Committee also felt that it would be helpful if the templates could be pre-populated as far as possible. It was also suggested standard that the forms use the Rockwood scoring system. The Secretary agreed to feed this back to the Trust.

Action: The Secretary to promote the Rockwood Scoring System

The Secretary has also had discussions with the Trust and the CCG regarding simplification of discharge summaries which have stalled with changes in personnel at the Trust. She has asked the Trust if this can be revived and the discharge summaries can be finalised and is pushing for this.

Action: The Secretary to feedback to the Trust

Eating Disorders – The Secretary updated that there is funding for a secondary care led monitoring service.

Bariatric Surgery – the Secretary updated that a Committee Member has raised a concern about GPs being required to carry out work which is beyond their level of competence. A brief update at IQSP is not sufficient Anne Kingham from the CCG has confirmed that tier 4 patients retain care of patient for 2 years post surgery. The Secretary stressed that this is still work being transferred from secondary care to primary care. The Committee raised concerns about this and agreed to include these concerns in letter to CCG.

Action: The Secretary to raise with the CCG

6. HEALTH AND CARE TRUST – nothing to report

7. STP/ICS - The Chairman informed the meeting that there is now an ICS Executive Forum which includes the Chair and Chief Executive from the Acute Trusts. He feels that there is a real impetus to drive change and get things moving. The group will be looking at how we start to make changes over the next few months. There is a need to carefully temper the expectation of PCNs as they are still in formative phase.

The Chairman informed the meeting about the PCN accelerator opportunities which have been released. One of our CCGs might have had the opportunity to bid for this. The GPC have pushed back on this and NHSE have taken a step back and are going to consider it further and undergo a consultation exercise.

8. WORCESTERSHIRE ACUTE HOSPITALS TRUST

New Medical Director – the Secretary updated that the new Medical Director is Mike Hallisey and Officers are arranging to meet with him once he is in post.

Ultrasound Scan Rejections Update – the Secretary has received a document outlining positive patient experience from the Radiology Department but she is still pushing for an audit of rejected ultrasounds ordered by GPs to ensure that rejections are appropriate.

Datix Service Report and Discharge Summaries – practices are using Datix to report quality concerns and there has been an increase in reporting by over 65% in the last year. This is useful as the CCG have to address these issues constructively. Key themes are about discharge summary and poor documentation. This backs up the LMC campaign for standard, simplified and informative discharge summaries. The Secretary agreed to put this in the Newsletter to encourage everyone to use Datix and let them know how helpful the feedback is.

Dr S Parkinson raised an issue that he never gets any response to specific issues he has raised via Datix Datix ask GPs to raise the issue with a particular department or consultant as well as completing via Datix.

9. REGULAR ITEMS

a. NHS England AT – the Secretary updated that it has been discovered that 65,000 records are still with Capita and need to be sorted by Practices. The Committee felt that GPC should have taken a stronger stance on this. GPs need financial support if they are to take on this additional work. The LMC has asked Practices to let them know if they receive a large number of letters.

Appraisal Spring Newsletter – the Secretary updated on a concerned that a recent NHS England newsletter article advised that GPs should have a robust system in place for following up patients who have been prescribed

antibiotics with advice about safety for GPs. The Secretary has written to Kiran Patel at NHS England regarding this. The Committee felt it would be helpful to escalate this to GPC and continue to push for a reply to the email.

Action: Lisa Siembab to escalate to GPC

b. **Public Health/County Council** – nothing to report

c. **Federations –** The Secretary asked for the Committee to consider whether it is helpful to have a Federation Representative Co-opted onto the Committee. This will be discussed at the next meeting.

d. **Education** – Dr F Martin updated that there is a large number of ST1s coming in so there is a push for new trainers and a course will be running soon. It was agreed to include this into the Newsletter. There was a discussion about what may deter GPs becoming trainers as in her case it was the wieldy paperwork which needed to be completed. The Secretary updated the Committee on the VTS talk that she gave.

e. **LWAB (Local Workforce Action Board, formerly LETC)** – nothing to report

f. **Dispensing** – the Vice Chairman reported that he has met with NHS England and they have agreed a few options for DSQS audits for practices to select from and are pushing for deadline of end of March for the audit.

g. **Out of Hours / NHS 111** – nothing to report

h. **Non-Principals Group** – nothing to report.

i. **Registrars** –nothing to report

j. **P.M. Groups** – nothing to report

k. **Administration** – nothing to report

m. **PAG** – nothing particular to report

n. **GPPB –** the Chairman gave brief summary of meeting with Clinical Directors

o. **CIG** – the Vice Chairman updated on the imminent new gastroenterology guidelines. Some dermatology help documents coming out. A discussion followed as to whether CIG has replaced the GP Advisory Group. Any GP can attend CIG but there is no funding for attendance. CIG focuses on clinical developments and does not get involved in funding discussions.

Action: The Secretary to request that the CCG make clear in the MPU what is being discussed at CIG and that any GP can attend

p. **PCN**

Panel Approval – the Chairman sat on the panel and Worcestershire now has 7 PCNs and 14 Clinical Directors as some are job sharing. The CCG has a list outlining the composition of the PCNs that was shared with the Committee.

PCN Seminar – the Secretary encouraged attendance at the LMC Law Training on Monday 24 July 2019 which will cover PCN structure, including contracts and risk sharing. There has been a good response so far with 20 attendees booked on.

PCN Bank Account – the Secretary has had confirmation that PCNs cannot receive payment into separate bank account for this year. The advice is for this year to have the payment into an existing practice bank account and then transfer it out into another bank account if desired.

GPDF Templates – the Secretary updated that templates have now been circulated to all PCNs. Jackie Evans raised a concern regarding information shared at PCE meeting. The funding for pilot pharmacists which we had been informed was approved for one year only is now apparently not being provided by NHSE as part of new PCN money but needs to be found by the CCG.

10. MATTERS ARISING

1) Mentoring Training

The Secretary updated that training for the mentoring has now happened.

2) LMC Feedback

The Vice Chairman suggested carrying this forward for discussion at a later date if necessary.

3) UHB Collaboration with Babylon Health

The Secretary updated that UHB is collaborating with Babylon to look at virtual consulting. LMC officers are concerned about some of the recommendations UHB have given to the Board of Directors. Birmingham LMC are very concerned about the impact of this on GP practices in the Birmingham area. We need to be aware that if we do not embrace virtual consulting then some other organisation will be offering it to our patients.

11. GPC COMMITTEES

a) GPC – Dr S Parkinson reported from the GPC meeting held 19th May 2019:-

IT – the Head of IT attended to talk about IT developments. This was easy to understand and he had some good ideas. There is some confusion over who is responsible for GP IT equipment. There is a new NHS body will be responsible for IT equipment moving forward. The priorities are to get some new suppliers into the market, security continuity, access to data and new opportunities and capabilities. They want to get rid of the GP paper record quite soon. Windows 10 will be in Practices by December this year. CCGs can apply for extra funding. The new model contract will be released soon.

Shared records – Hereford are quite well advanced in this area.

Standardising forms – GPC raised this issue with new IT Head who said that there will be no need to complete forms with patient info as the shared record will mean that the info is available to everyone.

PCNs – time restrictions on GPC officer time were discussed as it was noted that the same people are taking up the lead roles within PCNs.
Mandatory Training – this is back on the agenda and they have reviewed new safeguarding training which GPC felt was too lengthy.
NHS Performance Policy – there are concerns that this is interpreted differently in different areas and the need for consistency. Often things are raised and then not followed up.
LMCs – there was a discussion on new models as this is not working well in all areas.
Speak Up Guardians – most areas ignored this and do not have one or know who they are. This needs to be resolved.
GP at Hand – there is a real concern about this development and the impact of this. Hammersmith CCG have been bankrupted by this. There is a serious concern about this development and its impact in Birmingham
EMIS using Amazon to secure data – these are commonly used by other organisations including the Government. GPC have checked this out and it is acceptable.
Opiates – Dr S Parkinson suspects that the next key issue will be GPs needing to take patients off opiates. This may need to flagged up at an early stage to find resources for GPs to tackle this.

b) **GPC News** – covered above.

12. NEW ITEMS

No New Items

13. ITEMS B – Nothing to receive

14. ITEMS C – Nothing to receive

15. ANY OTHER BUSINESS

a) Planning applications within Redditch and Bromsgrove

The Secretary updated that there has been an ongoing issue with some planning applications in the Redditch and Bromsgrove area. Officers are going to go through the planning applications and will send the applications to relevant areas so that practices are aware of proposed developments and have the opportunity to comment. This is important as additional housing developments have implications on GP numbers and demand. Developers often deliberately keep the housing development numbers down to avoid having to incur additional infrastructure costs.

CLOSED MEETING
The Chairman closed the meeting at 10.20pm.