

Worcestershire Secretary: Dr Gillian Farmer – gfarmer@worcslmc.co.uk
Herefordshire Secretary: Dr Richard Dales – herefordlmc@btinternet.com
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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 19th September 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 D Herold, Dr K Hollier, Dr S Morton, Dr E Penny, Dr D Pryke, Dr B Fisher, Dr H Ray, Dr J Rayner, Dr C Whyte, Dr M Venables, Dr R Benney, Dr W Safdar, Dr E Shantsila, Dr K Wiltshire, Dr R Williams, Helen Garfield, Jackie Evans, Lynda Dando, Lisa Siembab

1. **APOLOGIES:** Dr S Parkinson, Dr R Kinsman, Dr F Martin, Dr S Pike, Dr J Rankin

The Secretary welcomed Dr Venables back from maternity leave and also welcomed Dr R Williams to his first LMC Meeting as an LMC Representative.

2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 18TH JULY 2019 BY THE VICE CHAIRMAN**

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

PSA Monitoring Enhanced Service – the Secretary updated that the Committee was concerned about this new national pathway and worried that the work would be unfunded. The Secretary has requested a LIS for this work and she asked Lynda Dando for an update on this. Lynda Dando agreed to feed this back.

Implementation of 2 Week Wait Templates – the Secretary updated that she has not received any feedback on these new templates from colleagues. Helen Garfield had agreed at the last meeting to look at how to get the old templates removed which has now been completed.

Cancer of Unknown Origin – the Secretary updated that contact details for this service were included in the last LMC Newsletter.

Representatives and Locality Areas – the Secretary updated that following a discussion on how the locality representatives represent their locality some

constituents have started copying their representative into their communications to the LMC, which will improve the experience and education of representations on particular issues.

All newsletters are now on Clarity Teamnet. An LMC pull up is now available to advertise the LMC at events.

Practice Manager Development Day – the Secretary and the Secretary for Herefordshire, Dr Dales spoke at this event to connect with the PMs. The presentation was titled “What the LMC can do for you”.

3. **MEMBERSHIP** – nothing to report

4. **CCGs** – Lynda Dando had emailed an update that Lisa Siembab shared with the Committee shortly before the meeting. Lynda picked out what the key issues of the update to talk to the Committee about. She did ask if anyone does use the contacts she has provided within the update to also copy her in for information.

Eating Disorder Services - Lynda highlighted that the issue around this service remains. The CCG are not compliant with NICE guidance and there is no shared care protocol in place. Dr Anthony Kelly is the lead for this as this sits within the Mental Health domain. He is meeting with the Trust next week and will feedback at the next LMC meeting. The LMC position remains that GPs should not take on this work yet.

PCE – Lynda updated that the intention is to have this a single contract across Worcestershire and Herefordshire from 1st April 2020 at £11 per patient. There will be a first draft of the new specification shared with the LMC in November 2019. It is important that the PCNs are aware of the new specification. There is still uncertainty around the funding and workloads and a need to ensure that the PCE Contract does not destabilise primary care. The CCG are continuing to work with the Primary Care Leads and those in Herefordshire.

The Secretary said that that GP Provider Board are very willing to engage as are the LMC.

Jackie Evans asked if there is any opportunity for the lost PMS monies to come back into general practice via the PCE. Lynda responded that the big challenge for the CCG is that their primary care allocation was not sufficient to cover the GP contract and the gap is huge at £3.6 million. They do not have sufficient monies to cover the Additional Roles Reimbursement via the PCNs at present.

Helen Garfield also asked about the Additional Roles Reimbursement underspend and Lynda responded that the CCG do have the opportunity to open up unspent PCN monies to other PCNs. The Secretary commented that individual conversations need to be had at PCN and practice level where there is an underspend. The Vice Chairman commented that this money should not go back to the centre and should always remain in general practice in whatever way possible.

Enhanced Services – the Secretary updated that Worcestershire are breaking even and Herefordshire is in deficit and, therefore, Worcestershire will need to absorb this. She updated the committee that Lynda Dando has mentioned that in 2021 there is an option to have a different way of looking at Enhanced Services at PCN level.

Lynda explained that the PCN DES and the GP Contract Framework states that from 1st April 2020 CCGs should consider delegating the commission of local enhanced services and the PCE Contract to PCNs. This is to try to address the work around enhanced services and the CCG are exploring ways forward. She explained that having a set amount per head that gives some certainty for practices and this requires a lot more thought.

Claims Issue – the Secretary updated that the CCG issued a spreadsheet that showed the difference between EMIS searches and practice claims for quarter 1. The variance both ways is around £4,000. Lynda Dando commented that all practices operate different and read codes are interpreted differently and this exercise was to help practices ensure they are claiming correctly. The amount per head will be calculated using this EMIS searches method going forward so it is important for this to be correct. Lisa Luke has kindly agreed to spend time with the CCG showing the practice manager perspective on this.

Dr M Davies asked Dr R Williams why the CCG have not created a template for each enhanced service that will enable practices to get paid against. Dr R Williams responded that some of the templates are not user friendly and the IT Group are looking at improving these templates. Lynda Dando asked for any practices with good templates please share these with the Digital Group that Dr R Williams sit on.

Dr R Williams updated that these meetings are held monthly. The Secretary asked for the Committee to agree that all practices would welcome a standard template that they will be paid against. It was agreed that the templates will need to be cleared by the LMC with limited mandatory information. Dr R Williams agreed to take this back to the group and to keep the Secretary updated on this.

Safeguarding Reports - the Secretary asked for an update on the payment of Safeguarding Reports and how practices should invoice the CCG. Lynda Dando responded that they have to report to NHSE on their proposed approach to this in October 2019. The CCG have a lead working on an outline specification and this has been costed using the rates in the David Geddes letter. The CCG recognise they will need to find this money and this is going through various bodies for sign off and will come out as a draft shortly.

The Secretary clarified that practices undertaking safeguarding reports work will be covered by state indemnity and no additional cover is required.

FMD Software – the Secretary asked if the funding for this will be available as GPC has informed this is an IT allocation that the CCG holds. Lynda Dando responded that she has not heard anything on this and will feedback.

Trust Role Job Description - the Secretary updated that she has had sight of a Job Description for a new role that the Trust created for an Acute Interface Clinician. This role will be split between practice and trust work with a 50/50 split with the Acute Trust as the employer. The Secretary has a few issues with this model going forward. The GP will be based at various locations within the Trust. Lynda Dando asked for any comments. The Trust are seeking to recruit 10 of these posts across the Trust.

A long discussion on this continued as the Committee have concerns that this could seriously destabilise general practice. There are opportunities to collaborate with the Trust and share roles but this is a different way forward and this needs discussion with general practice. The Committee discussed if any practices have been approached to host these staff and none were aware of any discussions. The Secretary will discuss this with Mike Hallissey.

Lynda Dando agreed to feed all of the comments of the committee back.

Action: Lynda Dando to feedback the feelings of the Committee

Winter Pressures – the Secretary updated that Charmaine Hawker has discussed this with the Chairman as Chair of the GP Provider Board as it might be worth having some of this money go via a hub to divert patients away from the A&E. They are working on this.

5. **HEALTH AND CARE TRUST** – The Secretary updated that she had a meeting with Sarah Dugan recently. They had some interesting discussions and they are trying to find their place going forward. There is some mental health funding available and the ADHD Service is to be commissioned shortly. Specialist Consultant cover for eating disorder will also be established shortly. The Trust has had a bid accepted for a pilot to offer a Mental Health Worker per PCN in practices with a view to rolling this out across the county, if successful.
6. **STP/ICP** – The Chairman sent his apologies and, therefore, shared a lengthy update via email with the Committee. The Secretary ran through the update.
7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The Secretary updated that she has a meeting with Mike Hallissey scheduled.

Historical Letters – the Chairman has been informed by the Trust that there are a series of additional historical letters that need to be sent out to practices. It is thought to be a relatively small number and is likely to have minimal impact on practices. The Secretary asked for all to feedback if the numbers are greater. Dr M Davies commented that this should attract the same fee as the last exercise. The Secretary agreed to discuss payment for this work with Mike Hallissey and the CCG. A lengthy discussion continued regarding charged the Trust for this additional work caused by them not meeting their contractual requirements. The Secretary asked for a vote on how many people think we should be pushing for payment and all agreed

we should. The Vice Chairman commented that we need to propose this course of action to the Trust.

Action: The Secretary to liaise with the Acute Trust on delayed letters and raise the proposal to charge for delays beyond 30 days

ICE Requests/Reports – the Secretary updated on the outstanding issue where by any other practice staff who are not GPs cannot order and receive test results without a Clinical Supervisor. All of these tests results will go back to the named GP, who will need to review them. This is a Trust Governance Policy that does not understand the implications for general practice. There is a now a small working group looking at an IT solution for this. Simon Gartland is leading this and will feedback to the Secretary.

Rejection of GP Referrals – Dr R Williams raised this issue as there is an increasing number of proformas and this rises to the rejection of referrals. The Committee has discussed this many times and the Trust have agreed that they will never reject or downgrade a referral without talking to the GP first. Dr R Williams is suggesting a disclaimer on the foot of all referrals to state that they will not allow the referral to be rejected and this has been supported by MDU. This could also be included on ERS. The Secretary read out the referral disclaimer:-

The Secretary has raised an issue with Carl Ellson at the CCG relating to a recent colorectal referral leaflet which involved downgrading of referrals if a patient cannot make the first two appointments offered from urgent to routine. It states the GP should ask the patients about any holiday dates they may have when making the referral. There was a discussion around when a patient is away for the period of the 2 week wait and what the GP should do in this case to avoid these being downgraded or returned. The Committee are aware that downgrading of referrals should not happen without prior discussion with the patient's GP.

Action: The Secretary to escalate this

9. REGULAR ITEMS

- a. **NHS England** – the Secretary updated that there is a new Regional Team and our new RO is Dr Ken Deacon. Worcestershire is in a new footprint with Staffordshire and Shropshire. The Secretary updated on the new toolkit “Making GP a Great Place to Work”. We are already doing undertaking much of the work included in the action plan essentials and the CCG are aware of it.
- 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)** – Mr S Morton updated that he missed the August Meeting. The number of GPs across our footprint has increased but the number of partners has reduced. Dr Meeraj Shah is the new workforce lead for the CCG who is now in post. LWAB are looking to develop more portfolio roles. Dr S Morton has agreed to sit on the new Workforce Implementation Group. Dr J Rayner agreed to cover any meetings that Mr S Morton cannot attend.
- f. **Dispensing** – nothing to report
- g. **Out of Hours / NHS 111** – Dr E Penny shared an emailed update with the Committee. She also updated that Care UK are handing back the NHS/111 contract to WMAS in November. There has also been agreement to move back to Sorrell Suite and they are looking to find a different location for the Redditch service. Care UK have been asked to extend their contract.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – nothing to report
- j. **P.M. Groups** – nothing to report
- k. **Administration** – nothing to report
- l. **PAG** – Mr S Morton updated that he virtually attended the last PAG and there was only one case.
- m. **GPPB** – the Chairman has sent out a paper update on the Provider Board to all practices.
- n. **CIG** – the Secretary updated that there was a discussion at CIG about echos and limiting access to GPs. The Secretary has pushed back on this and she made it clear that new paediatric guidance was welcome but should not be used to block referrals.
- o. **PCNs** – there will be a seminar for our Clinical Directors that Shanee Baker is hosting around employment issues. There is some interest in this and a date is being agreed.

10. MATTERS ARISING

- i) **ROH “Referapatient”** – the Secretary updated that The Royal Orthopaedic Hospital are implementing a new referral system that is hugely time consuming and frustrating for GPs. This is for acute referrals only. They will still accept telephone referrals and the Secretary has pushed back on the switch over as it has a workload implication for general practice. Dr Anthony Kelly has responded that he agrees this is unacceptable and the Trust have agreed they will populate the system themselves.

Action: An article on this will be included in the Newsletter

- ii) **WLMC Group Meeting** – the Secretary has had a meeting with the Secretary of this group to look at the issues around why Worcestershire does not want to re-join. The outcome was that they will respond back with a cost effective offer to us.
- iii) **LMC Law Seminars** – the Secretary updated on two seminars that we are offering that are being hosted by Shanee Baker from LMC Law. The first is on 1st October and is titled “Problems in General Practice”. This is aimed at

those working in general practice. The second is titled "A Journey through the GP World" to be held on 15th October. This is aimed at trainees and newly qualified GPs.

- iv) **LMC Annual Dinner** – the Secretary updated that it has been decided to cancel the LMC Dinner due to low attendance numbers. A discussion followed around this and it was suggested we should all go for a curry following the January meeting on 28th January 2020. This will be discussed more fully at the next meeting.

11. COMMITTEES

- a) **GPC Committee** – Dr Simon Parkinson forwarded an update following his last GPC Meeting. Proposed Motions for the next LMC England Conference in November were tabled and discussed. Those motions to be submitted were agreed.

Action: Lisa Siembab to submit the motions prior to the deadline

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

12. NEW ITEMS

- 1) **Indemnity Cover, Flu Vaccinations and Safeguarding Reports-**
The Secretary updated on discussions around whether practice nurses are covered for the flu vaccinations they administer to practice staff. There was some confusion around this. All MDUs have now issued clear advice that they are covered, full advice has gone out to all practices. Helen Garfield has been advised that each member of staff can only administer 15 vaccinations and needs to seek further clarification from her MDU on this.

- 2) **Workforce Implementation Group, LMC Rep**

Dr S Morton has agreed to be the LMC Representative on this group. The Terms of Reference of the group were discussed and the value in attendance.

- 3) **Working at Scale Events for LMCs**

Lisa Siembab updated on this cross LMC away day scheduled for January 2020 for LMC Officers. A bid for funding has been submitted to GPDF to cover the cost of this.

Action: Lisa Siembab to update once the outcome of the bid is known

13. ITEMS B – Receive - Circulated

14. ITEMS C – For discussion

15. ANY OTHER BUSINESS

Backfill for Sickness

Dr Catriona Whyte has an ANP who is off with a long term sickness and the CCG will not provide backfill for them in the same way they would for a GP. It was agreed that with general practice employing more diverse roles this may be a bigger issue. There was a discussion around insurance cover that many practices have in place for this eventuality.

Sexual Health Service

This is now under the name WISH and has moved to Aconbury. The Secretary agreed to find out more about this and how to refer to include this in the MPU.

CLOSED MEETING

The Chairman closed the meeting at 21.45pm.