

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 October 2019 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr P Bunyan, Dr M Davis, Dr I Haines, Dr D Herold, Dr K Hollier, Dr R Kinsman, Dr F Martin, Dr S Morton, Dr S Parkinson, Dr E Penny, Dr S Pike, Dr D Pryke, Dr J Rankin, Dr C Whyte, Dr M Venables, Dr R Benney, Dr E Shantsila, Dr R Williams, Helen Garfield, Jackie Evans, Dr Anthony Kelly, Mari Gay, Mike Hallissey

The Chairman welcomed Mike Hallissey the new Medical Director for Worcestershire Acute Hospital Trust and Mari Gay and Dr Anthony Kelly from the CCG to the meeting.

The Chairman shared that this meeting is Dr R Benney's last meeting before her maternity leave. The Chairman also ran through the apologies.

1. **APOLOGIES:** Dr B Fisher, Dr W Safdar, Dr J Rayner, Dr K Wiltshire
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 19th SEPTEMBER 2019 BY THE VICE CHAIRMAN**

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

Trust role Job Description – the Secretary updated that Lynda Dando was going to feedback the feelings of the committee following the last meeting. Mari Gay updated that this has been feedback to the Trust and the advertisement is due to go out shortly. The CCG and the Trust are in discussions on the logistics of how these posts will work and they will wish to gain the views of primary care as part of this.

Acute Trust Delayed Letters – the Secretary has liaised with Mike Hallissey regarding this and this is an agenda item.

Downgrading/Rejection of Referrals – the Secretary updated that this was discussed at the last meeting and Dr R Williams suggested we should be put something at the foot of our letters to state that they do not have to complete

referrals forms. The Committee also discussed a colorectal leaflet at the last meeting. The Secretary has gained a legal view on this and reviewed all the guidance and this has been shared with Carl Ellson at the CCG. She read out the legal view to the Committee. She has also discussed with Mike Hallissey at the Trust that patients should be offered two appointments then contacted to arrange another. The legal advice makes it clear that 2 week wait referrals cannot be downgraded.

Dr Anthony Kelly responded that the CCG would recommend that the templates are used as this helps to aid the patient journey and the CCG would hope that the LMC would support the CCG with this. The Chairman updated that sometimes it is not possible to complete the form fully and having referrals rejected on that basis causes patients delay. Dr Anthony Kelly agreed to feed this back.

Action: Dr Anthony Kelly to feed back the views of the Committee on rejected 2 week wait referrals and to consider changes to the templates to indicate that a test has been ordered but is not yet available

There was a discussion about where a test is required to be ordered that there could be a tick box to say the test has been ordered by the GP. There was a discussion about how this could best be managed. Mike Hallissey agreed to take this back to the Trust and look at whether an administrative member of staff can email the practice to check a test has been requested if not on the form and to consider changes to the template.

Action: Mike Hallissey to feedback the views of the Committee

ROH “Referapatient” – the Secretary updated that there was an article on this in the newsletter. Use of this referral method is not contractual and the LMC’s decision with the CCG is to continue to send a letter with the patient. The Secretary asked for all to update their practices that completion of “Referapatient” after making the initial telephone call is not necessary.

Conference Motions – Lisa Siembab has submitted these for Worcestershire.

Working at Scale Event – Lisa Siembab will continue to progress chase this for a decision.

3. MEMBERSHIP

The Secretary updated that Dr Helen Ray is now working in Gloucestershire and has stood down from her co-opted role as one of the Non-Principals representative for South Worcestershire. Dr R Williams updated that Dr R Fanous is now a principal. Lisa to liaise with him to confirm this.

Action: Lisa Siembab to liaise with Dr R Fanous

4. CCGs

Elective Care Pathway Pilot – Mari Gay updated on a pilot for elective care patients who have passed 26 weeks who will be offered choice to move to a different hospital to speed up their elective care treatment. This was in the manifesto and the long term plan and needs to be in place for all specialities by April 2020.

This is a massive piece of work and there is no process for patients to move to the private sector. There are many issues such as how we access capacity level data and where the medical responsibility lies. It has been agreed regionally whilst Nottingham is going through a pilot. Each STP will test one pathway and Worcestershire have chosen urology at the Worcester Royal Acute as there is a need to build capacity and there are already subcontracting talks in progress due to the long wait times.

The learning from Nottingham is that very few patients have taken this up and understand it. We are starting in December with urology and the preferred provider is Spire. There are some administration costs to absorb which is difficult for the CCG at present and there needs to be robust governance in place.

The CCG has pushed back strongly on this as this will be impossible to implement by April 2019. For the pilot phase there will be one provider for patients post 26 weeks. Once the full roll out happens there will be a regional capacity hub in existence to offer choice to those patients on the waiting list. The CCG are not planning a referral management centre. There will be more communications regarding this to primary care in due course.

CCG Merger – Mari Gay updated that the CCG have been approved as low risk for the proposed merger. This gives them the mandate for a merger CCG across Worcestershire and Herefordshire with a place based structure retained for Worcestershire. The Secretary asked for the LMC to be involved in this process and Mary Gay responded that the LMC will be involved in any constitutional changes.

MSK Waiting Times - the Secretary asked for an update from Dr Anthony Kelly regarding MSK waiting times. The LMC has learnt of over 20 week waits and this is unacceptable. Dr Anthony Kelly responded that the service is not properly resourced and the wait times are breaching the agreement with the Health and Care Trust.

Dr Anthony Kelly also updated that the Health and Care Trust have employed 3 members of staff and an additional 3 full time equivalents to try to bring the wait time down to free up capacity to take patients away from outpatients and focus on elective care. This is unlikely to be enough. The Chairman updated that the community physiotherapists are sending patients back to their GP to order scans etc despite the APs having access to order these. Dr M Davies issues over patient safety with increasing wait times for a scan. A discussion followed regarding waiting times for scans.

Action: Dr Anthony Kelly agreed to take this back and feedback at the next meeting

Shared Care Agreements – the Secretary asked if we could discuss this issue as we now have a safe prescribing LIS for GPs to use but we do not have any shared care agreements in place. Mike Hallissey commented that he has shared this with his Consultants and he is engaging with them on this. Once it has all been agreed it can be implemented there are just a few issues to be resolved first.

Eating Disorders – Dr Anthony Kelly updated that the adult service is not yet established and there is no interim service at present. The children's service, however, is up and running.

It was agreed that all quality issues should continue to be reported via Datix.

Safeguarding LIS – the Secretary asked for an update on the safeguarding LIS as practices can now be paid for this work and the CCG has suggested £30 per patient report plus £5 for a children safeguard summary. Other areas are being paid a much higher rate per report and some are being given a variable rate depending on the time taken to complete the report. The Secretary asked for this to be feedback as this figure is too low and not consistent with other areas.

Action: Mari Gay agreed to feed this back

The Secretary asked for an update on a range of potential enhanced services such as the monitoring and prescribing for Bariatric Surgery patients, renal monitoring for hepatitis and PSA Monitoring.

Action:- Mari Gay agreed to feed this back for an update

7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The Secretary updated that she met recently with the Mike Hallissey, Medical Officer at the Trust. He has been in post since August 2019.

Mike Hallissey updated that wants to ensure that the relationships work well between primary and secondary care and he is willing to try to sort out some of the existing issues around communication. The Trust is looking to get an electronic system in place that will interface with EMIS to share data more easily. This will resolve many of the problems that have been expressed during the meeting to improve communication. He is hoping to have this system implemented in the next calendar year. He has set a challenge that he wants all letters out 10 days after typing and this will be a key performance indicator for the Trust.

The Secretary asked for clarity on the recent batch of delayed letters and Mike Hallissey commented that these were discovered as part of the above piece of work. There is a backlog of typing to be addressed in some specialities. He also confirmed that the reporting on letters will be consistently monitored moving forward.

The Secretary asked for clarity and agreement on whether any letter over 3 months could be charged at £8.20 per letter to the Trust. Mike Hallissey agreed that any letter where significant work has been undertaken can be charged for, although the Trust is not prepared to pay GPs to clear a backlog of their normal work. Dr R Kinsman suggested a “finder’s fee” for those letters where potential harm could be prevented to incentivise GPs to report these cases via Datix.

The Chairman reiterated the previous circumstance and how the £8.20 was arrived at and how this circumstance is different and it was agreed that a payment based on a sessional rate would make more sense. The Chairman asked for a show of hands with the way forward suggested. Everyone was comfortable with this approach and the approach was reiterated as:-

Anything delayed more than three months that takes significant GP time and is reported via Datix ie a discharge letter.

Action: Lisa Siembab to establish how we invoice for this work

The Secretary thanked Mike Hallissey for helping to sort out a raft of other issues such as other primary care professionals ordering on ICE. A document setting out the governance arrangements for staff working under /with GPs will satisfy the Trust and this is being worked up with the CCG. This will allow named individuals to request and receive test results in their own name.

Consultant and GP Twining was felt to be a good idea with Consultants and GPs spending a half day shadowing each other. This came out of the visit to Wessex LMC. Mike Hallissey agreed to look at taking this forward.

The Secretary thanked Mike Hallissey for attending the meeting.

5. **HEALTH AND CARE TRUST** – nothing to report
6. **STP/ICP** – The Secretary updated on Fellowships as she recently attended a meeting with the CCG as they have established a budget for fellowships on portfolio working although at present this is only for newly qualified GPs. There is a focus at present on providing education type roles as there is an appetite for that within the GP population. She is also hoping we can provide something for mid career GPs.

Dr F Martin updated that the First Five Group is very strong and information is being cascaded down.

The Secretary updated on a Mentoring event that she recently attended that went really well. Mentors have now been matched with mentees and anyone can access this service.

The Chairman updated that the STP Executive Forum Meeting was held recently which included looking at the budgets for Herefordshire and Worcestershire. They

are beginning active engagement with the PCNs and are starting to talking to them about the clinical areas that will be in the PCN contract next year.

9. REGULAR ITEMS

- a. **NHS England** – Gill has a meeting scheduled with Ken Deacon our new RO for the new footprint we are included in.
- 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** – Dr R Williams updated that there is some new funding available for mental health. Wyre Forest, Rurals and Herefordshire are in a pilot using EMIS with a view to rolling the model out.
- d. **Education** – nothing to report
- e. **LWAB (Local Workforce Action Board, formerly LETC)** –The Chairman updated that the GPPB may wish to speak to Dr S Morton regarding his attendance at LWAB on their behalf.
- f. **Dispensing** – Dr J Rankin raised the electronic prescription service (EPS R2) and the need to support dispensing practices who may be cajoled by CCG's into signing up for the Rollout2. The DDA is of the view that there is a significant risk in losing dispensing patients. Some CCG's have told practices that EPS is part of their NHS Contract; this is not the case. The Vice Chairman's practice has gone live and his feeling is that they are not losing large numbers of dispensing patients. Repeat dispensing is better but active nomination is not yet available for dispensing doctors. The software and the licensing is costly and practices have not been offered financial support although pharmacies have for EPS.

Action: The Secretary to include a newsletter article on this to reiterate to practices that this is not contractual

The Vice Chairman raised an issue on having to review all patients on a ranitidine as there is a supply issue and there is a significant work implication to this.

The Secretary updated on the new Community Pharmacy Contract that will change the way pharmacies run. It is a new 5 year contract. The Secretary picked out the key issues. There was a discussion regarding how this may work in practice. The Secretary is meeting with the Chief Officer for the LPC, Fiona Lowe, to discuss the plan to implement this. The Secretary asked if anyone would specifically like to get involved in this and Dr J Rankin volunteered in addition to the Vice Chairman.

- g. **Out of Hours / NHS 111** – Dr E Penny updated that WMAS is taking over this service from November.
- h. **Non-Principals Group** – nothing to report

- i. **Registrars** – Dr E Shantsila updated that trainees are routinely being offered positions by the Acute Trust and he knows many registrars that do not want to break links with the trust. However, many registrars would like to undertake locums in a GP practice. There is an issue of indemnity as they are not qualified to work in general practice.
- j. **P.M. Groups** – nothing to report
- k. **Administration** – nothing to report
- l. **PAG** – nothing to report
- m. **GPPB** – the Chairman updated that the Provider Board remains significant as it is important to have a unified voice and the next meeting is with the Clinical Directors to work out how they want the board to relate to them and establish a working relationship. Dr R Williams commented that the Provider Board should be about filtering out the strategic stuff for the PCNs. The new ICS contract is about levels of integration.
- n. **CIG** – the Vice Chairman updated that there was a discussion on open access to echo rapid at the last meeting. There is a shortage of Cardio Technicians and therefore GPs can only refer for heart failure otherwise refer via advice and guidance. Objections were raised regarding further restrictions on the GP's ability to order tests

The Vice Chairman also updated on a few other issues.

- o. **PCNs** – nothing to report.

10. **MATTERS ARISING**

- i) **Flu Vaccines for 2020-21** – the Secretary updated that there guidance on ordering for next year which has changed from this year. There was a discussion on this. Pharmacies have their appointment times on EMIS and practices need to do the same.

Action: The Secretary to include in the newsletter

- ii) **GPDF Workshop** – the Secretary updated that she attended this workshop to find out more about how GPDF works (its role and function) as we pay our levy to them and want to ensure good value for money for our GPs.
- iii) **Wessex LMC Visit** – The Secretary and Lisa Siembab visited Wessex LMC recently to see if we could learn anything from them. The Secretary ran through some of the things they are involved in. The general feeling was that we are providing many of the same services to our constituents, on an often restricted budget!
- iv) **LMC Law Event** – It was suggested that future trainee/newly qualified events should be scheduled outside of term time.
- iv) **Mentoring Event** – this was covered above.

- v) **LMC Curry Night** – the Secretary asked if Committee Members would be interested in an Annual Dinner in January as we have yet to have one for this year. The Swan at Whittington was suggested and agreed to host the January meeting following by a meal.

Action: Lisa Siembab to organise

11. COMMITTEES

- a) **GPC Committee** – Dr Simon Parkinson updated on the last GPC Meeting.
- b) **GPC England and UK** – nothing to report

12. NEW ITEMS

Community Pharmacy 5 year contract

This was discussed above under section f. dispensing.

Notification of Death Regulations 2019

The secretary updated on changes to the regulations that came into effect in September 2019. The change is the requirement to notify the Coroner in writing. GPs can still have a conversation with the Coroner's office but will need to follow this up in writing. The Secretary is arranging a meeting with the Coroner.

13. ITEMS B – Receive - Circulated

14. ITEMS C – For discussion

15. ANY OTHER BUSINESS

CLOSED MEETING

The Chairman closed the meeting at 22.20pm.