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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 28th November 2019 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr F Martin, Dr E Penny, Dr S Pike, Dr R Kinsman, Dr M Davis, DR D Herold, Dr E Shantsila, Dr D Pryke, Dr S Morton, Dr K Hollier, Dr P Bunyan, Dr I Haines, Dr J Rankin, Dr J Rayner, Dr C Whyte, Dr M Venables, Dr W Safdar, Dr K Wiltshire, Lisa Luke, Leah Jones (observing)

1. **APOLOGIES:**, Dr S Parkinson, Dr R Williams, Lisa Siembab
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 17TH OCTOBER 2019 BY THE CHAIRMAN**

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

Two Week Waits - Dr Anthony Kelly fed back views of committee on the rejection of 2 week waits, as it was agreed there should be a tick box on referral form to say the test has been ordered even if results not available. Mike Hallissey was willing to consider emailing practice if results were not present at the time of referral.

MSK Referrals - the LMC had concerns regarding the 16 week MSK wait time – this is to be discussed under the CCG section.

Safeguarding –Worcestershire and Herefordshire LMC have jointly requested a fee of £100 per report to include parent and children’s reports across both counties for this enhanced service. Wyre Forest practices already receive a LIS for some safeguarding work and the CCG have stated this will need to be reviewed .

Enhanced Services – the Secretary updated that she is awaiting feedback regarding various enhanced services including Bariatric post surgery monitoring and the monitoring of PSA results, hepatitis screening etc.

Delayed letters from the Acute Trust

An email has gone out to all practices with the details of how to invoice for the delayed letters and practices need to submit these on Datix.

Dispensing Practices – the Secretary updated that there was an article in the last newsletter regarding EPS.

Annual Dinner – this was agreed at the last meeting to be held in January at the Swan with the first hour 7.30-8.30pm as the meeting to be followed by dinner. A private meeting room has now been booked for this.

3. **MEMBERSHIP**

The Secretary updated that as Dr Fanous is now a partner he has stood down from his representative role on the LMC. It has been agreed by LMC Officers that one Salaried Representative, Dr Waqas Safdar is sufficient.

4. **CCG**

MSK - The Secretary updated on the MSK review following discussions. They have looked at urgent and routine waiting time as there is currently a 14 weeks wait for South Worcestershire, APP 13 weeks, Wyre Forest 2 weeks, APP 8 weeks, Redditch and Bromsgrove are well within performance standards, Dr D Pryke commented that there is currently a 2-3 month wait.

The CCG have updated that 3 new APPs that have been recruited with a further 3 more to follow. The scheme and waiting times are now being closely monitored. The Health and Care Trust feel that the current model not sustainable. The PCN want to recruit Physiotherapists. Dr M Davis commented that the CCG MSK scheme is not being developed further and greater clarity needs to be sought on MSK provision. Concerns were voiced that without the MSK scheme, GPs were unable to access diagnostic MSK scans. The scheduled roll out of self referral to physiotherapy has been suspended as there are insufficient physiotherapists. Practice based physiotherapy are unable to request imaging or refer patients onwards. More information is required from the CCG about the future of the service.

The Vice Chairman asked why this is unsustainable as there is funding available and why they are unable to deliver the service. The committee agreed that the H&CT appeared to be in breach of their contract and should be held to account by the CCG.

Ordering on ICE – The Secretary updated that this remains an issue . Non medics are unable to order or report on ICE and this is now being taken forward with the CCG agreeing to work on a governance agreement to provide assurance to the Trust which the LMC will review. Many practice already have protocol in place for mangaging results and a buddy system so the arrangements should refer to these.

Lisa Luke asked for the Acute Trust's governance protocols, if a consultant is off sick their results are not viewed.

CCG Constitution – Dr D Pryke raised concerns on behalf of his colleagues and the role of the practice clinical representative was discussed. The proposed CCG constitution details the requirements of the role which are extensive.

The Secretary asked for permission to request that this is resourced, the Chairman strongly requested that all practices send a lead GP to AGM. The LMC want commitment to funding this role to be added to constitution, the Chairman commented that this needs to be flagged as mandatory to ensure GPs are paid. The Secretary's key concern is regarding the CCG being mandated to liaise with the LMC and this needs to be in the document.

The LMC must submit their response by 3rd December 2019.

5. **HEALTH AND CARE TRUST**

The Secretary has spoken to the Trust regarding CAHMs, as there have been new examples of inappropriately rejected referrals. There are concerns regarding the number of rejections locally and nationally, 25% more appointments cancelled this year compared with the previous year. The workforce is lacking and their criteria is being reviewed by the H&CT. The Medical Director has said that money is being invested but there is a lack of workforce.

The old age mental health team are asking for excessive information from the GP most of which could come from a relative or carer if consent was given on the form. Referrals are being rejected if ADL are not included. The Secretary has discussed this with Sarah Duggan and has suggested that the ADL be obtained from a carer/next of kin with consent. It was suggested that as they have 1 hour with the patient they could complete this information and the Chairman commented that they should not have to submit additional information.

Dr M Davis commented that GPs should write back and say we have referred this patient therefore it is your clinical responsibility and you should not be closing the referral.

Action: The Secretary will raise with Sarah Duggan the concerns around mental health services

Dr S Morton expressed a concern as he was being asked to sign a CD book for Wyre Forest Ward as a community hospital and received an email from John Morrison and Kirsty GP lead, asking GP's to sign CD book with no oversight. Dr S Morton refused to sign as the nominated GP should have oversight of the Wyre Forest ward.

Action: Dr S Morton agreed to forward the emails to the Secretary

An issue was raised regarding adults with an eating disorder as secondary care should be monitoring bloods in these patients. GPs do not have the training or secondary care multidisciplinary support to do this as an enhanced service. The Secretary has had a practice contact her regarding ECGs and bloods being

requested before a patient would be being seen and she has advised practices against ordering tests in advance of the patient being seen or indeed afterwards. There is no medical monitoring service in place and concerns have been escalated. The medical director at the H&CT is in the process of ratifying a psychiatrist post to oversee and carry out the medical monitoring service for these patients.

6. **STP/ICP**

The Chairman updated that there has been a meeting of the System Implementation Group but as yet the PCNs have not been included. There is money for quality improvement and there may be funding available for backfill. It has been suggested that urgent emergency care liaise with PCN's to develop an Emergency Care Hub instead of external access. There was a motion carried at conference to get rid of external access.

It is in the job description of the Clinical Directors to attend strategic meetings, but they are currently overloaded and under a lot of pressure and there are around 20 workstreams .

There is a workforce initiative focused around PCNs and GPs can apply for a grant of £3000 to develop portfolio roles that will work well within PCNs. The Chairman commented that they need to be flexible and not have lots of boxes to tick.

7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST –**

The Secretary updated on the new strategy document that states the Acute Trust will lead the ICS provider alliance. The LMC and GPPB will challenge this stance at the strategy role out meeting in the next few weeks.

8. **REGULAR ITEMS**

a. **NHS England**

Some practices may have received a screening and immunisation ES, that has picked up that children are not attending for vaccinations and there needs to be robust systems in place. There is no bulk extraction of data. The Chairman commented that is it payment by results or payment for chasing people up. This is a draft document at present.

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)**

Dr S Morton updated that there is positive talk about the University in Worcester progressing well for Medics, PA's being placed and prescribing coming but no definite date. Worcester University also has Nursing Associate training starting soon.

GP numbers are static and they are looking at recruiting more. The Workforce Group are focusing on how we make General Practice attractive as a career with sessions such as the mid career GP event.

There is a meeting on the 4th December for mid-career GPs to encourage retention. Dr S Morton is attending. Dr S Morton asked if we should have practice nurse representative on the LMC. The Secretary responded that the LMC does support the Practice Nurse workforce and has regular update from Nina Lealan. Dr E Penny commented with the increased more diverse workforce where we draw the line. The committee discussed this and agreed that we would not have a nurse representative on the committee.

- f. **Dispensing** – nothing to report
- g. **Out of Hours / NHS 111** – Dr E Penny was unable to attend the last meeting, although the minutes of this meeting on the 8th October stated there was an improvement in the service. R&B is being moved and we are waiting to hear more. The NHS111 Service has now transferred to WMAS on 5th November 2019. Dr W Safdar commented that he had heard positive comments regarding the workforce with more being recruited with more positive working conditions. NHS111 booking GP appointments direct will be happening soon starting with 1 appointment per 3k patients. The Vice Chairman commented that only a handful of practices use front desk not EMIS appointments putting pressure on those practices to use EMIS for appointments creating extra work. There is no obligation on practices to change their systems.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr E Shantsila updated that Safeguarding level 3 completion is now required by registrars as part of their final sign off and the CQC are not happy that Registrars are not having face to face training The Secretary discussed guidance, and she will write to Fiona Kameen to obtain the facts and also check with CQC for ST1 and ST2 training. Dr E Shantsila to email the Secretary regarding the requirements.

Action: The Secretary to discuss further with educators and challenge this
- j. **P.M. Groups** – nothing to report
- k. **Administration** – nothing to report
- l. **PAG** – the Secretary attended the last meeting as there were 2 local GP's.
- m. **GPPB** – provider board to support CD's.
- n. **CIG** – the last meeting was cancelled and the Secretary is attending the December meeting. Anyone can attend they are held on the 3rd Thursday in the month.
- o. **PCNs**

9. MATTERS ARISING

- i) **Nigel Huddleston MP Letter** – the Secretary circulated a letter from the MP regarding investment into Adult Social Care. She discussed her reply highlighting the need for a move of resources from hospitals to general practice where workload is transferred. The Secretary has written to all 3 MP's across the county to push forward the general practice agenda in upcoming elections.
- ii) **West Midlands LMC** – The Secretary and Bob Morley, the Secretary from Birmingham LMC have met to discuss re-joining this group. The WMLMC have rejected proposals to improve efficiency and running costs of the group. We can re-join this group at any time.
- iii) **GPDF Development Day and GPDF Levy** – Lisa Siembab and Maggie Edwards, the Executive Officer for Warwickshire and Coventry submitted a bid for development money as part of their call for applications to support LMCs with development work. Unfortunately, our bid was rejected, although following a conversation with Bob Morley it transpired that our bid was not actually considered. There were 6 bids received in total and all were rejected. There was an administrative error! It appears that we shall now receive sponsorship monies to host the planned event. The Secretary is not happy with the process and has raised concerns. Greater clarification is required on how the GPDF spend the levy.

11. COMMITTEES

- a) **GPC Committee** – Dr S Parkinson sent his apologies.
- b) **GPC England and UK** – nothing to report

12. NEW ITEMS

No new items

13. ITEMS B – Receive - Circulated

14. ITEMS C – For discussion

15. ANY OTHER BUSINESS

a) Conference update

Due to the shortage of GP's there was a proposal to end routine home visits and to create a special visiting service so that GP's are still able to see complex patients. Conference voted to take it out of core contract. The results were very close.

There were concerns regarding QoF changes, a workable solution for the pension crisis and a motion for GPDF to use reserve to help LMC to support PCNs. The motion regarding PCNs was around are they doing what we want them to regarding workload etc. There was also a motion asking if we should we reject the current PCN model. This was lost.

b) Digitalisation of Medical Records

There will be funding available, practices should not pay for companies to do this.

c) Pensions

There was a pensions letter from Simon Stevens about pension tax and the impact on the NHS. The Government are not moving on this as yet but those who exceed the annual allowance will not be left out of pocket for 2019/20, NHS pensions will pay this amount back when you retire. Short term measure not long term solution. Key issue that needs resolving. More detail is needed on this proposal.

d) Community Pharmacy Contract

The Secretary and Dr J Rankin met with Fiona Lowe from the LPC regarding the new 5 year settlement agreement. There was a discussion around the key areas of the contract and how these might impact on practices. Dr Rankin and Herold and the Secretary will meet again with Fiona Lowe in January to plan an event for CDs and pharmacist reps in February with the hope of drawing up a standard operating procedure that practices and pharmacists can sign up to.

Dr J Rankin discussed flu, chemist have obligation to inform practices, they do not have up to date email addresses for all practices however the process is changing for next year. Looking ahead we need to inform practices of the new process when we have more information.

Action: The Secretary to request information on the new process for pharmacies to inform practices that a flu vaccination has been given

e) Palliative Care Nurses

The Chairman reported that R&B are losing a Macmillan Nurse and another nurse is off sick so there is only 1 in place. The Nurse from Wyre Forest is being seconded to R&B short term. A new nurse is only just being advertised for.

Action: The Secretary agreed to raise this with the Health and Care Trust

CLOSED MEETING

The Chairman closed the meeting at 21.45