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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 19th December 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 R Kinsman, Dr F Martin, Dr S Morton, Dr S Parkinson, Dr E Penny, Dr S Pike, Dr D Pryke, Dr B Fisher, Dr J Rankin, Dr J Rayner, Dr C Whyte, Dr W Safdar, Dr E Shantsila, Dr K Wiltshire, Dr R Williams, Helen Garfield, Lisa Siembab

1. **APOLOGIES:** Jackie Evans, Dr M Venables, Dr R Benney (maternity leave)
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 28th NOVEMBER 2019 BY THE CHAIRMAN**

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

Mental Health Services – the secretary has discussed this with Sarah Dugan. To be discussed under Health and Care Trust.

CD Book – Dr S Morton raised this at the last meeting. This has now been resolved.

Safeguarding Training for Trainees - Dr E Shantsila raised an issue about trainees being asked to complete level 3 safeguarding by the end of their training. The Secretary updated that trainees are not obliged to complete this prior to being placed with practices according to the guidance. She also updated that she has discussed this issue with Fiona Kameen. It was rumoured that at a CQC inspection in another region, a trainee had not completed level 3 and the CQC marked them down for this.

The secretary has stated the GPC statement on safeguarding training which given below:

“Following our concerns about the impact on practices of implementing safeguarding training guidelines, NHS England has confirmed that it does not set the training
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requirements for practice staff, and that under GP contract arrangements it is for contractors to ensure that their staff are adequately trained to a level that keeps them and the public safe. We have updated our practice training resource to reflect CQC and NHS England expectations on safeguarding training.”

The Secretary stated that the LMC stance is that as per the guidance trainees should be allowed to conduct their learning in this area gradually year by year with no expectation to complete training before placement with a practice. Dr F Martin updated that a FAQs document has recently been circulated by the Deanery .The Secretary asked for sight of this document. It was agreed by the Chairman that this needs to be closely monitored to ensure that CQC do not start to penalise practices for not having their trainees trained to level 3.

Action: Dr F Martin to forward this to the Secretary

Flu Vaccinations by Pharmacies – the Secretary updated that she has spoken to Fiona Lowe at the LPC regarding how pharmacies update GPs when they have vaccinated a patient. The LMC is currently developing relationships with the LPC and there is a new process for notification coming in for the Spring which the LPC will update us on.

Palliative Care Nurses – this will be covered under The Health and Care Trust.

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

3. **MEMBERSHIP** – nothing to report

4. **CCGs**

CCG Governing Body Chair - The Secretary updated that the CCG have a new Chair, Dr Ian Tait. He has worked with Herefordshire CCG and has a wealth of experience. He takes up the post in April 2019. The Secretary and the Chairman are scheduling a meeting with him.

CCG Constitution – The Secretary updated that a draft constitution document has been shared with the LMC. The first draft of the document did not mention the LMC, The Secretary has sought the view of LMC Law and amendments have now been made to the draft constitution. The Secretary shared the new wording with the Committee. The CCG have also agreed to include a dispute resolution process for practices that references the LMC. The constitution will go out to all practices early in the new year.

A discussion followed about how we work with the CCG and how this is resourced.

MSK Briefing – The Secretary updated that this was emailed to the Committee as pre-reading and there is a working group looking at MSK services as the CCG have recognised that the approach was wrong and that the service is not living up to expectations or achieving its original aims.

Front Desk – The Secretary updated that there is a requirement for practices to make a proportion of appointments available bookable for NHS111. Front Desk is an appointment booking system that at least four practices use within the county and this is not compatible with the NHS111 system to allow them to book the appointments. The Secretary has sought reassurance that compatibility has been fully explored prior to practices being required to make costly changes to their systems. The Secretary updated that the guidance is very clear that if the functionality of the current system used by a practice is not compatible then there is no requirement for practices to move over to a different system. We await a response from the CCG to this issue.

5. HEALTH AND CARE TRUST

The Secretary updated on the issue of insufficient palliative care nurses following a nurse leaving in R&B that has created a staffing issue. Sarah Dugan has feedback that they have recruited two nurses but have no start date as yet. Another nurse is on long term sick. The H&CT are having a focus session on palliative care at the R&B Alliance Board. A discussion followed on recruitment issues within the Acute Trust and their recruitment policies. Dr B Fisher raised an issue with recruitment of psychiatrists and lack of provision in Malvern.

The Secretary recently met with John Devapriam, Chief Medical Officer, who has now put us in touch with a range of specialist leads. Telephone meetings are being scheduled with the LMC Secretary to gain an update on each of the specialities.

John Devapriam also updated that the Trust is in the process of recruiting a series of staff for the Eating Disorders Team and the medical monitoring for these patients will be secondary care lead through that team.

A personality disorder service is to be established and a single service model for adults with mental illness. The Secretary ran through a number of updates around funding for various services.

6. STP/ICP

The Chairman updated that the last meeting was cancelled. A System Implementation Board is being established, these are monthly meetings with NHSE and NHSI around the lack of progress on the STP and the issues around urgent care.

A discussion followed on the Acute Trust and their CQC report outcome.

The Chairman updated that the Trust are seeing expressions of interest from the Clinical Directors for training. The Chairman will be attending a first virtual meeting of the SIB Quality Improvement Group representing as part of his Chair of the Provider Board role. He will then be able to fully understand what the offer is in order to take this back to the Clinical Directors who have already been asked if they are

willing to be contacted directly by Scott Parker the QI lead from the Trust with the offer.

7. WORCESTERSHIRE ACUTE HOSPITALS TRUST

The Secretary updated that she has a meeting scheduled with Mike Hallissey in the New Year and she agreed to take the messages from the Committee to him.

The Secretary has raised the issue of rejection of referrals on the grounds of using the old form or insufficient information being available and the downgrading of referrals when a patient does not attend with the Trust and the CCG. The Secretary sought a legal view on this from LMC Law earlier in the year. They have agreed rather than to reject a referral a GPs will be contacted and asked to complete the correct form or asked to order a test. There will be a 48 hour period to allow for this. They have also agreed to address issues with specific practices and not all practices. They have agreed to change the wording on their communications to request the referral form be completed.

In relation to the downgrading of referrals, the Trust have agreed that two week wait referrals can only be downgraded by the referring GP. The consultant must discuss any issues with the GP about the appropriateness of the referral. Following the discussion, the GP can resubmit the referral on a different pathway if that is agreed.

Dr R Williams raised an issue relating to dermatology referrals that was included on the Member Practice Update. It was felt that what was being suggested is unsafe and GPs are making a routine referral for something that they feel should be an urgent referral. The Vice Chairman shared that his practice have received an email that states that there is no routine dermatology referral pathway at present and they are only dealing with two week waits.

Action: The Secretary agreed to escalate concerns with the Dermatology Service.

8. REGULAR ITEMS

a. **NHS England** – the Secretary shared that she sits on the Special Allocations Scheme panel and many of these patients are vexatious. The individuals involved in this scheme are at greater risk of a high level of complaints and the Secretary has raised this with NHSE as there is nothing in place to protect colleagues from complaints which are then recorded on their personal file. Dr S Parkinson commented that previously there was a scheme for these patients. He agreed to escalate this with GPC.

Action: Dr S Parkinson to raise this with GPC

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)** – nothing to report
- f. **Dispensing** – nothing to report
- g. **Out of Hours / NHS 111** –The Secretary updated that the LMC has received feedback via a practice that NHS111 have a disposition that a patient must see a GP within an hour. It was agreed that patients sometimes may misinterpret the advice given over the telephone. The Secretary has a meeting scheduled with Jeremy Brown who is the Integrated Emergency and Urgent Care Director.

The Vice Chairman raised a further issue where WMAS are asking the GP to check something and this was hidden in the detail of their report. The Secretary agreed to raise this issue with them.

Dr E Penny asked if she could attend the meeting with the Secretary.

Action: The Secretary agreed to raise the issues raised at the meeting with Jeremy Brown

- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – nothing to report
- j. **P.M. Groups** – nothing to report
- k. **Administration** – Lisa Siembab reiterated the details for the January meeting at the Swan to include dinner. All the Committee are invited. It was agreed Lisa would share the menu so that we could pre-order. The meeting will be 7.30-8.30pm followed by dinner.
- l. **PAG** – the Secretary updated that she did attend the last PAG and despite it was a short attendance it is important for us to continue to attend these meetings.
- m. **GPPB** – the Chairman updated that the GP Provider Board met recently and are currently faced with a funding crisis. However, the CDs still feel there is a need for a single provider voice and a place for a Provider Board within the health economy. Federated general practice is also required. There needs to be decision made on how this will move forward and the form it will take.
- n. **CIG** – the Secretary updated that she did not attend the last meeting, but she did read the papers. She raised an issue with a new BPAS referral form that asks for a large amount of information from GPs. The Secretary feedback that patients should self-refer and that we must keep pushing back against additional workload that does not add value for patients when other organisations can gather this information.

The Secretary commented that she has raised issues with how CIG functions and this is being considered.

- o. **PCNs** – Dr R Williams updated that he is receiving many meeting invitations as a CD. There is a lot of investment in the development of PCNs and the CD role but also an expectation to take on a lot of additional work.

9. MATTERS ARISING

Minute: 5/840

GPDF Reduction in Levy

The Secretary updated that we have received a rebate in our GPDF Quota for 2018 and also a 25% reduction in the levy payment for 2019. This is very welcome and we can use these monies for the increased amount of meetings we are required to attend.

Minute: 5/696

Election News

The Secretary updated that the Government has committed to address the pension tax issue and there is a commitment for an extra 6,000 GPs and extended access is being looked at. The Queen's speech lacked much detail for general practice.

10. COMMITTEES

- a) **GPC Committee** – Dr S Parkinson gave an update on the last two GPC Meetings in November and December.
- b) **GPC England and UK** – nothing to report

11. NEW ITEMS

i) **Rent Values and the District Valuer**

Dr S Parkinson raised an issue that has been raised by other LMCs where practices are having issues with the valuation figure of their premises and NHS Resolutions have not been supportive. He asked if this was an issue for anyone locally.

Action: All to feedback to Dr S Parkinson is any issues with this arise

12. ITEMS B – Receive - Circulated

13. ITEMS C – For discussion

14. ANY OTHER BUSINESS

There was no AOB.

CLOSED MEETING

The Chairman closed the meeting at 21.37pm.