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## The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 20<sup>th</sup> February 2020 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

### OPEN MEETING

**PRESENT:** Dr D Herold, Dr S Pike, Dr G Farmer, Dr P Bunyan, Dr B Fisher, Dr S Morton, Dr R Kinsman, Dr J Rankin, Dr E Penny, Dr E Shantsilla, Dr J Rayner, Dr K Wiltshire, Dr M Davis, Helen Garfield, Dr R Smith, Kerry Bowman

1. **APOLOGIES:** Dr R Williams, Dr I Haines, Dr K Hollier, Dr M Venables, Dr W Safdar, Dr F Martin, Dr Pryke
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 9<sup>TH</sup> JANUARY 2020 BY THE CHAIRMAN**
3. **HEALTH AND CARE TRUST - CAMHS Presentation**

The Chairman welcomed Dr Rod Smith and Kerry Bowman from the Health and Care Trust Mental Health Service to the meeting and Dr Anthony Kelly as Mental Health Lead for the CCG. They introduced themselves and explained they had recently had a meeting with the LMC Secretary regarding CAMHS Services and it was agreed it would be helpful if they attended an LMC Meeting to outline their services and where they are trying to improve referral pathways.

Kerry Bowman, Clinical Service Manager for CAMHS outlined the services they are responsible for and those that come via SPA and those that have a separate a referral route.

They requested feedback on their services and how they can best meet our needs in order to make it as easy as possible to navigate their services.

The Chairman thanked them both for attending the meeting. The Chairman raised a few day to day issues with them. There is also a piece of work with schools their commissioners are working on although there are many layers to education and they are looking to address this.

There was a discussion about referral processes and how these can be simplified and a single access point as GPs cannot be expected to remember all of these referral routes. There was also a discussion about referrals being bounced back to the GP where it is being stated that the referral is not appropriate and to try another service. It would be ideal if the Trust could take ownership of referrals and pass it onto the appropriate service. The Chairman asked if the Committee could be involved in the redesigning of referral forms and this was agreed.

There was a discussion around capacity and the lack of posts as the Trust currently has a 50% shortage of substantive posts that are being covered by locums.

They reiterated that they wish to “hide the wiring” so that GPs can simply refer the patient provided they include the information required in order for them to make an informed decision about the patient.

It was discussed that schools should be making their own referrals into CAMHS and not signposting to the GP to make the referral. All GPs should direct these patients back to school to make the referral as they will be able to make a much more detailed and informed referral.

**Action: LMC Office to resend the information out to the education point of contact regarding schools referring into the umbrella pathway directly**

There were no actions from the last meeting.

4. **MEMBERSHIP** – The Secretary updated that Jackie Evans has stood down from the Committee and Meryl Foster has agreed to take up the role on behalf of South Worcestershire. Meryl Foster sent her apologies and will be at the next meeting.
5. **CCGs** – Lynda Dando and Charmaine Hawker have agreed to come to the next meeting to update on progress with Revivo. The Secretary ran through the main points of this. For Worcestershire this is the PCE, plus Herefordshire’s HOF. There is a £26m gap across the STP and the Primary care overspend is £4m and this will rise to £7.8m across the footprint in coming years.

Due to the prolonged contract negotiations the CCG have agreed the current PCE/HOF arrangements will remain in place until 30<sup>th</sup> June 2020 and this will remain at £11 per patient and Herefordshire will also receive this. The biggest change will be to address the overlap of the integration and emergency piece. The CCG will be far less prescriptive about what the meetings are to be used for and will not contract for a Neighbourhood Team Lead. This gives practices time out to think about what they want to do and is currently in draft at present.

The Secretary commented that Revivo is being designed to enable practices to undertake the PCN Network DES but there is a risk that this will be offered to PCNs and if a practice withdraws from the PCN they will struggle to survive financially.

Further down the line it will be more difficult for practices to withdraw from the PCN DES.

There will be a task and finish group that will look at the Enhanced Services. The LMC would like a GP to sit on this group plus a finance person to recount the services as this will create winners and losers across both counties.

There was a discussion around enhanced services and that practices can refuse this work and hand them back if they choose to.

The Secretary also updated on a few other issues such as an agreement with Denise Horton to have all local training opportunities on the LMC website although the LMC will not administer this. It is hoped that this will encourage more practices to access the LMC website. The LMC has also agreed that the CCG and LMC will jointly send a letter out to retiring GPs to thank them for their service with a link to trying to encouraging them to stay in general practice in some form.

There was an issue around data sharing for NHS111 for them to access practice appointments. A data sharing agreement is not mandatory and there was an article on this in the last newsletter with an alternative for practices that may not wish to sign up to this.

6. **HEALTH AND CARE TRUST** – The Secretary updated that their CQC inspection was good but outstanding for mental health. She commented that many practices could not access the service though. There was a recent media article that there is a plan to bring some outpatient services back to Worcester Royal and this is very complex.
7. **STP/ICS** – The Chairman updated that from November 2020 there is an expectation that there will be a community two hour urgent response team in place manned by a clinician. There is likely to be separate services for Worcestershire and Herefordshire. It is expected that the patient will be handed to someone who knows the patient so that additional workload is not created for practices with the intention of “make safe and sustain”. Resource must be agreed in order for GPs to take in this service.
8. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The Secretary updated an issue that was raised regarding referrals for urgent BCC as routine. There should be a formal response on this soon.

The Secretary had a meeting with Mike Hallissey and in January and she ran through some of the issues they spoke about. The discharge summary will be simplified with a single sheet on the front with the key action points. This will be sent out at the same time as the TTOs and this will be linked to EMIS.

Access to ICE was discussed and the governance that can be put in place within each practice to satisfy the Trust. However, since the meeting it seems that the Trust are not going to let non-medics use ICE and this will be a massive block to the additional roles within the PCN Network DES.

2 Week Waits are still being rejected and this has become very complex and restrictive. A letter has gone out to all practices stating that you must include the test results in order to complete a referral. This seems to contradict what has been agreed directly with the Trust. The Secretary and the Chairman are meeting with Simon Trickett next week to discuss this.

There is an issue with pregnant women receiving the flu vaccination and a requirement of the contract is for the Trust to inform their GPs. There has been a delay in providing this information and they are asking the practice to undertake a list of actions. The Secretary has asked what resources are available for practices to undertake this work on behalf of the Trust via NHSE and awaits a response.

There was a discussion about precautions practices should take around Covid9. Some members have been told that PHE undertake contact tracing and cleaning which will be funded, whilst others have been given conflicting advice.

**Action: The Secretary to get the latest advice for practices and share this**

## 9. REGULAR ITEMS

- a. **NHS England** – nothing to report
- 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 it is stated in the STP workforce plan that they plan to increase GPs in the NHS. There are plans to update the training hub website. There are a series of workforce programme and events planned. There will be a new GP Partner support team and the Wessex exchange model with hospital shadowing taking place. A Three Counties Medical School event is also being planned.
- f. **Dispensing** – Dr J Rankin updated on EPS and the majority of practices in Worcestershire have had the input from the team informing practices of how this will work. The key thing for dispensing practice is to at least engage with a view for switching this on for non-dispensing patients as the pressure will be increased from the CCG to do something. The Vice Chairman has switched this on for all their patients and the impact has been minimal. There was a discussion about whether this should be the LMC advice.
- g. **Out of Hours / NHS 111** – Dr E Penny updated that there was a slight dip in performance in the out of hours service but they are working on this and can provide an explanation as why this was. EPS is being rolled out soon and this will provide access to the care record although they cannot access EMIS easily.

The Secretary updated that she met with Jeremy Brown, Emergency and Integrated Care Director from WMAS/NHS111 recently. She discussed their dispositions around advising patient to contact their GP. The dispositions are set by the CCG. They have agreed to change their advice when speaking to patients to ask them to contact their surgery rather than the GP specifically and it will be up to your surgery on how to handle your call. They cannot change the deposition

- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr K Wiltshire updated that the snomed codes for EMIS are being changed when being inputted by GPs. Dr R Kinsman agreed to share something relevant on this.
- j. **P.M. Groups** – nothing to report
- k. **Administration** – nothing to report
- l. **PAG** – nothing to report
- m. **GPPB** – The Chairman updated that the biggest issue discussed was the outpatients issue and an update from Sarah Duggan on clinics. They are still working on an agreement between general practice and the Health and Care Trust. EMIS for community staff as part of PCNs will be using it.
- n. **CIG** – The Secretary updated that the CIG process is not going well. The points that have been raised by the LMC were not considered or discussed. The CCG are looking at all their meetings and we have communicated that it is not working. A discussion followed about LMC involvement in these meetings going forward.
- o. **PCN** – nothing to report

## 10. **MATTERS ARISING**

**GP Contract Update** - The Secretary updated on the new GP contract and the draft service specifications. The new specifications are better than the original versions. The Secretary and the Chairman ran through some of the highlights of the contract changes. The Secretary asked the Committee to consider the motions. It was agreed that those suggested should be submitted.

**Motions for UK LMC Conference** – the Secretary shared the suggested motions for the next LMC Conference. These were discussed and some were chosen for submission.

**LPC/LMC Meeting/Community Pharmacy Contract** - The Secretary updated on a recent meeting between the LPC, LMC and the Clinical Directors on their new 5 year Community Pharmacy Contract. The purpose of the meeting was to get some kind of agreement where we could work together with community pharmacies and PCNs.

## 11. **COMMITTEES**

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

**12. NEW ITEMS**

- i) Provision of Private Services – this was deferred to the next meeting.
- ii) Prospective Records Access – this was deferred to the next meeting.

**12. ITEMS B – Receive - Circulated**

**13. ITEMS C – For discussion**

**14. ANY OTHER BUSINESS**

**There were no AOBs**

**CLOSED MEETING**

The Chairman closed the meeting at 22.10pm.