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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 14th May 2020 at 7.00pm Via Zoom Conferencing

OPEN MEETING

PRESENT: Dr P Bunyan, Dr M Davis, Dr G Farmer, Dr I Haines, Dr D Herold, Dr K Hollier, 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 W Safdar, Dr E Shantsila, Dr K Wiltshire, Dr R Williams, Dr M Venables, Helen Garfield, Meryl Foster, Lynda Dando, Charmain Hawker, Lisa Siembab

1. **APOLOGIES:** Dr R Benney (maternity leave)
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 23RD APRIL 2020 BY THE CHAIRMAN VIRTUALLY.**

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

List of Co-optees – Lisa Siembab has shared a copy of the latest list of co-optees. These were approved. The Secretary commented that for the LMC to be more closely connected with the PCNs it may be a good idea if we co-opt a Clinical Director. Dr R Williams, although he is a CD, is co-opted in other roles. The Chairman shared that the strategic remit of the CDs may grow in the future and, as this is something the LMC have also always been involved in, it may be useful for us to have a greater link with the CDs. The Chairman asked for the thoughts from the Committee. No-one objected to having another CD on the Committee.

Action: Dr R Williams to ask the CDs who would like to join the Committee

3. **MEMBERSHIP** – See above.
4. **CCG**

Lynda Dando and Charmaine Hawker attended the meeting on behalf of the CCG. Lynda Dando shared that one of the main focuses for the CCG is the crisis in Care Homes and that, via the Daily Digest, the CCG have been adding the letters that outline the response to this. Worcestershire is in a good place as the CCG have been

commissioning a locally enhanced service for some time. Some requirements of the service include the need for a remote MDT Meeting with a link Nurse and a Pharmacist to understand medication reviews. We have a Covid Management Service provide by SW Healthcare. Learning disability homes are also now included in the requirements.

Lynda Dando further added that in many ways our local enhanced service reflects the requirements of the national DES but this does not come into place until 1st October 2020. There are some elements that needs to be in placed by 15th May 2020 and Dr Jonathan Wells is overseeing implementation of this locally. We are getting closer by the day to meeting this deadline and work is underway to ensure that MDTs are in place by October and the GPs know who those leads are.

The Secretary commented that this initially appeared to be the PCN DES brought forward and we are fortunate to be in a good starting position due to the current LIS. There is some additional funding being agreed for some aspects of the rquirements such as learning disabilities. Lynda Dando commented that most practices across the county are already signed up to a Learning Disabilities DES. The CCG has promised to ringfence the funding that is already being paid that is in addition to what is required nationally.

The Secretary asked for an update on testing in care homes. Lynda Dando responded that she has read a letter on this following the gold meeting earlier and that PHE are locally are now responsible for establishing this service. All of the existing testing has been largely driven by the CCG so this is a change. The portal goes live tonight but it is likely that there will be insufficient tests available for all staff and residents in care homes with only 300 available daily. There will be a prioritisation by PHE for these test kits. Any issues with regard to testing should be raised via the CCG COVID Incident Room email.

Lynda Dando raised the issue of what happens next as Covid-19 is going to be present for a long time and there may be an earlier second peak due to VE celebrations and the relaxation of rules. Consideration needs to be given as to whether general practices will see a spike in demand and how that is to be managed with the next flu season planning imminent. The CCG want to discuss this with LMC any changes to the model in the Amber clinics. The Chairman commented that any spike in general practice would be worrying as practices are now starting to see normal patient demand returning.

Dr J Rankin commented that his practice feels uncertain about how they plan for the new normal and how best to manage patient demand and their services. He asked if there is a group working on this for the CCG. Lynda Dando responded that there is a Strategy meeting that's remit is to look at restoration. Lynda Dando also commented that she would very much like to keep the conversation between the CCG and the LMC to drive this work forward together to stay ahead of this.

Dr M Venables commented that regular work in specialities such as blood pressure checks for pregnant women may be being missed and there needs to be some work done to understand what is and isn't being done by other organisations so that patients

do not slip through the net. The Secretary agreed and commented that this is a communication issue and asked that practices continue to report specific areas of concern to the LMC.

Dr E Penny raised an issue about out of hours as there has been no joint working between them and the CCG. Her clinical lead is keen to look at doing more joint working together and she highlighted the potential opportunities this may provide to avoid duplication of work. Lynda Dando agreed this was a good suggestion as the divide between the two is an artificial one.

**Action: Lynda Dando agreed to take this point back and to look at ways to engage OOH more in plans across the county.
Dr R Williams agreed to take this point to the CDs.**

The Secretary and Dr J Rankin both thanked Lynda Dando and the CCG for agreeing to the dispensing practices loan, this was welcomed by practices. This will be paid back in September interest free. Charmaine Hawker updated that the CCG is hoping to get the flowchart and process out to practices next week.

The Chairman thanked Lynda Dando and Charmaine Hawker for their continued support.

5. HEALTH AND CARE TRUST

The Secretary updated that the Trust are very willing and engaged around the care home requirements as there are lots of issues with getting the right data so that the work and funding can be explored. She also shared that the Vice Chairman has brought an issue in the H&CT to her attention this week. This relates to advanced physiotherapy services and a significant backlog of letter to GPs and orthopaedic consultants . There are now 1,000 letters outstanding and all urgent referrals or red flags are being prioritised. The Trust have promised to clear the backlog in 4 weeks. On average practices should only receive a couple of extra letters per week. They are changing their processes to ensure that this cannot happen again.

A discussion continued around this and how this can happen.

The Vice Chairman commented that the Trust has said they are only using WebX for their online communications with other healthcare providers. Dr R Williams responded that this is their preferred system and he has raised this with them as there are other systems that other parts of the health economy are using that are more effective.

6. STP/ICP

The Chairman updated that the ICS Executive Forum meeting is next Tuesday and this will focus on restoration of services. There is a NHSE mandatory exercise for them to complete a proforma on where they are in terms of restoration. The Chairman had been assured that 100% of referrals for 2WW are going through and it is hoped that routine referrals will be switched back on on Monday. General practice has not

been asked to take part as part in any ethical decisions as part of the Ethics Committee.

7. WORCESTERSHIRE ACUTE HOSPITALS TRUST

The Secretary updated that we are now over the first peak and we are heading towards the second phase: restoration. The capacity of the Trust was going to be reduced by 40% due to social distancing. However, this has now been eased slightly. ERS should reopen on Monday. This puts GPs in a difficult situation holding onto patients until they are able to refer. The aim is to build to full capacity by next Friday. They are building 20% capacity into the system for future demand.

Colleagues were asked to continue coding suspected Covid-19 cases in order to enable us to detect an earlier warning of any spike in new cases should this occur following the relaxed approach to VE day celebrations recently.

Dr J Rankin raised an issue around upper GI 2 week wait as it is not possible to refer for this speciality and there is a huge backlog. The Secretary acknowledged that the issue is partly that this is an aerosol generating procedure and there is some direction on this through the WM Cancer Alliance board. Dr R Williams updated that the Trust have shared that they have a backlog and they are looking at alternative imaging to minimise the risk, and how they can clear their backlog. Dr K Hollier also raised similar issues he has experienced trying to make urgent referrals. The committee remain concerned about the difficulties in accessing secondary care for patients who need urgent attention / treatment. The Secretary continues to challenge the current approach from the Acute Trust.

8. REGULAR ITEMS

- a. **NHS England** – the Secretary shared that practices have been asked to risk assess BAME Staff and there is information to be included in the Newsletter on this for those members of staff for practices.
- b. **Public Health/County Council** – the Secretary asked if the Committee would like Matthew Fung to attend a future committee meeting but it was felt not necessary at present
- c. **Federations** – nothing to report
NW Healthcare – nothing to report
SW Healthcare – nothing to report
Wyre Forest Health Partnership – Dr R Williams commented that Worcestershire has really started to work together through the CDs and this feels very positive. There is a co-operative approach providing a cohesive way of working and it is hoped this will continue.
- d. **Education** – Dr E Shantsila shared there are now plans to re-start exams for trainees in August to allow them to finish, however, this is very stressful as it is not known what the format will be. Many trainees have had their out of hours sessions cancelled due to lack of capacity. There are very few positions in this region for newly qualified trainees and there are only two at present. This means trainees will move out of our area. Dr F Martin commented that there

is a lack of GP Trainers and it may be a good idea to get retired trainers back. She will confirm if there is something that can go into the newsletter to attract more trainers.

- e. **LWAB (Local Workforce Action Board, formerly LETC)** – Dr S Morton commented that LWAB is on hold at present.
- f. **Dispensing** – Dr J Rankin shared an issue with electronic repeat dispensing and facilitating one month repeats as this is an issue for dispensing GPs. The Vice Chairman commented that GPs cannot repeat dispense to their dispensing patients but they can for their prescribing patients. Dr S Parkinson commented that he thinks this is an anomaly when the dispensing regulations were introduced. The Vice Chairman is attending a webinar next week on repeat dispensing where this issue may come up. The Vice Chairman has raised this with the DDA. Dr K Hollier commented that he has spoken to the Medicines Management Team on this and it needs to be implemented across the country with some support for the pharmacists.

Action: Dr J Rankin and the Vice Chairman will escalate this issue

- g. **Out of Hours / NHS 111** – Dr E Penny shared that there has been some good work going on making things more efficient and they can now look at patient's summary care records ensuring safer working. They are seeing their patient numbers reducing and they are coping well at present. Dr B Fisher shared that the EPS system in out of hours has the ability to tell the prescribing GP which local pharmacies are open. He has raised this at PCN level and this is being escalated by the IT team to bring this into day to day practice. Dr R Williams responded that this has been escalated to Jane Freeguard at the CCG who was unable to find out anything about this and asked for Dr B Fisher to share any further information on this so that the IT team can explore it.

Action: Dr R Williams to consider with IT group whether this can be used in practices.

- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – nothing to report
- j. **P.M. Groups** – Meryl Foster raised two issues with the LMC Office which were addressed prior to the meeting. PMs felt that it would be helpful for the PMs to share their experiences and best practice of working with hubs. This would be especially useful now the model is likely to remain in place until the coming flu season. The Chairman asked if Dr R Williams would be willing to escalate this to the CDs. Helen Garfield asked if all the red zones are not being fully utilised why would they remain in place until flu season. A discussion followed about the best model for general practice going forward.

Action: Meryl Foster and Helen Garfield agreed to take this forward with the Clinical Directors

- k. **Administration** – nothing to report

- l. PAG** – the Secretary updated that the last PAG was virtual and was very problematic.
- m. GPPB** – see below
- n. CIG** – nothing to report
- o. PCNs** – It was reiterated that there is a lot of learning and positive work that can and is being shared.

9. MATTERS ARISING

Minute: 5/700

GP Provider Board Structure

The Chairman updated on the history of the Provider Board and the increasing demand for GP input at ICS level and the links with the PCN body for Worcestershire. The GPPB now feel they need to move to take on a more strategic role this is being reflected through a change to the structure. The LMC will remain members of the GPPB along with CDs and it will cover both counties. Allied to this is securing the funding to continue this work to recognise their legitimate stake and their strategic function.

Dr R Williams commented that the Provider Board was set up before PCNs and there has been a struggle to fit all this together. Covid19 has taken the two counties in two different directions and Worcestershire providers have identified the need for an operational arm for the Provider Board that Herefordshire already has. The CDs feel that the Provider Board should focus on strategic information sharing but retain the operational focus at country level and have a forum for each county. The Board sees the LMC as essential and we need to work out how this all fits together. There needs to be funding from the CCG for all of this.

10. COMMITTEES

- a) GPC Committee** - Dr S Parkinson gave an update on the latest from GPC. He reported that some practices that have not signed up to the DES although all practices in Worcestershire have done so. The Nursing home component of the DES has caused many issues across England. GPC have sent out a survey about restructuring and there will be a discussion at the next virtual GPC meeting about the future and how things are funded going forward.

The Vice Chairman asked for confirmation that the next BH will not be open for practices. All agreed.

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

11. NEW ITEMS

- i) ICS Executive Forum – Key Learning and Transformational Change**

The Chairman covered this earlier. This Forum is focused on restoration, what has worked well for general practice, what would we like to take forward and what we would not like to return to.

Action: All to feedback any comments for inclusion

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 21.00pm.