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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 9th July 2020 at 7.00pm Via Zoom Conferencing

OPEN MEETING

PRESENT: Dr P Bunyan, Dr M Davis, Dr G Farmer, Dr D Herold, Dr K Hollier, Dr F Martin, Dr S Parkinson, Dr E Penny, Dr S Pike, Dr B Fisher, Dr J Rankin, Dr R Kinsman, Dr I Haines, Dr K Wiltshire, Dr K Ward, Dr C Whyte, Garfield, Meryl Foster, Lisa Siembab

1. APOLOGIES: Dr R Benney (maternity leave), Lynda Dando, Dr S Morton, Dr D Pryke

2. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 111TH JUNE 2020 BY THE CHAIRMAN VIRTUALLY.

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

Prescribing Dispensing Issue – The Secretary updated on the issue of dispensing practices not being able to dispense in the same way for their prescribing patients with long term stable conditions. Dr J Rankin shared that he has received a response from the DDA. Matthew Isom from the DDA has consulted with the Board on this issue and he has responded that repeat dispensing is part of the pharmacy contract and not part of the GP contract.

The Vice Chairman also shared that it is in the GP Regulations that we cannot undertake this activity and each time the patient collects their prescription the pharmacist should ask the patient a series of questions. There is no clinician present at pharmacies and, therefore, he has raised this issue with GPC as most dispensing practices and PCNs do have a Pharmacist. He has not received a response to-date.

Dr S Parkinson shared that there is an action on this as part of the GPC Pharmacists Group but there has been no progress to-date.

Practice Payments – The Secretary updated on the issue some practices experienced with the CCG payments. The CCG Finance Team are going to submit a report on the internal audits to the next CCPC Meeting. The CCG have asked for examples of other payment errors since the start of the merger and we have requested

these from practices. Helen Garfield commented that Aylmer Lodge have been treated very badly by this as their account was deleted on the system and they have experienced many issues that continued over several months. Their monies were paid into the incorrect account leaving them considerably out of pocket and vulnerable. It was felt that they should receive some level of compensation. The Chairman feels that someone from the CCG should join us at the next meeting to explain things more clearly in detail as some practices were so adversely affected. The secretary informed the committee that her request for compensation for this practice had been declined.

Action: The Secretary to ask for a representative from the CCG to attend the next meeting.

Face Coverings – The Secretary updated that this was covered in the last newsletter.

The Chairman asked if all were happy to sign the minutes of and these were signed off virtually**.**

3. MEMBERSHIP

The Chairman shared that Dr K Wiltshire and Dr E Shantsila have now both come to the end of their training and as such will be leaving their roles on the Committee. The Chairman thanked them both for their valuable contribution to the Committee and asked if they would be so kind as to seek volunteers for from the next cohort of trainees.

Action : To enquire about new trainee representatives.

4. CCG

Lynda Dando sent her apologies to the meeting.

Antibody Testing Service for Health and care Providers - the Secretary updated that the LMC and the CDs were not consulted on the costings for this before it was sent out to practices. They offered £3 per test. Some areas nationally have declined to undertake this as an enhanced service and see this as Public Health Work. The CDs decided this was not something they would take on at a PCN level due to the funding, therefore, it is an individual practice decision but it is clear that there are other considerations such as the counselling of patients that a HCA would have to carry out, capacity, time taken to carry out appointments. PPE etc. These concerns were communicated to practices.

The Secretary shared a traffic light model that other LMC operate to give practices an indication on the LMC view on a specific issue. For example, if the LMC give an enhanced service is green it is because we feel it is priced correctly and a practice would be able to make a profit, if it is amber it is something a practice could undertake if they wish and if an enhanced service is red we feel it is not something that practices should take on. This could do done at either an LMC or PCN/CD level.

CCG Meetings – The Secretary updated that we are still working out which meetings we need to be represented at as part of the new CCG footprint. We need to ensure that general practice is represented appropriately. The Chairman responded that we need to bring that back to the LMC in September once we know more about what these meetings are and their remit/scope.

Newly Qualified Induction Fellowship Event – The Secretary updated that the Herefordshire LMC Secretary and herself both presented a joint presentation at this virtual event. This was well received.

Primary Care Restoration Documents – The Secretary updated on an email that was sent out on 19th June asking for an E-declaration from practices to confirm they had a restoration plan in place and their CDs has signed it off. The CCG have commented that this was because they wanted a light touch and not have to have sight of each individual practice plan. The result is that the accountability for these plans are devolved to CD level. Dr K Ward commented that she has shared this anxiety but was reassured that as all these plans are based on the Worcestershire SOP this was a tick box exercise. Dr R Williams also commented that this enabled us to tick the box for NHSE, however, we need to ensure that the CCG do not transfer responsibilities and obligations to CDs.

Restoration – The Secretary updated on a meeting she has had with Dr George Henry where quality and safety issues were discussed and datix themes were reviewed. Lynda Dando has shared a document titled "Reporting Discharge Issues and Resolution Process". This is a flowchart for the process for reporting a quality or safety issue during restoration. Any issues are sent directly to the lead for that specialism within the Trust for them to respond within a set timeframe. Any specific issues around quality are also sent to the Quality Team. If the issue is not resolved this will flow to the Executive Team. It is not clear how this fits in with Datix and this needs to be clarified by the CCG.

Action: The Secretary to forward this document to the Committee

Flu Vaccinations – The Secretary shared that all have agreed this should be undertaken on a PCN basis and the LMC has requested additional funding for this as part of Covid-19 reimbursement. The CDs will work up the likely cost of providing the service and this will be supported by the LMC.

5. HEALTH AND CARE TRUST

The Secretary updated on LARCs payments and Public Health have agreed to maintain practice funding based on their 2019/20 payments for a defined period of time. She has also requested that the same approach be taken as we have agreed for Healthcare Checks paying the same as last year together with additional funding for practices that achieve over and above that.

6. STP/ICP

The Chairman shared two documents via email that are out in draft form. He commented that the LMC and the CDs need to ensure that general practices set their own restoration plan on our own terms.

7. WORCESTERSHIRE ACUTE HOSPITALS TRUST

The Secretary provided an update on the draft Standard Operating Procedure on both advice and guidance and access to urgent and routine elective services. Advice and guidance will support our Trust colleagues and help to manage demand if used appropriately, however, we should not be mandated to do. We should be able to refer in when we need to.

The Trust are suggesting that everything is referred via an Referral Assessment Service. The potential implications of this were discussed. We are awaiting the next version of the document which the CDs are heavily working on with the Trust and CCG. Dr F Martin commented that it would be ideal to have the name of the clinician who made the decision to not accept a referral and the reasons why on any that are not accepted. It was agreed this would be preferable to a direct rejection from an administration team. The secretary made it clear that a consultant cannot downgrade a referral without agreement from the GP and that referrals should still be able to be made as per recent NHSE/ I guidance.

Action: The Secretary to share the next draft with the Committee

Datix – The Secretary updated on an meeting with Dr George Henry to look at the issues raised via datix and to discuss how these are being addressed. It has been identified that there is a fundamental problem with access to the Datix reporting system which the LMC have highlighted numerous times. The committee agreed that it would be better if everything could go through on one process in light of the new process for raising issues during restoration. There have been 22 logged reports and these were discussed.

There are still some of the delayed clinic letters to be sent out and these should have been cleared by now. Poor discharge summaries were reported frequently and this remains a significant issue. The quality of the discharge summaries continue to be poor. There were issues with dermatology patients being discharged and GPs expected to take on that work when these patients should be referred to the community dermatology service directly. There continue to be DMC issues and CQC have raised issues with their service in Kent and there are questions being asked locally. GPs being asked to order diagnostics which is in their service specification. Urology remains a concern with patients being discharged with no PSA follow up and these patients risk being lost in the system. Psychiatric eating disorders service continue to be an issue with more requests recently to monitor blood test. This is too complex and requires too many services to have an enhanced service for this. This work is not appropriate for general practice and is out of most GP's speciality. The CCG are being told that the issue has occurred due to Covid and this is being looked at again. They have a clinical lead in place now and the cCG are seeking assurances around the service provision that is in place.

AEC – The Secretary updated on issues with requests to either review or take bloods via AEC. The CCGs are requesting regular audits to look at all these issues. The roles and responsibilities letter that was agreed between the LMC and the Trust is to be resurrected as this makes it very clear on the ordering and reporting of diagnostics. This needs to updated and recirculated to GPs and Consultants.

14 day Self Isolation Prior to Elective Surgery – the LMC has requested that the Trust advise patients to use their letters as evidence of proof of the need to self isolate if a letter is requested by their employer rather than asking them to see their GP.

Dr S Parkinson commented that other LMC are reporting that hospitals are also asking patients to self isolate for 14 days post discharge. A discussion on the restoration phase and how services are being switched back on followed. Representatives raised further quality issues and the Secretary promised to raise those directly with the Acute Trust. It was felt that it has become increasingly hard to get a positive and lasting outcome to quality concerns raised.

8. REGULAR ITEMS

a. **NHS England –** the Secretary updated on a meeting with Dave Briggs, RO, NHSE on local issues. The two main issues were the Covid reimbursement for practices as presently the CCG have only agreed to fund flooring replacement in clinical rooms and not corridors or waiting rooms. Dr K Ward commented that the reason given was that patients would be spending less time in corridors and waiting rooms and National Infection Control have deemed it not necessary. Dave Briggs has agreed to provide some assurance for practices about why this decision was made locally and their IPC lead will review the CCG's risk justified process and report back to us. The second issue is around FIT testing for colorectal 2WW and it was felt that the local referral protocol requiring GPs to hold off a referral until a FIT result is available is potentially causing a delay in the system. This could be requested at the time of the referral and the result obtained by secondary crae. Leicester and Nottingham have been doing this for the last 12 months and Dave Briggs has stated that he feels local pathways fit with the WM Cancer Alliance guidance. Fit testing is now being rolled out across the whole West Midlands region although we have lodged our concerns with it.

Discharge summaries were also discussed and the need to have these simplified. Dave Briggs commented that where this works well there is a really robust IT system sitting behind it.

Appraisal, when they return, will follow a national approach and will be simplified. The PAG process is being reviewed and Dave Briggs commented that NHSE have identified an issue with dealing complaints at practices level in the West Midlands and there is some talk of training at practice level to support the complaint process.

b. **Public Health/County Council** – the secretary updated on Health Checks and the good outcome we have achieved is that they have agreed to pay practices

for 2020-21 based on the 2019-20 level, however, if practices over achieve they will be paid for the additional work they have completed. They will also keep an eye on performance. The Secretary also updated on a recent issue with a CD being reporting in the media for communicating Public Health information to a practice. She has addressed this with the CCG to ensure that a CD will not hold sole responsibility for communicating outbreaks to practices which should be a PHE / CCG role. A policy now exists to support this view.

c. **Education** – Dr F Martin updated that there are 16/17 new starters for Worcester and 13/14 for Herefordshire for September and it was agreed this is a good level.

d. **LWAB (Local Workforce Action Board, formerly LETC)** – nothing to report

e. **Dispensing** – Dr J Rankin updated on an issue with delivery of dispensing medicines with practices having differing way of working prior to Covid19 and that practices cannot charge for delivery. Volunteers largely have taken on this role but the issue is how dispensing practices resume this service in the future as patients will have become accustomed to this work and having this level of service. Volunteers and internet pharmacies are also leaving medicines in a safe place although the regulations state that medicines should be handed to the patient. We need to look what our obligations are once we return to practice deliveries as we many lose dispensing patients if they do not offer the same service. Dr J Rankin agreed to discuss with the Vice Chairman and to take this forward. The Vice Chairman commented that his understanding is that internet pharmacies are permitted to put the medicines through the letterbox. A discussion followed on this.

f.

Action: Dr J Rankin and the Vice Chairman to feedback on this

g. **Out of Hours / NHS 111** – Dr R Williams shared information on 111 First. A new initiative by NHSE where anyone who wishes to present at A&E needs to go via 111 First to go through a triage process. CCGs need to have this all in place by the end of July. We are a test site by NHSE for this.

h. **Non-Principals Group** – nothing to report

i. **Registrars** – Dr E Shantsilla shared that the latest cohort of registrars are now qualified and are available to fill any vacant posts locally.

j. **P.M. Groups** – Meryl Foster raised a dispensing issue about DSQS and asked if anyone has any information on this for this year. The Secretary agreed to try to find out and respond on this.

Action: The Secretary to feedback on this

k. **Administration** – nothing to report

l. **PAG** – nothing to report

m. **GPPB** – the Chairman shared that their most recent meeting was spent discussing the draft referral advice and guidance SOP and they are awaiting the next draft. There is a formal Board Meeting next week.

n **CAG** – nothing to report

o. **PCNs** – Dr K Ward shared that the CDs are awaiting costs for the flu vaccinations for this year. The CDs are working with the Acute Trust and they are engaging with general practice. Dr R Williams also shared that they are

working on the Care Homes DES and they are having some good conversation with the Health and Care Trust. The Trust have provided good data on neighbourhood teams and their recruitment levels. Dr J Rankin raised a question about the Care Home LIS monies and whether this is ring fenced for home care work.

9. MATTERS ARISING

No Matters Arising

10. COMMITTEES

a) GPC Committee - Dr S Parkinson commented that 111 First is not a new idea and has been talked about before and was rejected by GPC on the basis that work would be bounced back to primary care.

GPC have sent out document recently titled "Learning from the Response to Covid-19 within General Practice in England". This will be discussed at the next GPC Meeting.
GPC have been informed that the Flu Vaccination guidance will be out shortly and there are some rumours about it being over 50s this year.

Dr S Parkinson also shared that no additional funding for General Practice has been signed off for Covid by the Treasury and there has been a lot of discussion about the new premises directives and the improvement grants section may be reduced from 100%. The replacement to the Exeter system is being looked at through PCSE which we should know more about soon.

b) GPC England and UK – nothing to report

11. NEW ITEMS

There were no new items

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 20.45pm.