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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 10th September 2020 at 7.00pm Via Zoom Conferencing

OPEN MEETING

PRESENT: Dr P Bunyan, Dr M Davis, Dr G Farmer, Dr K Hollier, Dr F Martin, Dr E Penny, Dr S Pike, Dr B Fisher, Dr I Haines, Dr C Whyte, Dr J Rayner, Dr R Williams, Dr S Morton, Dr W Safdar, Dr M Venables, Dr J Leach, Helen Garfield, Meryl Foster, Mari Gay, Chris Plant, Lisa Siembab

The Chairman opened the meeting and the Secretary introduced Dr Jonathan Leach OBE who joined the first part of the meeting to give an update on Covid-19.

1. CCG

Lynda Dando and Charmaine Hawker sent their apologies to the meeting.

Flu Vaccination Programme – Dr Jonathan Leach OBE – Dr J Leach gave the meeting a situational update on the national picture in relation to Covid-19. Across England there are 15 Local Authorities where cases are rising significantly. The three main issues are rising number of cases, testing and laboratory capacity issues. Thankfully, hospital admissions and death rates are not rising nationally. The significant concern is rising numbers and this is before the impact of children and university students returning is felt and the weather is still mild.

Dr J Leach then ran through the logistical issues around flu vaccinations and the possible Covid-19 vaccinations and how practices may think about delivering this.

Dr J Leach invited Mari Gay, who joined the meeting on behalf of the CCG, for her comments. She responded that at present there is no impact on hospitals from Covid-19 although many patients are now presenting with issues that should have been addressed earlier in the pandemic and walk ins are also increased.

NHS111 are very busy and they are struggling to cope with patient demand. Trusts are being asked to restore services across all specialities back to 100% and this is a difficult balance to strike with increased demand and the continuing risk. The STP are

focusing on cancer restoration and diagnostics and addressing the long wait in elective care. All other services do also need to return to normal where possible. In a second wave the CCG would look to reduce Trust services by 50% as opposed to a total stop as at the beginning of the pandemic.

There was a discussion about there being a general perception that primary care is “closed” and in relation to GPs seeing patients face to face.

The Chairman commented that it would be really helpful to know which services fall into the 50% that could be stopped if necessary and Mari Gay agreed that once the list is agreed this will be shared.

Mari Gay updated that a communication in the form of a series of letters have been signed off to go to those patients who have just been referred to specific specialities in order to create a single waiting list. There are patients waiting on private hospital lists and it should all be one list. A clinical prioritisation framework is being adopted to look at how we should prevent patients waiting longer. This is to avoid patients calling their GP and to allow advice to be provided on what patients should do if they deteriorate. There are approximately 6,000 patients that are waiting to be seen and General Practice will be approached soon to work out how best to deal with these patients.

A discussion followed raised by the Secretary on the transfer of work from Secondary care to primary care and the impact of a recent survey of local practices which had a high response rate and suggested that it was a significant problem that needed to be addressed urgently.

External Audit – The Chairman thanked Chris Plant, Deputy Chief Finance Officer, CCG for joining the meeting and explained the anxieties around issues with payments for practices. Chris Plant responded that two issues were discovered, one error made by SBS connected to bank account details for a specific practice and the second issue was around Covid-19 batch payments where human error occurred on a manual process. Both issues were rectified. The CCG have put measures in place so that this does not occur again. All practices have received regular statements over the last few months to ensure they are all correct.

The Chairman asked for both of the PM Reps for their opinion. Helen Garfield commented that the narrative entered against a payment is not helpful and does not enable practices to cross reference payments. Chris Plant responded that he has explored how more detailed statement can be provided to practices and hopefully practices are now receiving more information.

The Secretary commented that a pilot was undertaken by the CCG regarding simplifying the claims process and the learning from this does not seem to be taken been taken on board. Chris Plant agreed to look at the results of this pilot. A discussion followed on various issues being experienced by practices and whether an external audit is still felt necessary.

Chris commented that he has asked the CCG's independent external auditors to undertake some audit work of their processes. It was suggested that a few practices work with the CCG to improve the communications around the payments and make things clearer. Chris Plant agreed to this.

It was agreed that the results of the CCG's auditors should be shared with us.

**Action: Meryl Foster to take the lead on this and take this to the PM Group
Chris Plant to share the report of the CCG auditor**

The Chairman thanked Chris Plant for attending the meeting.

NHS 111 First – Mari Gay – Mari Gay ran through the Think 111 programme that has been designed across the county to divert the 20% of patients who present at A&E but should be seen in another setting. This programme is designed to give pre-booked alternatives for these patients to get them seen in the correct setting. It has now been recognised that primary care and 111 should be the public face if you do not need an ambulance. The CCG have been raising that if we direct all patients to 111 they will be swapped and they will direct them to the A&E anyway. Therefore, the communications is going to be to go to NHS111 or general practice.

The 20% of all patients across our STP footprint equates to 124 patients per day that should be dealt with in an alternative settings via a bookable appointment.

Mari Gay ran through how specifically this will work and how it integrates with primary care and how bookable appointments will be utilised in primary care during opening hours.

There will be a soft launch on Monday 14th September with Worcester Royal Acute and the MIUs in Worcestershire. There is a digital solution to work alongside this and the care pathways have been reviewed. Mari Gay explained that Worcestershire are a front runner but the whole country has to have this rolled out by the end of October.

A Care Navigator role will be established on the door of A&Es to book any patients from these cohorts that do present into an alternative setting. Capacity at NHS111 has been identified as a risk.

Dr Whyte raised an issue about the lack of information being entered for the patients directed from 111 in the booked appointments. Mari Gay agreed to take this back and feedback to the Secretary.

Action: Mari Gay to ensure this issue is escalated and feedback to the LMC

A further discussion continued on the issues that are being experienced with NHS 111 regarding poor communication in letters to practices.

Revivo Draft Contract – The Chairman shared that practices have now received the draft consultation document. The Secretary shared that the main concern is the amount and mixture of work that has been put into the contract. It is suggested that in future years, the contract will sit at PCN level which means if a practice pulls out of the PCN DES they will not have access to these monies. Dr R Williams confirmed that this is a practice level contract although it will move to a PCN based contract next year.

A discussion followed on what is included and how viable it will be for practices to achieve this.

The Chairman thanked Mari Gay for attending the meeting.

2. **APOLOGIES:** Dr R Benney (maternity leave), Dr D Pryke, Dr S Parkinson, Lynda Dando, Charmaine Hawker
3. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 9TH JULY 2020 BY THE CHAIRMAN VIRTUALLY.**

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

Trainee Representatives – the Secretary updated that we do have a new representative from North VTS Jeanette Chun who will join us next month to observe initially.

Reporting Discharge Issues and Resolution Process – the Secretary circulated this flowchart after the last meeting.

Draft SOP – the Secretary updated that the LMC have not been provided with any final version as yet but that there were significant concerns regarding the draft document.

Delivery of Dispensed Medicines – no feedback on this as neither the Vice Chairman or Dr J Rankin were in attendance.

DSQS – the Secretary updated that this has been feedback.

Practice Funding and QOF – the secretary updated that QOF has restarted and this has been difficult for practices.

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

4. **MEMBERSHIP**

Nothing additional to report. No CD rep has been put forward as yet.

5. **HEALTH AND CARE TRUST**

Nothing to discuss.

6. STP/ICP

Nothing to discuss.

7. WORCESTERSHIRE ACUTE HOSPITALS TRUST

The Secretary updated that the transfer of work survey results have been circulated and asked for comments. It represents the period from June to August 2020 and there was a high response rate. The Secretary is proposing to share this widely.

8. REGULAR ITEMS

- a. **NHS England** – the Secretary updated that the Chairman and herself met virtually with both Nikki Kanani and Dave Briggs recently. Appraisals are restarting from 1st October and NHSE have been very clear that the focus is on being supportive. PAG is also restarting and is changing with a West Midlands region footprint to standardise the process. A guide has been developed with GPC to inform GPs when they are under investigation to make it less daunting and LMC Officers will routinely be invited to PAG Meetings.
- b. **Public Health/County Council** – the secretary updated on Health Checks. The LMC agreed a really good deal with the Local Authority which they have now revised based on a notice they have received centrally. The new initial offer was unacceptable and the Secretary has taken advice from LMC Law, GPC and GPDF but a legal challenge was not felt viable. A virtual healthcheck has been agreed and practices can decide how best to do this. A discussion followed about whether the specifics of a virtual review in the event of further lockdown should be agreed by individual practices or agreed at PCN level.
- c. The Secretary shared a national issue that poses a risk to our workforce now that children are back at school. Those with a healthcare worker as a parent who require testing are not receiving results quickly enough and are not currently being prioritised for testing. The Secretary has raised this with PHE locally and the CCG and GPC are taking this up nationally.
- d. **Education** – Dr F Martin updated that south VTS needs a vote as we have too many volunteers to join the Committee.
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – Dr S Morton shared that this is now called the People Board with more regular meetings scheduled. A new document entitled “We are the NHS People Plan” was released in August. The CCG are looking to develop a BAME Group and maybe the LMC would like to nominate a rep to sit on this group. Dr W Safdar volunteered to be the LMC BAME Representative. The Committee agreed to this and the Secretary thanked him for volunteering. There has been discussion around PCN Additional Roles and there are some new roles. Each PCN has put together a

plan for 2021 and there will be an opportunity to bid for unused funding across the PCNs.

- f. **Dispensing** – nothing to report
- g. **Out of Hours / NHS 111** – nothing further to report
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – nothing to report
- j. **P.M. Groups** – nothing to report
- k. **Administration** – the Chairman updated that the Secretary and the Executive Officer are proposing to reduce their hours to 4 days per week whilst the workload is manageable and asked for the Committee's approval to this. The Committee agreed to this.
- l. **PAG** – nothing to report
- m. **GPPB** – nothing to report
- n. **CAG** – nothing to report
- o. **PCNs** – nothing to report

9. **MATTERS ARISING**

- i) Motions for Conference

The Secretary shared the motions for conference and some other suggestions were made. It was agreed to submit them all along with a motion on appraisals.

Action: Lisa Siembab to submit all the motions

10. **COMMITTEES**

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

11. **NEW ITEMS**

There were no new items

12. **ANY OTHER BUSINESS**

There were no AOBs

CLOSED MEETING

The Chairman closed the meeting at 9.00pm.