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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 8th October 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 J Rankin, Dr R Williams, Dr R Kinsman, Dr W Safdar, Dr M Venables, David Herold, Dr D Pryke, Dr J Chun, Helen Garfield, Meryl Foster, Charmaine Hawker, Joanne Alner, Mike Hallissey, Lisa Siembab

1. CCG

The Secretary welcomed Charmaine Hawker and Joanne Alner from the CCG. Charmaine Hawker to talk about practice payments going forward and Joanne Alner to talk about flu and the Covid-19 vaccine.

i) Flu Programme

Joanne Alner updated that practices are currently responding to the huge demand for flu vaccinations and it is impressive the level of numbers being administered. However, supply levels are now low as the demand is so high and beyond normal levels. Pharmacies are in the same position as they have seen 3 times the normal amount of demand so far. There will be an opportunity for practices to obtain more stock although more stock is still required for those below 65. There is an indication that this will be arriving soon and by the end of tomorrow the CCG should know when the window will open for practices to order more. The 50-65 cohort may need to be trimmed due to the limited amount of stock available. The stock is currently being produced.

The Secretary asked if the CCG are aware of a rumour that a letter is due to go out from PCSE to patients inviting them to have a flu vaccination. Joanne Alner confirmed that the CCG is not aware of this.

Helen Garfield ask where the stock will be ordered from. Joanne Alner confirmed that this will be in the communication due imminently and it will be either via the usual suppliers or the arrangements Department of Health has put in place.

ii) Covid-19 Vaccines

Joanne Alner then outlined the details for the Covid-19 vaccine which is now being planned for delivery from early December 2020. This is dependent on the vaccine being ready and available for delivery. It should arrive with PHE towards the end of November and there will be a change in law for us to vaccinate an unlicensed drug and to allow a wider range of professionals to administer the vaccine with some being supervised.

There are three delivery models, a mass vaccination site, a fixed vaccination site (local sites) and a roving model for housebound patients and care homes. Priority groups for December are care home residents and their staff, those 80+ and the housebound. More sites will open from January as the remaining cohorts will be invited for vaccination, with doors starting to open to places for vaccines to be delivered.

There are two vaccines, Triumph which needs to be stored at minus 70 and must be used within 5 days and Ambush which will be released first. Both require two vaccinations 28 and 21 days later. The first cohort represents 450,000 patients across Herefordshire and Worcestershire, aiming to deliver within 14-16 weeks. Both vaccines need to be given 28 days after the flu vaccination. The mass vaccination sites will process 11,000 patients per week over 12 hours per day, 6 days per week. The smaller sites will see approximately 2,200 patients per week over the same hours. The roving model will deliver the remaining numbers of patients.

There are lead providers for each delivery model with the mass sites being led by Vaccination UK who deliver school age immunisation currently. The lead provider for the fixed, smaller sites and roving model is Staywell Healthcare for Worcestershire and Taurus for Herefordshire. We have no clear idea on how this will be contracted and paid for yet.

iii) Q2 Practice Payments

Charmaine Hawker shared that there has been some miscommunication that the CCG and CDs had agreed a process re Q2 payments and this was incorrect. There was no agreement.

Charmaine Hawker clarified that there will be a message in the MPU tomorrow that the finance plan regarding the process for Q2 claims and income will be protected for Q2. Practices will need to submit their claims and if they have been disadvantaged their income will be protected and in addition if practices have completed more work they will be paid accordingly.

From Q3 income will not be protected although the CCG will remain supportive of practices to help them manage their backlog. The ReVivio Contract will be released soon and this is voluntary and is £11 per head.

The Secretary asked if the CCG would identify those practices who have been financially disadvantaged and proactively contact them. Charmaine Hawker agreed this will happen. The Secretary also asked if the CCG could begin to look at planning for Q3 and Q4 payments. Charmaine Hawker agreed that this will be happening soon and the CCG will be seeking LMC input on this. This will be considered if and when the alert level increases locally.

Helen Garfield asked about the recent blood tests cessation due to Roche supply problems and if there will be support for practices as this will cause significant additional work and also affect activity. Charmaine Hawker confirmed that the communications have stated that practices will not be financially disadvantaged by this, although this does depend on how long this will be in place for.

Mike Hallissey confirmed that there may be a solution to mitigate some of the problem and it may continue for as long as 2-3 weeks.

Charmaine Hawker thanked the LMC for their detailed feedback on the ReVivo Contract Specification as this has now been approved. The contract offer will go out to practices tomorrow and practices have until the 30th October to sign up for it to commence on 1st November.

2. ACUTE TRUST

The Secretary welcomed Mike Hallissey to the meeting and thanked him for volunteering to join the committee. He shared that they are looking at what specialisms they can open up and that all services are now approved to be opened up.

With regard to elective surgery, NHSE has said that every patient on the waiting list must be clinically reviewed during a 5 week period which is not achievable realistically. This will impact on the workload of the Trust and what they are able to do in terms of other work.

The Secretary asked if the Trust are now out of special measures and Mike Hallissey confirmed this. It was acknowledged that this is a significant achievement.

The Secretary raised the new Elective Care SOP and asked for assurance that when the GP felt that they had reached the limit of their clinical expertise, a referral would be accepted without question, and that they would not be redirected back to A&G. Mike Hallissey confirmed that if the GP confirms they can no longer meet the needs of a patient and they need Consultant input this will not be rejected.

The Chairman raised the issue of having to re-refer to different specialities and the capability of Consultants to cross refer to different specialities. Mike Hallissey agreed that if it is clear it should go to another department then this should happen.

The Secretary raised the LMC transfer of work survey which had a high response rate and demonstrated the level of anxiety amongst practices on the transfer of work from

secondary care and she asked for the results of this survey to be borne in mind. She acknowledged that the Trust had committed to carry out their own diagnostic work recently as detailed in the MPU. Mike Hallissey responded that it has been identified that there is a level of reluctance for patients to come into the hospital sites and they may need to look at other sites. A discussion followed on this including the possibility of diagnostic hubs.

Dexa Scans – the Secretary raised the issue of recently rejected dexa scans and there is a long waiting list from 2018 and a change to guidance moving forward. Mike Hallissey responded that there was an issue with a previous Consultant who had requested repeat scans on a number of patients. The Trust are also reviewing their service and protocols. There was a discussion around how this can now be managed without rejecting a backlog of scan requests. Further discussion is required on this. The Secretary felt that it was unacceptable to reject the backlog of referrals on the basis of a recent change in protocol which needs further scrutiny.

Direct Access Gastroscopy – the Secretary raised that this has been stopped and asked what plans are in place to restart this service. Mike Hallissey responded that the number of procedures they can undertake is limited as this is an aerosol generating procedure. They are triaging some patients but it is going to be once Covid-19 is under control before the Trust can think about re-opening the direct access. The Secretary asked what the plan is for the next 6 months as these patients should not be rejected without any monitoring or plan to manage their symptoms. It was suggested that a guidance document for practices would be helpful in order to manage symptoms during the second wave.

A discussion followed on the cessation of blood tests as a result of the Roche issue.

3. **APOLOGIES:** Dr R Benney (maternity leave), Lynda Dando, Dr S Morton, Dr S Parkinson to join the meeting later.
4. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 8TH SEPTEMBER 2020 BY THE CHAIRMAN VIRTUALLY.**

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

External Audit – Meryl Foster is working with Chris Plant from the CCG on improving finances processes. Meryl Foster updated that she spoke to Chris Plant on Monday and the CCG feels confident that the new payment portal will resolve all of the issues. A couple of practices will trial the new system. Helen Garfield agreed to ask if one of the Wyre Forest practices want to join the trial. Chris Plant also agreed to share the report from the internal auditors.

NHS Booked Appointments – Mari Gay agreed to escalated and feedback on an issue raised by Dr C Whyte on the lack of information on these appointments when they come across from NHS111.

Action: Mari Gay to still feedback on this

Motions for Conference – Lisa Siembab has submitted the chosen motions for the virtual conference in November.

3. **MEMBERSHIP**

Dr Lean Jones will be observing the next meeting as the South VTS Representative. Dr Jeanette Chun, the new North VTS Representative observed the meeting and was welcomed by the Secretary.

4. **HEALTH AND CARE TRUST**

The Secretary has been told that LARC payments will only be funded until the end of August and asked if practices have been informed directly of this. She has asked the H&CT to ensure that practices continue to receive funding until they have been informed of any changes to payments as they cannot retrospectively carry out this work.

The Secretary shared an issue that was raised about the ADHD Service. The Dudley service recently rejected referrals from local practices. There have been some changes in commissioning decisions and practices were unclear.

It appears that there is a new service up and running locally now. However, this had not been communicated to practices. CDs were aware of this and had asked the CCG to send something out to practices to update them. The Secretary has asked for a communication to go out to practices. They are asking for blood tests and an ECG at referral stage and she has asked for this to be removed as the referral is for assessment not medication at this stage.

5. **STP/ICP**

The Chairman updated that a key focus for the STPs is health inequality and there is a real push for systems to show they are making efforts to address this. There will be a new board for the ICS and they were looking for someone to sit on this board. Dr R Williams has agreed to sit on this as the provider board representative

6. **REGULAR ITEMS**

- a. **NHS England** – the Secretary updated that the PAG SOP has been released this week. This is the Work Instruction for the PAG and our comments on it were sought. The Secretary has provided a formal response along with Dr Richard Dales for Herefordshire. This was discussed in detail as there will be less LMC presence at meetings which goes against feedback provided to NHSEI.
- b. **Public Health/County Council** – the Secretary updated on the Roche blood tests and we have asked the CCG to ensure that this issue does not affect practice funding
- c. **Education** – Dr F Martin updated that 2 year practice based training is starting next year and they are currently recruiting for the next round

- d. **WIG (Workforce Integration Group)** – Dr S Morton is on leave and the Secretary shared that there has been a request for a PM to sit on this group.
- e. **Dispensing** – nothing to report
- f. **Out of Hours / NHS 111** – Dr E Penny updated that the next meeting is next week. Care UK have changed their name to Practice Plus Group Urgent Care Ltd.
- g. **Action: Dr E Penny to share their contact details**
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr J Chun gave an update on where she is working at present
- j. **P.M. Groups** – Helen Garfield brought the GP Workforce tool that has been added to EMIS to the attention of the Committee. On appointment book there is a new tab for this. This reports on utilisation levels and can be affected by how things are recorded. A discussion on this followed.
- k. **Administration** – the Secretary shared that the Herefordshire LMC Secretary, Dr Richard Dales is relocating to New Zealand next year and there is a potential opportunity to take this role on in addition to remaining as the Worcestershire Secretary if Herefordshire GPs would wish that and if Worcestershire reps and CDs are comfortable with that approach. A discussion on this followed.
- l. **PAG** – covered under NHS England
- m. **GPPB** – the Chairman updated that there has been a meeting since the last LMC Meeting. He shared that they are developing a fair funding formula for all work that is outsourced. The CCG have welcomed this.
- n. **CAG** – nothing to report
- o. **PCNs** – Dr R Williams shared that the Care Homes has been the main focus and there has been a significant amount of work undertaken with the Health and Care Trust about what the funding is and what the additional funding is for care homes and how this sits with the funding for the 2 hour response. A rotating CD Representative for future LMC has been suggested and this is being taken forward.

7. **MATTERS ARISING**

i) **LPC Meeting Update – Vice Chairman**

The Vice Chairman shared that there has been an issue with prescriptions for items the pharmacy has ordered that has not been requested or required by the for patients. This has been taken to the LPC and they have taken this up with all the practices in Evesham. The Vice Chairman was invited to the LPC Meeting and asked to input into a few issues and this was positive.

8. **COMMITTEES**

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

9. **NEW ITEMS**

There were no new items

10. ANY OTHER BUSINESS

The Chairman shared that he will be standing down in April 2021 and his last meeting will be March. He commented that it has been a joy and privilege to serve the committee and the GPs and patients of Worcestershire. There was a round of applause for him. This will be discussed at a future meeting.

CLOSED MEETING

The Chairman closed the meeting at 9.20pm.