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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 12th November 2020 at 7.00pm Via Zoom Conferencing

OPEN MEETING

PRESENT: Dr P Bunyan, 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 R Kinsman, Dr W Safdar, Dr M Venables, Dr S Morton, Dr L Jones, Dr D Herold, Dr D Pryke, Dr J Chun, Dr S Parkinson, Helen Garfield, Meryl Foster, Danish Jafri, Lolu Adeniji, Joanne Alner, Lisa Siembab

1. HEALTH AND CARE TRUST

Sharing of EMIS Records – Danish Jafri/Lolu Adeniji

The Chairwoman welcomed two colleagues from the Health and Care Trust who joined the meeting to give a presentation on the sharing of EMIS Records with Community Teams.

The Chairman thanked Danish Jafri and Lolu Adeniji for attending the meeting and they ran through their presentation. The slides to be with the Committee shared via email. The Secretary asked that they share their slides with her also so that she can review them in detail. Lisa Siembab has already asked for an electronic version of these.

The Chairman thanked them both for their presentation and their time. A discussion followed about the DSA and potential liability facing practices in the case of a breach.

Action: The Secretary to attend the IG subgroup and ensure the DSA will provide protection for practices as per the Herefordshire agreement.

2. CCG

The Secretary welcomed Jo-anne Alner from the CCG to the meeting who gave an update on the latest on the Covid-19 Vaccination Programme. This has been planned for the last 8-12 weeks with Stay Well Healthcare and Taurus.

Joanne Alner ran through the three models to deliver the vaccination. There will be a mass vaccination site at The Three Counties Ground in Malvern, which until recently was the only suitable site locally. However, this week the CCG has managed to secured The Artrix Theatre in Bromsgrove. Both of these sites will have a throughput of 14,000 people per week. Stay Well will lead on The Atrix site and Vaccination UK will lead on the Three Counties Ground site. The earliest these two sites will be available will be mid January. This means that the other delivery models will have greater emphasis in the early programme. The other two delivery models are a roving model for the housebound population to deliver in people's homes. There is working currently ongoing to clean up the list of these patients to ensure these efforts are focused. This delivery model also includes care home staff and residents.

The final delivery model is community sites via GP practices and hence the practice delivery offer via the ES. The CCG has now received the vaccine delivery schedule .The emphasis will be on not wasting any vaccines and ensuring practices have capacity to deliver the amount delivered.

There are two vaccines and initially we will receive an equal amount of both vaccines but we are not sure what will be delivered locally. As we know one of the vaccines is easier to stored and over time this vaccine will be the main vaccine once the numbers of the vaccine delivered have been increased.

We also need to vaccination the prisoner population and Care UK will deliver this.

The CCG is hoping that practices will put themselves forward as part of the ES but they do accept this may not happen in the numbers needed and therefore Stay Well will put this up the shortfall.

The Chairman commented that there are questions around patient demand management and Joanne Alner responded that there will be a national helpline manned by clinicians for members of the public and it is hoped this will help.

The Secretary commented that the 8-8 7 days/week delivery model is not feasible for practices as seems to be required due to uncertainty around the delivery dates. It is expected that there will be 975 vaccines delivered to practices on a weekly basis initially and practices can plan around that delivery number. It is thought that the ES may change as things progress and practices will get into a delivery rhythm.

The Secretary raised a risk around practices losing money whilst delivering this if patients do not turn up or do not return for their second dose. Joanne Alner commented that a number of options are being looked to relieve the pressure for practices.

Stay Well Healthcare is co-ordinating the recruitment and training of the professionals to deliver the vaccine.

3. APOLOGIES: Dr R Benney (maternity leave), Lynda Dando, Dr M Davis, Dr J Rankin

4. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 8TH OCTOBER 2020 BY THE CHAIRMAN VIRTUALLY.

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

NHS Booked Appointments – Mari Gay agreed at a previous meeting to escalate and feedback on an issue raised by Dr C Whyte on the lack of information on these appointments when they come across from NHS111. The Secretary has since raised the issue with NHSE directly.

These were signed off by the Chairman.

Out of Hours - Dr E Penny has now shared the new contact details for Practice Plus Group Urgent Care Ltd.

5. MEMBERSHIP

The Chairman and the Secretary welcomed Dr Leah Jones to the meeting as the new South VTS Representative.

6. CCG

The Secretary shared that she has recently spoken to Lynda Dando regarding ReVlvo and how the CCG can take the pressure of those practices who undertake the vaccination programme. Also there needs to be consideration for those practices that are not taking part in the vaccination programme and how they can be best supported as they will still face pressures similar to those experienced in the first wave of the pandemic.

Dr C Whyte shared that South Worcestershire has been asked to restart their IQSP Meetings and the Secretary agreed to escalate this to try and push back on this.

Dr P Bunyan asked what is planned for Healthcheck funding after 31st October and if we could put pressure on the local authority now that practices will be taking part in the vaccination programme. The Secretary shared that payments are based on actual activity at present and that the local authority may take their lead from the CCG.

Action: The Secretary agreed to raised payment protection for health checks with the LA

6. STP/ICS

The Chairman updated that the STP is moving towards a fully fledged ICS in April and that interviews are being held for a new Strategy Director. The Ethics Forum has also been reconvened with the key issue being general practice delivering the vaccination programme in the best way we can within the confines of the DES.

There are weekly data sharing meetings and there is a lot of work to be undertaken on this. A discussion followed on this issue.

7. WORCESTERSHIRE ACUTE HOSPITALS TRUST

The Secretary shared some examples of where the Trust has discharged numbers of patients back to general practices and we have pushed back on this firmly.

The Secretary also shared another issue with request to use Referapatient at the The Royal Orthopaedic Hospital and there remains no contractual obligation for us to engage with this process.

Action: The Secretary to reconfirm with Dr Kelly that GPs do not intend to use referapatient as part of the referral process.

8. REGULAR ITEMS

a. **NHS England** – the Secretary updated that she joined the NHSE meeting which was largely around the Covid-19 vaccination, NHS 111, appraisals etc. These are now regular quarterly meetings with the other LMCs within our footprint. The letter from NHSE around regulation was discussed with the committee and they recognise that GPs are working in different ways beyond their control often and this will be reflected in performance management.

b. **Public Health/County Council** – nothing to report

c. **Education** – nothing to report

d. **WIG (Workforce Integration Group)** – Dr S Morton updated that he has now recently attended a meeting. He has shared a link to a teamet page that provides a list of all the training available. This will be shared with the Committee. There is a new 2 year Practice Fellowship available for 2 years. This can be applied for via the teamnet page. There is also a Nurses Fellowship Programme via Birmingham Central University again with the link on the teamnet page. There is a new learning management system.

e. **Dispensing** – nothing to report

f. **Out of Hours/NHS 111** – Dr E Penny updated that the quarterly governance report shows a low level of complaints with no major issues reported. Clarity was sought around the change in service provision via SW healthcare and the CMS service. It is unclear whether practices now need to offer more NHS111 bookable appointments.

Action: The Secretary will ask for practice to be updated on this via the MPU

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

i. **Registrars** – Dr L Jones and Dr J Chun shared their experiences of being a Registrar during these difficult times.

j. **P.M. Groups** – Meryl Foster raised an issue with the Minor Injuries Unit and patients accessing the site in Malvern. This appears to be part of the 111 First initiatives and there does not seem to be any direct route into the unit. The Chairman asked for any evidence cases that can be emailed in order for the CCG to tackle this.

Action: All to forward any such cases

Meryl Foster shared her practice experience of being the first practice locally to have a staff outbreak. 4 staff initially presented with symptoms and the LORT were contacted. LORT triaged them and unfortunately the practice did not receive a call back and therefore they contacted the out of hours team. The LORT were unable to respond because of an IT failure. As a practice they changed everything overnight so that no patients attended the practice the next day and they decided to conduct mass testing as the issue seemed to be across the entire practice. There was a MDT held with the LORT/CCG and swabbing was agreed as a way forward. The swabbing was undertaken via the Health and Care Trust and they were requested on ICE and three in-house nurses taking the swabs in a day. This was much quicker and some GPs were put through as a priority. Another 12 came back positive from the swabs predominately from the reception/administrative team. All GPs were working from home and the practice managed to continue screening, urgent bloods and flu vaccinations. The practice sent texts to patients each day with follow ups the following day on a need to know basis for the patients for the next day. They re-swabbed on the tenth day and all were negative. This experience has informed communications to practices and the Trusts with a top tips document. The importance of continued learning from outbreaks locally was discussed.

Helen Garfield asked for the Datix contact details to be reshared.

Action: Lisa Siembab to share these again along with the CCG email address if Datix cannot be accessed.

- k. **Administration** – Electing a New Chairman - the Chairman updated that further to his announcement at the last meeting that he will be standing down in April 2021, that a new Chairman needs to be elected. He asked for the view of the Committee on how they would like to proceed with this. He suggested that at the December meeting we can discuss this further. Dr S Parkinson commented that previously the Chairman was nominated from the Committee and elected by the Committee. Dr D Herold commented that he would be willing to stand. It was agreed to undertake the process at the December meeting.
- l. **PAG** – nothing to report
- m. **GPPB** – the Chairman updated that this is now more of a forum. Dr R Williams also shared that there is a move towards place.
- n. **CAG** – Dr D Herold commented that he has not been invited to a meeting recently. Dr Rayner remarked that previously any GP could attend CIG unfunded.
Action: The Secretary to request once again that the LMC is represented on this group as only commissioning GPs currently attend and provider input is needed.
- o. **PCNs** – Dr R Williams shared that the ToR have been redrafted taking into account the changed role of the Provider Board. There is good sharing across the CDs and discussion on the vaccine DES. Useful discussion with the Health

and Care Trust on the Care Home funding that can now come directly into the PCN for staff funding.

7. MATTERS ARISING

There were no matters arising.

8. COMMITTEES

a) **GPC Committee** – Dr S Parkinson asked for any issues for the next GPC Meeting to be emailed to him. He also shared that has been appointed to the Cameron Fund Board and he will circulate a document explaining more about the fund.

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

9. NEW ITEMS

i) Covid Vaccination Enhanced Service

This was discussed earlier in the meeting.

ii) Firearms Certification Process

The Secretary shared that she has been contacted by West Mercia Police who wish to work with us to standardise this process. The idea is that there would be a template form that GPs would complete for every request and renewal for an appropriate fee. The applicant would submit this with their application form. The Secretary had a meeting with two other LMCs to share the approach that has been taken elsewhere and the committee agreed that she should go ahead with talks to enable the process locally.

10. ANY OTHER BUSINESS

There was no AOB.

CLOSED MEETING

The Chairman closed the meeting at 9.25pm.