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

OPEN MEETING

PRESENT: Dr J Chun, Dr J Rankin, Dr I Haines, Dr C Whyte, Dr L Jones, Dr S Pike, Dr R Williams, Dr P Bunyan, Dr G Farmer, Dr K Hollier, Dr M Venables, Dr B Fisher, Dr W Safdar, Dr R Kinsman, Dr J Rankin, Dr D Pryke, Dr M Davis, Dr F Martin, Helen Garfield, Meryl Foster, Dr S Parkinson, Lynda Dando, Jo-anne Alner, Mike Hallissey, Lisa Siembab

The Secretary and the Chairman thanked Jo-anne Alner, Mike Hallissey and Lynda Dando for attending the meeting.

1. WORCESTERSHIRE ACUTE TRUST

Mike Hallissey updated that the Acute Trust are facing increasing numbers of covid patients being admitted.

The Alexandra Hospital is coping slightly better and Worcester ED is an issue due to the lack of flow through the system, however, they are still managing to carry out elective surgery. There is a worry that if the numbers continue at the same rate they will have to consider their ability to carry out elective surgery. There is some capacity in the private sector until the year end and once this is no longer available this will cause significant issues and they are trying to find this capacity at the Alexandra Hospital.

They have been having discussions about how they set up a Long Covid Service with the CCG and there is a pilot starting, however, there is insufficient respiratory capacity at present to ramp this up to the level wanted centrally. The Trust is expecting these levels of Covid to continue through until early March and they feel by the middle of Jan the current wave will be over in time and the relaxation of the rules over Christmas will start to take effect.

The Chairman commented that he welcomes the introduction of a Long Covid Service as these patients are already known to practices. Mike Hallissey further updated that the Trust have an agreement from the Health and Care Trust for them to expand their

psychological support as wellbeing support will be needed in addition to physical wellbeing support.

The Secretary commented that she has raised some issues outside of the meeting with Mike Hallissey. There was a previous issue of discharging patients back into the community and the Secretary asked for an update on this. Mike Hallissey responded that until November this was working well especially at the Alexandra Hospital.

The Secretary raised an issue about the large number of RAS Rejections and she asked if the Trust will be auditing this. Mike Hallissey agreed to pick this up.

Action: Mike Hallissey to escalate the large volume of RAS Rejections and feedback to the LMC Office

2. CCG

Covid-19 Vaccination Programme - Jo-anne Alner updated the meeting on the model of delivery for the vaccine. The CCG were hoping to go live at the Alexandra Hospital site, which was previously only a storage site but was recently changed due to the vaccination sites needing to be close to the hubs, but this has been pushed back. Timescales of when the vaccines will be available have constantly changed and will now not arrive in Worcestershire until the 14th or 15th December and they do not have a firm date at present. The Alexandra Hospital site will be live from these dates and the patients that will go through this site will be 50 x 80+ year old patients per day from outpatients or those being discharged with no-one new being added to the site.

The remaining vaccine slots will be third for care homes and a third for each of the Trusts. The Trust will need to cancel some clinics once the vaccine programme begins with the Alexandra Hospital site going live at the same time as the PCN sites.

The necessity to have a 15 minute wait time post vaccination has been reintroduced. This could potentially have an impact on the PCN sites. There is a new Standard Operating Procedure and an Incident Standard Operating Procedure that are due to be released shortly. In addition, the CCG is being asked to check all practice staff are up-to-date on anaphylactic reaction training.

The PCN wave 1 sites have been agreed with the sites for wave 2 and 3 awaiting confirmation. The other sites are being agreed on a site by site basis. The Alexandra Hospital site has also been agreed with the Artrix site to be confirmed shortly. Herefordshire has no sites approval at present apart from the PCNs. St Peters Church in Worcestershire and the Three Counties Showground in Malvern will commence on 4th January 2021.

Care home staff are the top priority and PCNs will be asked to bear in mind the priorities when setting their appointments. Community Pharmacists have been contacted for their eligibility criteria for vaccines. The CCG has a list of 25 pharmacists but no further details at present.

The Secretary asked if the CCG has seen what the pharmacists have been offered. Jo-anne Alner responded that they have not seen this and only have the numbers. It was felt that this will be about patient choice as an alternative to the GP or mass sites. 5 days worth of appointments at the Alexandra Hospital were depleted in 5 days so demand seems high.

The Secretary asked for confirmation if the aged 80+ are going to be asked to return to the hospital for their second dose. Jo-anne Alner confirmed that although nationally that is the plan, locally we may be able to deliver these at the mass vaccination sites.

Helen Garfield asked if there will be a series of weekly deliveries and Jo-anne Alner responded that the CCG are not clear on this and there does seem to be some supply issues. Dr R Williams commented that the next PCN vaccines will not arrive until 5th January and PCNs have been told not to expect a delivery over Christmas.

Dr J Rankin asked if the number of vaccines are known and if there any way of streamlining the proforma that needs to be completed perhaps via EMIS. Dr R Williams responded that this is completed via Pinnacle at present but there potentially could be others developed. No-one has received log ins as yet and there is some training being delivered tomorrow. It may be better to have a template within EMIS and populate it from there. Dr R Williams will feedback following their start on Tuesday how it all goes.

The Chairman asked if we are all linked up enough to share information regular and keep each other updated. Jo-anne Alner confirmed that there is regular contact between the CDs and the CCG although this is being regularly reviewed.

The Secretary commented that practices have signed up to something that can be changed at any point and she is concerned about practices doing making a loss rather than simply breaking even. It is clear that practices want to be involved in this but they will require significant support. She asked the CCG to support practices in whatever way possible.

Lynda Dando responded that in terms of support offered by the CCG that Charmaine Hawker is joining the PCN Wave 1 evening calls in order to capture the lessons learnt so that these can be shared. The CCG are also marshalling at the PCN sites and CCG staff are available for support on site.

Helen Garfield asked for clarification whether it is 3.5 or 5 days that the vaccine has to be used by and it was confirmed that the vaccine clock starts on the 5 days when the vaccine leaves the deep freeze where ever it is stored before being sent out. Therefore, by the time it gets to GPs there is always less than 5 days. It also says on the box when the time to use the vaccine by expires. The PGD has now been agreed and this will be released tomorrow.

It was commented on that the drawing up of the vaccine must be done at the same time as administering. The PCNs are looking at whether we should use an

administration person completing the pinnacle work whilst the vaccine is administered by a healthcare worker.

The Secretary commented that it has become clear through discussions that different levels of information are being disseminated to different bodies at varying times and the Secretary asked for Dr Simon Parkinson to feedback this issue back to GPC as a clear , uniform approach would avoid confusion.

Jo-anne Alner shared that there is now a 7 day/12 hours per day centre at the CCG to manage all of this work and to support practices. The email address will be shared with practices shortly.

The Secretary thanked Lynda Dando for staying on the call.

Long Covid Service – Lynda Dando has received an update on this trying to scope out what this service might look like. There is a CMS (Covid Management Service) that has been established and funding for an extra 2 hours per week through December to scope this out to understand the potential volume of referrals from practices. This is in order that an MDT be put in place that includes clinical specialists that would be the link between primary and secondary care and mental health professionals. The Chairman asked how this is going to be scoped and Lynda Dando responded that the information is going to be garnered from practices so that we can identify the likely pathways for these patients.

Covid Capacity Expansion Fund – Lynda Dando shared that there is £2.66 per patient to increase GP capacity and CCGs had to produce a plan that had to be submitted to NHSE by 30th November to state how we would monitor progress and delivery against the 7 priorities that the fund is intended for. Our local plan has been passed and so the CCG can begin to deliver and that money will be passed to practice accounts this month and the plan will be in the MPU tomorrow. The CCG believes that we have the 7 national priorities covered anyway.

Action : Dr R Kinsman asked how should practices be capturing the long covid diagnosis and are there any codes? Lynda Dando agreed to feedback on this and the Secretary asked for this to be included in the MPU.

Health Checks - The Secretary raised trying to protect practice income for quarter3/4 for health checks with Worcestershire City Council and Public Health. Lynda Dando responded that she has met with Liz Altay and there is some progress being made towards a better outcome but it may take a little longer and will require some clinical input to move this forward.

OPEL Reporting System - The Secretary shared that this system is now in place and, although we were always a little wary of this, the rest of the system does already have a way of demonstrating when they are under pressure and we should also. General practice can then flag to our partners and our PCN colleagues when we may need further support and the prioritisation framework is linked into it.

The Secretary commented that there is further work to be done in being able to accurately record workload and patient contacts efficiently.

The Secretary and the Chairman thanked Lynda Dando for attending the meeting and for all her hard work and support over the years.

3. **APOLOGIES:** Dr S Morton, Dr E Penny, Dr R Benney
4. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 12TH NOVEMBER 2020 BY THE CHAIRMAN VIRTUALLY.**

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

IG Subgroup - the Secretary updated that she did attend the IG Subgroup and Dr R Williams was also there. There is some progress being made and the DSA needs to be the same as the one in Herefordshire and we will look at that when it comes out and run it past our lawyers. Lycra is concerning as we could be sharing data with six other ICS and this has a major risk in terms of us being data controllers. There will need to be a national solution for this. Dr R Williams explained that this is the national health care record and there will be a Midlands version of the health and care record. Our regional systems will be merged so that they can talk to each other to allow patients records to be reviewed in neighbouring areas. There will need to be some legal changes to afford sufficient protection to practices.

Payment Protection for Health Checks – this was discussed with Lynda Dando and she is making some progress on this.

Referrapatient – the Secretary confirmed that she has reiterated that GPs will not be using this as there is no clear patient benefit and only additional workload. Dr A Kelly has communicated that Dr G Moore will be discussing this with ROH and is aware of the LMC position on this.

Action: The Secretary asked for any evidence where they are refusing to accept a referral without the form so that we can challenge this.

NHS111 Bookable Appointments – this was updated in the MPU and the requirement is for practices to offer what demand suggested they need to offer.

NHS 111 First – the Secretary confirmed that we have not received any cases but asked that all do forward any evidence as this helps us to evidence our point.

Datix Issues – The CCG have confirmed that all practices can access the datix system now

Representation at CAG – the Secretary shared that there has been no response to our repeated requests to be invited to these meetings.

The minutes of the last meeting were signed off virtually by the Chairman.

5. MEMBERSHIP

Nothing to report

MEETING OF WORCESTERSHIRE LMC – Closed Meeting

6. ELECTION OF NEW CHAIRMAN

Lisa Siembab formally convened a meeting of Worcestershire Local Medical Committee in order to seek nominations for a new Chairperson.

She asked for any members of the Committee that wish to nominate themselves for them to raise their hands. Dr D Herold nominated himself and there was an election by way of a show of hands of the voting members of the Committee. The Committee voted unanimously in favour of Dr D Herold and he was congratulated by the outgoing Chairman and the Secretary.

Lisa Siembab formally transferred the work of the Chairman and the Committee back over to the Limited Company and closed the meeting.

WORCESTERSHIRE LMC Ltd – Open Meeting

7. HEALTH AND CARE TRUST

The Secretary shared that she recently sat on the interview board for the recruitment of a Associate Medical Director in the Children Young People and Families and Specialist Primary Care Directorate for the Health and Care Trust. The panel appointed Dr Allison Rigler who comes from the CAMHS Service which will leave a vacancy there.

The Secretary shared that there is still no confirmation on LARC payments and they are waiting for the local authority to make a decision on how to proceed with these payments.

6. STP/ICS

The Secretary updated that she did share an important document with the Committee via email prior to the meeting. The Integrating Care document probably signals the biggest change in the NHS since the contract reforms. NHSE is consulting on proposed changes to make the ICS model compulsory and written into legislation. Herefordshire and Worcestershire are two separate places in the model. As the ICS will have to form by April 2021 this is a NHS application process that needs to be completed by April 2021.

In many areas Trusts will step in and take on the ICS and this could pose a significant threat to the partnership model. There was discussion around the new proposals and the implications for practices.

In broad terms the central GMS contract will not be greatly changed but who will be the delegated body holding the contract has not yet been decided. In many ways the GMS contract is protected as it is a national contract that cannot be easily dissolved. However, it is not what keeps practices alive and it is the other income streams, for example, ReVivo, PCN DES and other enhanced services that helps practices make a profit. If these are removed all practices would struggle to make a profit although possibly dispensing practices will be able to survive for longer. Therefore, it is very important that this income is protected.

We need to respond to the consultation to ensure we articulate where general practice is functional and working and where we can act together to become partners in the system and ensure we are not fragmented and weakened by the process.

Alongside this document there is an ICS Local Development Plan that is our local interpretation of this.

A long discussion on this followed.

Action: The Secretary asked for all to read the document

7. WORCESTERSHIRE ACUTE HOSPITALS TRUST

The Secretary shared that discharge summaries remain an issue and are being looked at. It is hoped that these will be made clearer as the quality is very poor at present and it is unacceptable.

The Secretary suggested that we need to consider if we should be included on the silver calls going forward and where best to position ourselves.

8. REGULAR ITEMS

- a. **NHS England** – the Secretary will draw something up on our response to the consultation document.
- b. **Public Health/County Council** – discussed as part of the CCG above
- c. **Education** – Dr F Martin shared that Dr Fiona Kameen is due to retire shortly. She also updated that trainees are not permitted to conduct vaccinations as part of their training hours and this should be outside of that as locums
- d. **People's Board** – the Chairman shared that this is being designed to be looking towards the ICS. The Secretary shared that there is a thank you letter being sent to all practice staff.
- e. **Dispensing** – nothing to report
- f. **Out of Hours/NHS 111** – nothing to report
- h. **Non-Principals Group** – Dr M Venables commented that practices do not seem to be advertising much locally and there is a risk that we will lose our GPs locally

as they move to other areas. There was a discussion that the Training Hub Vacancies and it was felt that this is not being widely promoted. Dr R Williams commented that there are recruitment groups on Facebook and we could include these in the newsletter.

Action: Dr R Williams to provide details of these groups for inclusion in the newsletter

- i. **Registrars** – Dr L Jones echoed that there does not seem to be many jobs being advertised locally.
- j. **P.M. Groups** – both PM Representatives shared their frustrations of the vaccination programme and the Chairman thanked them both for their hard work and endeavours on behalf of general practice and their patients.
- k. **Administration** – nothing to report
- l. **PAG** – nothing to report
- m. **GPPB** – nothing to report
- n. **CAG** – nothing to report as we are not attending these meetings at present
- o. **PCNs** – Dr R Williams shared that the PCNs are having good conversations with the Health and Care Trust and they do realise practices are not happy with their mental health services.

7. MATTERS ARISING

i) **NHS Integrating Care – Legislation and Engagement Report**

This was discussed earlier

ii) **LMC England Conference Update**

The Chairman shared that there was a virtual LMC England Conference where there a discussion on PCNs and the level of work they are taking on. We have a settled model locally.

iii) **Firearms Licensing**

The Secretary shared that she has been working with West Mercia Police 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 has now agreed the guidance, together with, a proforma for those applying for the license and has removed guidance on fees etc. The proforma is based on the home office guidelines. This is going to be communicated by everyone at the same time to ensure consistency of message. It has been agreed with Shropshire and Herefordshire LMCs.

8. COMMITTEES

- a) **GPC Committee** – Dr S Parkinson updated on the last GPC Meeting.

b) GPC England and UK – nothing to report

9. NEW ITEMS

10. ANY OTHER BUSINESS

There was no AOB.

CLOSED MEETING

The Chairman closed the meeting at 9.35pm.