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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 11th March 2021 at 7.00pm Via Zoom Conferencing

OPEN MEETING

PRESENT: Dr D Herold, Dr I Haines, Dr C Whyte, Dr L Jones, Dr S Pike, Dr R Williams, Dr P Bunyan, Dr G Farmer, Dr M Venables, Dr B Fisher, Dr W Safdar, Dr R Kinsman, Dr J Rayner, Dr D Pryke, Dr M Davis, Dr F Martin, Dr K Hollier, Dr S Morton, Dr R Benney, Dr E Penny, Dr J Rankin, Dr J Chun, Dr M Shah, Meryl Foster, Lynda Dando Charmaine Hawker, Scott Parker, Dr S Parkinson, Lisa Siembab

1. **APOLOGIES:** Helen Garfield
2. **CCG**

Vaccination Programme - The Chairman welcomed Scott Parker from the CCG who is the SRO for the Vaccine Programme. He ran through progress to-date on the vaccine rollout and an update following the update from NHSE. A discussion followed on the involvement of general practice going forward.

The Chairman welcomed Lynda Dando and Charmaine Hawker to the meeting.

ReVivo - Lynda Dando updated on ReVivo and in light of the changes to the vaccination programme this may now need to be revisited to find short and medium term solutions to the workforce issues.

The CCG is recommending to the Primary Care Commissioning Committee that ReVivo be carried forward as it is with income protection for 3 months with a large amount being relaxed with no performance monitoring attached. A national SOP will always take precedence but a local approach will be adopted to acknowledge the backlog in general practice. The key principles are a move away from inputs and outputs, a move to outcomes and looking at ways to test new ways of working.

Enhanced Services – Lynda Dando shared that the approach will be very similar to ReVivo and there will be a three month roll forward with income protection for all

enhanced services. The CCG is looking at decommissioning one enhanced service for laryngoscopy.

A discussion followed on workload and funding for general practice going forward.

The Chairman thanked Lynda Dando and Charmaine Hawker for attending the meeting.

PCN – the Secretary shared that there has been a meeting of the PCN Panel to discuss a change to a PCN groupings. The CCG is promoting the LMC as a route for support to PCNs early on in the process. The Secretary has contacted LMC Law to explore the possibility of them delivering something on network agreements and issues that PCNs may encounter as a follow on from their previous seminar.

3. MEMBERSHIP

The Chairman confirmed that today is the former Chairman, Dr Shaun Pike's last meeting on the LMC Committee. The Chairman formally thanked him for all his work over his 27 year on the Committee.

The Chairman also thanked Dr Richard Kinsman for all his hard work on the LMC as this is also his last meeting. Finally, he thanked Dr Brenton Fisher for all of his hard work on the Committee.

The Chairman shared that Dr Richard Dales, who has been the Herefordshire LMC Secretary for many years, left at the end of February.

The Secretary welcomed Dr Meeraj Shah who observed the meeting with a view to nominating himself to join the Committee.

The Secretary shared that ballot is now open for Malvern and Wychavon Representative on the Committee. This closes on Monday 22nd March 2021.

4. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 11th FEBRUARY 2021 BY THE CHAIRMAN VIRTUALLY.

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

Acute Trust Waiting Times – this has been requested but as yet has not been included in the MPU. The Secretary will chase this up.

Trust Poor Communication – Dr S Pike will chase his colleague for examples of this.

CCG Finance Pilot – the Secretary has asked for feedback on the pilot and has chased this again.

Motions for Conference – these have been submitted.

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

5. **HEALTH AND CARE TRUST**

The Secretary shared that there are a number of worrying issues at the Trust that she is escalating. These include issues in the ADHD Service, rejected CAMHS referrals and mental health pilots.

Dr M Shah updated that we do have GPs working as part of the Workforce Exchange Scheme that are looking at working with secondary care to improve communication with primary care.

Dr J Rankin shared an update on an ANP model that is being considered by the Trust and they agreed to discuss this outside of the meeting.

6. **STP/ICS**

The Chairman updated that there is very little to share with the Committee on this other than work is progressing looking at the representation on the board.

7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST**

The Secretary shared that she has received a copy of the draft Strategic Planning Approach to Recovery from the Trust recently and this was discussed at the CD Forum. She shared a summary of the document. There is no national guidance on this as yet.

8. **REGULAR ITEMS**

- a. **NHS England** – the Secretary shared we have been feeding into the consultation process for PAG going forward and they have now said they are committed to having LMC representation at PAG. For each locality there will only be one representative permitted to attend on a rota basis.
- b. **Public Health/County Council** – nothing to report
- c. **Education** – Dr F Martin updated that Dr Anil Joshi will be replacing Dr Fiona Kameen as Associate Dean for H&W. The Secretary shared that we have wished Dr Kameen well in her retirement. The Secretary also recently gave a presentation on the LMC to the VTS group.
- d. **People's Board** – Dr S Morton updated on the last meeting and shared a slide on the People's Board structure. He also gave an update from the WFIG Meeting.
- e. **Dispensing** – Dr J Rankin updated that the next pharmaceutical needs assessment is due shortly and he asked if the Secretary had seen anything on this. This has been devolved to the Local Authority and we are usually represented.
- f. **Out of Hours/NHS 111** – nothing to report
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – nothing to report

- j. **P.M. Groups** – the Secretary shared that a few LMCs have set up the Institute of General Practice Management to develop a professional standards framework to include issues such as appraisal and mentorship. They are asking LMCs to consider helping with the start up costs but we do have quite a lot of support locally for PMs via our CCG. The Secretary sought the views of the PM reps as to whether this is something we should be involved with. Meryl Foster responded that she did attend a webinar on this and a degree of standardisation may be helpful across practice management but local support was very good and the focus on the webinar was more around not being eligible for the new to partnership funding. It was agreed that the LMC would not contribute to start up costs but that we could revisit this in future.
- k. **Administration** – nothing to report
- l. **PAG** – nothing to report
- m. **GPPF** – nothing to report
- n. **CAG** – nothing to report
- o. **PCNs** – Dr R Williams shared that there are conversations ongoing to ensure that PCNs and general practice are included in the ICS discussions.

9. MATTERS ARISING

i) **Community Pharmacy Service Consultation – Pilots**

The Secretary shared that a while ago there was a seminar with the LPC and pharmacists who invited local GPs to be part of this consultation process. As part of the network agreement PCNs need to demonstrate how they are working with pharmacists. The Secretary updated on pilots that will be running locally to test some the new service being proposed.

ii) **LMC Secretaries Conference**

The Secretary shared that she recently attended this annual conference and she gave a brief update on the day.

10. COMMITTEES

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

11. NEW ITEMS

There were no new items.

12. ANY OTHER BUSINESS

There was no AOB.

CLOSED MEETING

The Chairman closed the meeting at 9.29pm.