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## The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 10<sup>th</sup> June 2021 at 7.00pm Via Zoom Conferencing

### OPEN MEETING

**PRESENT:** Dr D Herold, Dr I Haines, Dr C Whyte, Dr L Jones, Dr R Williams, Dr P Bunyan, Dr G Farmer, Dr D Pryke, Dr M Davis, Dr F Martin, Dr K Hollier, Dr J Chun, Dr K Gines, Dr R Khehar, Dr R Benney, Meryl Foster, Dr J Rayner, Dr E Penny, Dr M Shah, Dr S Morton, Dr M Venables, Michelle Hallahan Dr S Parkinson, Mike Hallissey, Lisa Siembab

1. **Acute Trust** - Mike Hallissey attended the meeting and shared an updated on where the Trust is in terms of restoration. They are up to over 80% activity and this is being ramped up. They have a plans in place to increase their elective activity.

The Trust has only 6 patients with covid although there are still issues with throughput. They are averaging over 450 attendance across both sites in ED every day.

A discussion followed on several issues that have been raised with the Trust including rejection of referrals and onward internal referrals by Consultants and the introduction of Medical Examiners.

The Secretary thanked Mike Hallissey for attending

2. **APOLOGIES:** Dr J Rankin, Helen Garfield
3. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 20<sup>TH</sup> MAY 2021 BY THE CHAIRMAN VIRTUALLY.**

The Chairman asked for two changes to the minutes.

The Secretary updated on the actions from the last meeting:-

**Acute Trust Issues** – the Secretary confirm that she has raised all the issues that were discussed at the last meeting with the Trust and there is a delay in pushing these issues forward.

**Responses from MPs** – the Secretary shared that we have received some responses to our letter to our local MPs with a call to action for an honest conversation with patients about demand and the current situation. There is a recognition in the responses of all the hard work being undertaken by general practices. The Secretary is meeting with Mark Garnier MP next week as he is very keen to understand the issues we are facing.

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

**Action: Secretary to update the committee on this meeting**

**3. MEMBERSHIP**

The Chairman welcomed Dr Stephanie Manton to the meeting who has joined the committee as

**5. CCG**

The Secretary updated that

**6. HEALTH AND CARE TRUST**

The Secretary shared that she had a meeting recently regarding CAMHS and Eating Disorders where GPs are being asked to carry out blood tests and ECGs. They are very overwhelmed at present but they were keen to understand the issues. They have agreed to take the issues forward.

**7. STP/ICS**

Dr R Williams shared that the Board recently presented to Sir David Nicholson. It is generally being more widely recognised that the Board needs to be present to represent general practice across the health economy.

**8. Acute Trust**

This was covered earlier in the agenda. A discussion followed on patient demand and expectations.

**8. REGULAR ITEMS**

- a. **NHS England** – the Secretary shared that the latest NHSE letter to GPs was not well received.
- b. **Public Health/County Council** – the Secretary shared that Public Health want access to data and the emergency pandemic laws mean that they do have access to this.
- c. **Education** – Dr F Martin shared that we have 50 trainees starting in August in Worcestershire. Split equally across North and South. A discussion followed on when practices and trainees will know where they are going.

- d. **People's Board** – Dr S Morton shared that the last Board was in May with an update on the Three Counties Medical School.
- e. **Dispensing** – the Chairman updated that there are some issues with DSQS and a shift towards NHSE prescribing to practices although the contract dictates that we should decide auditing. The Secretary shared that the sign up date is 19<sup>th</sup> June and they are asking for detailed information with a tight turnaround.
- f. **Out of Hours/NHS 111** – Dr E Penny shared that the performance data from April and it is very busy and the data for May will be interesting. They need more clinical space.
- h. **Non-Principals Group** – the Secretary thanked Dr W Safdar for his contribution to the committee as he is moving to a new area.
- i. **Registrars** – nothing to report
- j. **P.M. Groups** – Meryl Foster commented that there does seem to be some anxiety with the PMs on recruiting to the ARR roles as interest is low. Michelle Hallahan also commented that there is also competition across the PCNs in terms of recruitment.

The Secretary also shared an issue that Helen Garfield raised with the new PCSE Payment System. Many PM may experience issues and a discussion on this followed. This has also been escalated with the CCG for them to try to support practices with any issues they may experience.

- k. **Administration** – nothing to report
- l. **PAG** – the Secretary shared that as part of the rota she will not be attending PAG again this year.
- m. **GPPF** – nothing to report
- n. **CAG/Clinical Practitioner Forum** – Dr R Williams shared an update on the discussions that have been taken place recently.
- o. **PCNs** – Dr R Williams shared that vaccine supply is low and they are meeting regularly. There is also a national issue with the PCN payments that has been identified.

**Estates** – The Secretary commented that we should have a regular agenda items for Estates and asked Dr M Davis to share his involvement in this group. Dr M Davis shared that he sits on an Estates Group that has oversight on property and Estates issues. They review applications for funds to ensure they are distributed fairly and in accordance with the criteria. The group is now looking at funding of premises for ARR roles as part of the PCN Contract and how that will be carried out.

**Action: Estates to be added as a regular agenda item**

A discussion followed on Premises, Estates and S106 monies linked to planning applications.

## 9. MATTERS ARISING

- i) **ROH Referapatient**

The Secretary updated that the CCG are trying to get us to use this system. The system has no clinical governance and has no patient benefit. We have pushed back on this and it is not mandatory and GPs do not have to use this system.

**ii) Collaborative Data Sharing Agreement**

The Secretary updated that the DSA for Herefordshire and Worcestershire within our ICS did not raise any issues and we are the data controllers. We are now being asked to share more patient information across neighbouring counties and this is much wider sharing than we have previously done. This does seem to be the direction of travel nationally but this seems to be rushed. The LMC Officers are meeting with the CCG on this to ask questions around public engagement.

This is being confused with GDPR which is about planning for population health.

**10. COMMITTEES**

a) **GPC Committee** – Dr S Parkinson gave an update on the last GPC Meeting.

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

**11. NEW ITEMS**

**GDPR – General Practice Data for Planning and Research**

The Secretary updated that this is a programme that allows access to our systems in order to collect data for planning and research and we do not know what they will take. There was a very short period for opt out. GPC have managed to push the data grab back to September so that GPs have time to have the opt out conversation with their patients. We are also awaiting more information on the communications of this.

**12. ANY OTHER BUSINESS**

**Medical Examiners** – the Secretary updated on a letter that has been sent to all practices regarding the introduction of Medical Examiners into general practice. The issue is there is no prescribed way of implementing this locally and there seems to be a risk to workload ie transferring of notes and data access and cremation fees will be lost.

**CLOSED MEETING**

The Chairman closed the meeting at 8.45pm.