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## The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 8<sup>th</sup> July 2021 at 7.00pm Via Zoom Conferencing

### OPEN MEETING

**PRESENT:** 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 R Khehar, Dr R Benney, Dr J Rayner, Dr E Penny, Dr S Manton, Dr J Rankin, Michelle Hallahan, Lisa Siembab

1. **APOLOGIES:** Dr D Herold, Helen Garfield, Dr M Venables, Dr S Parkinson, Dr I Haines, Dr M Shah, Dr S Morton, Dr K Gines, Dr J Rayner, Meryl Foster
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 10<sup>TH</sup> JUNE 2021 BY THE CHAIRMAN VIRTUALLY.**

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

**Acute Trust Issues** – the Secretary shared that Mike Hallissey has sent a letter to practices addressing some of the issues we have raised with the Trust.

**Responses from MPs** – the Secretary shared that she has had a productive meeting with Mark Garnier MP and is meeting with Robin Walker MP shortly. We need to keep our MPs in the loop as it is helpful to talk to them about a range of issues and they are happy to support us in the way we are currently working.

**Action: Secretary to update the Committee on the meeting**

**Estates** – this has been added as a regular agenda item.

**Medical Examiners** – the Secretary shared that she has made contact with the lead for rolling this out and he is happy to come to a future LMC Meeting to talk us through their proposals.

3. **MEMBERSHIP**

The Secretary welcomed Dr Stephanie Manton to the Committee as the Non-Principals Representative.

#### 4. **CCG**

**QOF** - the Secretary updated that the CCG has issued a letter to practices on QOF and this was quite complex this year. As this is nationally agreed it is difficult to challenge this locally.

**Safeguarding Enhanced Services** – the Secretary challenged fees for safeguarding reports a while ago and had originally suggested a fee of £100 for parent and children reports. This has been rejected and £30 per report with £5 for any additional reports suggested. This was originally included within ReVlvo but it is now an enhanced service that includes many other things.

Practices have been asked to complete a framework comprising of an 11 question survey. This now seems quite straightforward and this is included in the ReVlvo Contract.

**Enhanced Service Review** - the Secretary shared that in approximately 6 months time there will be a full enhanced service review with the Clinical Directors.

**NHSE Funding** – the Secretary shared that across our STP we cannot claim the additional funding for vaccinations as we have no lead employer and this is being addressed. There are also some issues around flu vaccination funding.

#### 5. **HEALTH AND CARE TRUST**

The Secretary updated that there was a meeting of the Clinical Practitioner Forum where mental health services were discussed as these have historically been very poor. Dr R Williams shared that the CDs have also written to the CCG regarding the lack of improvement in these services. John Devaprium has agreed to look at these services.

#### 6. **STP/ICS**

The Secretary shared that David Mehaffey, will be attending the LMC meeting in September to update on development of the board. She commended everyone to read the summary of the ICS guidance document produced by NHSE. The Secretary gave an update on the main points of the document.

The Secretary also summarised the changes to the Health and Care Bill. This includes the ICS and their commissioning responsibilities.

#### 7. **Acute Trust**

The Secretary shared that we have escalated a series of issues that have been raised with the LMC regarding the Trust. Xray and Scans waiting times were raised and an

update on times for these have been provided. The Trust has responded that they may have to make some changes but waiting lists still remain lengthy.

The Secretary ran through a number of the issues that have been raised with the Acute Trust.

Dr R Benney raised an issue with the rejection of referrals by the booking office without a fit test. The Secretary responded that unfortunately, despite our view that the Trust should conduct the fit test themselves, it is now nationally mandated that we must carry out a fit test if we make a referral.

Dr R Williams shared details of an IT tool that will be piloted in Worcestershire for waiting lists cleansing using a chatbot. Mike Emery from the CCG has shared this with the Clinical Directors. The aim is to filter the waiting list using an IT solution. It does not refer to primary care and gives contacts for the Trust. This will be piloted by two PCNs before rolling out across the county.

**Action: Dr R Williams to share details of this with the Secretary**

Dr J Rankin raised an issue with consultants requesting GPs to carry out blood tests despite, in some cases, them already putting these onto ICE themselves. He has challenged this with the specific Consultants as if they have put this onto ICE it is their responsibility. The Secretary responded that if a doctor orders a test in their name they are responsible for following up the results of that test and communicating the results to the patient. This is set out very clearly in the Patient Charter. A discussion on this followed.

## 8. REGULAR ITEMS

- a. **NHS England** – the Secretary shared that details of a new Diabetes Programme was sent out to practices and she ran through the details of the call and recall process. She has challenged this nationally as this has been issued from NHSE.
- b. **Public Health/County Council** – nothing to report
- c. **Education** – Dr F Martin shared that they are working with the trainees who have not worked in the NHS before. The Secretary shared a concern that the Three Counties Medical School are looking for practices who will take a trainee on. However, due to a drop in the tariff, the funding may be insufficient for practices to consider this.
- d. **People's Board** – nothing to report
- e. **EDI** – Dr R Benney shared that she has recently attended two meetings hosted by the BMA and the Trust and these covered a range of issues including how to support doctors in difficulty.
- f. **Estates** – the Vice Chairman shared that there was a recent meeting and the LMC raised the issue of S106 monies and there has been a reassurance that these monies will not be missed going forward and this seems much more organised. The ARRS posts were also discussed and hopefully there will be monies available and the plan is for the PCNs to submit applications on behalf of practices to ensure any monies are allocated fairly. New builds were also

discussed as there is no funding available and the Estates Expert as now left the CCG and this leaves a gap in knowledge. A discussion on S106 monies followed.

- g. Dispensing** – Dr J Rankin updated on the DSQS and a change in the way this is being administered. The West Midlands has now adopted the East Midlands system. The pre-submission questionnaire seems to be a duplication of work. We have had a reassurance that there will be no penalties for any practices who make late submissions. These remain virtual and Dr J Rankin agreed to confirm this.
- h. Out of Hours/NHS 111** – Dr E Penny shared that out of hours remains very busy and understaffed. They have sent out a survey to assess why they are struggling to recruit.
- h. Non-Principals Group** – Dr S Manton joined the Committee as the new Non-Principals Representative and she introduced herself.
- i. Registrars** – Dr L Jones confirmed this to be her last meeting although she is keen to take on the First Five role as and when it becomes vacant.
- j. P.M. Groups** – Michelle Hallahan shared that there is now a monthly PM Meeting and a Monthly PM Training meeting with the CCG. The Secretary raised the issue of Opel reporting and asked if PMs do have time to undertake this work. This is included in ReVivo as business as usual. The Secretary is negotiating with the CCG if practices can undertake just the baseline reporting as there is no clear advantage to us completing this as there is no support for practices if they are in the red. Michelle Hallahan suggested that practices could complete this by exception only. Dr R Williams confirmed that this was discussed at the Clinical Practitioners Forum as this is not being completed consistently. The feeling is that this is not going anywhere but if the CDs takes ownership of this they can provide some context. The Secretary agreed to this approach going forward.
- k. Administration** – nothing to report
- l. PAG** –nothing to report.
- m. GPPF** – the Secretary shared that all enhanced services are being reviewed as there are many disparities across localities and they do not seem to be based on any formula. Some areas have started to use the Department of Health and Social Care unit costs ie what does it cost for unit of time for a nurse or a doctor etc. In addition, Sussex LMC have developed a super spreadsheet to cost enhanced services. These discussions have been ongoing at the GPPF recently and it has been agreed for a finance expert to use these tools to cost some of the enhanced services to see how they work. The forum also discussed overflow hubs.
- n CPF/Clinical Practitioner Forum** – Dr R Williams shared that there was an update on diabetes and there is now some funding available to look at this area. A bid needs to be submitted for these monies. There is also some work ongoing to look at dementia services.
- o. PCNs** – Dr R Williams shared that there is a two hour response reoccurring monies and the Trusts have both made a bid for these monies. Spirometry is not funded and so we are not undertaking the work. This is funded in Herefordshire. There is now work being undertaken to look at a service for this.

## 9. MATTERS ARISING

**i) Data Sharing**

The Secretary updated that the CCG, as part of the Collaborative Data Sharing, is writing an opt out summary as part of a toolkit for practices to use so that patients can make an informed decision about their data. The LMC advice is practices can sign up but should not switch this on.

**10. COMMITTEES**

**a) GPC Committee** – Dr S Parkinson sent his apologies.

**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 Vice Chairman closed the meeting at 8.50pm.