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## The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 9<sup>th</sup> September 2021 at 7.00pm Via Zoom Conferencing

### OPEN MEETING

**PRESENT:** Dr R Williams, Dr P Bunyan, Dr G Farmer, Dr D Pryke, Dr D Herold, 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 S Morton, Dr K Gines, Dr C Whyte, Dr M Venables, Dr I Haines, Dr M Shah, Meryl Foster, Lisa Siembab

1. **APOLOGIES:** Dr S Parkinson, Dr J Rankin, Dr M Davis, Michelle Hallahan

The Secretary shared that Dr S Parkinson has sent his apologies although this would have been his last meeting as our GPC Representative. She thanked Simon for all his hard work in providing updates from GPC and feeding our issues into them. The Chairman also thanked Simon and commented that his source of knowledge would be greatly missed.

2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 8<sup>TH</sup> JULY 2021 BY THE CHAIRMAN VIRTUALLY.**

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

**Feedback from Meeting with MP** – the Secretary shared that she recently met with Robin Walker MP. The meeting went very well and we have had several positive meetings with our local MPs providing an opportunity to be honest about the situation in primary care. A letter has been received by Jo Churchill and was shared with the committee.

**Waiting List IT Solution** – Dr R Williams shared that his practice piloted the new waiting list IT solution and it went well. 50% of patients no longer required to be on the waiting list and there was no negative impact on the practice.

The minutes were signed off virtually by the Chairman.

3. **MEMBERSHIP**

Dr C Whyte raised that she is retiring within the next year and asked whether it should be a requirement for locality representatives to be a partner going forward and whether the Committee should think about reviewing this. A discussion on this followed. The Chairman asked for a review of all members and their role for the next meeting.

**Action:           The Secretary to review the constitution and bring this back to the next meeting**

#### 4.     **CCG**

**Becton Dickinson** - the Secretary shared an update on the blood tube collection issue that is ongoing. There is a weekly working group meeting to monitor this situation which the LMC involved with. Herefordshire does have a different method that we may be able to use. Our usage has reduced by 25-30% and the Acute Trust usage has reduced by 5%. New supplies should have arrived by mid September but this date may be pushed back. The LMC has asked NHSE for urgent communications to practices on this. There remain no QOF income protection. The LMC is pushing for this .

**PCN Contract Changes** – the Secretary briefly ran through the changes to the contract. PCNs are to be given more funding for leadership and management

**Osteoporosis Injections** – one of the Osteoporosis Nurses has retired leading to an increased number of requests to practices requesting this work to be undertaken. There may be a LIS for this work next year and this is being considered as the current funding is inadequate.

**Enhanced Services Review** – all of these are being looked at to gain some consistency across the former CCG areas and to look at what services we may need going forward. A spirometry LIS is being worked up.

#### 5.     **HEALTH AND CARE TRUST**

The Secretary updated that the same issues are still causing concern. She has recently discussed mental health and eating disorder services with John Devaprium. They have mental health workforce issues at present and increased referrals. They are reviewing their mental health service provision.

#### 6.     **STP/ICS**

The Chairman commented that this has stalled a little at present. The Secretary shared that David Mehaffey was due to attend the meeting to talk us through the new guidance for ICS development but he was unable to attend. The ICS is currently in the process of recruiting a new ICS Chair and Chief Executive by the end of October. After that time membership of the ICS Board will be discussed. He felt that the LMC could not be on the board in recent correspondence and the Chairman and secretary have

pushed back on this view. We need further detail on the remit and responsibilities of those on the Board.

A discussion followed on the need for GP representation at all levels within the ICS.

## 7. Acute Trust

**Medical Director** - the Secretary shared that Mike Hallissey has left the Trust and Christine Blanshard has been appointed and takes up the post in October.

**Action: To make contact and set up an introductory meeting.**

**Non clinician ICE requests-** there is a working group looking at this and a draft SOP has been created. A discussion followed on trainee doctors and their ability to make requests.

## 8. REGULAR ITEMS

a. **NHS England** – the Secretary shared that GPC are back in talks with NHSE. There was a discussion around low morale in practice staff and the impact of negative media articles and abuse from patients on them at present and what support could be offered. Ideas were discussed. The CCG is intending to issue some local communication to practices to help with this. The LMC is pushing the “ Support your surgery campaign “ . This is the national campaign to raise awareness of the situation facing practices which asks patients for support and includes a petition for government.

The Secretary shared that she recently attended a meeting with NHSE and the West Midlands LMCs. LMCs expressed the frustration felt by practices and called for NHSE to openly support practices more and look at the way they communicate with us and the tone that they use.

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

c. **Education** – Dr F Martin shared that we have an ever expanding VTS locally. There have been elections to the LMC Registrar Representative role and we should know the outcome soon

d. **People’s Board** – Dr S Morton shared that Care Homes are struggling to recruit and there may be an impact of staff being forced to be vaccinated and this could impact on hospital discharges.

e. **EDI** – nothing to report

f. **Estates** – Dr C Whyte shared that there is a large development being planned local to their practices. The CCG has responded that the opportunity for S106 funding has been missed. The Secretary asked for Dr C Whyte to share the information on this.

**Action: Dr C Whyte to share this with the Secretary**

g. **Dispensing** – nothing to report

- h. **Out of Hours/NHS 111** – Dr E Penny shared that the demand is increasing beyond previous pandemic levels and they are struggling to recruit. The A discussion on the system demands followed.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – nothing to report
- j. **P.M. Groups** – Meryl Foster raised that the issue of morale has been raised by several practice managers. PCN CCG Leads are calling practices where wait times are 15 minutes to through by telephone. Meryl Foster also raised an issue with spirometry and some practices are asking for advice on this as there is a growing concern and the implications on QOF. The Secretary responded that she will respond to the CCG on the issue of staff morale. She also asked the Committee for their views on what we could be doing as an LMC to help with staff morale. The Secretary outlined the #supportyourpractice campaign and the no abuse toolkit issued by the CCG. A discussion also followed on spirometry services. Meryl Foster raised an issue on behalf of another Practice Manager on the ACP funding and that this is only intended for new staff and PCN are not able to allow practices to use this funding to train existing staff. The Secretary asked for the details of this case. Dr M Shah responded that he sits on this decision making panel and these decisions should be at practice level.  
**Action: Meryl Foster to ask the Practice Manger to share the information with the LMC Office**
- k. **Administration** – nothing to report
- l. **PAG** –nothing to report.
- m. **GPPF** – the Chairman shared that all of the issues coming from the recent meeting have been covered in the meeting.
- n **CPF/Clinical Practitioner Forum** – the Secretary updated on the last two meetings.
- o. **PCNs** – nothing to report as covered in the meeting earlier.

## 9. MATTERS ARISING

### i) LMC Conference Motions

The Secretary updated that motions for the LMC Conference in November have been submitted. These were shared for comments with the Committee.

### ii) Healthwatch

The Secretary shared that Healthwatch have been supportive in trying to improve the quality and content of discharge summaries. They are producing a report on patients leaving hospital in Worcestershire and the LMC's comments will be included.

## 10. COMMITTEE

a) **GPC Committee** – Dr S Parkinson sent his apologies and he forwarded a written report via email.

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

**11. NEW ITEMS**

There were no new items

**12. ANY OTHER BUSINESS**

**Earnings Disclosure** - the Secretary shared that this singles out GPs and will be unfair on those who have worked extra shifts to cover staff absence, increasing demand, and as a result of retention and recruitment difficulties in some areas.

**Health and Social Care Tax** – this is particularly difficult for partners as they will be paying increased contributions with no additional funding to cover this and no way of covering those costs.

**Enhanced Service Review** – the Secretary shared that all enhanced services will be reviewed with CDs and LMC looking at the funding and the service specifications. The Chairman asked for any comments or ideas on the enhanced services specifications to be feedback to the LMC Officers.

**Action: All to pass any feedback to the LMC Office**

**CLOSED MEETING**

The Chairman closed the meeting at 9.05pm.