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Minutes of the
Worcestershire Local Medical Committee Ltd
Thursday 10th February 2022 at 19:00 hrs Via Zoom Conferencing

OPEN MEETING

PRESENT:
Dr D Herold, Dr E. Penney, Dr L Jones, Dr M Shah, Dr R Williams, Dr G Farmer, Dr F Martin, Dr R Khehar, Dr S Matthews, Dr J Chun, Dr S Manton, Dr D Pryke, Dr S Morton, , Dr P Harris, Dr J Rankin, Dr M Davis, Dr R Benney, Dr I Haines, Dr E Ukorebi,
H Garfield, , C Cooper (minutes)
S. Harris, J Dalloway, Dr T. Lee (guests)

1. **APOLOGIES:** Dr R Khehar, M.Foster, M. Hallahan, Dr C Whyte

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

The minutes were approved. It was requested that they be made more concise in future.

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

VCOD- No longer an issue due to change of policy.

Portfolio roles- The secretary noted that she had not met with Christine Blanshard since the last meeting but will raise it when she does

Flexible pools- to be covered in more detail later in agenda

UK Conference of LMC Representatives- Motions

Proposed motions were discussed and agreed with one amended. The Chair discussed a further motion with the committee and it was agreed that they could now be submitted to conference. It was felt that an additional motion relating to the inability to exempt report children in QOF whose patients refused vaccination was also necessary.

Action : A further motion to be worked up relating to childhood vaccinations . Agreed motions to be submitted to conference.

Advice for practices on Covid exemption certificates- this has been circulated

New coroner management system- The Secretary advised that she had reported to the coroner and asked for any feedback from the group to be passed on.

Redesign of meeting format- Done

3. MATTERS ARISING

i. Worcester Mental Health Collaborative Presentation.

The visiting speakers presented their slides, highlighting key points. Dr Lee then proceeded to outline the previous situation and current attitude, noting increased background support and explaining this was now clinically led with the support of non-clinical admin management. J Dalloway explained the immediate priorities, including IAPT services and noted CCG investment to improve services and the positive impact this was having. The visiting speakers noted that there seemed to be positive progress on mental health issues and that substantial changes should be seen over the next two years, with visual changes within 6-8 months, acknowledging that workforce was a challenge but that there was buy-in on this.

The Secretary thanked the visiting speakers for their attendance but noted concerns around the various levels of committees involved and the likelihood of dilution of decisions. These concerns were acknowledged but it was noted that transparency would mitigate and that the metrics for measuring success were clear.

A discussion ensued and it was generally agreed that the proposed approach was worth trying.

ii) **ADHD Service**

The Secretary outlined her concerns around the service, noting the content of a letter she had received and suggesting that the service appeared overwhelmed and not fit for purpose, creating a burden on GPs. Dr Lee agreed with certain areas of concern,

particularly that of service capacity and explained this is due for review in the near future. It was noted that ADHD service capacity was a nationwide issue and not just local, with 12 month waits country-wide. In terms of preliminary tests, Dr Lee suggested blood tests are reasonable to exclude other causes but agreed that ECGs were irrelevant until later in the process. A discussion took place regarding the general need to adapt the service and to communicate with teams trying to refer to it.

iii) **ICB Proposed Operating Model**

Unfortunately, no CCG representatives were able to attend.

iv) **Advice and Guidance Survey results.**

There was a discussion of the survey and the impact on workload of these requests and Dr Williams confirmed that there were ongoing discussions around slot types to record usage of time on these requests .
Dr Benney advised that she had had issues with returned referrals for advice and guidance. The Secretary requested that these emails be passed on to her for review. It was generally agreed that this looked like work transference and it was suggested that a fee could be attached for this and a funding commitment could be investigated.

v) **Skilled Worker sponsorship licence incentive for practices**

It was noted that the LMC had been lobbying for this and that this had been escalated with NHSE. Funding had been present before and now reinstated. It was noted there was good CCG support for this. Dr Shah noted that the form was complicated and took up a lot of time, suggesting the CCG might be able to support with the process.

vi) **Flexible Pools long term strategic direction**

There was a discussion regarding the availability of staff for these pools and concerns were voiced around what would happen if the funds made available could not be spent due to a lack of staff. It was noted that locums working for SW healthcare preferred remote working and that many GPs were being persistently asked to join the pools. A discussion ensued regarding whether or not the flexible pools were good value and whether it was really sensible to be diverting GPs from their main practices to take on flexible pools working.

Dr Morton noted a potential conflict of interest and the Secretary confirmed that she had approached this in a careful manner based solely on value for money. A discussion took place regarding similar workforce pools in other areas and how some had worked well. Other staff noted that they had never heard about the flexible pools until very recently. It was agreed that far more information and guidance was needed around this for practices.

Action : It was agreed that an update should be requested in 3- 4 months time from the CCG to ensure that progress had been made.

vii) **Independent Review of Primary Care and "Nationalisation of GPs"**

The Secretary outlined comments from the Secretary of State for Health and Social Care regarding "vertical integration" and noted her surprise that the GPC had not responded formally early on. It was agreed that this was worrying and could make it more difficult to retain GPs and suggested that revenue streams could be removed due to suggestions such as general vaccination hubs. It was agreed that this needed to be watched.

4. GPC COMMITTEE

Dr S Matthews noted that the last month had been busy, with two meetings in the time since the last LMC meeting. The first had been a regular meeting on the 20th January, and the second had been an extraordinary meeting on the 10th February.

In regard to the first meeting, it was reported that Farah's style was very different and that she had given an outline of her first nine weeks in post, noting the booster rollout, the Omicron variant and the appointment of her new exec team (Dean Eggitt, Richard Van Mellaert and Kieran Sharrock, who was the new vice chair). It was noted that Kieran had explained that the Committee was pro-vaccine, but anti-mandating these. On review, Dr Matthews advised that their area had been looking at a 5% loss of staff, primarily in non-clinical areas such as administration, noting that this would likely be destabilising with roles often being difficult to replace. It was also noted that the indicative ballot had been discussed and that the feedback was that the executive were not minded to proceed to a formal ballot, viewing the indicative ballot as leverage in itself and noting that the issue might resurface in other areas in future.

In regard to the extraordinary meeting, it was explained that this was called not to vote on proposals for the future but to vote on a motion to support the executive and to cooperate to deliver the best for General Practice. The motions was discussed by the committee.

5. REGULAR ITEMS

a. Health and Care Trust

- None

b. Integrated Care System

- Paper presented and discussed.

c. Worcestershire Acute Hospitals Trust
    - None

d. NHS England
    - None

e. Public Health/County Council
    - None

f. Education
    - None

g. People's Board
    - Paper presented and reviewed briefly

h. EDI
    - None

i. Estates
    - None

j. Dispensing
    - Dr Rankin noted that he had been trying to get to the Pharmaceutical Needs meetings to ensure that consultation questionnaires are relevant. DSQs data and questions could be used. It was also noted that Tenbury Practice had asked for help and that there were dispensing issues there. It was noted a contact at the CCG was helping to contact NHSE to check rurality status for this practice.

k. Out of Hours / NHS 111
    - None

l. Non-Principals
    - None

m. Registrars
    - Dr Chun noted that she would be going on maternity leave in April and was seeking a replacement.

n. P.M. Groups

- Helen Garfield noted that there had been an issue with clinical pharmacists being unable to request test results back to themselves, but that this was in hand. The Secretary confirmed she had raised this.

o. Administration

- None

p. CPF

- Work underway re winter hubs, attention on CPCs and community pharmacies. Concerns have been raised around implementation and will be writing to LPC with concerns.

q. PCN

- Work ongoing regarding frailty- will be writing to the Acute Trust regarding boarding patients in the corridor to ITU.

6. ANY OTHER BUSINESS

None

CLOSED MEETING

The Chair closed the meeting at 9.18pm

DATE OF NEXT MEETING: Thursday 17th March @19:00