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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 13th January 2022 at 7.00pm Via Zoom Conferencing

OPEN MEETING

PRESENT:

Dr D Herold, Dr E. Penney, Dr L Jones, Dr M Shah, Dr R Williams, Dr C Whyte, Dr J Rankin, 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 J Rayner, Dr K Hollier, Dr I Haines, Dr R Benney, Dr E Ukorebi, Dr P Bunyan
H Garfield, M Foster, C Cooper (minutes)

1. **APOLOGIES:** M Hallahan, Dr M Davis

It was noted that Lisa Siembab had left the LMC and that interim support was being provided by Taurus for the moment.

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

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

Delegated funding- Dr D Herold shared that this was ongoing and there had been no recent ICS meeting at which to raise this matter. Next meeting due Feb and will be picked up there.

Dr G Farmer noted that the Health and Care Trust are due to attend the next meeting with regard to the MH Collaborative.

Acute Trust Contractual Audit- Noted this was ongoing 31st Jan to 13th Feb. It was urged delegates to engage with this, particularly on the matter of inappropriate transfer of work to primary care.

People's Board- It was noted that Holly Hastings had left this role. The Secretary confirmed that they had written to the CCG to request that the role be continued. Dr M.Shah advised that they had met with the CCG recently and they had confirmed that a suitable replacement was being sought.

PAG- it was noted this is now run on a rota system between LMCs, which posed some challenges. The secretary noted that discussions this group had highlighted a need for training for less experienced LMC officers. A discussion took place regarding how historically inexperienced officers had been able to attend with more experienced members and that learning had been on the job.

3. **MEMBERSHIP**

Dr R. Benney noted that she would be going on maternity leave in May and it was agreed that she would attempt to seek cover.

It was noted that Dr K Gines was still on maternity leave.

4. **CCG**

Masks- The Secretary noted that discussions had been undertaken with the CCG regarding making higher grade masks available to general practice and the associated need for fit testing. Individual risk assessments were up to practices to arrange and determine. The Secretary noted that there was a variety of advice around this, with BMA having advised that if fit testing is available then practices should try to obtain FFP2 or FFP3 for AGPs, whilst PHE have the view that surgical masks are sufficient and the DHSC have based this on risk assessment and allow for higher grade masks to be ordered through the portal if required.

A discussion ensued regarding the challenges, including the difficulties in acquiring fit testing, different types of masks required and the costs involved versus the need to protect the workforce and avoid mass absences. It was noted that Herefordshire has an arrangement with the Trust regarding fit testing and that it would seem logical for Worcestershire to have the same facility, though it would be necessary for the LMC to broker this themselves as the CCG had advised they would not facilitate this and that brokering supply would be a slow process. It was noted that more vulnerable staff might be more comfortable with higher grade masks .It was also noted that patients wearing masks should also be enforced where possible.

In conclusion, it was agreed that this would come down to individual practice choice and it was asked that if delegates are interested in fit testing being arranged that they feed back to the committee regarding this.

Respiratory Hubs

It was noted that there had been discussions with CDs regarding these hubs, and that they might be primarily useful for filtering RSV cases if paediatric input could be found from local trusts, though at the moment the intent and staffing was unclear.

Covid outbreaks in practices

It was noted that workforces could be depleted quickly given the infectious nature of the disease. Our regional PHE team had requested that practices complete lengthy reports on any covid outbreak to allow them to assess if advice should be offered. The LMC has advised that this will create additional workload for practices with no guarantee of support to follow.

LFT/PCRs

It was noted the supply issues had now been resolved and that there was now access to PCRs through the Trust, with the removal of the requirement for a PCR for asymptomatic cases reducing the pressure. It was noted that GPC had communicated on this rather than NHSE.

Covid Medicine Delivery units/ virtual wards/ Hospital@Home

It was noted that there were a lot of ideas but these were not necessarily well resourced.

Staff vaccination - VCOD

The secretary raised the issues faced in light of the legal requirement for all patient facing staff to be vaccinated. It was noted that practices needed support in dealing with these matters. A discussion took place regarding issues in individual practices. It was advised that practices should ensure that they document any discussions and that HR policies are followed to the letter and that if in doubt, advice should be sought from the LMC/BMA/NHSE. It was suggested that an enquiry should go out to practices to find out the levels of unvaccinated staff.

Action : Secretary to raise with the CCG, the need to have data on how many practices / staff this affects.

QOF

It was noted that there is no facility for exception reporting of childhood vaccines/ immunisations in the case of parental refusal. Practices with high refugee numbers would also be affected as the timeframes had been missed for these immunisations.

This is likely to impact unfairly on practice income and is being escalated by the LMC with GPC.

5. HEALTH AND CARE TRUST

It was noted they would visit next month and that the focus would be on mental health. Representatives were asked to consider what questions they may wish to ask.

6. STP/ICS

The Chair noted that there had been no ICS for some time but that meetings were due to recommence at the end of the month. The Secretary commented that Hollie Hastings had raised a point regarding building relationships with other services (optometry, dentistry etc) and it was agreed that this would be a useful alliance, though it was noted that benefits needed to go in both directions.

A discussion ensued regarding the changes within the CCG, including the potential future loss of CCG GPs and it was noted that there was a risk of a real loss of skill and corporate knowledge for general practice.

7. Acute Trust

The Secretary noted that there had been discussions between LMCs on how we should and could record what we do and not just clinical consultations and the potential to use the READ code “ inappropriate use of GP service “.

A discussion took place around retention of workforce, building relationships with PCNs, digital work, pharmacy- it was noted this was all covered in the MPU document.

The Secretary requested that meetings with Christine Blanshard be chased. It was noted that Christine had attended CPF recently and a discussion had been held regarding GP portfolio roles. It was noted that there are issues around GPs working in secondary care and it was suggested that the relationship should not involve GPs being employed by the Acute trust.

Action: The Secretary agreed to raise this in meetings with Christine.

8. REGULAR ITEMS

- a. **NHS England-** The Secretary confirmed that she had attended the ARRS unclaimed funding panel and a discussion followed. It was noted that there were issues around estates and managing strategy, resource and funding.

Concerns were expressed that while there was funding for staff, estates and supervision could be a limiting factor.

- b. Public Health/County Council** – new designated Covid sites being commissioned via local council to manage more effectively discharge of Covid positive patients.
- c. Federation-** A discussion ensued regarding funds for locums being supplied when locums were not available. The Secretary agreed to clarify with the CCG where the funding came from and what numbers of locums had been provided.

Action: To seek assurance around flexible pools and the service provided to date for practices.

- d. Education** – Nothing
- e. LWAB-** Nothing
- f. Dispensing- Nothing**
- g. OOH/ NHS111-** No performance figures available for Nov/Dec due to an Aadastra upgrade, though the overall suggestion was that pressures were easing due to measures such as moving GPs around. Staff sickness levels improving, recruitment continues to be dire. Discussions underway around OOH in the ‘acute village’- little information available about this but a fuller update should be available for next meeting.
- h. Non-Principals Group** – nothing to report
- i. Registrars** – nothing to report
- j. P.M. Groups** – Meryl Foster advised that practices had faced significant issues with requests for exemption certificates. Secretary asked for the practice to contact her regarding this specific incident. A discussion took place around the time these take and the approach practices were taking with these. It was noted that 119 were supposed to advise on these but they did not appear to be filtering the queries. It was noted that there were resources available to direct patients to regarding the exemption forms and the Secretary agreed to circulate some information if necessary.

Action: Secretary to circulate further advice for practices on covid exemption certificates.

- k. Administration** – nothing to report
- l. PAG** –The Secretary confirmed that meetings had been arranged and would advise on the schedule of these once confirmed.
- m. GPPB** – Nothing specific to report.
- n CPF/Clinical Practitioner Forum** – The Secretary queried the viability of changing the day or time of these meetings to allow her attendance. The Chair of CPF RW agreed to pick this up. It was noted that the Worcester shared roles were to be worked on. Update on OOH procurement- all underway, this is likely to be re-procures for 12 months. Community frailty approach- it was noted there was a lot of work going on in regard to an integrated approach to frailty. It was made clear that this was not core GMS work and that would report to

Home First rather than CPF. It was noted that it would be valuable if the falls clinic and MDT could be re-established.

9. MATTERS ARISING

i) CQC Meeting

The Secretary updated that she had met with the CQC interim inspection manager (Steve Paisley) and had found his approach reasonable and proportionate, suggesting that he would liaise with the CCG and use local intelligence before moving to inspection. The Secretary shared that the new representative had suggested that there would be changes to the inspection policy and that she had discussed challenges facing practices with him and found him receptive and seeming to be supportive. A discussion ensued regarding varied impressions from the CQC. It was agreed that volumes of information requested were vast.

10. GPC COMMITTEE

Dr S Matthews confirmed that there had been no meetings recently but that one was planned for next Thursday (20th) to consider the ballot results and next steps. It was noted that the new executive of the committee had been appointed and Kieran Sharrock would be taking up the role of vice chair. It was noted that the UK Chair had been taken by the former head of GPC Wales and that Farah had expressed that she would like the GPC to be less hierarchical and more collaborative, looking for wide views from LMCs on the way that things go forward in future, especially in light of the proposed action following the letter from NHS England last October. It was noted that the GPC was now very mixed and covered many of the factions, with a good range of experience, which was noted to be a shrewd move.

11. HEALTH AND SELECT COMMITTEE RECOMMENDATIONS ON CLEARING GP BACKLOG

The Secretary outlined the review carried out by the committee headed by Jeremy Hunt, noting that the comments made in the committee were generally sensible, with recommendations to move away from the numerical targets on face to face and more focus on assessments based on clinical need, and that they seemed to be taking more into account how practices could best support their patients with the resources available.

12. NEW ITEMS

There were no new items

13. ANY OTHER BUSINESS

New Coroner management system

The Chair commented that he had piloted the system and found it a considerable improvement and much quicker, though it did ask some questions that were difficult to answer (maiden name and place of birth) but in general was much more straightforward. Dr S Morton confirmed that he had also used the new system and found it no more difficult than Emis. It was generally agreed that all would be comfortable with a rollout toward the end of February and the Secretary agreed to take this forward.

Action: Secretary to report to the coroner that the LMC supported the roll out at end of February.

Layout of meetings

The Chair explained that he had recently attended a leadership course and had found some useful suggestions on running more effective meetings, noting that while the LMC meetings are information-giving, they would be improved by more opportunities for discussion and debate. The Chair proposed that the agenda should be closed a week prior to the meeting. A discussion ensued on this matter and there was general agreement that changes could be made. It was agreed that the Secretary was working very hard to advance the interests of the LMC and that it would be helpful if the meetings could support this better.

It was suggested that an agenda could be provided with attachments prior to the meeting, giving reading time to read and absorb. It was also suggested that an online forum or resource might be useful for reference, especially for newer delegates who were unfamiliar with terms or issues. The Secretary noted that she would be grateful for feedback if delegates were finding anything in the meeting difficult to follow, also noting that the meeting agendas would need to remain flexible to a degree to allow for quick reaction to new issues.

Consideration was given to setting up a WhatsApp group, Teams or similar for informal discussions, though it was noted that formal queries would need to come through emails in order to maintain an audit trail and to ensure that realistic timelines were given for responses. It was suggested that alternative discussion forums could be considered at another meeting.

Action: The Chairman ands Secretary to redesign the meeting format

Industrial action

A closed discussion took place following the meeting regarding Dr Farah Jameel's email.

Action: Key points from the discussion to be fed back to GPC and Sarah Matthews

CLOSED MEETING

The Chairman closed the meeting at 9.05pm.