

**Worcestershire  
LMC  
Limited**

*Working in Partnership to Support General Practice*

**Minutes of the Worcestershire LMC Meeting  
Held on  
Thursday 10<sup>th</sup> November 2022  
7.00pm Virtual MS Teams Meeting**

**Present:** David Herold (Chair), Gillian Farmer (Secretary), Leah Jones, Meeraj Shah, Fiona Martin, James Rayner, Ravi Khehar, Roy Williams, Emma Penny, Paul Bunyan, Seb Morton, Katy Gines, Stephanie Manton, Jonathan Swallow, Felix Obuehi, Helen Garfield Tracey Summers.

Guests: Stephen Graystone (Medical Examiner)

- 1. Apologies:** Sarah Matthews, Kevin Hollier, Rebekah Twomey, Meryl Foster.
- 2. Approve minutes and review actions:** The minutes were reviewed by the Secretary in the absence of the Chair; it was agreed that this was a true and accurate record of the meeting.

Actions reviewed by the Secretary

- **Christine Blanchard Meetings** – Secretary read out a communication from Christine Blanchard to Tracey Summers. The email stated why she felt that the current level of communication between the LMC and herself was sufficient. The Secretary found this explanation acceptable at this time.
- **Future Meeting Dates** – Secretary confirmed that TS had confirmed all future meeting dates to the end of 2023. The dates had gone out with the agenda. Committee members were asked to remember that the start times for virtual meetings and F2F meetings were different.
- **Meeting with Richard Van Mellaerts GPC/BMA** – Secretary confirmed that a webinar event had now been set up for the 17<sup>th</sup> November to discuss safe working practices. Richard would give a presentation at the event and answer any questions. It was stated that the LMC had invited PM's and at least one GP Partner from each practice to attend.

- **West Mercia Police, Most Appropriate Agency** – Secretary stated that she had held a meeting with Lee Davenport, Operation Demand Manager at West Mercia. The police wish to change the way that safe and well checks are done. If a GP calls them out in the future they will require the GP to be clear on what they are requesting them to do. The police feel that with their other responsibilities, they are not the most appropriate agency to do this work and that the GP should be contacting the Health and Care Trust. Funding will be given to the Health and Care Trust to support this.  
MS raised concerns over gaining access to properties because it was felt that the police were the most appropriate to do this in an emergency.  
A round table discussion took place.  
Secretary concluded that
- **Primary /Secondary Care Interface with NHSE.** – Secretary could not attend the meeting but she did send a copy of out letter sent out to the Acute Trust. It was also explained that a lot of the issues were contractual ones and that contractual boundaries were being ignored. NHSE have taken these comments on board.
- **Minutes of the LMC Meetings** – Secretary confirmed that TS was now going to be entering these onto the current website until the new website is ready.

### 3. Matters Arising

#### 3.3 Medical Examiner Roll out to GP - Guest Dr Stephen Graystone- Lead Medical Examiner. (Addressed out of order due to guest speaker attendance).

- Secretary introduced the guest speaker to the committee.
- Guest (SG) explained that this is a new system that has been set up Nationally as a result of changes in legislation surrounding the registration of a death. The origins of the change have been inquiries into situations where it has been deemed that patients are dying unnecessarily. It has been difficult in the past for unnecessary deaths to be flagged or pick up concerns raised by families. Therefore as a result of a number of inquiries it has been recommended that there is an overview of non-coronial deaths. The coroner is involved in all is unknown or where the cause of death is unknown. This accounts for 30% of deaths but for the other 70% of deaths there is really no scrutiny or support for families or GPs dealing with those circumstances.
- April 2023 the legislation will be changed so that all deaths will either have to be reviewed by the coroner or reviewed by ME service.
- SG explained that the view of the ME team is that they want to develop service that will be supportive to GPs and families. Helping GPs to provide a medical death certificate that is written well and is acceptable to the registrar. Also assisting GP's in making a decision about whether coronial involvement is needed or not.
- ME team will also help families understand what's written on the medical certificate.
- The team has already been supporting the doctors at St Richard's Hospice to see how this process is likely to work with community deaths.
- The new process will mean that all death certificates will be processed by the ME office prior to going to the registrar. If they have any concerns as a result of their review they will contact the GP.
- Secretary stated that there was a concern, if an issue was raised about a death how would the concerns be escalated.
- Secretary asked if the committee was happy that any complaints should be addressed with the GP in the first instance. Chair confirmed this stance.

- KG asked about turn around on the process and whether they could meet deadlines. SG stated that the new team in place would be able to meet these deadlines
- PB asked whether this would affect Cremation paperwork. SG stated that from April 2023 the death certificate will incorporate a Cremation section that will be completed by the ME team prior to going to the registrar.
- Elgar House and Severn Valley Practices are pilot sites for the community deaths role out.
- Chair thanked SG for his attendance.

### **3.1 NHSE – Accelerated Citizen Access to GP data programme**

- Chair stated that this has been difficult as the LMC can only advise as this is a contractual issue. Confirmed that a lot of practices have now put temporary blocks on their records
- Chair will be raising a motion at Conference about this issue.
- Secretary reviewed everything that has been communicated to practices so far.
- Secretary explained what release of data is contractual and what is not
- Chair stated that a lot of data is now coming through from Secondary Care asking practices not to share this information
- RW stated that Secondary Care is aware that this is happening. There are blocks that can be used to prevent the patient from seeing information from other third parties. There are going to be meetings with the Safeguarding teams to encourage the continued share of information
- FO asked what happens when the patient asks about an letter that has been marked for not sharing. Chair stated that in such occasions we should state that the letter is non-disclosed.
- MS stated that a lot of patients are still unaware of what they can have access to. RW stated that NHSE are trying to avoid opening old records and only giving access going forward.

### **3.2 GPDF General Meeting vote**

- Chair introduced PB as the GPDF rep to set out what has happened with the resignations of the committee members and the impending vote.
- Secretary stated that 3 of 4 Directors have stood down prior to the General Meeting.
- Secretary reviewed the details as reported in the October LMC Meeting
- Secretary outlined the content of the General Meeting. Discussing the 3 plans to vote on moving forward. (see details in appendix)
- There are already splinter groups with LMC's looking at how the GPDF should work in the future
- Secretary said there has also been a call for no confidence in the board
- Secretary opened the discussion with the room to decide the way we should vote
- Chair addressed the room with his thoughts on what would happen with a vote of no confidence
- This is a difficult decision to make as nobody is aware of what would happen as a result of no confidence
- PB stated that the structure appears to be outdated and this causes issues with the way in which they support LMC's.
- Secretary discussed the legal wording of the resolutions
- Chair and Secretary asked the committee for their views on the vote
- Chair asked PB to attend the meeting and find out what the consequences would be of a no confidence vote
- Secretary suggests that we could withdraw our funds in a couple of months if we do not see any acceptable change. PB supported that approach.
- Round table vote taken, Conclusion of vote. PB to vote for plan 2, do not take the vote of no confidence at this stage and review the situation in 2 months time

### **3.4 Medical student tariff changes - update**

- Secretary read out the response as detailed in the appendix 4. On the 1<sup>st</sup> September all the schools are now being funded the same amount. In addition some of the schools received out of tariff funding.
- It is now important for practices to review whether this is a benefit to have medical students in their practices given the reduction in funding and increase in costs.
- Discussion took place about 3 Counties Medical School and when this is likely to go ahead.

### **3.5 Future of General Practice report.**

- Secretary advised the committee to read the report as included in the appendices
- Chair supported the report contents
- PB said he hopes that the report will be followed through in government policy

### **3.6 Risks to General Practice and recommendations for ICS to action.**

- Secretary attended a meeting with Simon Trickett, Lynda Dando and the Clinical Directors to discuss the issues currently affecting General Practice.
- Appendix 6 includes some data that shows how well the Worcestershire practices are performing.
- Discussion took place on INR funding. RW said that

### **4.0 GPC Update** by Sarah Matthews

No update this month

### **5.1 Health & Care Trust**

- Secretary stated that she had received a letter from Sarah Dugan in response to the LMC letter discussed at the last meeting. The contents of the letter have been brought to the attention of the CD's and it was now felt that we need to wait to see what action is taken going forward.

**Action:** Secretary to update on any significant changes going forward

### **5.2 Integrated Care System**

No update.

### **5.3 Worcestershire Acute Hospitals Trust**

- Secretary stated that most of this section had already been covered in the review of actions.
- The new Deputy Medical Director, Julien Brulee has been appointed. He has seen the letter that the LMC has sent to the Trust and he has said that he would like to discuss issues further.

**Action:** Secretary to make contact with him.

#### **5.4 NHS England**

No update

#### **5.5 Public Health**

No update

#### **5.6 Education**

No update.

#### **5.7 People's Board**

- SM – said MS attended a workshop. MS stated that this identified that there are too many groups looking at the same issues so it is likely that one group may bring these together in the future.

#### **5.8 EDI**

No Update

#### **5.9 Estates**

- MD attended the Estates meeting.  
Secretary stated that the threshold on 106 monies has been increased.

#### **5.10 Dispensing**

- Chair announced that Paul Bunyan will be taking over from James Rankin as Dispensing Representative. Dispensing doctors will give him their support.
- Chair confirmed that the pharmaceutical group recognised that there are no gaps in the service throughout the county.

#### **5.10 OOH/NHS 111**

- EP stated there has been an improvement in performance and she will provide a report to the committee. There will be an ST2 post vacancy.

#### **5.12 Non Principals**

No update.

#### **5.13 Registrars**

No update

#### **5.14 PM Groups**

- TS advised that together with HG they have hopefully recruited a replacement PM rep in the Bromsgrove / Redditch area
- MF is also actively looking to find a replacement for herself when she leaves in December.

#### **5.15 ADMIN**

- TS asked the committee how they feel about the LMC assisting practices with recruiting GP's. Using the website to advertise.
- SManton – should refer them to the Training Hub page.
- Chair – Asked how we deal with this now. TS stated we just refer them on.
- SManton – use a link to the training hub on our future Newsletters.
- Conclusion LMC will not advertise but will refer to the Training Hub.

#### **5.16 GPST**

- Secretary stated that the GPPF is still needed but it is continuing to evolving into the new group

#### **5.18 PCN**

No update

#### **6. Any Other Business.**

- Flexible Pools – Secretary reminded the committee of previous discussions. Evidence has shown that the flexible pools is not working. Therefore opportunities are being looked art for funding for this to be redistributed in the future.
- MS stated that the GP's wanting to work with flexible pools are being told there is no work available

Chair confirmed that the next meeting would be on the 8<sup>th</sup> December and a virtual meeting.

Meeting ended at 21:22