

**Worcestershire  
LMC  
Limited**

*Working in Partnership to Support General Practice*

**Minutes of the Worcestershire LMC Meeting  
Held on  
Thursday 12<sup>th</sup> January 2023  
7.30pm The Worcester Room, The Swan, Whittington, Worcs.**

**Present:** David Herold (Chair), Matt Davis (Vice-Chair) Gillian Farmer (Secretary). James Rayner, Meeraj Shah, Ravi Khehar, Emma Penny, Fiona Martin, Paul Bunyan, Seb Morton, Katy Gines, Jonathan Swallow, Caroline Harker, Helen Garfield, Ian Haines, David Pryke, Kevin Hollier. Tracey Summers. Sarah Matthews (GPC).

- 1. Apologies:** Stephanie Manton, Roy Williams, Phillippa Holroyd, Andrea Hinton, Leah Jones.
- 2. Approve minutes and review actions:** The minutes were reviewed by the Chair and the Secretary; it was agreed that this was a true and accurate record of the meeting.

Actions reviewed by the Secretary

- **Contact with Dr Julian Berlet** - Unfortunately the Secretary had not been able to make any progress with this. Hollie Hastings had also been trying to contact him without success. TS stated that she had contacted his private secretary and left a message for Dr Berlet.
- **Feedback on letters sent out to MP's.** – Rachel Maclean MP has been the only one to respond so far. A meeting is currently being arranged for a date in February. S Morton suggested sending a letter to Wes Streeting from the Labour Party. Chair suggested that we ask him to come to Worcestershire and see how the system works well here.

Action: Secretary to write to Wes Streeting.

### 3. Matters Arising

#### 3.1 GPDF Update

- Secretary addressed the committee to explain what had happened since the last meeting. A meeting took place on Friday the 6<sup>th</sup> January 2023. The Secretary read out an email sent by Zoe Norris to all members. Six interim Directors have now been appointed. Review will take place in September 2023.
- There are a number of LMC's who withheld the levy payment because they were not happy. These LMC's have agreed that once satisfied with the changes they will repay the levy amounts outstanding.
- S Matthews stated that recently 40% of LMC's had withheld their levy and this was one of the main issues that lead to this action being taken. Agreed this has been a positive move.

#### 3.2 GP Pressures, OPEL Reporting and Safe Working

- Secretary stated this was an important topic given the current situation in general practice.
- There have been a number of relaxations on the CEIF contract.
- Some changes to enhanced services that are helping to alleviate the pressures.
- A number of LMC's throughout the country have been pushing for suspension of the QoF to protect income. NHSE have said that this would not be considered unless the situation escalated to level 4.(Black)
- Lynda Dando has sent a letter for consideration to the NHSE
- Chair stated that this should have been looked at when the Strep A issue was at its height.
- Secretary reported on a meeting regarding OPEL reporting. Several practices are sceptical about this process. HG stated that if the OPEL reporting team contact the practice you can decline their phone call.
- Main area of discussion was around what constituted an emergency situation and once this was reported what was the escalation process. It was important from general practice to know what support was out there to support and emergency situation.
- Chair stated that there were several issues that could constitute an emergency in general practice. Definition needs to be clearer.
- Secretary explained the Amber, Red and Black levels.
- Safe working practice guidelines need to be considered alongside this. Practices should be clear on what levels of demand they can safely deal with.
- Secretary reported on a Safe Working Workshop that she attended that was organised by the LMC's Networking Group.
- Levels of patient appointments were discussed and it was agreed that whilst the suggested level was 25, this needs to be a number that each individual practice agrees is a safe level for them.
- Conor Price from Taurus Healthcare data analytics was at the meeting and he stated that he could analyse practice data to support them in putting a case forward.
- MD stated that he felt that 20% of workload at his practice was beyond the safe levels and asked if the idea was that there would be a centre funded that could deal with the excess demand
- Secretary stated that this is a system problem and we need to make a strong case that Worcestershire general practice requires a centre that can cater for the excess demand. Currently the Primary Care Unit is funded by the ICS and run by Secondary care is under utilised. Therefore, we are requesting that this funding is moved into the Community. This model works in Birmingham with walk in centres throughout the area.
- HG stated that the walk in centre in Worcester was closed due to a lack of funding.

- Secretary said that the main aim of the Workshop was to devise a practice toolkit to enable practices to decide on what they could do within their own practice.
- Whatever changes are introduced should be communicated to the patient's groups.
- Waiting lists in general practice were discussed and it was agreed that this would need to be a standardised practice across the country if introduced.
- GPC is tying this into contract negotiations.
- DP asked about funding coming into general practice. He was concerned about the workforce of overflow hubs, level of expertise and appointment times.
- PB agreed with DP and stated that the funds for a hub could be better used in general practice
- JS said that ANP's could be used rather than locums
- HG stated that the WFNT appointment system was not working effectively
- S Matthews said that the have an urgent treatment centre in CVW, run by the trust with an emphasis on keeping patients out of A&E. This is not open to general practice. Community has no say how this is driven
- Secretary stated that this would have to be a community lead centre for it to work for us.
- PB – should be spare capacity in each practice rather than a hub. When hub is not busy what would the staff
- Chair -general practice must continue to state that hubs do not work and the funding needs to be fed into practices.
- FM - that some GP's would work more hours if their workload was not so substantial
- KG – workforce is the biggest issue. If funding was available at local practice level then this would also help with staff retention.
- S Morton – ARR'S could be expanded with the use of nurse practitioners
- Secretary – GPC are fully aware of all these issues but the government do not appreciate this
- Chair - The message from the committee to the GPC should be clear. More funding into the core contract to allow practices to manage demand.
- RK – practice's are also being constrained by estates funding
- DP – concerned that GP's would end up only seeing patients with chronic conditions rather than a variety of work
- S Matthews (GPC) concluded that what we wanted was to be given back control, give us more flexibility as to who we appoint and how we run our teams within our own practices because we know our individual environment. Give us the room in which to work, estates management. Protect and expand our funding.
- Secretary gave an example of a practice that limits itself to 25 patients
- If practices do implement any changes that work please advise the LMC
- 9 to 5 working was discussed around the table

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

- S Matthews stated that there was a GPC UK meeting in December.
- Colin Melville from the GMC spoke at the meeting about SAS working in general practice.
- After the speaker left a debate followed. There was strong feeling that it was inappropriate for SAS to work in general practice. In particular
- SAS numbers have increased by 40% in the last year. Therefore there is a large resource that could be used at a certain level for staffing
- It was decided not to vote on this without further discussion.
- Trainees presented on the industrial action vote. GPC gave support as an emergency motion.
- Future shape of the GPC was also discussed. Number of meetings held have been reduced.
- S Matthews outlined what the changes might be

## 5.1 Health & Care Trust

No Update

## 5.2 Integrated Care System

- Chair – gave a report on the ICS Assembly he attended in December. Click [here for detail](#).
- Next meeting will be on the 15<sup>th</sup> March – MD to attend for LMC.

## 5.3 Worcestershire Acute Hospitals Trust

- Secretary – WAH is currently at level 4 and there are no signs of this improving
- RK – the concern from patients not wanting to go into hospital puts the pressure back into primary care
- EP – A&E are taking a lot longer to see patients that could be seen quicker in general practice

## 5.4 NHS England

- Secretary attended a meeting of PAG.(Performance Advisory Group)
- Review of GP performance cases where there is a complaint. LMC's do this to support each other's GP's.
- NHSE are having regional meetings and they do want to engage with LMC's.

## 5.5 Public Health

No update

## 5.6 Education

No update.

## 5.7 People's Board

- S Morton and MS attended the board. S Morton talked through his report.
- Lack of pay is still the main issue for retention of staff
- Hollie Hastings and Mike Hearne also attend the meeting

## 5.8 EDI

No Update

## 5.9 Estates

- MD attended the meeting.
- Surveyors have been appointed to give a report on the current state of estates
- S Morton – Section 106 appears to be improving. There is not so much work involved in putting forward the application
- TS lets practices know when there are planning applications in a practice area

**ACTION – MD to discuss planning application levels of reporting with TS**

## **5.10 Dispensing**

No Update

## **5.10 OOH/NHS 111**

- EP – gave a report on the current situation and said that times are very difficult now.

## **5.12 Non Principals**

No Update

## **5.13 Registrars**

No update

## **5.14 PM Groups**

- HG asked if there was an update on the meeting held on the 1<sup>st</sup> December reference GP Worcestershire Limited.
- Secretary stated that Robert Varnam is producing an MOU document for review.

## **5.15 ADMIN**

No Update

## **5.16 GPPF**

- Secretary discussed a report from another LMC that outlined data for the amount of admin work being undertaken by GP's. Report was shared with RW to discuss further with Conor Price to see if this type of report could be replicated for Worcestershire.

## **5.18 PCN**

- Secretary – CD Forum included a presentation from Prof. Michael Holmes on a working model that had been set up called Nimbus Care.
- Secretary explained their model and their communication with the LMC
- HG - The new model for Worcestershire will have to include all the practices and not all practices are happy with the current PCN approach.
- Secretary stated that this new type of model is happening across the country.
- Discussion took place around a new model.

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

- FIT Testing – Not in NICE. Dr Berlet to work with RW to design a symptom pathway
- Payments for teaching space – Dr M Allen wrote to the Secretary. Secretary read out the letter. ICS confirmed that they will fund the rooms.
- Firearms – Secretary received a letter from WM Licencing Unit. They renew 8000 applications per year. They will only let practices know in future when an application has been rejected. Secretary asked them to do this within a time frame so that flags can be removed. 4 week time frame has been requested,

Chair confirmed that the next meeting would be on the 9<sup>th</sup> February 2023. This will be a virtual meeting on Teams. Meeting ended at 21.37