

Chairman: Dr Shaun Pike – spike@worclmc.co.uk

Vice-Chairman: Dr David Herold

Secretary: Dr Simon Parkinson - sparkinson@worclmc.co.uk

Executive Officer: Lisa Siembab - lsiembab@worclmc.co.uk

The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 8th February 2018 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr M Davies, Dr G Farmer, Dr I Haines, Dr D Herold, Dr R Kinsman, Dr F Martin, Dr G Moore, Dr S Morton, Dr J O'Driscoll, Dr S Parkinson, Dr S Pike, Dr D Pryke, Dr B Fisher, Dr J Rankin, Dr H Ray, Dr J Rayner, Dr M Venables, Dr L Stepien, Dr M Jordan, Dr R Fanous, Dr R Dhuck, Dr E Shantsilla, Dr J Seewoodhary, Amy Louvaine, Lisa Luke, Lisa Siembab, Lynda Dando, Dr Anthony Kelly, Mr Graham James

- 1. APOLOGIES:** Dr K Hollier, Dr E Penny, Dr P Bunyan, Dr B Fisher, Helen Garfield, Dr C Whyte, Dr C Ellson
- 2. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 11TH JANUARY 2018**
- 3. MEMBERSHIP** – nothing to report
- 4. CCGs** –Lynda Dando updated on the on the engagement that begun on The Promoted Clinical Excellence Contract for 2018/19. There was a small meeting on the 7th February 2018 to test the direction of travel and if the investment is the right proportions. There is a new process for sign off on this contract this year as they have learnt the lessons from last year. The next review will be by the Governing Body Chair and then there will be a meeting held with the LMC on 22nd February 2018 to gain comments before a draft being shared with all practices. The CCG would like to work with the LMC to collate all practice responses. The aim is to have this contract in place by 1st April 2018. The funding will roll forward from last year's Promoting Clinical Excellence Contact and the success has led to increased investment being offered.

Lynda Dando confirmed that she is happy to receive comments from the LMC prior to the meeting on the 22nd February 2018 and the Chairman agreed to share this across the committee and collate the feedback to Lynda Dando.

Action: All to ensure the LMC Office is copied into any feedback

The Secretary gave feedback on the merger of Link End and Malvern Health Centre practices. He has received an email from Jo Hall asking for any concern or issues. He commented that the CCG need to be mindful of where patients may move to as often not where we may think. Lynda Dando has met with the Malvern practices and has agreed that they can close their lists for a period of time whilst the CCG monitors the situation.

Dr F Martin raised the issue of the Registrars at both practices and the Secretary agreed to ensure this is raised with Fiona Kameen.

Action: The Secretary to liaise with Fiona Kameen

The Secretary wanted to reflect to Lynda Dando and the Executive Team on three issues, late claims to the CCG from previous financial years and the fees for collaborative payments and the use of the PMS Monies. He commented that practices have yet to see the financial impact projection for the PMS Premium monies and this information was promised by the CCG. Lynda Dando responded that they are working on this and have drafted in expertise to do this but this will not be available until after the end of this month.

The Secretary asked if the CCG are clear about the current advice to practices on flu vaccines and the reimbursements of the different vaccines. Practices need clarity on this and Lynda Dando and Dr A Kelly were unable to confirm this. Dr A Kelly commented that Worcestershire has always followed the APC advice and these need to be correlated. Lynda Dando agreed to seek clarity on this and feedback.

Action: Lynda Dando to seek clarity and feedback to all practices

Dr A Kelly thanked everyone for supporting the changes to the constitution and updated that the Alliance Board Chair and the Governing Body Chairs nominations are now open. Dr G Moore raised an issue that the remuneration for these posts is low and this means they will struggle to fill these posts.

Lynda Dando and Dr A Kelly left the meeting.

The Deputy Secretary updated on a meeting with NHS England that she attended with neighbouring LMCs. She raised the same issues with them as the Secretary has raised with the CCG as the CCG have previously reported that these have been dictated by NHS England. She updated that collaborative payments for safeguarding reports are not part of core GMS work but are mandatory and this was agreed in 2014, 2015 and 2016 with NHS England. The LMC Office have minutes from previous meetings that state this and these have now gone to NHS England as evidence. The Deputy Secretary further updated on the late claims issue and the CCG have stated that there is something in the LIS Contract 2017/8 to state they will not make late payments for claim. The Secretary updated that this came up as part of the meeting with the Birmingham Resilience Team and one of the initial things

they do to support struggling practices is find missing claims and submit these claims to their CCG. In Worcestershire a practice has formally submitted a claim but this has been rejected by the CCG. The Secretary has sought legal advice on this and this contradicts the legal statement given by the CCG. NHS England has agreed to liaise with the CCG on this.

The Deputy Secretary also raised the issue of the PMS Premium Monies and despite being given several options we were not able to consider any alternative to the option chosen by the CCG. NHS England has stated that they were not consulted on this.

5. **HEALTH AND CARE TRUST** – Lisa Luke updated on an issue that was raised at the Redditch and Bromsgrove Advisory Forum. The Health and Care Trust want North practices to take on depositions for those that are stable. This will be a shared care policy. The Secretary asked if anyone was aware of any practices already doing this and it appears none are. The Secretary agreed to escalate this with the Trust.

Action: The Secretary to write to Sarah Dugan

7. **STP** – The Chairman updated that there is a pause in the STP whilst the direction of travel is considered. Worcestershire LMC Officers met recently with Herefordshire LMC Officers and Graham Cleveland from Taurus to put together an idea for the way forward. The plan is to convene a GP provider board, so that general practice is represented across both counties. This is to pre-empt us being told to do this and to get this work appropriately funded. The aim is to meet with the newly appointed Alliance Board Chairs to bring this work forward.

8. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The Deputy Secretary updated on an LMC Officers meeting with Dr Kapadia, Chief Medical Officer from the Trust. Mr Graham James then introduced himself to the meeting as the Deputy Medical Officer. He updated on the Trauma Unit Status as the Trust are struggling to provide trauma services at the Alexandra site and it is not sustainable in the long term. There has been some work undertaken to assess the impact of this site no longer being a trauma site. Less than 2 patients per month would be displaced. They have been consulting with all stakeholders with a view to change from the first week in August to align with the new trainees arriving. The Trust is also working with the Ambulance Service to ensure they are aware of these changes. Mr James asked if anyone from the LMC would like to sit on this group but no one volunteered.

Mr James further updated that the Trust will be moving to one Speciality Medicines Team serving both sites and they would be on call. Emergency surgical services will transfer all in-patient emergency surgery to Worcester. Ambulatory Emergency Services will be offering direct access to a Consultant via the telephone so that GPs can discuss specific patients. The Chairman asked for practices to be informed of this with the number. The Secretary commented that Dr Kapadia was not aware of ERS and this causes concern for LMC officers. Mr James was not aware of this either and he agreed to take this back.

Action: Dr James to feedback concern about lack of awareness of ERS

The Deputy Secretary asked for an update on their CQC inspections. Mr James updated that these have been split into several visits. There have been improvement in some areas and they do not plan to inspect these areas again.

The Deputy Secretary understands from the meeting with Dr Kapadia that all outstanding claims for the historical letters must be submitted by the end of this financial year.

Action: LMC Office to include in the Newsletter

The Secretary asked for a one page contacts list for each speciality and Mr James agreed to take this back. Dr J O'Driscoll asked for the theory behind the Patient First Programme and Mr James responded that it is a cultural transformation to try and get the Trust working together and to engage with all staff to take ownership of the services of the Trust.

Action: The Trust to provide a contacts list

Mr James asked for what we require from the Trust and how often attendance at meetings is required. The Chairman updated that they have an open invitation and are able to attend as and when there is anything to share.

9. REGULAR ITEMS

- a. **NHS England AT** –See above update from the Deputy Secretary and a further meeting with NHS England will be scheduled.
- b. **Public Health/County Council** – nothing to report
- c. **Federations**
 - NW Healthcare** – nothing to report
 - SW Healthcare** – nothing to report
 - Wyre Forest Health Partnership** – nothing to report
- d. **Education** – The LMC training web page is being well received and there will be more courses going live and increased conversation with Herefordshire/Taurus regarding training across the two counties. There is funding for Practice Manager appraisal, although this is mentoring.
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – nothing to report
- f. **Dispensing** – The secretary updated that part of the reason for South Worcestershire having an excessive funding formula is linked to the amount of dispensing fees (as well as the cost of premises and seniority payments). Dr Rankin commented that he wasn't aware that repeat prescription intervals could come under local scrutiny. 28 day repeat prescription intervals have been said to reflect good prescribing practice for some time because of association with reduced medicines wastage. Dr Rankin attended the final Pharmaceutical Needs Assessment (PNA) meeting on 23rd January.2018 Consultations are complete. No significant gap in pharmaceutical services has been identified. Recommendations from the working group carried into the document include widening the range of services provided and

encouragement of integration with community services such as primary medical care services.'

g. Out of Hours / NHS 111 – The secretary updated that the out of hours contracts are up for renewal in 18 months. The two counties are aligned their renewal dates.

h. Non-Principals Group – nothing to report

i. Registrars –nothing to report

j. P.M. Groups – nothing to report

k. Administration – The Secretary updated that GPDF has been reorganised and is currently taking a vote on the transfer of Directors to the LMCs. Dr J O'Driscoll updated that he is due to retire and this need to be raised at the AGM as he is currently the representative for GPDF as part of his Treasurer role on the LMC.

l. Workload – The Secretary updated on a Workload Monitoring System he has developed with a proforma for all practices to complete a return on a weekly basis. GPC are also working on looking at what is unsafe as there is no data on this at present. This can then be used to lobby the commissioners. The other element of this piece of work is to look at how to tackle unsafe workload and the idea of funded hubs to take patients once you reach an unsafe limit. The idea is for this data to be totally anonymous. The document has been shared for comments.

Dr S Morton asked for significant events or near misses as a result of workload to be included. He also asked if we should collate information in CCG areas as this may give the CCG ammunition. The Chairman responded that this information is for us as a Committee and will not necessarily be shared. Dr E Shantsilla commented that legally any evidence can be used against practices. Dr M Davies asked if we should just use a small number of practices to take this seriously and to make detailed returns. The Chairman suggested using the geographical representatives' practices as part of the pilot. Dr M Venables suggested using Survey Monkey. Dr D Herold asked for a greater definition of contacts. The Secretary commented that there is no definition and it is a GPs professional judgement. Dr D Herold commented that some practices are still working on a doctorfirst system and no patient waits more than 1 week as most patients are seen on the day.

Action: The Secretary to share the documents again and collate feedback

All to feedback

m. PAG – nothing to report

10. MATTERS ARISING

Minute 5/856: ERS

The Secretary updated that he was due to meet with John Quinn, the ERS lead locally on 7th February 2018 but this had to be cancelled as he was unwell. To be rescheduled.

11. COMMITTEES

- a) **GPC** – the Secretary updated that he was re-elected to GPC unopposed. The GPC Meeting in January was about the new BMA Programme Living Our Values. The meeting elected a speaker, Dr Fay Wilson. They discussed the negotiations for the new contract and these are still not finalised and have been held up by NHS England. The Public Sector 1% pay rise limit has been dropped and they will now submit evidence to the review body. They discussed GP at Hand. This is an app on mobile devices run by Babylon that provides 24 hour access to a GP via your device. They use the out of area registration process which means patients are registered with a practice in London but are de-registered with their original practice and patients are not aware of this. Online consultations are being piloted by 3 practices in Worcestershire. The legalities are being looked at and there is guidance for those doctors working remotely.

There was also a discussion about Capita and GPC has escalated this to Simon Stevens as there is a worry that they will hand their contract back and is there a Plan B should that happen? The Secretary raised a concern at GPC about the Exeter System that is being replaced but they are yet to see the replacement. This is due to be introduced in October. LMC advice is practices should monitor their cashflow and keep some funds aside for the switch over period should they encounter any issues or delays

- b) **GPC News** – nothing to report

12. NEW ITEMS

No new items

13. ITEMS B – Receive - Circulated

14. ITEMS C – For discussion

15. ANY OTHER BUSINESS

There was no AOB.

CLOSED MEETING

The Chairman closed the meeting at 9.27pm.