

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 13th September 2018 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr M Davis, Dr G Farmer, Dr I Haines, Dr D Herold, Dr K Hollier, Dr G Moore, Dr S Morton, Dr S Parkinson, Dr E Penny, Dr S Pike, Dr D Pryke, Dr B Fisher, Dr J Rankin, Dr H Ray, Dr J Rayner, Dr C Whyte, Dr M Venables, Dr L Stepien, Dr R Benney, Dr E Shantsila, Dr J Seewoodhary, Dr G Moore, Helen Garfield, Lisa Luke, Lynda Dando, Dr C Ellson, Dr Anthony Kelly, Lisa Siembab, Dr W Safdar (observing), Julie Burgess (observing)

The Chairman opened the meeting by welcoming everyone and congratulating Dr Dhuck on her recent marriage. She is now known as Dr R Benney. He also welcomed Julie Burgess, a Practice Manager from Herefordshire and Dr Waqas Safdar, a salaried GP from Redditch who both attended as observers.

- 1. APOLOGIES:** Dr R Kinsman, Dr F Martin, Dr R Fanous
- 2. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 12TH JULY 2018**

The Chairman and the Secretary ran through the Action Points from the last meeting.

ERS – this related to referrals being downgraded and that this should not be done on a protocol. The Secretary updated that the CCG's Data Sharing Agreement for Worcestershire has now been updated in light of GDPR.

GP Partnership Review – the Secretary updated that everyone is asked to read this document and feedback to the Chairman.

WMAS – this related to Ambulance Staff leaving a piece of paper with the family following an unexpected death at home out of hours to inform their GP. The Secretary updated that she been in contact with WMAS and they have agreed to

telephone the practice and send an electronic notification if a patient dies out of normal practice hours.

The minutes were signed off.

3. **MEMBERSHIP** – Nothing to report.
4. **CCGs** – Lynda Dando started by apologising for a series of miscommunications made by the CCG over the summer. She updated there has been a meeting regarding MSK with the Redditch and Bromsgrove Forum and the results will be feedback to their action plan for this service. They are due to talk to Wyre Forest and South Worcestershire shortly. All the results will feed into the quarterly strategic meeting in October.

The Secretary thanked Lynda for the apology and clarified on the timeline for the new MRIs service to be implemented. Dr Carl Ellson updated that the CCG have had a meeting regarding the challenges for imaging across the country. They have agreed that the current arrangements for MRIs will remain in place until October. On 1st Jan they will bring in the new service. They have met with the Trust and want all parties to be involved in the development of this piece of work. Interim arrangements will remain in place until there is a robust system in place. The Chairman asked for the CCG to raise with the Trust that they should not to ask patients to see their GP to chase up MRIs.

Action: Dr Carl Ellson to raise with the Trust

Dr Carl Ellson updated that the Trust are very keen to work with primary care to work towards ordering the right test at the right time for patients. The Trust have provided data to the CCG on the level of demand for MRIs which demonstrates the challenge they are facing. This figure equates to 150 CT scans being requested per day. The CCG are unpicking this data to understand the numbers that are being requesting from general practice. The Secretary asked if there could be an education update on this for GPs. Dr Carl Ellson agreed this will be planned.

The Secretary commented that the downgrading of referrals is undertaken in a constructive or polite way involving two way discussions.

The Secretary updated that Dr Anthony Kelly has agreed to work up Shared Care Agreements templates. The Secretary updated that any transfer of care from secondary to primary for a patient that requires monitoring will have a small document detailing what monitoring is involved, the reasons why and signatures, from both the requesting consultant and the GP. There will also be an opportunity to ask questions, links to guidance and contact details for a re-referral. This should be standardised approach will provide an opportunity for the GP to take on this risk in a managed way. The Assistant Secretary commented that he had previously shared a shared care agreement from Coventry LMC that would be useful for this piece of work.

Action: The Assistant Secretary to forward the document to the Secretary

The CCG, LMC and Acute Trust are working on a document that sets out what is expected from primary and secondary care. Lisa Luke raised the issue of DOACs and the Secretary updated that this work needs to be properly funded. Jane Freeguard is looking at the whole anti-coagulation issue as a single package. It was agreed that the Anti-Coagulation LES will need to cover both DOACs and Warfarin.

Dr B Fisher raised the issue of PSAs and he feels he needs to check all the results and records where a patient is already being seen in clinic but will not be seen again for 6 months. Any results for tests ordered by the consultant then need to be forwarded to the originator who needs to have sight of these. These tests should be requested by the consultant and go back directly to him. At present the risk sits with the GP as it is their name on the test.

**Action: The Secretary to raise this issue with the Trust
Dr Carl Ellson to also raise with the Trust
Dr S Kapadia to look at this for inclusion within the forthcoming document**

- 5. HEALTH AND CARE TRUST** – The Secretary updated on a meeting with John Devapriam, Chief Medical Officer, where they discussed several long standing issues, such as unauthorised transfer of work to primary care and the huge commissioning gaps in the LES. He was interested in involving the LMC in mental health and the 10 year plan for the NHS. There have been board and staffing changes and the Secretary is sitting on the panel for the Associate Medical Director interviews.

The Secretary further updated that John Devapriam was aware of the communication issues between the Trust and general practice and of the workload issues.

- 6. STP** – The Chairman updated that there was no formal STP meeting last month but there was a quarterly assurance meeting. The pitch for an ICS (Integrated Care System) delivering primary care at scale with integration between secondary and primary care is going to the forum shortly.
- 7. WORCESTERSHIRE ACUTE HOSPITALS TRUST** – Dr Kapadia updated on the numbers of CT scans and that they are trying to identify the scale and the impact on the cost of these on the health economy as a whole. Investigations have risen dramatically but the number of patients have not. The Trust has a 6-7 full time equivalent radiologist shortage and that causes issues for them. There is some construction work happening on the Worcester site and a bridge to connect the buildings to expand their acute bed base. This is in the early stages and will not release capacity until March 2019. This will have an impact on the number of nursing and medical staff they will require and they already have a shortage of nursing staff.

He further updated that stroke is an issue in terms of staffing and they only have two geriatric substantives posts with the remainder of cover being locums. They are exploring the possibility of exploring recruiting from Australia.

Work is being undertaken on Winter Planning with the Delivery Board that has the wider health economy attending. The Worcester site has a bed occupancy of 110% that can rise as high as 120%. The modelling that has been done to get down to 92% needs to be the equivalent of 200 beds in Worcestershire. The recommended occupancy is 85%. Their length of stay figures are below the national average and patients awaiting discharge is one of the lowest in the country. The Alexandra site was no longer classed as a trauma hospital from 1st August 2018 and patients in the postcode DY11 are now being taken to the Alexandra site and are being seen more quickly as not everything can be done on the Worcester site.

The Assistant Secretary commented that the PFI was based on the assumption of 95% bed occupancy and it has taken this long to deal with the issue. The Secretary thanks Dr Suneil Kapadia for his update and she asked for an update on the board changes. The Chairman, Michelle Mackay is leaving to go back to Australia shortly and Dame Julie Moore has recently retired from UHB and has taken an Associate Director role on the board. Sir David Nicholson, the new Chief Executive would like to recruit to the post on a substantive basis and there are dates set for recruitment.

The Secretary updated on the issues the Trust have been dealing with the LMC. Practices have not been able to register locums and ANPs onto the ICE System. The locums have now been reinstated but the ANP are still not able to be registered due to the IRMA regulations. There are issues around who takes responsibility for the requests made by ANPs. The Secretary commented that a way forward has to be established on this. The Trust are following a similar pattern to general practice in that different roles are being introduced.

Action: Lisa Siembab to provide Dr Suneil Kapadia with the contact details for Fiona Kameen

The Secretary asked for an update on correspondence being sent back to the GP Partner instead of the GP who requested the test. Dr Suneil Kapadia responded that in some cases it may be the patient who gives this information and he is looking into how this can be resolved. The Secretary commented that this creates a workload issue and also poses an ICO issue. Dr C Whyte also commented that often GPs have left and in some case have died.

The Secretary updated on an issue raised by Dr Rankin regarding the new CKDII and Dr J Rankin commented that this will create additional workload for GPs. The NICE guidance does not take into account the workload implication for practices. The Secretary suggested that the guidance on this could be addressed as part of IQSP. Dr G Moore commented that this educational update could be managed via IQSP.

Action: The Secretary agreed to do this via IQSP

9. REGULAR ITEMS

- a. **NHS England** – the Secretary updated on flu vaccinations. Pharmacies appear to be receiving theirs first and have been trying to persuade patients to have their vaccinations with them. She has requested leaflets and posters for practices. Dr D Herold also commented that pharmacies can also visit care homes. The Assistant Secretary commented that the staggering of delivery is a production issue and that some practices got into trouble for producing their own promotional material.
- b. **Public Health/County Council** – Dr G Moore updated that she has been invited to attend a meeting on working towards a strategic approach to sexual health services. She agreed to attend and feedback.
- c. **Federations** – nothing to report
NW Healthcare – nothing to report
SW Healthcare – nothing to report
Wyre Forest Health Partnership – nothing to report
- d. **Education** – the Secretary updated on the article in the last newsletter on “Schools and the GP” to outline the guidance on this due to the ongoing number of queries on this from practices. The article has been disseminated to schools.
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – nothing to report
- f. **Dispensing** – Dr J Rankin updated that he and Dr D Herold have been informed by the CCG that there is a delay for the audit for this year this gives limited to deliver the audit.

**Action: The Secretary to raise with the CCG
Lisa Siembab to update the dispensing group on this**

- g. **Out of Hours / NHS 111** – Dr E Penny updated that there was a meeting and there has been a restructure. There are ongoing issues at the PCC at Worcester but is generally stable and recruitment has picked up following a review in the pay.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr E Shantsila updated that some registrars are having difficulty booking inductions for out of hours rotation due to an administrative error. This pushes the registrars to do their out of hours at the end and this can cause stress.

Action: Dr E Penny agreed to raise this

- j. **P.M. Groups** – nothing to report
- l. **Workload** – nothing to report
- k. **Administration** – nothing to report
- m. **PAG** – the Chairman updated on PAG and initially that this group, chaired by NHSE, sits on complaints raised about GPs. Generally this has Nurse

Managers on it and an LMC representative. NHSE are now going to exclude LMC reps from these PAG meetings unless the GP request an LMC observer. The Secretary asked for the Alliance Board Leads to send a letter to NHSE to support LMC representatives formally sitting on the board and the Area Team LMCs have also drafted a letter to NHSE which Worcestershire has endorsed. The Secretary outlined the reasons why it is important for LMCs to attend these meetings unless the GP requests them not to be. The Secretary has written a motion (see below) on this that she shared with the Committee.

The Assistant Secretary has spoken to Richard Vautrey on this and also at the last GPC this was discussed.

Action The Assistant Secretary agreed to update Richard Vautrey

10. **MATTERS ARISING**

Minute 5/688: Docman

Dr I Haines updated on the Docman issue, where it has been identified that large numbers of items have not been transferred to the patient record. Helen Garfield has emailed NHSE to advise that they will not meet the deadline.

GPC have issued a very short survey to get an understanding of the scale of the issue so that they can pursue compensation.

Action: Dr S Parkinson agreed to feedback that we have a rate for this work at £8.40 in line with what GPs received for reviewing the historic records for the Trust

Minute 5/684: GDPR and SARs

Dr M Davis raised the issue of GDPR and SARs and that this work is now not chargeable. Dr K Hollier commented that there is a BMA survey on the workload impact on this.

Minute 5/706 CQC

The Secretary updated on a recent meeting with Andy Brand from CQC. There is a new inspection regime with a PIC (Provider Information Collection) that will be completed annually and this will inform the annual review and the decision on how frequent to inspect a practice. They are looking at how they inspect new models.

Minute 5/689 DDRB

The Secretary updated on the recent 2% pay rise and she has written to all the local MPs which they have passed onto the Health Secretary. The Assistant Secretary

updated that the Executive Team were confident we would get the full pay award following extensive lobbying. There is a suggestion for GPC to pull out of the review body process following this.

Minute 5/690 Shared care Referrals

See above

Minute 5/691 GP Retention Scheme

The Secretary thanked Dr M Venables who has been working on the GP Retention bid with the CCG. The bid was successful and the scheme is currently being designed.

11. COMMITTEES

a) GPC – The Assistant Secretary updated on the last meeting in July 2018.

b) GPC Conference and Motions – The Secretary ran through the proposed motions from Dr D Herold, the Assistant Secretary and herself. These have been shared via email. 6 were agreed to be submitted:-

- 1 that conference believes the level of clinical and financial risk held personally by GP partners is now unsustainable and demands that GPC seek to negotiate meaningful reductions as part of next year's GMS contract review.

2. that conference deplores the use of protocols and proformas by CCGs that actually seek to restrict patient care for financial reasons and requests that GPC should press for the misuse to cease.

3. that conference believes that many CCGs are inappropriately using the concept of "procedures of limited clinical value" to simply save money and demands that GPC lobby NHSE to implement a genuine validated national scheme not open to local abuse.

4. that conference believes that dispensing doctors should be entitled to the same reimbursement for IT for the Electronic Prescription Service (EPS) as pharmacists received and calls for the GPC to negotiate full funding for EPS for dispensing doctors by NHSE.

5. That this conference is alarmed that NHS Performance Advisory Groups do not require the attendance of an LMC representative in order to be quorate and demands that:
 - i) LMC representatives are present when GP Performer cases are discussed.
 - ii) Protection is given to GPs who run Special Allocation Schemes as they are more likely to receive vexatious complaints.
 - iii) Whistleblowers are kept informed and updated about outcomes of their cases.

iv)When a complaint is not upheld, any record of the complaint be removed from the retained record of that doctor.

6. That conference believes that it is unacceptable for the government to ignore the recommendations of the Doctors' and Dentists' Review Body and acknowledges the detrimental effect on GP morale, recruitment and retention.

Action: Lisa Siembab to submit these before the deadline

12. NEW ITEMS

i) Dr Luke Evans – Conservative Health Policy Champion

The Secretary updated on a meeting she has had with Dr Evans who had recently been put in touch with us via Dr J Rayner. He was keen to hear what would make a difference to GPs to feedback into the policy decision making process at the centre and feed into Matt Hancock's three priority areas.

Action: All to feedback any quick wins for general practice to the Secretary

13. ITEMS B – Receive - Circulated

14. ITEMS C – For discussion

15. ANY OTHER BUSINESS

Ear Syringing – Dr J Rankin raised this and the Secretary commented that this is not part of our core contract and practices should not undertake this work.

CLOSED MEETING

The Chairman closed the meeting at 9.30 pm.