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Vice-Chairman: Dr David Herold

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

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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 28TH March 2019 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr P Bunyan, Dr ~G Farmer, Dr I Haines, Dr D Herold, Dr K Hollier, Dr R Kinsman, Dr F Martin, 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 R Fanous, Dr W Safdar, Dr E Shantsila, Dr K Bull, Jackie Evans, Lisa Siembab

1. **APOLOGIES:** Dr M Davis, Dr G Moore, Dr R Benney, Dr L Stepien, Helen Garfield, Lisa Luke
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 28TH FEBRUARY 2019.**

The Secretary ran through the actions from the last meeting and gave an update:-

Rejection of Two Week Waits – this is to be covered under the CCG Section below.
Wellbeing day – the Secretary explained that as there have been 2 recent local resilience events, we will not organise a wellbeing day with the BMA at the moment. As an LMC we are still focusing on wellbeing which is covered later on the agenda.

ICE – the secretary updated on the issue where FY2's were unable to register on ICE. She has spoken to Fiona Kameen and all other areas have already had to restrict levels of access to ICE. The Secretary has spoken to a Radiologist at the Trust and there was agreement that this issues needs an IT solution so that there is still a named doctor but the results could be accessed by all and the Trust are requesting an IT person to be allocated to this work. This will impact on other staff that practices may employ in the future, so needs to be addressed.

3. **MEMBERSHIP** – The Chairman updated that we are saying goodbye to Amy Louvaine, Dr Jason Seewoodhary and Dr Louise Stepien as they are leaving the committee. The Chairman formally thanked them for their contributions to the LMC. He then welcomed Jackie Evans, SW Practice Manager Representative and Dr Kirsty Bull, VTS Representative to the committee.

The Chairman updated on the future structure of the committee prior to the AGM at the next meeting. The Chairman and the Secretary have been reviewing the roles and responsibilities of the on the committee and assessing how best to cover all the requirements. The committee is in a lucky position that it is well represented with representatives and co-optees. The Chairman proposed that Dr H Ray be moved into the SW Salaried Rep role following Dr L Stepien's departure from the committee and to rename this group Non-Principals to cover locums and sessional GPs. Dr H Ray and the Committee agreed to this.

The Chairman updated that Dr I Haines stood unopposed for the Redditch locality representative role.

There was a discussion about Dr F Martin's role on the committee as the committee looks to her for a lead on issues related to training. She agreed to be the Worcester City locality representative and also the lead for training.

The Chairman also updated on the recent Wyre Forest locality representative elections. Following a ballot process the committee will retain the three existing representatives, Dr M Davis, Dr S Morton and Dr J Rayner, although we hope the other candidate remains interested in the LMC in the future.

The Secretary updated the meeting that following the previous Treasurer, Dr J O'Driscoll's retirement, we have had no GPDF Representative to cover Worcestershire and Herefordshire. Each LMC has a nominated representative to attend two general meetings per year. Although Dr G Moore is now the LMC Treasurer she was not asked formally to take on this additional role. Dr C Whyte asked for more information about the GPDF and the Assistant Secretary updated on the role of GPDF. Lisa Siembab agreed to circulate their leaflet explaining who they are.

Action: Lisa Siembab to circulate the leaflet

They have now changed what they will do with that monies they hold and they now are led by LMCs. Dr Bob Morley, Birmingham LMC Secretary is our area lead. The Secretary is meeting with Dr Morley to get some ideas on areas where we could bid for GPDF monies. The Secretary proposed that she could attend the meetings if the Committee wished her to and the Assistant Secretary commented that the meeting could change the policy of and as such could be crucial. Dr R Kinsman volunteered to attend and the committee agreed to this.

Action: Lisa Siembab to update GPDF

4. **CCGs** – all CCG representatives sent their apologies to the meeting. The Secretary meet with them earlier in the week and covered many issues with them including:-

Funding Allocation – Dr Carl Ellson, Dr Anthony Kelly and Lynda Dando were present at the meeting where the funding allocation for the cost of the PCN DES was

discussed and there is a £3-4 million gap across Worcestershire and Herefordshire. It has become clear that this is reflected across the West Midlands and indeed nationally. There was a discussion that money in local contracts should not be impacted upon.

Eating Disorders – the Secretary updated that she sent an email out to all GPs regarding monitoring bloods tests and ECGs in these young patients that carry a high level of risk. She has received the latest guidance document. The CCG have carried out a service review that started in August 2018 which is not based on the recent guidance and the CCG seem unwilling to push this forward. The Secretary was shocked at the lack of specialist support available to these patients.

A discussion continued about what GPs should do with these patients and the Committee were supportive of a medical monitoring service being commissioned.

Action: The Secretary to update GPs on the latest guidance

Claims Data for Practices – many practices have complained about this fragmented process. Helen Garfield had agreed to trial and new system for the CCG. Lisa Luke has identified some issues with the new trialled process. Some practices have under claimed whilst others have over claimed but this may be as a result of incorrect read codes. The Vice Chairman highlighted an issue with patients who move away and you cannot claim for their flu jab for example once they have moved to another practice. The Secretary agreed to escalate this.

Action: The Vice Chairman to share more information on this to the Secretary

Additional Meetings – the Vice Chairman has been attending CIG and the other key meeting is CCPC. The Secretary asked the CCG if we require representation at both meetings and they were unable to agree. Lynda Dando is to feedback the ToR for both meetings so that we can make an informed decision.

The Vice Chairman gave an update on the first CIG meeting he attended.

Shared Care – the Secretary updated that she has had a meeting on this and came up with a straightforward approach with a template and the next stage was to meet with the Trusts. Dr Anthony Kelly met with John Devaprium from the Health and Care Trust and the Secretary is now leaving it to the CCG to drive this through with the Acute Trust.

Inflammatory Bowel Disease – a communication seen by one of our colleagues before it went out from the Trust was escalated to the Secretary recently. They are shutting down their helpline and signposting these patients to their GPs for advice. The Secretary involved the CCG who agreed that the communication must not go out. When the Secretary then requested an update from the CCG on this issue they confirmed the original letter had been sent out. The Trust has subsequently confirmed that they did change the communication following our input and made the

guidance clearer. The Trust has now employed a nurse and would like to engage with us to make this service better. So it appears the CCG misinformed us on this issue.

Dr K Bull confirmed that she called the helpline recently and there is a recorded message to state it has now closed and to contact your GP. However, there is the possibility of leaving a message for patients on certain medications.

Two Week Waits – the Secretary updated that the meeting had previously discussed delays to two week waits. She has been in touch with the MPS and they were not clear on where the responsibility lies once a referral for a two week wait has been made and thought it would be with both the GP and hospital trust. The Assistant Secretary updated that there was some discussion on the GPC listserver around this. This has been escalated to ERS and they have stated that no referral should be rejected due to an incomplete referral.

CCG Attendance at LMC Meetings – some members of the CCG feel that they should no longer attend LMC Meetings due to their changed roles and previous comments from committee members. They have proposed that some decisions go via the GP Provider Board which the LMC is represented on. Lynda Dando is still happy to attend meetings to discuss contractual matters. The Secretary will continue to meet with the CCG regularly. A discussion followed regarding whether they should continue to attend and the impact on our relationship with the CCG. It was felt that CCG presence at the meetings were of value.

Action: All to communicate their views on this to enable the Secretary to communicate this to the CCG

5. **HEALTH AND CARE TRUST** – The Secretary updated on an issue with Health Visitors as there was a concern they would be moved every 5 years. The Secretary raised this with the Trust and the reason is that they will alter their case loads to redistribute their complex cases but will be based in the same locality unless they health visitor wishes to move themselves.
7. **STP/ICS** – The Chairman updated that as part of the STP process there are Alliance Boards and a countywide plenary. There is a new model for Social Work delivery based on a three conversation model including 3 different conversations and they have redrafted their paperwork down to one page.
8. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The Secretary updated on an issue raised by a colleague requesting that outpatient letters being simplified as often requests for action to be taken by the GP are lost in the text. It was felt it would be better if this was restructured and made clearer. The Secretary raised this with the Acute Trust who would like to work on a joint process looking at referrals both to and from secondary care. They would like GPs to state “the question to be answered” on a referral form.

The Secretary has raised concerns that it is sometimes the case that GPs do not know what the question to be answered is as generalists but feel they require specialist input. Also this may prompt referrals if further questions come to light whilst in secondary care. There was a discussion around this as letters are automatically generated for general practice via EMIS. There was a discussion about entering a "reason for referral" being included rather than a question to be answered. The Vice Chairman requested for us to ask for their letters to be made more concise and on one page.

Action: The Secretary to feed this back to the Trust

The Secretary updated that there is increased outsourcing of radiology but she is concerned about whether anyone has oversight of these outsourced reports. The Secretary asked if anyone has any examples of radiology reporting concerns to please share these with her. GPs are being advised to arrange certain tests/MDT Meetings but then being blocked from doing so at Trust level as the report actions have not been reviewed centrally. It is hoped Rob Johnson will take over this role.

Action: All to report via Datix and to share with the Secretary

9. REGULAR ITEMS

- a. **NHS England AT** – nothing to report
- b. **Public Health/County Council** – nothing to report
- 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 attended a meeting with the CCG and Dr Anil Joshi from St Stephens Surgery who is an Educator. Dr Joshi wants mentoring support implemented for First Five GPs. Dr V Venables, who is on maternity leave from the LMC at present, remains our First Five clinical lead. She has taken on a role as the First Five representative for the CCG. The CCG has some funding to support mentoring for the First Five cohort following models that work in other areas. All agreed this is a good idea. Funding is being looked at to roll this out to all local GPs through the LMC.
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – nothing to report
- f. **Dispensing** – Dr J Rankin asked for an update on the European Falsified Medicines Directive to be included in the next newsletter as this will affect all practices. Dr J Rankin agreed to write an article for the newsletter around evidencing compliance.

Action: Dr J Rankin to produce an article for the newsletter

- g. **Out of Hours / NHS 111** – Dr E Penny has emailed a report that Lisa Siembab will share with all

Action: Lisa Siembab to share the report

- h. **Non-Principals Group** – The Secretary asked for this group to have a discussion about how they can best reach this difficult to target cohort of GPs
- i. **Registrars** –nothing to report
- j. **P.M. Groups** – Jackie Evans asked about the network DES and the election of the Clinical Directors for the PCNs and how they can be supported to do this. The Chairman updated that the contract guidance and specification is to be released soon which should have more information on this. What this process looks like is entirely up to practices although the LMC will support practices with this if requested to.
- k. **Administration** – Lisa Siembab updated that the LMC now has a Twitter account and will be tweeting relevant issues and asked for those on Twitter to follow this account and share posts.
- l. **Workload** – nothing to report
- m. **PAG** – The Secretary updated on a case where the GP was working for Push Doctor, a private GP Service. There is a focus at PAG on how the GP responds to a patient complaint and the Secretary worries that the tone of a letter should not hold such importance if the facts support the case.
- n. **GPPB** – The Chairman updated on the GP Provider Board and the establishment of a Shadow Board. There is a half day development session on 4th April 2019 to look at how this will work. The Provider Board received 56 MOUs back for Worcestershire and they are in discussions with Worcester City practices also. The main objective is to create an entity to represent providers and create a unified voice to integrated care economy.

10. MATTERS ARISING

Minute: 5/860

Medical Indemnity

The Secretary updated on the State Backed Indemnity Scheme that will cover all NHS medical services and anyone who provides medical services. MPS and MDDUS are providing different levels of cover so the LMC advice is to shop around as the indemnity market will change. Run off cover should be purchased to be adequately protected, if you were with the MDU. An email has been sent to all GPs on this.

Minute: 5/692

LMC UK Conference 2019

The Secretary updated on the conference last week in Belfast. The Secretary ran through some of the motions, most of which were debated at the last Conference. The Vice Chairman spoke in favour of a dispensing motion which was carried.

Minute: 5/693

Changes to Human Medicines Regulation 2012

The Secretary updated on recent media articles on Pharmacists being able to prescribe alternative medicines if the original one is in short supply. The pharmacist will be able to alter the medicine and the law has been altered to allow them to do this. Patients will have the option to reject the alternative and be referred back to their GP.

11. COMMITTEES

a) **GPC** – the Assistant Secretary updated on the last GPC Meeting in Belfast following LMC Conference.

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

The Chairman took the opportunity to formally thank the Assistant Secretary, Dr Simon Parkinson, for all his dedication and hard work to the GPs of Worcestershire and the LMC over the last 30 years by presenting him with a gift.

CLOSED MEETING

The Chairman closed the meeting at 10.10pm.