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The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 25th April 2019 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

OPEN MEETING

PRESENT: Dr P Bunyan, Dr M Davis, Dr G Farmer, Dr I Haines, Dr D Herold, Dr K Hollier, Dr R Kinsman, Dr F Martin, Dr S Morton, Dr E Penny, Dr S Pike, Dr D Pryke, Dr J Rankin, Dr H Ray, Dr C Whyte, Dr R Benney, Dr W Safdar, Dr E Shantsila, Helen Garfield, Jackie Evans

ANNUAL GENERAL MEETING – See Separate Agenda

The Chairman opened the meeting with the formal AGM.

The Secretary formally opened the AGM. She updated that all officers wish to stand for a further year and they were all unopposed.

The Constitution that requires no change was circulated and it was agreed that the document would be shared with all members via email. Declarations of interest were asked to be declared and all members were asked to sign a Declaration of Interest Form.

The Secretary formally asked for approval to transfer all the work of the Worcestershire Local Medical Committee and its tax liabilities to the Worcestershire and Herefordshire Local Medical Committee Limited. A full budget forecast was circulated to all members for consideration, together with, a document setting out the payments to offices for 2019-20 and the proposed levy.

The Chairman and the Secretary updated on the key points of the budget and explained that the LMC has never been so busy and attended so many meetings. However, it has been possible to freeze the levy at the current level of 47.45p. The number of sessions for Officers remains unchanged and a 2% uplift has been included for all Officer salaries in line with the national NHS payrise. The Committee agreed the budget and to freeze the levy.

Dr C Whyte asked for a discussion on the LMC Officer pay rise and the funding regarding the new GP Contract. This was discussed and the meeting agreed to the payrise for LMC Officers.

The Chairman proposed and the meeting agreed to continue to use the current Accountant and Auditor, French Ludlam.

The future working of the Committee were discussed and it was agreed that no changes were necessary to the structure of the Committee, timing and venue of the meetings as this has been discussed previously. The Secretary tabled a screenshot of the website as she had made changes to more accurately reflect the three broad functions the committee cover.

Co-optees were reviewed at the last meeting and the Secretary raised that Dr Roy Williams has asked to join the Committee as a co-optee. The Officers feel it would be useful for him to join the committee as he has a strong IT focus which is one of the Health Secretary's priorities. He also sits on the GP Provider Board. The Secretary explained that there has also been a concern raised via email by a GP regarding over-representation by the super practice. The Secretary asked for the committee's views on this. Dr M Davies commented that two GPs from Ombersley were both co-opted and this was not a problem. Dr R Benney and Dr H Ray also commented that they both work at the same practice and this has not caused an issue. It was agreed that Dr Williams would be invited to join the committee.

The Chairman formally closed the Annual General Meeting.

Action: Lisa Siembab to share the LMC Constitution

1. **APOLOGIES:** Dr K Bull, Dr B Fisher, Dr S Parkinson, Lisa Luke

GPDF Function Leaflet – Lisa Siembab circulated this leaflet to the Committee. GPDF have started a newsletter which will be shared across the Committee. The Secretary updated that she is meeting with Dr Bob Morley the LMC Secretary from Birmingham LMC to see what monies may be available. As agreed at the last meeting Dr Kinsman is now our GPDF Representative.

**Action: Lisa Siembab to share the GPDF leaflet
Lisa Siembab to share the GPDF newsletter**

Eating Disorders- the Secretary has emailed all GPs with the new guidance and included an article in the newsletter. This is on the agenda.

Claims Data for Practices - the Vice Chairman is to share more information on patents who move away and their funding with the Secretary.

Action: Vice Chairman to share more information

CCG Attendance at Meetings – the Secretary has met with the CCG and agreed a way forward regarding CCG representation at meetings

Discharge Summaries - the Secretary has feedback to the Trust regarding outpatient discharge summaries and requested a simplified summary as part of a reciprocal referral process. She is awaiting a response

Datix – the Secretary reminded everyone to ensure they report any issues on Datix.

Falsified Medicines Directive - Dr J Rankin is in the process of putting an article together on this for the newsletter.

2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 28TH MARCH 2019 BY THE VICE CHAIRMAN**

3. **MEMBERSHIP** – nothing to report

4. **CCGs** – CCG Officers have sent their apologies. The Secretary updated on the issue of attendance and how we would communicate with the CCG and this was discussed at the last meeting. The Secretary has met with Simon Trickett and Lynda Dando and they have commented that they value their relationship with us and it was agreed Simon Trickett will attend meetings going forward as and when required and the Governing Body GP will attend on specific issues. The Committee agreed to this approach. The LMC Officers will continue to have pre-LMC Meeting with the CCG. The Secretary further updated that she is exploring options where events could be co-hosted.

PCNs/Neighbourhood Teams - LMC Officers also discussed PCNs and Neighbourhood Teams with the CCG. Neighbourhood Teams are now well established and PCNs are very distinct at present and the PCN is about sustaining General Practice and these two needs to be funded as separate entities at present. The CCG financial position is still very dire and this is reflected nationally with insufficient budgets for the DES.

The PCE is continuing and the CCG is currently consulting via the Alliance Boards and the focus seems to be on providing an urgent response service.

The Secretary updated that a practice survey is being undertaken to gain an understanding of where practices are at with establishing PCNs, appointing Clinical Directors and where the LMC can provide support. The results will be shared with the CCG. An email has gone out about appointing Clinical Directors and there is an article in the newsletter providing resources.

DPO Function – an email has gone to all practices regarding this from the CCG as they stated that practices will need to pay the CCG for this function. This is incorrect as this is included in the new contract and the CCG must fund for a DPO function. This is in addition to existing DPOs being contracted by practices at practice level.

The additional cover is at PCN level and will be required as there will be dataflows outside of individual practices.

Dr S Morton asked if we could invite the CCG DPO to a future meeting and the Chairman suggested that this person could attend a PCN/Clinical Directors' Development Day.

Anti-Coagulation LIS – the Secretary updated that this will go via CIG in May for comment. The Secretary will share this with the Committee for comments so that the Vice Chairman can take these to the May meeting.

Action: The Secretary to share the LIS with the Committee

DMS Service – the Secretary updated that there are portfolio roles that are being funded in the Trusts and there was one post that was not taken up by Wyre Valley. Dr Carl Ellson suggested this could be used in the Dermatology Service provided by DMS. However, there have been concerns raised about this service and whether it would be appropriate for a training role in this service. The Chairman also raised an issue about the limited training opportunity within the service. The Committee felt we should support the Trust and their dermatology service. A discussion followed about the concerns of dermatology provision across the county and the LMC role in this.

Mentoring – the Secretary updated that funding has been made available from the CCG for mentoring for the first five and there is now funding for more experienced GPs with support for up to 30 GPs with a one hour sessions. There will be refresher training offered to those GPs providing the mentorship. The aim is to provide support to GPs with lower level issues and not those at crisis point.

There will be an advertisement placed for about 6-8 mentors who have already completed mentoring training who will receive refresher training before the service is advertised.

Eating Disorders – the Secretary updated that she has spoken to Gavin Shields from Coventry LMC and they have a medical monitoring service for patients as part of their out-patients service. She has shared a draft of the service with Dr Anthony Kelly to ask if the CCG could look at something similar. The Vice Chairman updated that this was discussed at CIG and there is a focus on mental health and monies have been ring fenced for eating disorders.

PMS Premium Monies – Dr S Parkinson raised an issue regarding where these monies now sit. The Secretary raised this with the CCG and they have commented that this funding is now included in the PCE Contract and they will be providing more details on this.

Enhanced Service Claims – the Secretary updated that two of the Practice Manager representatives are taking part in a trial for the CCG on claims and it has been problematic for those taking part. The CCG are looking at this and making it a standardised. The Secretary thanked Helen Garfield for taking part in this trial.

5. **HEALTH AND CARE TRUST** – there is nothing to report
6. **STP** – the Chairman updated that there has not been a formal meeting and there was a pan West Midlands development workshop on “place”. “Place” will now be the two counties. The STP groups are now very interested in PCNs and feel this will be the answer to integrated care.
7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST** – The Secretary updated that the Trust are in the process of having their CQC inspection after failing their last two inspections. The LMC Officers have met with Matthew Hopkins, their new Chief Executive, he recognises a need for them to improve communication and is interested in a provider board to have a better dialogue with general practice. He suggested it would be a good idea to have a GP on the Trust Board.

Ultrasound Scan Rejections – the Secretary updated on a recent concern that was raised with her and that she has escalated to the CCG and the Trust. She has asked them to undertake an audit of the rejections and for the CCG to review this.

IBD Letter – the Secretary updated that the Trust sent out information informing GPs that the helpline has effectively closed, however, there is a facility to leave a message for patient on specific medications.

9. **REGULAR ITEMS**

- a. **NHS England** – 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** – nothing to report
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – nothing to report
- f. **Dispensing** – the Vice Chairman updated that he has written to NHSE suggesting we would ?
- g. **Out of Hours / NHS 111** – Dr E Penny sent through a paper update that was shared with the committee via email.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr Shantsila raised an issue that there is no training opportunity for dermatology in this county. Dr F Martin and Dr Shantsila agreed to discuss this further
- j. **P.M. Groups** – nothing to report
- k. **Administration** – nothing to report
- l. **PAG** – the Secretary attended the last PAG and there was an issue around PSA monitoring. This is not part of essential services and practices should only do this if they have signed up to this LIS otherwise practices should not undertake this work.

- m. **GPPB** – the Secretary updated that there was a development session where Dr Roy Williams created the diagram to reflect the Provider Board. This was tabled to share with the Committee. This set out the aims of the GPPB. There have been various talks about representation and there is a general movement towards an electoral process and this will then come out to practices and how they will be appointed. A discussion continued about the scope and role of the GPPB in the future.

10. **MATTERS ARISING**

- i) **WMAS Urine Dipsticks** - the Secretary updated on an issue Dr C Whyte raised where a paramedic visited a patient but could not undertake a dipstick test as they do not carry these. The Secretary escalated this with WMAS and this has been taken on board.
- ii) **MECs** – the Secretary updated an issue that Specsavers are not providing an adequate service and the CCG is trying to move this service over to Boots.

11. **COMMITTEES**

- a) **GPC Committee** – nothing to report
- b) **GPC England and UK** – nothing to report

12. **NEW ITEMS**

There were no new items

13. **ITEMS B – Receive - Circulated**

14. **ITEMS C – For discussion**

15. **ANY OTHER BUSINESS**

The Secretary updated that Shanee Baker, LMC Law is facilitating a PCN Seminar looking at structure, function, staffing and contracting. She asked the committee if this felt this was necessary following Richard Vautrey's recent presentation. It was felt that this may be helpful for the Clinical Directors once they are in post.

The Secretary asked if there are any areas where the LMC can support practices and to feed these into the LMC Office.

CLOSED MEETING

The Chairman closed the meeting at 21.47pm.