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## The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday 11<sup>th</sup> June 2020 at 7.00pm Via Zoom Conferencing

### OPEN MEETING

**PRESENT:** Dr P Bunyan, Dr M Davis, Dr G Farmer, Dr D Herold, Dr K Hollier, 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 J Rayner, Dr W Safdar, Dr E Shantsila, Dr K Wiltshire, Dr R Williams, Dr M Venables, Meryl Foster, Lisa Siembab

1. **APOLOGIES:** Dr R Benney (maternity leave), Lynda Dando
2. **FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 14<sup>TH</sup> MAY 2020 BY THE CHAIRMAN VIRTUALLY.**

The Chairman and Secretary ran through the actions from the last meeting:-

**Clinical Director Representative Co-optee** – Dr K Ward has kindly volunteered to join the Committee. The Chairman welcomed her to the Committee and the meeting.

**Joint Working with OOH** – Lynda Dando agreed to look at a way in which to engage OOH more in the restoration phase. Dr E Penny agreed to let the secretary know if conversations did not progress. Dr R Williams updated that the Clinical Directors have had a discussion about involving OOH with Lynda Dando at a recent meeting.

**Prescribing Dispensing Issue** – The Secretary updated that dispensing GPs are not being able to produce repeats for dispensing patients in the same way as they can for their prescribing patients. The Vice Chairman updated that this was not discussed on the webinar he recently attended although it has been escalated. The webinar was centred around increasing electronic dispensing and identifying potential patients and it is felt this will save practices time but there is some groundwork to do before to get practices up and running. Dr J Rankin shared that dispensing GPs are supported to be able to do this but it is not clear why they are not able to do this. He has raised this and is awaiting a response.

**Action:** Dr J Rankin to update when he has a response from the DDA

**OOH and Pharmacy Opening Hours** – Dr R Williams updated that in Adastra it is possible to look at pharmacy opening hours and EMIS is looking at whether this is possible. Jane Freeguard is escalating this with EMIS.

**PMs Sharing Best Practice** – Meryl Foster shared that this has been discussed with the PMs and this may take a little longer to set up. They have had a discussion about how they move forward in the restoration phase. Dr R Williams shared that it is very different across the differing PCNs and it is up to the CDs to ensure best practice is shared locally.

**ICS Executive Forum** – The Chairman updated that he has not received any feedback although there have been lots of discussion on this. The Chairman reflected that the general practice transformation/restoration phase should be at our own pace and not dictated by the Trust.

The Chairman asked if all were happy to sign the minutes of and these were signed off virtually.

3. **MEMBERSHIP** – Please see above.

4. **CCG**

Lynda Dando sent her apologies to the meeting.

**Practice Payments** - the Secretary informed the committee about a recent finance issue. A practice raised a concern around the time of the CCG merger with contract and covid reimbursement payments being incorrect over a period of time. The Secretary raised this with the CCG and discovered the error was more widespread and this has affected 43 organisations including practices, PCNs and federations.

This dates back to April and the CCG have now completed a various audits to ensure nothing has been missed. These were discussed. All practices have been informed about this error. There was a discussion about CCG payments and issues experienced by practices and what action should be taken if any at this point. The Committee agreed we should ask the CCG for comparison graphs which are helpful in identifying missed claims. It was agreed that the claims process remains complex in spite of pilots with local practices to simplify the process previously. The Chairman asked for a show of hands for the LMC to ask for a full audit or individual practice audits or no further action. The majority voted for a full audit. The Secretary agreed to take this back to the CCG.

**Action:**           **The Secretary to request external audit on behalf of the committee**

**Antibody Testing** - the Secretary updated the committee on the risks involved in antibody testing for practice staff. She has discussed these with Charmaine Hawker. There are still issues for practices to consider as highlighted in the last newsletter. A GMS contract variation would allow the staff member taking the blood test to be

indemnified under the state scheme. However, staff members are unlikely to be registered with the practice in which they work and the LMC remain clear in the view that staff members should not be registered as temporary residents as this would be in breach of the regulations.

Another option is for practice staff to be tested by their own practices but that means that practices would not be testing their own staff members. Other areas have this provided through their Acute Trust.

The Secretary stated that there should be an NHSE Occupational Health Service in place for primary care but this is sadly lacking. She asked Dr Parkinson to raise this through GPC. There is no contractual obligation for practices to do this work but if they feel they want to then they can, provided they are aware of the issues. Dr R Williams commented that there is a potential IT solution that allows for an online form to be completed that goes into ICE for the practice where the member of staff is registered to pick up. This may solve some of the issues and is up and running in other parts of the country.

A discussion was had around whether general practice should be undertaking these tests, whether they hold any value, the contractual issues and how to speak to the patient once the result is known. Dr S Parkinson commented that the BMA have been very slow to comment on this.

The Chairman asked for a vote on how the LMC should advise practices and it was felt by the Committee that we should give practices the information, with the risks, in the newsletter and trust our colleagues to make the decision for themselves.

**CCG Meetings** - the Secretary updated that when the CCG merged they reviewed all their meetings to reflect the new footprint. CCPC was disbanded as a policy group at that time but has now been reinstated. This will be the group where all clinical decisions will be made before they go for sign off to the Clinical Advisory Group. The Clinical Advisory Group (CAG) was formerly the Clinical Innovation Group (CIG). The Secretary's view is that it is important the GPPB and LMC now consider who is best placed to attend these meetings for GP clinical input in order to ensure general practice is fully engaged in any service / pathway redesign.

The Chairman commented that Governing Body GPs cannot sit on a board representing GPs as providers as there is a conflict of interest.

## **5. HEALTH AND CARE TRUST**

There is nothing new to report on.

## **6. STP/ICP**

The first of the ICS Executive Forum Meetings has been held virtually and the focus was on restoration. There is a piece of work that Simon Trickett is leading on to work out what this means for the ICS and there was a meeting held recently of the

Partnership Board with the Trusts and General Practice. There was a presentation on restoration from the Acute and Community Trusts' point of view and General Practice was omitted. General Practice does need to be part of the restoration but it must be at our own pace and on our own terms.

There is something to be funded on out of hours and Dr E Penny shared that there is an extension being negotiated to the current out of hours contract.

ERS has been switched back on and there will be a focus on which specialities will be switched back on for practice referrals and what this means. This needs to be looked at in detail. Dr K Ward shared that the main conversations for the CDs are around the hubs and how they operate in the next phase. There is a draft return to normal SOP being developed for Worcestershire and a separate one for Herefordshire is being drafted. The Chairman commented that he would not like to see a timetable attached to this as this will vary dependant on local issues for practices. The Secretary commented that an order for services would be useful rather than a prescriptive timetable. This draft SOP will come to the LMC for comment early next week.

## 7. **WORCESTERSHIRE ACUTE HOSPITALS TRUST**

The Secretary provided an update on a range of issues that are being addressed at the current time and on a recent meeting with Mari Gay. She outlined the three key areas to the committee.

**Transfer of Workload** - There is a gradual shift of workload from the Trust to general practice and this is intensifying. There is concern that with remote outpatients, more work will move to general practice unresourced. USS and MRI triage requests were discussed.

**Communication**- The Secretary has asked for no direct communication to practices from individual departments at the Trust. All communications to general practice from secondary care should be seen by the LMC before it goes out. Other issues around communication to GPs were discussed by the committee.

**Medico-Legal Risk** to GPs. ERS was opened late following NHSE guidance and the process for getting patients urgently seen is very confused.

The Secretary shared that the CCG have commented that it is much harder for the Trust to restart services than to stop them. They managed to keep 95% of their cancer services going, and they see that there is a real opportunity to review all of their services and how they are carried out. A draft SOP on elective and routine care is being worked up and this will be coming to the LMC for comment. There is a huge backlog of routine and elective care and the Trust is looking at using various private hospitals to manage the workload. They will be dealing with all the work that was cancelled before they look at anything new being referred.

A discussion followed on a piece of work the Trust is undertaking to assess the appropriateness of GP referrals to A&E. The Secretary reminded everyone to ensure they log any quality issues on Datix.

## 8. REGULAR ITEMS

- a. **NHS England** – the Secretary updated that Dave Briggs is our new RO. All professional standards work is on hold as are PAG and Appraisal and Revalidation.
- b. **Public Health/County Council** – the secretary updated on maintaining income for health checks. NHSE have now said they have no control over each local authority's approach to funding to general practices. Two options have been suggested by public health. The Secretary explained that both options represented a drop in practice income and she has suggested two alternative approaches either that practices receive full payment based on an average of their 2019-20 payment or the payments is based on actual activity for the year. Practices could choose which option they prefer. Negotiations are ongoing.
- c. **Federations** – it was agreed to remove these as separate items on the agenda in future and deal with this under GPPB
  - NW Healthcare** – nothing to report
  - SW Healthcare** – nothing to report
  - Wyre Forest Health Partnership** – nothing to report
- d. **Education** – the Secretary will be presenting at the Fellowship Event. Dr F Martin updated on a few education issues. Dr B Fisher commented that he received a letter stating that in-touch sessions re-commencing. Dr F Martin responded that the Trainers Forum had a discussion about whether these should start again and how these trainees can be accommodated safely to restart them so that the trainees have educational supervision. Dr F Martin confirmed that this is where practical and this has been to be negotiated with the practice depending on the local circumstances.
- e. **LWAB (Local Workforce Action Board, formerly LETC)** – Dr S Morton updated that most things are either on hold or virtual at the moment. The first Five Representative left his post recently and the role has been taken over by Dr Meeraj Shah and Hollie Hastings. There is a worry that NHSE will be rigid and stringent with their check on ARRS.
- f. **Dispensing** – nothing to report
- g. **Out of Hours / NHS 111** – Dr E Penny updated that she attended a Contract Monitoring Board recently and contacts were down for April and all KPIs are green. She raised the point about increased cohesive working with practices. Donna Nolan Carver agreed to take this back to the CCG. 24/7 general practice is still to be pushed for to start in October.
- h. **Non-Principals Group** – nothing to report
- i. **Registrars** – Dr E Shantsila shared that CGP has been very flexible and found alternative for registrars as there are hardly any jobs available in the area. Some of the registrars are worrying about shortage of jobs.
- j. **P.M. Groups** – Meryl Foster has raised a concern shared by the Practice Managers on the flu season for this year as this is a huge concern for practices. There will be further guidance released on this in September. Practices need

to start thinking about how they do this on a PCN level. Dr K Ward confirmed that the CCG have approached the CDs to discuss this. There may be some additional funding for this due to the scale of this piece of work this year.

- k. **Administration** – the Chairman updated that it is proposed that the Secretary and the Executive Officers continue to work increased hours for the next two months. The Committee agreed to this.
- l. **PAG** – the Secretary shared that the last PAG was cancelled.
- m. **GPPB** – the Chairman shared that the monthly meetings have been restored and the board has now shrunk to a representative from Taurus and the CD Forum for each county along with the LMC. It makes the voice of general practice strong and cohesive. Dr R Williams commented that although there have been some good working relationships built with Herefordshire, managing Covid-19 has really made us come together as a county.
- n. **CAG** – this was discussed under CCG. The Secretary thanked the Vice Chairman for continuing to attend these meetings.
- o. **PCNs** – nothing to report

## 9. MATTERS ARISING

### i) Shielding Patients

The Secretary updated on issues regarding shielding patients and whether practices should be home visiting them if the practice has a safe place to see them. As national guidance has now changed around shielded patients, practices may wish to see patients safely at the surgery in some instances where practicable.

There is also a further issue of pre-operative isolation notes requests that is emerging. The LMC view is that practices cannot issue a Med3 if the patient is not ill and the hospital letter should suffice for an employer. NHS111 now need to consider adding a letter for employers through their online isolation note scheme.

### ii) 20k Partnership Incentive

The Secretary updated that details on this have yet to be released. It came out on the 1<sup>st</sup> April. This applies only from the date when a GP is included on the contract as a partner.

## 10. COMMITTEES

- a) **GPC Committee** - Dr S Parkinson shared his last GPC Meeting via email. He ran through the main points.
- b) **GPC England and UK** – nothing to report

## 11. NEW ITEMS

There were no new items

12. **ITEMS B – Receive** - Circulated
13. **ITEMS C – For discussion**
14. **ANY OTHER BUSINESS**

**Workload** - the Secretary shared that she is growing increasingly nervous about the pressure on CDs. She acknowledged the amount of work taken on during covid and the pace at which that was achieved. She is concerned that there is an expectation that this pace of work can continue and worries that it is not sustainable long term and that GPs could be at risk of burnout if not supported. There is a lot of support available for all GPs that the LMC can sign post to. This is available on the LMC website.

**Face Coverings** – Dr K Ward asked that practices be made aware of the change in BMA advice on this in the Newsletter. Dr E Penny commented that this has huge implications for contact and trace. If GPs are wearing PPE they will not be included on the contact tracing. Meryl Foster commented that there is more advice due on this.

**Action:**           **The Secretary to include BMA advice on face coverings in the next newsletter**

#### **CLOSED MEETING**

The Chairman closed the meeting at 21.15pm.