**MINUTES**

**MORGANNWG LOCAL MEDICAL COMMITTEE**

The Towers Hotel, Jersey Marine, Swansea Bay, SA10 6JL

TUESDAY 10 November 2015

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**items in italics - for information / * indicates additional papers**

**GUESTS:**

- The CAHMS speaker was unable to attend the meeting and would attend in January 2016.
- Dr Richard Lewis, recently appointed as National Professional Lead for Primary Care attended to provide the LMC with an overview of his new role. He had been secretary for BMA Wales for twelve years but believed that on a personal and professional level it was time for a change. Although employed in the NHS he would have collaborative access in WG and believed that there is commitment from WG through a clear National Primary Care plan to deliver a sustainable healthcare system which has the best outcomes for patients. It is in his brief to bring together all the various representatives and organisations to ensure that the ‘dots are joined up’ across all the Welsh Health Boards and across all Professions. Richard summarised the challenges being faced to ensure the sustainability of current services. He believed that prudent health care is the correct principle to follow ie not overtreating, focussing on needs, treating those with the greatest need first, patients taking responsibility for themselves, using the skills of the workforce more wisely. There also has to be realism politically of what is achievable within the funding available. There is now the ability for Clusters to take control of service delivery and there needs to be a clear demonstration that they can take up the gauntlet. New money has been made available and the time is right for Primary Care to grasp the opportunity and take the service forward. Richard’s presentation stimulated some lively discussion around;

- The Government’s desire for 7 day services without realistic additional funding and resources. RL advised that the agenda in Wales differs from England with the focus being on the provision of safe 7 day services. Clusters must work to change ways of doing things and to protect services but if change is not effected money will not follow.
- The need for WG to publicise the message about prudent health care to the public to avoid the current confusion that it equates to rationing.
- Problems with support from indemnity providers
- The implications of the drive by NICE to get cancers diagnosed sooner without access to timely diagnostics

RL advised that the profession, through clusters needs to raise and collectively discuss all the challenging issues and say what is unachievable in a cash constrained system and agree alternative ways of working and ways of supporting the risks.
NS gave a vote of thanks to RL and confirmed that the LMC was pleased that he was undertaking this role.

**GUESTS AT FUTURE MEETINGS:**
- 12 January 2016 – Mr David Roberts, Operational Lead for Mental Health and Learning Disabilities Services will attend to discuss issues within Mental Health which GPs find challenging.
- 12 January 2016 – A member of the ABMU Strategy/Planning team will attend to provide an update on the development of the CAMHS strategy.

### ATTENDANCE:
- **LMC Members:** C Danino (CD), J Donagh (JD), I Harris (IH), S Hlaing (SH), A Hussain (AH), J Kletta (JK), E Owoso (EO), A Pritchard (AP), Rayani (AR), N Shah (Chair) (NS), A Stevenson (AS), Mrs M Liddell (Executive Officer) (ML)
- **ABMU:** Hilary Dover (HD)
- **Dyfed Powys LMC:** Laurence Williams (LW)
- **Practice Managers:** C Boland (CB)

### APOLOGIES:
- Drs O Aung Kyi, A Bradley, L El-Sharkawi, P Evans, C Jones, K Muthuvairavan, V Venkatraman, H Wilkes, P Williams, Sara Hayes, Sean Young, Sandra Kiley, Jo Carter

### MINUTES:
- Full LMC Tuesday 08 September 2015 – the Minutes were approved and signed by the chairman.

### MATTERS ARISING:

#### 4.1 LMC Office changes:
- The office had successfully relocated to The Grove Medical Centre on 25 September 2015. ML advised that the new arrangements were working well in terms of office accommodation and liaising with the Medical Secretary.

### 4.2 Medical Students/Tutor Payments:
- A letter recording the concerns of the LMC had been sent to the Director of Community based learning in the College of Medicine who had advised that he would discuss these with the Dean. A response was awaited.

### 5.1 SUSTAINABILITY PROGRAMME:
- HD reported that no applications had been received to date although there were some in the pipeline. This included one from a practice in NPT which had had to reduce appointments in its Branch surgery because of GP shortages.

  - The LMC would, in the forthcoming newsletter, again encourage GP Practices to complete and submit the matrix even if the scores did not reach the required threshold. The LMC would welcome the opportunity to review the applications prior to submission if practices wished. AR noted that feedback from some Practice Managers was negative. CB stated that her practice had not completed it but would do and she would raise it at the next PM meeting in NPT to gain further feedback.

  - The process would be reviewed nationally to gauge the response.

### 5.1 PRACTICE SUPPORT TEAM VISITS
- No further new or follow-up visits had been made. An email would be sent to Sean Young for an update as follow-up visits were required.

### 6. GP CLUSTERS / GP LEADERSHIP FORUM
AS had attended the GP Leadership Forum on 4 November 2015 and summarised the topics discussed. The Forum had welcomed the request for LMC representation and dates of future meetings would be confirmed.

### 7. LMC/ABMU Liaison Group:
- 15 September 2015: The draft minutes had been circulated.
- Cross Border issues
  IH advised that he had attended a meeting with ABMU and C&V primary care representatives to discuss cross border issues. Access arrangements for Vale patients living in Bridgend were discussed. The only permanent solution would be to register Vale patients with a Vale practice but this would be very difficult to achieve. These were ongoing problems and the LMC would include the cross border issues within Wales as a motion at the UK LMC Conference in 2016. **ACTION IH**

### 8. LMC/ABMU Enhanced Services Steering Group:
- 20 October 2015: The draft minutes had been circulated
- SPN LES: IH confirmed that a one off LES had been agreed which would assist progress to the 111 service. It included a payment to enable practices to review/cleanse the current Adastra SPN database. The LMC Exec believed that it was clinically reasonable to support the LES which would be rolled out shortly.
- CARE HOME LES: This had been signed off and would be relaunched in NPT where uptake had been low. A mythbusters factsheet would be produced to support this. A national DES was currently being finalised which may supersede the LES but the level of funding would require agreement
- WOUND MANAGEMENT LES: This required finalisation as a matter of urgency to avoid practices withdrawing. An IOS payment was proposed in the spec and ABMU was currently undertaking a modelling exercise to finalise.
- SUBSTANCE MISUSE LES: The spec was almost ready to be signed off. Discussions around costings and the provision of consumables were being finalised. CDAT support had been withdrawn in Swansea but subsequently reinstated. Funding for Parts 1 and 2 of the RCGP Substance misuse certificate was being provided by ABMU for 10+ GPs.
  IH confirmed that the next 4 Enhanced Service Specifications to be reviewed would be INR, Shared care monitoring, Homeless and Asylum Seekers. A large cohort of Syrian refugees would be rehoused across ABMU in the near future and this would be in areas where housing stock was available. A LES for an initial period of 12 months would be commissioned to enable backfill to cover additional appointments but this would require careful review as the situation would be ongoing.
  SH requested advice about withdrawing from a LES and was advised that a notice period of three months was required. Every practice had the right to hand back Enhanced services as these were provided over and above GMS. The Enhanced services steering group was in the process of finalising a legacy document which would be shared with practices.

### 9. LMC Executive Committee:
- 13 October 2015: The Draft minutes had been circulated
- 08 December 2015: Morgans Hotel Swansea

### 10. GPC Wales:
NS had attended the WGPC meeting on 22 October 2015 and summarised discussion about
- Extending access to the Welsh GP Record (IHR)
- BMA reorganisation
- Impact of introduction of the Living Wage and the domino effect. This would be raised as a motion at the National LMC Conference
- Streamlining of the returner scheme
  Further details about the above would be issued in due course

### 11. ABMU OOH SERVICE (Standing item)

#### 11.1 IHR (Welsh GP Record):

The LMC had sent a letter of concern to the Medical Director of NWIS about the continuing problems experienced by OOH clinicians in accessing the IHR. A chasing letter would be sent.

**ACTION ML**

### 12. DYFED POWYS LMC:

LW confirmed that there were fragility problems both in Hywel Dda and Dyfed Powys. Some Personal list sizes exceeded 4k with a further increase during summer periods. There were also cross border issues with ABMU.

**ACTION ML**

### 13. ABMU ACCESS STANDARDS: (Standing item)

Neither the LMC or ABMU reported any issues. HD confirmed that the Primary Care Access Forum would be reconvened in the near future.

### 14. LMC ANNUAL CONFERENCES: (Standing item)

#### 14.1 Welsh LMC Conference 27 February 2016: Double Tree Hilton Chester: Closing date for Motions 16 December 2015

A request, together with a guidance sheet and a list of nominal headings, had been circulated to LMC members for further suggestions for motions.

Motions: DNA CCR Documentation (AR)
- Minimum/living wage (CD)
- Practice Sustainability (AS)
- Shortage of District Nurses (SH)

Expressions of interest to attend the Conference had been received from the following:
- Nimish Shah, Ashok Rayani, Jerome Donagh (WGPC)
- Ian Harris, Heather Wilkes, Charlie Danino, Alan Stevenson, Emmanuel Owoso, Jan Kletta, Lamah El-Sharkawi, Sandar Hlaing (LMC)

One of the LMC members would attend as an observer.

A minimum of three motions were required from each attendee.

**ALL TO NOTE**


Motions: To reduce the amount of time signing prescriptions (AR)
- Death in service of sessional GPs (AR)
- Drugs not available in community Pharmacies (AR)
- Cross Border issues within Wales (IH)
- Dissatisfaction with NWIS support at Practice Level
- Failure to host the UK Conference in Wales in 2016 *The LMC was disappointed that the agenda committee could not find a suitable Welsh venue. This has been fed back by EO*

**ALL TO NOTE**

### 15. SWANSEA SESSIONAL GP GROUP: Nil to report

### 16. FLU PLANNING 2015/16: (refer also to the SOAPBOX reports)

The LMC had reviewed the SLA which was in place for Community Pharmacies participating in the 2015-16 Enhanced Service for influenza vaccination. There were concerns about non-adherence to some parts eg that only posters supplied by the Health Board should be used and that patients who have agreed an appointment with their surgery should not normally be vaccinated in
one pharmacy 26 patients were vaccinated and all had previously been immunised in surgery.
The LMC would write to ABMU to ascertain if monitoring was being undertaken.

| 17. | PRACTICE MANAGER REPRESENTATION: |
The LMC had planned to write to individual GPs in practice to ask that they support their Practice Managers attendance at Practice manager meetings but had been unable to obtain email contact lists for GPs. HD agreed to check availability.

| 18. | THE CAMERON FUND CHRISTMAS APPEAL 2015 |
The LMC members agreed to donate the sum of £500 to support the Cameron Fund

| 19. | DATE OF NEXT MEETINGS: |
- LMC Executive – Tuesday 08 December 2015 - Morgans Hotel.
- Full LMC Meeting – Tuesday 12 January 2016 at The Towers Hotel, Jersey Marine.

**SOAPBOX**

Members were invited to speak for one minute about a hot topic

1. **Consultant to consultant referrals – why are they not always doing it and instead referring patient back to GP to make the referral. Causes havoc and delays for the patient.**
   
   **LMC Response:** It should not be happening. Referrals should be made directly. Guidance was issued several years ago and is clear but is not always implemented. This will be raised again with the Medical Director. It applies also to other grades of medical staff and other health professionals. This will be added to the motions for the Welsh LMC Conference

2. **Introduction of District Nursing ‘Hubs’ means there is now a lack of continuity, inability to contact, inconsistent service, staff and patient dissatisfaction – it’s a disaster!**
   
   **LMC response:** There was a similar situation in Bridgend when first introduced there but it settled down and is now better than it was and
although it severs links between the DN and GPs they are comfortable with it. HD confirmed that the new Unit Nursing officer was aware of the problems in Swansea and will get in touch with the LMC to discuss.

3. Why is the uptake of the Flu Vacc so poor? It prevents deaths and the more practices do the more they get paid. We are doing badly at increasing uptake and rates are inconsistent across ABMU.

LMC response: There is not enough publicity locally and nationally. The Health Board could run a local campaign with ring fenced monies available. The LMC will write to Sue Bailey and Public Health. The number of staff in ABMU having the vacc has increased but a large number are still choosing not to.

4. Why are patients referred back to surgery with a request for the GP to re-refer to another consultant in the same speciality, Eg orthopaedic surgeon referred patient to GP to be referred back to a hand surgeon.

LMC Response – as 1 above

5. Agree with 2 above – The hub is a disaster and is not working well. DNs were known previously but are now always changing

6. Agree with above – DNs are themselves dissatisfied and are choosing to leave.

7. Agree with above – also happening in NPT area

LMC Response – as 2 above

8. It’s not only consultants who wrongly refer patients back to the GP but other health care professionals also eg physiotherapists.

LMC Response: as 1 above

9. Why does the Welsh Centre for Burns and Plastics refer patients back to GP to explain why a procedure cannot be funded eg reconstructive Breast Surgery / IPFR. The buck is passed back to the GP and patient expectations are raised. The Centre should write to the patient.

LMC response: this is an abdication of responsibility and the LMC will write to the appropriate lead for the service and ask for an early reply
10. Why are the community pharmacists jabbing patients who historically have received their flu vacc in the surgery. The SLA has been reviewed and it is doubtful that all requirements are being adhered to.
LMC response: LMC will write to ABMU to ascertain how the requirements are being reinforced.

11. Re flu jabs – it is time-consuming to complete the admin requirements.
LMC Response: this is not high priority work – there is a tick box to state that the flu jab has been given elsewhere which should be done until there is time to complete

12. Very unhappy with new EMIS - can take 10 mins to load. No-one in NWIS takes responsibility for reported problems.
13. Equally unhappy with NWIS support.
14. Practice managers could be given some admin rights to enable faster solutions to problems.
LMC response: This is a national issue which will be raised at National Conference.