

MORGANNWG LOCAL MEDICAL COMMITTEE

Suite G1, Britannic House, Llandarcy, Neath, SA10 6EL

Office Hours: 9.30a.m. – 1.00 p.m. Monday – Friday

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MINUTES

MORGANNWG LOCAL MEDICAL COMMITTEE EXECUTIVE

TUESDAY 11 AUGUST 2009 at 7.00 pm

Uplands Surgery, 46-48 Sketty Road, Uplands, Swansea, SA2 0LF

Items in normal text are for consideration / *items in italics are for information*

GENERAL

1. **Attendance:** Drs: C Danino, C Jones, IM Millington, A Rayani and N Shah.
2. **Apologies:** Dr A Stevenson.
3. **Notice of any other urgent business.** The Secretary added a number of late items to the Agenda.
4. **Matters transferred from the “for information” sections of the Agenda.** None.
5. **Minutes of:**
 - Full LMC 14 July 2009 – noted by the Executive/for ratification by the full LMC on 08 September 2009.

MATTERS ARISING NOT ON THE AGENDA

1. *None.*

BUSINESS SERVICES CENTRE/OTHER LIST MATTERS

1. **Additions/Removals - Medical Performers List / Partnership Changes / Other List Matters.**
 - (i) *SEE APPENDIX 1 ATTACHED*
2. **Pharmaceutical List:**
 - (i) *SEE APPENDIX 1 ATTACHED.*
3. **Other BSC/List Issues:**
 - (i) *Dispensing Doctors List – letter from Diane Hughes, Business Services Centre advising of change of Regulations which came into force on 17 July 2009 whereby the LMC would grant premises approval where it is satisfied that the premises were being routinely used to provide dispensing services prior to 17 July 2009. Other conditions also apply. The Secretary advised that he had already sent this out to all Dispensing Practices in the LMC area.*

KEY ISSUES

1. **District Nursing Services**
 - **Update of problems across LMC area from all Exec members** – all Officers present reported varying problems with the District Nursing Service. Much of this was around different “Rules” applied in different areas of the ABMU NHS Trust.
 - **Report on discussion at Primary Care Interface Group 04-08-2009** – Members present at the PCIG reported on the full and frank discussion that had taken place in the presence of the new Chief Executive, Mr David Sissling and the new Director of Nursing, Vicki Franklin. It is clear that there are differences across the Trust area in the services provided and it has been agreed to look at what are “core” District Nursing Services. GPs and Practice Nurses should be included in the review group that should also look at Treatment Room

services and what can reasonably be delivered in Practices. This will need to be linked to the GMS Contract and Global Sum as Practices are resourced at the levels of staffing they had at the start of the Contract. Possible options for providing care to patients where Treatment Room services are unable to cope or are inadequately resourced could include the development of Community Nursing Centres. Communications are also of a variable quality and these will need to be improved across the ABMU area.

- **Future actions** – the suggestions from the PCIG will be taken forward. There was also some discussion about IT solutions and the majority feeling was that District Nurses should be able to enter data onto GP systems but this will require training. It was not seen by the LMC that it was the responsibility of GPs to train District Nurses although there are dangers if they are not trained in that the quality of the data entered is poor and can affect items such as QOF. **Action: CJ/IMM – prepare Options Paper for Community Nursing Services**

2. Reorganisation of the NHS in Wales

- **Changes at an all-Wales Level** – All the Directors have now been appointed to the National Advisory Board and to all of the new LHBs. Unfortunately, representation from General Practice is extremely limited and this could be a real problem for the future.
- **Local structures and management arrangements** – this is still very much under consideration and the effect on current LHB staff is creating serious morale problems. It is difficult to make any plans until this level of management and operations is known.
- **Concerns about the apparent lack of understanding of the status of Contractors and of the GMS Contract at local and all-Wales levels** – it is clear from discussions at GPC Wales level and with the new ABMU LHB management that there is little understanding of General Medical Services. Fortunately, the new Chief Executive, Mr David Sissling, does have some experience of GMS and this will be helpful in the future. There is a feeling that the reorganisation of the NHS in Wales is no more than a take-over of all services by Secondary Care.
- **Interim Guidance on the Handling of Concerns in the new NHS (July 2009)** – this is a good example of a lack of understanding across the NHS in Wales about GP/GMS issues. Further problems are likely to arise because the key Officers and even Lay Members may not be available in sufficient numbers to service such panels in the future. This matter is being discussed at GPC Wales level and it may be that some delegation to lower levels of management (when in place) will need to be applied.

3. Pandemic Flu

- **Update of situation (In and Out-of-Hours) across LMC area from all Exec members** – it appears that the number of calls have reduced and the number of patients seen with possible Pandemic Flu has also reduced.
- **WAG policy of Enhanced Primary Care: Report on various meetings attended by the Secretary** – the Enhanced Primary Care Model appears to be working in Wales and is providing more reassurance to patients than the use of Call Centres. Escalation plans are in place should Primary Care begin to “fall over” and this may include Anti-viral Centres and even a move to a Pandemic Flu SFE should the severity and the attack rate increase to unmanageable levels as part of normal GMS.
- **Facemasks: Supply of the wrong facemasks / distribution of supplies of the correct Fluid Resistant Surgical masks (FRSMs)** – the Secretary reported that he had had an e-mail on the day of the meeting advising that the correct masks have been delivered to ABMU and they have been verified as the correct FRSMs. These will now be distributed to all Practices by courier ASAP. This had been an unfortunate episode and communication between WAG and the Trust (who accepted the initial delivery) appears to have been poor. Representation has been made at an All Wales level by the Secretary.
- **Multi-Agency Pandemic Flu Silver Group** – the Secretary updated the Executive on the weekly meetings of this Group which is very much dealing with operational issues at an ABMU Health Community level. It is chaired by the Police and attended by Local Government Health and Public Health Wales. There have been some issues around premises for anti-viral centres and the siting of some of these is being reviewed.
- **Joint LMC / LHBs Swine Flu Update to GP Practices 31-07-2009** – this has now gone out to Practices and has been well received.

4. Asylum Seekers

- **Distribution of Asylum Seekers across the LMC area** – it was very clear that there are significant variations

across the LMC area although accurate figures do not seem to be readily available.

E-mail to Swansea LHB for accurate numbers and distribution across Practices

- **Workload implications for Practices with significant numbers of Asylum Seekers** – consultation time with Asylum Seekers is often significantly longer due to use of Language Line and other communication issues. Overall, it was felt that the Enhanced Service fees payable did not compensate adequately for the additional work required to deliver General Medical Services to such patients.

LMC MATTERS

1. **LMC Business Continuity Plan** – The Secretary highlighted the need to draw up a robust BCP (particularly with Swine Flu) this needs to include access to premises, passwords and financial arrangements as the Secretary is the only signatory on the Bank Account at present. **Action: IMM to prepare BCP**
2. **Morgannwg LMC Website:** the Executive looked at the Website during the meeting and were generally pleased with its appearance and content.
 - **Deciding the Content** - overall, it was felt that this needed to be expanded and that it could include a “Hot Tips” Section and a list of the GPC “Focus On...” with the URLs.
 - **Activating the Discussion Group** – it was agreed to have a further push on this as only three Members have registered to date. **LMC Newsletter August 2009**
3. **Royal Medical Benevolent Fund** – the RMBF have written to the LMC requesting assistance in identifying Area Visitors to assist in assessing GPs and families who may require help. There was also a need to raise awareness of doctors and families of doctors who may benefit from referral.

LMC Agenda September 2009/Consider inclusion on LMC Website after Full LMC
4. **LMC Secretaries Conference: Thursday 03 December 2009** – the Secretary has applied to attend and there is an option for an additional place. It was felt that on this occasion there would not be a huge benefit from sending a second person.
5. **Quality in Modern General Practice: Friday 04 December 2009** – this will follow on from the LMC Secretaries Conference and one place has been set aside for each LMC Secretary. There is also an option for a second place and it was suggested that Dr Steve Rix be approached to see if he may wish to attend. **E-mail to Steve Rix**
6. **All Wales Clinical Governance Practice Self-Assessment Tool 2/01/11** – Workshops have been held since May 2009 with the aim of setting standards. The next Workshops to which the LMC have been invited are:
 - **Workshop 5: Thursday 15 October 2009** - when the draft Tool will be presented to Stakeholders.
 - **Workshop 6: Tuesday 17 November 2009** - when the draft Tool will be reviewed and amended.The LMC is generally supportive of the AWCGPSAT and prefers this to the RCGP Model which is expensive, not easy to follow and has a failure rate which is unacceptable to much of the Profession. It was agreed that IM should attend the October Meeting and AS the November meeting. **E-mail to Laura Beer**
7. **Bridgend CBC Library Service** – *e-mail from a Constituent GP about a request from a Mobile Library Librarian for a letter to confirm that a patient has Osteoporosis and is therefore unable to carry the books from the Mobile Library to her house. Such a letter will enable the Mobile Library staff to deliver the books directly to the patient. The Secretary viewed this as yet another request for a useless piece of paper which did not more than transfer responsibility from the CBC staff to the GP. Further, timing is extremely inappropriate in view of the hard work that Practices are involved in regarding the Pandemic Flu. A letter has been written to point this out.*

LMC Newsletter August 2009

LMC/LHBs/BSC LIAISON GROUP

- **Liaison Group 15 July 2009** – the report of this meeting was considered by the LMC Exec. There were no matters arising that had not been considered as part of the Exec Agenda 11 August 2009.
- **Liaison Group Meeting 12.30 to 14.00 hours Wednesday 16 September 2009 at Neath Port Talbot LHB - LMC items for the Agenda will be agreed at or after the next full LMC Meeting on 08 September 2009.**

LHB MATTERS

1. Issues common to Bridgend LHB, Neath Port Talbot LHB & Swansea LHB

i. Enhanced Services for 2009/10:

- **List of ESs offered across the area (Appendix 1)** – the Secretary produced a list of Enhanced Services available across the ABMU Health Community area based on information from BSC/Contractor Services and from the three LHBs. This had also been shared with the LHBs and the Secretary had received comments that the list was not complete. The Secretary reported that it had been difficult to get information and to compare information across the three LHBs and, following the advice that the list is incomplete, he has asked that this matter be discussed at the Primary Care Transitional Workstream meeting on 17 August 2009.
- **Diabetes LESs (Appendix 2)** – the general feeling was that this was a significant amount of work for little additional resources in real terms. It would be interesting to see what the take-up will be for this.

Discussion broadened into the distribution of services across the LMC area and there was a suggestion that one Practice may be receiving additional payments under an Enhanced Service for providing Cervical Cytology. Overall, the LMC was concerned about differences in funding and offers and is keen to obtain further information from the LHBs and, if necessary, from Practices. **Action: IMM to obtain information**

ii. ABMU Transitional Public Protection Group – letter from David Morgan, Deputy Nurse Director, NPT LHB requesting expert advice regarding compliance of GPs with Climbie recommendations within Primary Care and the RCGP's response to Lord Laming. Specific advice is sought on:

- **Recommendation 78: *All Health Professionals in a given healthcare setting should work from a single set of records for each child.*** The Executive was unclear about the term “in a given healthcare setting” and had concerns that this would mean duplicate sets of notes or access by health professionals into GP notes without any control as to the quality of the data. The Secretary reported that the Welsh Clinical Portal accessed databases from a variety of Trust and GP sources and this may be the model that could be used to pull together all relating to the care and safety of a child and that these records would be available for each child at each point of contact or review.
- **Recommendation 86: *The Department of Health should invite the Royal College of General Practitioners to explore the feasibility of extending the process of new child registration to include gathering information on wider social and developmental issues likely to effect the welfare of the child, for example their living conditions and their school attendance.*** The LMC Executive felt that this was unrealistic and would add a significant burden to the Registration process. Further, it is quite possible that the information would be unreliable if the only source was from the patient or the parent.

The Secretary agreed to write to David Morgan, Head of the Public Protection Group at its next meeting on 19 August 2009 to advise on the above.

Letter to David Morgan, NPT LHB

- iii. **NPT & Bridgend LHB Community Services Projects** – no report due to the absence of Dr Alan Stevenson.
- iv. **ABMU Community Oxygen Assessment Performance Management Group 15 July 2009** – *The assessment service is now settling down and all new patients for possible Oxygen Therapy in the community are being assessed to determine their needs. There are problems with existing patients who are refusing to be assessed and a all-Wales policy is being sought via the WAG Oxygen Therapy Reference group (of which the Secretary is a member). A further issue for the OTRG is an increase in Oxygen-related burns to the face (often related to smoking whilst using Oxygen Therapy) reported by the Burns Unit at Morriston.*
- v. **ABMU Community Respiratory Care Service Model Planning & Development Group 21 July 2009** – *The secretary attends this Group for the LMC (with Dr Sean Young attending as an associate medical director of the LHB. The Group deals with Service Development and WAG Commissioning Directives and is keen to reduce admissions, shorten lengths of stay and ensure good management in the Community. The development of Joint Clinics with GPs and Pulmonary Rehab (not available in all areas / high DNA rates) are seen as ways to achieve the aims. Other issues are Non-Invasive Ventilation and Sleep Apnoea/CPAP. The Map of Medicine COPD Care pathway is seen as the model to follow but this will require signing off by the Joint Pathways Board shortly.*
- vi. **ABMU COPD Care Pathway Group** – Dr Sean Young leads this for the LHB as part of his Associate Medical

Director role. The LMC agreed to nominate Dr Ashok Rayani as Representative with Dr Charlie Danino as Deputy to this Group.

E-mail to Melanie Andrews, Bridgend LHB

2. **Bridgend LHB**
 - i. **Board Meeting 13/08/2009** – noted.
3. **Neath Port Talbot LHB**
 - i. **Board Meeting(s)** – verbal report from Liaison Officer – not available.
 - ii. **Resignation of a Single-Handed GP in the LHB area** – Currently, the Practice has been assessed as a 1.6 WTE GMS Practice and the LHB has taken over the Practice and will run it as an LHBMS Practice. It is the intention of the LHB to offer a Non Single-Handed GMS Contract in the future.
4. **Swansea LHB**
 - ii. **Appeals against results of Patient Survey 2008/09** – copy of letter from Dorothy Edwards, Acting Chief Executive, Swansea LHB indicating that the LHB has received some guidance from the Welsh Assembly Government and legal advice is now being sought on behalf of all LHBs in Wales. The LHB will be in touch with the Practices as soon as they are clear about how to deal with this dispute.

NHS TRUST MATTERS

1. **Abertawe Bro Morgannwg University NHS Trust**

NB: Matters relating to the Eastern Sector of the Trust will carry a (E) Suffix and matters affecting the Western Part of the Trust will carry a (W) Suffix.

 - i. **Meeting with Mr David Sissling, Chief Exec, ABMU LHB 10 August 2009** – the Secretary reported on a useful meeting that had been held with the Chief Executive. Broad aspects of General Practice and the role of the LMC in representing General Practice had been discussed. Many of the Key Issues which are current had been raised at the PCIG at which the Chief Executive had been present and he had noted the need to improve communications and the need to bring together various elements of Community Services to make them more effective. He had also requested information about Sessional/Salaried GPs and had been advised that the LMC represents all GPs. Further, the LMC supports Sessional GPs but still feels that the current model of Contract Holders provides the best value for money overall. It was agreed at the end of the meeting that the Chief Executive should meet with the LMC Secretary on a monthly basis to discuss issues relating to General Practice.
 - ii. **Joint Pathways Board 30 July 2009** – the Secretary reported on the work of this Board which has been time-consuming and at times, very difficult. Basically, Pathways are now being produced which are clearer and have good pointers to gaps in resources. The Secretary has made it clear in the Board that there is a necessity for a common Referral Form containing all information required in all Referrals together with an area for free text and that specific information relating to specific conditions or specialties should be kept to a minimum. Further, Referral Forms need to be IT friendly and should be sent out to Practices in that format. Overall, it was felt that there was a need for an update from the Joint Pathways Board together with a Newsletter to inform GPs as to the progress. **E-mail to Dr Jane Harrison**
 - iii. **ABMU Primary Care Interface Group 04 August 2009** – specific areas for General Practice included:
 - Pre-Assessment Clinics and Waiting List Management.
 - Referral routes to ABMU NHS Trust (NB: The issue of referral routes is being clarified and it appears that the letter may have been sent out prematurely)
 - District Nursing Services.
 - Management of Varicose Ulcers in the Community.
 - Treatment Room Services.
 - Other matters
 - iv. **Acupuncture in Swansea LHB Area** – information from Katharine Davies, Director of Therapy Services, Swansea LHB indicating that within the Musculoskeletal Physio Service, acupuncture is not provided as a “stand-alone” treatment and they do not accept referrals for acupuncture. However, acupuncture can be offered as part of a treatment programme following physiotherapy assessment if the physio feels that there is a clinical need. There are a number of Band 6, 7 & 8a Physiotherapists who have undergone training to deliver

acupuncture and have been providing this service Trust-wide for a number of years. There is no specific/separate Waiting Lists for acupuncture. In addition, within the Swansea locality a small group of Ward based physios provide acupuncture, mainly for post-op pain relief (this includes Oncology) as part of the totality of the physio input to an individual patient.

2. **Welsh Ambulance Services NHS Trust**
 - i. *None.*

PUBLIC HEALTH WALES (formerly National Public Health Service for Wales) / IMMUNISATION ISSUES

1. **Changes to the National Public Health Service for Wales** - The Service will now be known as Public Health Wales and its new Chief Executive will be Mr Bob Hudson. There has been some service re-configuration.
2. **Measles Outbreak Control Team 28 July 2009** – Dr Ashok Rayani reported on the meeting including the fact that numbers were reducing. Further, he had asked for the LES to continue for 6 months to enable GPs to recruit some of the resources used in the additional vaccination load. He also felt that it was important to talk in specific numbers of the children who are unimmunised or only partially immunised. **Email to Nina Williams/Dorothy Edwards**

GPC WALES / GPC UK

1. **GPC Wales 23 July 2009** – the following issues are relevant to the LMC:
 - **Update by Dr David Bailey, Chairman of GPC Wales** – This covered the UK negotiations on a Pandemic Flu SFE and lots of issues in Wales.
 - **Membership of the Negotiating Team** - Dr Charlotte Jones was appointed to the GPC Wales Negotiating Team to join Dr David Bailey (Chairman), Dr Gruff Jones (Joint Vice-Chairman), Dr David Grant (Joint Vice-Chairman) and Dr Ian Millington (Member). Dr Kay Saunders had failed to gain a place on GPC UK from the ARM and so had no route of access to a place on GPC Wales in the present round of elections.
 - **The Future of IM&T in Wales** – Discussion with Drs Gwyn Jones (Director, IHC) and Martin Murphy (Medical Director, IHC). IHC have asked GPC Wales for a “Top 5” priority list for IM&T in Wales and this is being co-ordinated by the Secretary.
 - **Pandemic Flu** – Dr Tony Jewell, Chief Medical Officer for Wales, attended to discuss aspects of the Enhanced Primary Care model that forms the basis of the WAG strategy on Pandemic Flu. Escalation plans were also discussed but it is the intention to stay with the current model as long as it is sustainable.
2. **GPC/LMC Roadshow 14.00hrs. Wednesday 30 September 2009** – the LMC has invitations for five Officers / Members to attend this meeting at BMA Welsh Office, Cardiff Bay. The Chairman, Vice-Chairman and Secretary normally attend and a number of LMC Members have already expressed an interest in taking up the remaining places. However, as the Morgannwg LMC Vice-Chairman and Secretary both have places at this meeting as Negotiators, the following will be able to attend: Dr Charlie Danino (Chairman), Dr Steve Rix, Dr Alan Stevenson, Dr David Werner and Dr Sean Young. Dr Nimish Shah also asked that he be considered as a reserve should any of the Representatives be unable to attend. The LMC will pay a half-day Honorarium of £200 or a half-day Locum Fee*, Travelling Expenses (Second Class rail fare* and Bus Fares* or 40p/mile) and Parking Charges* (but not Parking Fines!). NB: Receipts will be required for items marked with an * **E-mail to Sue Love, GPC UK**

BRITISH MEDICAL ASSOCIATION

1. *None.*

GENERAL MEDICAL COUNCIL

1. *None.*

WELSH ASSEMBLY GOVERNMENT (WAG) / DEPARTMENT OF HEALTH (DH)

1. **Ministerial Letters:**
 - *None.*
2. **Consultation Papers**
 - *None.*

KEY ISSUES – For Next LMC Meeting - TBC

- 1.
- 2.
- 3.
- 4.

ANY OTHER BUSINESS

- *To be notified to the Chairman no later than the start of the meeting.*

ITEMS RECEIVED FOR INFORMATION

(BLUE FILE WAS CIRCULATED AT THE MEETING)

MEETINGS

(YELLOW FILE WAS CIRCULATED AT THE MEETING)

DATES FOR DIARIES

- *GPC/LMC Roadshow – Wednesday 30 September 2009 – BMA Office, Cardiff Bay.*
- *GPC Wales - Thursday 22 October 2009 – Caer Beris Manor Hotel, Builth Wells*

NEXT LMC MEETINGS

- *Full LMC – 7.00 pm Tuesday 08 September 2009 The Towers Hotel.*
- *LMC Exec – 7.00 pm Tuesday 13 October 2009 (venue TBC).*
- *Full LMC – 7.00 Tuesday 10 November 2009 The Towers Hotel.*