

MORGANNWG LOCAL MEDICAL COMMITTEE

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

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

website: www.morgannwglmc.org.uk

Tel: 01792 815954

Fax: 01792 814938

email: morgannwglmc@btconnect.com

MINUTES

MORGANNWG LOCAL MEDICAL COMMITTEE

TUESDAY 8 SEPTEMBER 2009 at 7.00 pm

The Towers Hotel, Jersey Marine

Sponsor: Boehringer Ingelheim

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

GUESTS:

1. **Mr David Sissling, Chief Executive, and Ms Alex Howells, Director of Primary Community and Mental Health Services, ABMU Local Health Board** were welcomed to the meeting by the Chairman and invited to discuss matters of mutual interest on the new Local Health Board structure and functions.

David Sissling opened the discussion by expressing his keenness to have a strong relationship with the LMC. He described his background as part of Lord Darzi's team in London and at that time he had worked with the London-wide LMC. He found their approach flexible and adoptive and hoped that this would continue in this area. He had also been in Northern Ireland as Director of Health and Social Care and again had worked with the LMCs. He was respectful of the distinctive nature of General Practice and described it as good quality. He also felt that he had some understanding of the business model of General Practice. He was very keen to find ways of interacting with General Practice, both collectively and individually.

He went on to describe ABMU LHB as a big organisation employing 16,000-17,000. It has a budget of £1 billion. It is responsible for a population of 700,000 and will include delivering Health Care and having a Public Health role. The All Wales approach in the Reorganisation deals with planning and has an emphasis on quality and outcomes with whole system delivery. He felt that it was essential to build on quality. It is a "given" that the status quo is not sustainable so the Agenda will be of change (planned and inclusive) incorporating National Policy with local perspectives, ownership and ambition. Unscheduled care will be an early area for the work. The organisation will engage with GPs with purpose and new models of care, new care pathways and local variation will be produced by working together. Change is inevitable and future models will be determined in these discussions.

Alex Howells then talked about driving forward the integrated model with refocusing of the NHS in Wales. Early areas for examination will be Mental Health Services, Learning Difficulties and Community Services with the intention of producing an integrated approach. Also, it must be a more sustainable model. Part of this will include working with the Director of Acute Services and moving resources to where they are needed. New structures within the organisation are likely from April 2010 and it will be important to embed Primary Care and GP leadership into the planning and operation of these. Early involvement has been via the protected learning time and will be via the Clinical Development Leads in the Swansea LHB area. The model will involve rolling out the work of Dr CDV Jones and she has worked with Dr CDV Jones in Gwent on his early plans. There will be an opportunity to discuss and move forward, and to drive clinical strategy for the future.

She then touched on the issues raised at the Primary Care Interface Group in August 2009 including the problems of District Nursing Service (currently there are serious problems within the East of the ABMU area because of sickness in the District Nursing Team) and issues surrounding Treatment Room Services. Clearly, this matter will require urgent short-term measures and more robust long-term plans for a sustainable model to be effective.

The Chairman then invited the LMC to join in the discussion and to ask questions of the Guests.

JA asked about cuts and savings to be made and DS indicated that there was no strategy yet. There are ABMU and WAG issues on budgets. The key will be to eliminate wasteful practice and to adopt a strategic approach with new models of care that are more cost-effective and clinically effective. The strategy will expect everyone to play a role. JA then asked about significant cuts in Secondary Care and loss of beds. DS felt that we must develop together good clinical systems and that that could produce the bed base without reducing the service. JA felt that there was a need for agreement with Primary Care.

AR talked about change and challenge, particularly in the way the services are managed. He felt that the open-ended aspect of GP work meant that they sometimes become defensive to avoid being overwhelmed. He felt that there should be a concentration of outcomes rather than process. AH agreed that movement is starting to happen.

SR felt that beds are not the currency. Quality is the benchmark. Length of stay may be shortened but this is not necessarily the best if the patient is not discharged with a clear management plan and issues resolved. DS felt that access is important but that there should also be a defining as to what is quality.

CJ felt that it should be quality rather than quantity. The fear of GPs is that they will not be listened to and that services will be developed and then "pulled". There is some keenness to stimulate change and the work of Dr CDV Jones is important. Out of Hours is a good example of working together where emergency cover is good and much work has been done with A&E and with the Ambulance Service. She felt that NLIAH should not be involved as that is almost a guarantee that it will not work. Her contact with colleagues in the London-wide LMC demonstrated that the service has to be shaped locally and that David Sissling had come highly recommended!

SY felt that the key would be getting Directorates to work and then to work together. AH felt that there should not be any barriers and that there should not be any decisions made in isolation. Local solutions may be necessary within the ABMU area to ensure best delivery of services to patients. CJ felt that this should stop unilateral decisions. DS agreed that the Trust was not working and was keen to identify the problems.

AB felt that Specialist Nurses within the Trust and other services had been coming into the Community to cherry-pick the work, leaving the District Nurses with the "tough stuff". AH felt that the core services must cover most of the work. AS hoped that the new Board would recognise what GPs could bring to the table. Although much of the priority of the ABMU LHB is about reducing costs, costs are likely to increase as services are developed. DS brought in the question of intermediate care and there would be a need to define "What does it mean?"

JA raised the issue of behaviour of Secondary Care and felt that there was compassion fatigue amongst the professionals working there. DS wished to move from targets to standards.

OA-K asked what changes there would be from April 2010 in both structures and aims. He also asked about the likely effects of the General Election if there was a change of Government and how this would be factored in. DS accepted that there may need to be changes if the Government changed but that it was important to get the new ABMU LHB on a firm footing. IM commented on the fact that almost all patients in the ABMU area have a bed (i.e. their own) and that they should only require a hospital bed if there is no alternative. He also commented about Risk Management and the fact that the current Trust is very risk averse to the point that if this continues on this path, then the service is likely to be paralysed.

EO asked about engaging with GPs and ensuring that our views are heard. He also felt that there should be a streamlined interface. AH agreed that she would have an Acute Services equivalent to her post and that she would need to work closely with that person. Local and LHB-wide involvement of GPs would be essential.

David Sissling then thanked the meeting for inviting himself and Alex Howells and thanked the meeting for listening. The Chairman thanked both the Guests and indicated that they would be invited in the future.

The Guests then left the meeting.

2. **Future Guests:** *The LMC has arranged for the following guests to attend other meetings in 2009:*

- *The three CHC Executives, Sandra Owen, Swansea/Peter Owen, Neath Port Talbot/Kevin Dee, Bridgend will attend the full LMC on 10 November 2009 to discuss matters of mutual interest.*

GENERAL

1. **Attendance:** Drs: JR Anthony, O Aung-Kyi, A Bradley, CE Danino, S Guest, C Jones, IM Millington, E Owoso, G Ratnalikar, AP Rayani, S Rix, A Stevenson, DJS Werner, SP Young, D Roberts, J Harrison, S Le Maitre (GP Registrar – Bridgend VTS) and N Williams. Ms F Jackson (BMA) and Lorraine Rudd PA were also in attendance.

The Chairman welcomed Dr Le Maître and Fiona Jackson to the LMC.

2. **Apologies:** Drs: M Deghani, RB John, AM Muir, S Nazeer, C Rosser, N Shah, R Lewis and A Delahunty. Mrs A Burtonwood and Mrs F Rees, Practice Managers.
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 were ratified by the full LMC and signed by the Chairman.
 - LMC Exec 14 August 2009 were received by the full LMC and signed by the Chairman.

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) *None*

KEY ISSUES

1. **Reorganisation of the NHS in Wales:**
 - **All-Wales issues** – the work of Dr CDV Jones in developing a strategy for improving services to patients in the community has been tested in desk-top exercises at an All Wales level and is now to be tested locally using the same methodology with a number of meetings arranged for September and October 2009.
 - **Local structures and management arrangements** – these are evolving (see above) but are unlikely to be in place before 01 April 2010.
 - **The role of Contractors in the new ABMU LHB** – it will be important to work together. JA felt that it was important not to forget beds and AS was keen that integrated and intermediate care have strong GP input in determining the services. AB felt that “Hot Clinics” at Singleton to prevent admissions were likely to have only minor effects and that a few hours in a hospital bed may actually be a better way of resolving the issue. He also felt that there was a lack of compassion in Secondary Care services at present. SR felt that the Social Care side needed to be sorted to deliver Health and Social Care Services for patients in the future.
 - **Transitional Arrangements** – these include Interim Guidance on the Handling of Concerns in the new NHS (July 2009) and other issues. The Secretary reported that these are being taken forward into the new organisation without change on the basis that there is no need to change something that is working.
2. **Community Nursing Services:**
 - **Community Nursing Strategy for Wales** – the Secretary reported on the All-Wales meeting on 14/08/2009 which he had attended for GPC Wales. The meeting had been fairly robust in its discussions of the paper around Sections 11-13 and that the reference to source of funding in these is to be withdrawn and the Sections rewritten. The final version is awaited before it is considered for sign-off by GPC Wales and BMA.
 - **Options Paper for Community Nursing Services (including Treatment Room Services) in the AMBU LHB area** (attached) – there had been discussions about services delivered in the community by nurses and the key issues were “What is Core?” and Treatment Room Services. The paper was to address the latter.
 - **District Nursing problems (Bridgend and Neath Port Talbot areas)** – an e-mail from the District Nursing management on 04/09/2009 had indicated that services would be severely curtailed and that most of the services to be withdrawn would be GP services. A meeting had been arranged in the East but there was poor Trust representation although it had been agreed to explore the options.

The paper to the PCIG on Community Nursing Services currently concentrates on Treatment Room Services but

this will need to be worked up to provide a broader view. AR felt that support of District Nursing colleagues was important and that the LMC should meet with the District Nurses. SG described the problems in Bridgend as a “shambles”. SPY has produced a “Five Options” paper which could be developed with the Treatment Room paper into a more comprehensive document. It was agreed that this should be taken forward. **Action: SPY/CJ/IMM** SG was extremely concerned about the acute problems in the Bridgend area and asked what could be done. It was suggested by the Secretary that the Practice write a letter to the Chief Executive of the new ABMU NHS Trust/LHB with a copy to the Bridgend Community Health Council about the appalling problems with the District Nursing Services in the area.

3. **Enhanced Services 2009/10:**

- **Diabetic Enhanced Service** – the local LHB LESs are different than the All-Wales Diabetic DES in the “basket”. There was a reluctant acceptance of this issue locally as we are already half-way through the year and there is a need to get money out of Practices.
- **Service delivery of Enhanced Services across the Morgannwg LMC area** – the Secretary felt that it was important that Practices do consider taking up Enhanced Services even though there are difficulties as this will help to ensure that the services continue to be offered to General Practice. The danger is that other parts of the new organisation will step in and take up the funding which should come to GPs.
- **Mental Illness DES: Questionnaire from NPHS to LMCs re fitness for purpose of the DES** - this was briefly discussed and the overall impression is that the DES is valuable for Mental Health patients but that it is only limited to patients on an Enhanced CPA (which is more about the difficulty in managing the patient rather than the severity of their mental condition) and that the paperwork allows no pre-population from GP computer systems and is generally difficult and repetitive. Further problems are that Secondary Care does not seem to know what to do with the information when provided to it. **Action: E-mail to Julie Caffel, NPHS**

4. **Asylum Seekers (including Failed Asylum Seekers):**

- **Distribution of Asylum Seekers across the LMC area** – these are concentrated mainly in the poorer areas of Swansea, probably because of the availability of housing in these areas.
- **Workload implications for Practices of significant numbers of Asylum Seekers (and non-English speakers)** – the severe psychological problems of some Asylum Seekers, their expectations that cannot readily be met by the NHS and language problems all contribute to the workload for GPs.
- **Swansea LHB Asylum Seekers LES 2009/10** – this only provides some recompense for the workload associated with Asylum Seekers and provides no recompense for Practices with high numbers of foreign students, many of whose families are not English speaking. **Liaison Group Agenda September 2009**

5. **Pandemic Flu:**

- **Update on Swine Flu Pandemic** – currently, the numbers are falling although there is a concern about a second wave as children return to school.
- **Pandemic Flu Immunisation Plans** – this created a lively discussion and it is unclear as to how this will be delivered. IM reported that there appears to be a move to have NHS organisations delivering flu vaccination via Occupational Health Services (GPs do not have a service so will require an alternative route) and that the remaining patients would then be immunised by General Practice (negotiations on this have been carried out at a UK level between GPC UK and the NHS Employers and this is not ready for release at the moment). There are problems with the packaging of vaccines in that they are in 200 and 500 dose packs of vials. This will create huge logistical issues for individual vaccination and the packaging appears to have been designed for mass vaccination. SLM suggested that it may be a case for drive-through immunisation sessions which created much humour but has a serious note to this. NW advised the LMC that all the issues raised in the LMC had also been raised at an All Wales level and the Secretary advised the LMC that he would be attending a Health Professionals Pandemic Flu Meeting at the Welsh Assembly Government on 09 September 2009 on behalf of GPC Wales. Again, the issues will be raised.
- **Winter Flu Immunisation Campaign** - GPs reported that this had started. It was felt that it was important that GPs got the seasonal flu immunisations done as soon as possible as there would be capacity and cold chain problems if this was not done. **E-mail to Practices re Seasonal Flu now**
- **National Plans in the event of an upsurge in cases** – this is part of the WAG and LHB planning and is very

much unknown until the children are back in school for a few weeks.

- **Zonal working** – SPY raised the issue of zonal working. There was a lively discussion and it was agreed that it was difficult to get GPs to engage in this process as they tend to believe that they will cope should problems arise. The LMC was asked about its role and the Secretary reported that he and his PA had spent much time trying to establish a list of GP / Practice volunteers for zonal working. However, there was a feeling this would be better co-ordinated from outside General Practice by LHBs. JA raised the issue of protective equipment if a Practice is a zonal centre for Pandemic Flu cases (his Practice has been identified for this role) and was very insistent that respirators should be provided for staff working in such centres.

IM & NW to progress issues raised at the relevant time

6. **Sessional GPs:**

- **Election of Dr Oak Aung-Kyi as Sessional GP Rep on GPC Wales** – the Chairman and the LMC offered their congratulations to Oak on his appointment.
- **LMC Services for Sessional GPs: Possible inclusion of a Standing Agenda Item on the LMC Agenda** – it was agreed that there is reasonable representation of Sessional GPs as elected members of Morgannwg LMC and that there should be a standing Agenda item on the LMC Agenda for Sessional GPs. The Secretary advised that there are 500 GPs in Morgannwg LMC area as at July 2009 and that 64% are Contract Holders with 36% Non-Contract Holders. It was also suggested and agreed that GP Registrars should have a standing Agenda item on future LMC Agendas. **Action: IMM to change LMC Agenda**
- **'Recognise your Talents, Realise Opportunities'** – a BMA conference for Salaried and Locum GPs will be held on Friday 13 November 2009 at BMA House, Tavistock Square, London. Further details are available at: http://www.bma.org.uk/whats_on/SESSGP09.jsp?page=1. GR will be attending.

OA-K clarified that the term Sessional GPs includes all Non-Principals. He acknowledged the importance of keeping in touch with grass-roots opinion especially among newly-qualified GPs who are often afraid to speak out. OA-K believes that local Sessional GP groups will improve engagement and he is planning to set one up.

LMC MATTERS

1. **Royal Medical Benevolent Fund** – the RMBF has written to the LMC requesting assistance in identifying Area Visitors to assist in assessing GPs and families who may require help. There is also a need to raise awareness of doctors and families of doctors in distress who may benefit from referral. **Action: E-mail to Members/Website**
2. **Morgannwg LMC Website: Requests for suggestions as to additional content** – Members seemed generally pleased with the Website and its content. The Secretary advised that a Google Group for the LMC has been set up as part of requirements given to the Web Designer but only three Members had signed up. There was general discussion about the usefulness of this but it had been part of the brief given to the Secretary when setting up the Website and it was the most cost-effective way of providing a discussion group. **Action: Email reminder to LMC Members**
3. **LMC Secretaries Conference: Thursday 03 December 2009** – the Secretary has applied to attend.
4. **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 has been suggested that Dr Steve Rix be approached to attend. Unfortunately, he is unavailable at that time so it was agreed to extend the invitation to the elected members of the LMC. **E-mail to LMC Members**
5. **Community Health Council Practice Visits** – the Secretary continues to receive reports from the CHCs in the area following visits to Local Practices. In the main, the reports are complimentary although there is much emphasis on issues such as access to the premises, privacy, access to information (including CHC leaflets) and all GPs and staff wearing name badges.
6. **Dyfed Powys LMC 03-09-2009** – Dr D Roberts, Chairman of Dyfed Powys LMC reported on:
 - **Enhanced Services** – ongoing funding issues.
 - **MD to Hywel Dda LHB** – the new MD is a GP (Dr Sue Fish). She is keen to involve GPs in providing advice to the LHB and the LHB is paying £230 per session for GPs to attend meetings.
 - **Waiting List Initiatives (WLIs)** – it was felt that there should be a more collaborative approach to these and that any WLIs in the Trust should also consider the increased workload and should direct resources to this in the community.

LMC/LHBs/BSC LIAISON GROUP – 15 July 2009

1. Access to GP Services:

- (i) **Patient Experience Survey 2009** – the Secretary gave an overview of the results of the Survey that had resulted in Practices being de-funded by £8 million across the UK, of which £2 million had come from Welsh Practices. GPC Wales were extremely concerned about the disproportionate effect on GPs in Wales and the 24 hour access to a “GP or health professional” appears to have been interpreted by patients as “to a GP”. Practices had been advised as to how they are able to Appeal against their results but it has been made it clear that any Appeals will need to be based on evidence that the survey does not give a true representation of which what goes on in the Practice. Also, the Confidence Factor that has been applied in the Survey appears to be outside the norm for statistical surveys of this type and is likely to have increased the inaccuracy. The LHBs reported that Practice Appeals had been coming in with Swansea 7/35, NPT 4/23 and Bridgend 16/19. WAG Guidance has been sought and some has been given, and the LHBs are also waiting for legal advice as to their role in the Appeals process. The Secretary emphasized the fact that the results in Wales had had a demoralizing effect on many Practices and GPs at a time when the WAG is looking for GPs to support reorganisation of the NHS in Wales.

LHBs have yet to hear Appeals in the Morgannwg LMC area and, although GPC Wales has tried to persuade the Welsh Assembly Government to direct this process, it has been reluctant to do so because of its Appellant function. As a result, the LMC will discuss this matter with the LHBs in the area with a view to advising Appeal to the Welsh Assembly Government should there be no action. **Liaison Group Agenda September 2009**

- (ii) **Monitoring of Access 2009-10** – the LHBs are required to comply with the Annual Operating Framework Target AOF4 which requires them to carry out a review of arrangements in Practices and to ensure compliance with the obligations of Practices under the GMS Contract. The LMC model of Access (including adequate telecoms) has been agreed and will form the basis of the enquiry. **[Additional information: Discussions at the Liaison Group meeting on 16 September 2009 revealed that the LMC Officers believed that the “Adequate Telecoms” paper had been accepted and agreed by the three LHBs but the three LHBs were of the opinion that it had not]** Swansea LHB indicated that it has already requested details of opening times and phone access from Practices and in 80% of Practices, there are no issues with the information provided. In the remaining 20%, some information will require clarification/discussion. Visits will be undertaken by Senior Officers of the LHB and informal discussions will take place initially. There will also be use of the “mystery shopper” to check on AOF targets. CD indicated that the LMC would continue to support the line it had taken on Access and would be prepared to work with LHBs in speaking to Practices who are outside those parameters. The Secretary also felt that it was important that the LHBs did not take an overenthusiastic approach to areas on the periphery of the LMC advice as this could antagonise almost all of the Practices in the area.

Some Members were unhappy about the current arrangements for Access and felt that there should be more flexibility. The Secretary explained that much of the negotiations have been around flexibility and that the final documentation did allow for limited flexibility. Much of the issue appears to be around telecoms and the issue of patients having to make more than one telephone call during the working day to speak to the surgery. The Chairman suggested that any Members who felt aggrieved should contact the LMC Secretary.

2. Pandemic Flu:

- (i) **Current position** – the number of cases is increasing although the severity does not seem to be increasing.
- (ii) **Switch to Treatment Phase: Implications for GPs** – CJ commented that the number of calls coming into Practices had increased significantly and that the death of a GP in Bedfordshire had increased GP and staff worries about risks to themselves as the Pandemic escalates. The advice from the two CMOs had been confusing in that England seemed to be offering treatment for all whereas Wales was offering treatment for high risk groups with the one issue of clinical judgment allowing GPs to operate outside this. CJ also went on to comment about the difficulties in the Out of Hours Organisation in Swansea in that there were insufficient computers for doctors to work and that installation of computers also required software which would have to be licensed. There was some learning from other areas such as Birmingham, Scotland and Wiltshire and it is clear that there is a need for Clinicians to step into augment the service. This then created problems with accommodation for the SOS in Swansea and this would be compounded by the fact that the Trust was intending

to run “Hot Clinics” shortly in the area that is used by Out of Hours. There was also some confusion about the fact that the death rate is 1 in 200 admissions whereas much of the Press is quoting a death rate of 1 in 200.

- (iii) **Zonal working** – There are LHB plans for zonal working and there is a need to have zonal databases for this. Practices also need to be aware of zonal arrangements. The LMC had been invited to provide names of GPs who would act as the focal point in a zone but the LMC expressed concern as to whether this would work when Practices are already under great strain. Discussion suggested that what was needed was a clear zone in which Practices would hopefully work together to provide cross-cover and that there would be an identified person within each zone who could advise on some of the operational and clinical aspects within the zone. This will now be taken back by the LHBs for further consideration. **Action: Three LHBs**
- (iv) **The Next Phase** – there are national plans to move to a Pandemic SFE but this has not been activated at present. There is also a suggestion that self-certification will be extended from a maximum of 7 to a maximum of 14 days although this could give the message a flu requires 14 days off work whereas this is not always the case. There is also the question of Locums in that they may not get Death in Service Benefits if they are not on a weekly contract. Again, this is being looked at on a UK basis. The main concern from the LMC is that it will be necessary to make a quick decision to suspend normal working and switch to the Pandemic Flu working and there is little confidence that this will be made on a national level in the timescale that is required.
- (v) **Communication issues** – all agreed that there are clear problems in communications across the four Nations with different advice already offered by CMOs in England and in Wales. Further, communication from the centre from the CMO and the NPHS do not seem to match up and all messages from the centre appear to be rather wordy and unclear. The operational policy of NHS Direct Wales is also under question in that it is not supporting or sorting patients into high or low risk groups but rather appears to be passing on all patients to GPs and this is resulting in some overload of the system which could delay patients with urgent non-Pandemic Flu medical problems obtaining the care which they may require.
- (vi) **Flu Immunisation Campaigns 2009** – there is likely to be a requirement for Pandemic Flu (x2) and Winter Flu (x1) immunisations and this will be a huge workload for Practices. JH reported that it is possible that Winter Flu Immunisation could be given with one of the Pandemic Flu Vaccs but the timing of delivery of supplies may preclude this. All felt that Practices may struggle to deliver on a mass Immunisation Campaign without additional resources and the Secretary also raised the issue of cold chain and vaccine storage for what will be supplied well in excess of normal. DE commented that there is no National guidance although early indications are that the Pandemic Flu Vaccination Programme will be carried out over a year with the high risk first. They were also intending to use Occupational Health Services of Trusts and other organisations to assist with this.
- (vii) **Mobilisation of additional GP capacity** – this will apply to In Hours and OOH. Zonal working should provide cross-cover but not necessarily additional capacity. The issue of Locums also needs to be resolved.

CJ questioned the time to treat with anti-virals and it appears that this should be within 48 hours of the patient developing symptoms. Supplies of treatment are available for 10% of the population but WAG are likely to increase this to 20% of the population in the next 6 months. Some local supplies are held with more nationally. Overall, it was felt that the local plans were working better than the national plans but that there is considerable chaos around communication and clear messages are required, The Secretary confirmed that the Welsh Assembly Government has now picked up on this issue.

3. **Re-organisation of the NHS in Wales**

- (i) **Transitional Arrangements** – the Secretary reported that the Primary Care Transitional Workstream appears to be working well in the ABMU area with attempts to standardise processes across all three LHBs. This information is then fed into the ABMU Transitional Board and concern is that there is little Primary Care and almost no GP experience at this level. Alex Howells, Director of Primary Care and Mental Health is currently consulting and planning for the future and is engaging with Stakeholders. She is keen to meet with the LMC.
- (ii) **Locality Working** – it is not clear at present as to what is a locality although, in the transition, this is likely to be an LHB area. The message from WAG and from ABMU Local Health Board is that this should be “business as usual” during the transition.

The LMC is concerned about some of the procedures currently operating within the LHBs which will now need to operate on a wider ABMU LHB level such as the Violent Patients Procedures, the Performers Lists and the Pharmaceutical Applications Committee. The lack of corporate knowledge at nLHB level is worrying and there may

also be practical difficulties in that the number of lay representatives on the Board is now significantly reduced because of merger and this may be difficult to service very important Committees.

4. Enhanced Services 2009/10

(i) **Availability of LESs to Practices** – all three LHBs reported that most of the LESs have been carried forward from 2008/09

- **Swansea LHB** – the Beta Blocker LES (which is now incorporated into QOF) so will not be offered. Also, the Diabetic LES Part A was offered in 2008/09 and the LHB is likely to offer Part B (for Pre-Diabetics) in 2009/10. The Nursing Home DES is still under discussion and will be subject to final funding decisions. This is also being considered as part of the overall plan for patients in the community.
- **NPT LHB** – the Diabetes LES will be offered and the LHB will also offer Care Homes as a LES.
- **Bridgend LHB** – it will continue to offer the LESs across the patch except that Diabetes Part B will be offered for Pre-Diabetics.

CD requested a list of all LESs from the three LHBs across the patch and this was agreed.

IM commented that there was tension in Nursing Homes between GMS and Non-GMS work and there was disappointment that the audit had been done in Swansea but no LES had been offered. CJ reinforced the views of IM **Action: 3 LHBs - Email LES list to LMC**

(ii) **Delivery of a LES** – In-year monitoring against contract and likely actions if Practices not delivering. This matter was unfortunately omitted from the discussion.

(iii) **Possible effects on LESs as a result of Reorganisation** – currently, these have been carried forward as part of the transitional arrangements but there are some concerns that the former Trust management will see this as a source of funding for them to use whereas it is in fact part of GMS Funding and should only be used to support services provided by GPs.

5. Measles Outbreak:

(i) **Current position** – Number of cases appear to be reducing significantly although there are occasional outbreaks across the area.

(ii) **Response by Practices** – Most Practices have been able to respond to the demand for MMR Vaccine for those at risk although this has been a significant workload for many.

(iii) **Practices with Waiting Lists** – this is a problem in Swansea LHB although SS reported that the position had improved. Unfortunately the full picture will only emerge after claims from 15.05.09 are collated. LMC Members also reported outbreaks of Chicken Pox and Mumps in the area.

(iv) **Measles Outbreak LES & Addendum** – the LMC reinforced the need for this to continue for more than 3 months so that Practices can at least get some reimbursement for provision of second MMR for those at risk. This was agreed by the LHBs.

6. District Nursing Services – the LMC reported that there appeared to have been no progress since last Liaison Group meeting and that the situation had deteriorated even further in Bridgend. Apparently, District Nurses have been told by their Managers to refuse to carry out work which could be identified as QOF and were also refusing to do Phlebotomy on patients with conditions such as hypercholesterolaemia. Overall, there is much concern amongst General Practitioners that District Nursing Services are being drawn back into Secondary Care Functions and that Primary Care will be left with the problems but no solutions. Practice Nurses are not an option to do this work in that they are employed to work within a surgery with District Nurses employed to provide a similar level of Nursing care at home. The LMC felt that action was required and that it will be raising this matter at the ABMU Primary Care Interface Group for early resolution.

7. For Information / Work in Progress

- **Closed Lists & Practice Areas** - common approach by the 3 LHBs
- **Violent Patient Procedures** – Updating of Procedures after review
- **Morgannwg LMC Website** – Now operational at www.morgannwglmc.org.uk

8. Any Other Urgent Business: None.

9. Next meeting: 12.30 – 14.00 hrs Wednesday 16 September 2009 – NPT LHB

LHB MATTERS

1. **Issues common to Bridgend LHB, Neath Port Talbot LHB & Swansea LHB**
 - i. **ABMU Primary Care Transitional Workstream 17 August 2009** – the Secretary reported that the integration of Primary Care Services across the three LHBs is proceeding reasonably well and that the LMC is involved.
 - ii. **NPT and Bridgend LHB Community Services Project** – Dr Alan Stevenson reported that the CIIS had held its last meeting and will be moving to a Trust-wide (which will become the LHB-wide) organisation. There are IT system issues between Health and Local Authority although the Secretary commented that IHC may have the solution to this in the near future. The figures produced suggest that saving of 30 beds per year will produce £3 million in savings per year. LMC Members questioned this but it does appear that all the community costings have been factored into this calculation. There was some suggestion that even this was a conservative estimate of the savings. Another aspect of the work is a “Single point of access” and this will fit in very well with the work of Dr CDV Jones. SY questioned the resourcing for this project and it is not clear. One of the concerns is that they will take nurses from the District Nursing Teams, thus leaving the core services rather exposed. There was a suggestion that Dr Alan Stevenson attend the National Programme for Primary and Community Services Planning Day on Monday 14 September 2009. **Action: IMM to e-mail details to AS**
 - iii. **Patient Survey (PE07 & PE08) Results: Appeals by Practices following**– see above.
2. **Bridgend LHB**
 - i. **Board Meeting 13/08/2009** – Dr John Anthony reported on two issues:
 - Mental Health patients placed out of area at huge costs are now to be placed in the Bridgend area with huge cost savings.
 - Pandemic Flu and provision of respirators to zonal practices.
3. **Neath Port Talbot LHB**
 - i. **Board Meeting – 03/09/2009** – the Liaison Officer had nothing to report.
 - ii. **Port Talbot Resource Centre** – the Centre Manager (Ian) has kindly offered an invitation to LMC Members to visit the Centre at Moor Road on Tuesdays, Wednesdays or Thursday afternoons at 2.00 – 2.45 pm (no prior notice is necessary – just turn up).
4. **Swansea LHB**
 - i. **Board Meeting(s)** – the Liaison Officer had nothing to report.
 - ii. **Annual Report 2008/09** – Requirements (including details of Practice arrangements for Clinical Governance). This is regarded as another piece of LHB bureaucracy and was noted.
 - iii. **Clinical Development Leads 17 September 2009** – the meeting will have a main Agenda item of planning services in the new ABMU LHB. IMM will attend as a deputy for CJ.

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. **E-Referrals Group 19 August 2009** – the Secretary reported on the progress towards electronic referrals and discharges. The key issues include the development of templates for referrals and that this may create some tensions for GPs. The SCI Gateway (to become the Welsh Clinical Communications Gateway) has been tested in the IHC Labs at Swansea University and is fit for purpose. Contracts are now being signed with Scotland and this will be enabler for the project to go forward. The pilot was carried out in Cardiff & The Vale and is now being expanded. ABMU is included in this second wave.
 - ii. **ABMU Primary Care Interface Group 1800 hours Tuesday 06 October 2009** – Agenda items will include:
 - Community Nursing Services (including Treatment Room Services)
 - Mental Health Services.
 - Varicose Ulcers / Wound Dressings
 - Pre-operative Assessment Clinics and Removals from Waiting Lists – Members were concerned that there is an apparent increase in referrals from GPs but many of these are re-referrals after patients have been removed from the Waiting List. This had been raised at the last ABMU Interface Group and it was agreed to e-mail the paper to LMC Members. **Action: E-mail paper to LMC Members**

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

NATIONAL PUBLIC HEALTH SERVICE FOR WALES & IMMUNISATION ISSUES

1. **Public Health Wales** – *This will replace NPHS Wales. PHW came into shadow on 01 August 2009 and will become fully operational as from 01 October 2009. Its new Chief Executive will be Mr Bob Hudson who is currently the Director of Strategy & Planning for the Health & Social Services Directorate at the Welsh Assembly Government, having joined WAG in 2003 as Regional Director for South East Wales Regional Office for the Department for Health & Social Services. He has extensive experience across the NHS, including working as Chief Executive of Gwent Community Health NHS Trust for six years and as Chief Executive of Gwent Health Authority from 2001 to 2003. The new organisation will incorporate the functions and services provided by the National Public Health Service for Wales (NPHS), the Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit (WCISU), the Congenital Anomaly Register and Information Service (CARIS) and Screening Services Wales.*
2. **Childhood Immunisation and Vaccination Strategy Development Working Group 07/09/2009** – *NW reported on the meeting where some issues had been raised by the Swansea CHC Rep who was anti-MMR. There had been a lively discussion and the professionals in the Group had produced the evidence to take forward MMR. All of the professionals in the Group and the Bridgend CHC Rep confirmed their commitment to delivering the MMR programme. The meeting also discussed Pandemic Flu.*

GPC WALES / GPC UK

1. **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 Steve Rix, Dr Alan Stevenson, Dr David Werner and Dr Nimish Shah. 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 all items marked with an **
2. **Diabetic Retinopathy Screening Service Wales Database** – *researchers at Oxford University had been given access to the DRSSW Database to identify patients who may be suitable for a Cardiovascular Disease Trial. The view of GPC Wales is that access should not have been given without the explicit permission of patients but the view of the Information Commissioner was that the trial had been given Section 251 (formerly PIAG Section 60) approval to proceed on the basis that it was not possible to obtain consent and so were operating within the law. In the opinion of GPC Wales, consent could have been obtained from the patients as all the patients are supposed to attend the DRSSW annually. After extensive communications with the Information Commissioner, GPC Wales has made it clear that it does not agree with his view but the correspondence is now closed. GPs are now in a position where they may wish to advise patients that the information under DRSSW Website will be used for research without their further permission. The wider implications of this were discussed and it is likely that it could affect the roll-out of the Individual Health Record if misinterpreted by patients. Morgannwg LMC agreed to note this at this time.*

BRITISH MEDICAL ASSOCIATION

1. **“How will revalidation affect you?”** – *BMA/Deanery/WAG meeting at the Park Plaza Hotel, Cardiff on Wednesday 21 October 2009 to discuss this. All GPs are invited.*
2. **BMA Ball: Saturday 06 February 2010** – *this will take place at the Liberty Stadium. Dr Charlotte Jones will be keen to take advance bookings for tickets in the near future.*

GENERAL MEDICAL COUNCIL

1. *None.*

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

1. **Ministerial Letters:**

- *None.*

2. **Consultation Documents:**

- *None.*

KEY ISSUES – For Next LMC Meeting

1. Referral Pathways.
2. Referral Problems.
3. NHS Reorganisation.
4. Pandemic Flu.

ANY OTHER BUSINESS

- To be notified to the Chairman no later than the start of the meeting. None.

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

- *LMC Exec – 7.00 pm Tuesday 13 October 2009 (venue TBC).*
- *Full LMC – 7.00 Tuesday 10 November 2009 The Towers Hotel.*
- *LMC Exec – 7.00 pm Tuesday 8 December 2009 (venue TBC).*