

MORGANNWG LOCAL MEDICAL COMMITTEE

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MINUTES

MORGANNWG LOCAL MEDICAL EXECUTIVE COMMITTEE

TUESDAY 09 FEBRUARY 2010

ST JAMES MEDICAL CENTRE, 3 HERBERT STREET,
PONTARDAWE SA8 4EB

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

GUESTS AT FUTURE MEETINGS

- *Sandra Owen (Chief Executive, Swansea CHC), Peter Owen (Chief Executive, Neath Port Talbot CHC) and Kevin Dee (Chief Executive, Bridgend CHC) will attend on 09 March 2010 to discuss matters of mutual interest with particular reference to the change in structure of CHCs as from 01 April 2010.*
- *Dr David Bailey (Chairman, GPC Wales) will also attend on 09 March 2010 to discuss matters of mutual interest.*

GENERAL

1. **Attendance:** Drs: C Danino, C Jones, IM Millington, A Rayani, N Shah and A Stevenson.
2. **Apologies:** None.
3. **Notice of any other urgent business.** None.
4. **Matters transferred from the “for information” sections of the Agenda.** None.
5. **Minutes of:**
 - LMC Executive 08 December 2009 were ratified by the Executive and signed by the Chairman.
 - *Full LMC 12 January 2010 – were noted.*

MATTERS ARISING NOT ON THE AGENDA

1. **Information on Drugs and Therapeutic Bulletin** – request by Donna Walton, Business Manager, DTB BMJ Group to provide information on the LMC Website. The Secretary had been reluctant to do this as Sessional GPs who had no regular practice base were not able to access NHS databases. It was suggested at the LMC meeting that Sessional GPs in such circumstances could apply for an ATHENS password and since the meeting, the Secretary has applied for and been given an ATHENS Password despite not having an NHS employer (which appears to be a requirement on the Application Form).
Email to Donna Walton / LMC Newsletter February 2010

CONTRACTOR SERVICES

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 Contractor Services/List Issues:**
 - (i) *None.*

KEY ISSUES:

1. LMC Role in Performance Procedures & “The Three Wise Men”

The Chairman, Vice-Chairman and Secretary had met with DE and JH from ABMU Health Board, Swansea Locality to discuss a number of issues relating to performance procedures locally. At the end of the meeting, there was a better understanding by the Swansea Locality Officers of the use of the Three Wise Men by the LMC and they accepted the LMC’s reassurance that only experienced General Practitioners would be used as the Three Wise Men. It was agreed that it was helpful to have the discussion and that the Three Wise Men would remain as an LMC option when Practitioners appeared to be getting into problems.

2. Child Protection

The Executive picked up on the discussion from Morgannwg LMC 19/01/2010 in respect of the Pregnancy Information Sharing Forms (PISF). Further clarity had been sought and it appears that PISF 1 is filled in by the Midwife with a copy to the GP. The GP should then file this copy in the GP records. Other forms may follow if there are identified risks and it is also helpful for the GP to share information at this stage. The LMC was concerned as to how GPs handle the forms to ensure that they capture the information when the child may be at risk. Clearly, Practices must have a procedure that will ensure that the PISF forms are read and audited if appropriate so it was suggested that PISF forms should go to the Child Protection Lead in the Practice for coding and/or action. Read codes and display codes should be such that they appear on the mother’s record and possibly the record of others members of the family. The LMC had some concerns about the reference to audit (Page 11 – Point) and further clarification is required. It was agreed it would be helpful for the Secretary to have further discussions with Janet Morgan, ABMU Health Board lead. **E-mail to Janet Morgan**

3. Mental Health / Addiction

It was established that the LMC has Reps on the Review of Community Mental Health Team Services (AS / AR / CD) although there had been some confusion about this from the Locality lead. AS had attended a meeting of this Group at Glanrhyd Hospital on 08/02/2010 at which it had been stated that there would be no additional resources available for services. Further, the Group felt that it should focus down on more specific elements of the Service. CD felt that Addiction Services were underfunded but AR felt that they were not underfunded in that there were many budgets feeding into the Services and not all were from Health. There is a Professional Advisory Group for the Substance Misuse Action Team with AS as the Morgannwg LMC rep. The WAG Rep at the Substance Misuse meeting had described the ABMUHB local arrangements as the “preferred model” in that there was access to Substance Misuse Services for assessment with referral onto the appropriate service after this. The feeling from the LMC Exec was that this was not working as well as it could because of the length of the Waiting List for the initial assessment.

The LMC Executive produced a list of its aims for Substance Misuse Services as follows:

- There should be a uniform service across the LMC area.
- There should be ready access to assessment services.
- A Substance Misuse Liaison Officer/Drugs worker should be attached to surgeries for assessing and signposting.
- The GP should be given clearer information about services available for Substance Misuse patients.
- There is a need for Mental Health and Substance Misuse Services to be integrated to ensure a more balanced care for patients with “dual diagnosis”.
- Primary Care should be included in the communication strategy from Substance Misuse Services.

The LMC Exec went onto discuss the possibility of GPs being offered more of the work via an Enhanced Service but it was felt that there was a real danger of GPs getting some of the resources and all of the work.

The LMC re-confirmed its Reps for Substance Misuse and Mental Health as AS/AR/CD. The next meeting of the Review of Community Health Team Services will concentrate on Primary Mental Health Care Services with an emphasis on “Mental Wellbeing”. The LMC felt that it was important for others to realise that GPs are part of Primary Care but are not the whole of Primary Care in relation to Mental Health Services. **Key Issues – March 2010**

4. Unscheduled Care

CJ reported that ABMU HB is looking to provide all Unscheduled Care Services on a Locality basis. This may also include splitting the Medical Directorates. There was also a stated aim to reduce the three Out-of-Hours providers into a single provider, possibly run by the Health Board. CJ has produced a discussion paper on Unscheduled Care which had been shared with Out-of-Hours but will now be presented at the next LMC Meeting. AS felt that promoting more GP involvement in organising services was important and more GP involvement in Unscheduled Care at Clinician level

would also help. There was a general feeling that ABMU Health Board would like to take the service delivery element from SOS and the management element from RCT & Gwent when producing a new model for a single Out-of-Hours Service for ABMU Health Board.

Key Issue (+CJ paper) - March 2010

5. **ABMU Health Board Structures**

The LMC Exec expressed concern that none of the current LHB Managers and former Directors had been slotted into middle tier jobs and they would therefore have to apply for other posts in the new organisation. Overall, it was felt that there is a real danger of loss of expertise in managing Contractors and Primary Care. Further, morale amongst current Locality staff is extremely low and this cannot be helpful for development of the NHS in Wales which will have much more emphasis on delivery of services and care in the community.

LMC MATTERS

1. **Welsh Conference of LMCs: Saturday 20 February 2010 at The Imperial Hotel, Llandudno.**

- *Following the late withdrawal of Dr A Pritchard, the LMC had sought to find a replacement for her but to date this has not been successful.*
- **Morgannwg LMC Reps Meeting** – it was agreed that Morgannwg LMC Reps meet over breakfast at 08.00hrs on the morning of the Conference to finalise arrangements for Speakers. A final Agenda for Conference will be published within the next few days and the Secretary will produce Speaker Notes for all Motions where Morgannwg LMC Reps are likely to be called to speak. It was agreed that AR (Chairman of Conference) and CJ (Vice-Chairman of Conference) would not be available to speak to Morgannwg LMC motions.

2. **Annual Conference of LMCs – Thursday 10 & Friday 11 June 2010 in London:**

- **Morgannwg LMC Reps** – Currently Drs: C Danino, I Millington and E Owoso are Representatives with Dr Alan Stevenson as Observer. Dr Charlotte Jones will have an automatic place as a Member of GPC UK. Following a Ballot at GPC Wales, Dr I Millington and Dr A Rayani will be attending as GPC Wales Reps. The Secretary invited all elected LMC Members to express an interest if they wished to attend Conference and Dr Nimish Shah had come forward. As a result, it was agreed that Dr Alan Stevenson be promoted to Representative and that Dr Nimish Shah be added as Observer. **E-mail to GPC UK**
- **Motions to Conference** – *the closing date for Motions is in April 2010. It is important that Members submit Motions ASAP.*

3. **LMC AGM & Dinner at the Towers Hotel: Tuesday 13 April 2010** – The LMC accepted the recommendations of the Secretary for the menu and arrangements for the evening.

4. **Medical Research Involving GPs** – copy of letter from Royal College of Physicians to a Constituent Member re “Collaboration with the National Audit of Falls and Bone Health in Older People”. The National Information Governance Board Ethics and Confidentiality Committee have stated that this does not require Section 251 Approval. However, the RCP Letter indicates that there will be work for the GP if one of their patients is in the trial. No fee is offered. The LMC Exec noted that this was yet another example of a financed research project where the researchers expected GPs to carry out work at their own expense.

5. **Council Tax Exemption Forms (CCS)** – *this issue has been raised by a Practice Manager. When this had been raised previously, it was agreed that this was a matter for GPs and most LMC Members confirmed that they would provide simple information for this group of patients who are often very disadvantaged. Overall, it was felt that this form was simple, pre-populated and easy to complete but the waiving of any fee by the GP should not be taken as a precedent for completion of other reports from the Council.*

6. **Professional Indemnity Insurance for Morgannwg LMC** – *this is now operational with cover up to £2 million and an excess of £2500 on any claim.*

7. **Incorporation of Morgannwg LMC** – it is likely that the meeting for this will take place on 25 March 2010 after the LMC Road Show in Cardiff. Confirmation from North Wales and Dyfed Powys LMC is awaited. The Secretary will follow this up with other LMCs and it has been suggested that the meeting be held in the future in Cardiff Bay.

Action: LMC Secretary to contact other LMCs/Shanee Baker, BMA Law

8. **LMC Constitution** – the Secretary suggested that the Executive should look at this in detail although any changes will almost certainly be better taken forward as part of incorporation of Morgannwg LMC.

SESSIONAL GPs

1. *None.*

GP TRAINEES

1. *None.*

LMC/LHBs/BSC LIAISON GROUP – 20 January 2010

1. **Health Visiting Services:**

- (i) **Changes to Service Configuration in Swansea Locality** – the LMC has received complaints from three Practices because the “Clinic Nurses” who were part of their Health Visiting teams were being transferred out to form a new School Nursing Service. This was creating problems in these Practices as the Clinic Nurses were involved with the Elderly, Immunisation Clinics and as support for the Health Visitors. The Director of Nursing described how there had been a draft paper from the Head of Health Visiting (Swansea Locality) which was now awaiting detailed analysis and WAG funding. Part of the briefing paper from Head of Health Visiting (Swansea Locality) indicated that the need for a School Nursing Service is essential. The changes to date have been to reflect longer term plans whereby Clinic Nurses with Paediatric experience were being moved into posts which could form the School Nursing Service. All agreed that this had implications for Health Visiting. The issue about different roles within the Health Visiting Team was important but came down to the fact of who picks up the workload of the Clinic Nurses when they are transferred. There was mention of the Community Nursing Service for Wales Implementation Group who will be meeting on 03/03/2010 and this will give a further steer to Community Nursing Services.

Actions: VF to copy LMC into Health Visiting Paper / IM to forward CNS redraft to VF

At its meeting on 09 February 2010, Morgannwg LMC Exec expressed dissatisfaction that the changes to Health Visiting Services appeared to be ongoing despite the fact that these have not been signed off by the ABMU Health Board.

Letter to Director of Primary, Community & Mental Health with copies to Medical Director/Acting Assistant Medical Director and Chief Executive, ABMU HB

- (ii) **Communication of HV management decisions to Practices** – all agreed that this could be better and it will be part of the discussions around the changes (see (i) above).

2. **Pandemic Flu Immunisation Campaign:**

- (i) **Phase 1** – *Current figures indicate that more than 25,000 Swine Flu vaccinations have been given by Practices in Swansea with 58,000 injections overall in ABMU. All felt that this was an excellent effort by all concerned.*
- (ii) **Phase 2** – *the plans for two Immunisation Days per Practice are now completed. CJ indicated that they had already started in her Practice but they were struggling to persuade some patients to have the immunisations because of the fall-off in the number of flu cases. Overall it was described as “lots of effort but uptake poor”. All but two (or possibly three) Practices in Swansea are participating with only one Practice in Bridgend not participating. Locality arrangements will be made to cover the patients at these Practices. All Practices in Neath Port Talbot have signed up to deliver Phase 2.*

3. **Access to GP Services:**

- (i) **Patient Experience Survey 2009** – *the letters conveying the results of the Appeals in Swansea and Bridgend Localities will be going out or have gone out this week.*
- (ii) **GPC Wales paper on Access** – *IM reported that GPC Wales will be considering the paper on Access at its next meeting on 28 January 2010. The paper is based on the former LHBs in the ABMU HB area / Morgannwg LMC papers on Access and Adequate Telecoms. It will then be shared with the Liaison Group.*

Action: IM to forward Listening to Patients Paper to Liaison Group

- (iii) **WAG pressures on Access** – *It is clear that the Minister of Health & Social Services (and possibly the First Minister) have given Access a high priority and pressure is coming from a number of sources which can be traced back to WAG.*
- (iv) **Monitoring of Practices against AOF4 2009/10** – *a survey was carried out in a Swansea Locality before*

Christmas and not all arrangements were satisfactory. A more detailed analysis will now be carried out and there was some broad discussion as to what action will follow should Practices be significantly out of line in the Locality.

- (v) **Use of 084 numbers** – there are Practices in the ABMU HB area using this facility and Neath Port Talbot Locality reported that they have five or six Practices. Overall, the service given on 084 numbers is regarded by the Locality as unacceptable in that there are often long queuing times resulting in high costs for patients. There is pressure from a local AM in the case of one patient who spent a considerable amount of time just making an appointment.

4. **ABMU Health Board:**

- (i) **Changes to Procedures for Test Results** – all agreed that there was a need for safe systems. IM gave three examples (Endoscopy - NPT Hospital / Antenatal Bloods - Singleton / Haematology & Pathology order forms - Morriston) where changes had been proposed and, in some cases, implemented without any reference to General Practice. There was some concern expressed about Indigo in that hospital test results are only visible to GPs if the hospital has tagged the tests for the surgery to be able to look at them. This was creating difficulties for DMARDs and Lithium monitoring by Practices. Also, IM had raised the issue of safe systems around the IT solutions at IHC Board on 19/01/2010 and is concerned as to what the local sign-off is for significant service changes. It was agreed to take this forward with the hospitals.
- (ii) **Serious Case Reviews: Child Protection** – there was some concern about some of the practicalities of the ABMU document that will create difficulties for Small Practices because of the possibility of attending meetings during the working day. There was also concern about safe systems around the Pregnancy Information Sharing Pathway for Safeguarding Children (PISF) which is out to Consultation at the present time.
- (iii) **Locality Structures & Management Arrangements** – Locality Managers reported that Tier 3 and 4 Interviews are likely to be held Week Commencing 22/02/2010 with the new structure up and delivering by 01 April 2010. JH expressed the need for Clinical Leadership in Locality as services are developed.

5. **Controlled Drugs:**

- (i) **Regulations and GPs** – AS reported that the NPT Clinical Governance Group had discussed Controlled Drugs and their regulation and it had come to light that most GPs are not using CDs and many do not carry CDs. JH described how the Use Regulations included requisitions, recording, storage and safe disposal. IM was concerned about Palliative Care “Just in Case Boxes” in that this may result in large quantities of Controlled Drugs being left in a patient’s house without any of the controls required for professionals. At the NPT Clinical Governance Group, an AMD had stated that it was “a duty of care” for GPs to carry CDs although JH felt that there was no need to carry CDs. Overall with Palliative Care “Just in Case Boxes”, there was a mixed view from the LMC although much of this will be included in the End of Life Care plans. JH felt that this should go to Palliative Care Groups as this was relevant to Community Palliative Care.
- (ii) **Prescribing for Addiction** – the LMC raised the issues for the Substance Misuse services in the East. The LMC had agreed that this should go to the PCIG.

6. **The Three Wise Men Procedure:**

- (i) **LMC view**
- (ii) **ABMU HB Locality view**

JH requested that as this was a Swansea Locality issue at present, it should go to a separate Sub-Group.

7. **Liaison Group meetings:**

- (i) **Change of Day** – It was agreed to change the meetings to the last Thursday of every other month as from May 2010 (the LMC would be unable to attend on the last Thursday of March 2010).
- (ii) **Venue** – NPT Locality agreed to explore use of the current venue. **Action: HA**

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

- (i) **Uptake of LES by Practices** – Neath Port Talbot reported an underspend at this stage with the Diabetic LES claims to come in. Swansea is in a similar position at this stage with underspend but the Care Homes LES claims will come in after 6 months of its operation. No information was available from Bridgend Locality.
- (ii) **Delivery of LESs by Practices** – see above.

9. **For Information / Work in Progress**

- **Closed Lists & Practice Areas** - common approach by the 3 Localities. The Secretary reported that Practice

areas are now an issue at a UK level with determination by the Department of Health to drive forward the removal of Practice areas, thus enabling patients to be on the list of doctors many miles away. This is likely to be expensive and of little use to other than patients in the commuter belt.

- **Performance Procedures: Signing up to the All-Wales Procedures** – the meeting of the Primary Medical Care Advisory Team Stakeholders Group will take place on 04/02/2010 and it is hoped that the amended Procedures will be signed off then.

10. Any Other Urgent Business:

- **Health & Safety Risk Assessments** - Swansea Locality were concerned that these had not been done or not documented by many Practices. There was some discussion about support and advice to Practices by the Locality. Practices do need to be reminded that they are required to carry out a Statutory Risk Assessment if they have 5 or more employees. The Health & Safety Executive website has a simple pro-forma for this purpose. Practices also need to be aware that Health Inspectorate Wales will be carrying out spot checks at Practices.

LMC Newsletter 2010

- **Criminal Records Bureau checks** – WHC (2005) 0271 indicates that all new staff and all staff who change post must have a CRB check. This basically relates to staff who have contact with patients. Locality Managers are seeking information from Practices at this stage. Vetting & Barring will also apply later this year.
- **Prescribing Incentive Schemes** – Swansea Locality reported that there are three schemes across ABMU Health Board at present. These will not change from April 2010 but there will be consultation on producing a uniform scheme across the whole of ABMU HB for 2011/12.
- **Major Incident Planning** – this had come to the fore after there had been a break-in at a Practice. The Locality Manager was concerned that they have no out-of-hours contact numbers for Practices. It was agreed that Practices should provide a contact number with a back-up number to the Heads of Primary Care in each locality and also to the Out-of-Hours organisation which covers their Practice.

LMC Newsletter January 2010

11. Next meeting: 12.30–14.00hrs Wednesday 17 March 2010 at NPT Locality Meeting Room

ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

1. General Issues:

- i. **Primary Care Interface Group 02 February 2010** – AS reported on the meeting at which the following items relevant to Primary Care were discussed:

- **Treatment Rooms & District Nursing Services** – Leg Ulcer Clinic Pathway was now well developed with SPY as Lead on this.
- **E-mail advice for Palliative Care** – this is now ready to be launched.
- **Colorectal Referral Pathway** – AM has the Lead on this.
- **USCR downgrading** – In a recent audit, 12% of GP referrals had been downgraded and these were mainly lower GI tract and Dermatology referrals. The LMC felt that it should see the letter that goes out to GPs when they are downgraded although the Secretary reported that he had sight of a downgrading letter when working in his former Practice on the day before the LMC Exec meeting.
- **Discharge Information** – it appears that there will be a naming and shaming of Consultants who do not produce or arrange for a discharge letter to be produced within a reasonable timescale.
- **Pre-Operative Assessment process** – POA Clinics are now asking for three BP readings when a patient's blood pressure is found to be raised in POA Clinic. It was suggested that a proforma be produced that can be pre-populated by GP computer systems for providing the necessary information for POA.
- **Referral of patients with TIA** – the LMC had written to ABMU HB following the refusal by a Consultant to see a patient with TIA because of the referral from the GP had not been made on the correct proforma. Dr G Tinkler, Assistant Medical Director, Bridgend Locality had discussed this matter with the LMC Secretary and the referring doctor and it had become apparent that this scheme had been publicised in the Swansea Locality but not to doctors in the Neath Port Talbot Locality who admitted patients to the West of the area. It is hoped that this matter can be resolved shortly by ABMU HB. Overall, the LMC felt

that it was unfortunate that a Consultant had refused to accept the referral because it was not on the correct proforma and that this should not get in the way of patients receiving treatment.

- ii. **Clinical Audit and Effectiveness Group 22/01/2010** – the Secretary reported that there was little in this group relating directly to General Practice. Overall, much of it appeared to be about being seen to do the work. There was an issue about medical students carrying out audits because of the work involved for Medical Records staff in pulling notes for this. This matter remains unresolved. IM had also raised the issue of Security & confidentiality where Personal Identifiable material (PII) could be taken off site by a student and then lost. This will be raised with the appropriate authorities.
- iii. **1000 Lives E-Discharge Group** – the LMC Rep had been unable to attend on this occasion.
- iv. **Access 2009 – Referral to Treatment Time (RTT) Target** – meeting on 01 February 2010 was cancelled at short notice because of absence of a key Member of the ABMU HB Team.
- v. **ABMU Cancer Executive Meeting** – AS had attended on behalf of Morgannwg LMC. The next meeting is on 12/02/2010 at Singleton.

2. Primary Care Issues:

i. General Issues:

- **Community Integrated Intermediate Care Service (CIIS)** – Morgannwg LMC had been approached to provide a Rep from the Swansea Locality to sit on a group which appeared to be carrying out very similar work to CIIS. AS advised that the Swansea Group had still not integrated into the CIIS but that it should be superseded by the CIIS for the whole of ABMU HB. It was also noted that the CIIS Task & Finish Group had now migrated into a Steering Group. CIIS also had a Clinical Governance Group of four including Hilary Dover, Dr Clare Dinsdale, Dr Alan Stevenson and Dr F Adenwalla.
- **Addendum to Minor Surgery Specification and ABMU HB Leaflet** – further amendments have been made to the Addendum to Minor Surgery Specification in respect of Solar Keratoses where the recommendations on treatment had been amended. The LMC had also discussed the proposed ABMU Health Board leaflet on cosmetic skin lesions and it had been raised with no appeal process on the leaflet. The LMC Secretary had communicated with JH about the Appeal and she had indicated that any Appeal was to ABMU HB using the Individual Patient Placement proforma and this would need to be supported by a Clinician. The LMC Executive felt that this was not what had been suggested as the public may wish to complain about the policy that denied them the opportunity to have their lesion removed.

E-mail to JH, Swansea Locality

ii. Swansea Locality:

- *None.*

iii. Neath Port Talbot Locality:

- *None.*

iv. Bridgend Locality:

- **Continuing Health Care Assessment: Provision of Information by GP** – copy of a letter 20 January 2010 to a surgery in the Bridgend area indicating that the LHB would not be prepared to pay an invoice for information provided. The actual process states “the assessment must include the clinical opinion of the Consultant or the GP who has responsibility for the patients” (WHC) (2004) (54) and must be supported by evidence collated during the assessment. As the person being assessed is resident in the community it is therefore essential an up-to-date medical opinion from the patient’s GP is provided. GPC Wales and WAG agree that the GP has a duty to provide basic information but this should be no more than would be included in a simple referral letter and should not require the GP to complete information regarding detailed morbidity and care needs. The Secretary has confirmed this information with Bridgend Locality.

2. Secondary Care Issues:

- i. **Fairwood Hospital** – ABMU Health Board has asked to meet with Officers of Morgannwg LMC to discuss the closure of Fairwood Hospital. Overall, the LMC was supportive of the closure of the hospital which was failing to deliver on its intended purpose (i.e. early rehabilitation of patients back into the community). Further, it was felt that schemes such as the Community Integrated Intermediate Care Service (CIIS) would provide more care for more patients as long as the savings from the closure of Fairwood Hospital are made available to Primary Care.

WELSH AMBULANCE SERVICES NHS TRUST

1. *None.*

PUBLIC HEALTH WALES AND IMMUNISATION ISSUES

1. *Pandemic Flu Update* – report from all Officers.
2. *Clinical Governance Practice Self-Assessment Tool for GMPs: All Wales Report.* The LMC has received extracts from this document in hard copy. Basically, this tool is likely to form part of the “Safe Environment” assessment for revalidation.

GPC WALES / GPC UK

1. *Access to GP Services* – GPC Wales paper has now been circulated to all Practices.
2. *GPC/LMC Roadshow 1400hrs Thursday 25 March 2010 BMA Wales, Cardiff* – Dr C Danino will attend as Chairman. Five Reps from each LMC are also invited and the Morgannwg LMC Reps will be: Drs: M Dehghani, G Ratnalikar, A Stevenson and N Shah. CJ and IM will have an automatic place as GPC Wales Negotiators. Any Reps wishing to submit questions in advance can do so via the LMC Secretary.

BRITISH MEDICAL ASSOCIATION

1. *None.*

GENERAL MEDICAL COUNCIL

1. *None.*

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

1. **Ministerial Letters:**
 - *EH/ML/037/09 – NHS (Charges to Overseas Visitors) (Amendment) (No. 2) (Wales) Regulations 2009* – following the termination of a UK Agreement, any visitor from the Channel Islands will now be charged for treatment in the same way that any other overseas visitor would be charged.
2. **Consultation Documents:**
 - *None.*
3. **CMO Letters:**
 - *None.*

KEY ISSUES – For Next LMC Meeting

1. *Unscheduled Care.*
2. *Mental Health & Addiction.*
3. *ABMU Health Board Structures.*
- 4.

ANY OTHER BUSINESS

- *To be notified by the Chairman at the start of the meeting. None.*

ITEMS RECEIVED FOR INFORMATION

(BLUE FILE CIRCULATED AT THE MEETING)

MEETINGS

(YELLOW FILE CIRCULATED AT THE MEETING)

DATES FOR DIARIES

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NEXT LMC MEETINGS

- *Full LMC – 7.00 pm Tuesday 9 March 2010 at The Towers Hotel, Jersey Marine*
- *Full LMC AGM & Dinner – 7.00 pm Tuesday 13 April 2010 at The Towers Hotel, Jersey Marine.*
- *LMC Exec – 7.00 pm Tuesday 11 May 2010 – venue to be confirmed.*

DRAFT

BUSINESS SERVICES CENTRE**1. Additions/Removals - Medical Performers List / Partnership Changes / Other List Matters.****(i) Abertawe Bro Morgannwg University LHB:****Bridgend Locality:**

- *Dr Jonathan Stafford Jones (4211596) has changed status from Locum/Non-Principal to Partner with Dr GL Smith & Partners, Woodlands Surgery, Maesteg on 4 January 2010.*
- *Dr Louisa Evans (3583674) changed status on the List from Locum/Non-Principal to Salaried GP with Pencoed Medical Centre, Heol Yr Onne, Pencoed to Locum/Non-Principal from 1 February 2010.*

Neath Locality:

- *None*

Swansea Locality:

- *Dr Timothy Joseph York (6144145) has been approved to join as a GP Registrar with the Gower Medical Practice, Scurlage, Swansea from 3 February 2010.*
- *Dr Keith James Hawkins (6026889) has been approved to join the List as a GP Registrar with the St Thomas Surgery, Ysgol Street, St Thomas, Swansea from 3 February 2010.*

2. Pharmaceutical List**(i) Bridgend LHB Pharmaceutical List:**

- *None*

(ii) Neath Port Talbot LHB Pharmaceutical List:

- *None*

(iii) Swansea LHB Pharmaceutical List:

- *On 23 November 2009 Mr David Pearn of Pearn's Pharmacies Ltd informed the Welsh Ministers of his intention to withdraw his Appeal for a minor relocation from 12 Newton Road, Mumbles to 11 West Cross Avenue, Mumbles.*