

# MORGANNWG LOCAL MEDICAL COMMITTEE

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

Tel: 01792 815954

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

Fax: 01792 814938

website: [www.morgannwglmc.org.uk](http://www.morgannwglmc.org.uk)

email: [morgannwglmc@btconnect.com](mailto:morgannwglmc@btconnect.com)

## MINUTES

### MORGANNWG LOCAL MEDICAL COMMITTEE

TUESDAY 09 MARCH 2010 at 7.00 pm

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

*Sponsor: Boehringer*

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

#### GUESTS

**Sandra Owen (Chief Executive, Swansea CHC)** and **Peter Owen (Chief Executive, Neath Port Talbot CHC)** attended the meeting to discuss matters of mutual interest with particular reference to the changes to the structure of CHCS as from 01 April 2010. Kevin Dee, (Chief Executive, Bridgend CHC) gave apologies as he did not feel that at the time of such great uncertainty, he should attempt to discuss the matters.

PO gave a background to the changes to the structure of CHCs in Wales. At a time of reorganisation of the NHS in Wales, the number of LHBs has been reduced, and the Ministerial plans for CHCs has also included a significant reduction in the numbers to six new CHCs with Powys and Montgomery being allowed to continue. The old CHCs will be dissolved on 31/03/2010 and the new CHCs will come in from 01 April 2010. They will cover the same area as the new Health Boards with Localities that will be coterminous with the Local Authorities. There will be 12 Members in each Locality within the CHC, so in the case of Abertawe Bro Morgannwg CHC, there will give 36 Members spread over three Localities. There will also be a new Chief Officer from 01 April 2010. CHCs will be involved in the Stakeholder Reference Groups in each of the Health Boards but there is no central guidance on their role.

SO described how the Membership will undergo a complete change. The application forms are complex and the emphasis on service suggested that there would be significantly more work for Members against the background of only receiving travelling expenses for their work. In the case of Swansea CHC, 9 or 10 (almost all) of the current Members will not be applying for Membership of the new CHC. The effect of this is likely to be that there will be a period when new Members will have to gain experience and to get up to speed. Much of this could have been avoided if the Ministerial decision had not prevented Members moving across from the old organisation to the new organisation. Locality Committees in each of the three Localities in ABMU will make recommendations to the Council of ABM CHC. The Council will consist of 12 Members, 6 of whom are appointed by WAG, three by Local Authorities and three by the Voluntary Sector. It is likely, in the circumstances, that there will be more vertical working rather than previously local working. The CHC Chief Officer will have an integrated staff structure. The CHC will be a part of the Stakeholder Reference Group and this will have a distinctly different role. There will be a need to avoid duplication and overlap in discussions when considering the CHCSs and the SRG. As an aside, it was mentioned that there are no GPs on the SRG. The only good news is that CHCs were abolished in England in 2003 and were replaced by PALS whereas the Minister has seen fit to continue CHCs in Wales.

Questions and comments from LMC Members included:

AS – Is there any good news? The feeling was that there was none. SO commented that there could be delays in applications for new premises such as the SA1 Development because of the number of stages that this will now have to go through. CJ felt it was quite worrying and that despite the intentions of strengthening the role of CHCs, it was likely that they would have a weaker role in the future. Clearly there are potential conflicts. JH felt that there was a good relationship with the CHCs locally and the LMC agreed. PO commented that the CHC visits to GP premises had been very successful following discussions with

the LMC and the attendance of the LMC Secretary at a CHC Meeting to explain the rationale. AR commented that at a time of structural change and development of the new LHBs, disbanding the CHCs will mean that many of the proposals for reconfiguring services by the new Health Boards may not be as vigorously challenged in the interest of patient as it may take several years for new CHC members to understand the workings of the health service and the "politics/personalities/relationships", etc. DSB commented on the Patient Experience Surveys which will be carried out in Practices in Wales with the co-operation of the CHCs. It was felt that this was an opportunity for many Practices to meet and discuss issues with CHCs. SO commented that Swansea and Neath Port Talbot CHCs would be providing a support for the Patient Experience Survey although this will not be in every Practice for all of the time. Bridgend felt that they were unable to carry out this work at the present time and the ABMU HB Bridgend Locality is seeking to use its own Officers to provide the support. IM raised the Lay Member issue across the new NHS in Wales as this is a problem for Violent Patient Schemes, Performance Reviews and other situations requiring a Lay Representative as this could lead to unfortunate delays. He felt that it was essential that good communication must be maintained between the CHCs and the LMC. EO commented on the SRGs and was advised that this had been a Ministerial decision with each LHB being advised to set up such a Group. There being no more questions, the Chairman thanked Sandra and Peter Owen for attending the meeting and wished them well for the future. They then left the LMC meeting.

**Dr David Bailey (Chairman, GPC Wales)** was welcomed to the meeting by the Chairman of Morgannwg LMC. He was invited to participate in any of the discussions and to comment where he felt appropriate.

#### **GUESTS AT FUTURE MEETINGS**

**Professor Stephen Monaghan, Executive Director of Public Health, ABMU HB** will be invited to a future LMC meeting (either May or July 2010).

#### **GENERAL**

1. **Attendance:** Drs: JR Anthony, O Aung-Kyi, CE Danino, C Jones, IM Millington, AM Muir, S Nazeer, E Owoso, G Ratnalikar, AP Rayani, S Rix, C Rosser, N Shah, A Stevenson, DJS Werner, SP Young, D Roberts and J Harrison. Mrs E Stamp, BMA, Dr A Delahunty and Mrs L Rudd, PA was also in attendance.
2. **Apologies:** Drs: A Bradley, RB John, and R Lewis.
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 09 February 2010 – noted.*
  - Full LMC 19 January 2010. The Minutes were ratified by the Committee and signed by the Chairman.

#### **MATTERS ARISING NOT ON THE AGENDA**

1. *Information on Drugs and Therapeutics Bulletin – request from Donna Walton, Business Manager, DTB, BMJ Group to provide information on the LMC Website. Since the meeting, the Secretary has been able to obtain an ATHENS Password and now has access to the NHS Educational Databases. The Information on Drugs and Therapeutics Bulletin will now go on to the LMC Website.*  
**Action: IMM**

#### **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. Unscheduled Care**

CJ advised the Committee about the Welsh Audit Office draft report on Unscheduled Care which had not recognised the contribution of GPs. However, the final report had been better than the original although there was still incomplete recognition of involvement of GPs in Unscheduled Care. The key area for the future seems to be the amalgamation of all Unscheduled Care Services from ABMU including GPs, A&E, Ambulance Services and NHS Direct. AR felt that the LMC should have a view on this and should state where GPs need to be in any new structure. SR felt that definition of Unscheduled Care is key in that much of unscheduled care already takes place in Primary Care In-hours as a significant proportion of the service GPs / Practices already provide is essentially unscheduled. DSB commented that GPs provide holistic care with 19 million consultations a year in Wales, of which one-third (Approx 6 million) are in-hours Unscheduled Care. CJ reported that meetings in the ABMU area on the above topic had been difficult for GPs to get to because of the timing. IM felt that the current debate on Unscheduled Care tended to refer to GP Out-of-Hours Services but that the discussions needed to be about 24/7 with Out-of-Hours and In-Hours Unscheduled Care discussed. There is a feeling that GPs do not want to take back 24 hour responsibility but that they should be involved in planning and delivering in-hours and out-of-hours services. CJ accepted that there was some acknowledgement of the role of GPs in the final version of the WAO report. CJ agreed to produce a discussion paper for the next LMC and this will be taken under key issues.

**Action: CJ/LMC Agenda May 2010**

### **2. Mental Health and Addiction**

**Mental Health** – CD expressed his concern that when he referred a patient to the Psychiatric Services as an emergency, he spoke to a nurse who decided as to whether the patient should be seen, and if the decision was that the patient should be seen, another nurse decides whether the patient then sees the doctor that may or may not be a Consultant. JA felt that there was a set plan in the services but CD felt that it was not a safe plan. SR gave a further example of a colleague who had had similar problems trying to get the patient seen as an emergency and went on to express concern that the current triage system is unsafe and unfit for purpose, raising a significant clinical governance issue. DW was concerned that there was no real link between emergency mental health referrals and the Community Mental Health Team. CJ felt it was different in certain Practices in that in her Practice the Mental Health Liaison Nurse was providing an excellent service. IM felt that it was important that the service should be uniform and should not have to rely on the different skills and energy of different individuals. Sickness cover is also a problem. SPY felt that there was a concern that when emergency referrals are made, the priority seems to be to carry out Care Plan assessments and that this took priority over treating the patient. AS reported on his attendance at the two Mental Health groups in the area and commented that the Mental Health Liaison Nurses and Gateway Workers were seen as a valuable part of the Mental Health Services. Access to services such as Community Mental Health Team was also being discussed in the various groups. EO commented that access to Psycho-geriatricians was good and that the GP could contact them fairly easily to discuss patients on the telephone whereas Adult Psychiatrists were very difficult to speak to and there seemed to be barriers to access. CD expressed his dissatisfaction at these barriers. IM felt that GPs should report difficulties as significant events on the NPSA website if patients were placed at risk as this would tend to collate the numbers and severity of the problem within the ABMU HB area. SPY also commented on the barriers to Psychiatric care. AM was keen to know when urgent referrals had actually been accepted by Secondary Care and felt that the question should be asked as to whether the urgent referral had been accepted with a yes or no answer as many of these patients may be placed on a waiting list of up to four weeks to see the Psychiatrist after the GP had discussed it. CJ felt that the Primary Care Interface Group had raised the profile of the Mental Health Services in the area and that there is now some pressure to resolve the situation. It was suggested that a small group be formed to meet with Dr Richard Maggs and Dr Tegwyn Williams to discuss the issues further and this will be progressed by CJ.

**Action: CJ**

**Addiction** - AM commented that patients who had been referred to Addiction Services had a quick assessment but may then go onto a 9-12 months Waiting List for Substitution Therapy. He described addiction as a high risk illness and that such waits would not be tolerated in other areas of medicine. AR felt that GPs have abdicated their responsibility for providing services for addiction but they would require appropriate resources, including the support of other drug workers and services, for them to do this work. CJ felt that it was a commissioning issue although there were opportunities for GPs with appropriate training to treat their own patients and patients of other Practices in the Locality.

### **3. ABMU Health Board Structures**

JH advised that the ABMU HB Exec had now been appointed and that the three Locality Directors will be appointed

shortly. The Locality Team below this will also include Locality Clinical Doctors and these posts will go out to advert shortly. There will also be an Integrated Medicine Director. Resources will be placed at each locality. Consortia and Community Networks with Clinical Leads will be operating below this. There is still discussion about the groupings. AR felt that there was a need to level up rather than level down. He was also keen to get Primary Care involvement as to how the groups work. SR asked about savings in management costs but was advised that the Minister had made it clear, at the beginning of the process, that there will be no redundancies. IM commented that there were a number of experienced people who had left LHBs and that this loss of corporate knowledge is likely to make difficulties in the short term with little understanding of the exact way in which General Practice works. AR commented that the perception is that more Primary Care than Secondary Care personnel have been slotted into the new posts. SR accepted that need for restructuring but felt that there was a risk that the new management structure would have more strata and be less clinically focused and less efficient. JH felt that it was important to comment on a positive note in that there are real opportunities for GPs to be involved in planning and service delivery and that there will also be much greater Social Services involvement in the plans for community care.

4. **Access to GP Services**

The Secretary gave an overview of discussions leading to the GPC Wales paper on Access to GP Services which had received the support of the Welsh Conference of LMCs 2010. The paper issued was for guidance and was not contractual. DSB also confirmed that the paper was advisory. It had played well with Government and he had written to the First Minister about the work. It had also enabled discussions to take place on the Patient Experience Survey in Wales and the Practice based delivery of this service in Wales had almost certainly come about because of the access discussions. He reinforced the message that it is not enforceable but is a direction of travel and is regarded as what is “reasonable” for access. AS felt that small Practices had been removed from the original documentation but DSB explained that small Practices had no status within the GMS Contract and so this phrase had been removed on the advice of Dr Laurence Buckman, Chairman, GPC UK. Two LMC Members expressed concern at the approach taken in their Locality whereby they were being expected to deliver every aspect of the Access to GP Services and were under considerable pressure to do so. Again, it was emphasised that this paper was advisory and could not be enforced contractually. It was agreed that the LMC should take this forward with the appropriate locality in an attempt to seek a more measured approach.

**Action: IMM to contact Interim Locality Manager**

5. **GP Earnings and Expenses Enquiry 2007/8 and Investment in General Practice 2003/4 to 2008/9:**

**Information for LMCs**

DSB described a significant decrease in GP earnings in 2007/08 and went on to explain the reasons highlighted in the paper for this. The issue of Enhanced Services and the underspend of the allocation of Enhanced Service money was significant.

He also advised that the DDRB Report would be published on 10 March 2010 and he did not expect there to be any significant rise in earnings although the reimbursement of expenses would be key. It is clear that there will be no new income except for new work.

He went on to describe factors that had come to the fore because of the forthcoming election and these include removal of Practice boundaries, GP involvement in the planning and organisation of Out-of-Hours Services and personal budgets for patients in England.

The DES basket in Wales has continued to be developed, albeit slowly. PE07 and 08 administered at a Practice level is likely to result in a few thousand pounds going into Practices and this is very much linked to access to GP services.

Questions and comments from LMC Members included JA who asked about Pension and Tax changes. DSB felt that GPs needed to speak to their Accountants as there were now some fairly sharp tax thresholds which may make it more advantageous to reduce workloads slightly and even to consider taking in a new Partner. SPY expressed his disappointment that the loss of income had been mainly in Enhanced Services. DSB commented that in Wales, Practices were smaller and the income smaller because the average Practice in England is 3 Partners whereas the average Practice in Wales was 3.5 Partners for the same Practice population. This is mostly due to the higher Disease Prevalence in Wales. OAK also commented that there were more Salaried GPs in England so Partners earn more. However, Partnerships are being offered in Wales because of the financial difference. SR felt that the Enhanced Services money is a real issue and DSB confirmed that the Minister had been angry at the way it was not spent. SPY suggested a Motion to Conference about GP earnings and agreed to draw this up.

**Action: SPY**

## LMC MATTERS

1. **Welsh Conference of LMCs: Saturday 20 February 2010** – The Chairman reported on a successful Conference at which many aspects of General Practice in Wales had been discussed. Overall, there was not much controversy but the Conference affirmed the policy and direction that LMCs wish GPC Wales to follow. The debate on Access had been the most lively one of the Conference.
2. **Annual Conference of LMCs – Thursday 10 & Friday 11 June 2010 in London:**
  - *Morgannwg LMC Reps – Drs: C Danino, E Owoso and Dr A Stevenson with Dr N Shah as Observer. Drs I Millington and A Rayani will be attending as GPC Wales Reps. Dr Charlotte Jones will have an automatic place as a Member of GPC UK.*
  - **Motions to Conference** – the closing date for Motions to Conference is 12 noon Monday 12 April 2010. The Secretary reminded LMC members that he is eagerly awaiting Motions from the LMC Members.
3. **LMC AGM & Dinner at the Towers Hotel: Tuesday 13 April 2010** – Closing date for numbers and choice of menu is the night of the LMC Meeting 09 March 2010. The Chairman reinforced the message that Members must see Lorraine Rudd, PA, if they have not confirmed attendance or made their menu choices known as failure to do so will mean that they will be unable to attend.
4. **Dyfed Powys LMC 04 March 2010** – the Chairman of Dyfed Powys LMC felt that the one issue from the meeting was about GPs being denied choice when making Referrals which was resulting in some patients having to travel long distances to see Consultants. This was because of the intention to see patients within the (very large) HB area.
5. **Report of Safety Incidents by GPs – BMJ Paper 12 February 2010.**
6. **Biobank: Patient/GP Issues** – The Secretary reported that he had been invited as a patient to attend Biobank for a medical which will also include certain investigations and sample collection. Biobank is a UK wide research database that is well on the way to recruiting 500,000 patients. The data and samples will be held in a secure environment. A further part of the study is to extract medical information from patient records throughout their lifetime and to link this to the other data held. The Secretary has a wider role in IM&T for Wales as part of his work as GPC Wales negotiator and was concerned that Biobank appeared to be recruiting in Wales before there is an agreement with Practices on data extraction. The Secretary will progress this matter further on behalf of himself and other patients who may be recruited.
7. **Med3 Fit Note** – this comes in as from 01 April 2010. DSB commented that there are flexibilities in this which were not present with the old Med3, Med4 and Med5 in that these certificates can be issued after speaking to the patient on the telephone, on the basis of another Professional's opinion and can be closed without having to sign off. There is also no legal responsibility for the GP to declare the patient as "fit". AS felt that there may be a need to provide more information in relation to possible early return to work. SR felt that this was broadly positive but expressed disappointment at the way it had been rolled out with poor communication to GPs about the new system. IM reported that the work in developing the eMed3 in Wales that had included some Practices in Swansea was now being taken forward on a UK basis.

## SESSIONAL GPs

1. *Swansea Sessional GPs- The next meeting of Swansea Sessional GPs will be on Wednesday 17th March 2010 at 7.00 pm in The Lounge (upstairs) 20-21 Wind Street, Swansea SA1 1DY. As it will be St Patrick's Day it has been decided to have a more relaxing setting at a wine bar in the city centre. An Indian buffet type meal will be provided in a private room. The main agenda item will be to discuss how locum and salaried GPs can take part in Significant Event Analysis.*

## GP TRAINEES

1. *None.*

## LMC/LHBs/BSC LIAISON GROUP 17 March 2010

- The agenda will be drawn up by the LMC Secretary after the LMC meeting.

## ABERTAWA BRO MORGANNWG UNIVERSITY HEALTH BOARD

1. **General Issues:**
  - i. *Fairwood Hospital – the LMC Vice-Chair met with Members of ABMU Health Board on 22/02/2010. The meeting*

was advised that Fairwood Hospital is little more than a waiting room for Social Services places and that it is difficult to justify keeping it open on clinical and financial grounds. The money will be invested into Primary Care into services such as the Community Integrated Intermediate Care Service (CIIS). The LMC Executive has supported the proposed action of ABMU Health Board.

- ii. **ABMU Cancer Executive 12/02/2010** – AS reported that the meeting had been fairly constructive. A form had been circulated to LMC Officers which enabled Multi-Disciplinary Teams to update GPs on the progress of their patients and this was likely to be a helpful improvement to communications from the MDT to GPs.
  - iii. **Consultation: Obesity Pathway** – ABMU HB has asked for LMC comments on the WAG Obesity Pathway. The document is available at <http://wales.gov.uk/consultations/healthsocialcare/obesitypathway/?lang=en> . The Secretary invited Members to send comments into the LMC Office.
  - iv. **Clinical Strategy Workshop 09/03/2010** – SPY and IMM had attended and reported that the Workshop had looked at many aspects of moving care nearer to the patient. Some of the ideas put forward by Secondary Care colleagues had not been particularly helpful. There was a move to change the terminology from Primary and Secondary Care to something such as In-hospital Care and Out-of-Hospital care. The reasoning behind this was that it would not reinforce current stereotypes. Overall, the Clinical strategy seemed sensible.
2. **Primary Care Issues:**
- i. **General Issues:**
    - **Community Integrated Intermediate Care Service (CIIS)** – AS reported that there had been setting up of a Clinical Governance Group of four to look at the various aspects of the scheme. The scheme is now operating in all three Localities of ABMU HB. JA expressed concern about some aspects of the use of FP10s in relation to community schemes and agreed to provide the Secretary with further information.

**Action: SN to contact HD re script issue**
    - **Addendum to Minor Surgery Specification and ABMU HB Leaflet**
      - **Shave Excision & Cautery** - The Secretary reported on the further clarification from Dr Richard Quirke to GPC Wales about the use of cautery for haemostasis following shave excision. Basically this should not exclude a claim for a minor surgery procedure.
      - **Patient Leaflet** - IM summarised the position whereby a draft leaflet had been produced by ABMU and subsequently modified at the request of the LMC. The only issue outstanding was now the inclusion (or not) on the leaflet of an ABMU contact point should patients wish to complain about the policy. DSB felt that it was the responsibility of WAG and its agents (in this case, ABMU HB) to explain to patients when services are not available. IM felt that telling the patient should be the responsibility of ABMU rather than GPs. AS felt that we cannot do it as we do not agree with the advice re cosmetic procedures. He felt that there was a need for someone outside the Practice to confirm the policy of ABMU HB. DSB felt that the whole issue of cosmetic surgery should go back to the AMDs to get some uniformity across Wales. He discussed possible negotiations for GPs to carry out private work on lesions that the NHS would not remove but JH advised that this had already been set up in the area. JH asked if it was the LMC's view that her name should be on the leaflet but SPY felt that this should go to the Complaints Department of ABMU HB. SR asked who is responsible for telling the patient that they can't have what they want. JH agreed that this was information rather than a complaint. It was agreed that JH and IM look at the leaflet again to produce a final draft for circulation to the LMC by e-mail.

**Action: JH/IMM**
      - **Significant Event Analysis** –JA spoke to his letter to the Medical Director of ABMU Health Board the LMC about a significant event regarding the suspected skin lesion which had eventually turned out to be more serious than first thought. It had exposed some gaps in the Bridgend Dermatology system whereby there is not a clear policy for the follow-up of biopsies. He was concerned that the changes to the rules on Minor Surgery for General Practitioners could result in system failure due to system overload. Multi-disciplinary teams should include GPs and GPs should be able to carry out suitable excision biopsies. JH said that the addendum does not stop GPs doing Minor Surgery but that the advice regarding suspected skin cancers came from NICE Guidelines who advises that it is not GP work to biopsy or remove basal cell carcinomas etc, and there were issues where GPs had removed pigmented lesions that had turned out to be melanomas. However Specialist GPs are part of the MDTs

and can remove suspicious lesions. Further, with suitable experience can apply to be a Specialist GP for Minor Surgery. Health Commission Wales had produced the INNf list whereby cosmetic lesions should not be removed and JH made it clear that it is not in her gift to change the INNf Rules. Other Members insisted that if NICE dictates are to be enforced, all of them should be enforced including the provision of CBT for depression. DSB went on to explain some of the background to the decision on Cosmetic Surgery that had been heavily influenced by the Dermatologists and that RCGP and GPC are lobbying NICE for a change in the Rules. Minor Surgery “rules” can be subject to local negotiation but any changes cannot be retrospective. Complaints about should be addressed to the Medical Director. It is clear that this is basically a commissioning issue. JA commented that patients with BCCs are now having to wait up to 26 weeks for these to be treated. JH agreed that there would be a meeting with JA at his surgery to try to resolve these issues.

- **Community Nursing Services Steering Group 24/02/2010** – the Secretary attended on behalf of Morgannwg Local Medical Committee. The first phase of the project is to stabilise the existing District Nursing Services, particularly in the East of ABMU area and then to discuss development of the service to meet the existing and new demands of increases in community care. SPY reported that there should be a specification for core District Nursing Services available in the next few weeks and IMM asked that this be shared with him for him to take it to the All Wales Community Nursing Services Integration Group (of which he is a member). **Action: SPY**
- **Patients who have requested a private appointment with a Consultant** – new leaflet available and circulated to all GPs.

ii. **Swansea Locality:**

- **Problems with Dietetics** – letter from Tawe Medical Centre describing difficulties with the Dietetics Service for their Diabetic Clinic. Other Practices have reported similar problems in the Swansea area.

iii. **Neath Port Talbot Locality:**

- **NPT Locality Quality & Safety Group 04/03/2010** – AS reported that Health Care Standards were now visiting Care Homes and that there appeared to be some variation in standards.

iv. **Bridgend Locality:**

- *None.*

2. **Secondary Care Issues:**

i. **Prescribing:**

- **Prescribing Prior to Hospital procedures** – letter from an LMC Member in the Swansea Locality re a patient who was due to have a minor Gynaecological procedure and who was sent back to the GP with a letter from a Consultant for a one-day prescription of Mefenamac acid 500mg tablets rather than the Consultant issuing the script from Outpatients. JH agreed that this was “ridiculous” and that the situation in the Fertility Clinic had now been addressed in that FP10HP forms were now available for issuing scripts.
- **Prescribing of Medicines recommended by Hospital Specialists** – ABMU HB have now issued revised guidance and have asked the LMC for opinion on this. This has previously had LMC approval and the Secretary recommended that this be accepted. **Email to Stuart Evans ABMUHB**
- **Prescribing of Medicines recommended by Hospital Specialists: Aneurin Bevan Health Board form** – the Secretary had acquired a copy of the ABHB form which looked to be useful. A copy of this will be forwarded to JH for further discussion. **Action: IMM**

- ii. **Referrals for Outpatient Procedures by Secondary Care doctors** – letter from an LMC Member in the Swansea Locality re patient who was seen by the SpR in Diabetic Clinic and who was referred back to the GP to organise a 24 hour BP monitoring. This was regarded by the GP to be an unfortunate waste of medical time. JH was clear that the hospital doctor could have made the referral but that some of the issue had been about avoiding duplication of investigations. AR felt that the hospital records could be checked to ensure that there was no duplication. SPY felt that the issue of hospital doctors referring patients back to GPs for ordering of hospital investigations had got better. SR felt that it was part of the RTT “games” in that a referral from Secondary Care for an investigation stopped the RTT clock whereas a new referral from a GP was treated as a new referral and so was on a shorter timescale. AR also had concerns that patients attending Outpatients were often sent back to the GP for referral to

another specialty whereas the GP was probably capable of giving a perfectly sound opinion on such things as a rash without a referral being necessary. He also felt that the hospital doctors who ordered investigations should be responsible for giving patients the results. It was agreed to take this to the next PCIG.

**Action: JH to place on PCIG Agenda**

- iii. **The Grand Round** – Communication from Dr Jane Harrison on behalf of Dr U Dave inviting GPs to attend and possibly present cases on the Grand Round at Morriston Hospital. The format is lunch at 12.30pm followed by a clinical meeting that starts with two 30 min presentations and discussions from 1.00-2.00pm. Days/dates for the next few Grand Rounds at Morriston are: Thursday 8th April, Thursday 10th June & Thursday 8th July 2010. Members are asked to contact Dr U Dave if they wish to attend / present.

**WELSH AMBULANCE SERVICES NHS TRUST**

1. Nil.

**PUBLIC HEALTH WALES AND IMMUNISATION ISSUES**

1. **Pandemic Flu Look-back exercise** –The Secretary reported that the local and WAG meetings had taken place and that the best practice was being carried forward for future use.
2. **Clinical Governance Practice Self-Assessment Tool for GMP** – the Secretary reported on the discussions at the Primary Care Quality Forum Meeting 25 February 2010 which he attended on behalf of GPC Wales. It is the intention that the tool will be part of the Revalidation process in Wales and the message coming out is for Practices to use the tool before someone else produces a more complicated, expensive and difficult solution to use as part of Revalidation. JA advised that his Practice carry out a twice-yearly meeting at which the tool is discussed and updated.

**LMC Newsletter March 2010**

**GPC WALES / GPC UK**

1. **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. To date, the Secretary has received no questions to submit in advance.
2. **FHS Appeal Unit Decisions: Summary October 2009 to February 2010.**
3. **Negotiations Report February 2010** - Issues discussed at the last GP forum included:
  - Enhanced Services spending
  - Swine Flu Vaccination.
  - HPV Vaccination.
  - Diabetes DES.
  - Suicide prevention.
  - Minor Surgery.
  - MRSA Swabbing.
  - Other issues.

**BRITISH MEDICAL ASSOCIATION**

1. **BMA Divisional AGM 1900 hours Monday 22 March 2010** – this meeting will take place at Tara House, Uplands Crescent, Swansea and is open to all BMA Members in the West Glamorgan Division. Names to Dr Charlotte Jones if you wish to attend. A light buffet will be provided.

**GENERAL MEDICAL COUNCIL**

1. None

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

1. **Ministerial Letters:**
  - None

2. **Consultation Documents:**
  - *Draft All Wales Obesity Pathway – by 16/04/2010 (see above under ABMUHB General Issues)*
  - *NHS Wales Waiting Times – by 16/04/2010.*
3. **CMO Letters:**
  - *None*
4. **Community Nursing Strategy for Wales Implementation Group 03 March 2010** – The Secretary reported that Paragraphs 11, 12 & 13 that had generated so much anger from GPs and Practice Nurses have now been modified and have been accepted by BMA/GPCW. BMA/GPCW have now been tasked to work with RCN Wales to take forward the implementation plan for this part of the Strategy and IM will lead on this.

#### **KEY ISSUES – For Next LMC Meeting**

1. *Unscheduled Care – CJ Paper.*
2. *District Nursing Specification – SPY Information.*
- 3.
- 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**

- *GPC Wales – 11.00hrs. Thursday 22 April 2010 at the Novotel, Cardiff*

#### **NEXT LMC MEETINGS**

- *Full LMC AGM & Dinner – 7.00 pm Tuesday 13 April 2010 at The Towers Hotel, Jersey Marine.*
- *LMC Executive – April 2010 (Date / time / venue to be confirmed).*
- *Full LMC 7.00 pm Tuesday 11 May 2010 at The Towers Hotel, Jersey Marine.*