

MORGANNWG LOCAL MEDICAL COMMITTEE

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MINUTES

MORGANNWG LOCAL MEDICAL COMMITTEE

TUESDAY 10 NOVEMBER 2009

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

Sponsor: Glaxo

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

GUESTS:

- **Chief Executives of the three Community Health Councils** – The Chief Executives of the three CHCs in the Morgannwg LMC area had been due to attend to discuss the new structure for CHCs in Wales but as the document is still awaited from the Welsh Assembly Government, it was agreed to postpone their attendance until 2010 (the LMC preference is for 09 March 2010). **Email to 3 CHC Chief Execs**
- **Director of Primary Community and Mental Health** – Alex Howells wishes to come to the LMC to discuss the Strategic Plan for ABMU Health Board. It was agreed to invite her to the next full LMC on 12 January 2010. **Email to Alex Howells**

GENERAL

1. **Attendance:** Drs: O Aung-Kyi, WA Bradley, M Dehghani, RB John, C Jones, IM Millington, AM Muir, S Nazeer, A Pritchard, G Ratnalikar, AP Rayani, S Rix, N Shah, A Stevenson, SP Young, D Roberts, J Harrison, N Williams and B Yeoman. Practice Manager, Ann Burtonwood, PA: Lorraine Rudd also in attendance. The Vice-Chairman welcomed Dr Bethan Yeoman who is a GP Trainee and will represent the NPT VTS on the LMC.
2. **Apologies:** Drs: C Danino, S Guest, E Owoso, C Rosser, DJS Werner and R Lewis and from Practice Manager M O'Rourke. The Secretary had received information that Frances Rees will be unable to attend the LMC as one of the Co-opted Members from the Practice Managers. The LMC supported the Secretary in offering their sincere thanks for her work with the LMC and wished her well for the future.
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 08 September 2009** – these were ratified following correction of a minor typo and were then signed by the Vice-Chairman.
 - **LMC Executive 13 October 2009** – these were noted by the LMC and signed by the Vice-Chairman.

MATTERS ARISING NOT ON THE AGENDA

1. *None.*

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) *NHS Wales Shared Services Programme – following consultations and findings of the Research Commission from Bath University, key recommendations were as follows:*

- *No change to the delivery of BSC functions between now and 31 March 2010.*
- *Communicate the change in line management arrangements for BSC IM&T functions and Health Solutions Wales, which have been transferred to Gwyn Thomas, Director of Informing Healthcare and Chief Information Officer for the Directorate General for Health and Social Services.*
- *Contractor Services to remain as core function of BSC along with associated General Office, and other support functions.*
- *Post-payment Verification function to move from finance to Contractor Services.*
- *Finance Functions to be disaggregated and transferred to the new LHBs.*
- *Human Resources staff supporting the remaining BSC and post functions to remain with BSC.*

The Secretary advised the LMC that this was likely to be good news and that it was very much in line with the wishes of the profession.

KEY ISSUES:

1. **Primary Care and Community Services Strategic Delivery Programme in the ABMU LHB area:**

Overall Strategy – JH indicated that this was not yet finalised. The Secretary reported that it was quite likely to be signed off this week.

Definition of a Locality – this is likely to follow the earlier LHB boundaries and these are likely to be strengthened.

GP involvement in Planning - JH felt that it was essential for GPs to get involved with clinical leadership in each Locality. She then outlined some plans to provide support which include a flexible career scheme with attachment to Practices for younger GPs who are not currently Partners. They would provide back-fill within the Practices to release more senior doctors to engage in clinical leadership within their locality, and there is also the opportunity to provide additional training for these doctors in A&E, Neurology and Dermatology which will assist in filling current vacancies within these specialities. Further educational opportunities could also be in Substance Misuse, Palliative Care, Research and Medical Management. There is also an opportunity for considering job share. RBJ felt that the key was to have continuity and that this would be helped by meetings being held on the same day of the week with avoidance of cancellations. JH agreed that this would be helpful but also felt that the flexible career scheme would provide opportunities in the area for Practices and for young doctors. CJ suggested an alternative solution be considered where there would be tiered entry into Partnership for younger doctors with increase in percentages share which has been in operation with a PCO in Essex. This allows for succession planning as well as enabling more senior partners from being released for the clinical leadership as envisaged by the Health Board. CJ also commented that whilst continuity of backfill was helpful, some practices might still not feel this model outweighs the benefit of having the partner in the practice JH was interested in this model and felt that practices having both options would enable more practices to participate in the clinical leadership of their locality.

The Secretary commented that there was no LMC Rep on the Clinical Strategy Group for ABMU Primary & Secondary Care and it was felt that this was an omission. JH agreed and will ensure LMC representation is included on the Group.

JH to resolve

AS commented on a recent questionnaire to NPT GPs which asked the same questions that had been asked in the planning days and questioned its usefulness. JH advised the committee that the outcomes of these meetings were being collated and had been valuable but this questionnaire also enabled others to comment and that these will be looked at by JH and others in ABMU LHB.

Summary of discussion – The Vice-Chairman summarised the main issues as:

- Being heard
- Three localities with increased GP input to planning.
- GP Release Schemes.

2. **Community Nursing Services:**

District Nursing Service in Bridgend & Neath Port Talbot Localities

There was a general discussion about the Community Nursing Services in the LMC area with reference to the high levels of sickness, difficulties in maintaining full services and future plans. AR reported on the meeting 10/11/2009 to discuss Community Nursing Services in ABMU HB and that much of the meeting had been spent defining the roles and tasks of various Community Nurses. SY commented that the District Nursing service crisis appeared to be stabilising but the next part of the exercise (by April 2010) will be to identify the roles of various Community Nurses and to move forward to a new model following this. This review will include skill-mix, ownership of tasks and AR added that it should also look at the role of Specialist Nursing Teams. IM suggested this should be a deficiency register which recorded "What is not being done?" AR felt that zoning was removing the link between Primary Health Care Teams and would have a detrimental effect on Community Nursing Services. SN felt that capacity is an issue with current sickness levels being high and no replacement for staff off sick. Addressing this is clearly a high priority for the District Nursing Service in the short-term.

Summary of discussion- The Vice-Chairman summarised at this stage as:

- There is a need for change and active GP involvement in reviewing and developing the DN role
- There is work ongoing and momentum in this area needs to be continued

Practice Questionnaire – SPY tabled a document which had also been discussed with JH. The idea is to obtain more information from Practices as to the workload of Practice Nurses and of District Nurses. SR felt that it was worth spending the time to do this but felt that it should go to the Lead Nurse rather than the Practice Manager. IM felt that counting procedures and then multiplying them by the approximate time taken would be much more constructive than trying to time each procedure. AP commented that this was a very similar survey to the one done by a number of Practices in Swansea including Fforestfach, Uplands & Mumbles and Strawberry Place. The LMC agreed to sign off the questionnaire subject to some minor alterations. **E-mail to JH re LMC sign-off/Key issues debate January 2010**

3. **Delivering LHB Services from GP Premises:**

The LMC has been asked by Alex Howells to consider supplying NHS Hearing Aid batteries to existing hearing aid users from GP surgeries. NS was invited to comment as he had experience of the scheme operating in Cardiff & The Vale and felt that this was helpful to patients. The scheme was extremely low in bureaucracy and paperwork and most Practices found it little problem to operate. CJ felt that the suggestion should be supported but not if it is an overly bureaucratic process. AB felt that this would be unresourced and would not be cost neutral as stated in the paper. SR also felt that it would not be resource-neutral and the comment that it would take 30 seconds was described by one Member as "rubbish". All agreed that the footfall in surgeries is likely to increase, as will the "While I am here..." request for services from GPs and there is a potential for surgery staff to be asked to fit the new batteries if the patients are unable to do so. There was also the question of times of availability of the service which may or may not correspond well with surgery times. The LMC had given this much thought and the suggestion was that this may be better operated through Community Pharmacies. One Member who is a hearing aid user described how he collected batteries from NPT hospital and that this was a fairly straightforward process but it was not apparent that any record of the collection was made. **E-mail to AH/Action: JH re Community Pharmacy suggestion**

4. **Pandemic Flu/Pandemic Flu Immunisation Campaign:**

Update on Pandemic Flu/WAG Policy for Enhanced Primary Care – IM quoted statistics presented at the Health Silver Control Group he had attended earlier in the day. This included a number of cases, the complications and the deaths. The overall impression by the NPHS is that the second wave may be coming to an end but that there is a risk of a third wave after Christmas.

Vaccines supplied to Practices - there are difficulties across Wales because of distribution issues from suppliers. This is making planning extremely difficult for Practices. Also, there appears to be a number of bureaucratic issues that have been raised which seem to be causing delays in other health professionals becoming involved in the immunisation process.

Immunisation of GPs and their staff – after an initial instruction for GPs not to immunise their staff, this was resolved by the LMC in conjunction with the Acting Locality Managers and the advice was retracted so that Practices can now immunise their own staff. AR commented on the bluntness of the needles being supplied and there was some discussion as to whether this is a fact and what are the likely causes. Also, AB felt that the media campaign was over zealous at a time when problems of supplies had not been resolved. IM indicated these issues had been raised at a WAG level by GPC Wales. There was then a discussion about the 4th Trimester which is the immediate post-natal

period and for breastfeeding mothers. Originally there was a question about immunisation of this group as high priority but the impression is that the immune system returns quickly to normal and they are not at particular risk.

Action: NW to explore details and circulate to GPs

A decision had been taken in ABMU Health Board that no Baxter vaccine would be distributed to GP Practices because of its short period of stability (3 hours). However, a fortnightly clinic will be set up at Neath Port Talbot Hospital to immunise those with genuine egg allergy. Pregnant women who were refusing to have the GSK vaccine would also be considered for this Clinic but they would be of lower priority than patients with egg allergy as they had already been offered GSK vaccine which is safe in pregnancy. Appointments to this Clinic will need to be made by GP Practices.

Immunisation of the housebound by District Nurses – this is creating significant turmoil and the feeling from the LMC is that the attitude of District Nursing is one of “can’t do” rather than “will do”. This has been escalated to ABMU HB and also to WAG.

Audit Plus Module for Swine Flu Vaccination – this is an extremely useful tool which is only available in Wales and places Wales months ahead of the other home countries. The Module will allow Practices to monitor their Vaccination Programme and will also allow Practices to gain information as to whether they are likely to qualify for return of some of the PE07 and PE08 funding that they may have lost. **LMC Newsletter November 2009**

Special Groups requiring immunisation – IM reported that the Oncologists locally (and probably those in Velindre will follow) will be immunising patients on Chemotherapy at the appropriate stage in their treatment rather than expecting GPs to do this. It is understood that Renal patients could be vaccinated at any time during their treatment but GPs are likely to have to do this.

5. **Joint Care Pathways:**

Development and use of Care Pathways - JH gave an overview of Care Pathways including the use of Map of Medicine to develop the pathways in conjunction with Primary and Secondary Care colleagues and the development of appropriate templates to make the system as efficient as possible for all concerned.

Referral Templates – AP commented that there was resistance from GPs in the use of templates and quoted the TIA Care Pathway as a problem in that a number of versions had been issued in a very short time. It was commented that it had been difficult to get agreement in Secondary Care on the TIA Pathway and SN commented that it had been rolled out from Swansea to Neath Port Talbot and Bridgend Localities and had required some modification along the way. There was also some criticism of the plethora of referral templates that had not gone through the Joint Care Pathways group. JH commented that her Admin Support Officer had designed a GP Portal with all the Pathways available through this. It was also felt that a directory of the templates was required. WAB was concerned that there had been refusal of acceptance of referrals by some specialties because they were not on the appropriate form.

Action: JH

IM commented that the development of the Joint Care Pathways had had wide effects and that most of them were “outside the room”. JH felt that the portal should have up-to-date templates and that this is part of the development. IM suggested that it is important that the portal complies with the plans for the future of IM&T by Informing Healthcare.

Sign-off of Care Pathways by Morgannwg LMC – SR suggested that comments should be by e-mail with sign-off at the next LMC Meeting (Exec or Full LMC).

Summary of discussion - The Vice-Chairman summarised as follows:

- The LMC is prepared to sign up to the principle of Care Pathways.
- A suggested sign-off procedure by the LMC has now been agreed.
- The portal for pathways and referral templates is important.
- This will need to be rolled-out across the whole area as quickly as is reasonably possible.
- LMC Members to share copies of older templates in current use with JH

6. **Minor Surgery in ABMU HB area:**

Criteria for removal - a flow chart produced by JH was tabled at the meeting and produced a lively discussion. Most of the pathway was agreed but there were some “grey areas” where lesions which would normally only be removed for cosmetic reasons could be removed because of their site and size. Approval for such removals was discussed including a possible pre- or post-authorisation with or without a picture of the lesion. JH commented that the claims

for minor surgery had reduced significantly between the LHB pre-audit and the first audit and that there had been a further reduction in the number of claims following the issuing of the Minor Surgery Addendum although, when pressed by WAB, she conceded that in many Practices, there had not been a significant change as they had been claiming appropriately before the audit was set up.

SR stated that he did not think it was fair to patients or GPs to limit the use of shave excision solely to the face, chest and hand as this is a safe effective technique that can and should be used on lesions that are otherwise appropriate for removal under the terms of the Enhanced Service. The alternative is that the GP would have to perform an excision requiring suturing which may not be the optimal technique for a given lesion. SR went on to argue that GPs should be allowed to perform shave excision on all appropriate lesions wherever they are on the body and this was generally supported by other Members of the LMC and this was also agreed by JH.

SR requested that the agreement that we could claim for shave excisions from any part of the body for lesions deemed appropriate to be excised be recorded in the Minutes.

Summary of discussion - The Vice-Chairman summarised as follows:

- There will be some exceptions to the basic rule from cosmetic removal
- GPs making post-procedure claims in such circumstances should use the Exception box on the Claim Form to include dimensions and histology, together with photos if available. In further discussion on this point, WAB was happy to seek pre-authorisation but AP was not happy with this.
- Claims should be paid for shave excisions from any part of the body for lesions deemed appropriate to be excised (although IM commented that there may be difficulties with this as the nGMS may not support shave excisions under the Minor Surgery Enhanced Service).
- Post-removal justification may be adequate for payment, but there is always a risk that the GP would not be paid because of this, it was agreed that there should be a rewrite of one of the boxes for clarity of payment.
- Overall it was felt that there should be explicit pre-authorisation rules to avoid conflict between GPs and ABMU HB. **JH to rewrite the area on the flow-chart that is in question to circulate to LMC**

LMC MATTERS

1. **The London Women's Clinic** – letter from Mr Peter Bowen-Simpkins, Clinical Director, The London Women's Clinic, Singleton Hospital, Swansea enclosing a copy of a letter from Zoe Goodacre of Health Commission Wales which states that “it is the responsibility of the General Practitioner for further drug prescribing.” Mr Bowen-Simpkins adds that this is the position that the Clinic has taken with regard to both NHS and Private Patients and that the current workload involves about 50% of Private Patients. He has also forwarded the reply to Judith Vincent, Deputy Director of Clinical Development for Swansea Locality. IM felt that the concern of the LMC was around the responsibility of the General Practitioner where a drug is recommended by the Clinic and the drug may or may not be within the experience of a GP, thus falsely raising patient expectation of GPs automatically prescribing which may not be the case, and also being asked to prescribe drugs that may not be on the hospital formulary. It was agreed that this issue be explored further including the possibility of these drugs being prescribed from the NHS Gynaecology or the Obstetrics Department. **Letter to PBS/Copy to Judith Vincent**
2. **Medical Charities at Christmas:**
 - **The Cameron Fund** (a charity for GPs and their Families) – Morgannwg LMC gives annually to the Christmas Appeal of the Cameron Fund. Last year's donation was £500. The LMC agreed to give £500 for Christmas Appeal 2009. **Letter/cheque to the Cameron Fund**
 - **The Royal Medical Benevolent Fund** (a charity for Doctors and their Families) – Collectors will contact all Doctors in the area to ask if they wish to donate.
3. **GPC Wales: Promoting Partnership** – document available on the LMC Website at www.morgannwglmc.org.uk
4. **Welsh Conference of LMCs: Saturday 20 February 2010 at The Imperial Hotel Llandudno.** Invites have been issued to the Chair, the Secretary and for five other LMC Reps.
 - **Early expressions of interest:** Drs A Pritchard, A Stevenson, S Young, N Shah, A Bradley, S Rix and G Ratnalikar. The Vice-Chairman and Secretary all have places as GPC Wales Negotiators.
 - **Motions to Conference** – Closing Date 11 January 2010. The Secretary asked for Motions from members but will also prepare motions on issues from the LMC Minutes in 2009.

- **LMC Contribution** - The LMC is required to pay £350 contribution to the Conference and this was approved. **Letter/cheque to GPC Wales**
5. **Annual Conference of LMCs: Thursday 10 and Friday 11 June 2010 in London:**
 - **LMC Reps** – Drs. C Danino, I Millington and E Owoso or S Rix. The LMC also agreed to send one Observer from Drs A Stevenson or S Rix. CJ will have an automatic place as a Member of GPC UK.
 - **Motions to Conference** – Members are asked to start to think of Motions to Conference although there is still much time for this.
 6. **Recruitment and Selection of NCAS Medical Assessors** – NCAS is particularly keen to recruit single-handed GPs to this and are prepared to pay. Details available from LMC Secretary.
 7. **The European Medical Directory** – the LMC has received two letters stating “Your entry for the final quarter 2009, October 2009” and a letter which advises that “your basic listing consisting of a name, complete address, telephone number and fax is always free!” Unfortunately signing the entry then binds the Practice to paying a significant sum to the company. **LMC Newsletter November 2009**
 8. **GPC/LMC Roadshow 1400 hours Thursday 25 March 2010 BMA Wales:**
 - **LMC Reps** - Five Reps from each LMC are normally invited and Drs. M Dehghani, G Ratnalikar, A Stevenson and N Shah expressed an interest. CJ and IM will have an automatic place as GPC Wales Negotiators.

SESSIONAL GPs

1. **Swansea Sessional GPs Group 29 September 2009** – Dr OA-K gave a report on the meeting which had two main parts. The first part was a presentation from a financial advisor on death in service benefits for GP locums and income protection. It was interesting from discussion how few locums had Income Protection. The second part of the meeting was a discussion amongst attendees to clarify the objectives of the Group. Overall, OA-K felt the main challenge will be sustainability of the group which depends on attendance at meetings. A further meeting has been arranged for 25 November 2009 when Pandemic Flu issues will be discussed. BY felt that it was good to encourage Vocational Trainees to join the Group as there were issues discussed that would not normally be covered in Vocational Training. SN asked about the advertising of Practice vacancies on the LMC Website but IM cautioned against this because of all sorts of difficulties with possible legal action if the adverts did not meet all the legal requirements relating to Employment and Discrimination. IM thanked OA-K for his contribution to the work of GPC Wales as, since he had joined it, there had been a considerable increase in discussion and actions in relation to Sessional GPs.
2. **Pandemic Flu: Death in Service** – *this matter was discussed at the GP Forum on 28 October 2009 and WAG will shortly issue a letter to all Health Boards (similar to the letter issued by the DoH to PCTs) as part of a general release on Pandemic Flu in the near future. The letter will be “For Action” by Health Boards.*
3. **GPC Wales: Promoting Partnership** – *document available on the LMC Website at www.morgannwglmc.org.uk*

GP TRAINEES

1. **Study Leave** – *this matter has been clarified with GPC UK and the explanation is that £400 pa is available to every GP Trainee in Wales whereas hospital doctors can apply for up to £1000 pa from a cash-limited pot, but the reality is that the size of the pot available for funding is likely that they will receive significantly less.*
2. **Courses** – *to date, there has been no clarity on the possibility of quality assuring courses by any external body.*

LMC/LHBs/BSC LIAISON GROUP – 18 November 2009

- Agenda items will include issues raised by Morgannwg LMC at this meeting.

ABERTAWA BRO MORGANNWG UNIVERSITY HEALTH BOARD

1. General Issues:

i. Children’s issues:

- **Safeguarding Children Supervision Policy** (Copy sent out electronically) – this document will apply to the whole of ABMU Health Board. The Secretary has had discussions with the author and the LMC was asked to consider signing up to the policy on behalf of GPs. This was agreed.

E-mail to Janet Morgan, ABMU Health Board

- **The child death review process in Wales: Roles & Responsibilities for GPs (BMA: Oct 2009)** – this is an important document and should be viewed by all GPs in Wales (Copy sent out electronically/available on LMC website).

ii. **Mental Health Services Review Group**

- **LMC Reps:** Drs C Danino, A Rayani & C Jones
- **GP Reps:** Bridgend: G Tinkler & S Young / NPT: A Stevenson & A Muir / Swansea: P Brown & R Tristham).

iii. **Primary Care Interface Group 05 October 2009** – most of the issues had been covered earlier in this Agenda (see above), but the following had not been:

- **Mental Health Services** - SN and SY commented that the Mental Health Services paper coordinated by Morgannwg LMC had created a stir. The LMC remains concerned about the large population who have so-called Minor Mental Health problems for which there are only very limited services and treatments available. This matter will be taken forward by the ABMU HB Mental Health Services Review Group (see above).
- **Downgrading of Urgent Suspected Cancer Referrals** - The issue of patients being downgraded from the USCR List was considered and WAB was concerned that patients were then placed on the “routine list”. This created uncertainty for the patient and for the referring GP as to when the patient would be seen.
Action: JH to clarify the issue

2. **Primary Care Issues:**

i. **General Issues:**

- **Primary Care Transitional Workstream 16 November 2009** – AS had attended on behalf of the LMC and commented that this would be the least meeting of the Group as the transition had now been made.
- **Local Patient Safety & Quality Arrangements for ABMU HB** – the LMC was invited to nominate one Representative from Neath Port Talbot Locality and Bridgend Locality to sit on an interim group which will “continue with the aim of developing and maintaining an appropriate framework within which quality and safety in Primary, Secondary and Tertiary Care can be ensured. The membership of the Group will include ABMU Health Board Locality Representatives and also Representatives of Local Medical, Dental, Pharmaceutical and Optometric Professional Groups.” Date of next meeting: 3.00 pm Thursday 10 December 2009 at NPT Locality. Nominations were received as follows:
NPT: AS with RBJ as Deputy / Bridgend: NS with SPY as Deputy.

E-mail to Sarah Griffiths, Head of Patient Safety and Quality, NPT Locality

ii. **Swansea Locality:**

- **Prescribing Leads 2010** – dates of these meetings are now available.

iii. **Neath Port Talbot Locality** – None.

iv. **Bridgend Locality** – None.

2. **Secondary Care Issues:**

- i. **Pre-Operative Assessment Group 04 November 2009** – CJ had attended this Group on behalf of the LMC and had circulated a synopsis of the meeting by e-mail to LMC Members. There was concern from the LMC about the Anaesthetists’ wish-list. Also, there was inconsistency at the approach to Pre-Operative Assessment Clinics across the ABMU area. Overall, it was felt that the Bridgend model is good with a generic clinic and easy access to investigations. Overall, this was regarded as Work in Progress and the LMC will be actively involved.

WELSH AMBULANCE SERVICES NHS TRUST

1. **What type of ambulance is needed?** – WAST has produced a leaflet for health professionals (Copy on LMC website).

PUBLIC HEALTH WALES AND IMMUNISATION ISSUES

1. **Notification of Infectious Diseases** – Letter to all doctors working in the Community from Dr Jorg Hoffmann, Consultant of Communicable Disease Control to remind them that it is their duty to report Infectious Diseases. The letter has special emphasis on Suspected Food Poisoning/Food Poisoning (copy of the LMC website). WAB felt that it would be helpful to provide the information in the LMC Newsletter. **LMC Newsletter November 2009**
2. **All Wales Clinical Governance Practice Self Assessment Tool 2010/11: Tuesday 17 November 2009** – Dr A Stevenson from Morgannwg LMC will attend “Workshop 6: To review and amend draft tool”.
3. **Cervical Screening Wales: Programme Development Initiatives** – since the introduction of liquid-based cytology, there is now an opportunity to centralise laboratory services in two laboratories in Wales. Noted.
4. **All Wales Bowel Screening** – CJ raised concerns that GPs were now being contacted for significant details in relation to patients who refuse to be followed up by BSW. This had not been part of the original discussions and it was felt that there should be wider discussion on this before it had been introduced as policy.

Action: CJ to progress with BSW

GPC WALES / GPC UK

1. **Negotiations Report October 2009** – The Negotiating Team discussed a number of items at the GP Forum including
 - Diabetes DES sign-off of the modified DES in the “basket”
 - Swine Flu Vaccination Programme Patient Experience Survey
 - Use of Enhanced Services money by Health Boards to finance Ambulance Booking Services
 - A Palliative Care DES to go into the “basket”
 - Standard operating Procedures for the All Wales Performance Procedures
 - Health Inspectorate Wales and the NSF for Older People – questionnaire to Practices on focusing on Dementia
 - Organ donation.
2. **Patient Experience Surveys: Evidence and Appeals** – letter from Dr David Bailey, Chairman, GPC Wales (circulated to all Practices) advising Practices on:
 - Appeals to Health Boards against PE07 & PE08 results – many of these have been or are being considered.
 - Appeals to WAG against Health Board decisions – WAG is still seeking legal advice as to how to proceed.

BRITISH MEDICAL ASSOCIATION

1. **How will Revalidation affect you?** – CJ reported on the All Wales Meeting 21 October 2009 that had been organised by BMA/Deanery/WAG. The general feeling was that GPs in Wales were used to appraisal and that revalidation would follow on from this. However, Consultants and other doctors in Wales were likely to find it a significant step forward.
2. **BMA Ball 2010: Saturday 06 February 2010 at the Liberty Stadium.** Dr Charlotte Jones has requested that Members place this date in their diary.
3. **BMA Divisional Meeting: 7.00pm Thursday 26 November 2009 (buffet 8.30pm) at the Liberty Stadium:**
 - **GMC Hearings – what happens?** – Dr Sarah Jarvis (GP & Chair of GMC Performance Panels)
 - **Common Medico-legal Pitfalls** – Mrs Anne-Louise Ferguson (Managing Solicitor Welsh Health Legal Services)

Contact Dr Charlotte Jones at docskell@docskell.co.uk to reserve a place (NB: Attendance limited to 40 places).
4. **BMA Pensions Seminar 1800-2000 hrs Tuesday 12 January 2010 at Welsh Institute of Sport** – this has been placed on the LMC Website. Unfortunately, it clashes with the next Full LMC.

GENERAL MEDICAL COUNCIL

1. **Revalidation** – closing date for expression of intent in respect of registration is 16 November 2009 and all GPs should have heard from GMC by now that their choice has been accepted.

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

1. **Ministerial Letters:**
 - None.

2. **Consultation Documents:**

- *None.*

3. **CMO Letters:**

- **Infection Control Model Policies for Wales** – available on www.wales.nhs.uk/WHAIP

KEY ISSUES – For Next LMC Meeting

1. Community Nursing Services.
2. ABMU Health Board Plans for the future.
3. Mental Health Services.
4. Pandemic Flu.

ANY OTHER BUSINESS

- **Dr Phillip Evans Memorial Award 2009** – IM informed the LMC that he has asked the Swansea Vocational Training Scheme for the name of the winner of the Award for 2009 and he will then arrange the presentation.
- **Morgannwg LMC AGM and Dinner 2010** – IM raised the question of a Dinner to follow the AGM and it was accepted this had been particularly successful last year. The LMC Secretariat will progress this.

ITEMS RECEIVED FOR INFORMATION

(BLUE FILE WAS CIRCULATED AT THE MEETING)

MEETINGS

(YELLOW FILE WAS CIRCULATED AT THE MEETING)

DATES FOR DIARIES

- *LMC Secretaries Conference - Thursday 3 November 2009, BMA London*
- *GPC Wales – Thursday 28 January 2010 at the Copthorne Hotel, Cardiff*
- *Welsh Conference of LMCs - Saturday 20 February 2010 – (venue TBC)*
- *GPC Wales – Thursday 22 April 2010 – (venue TBC)*

NEXT LMC MEETINGS

- *LMC Exec – 7.00 pm Tuesday 8 December 2009 (venue TBC).*
- *Full LMC – 7.00 Tuesday 12 January 2010 - The Towers Hotel.*
- *LMC Exec – 7.00 pm Tuesday 9 February 2010 (venue TBC).*