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## MINUTES

### MORGANNWG LOCAL MEDICAL EXECUTIVE COMMITTEE

Briton Ferry Health Centre, Brunel Way, Briton Ferry SA11 2FP

Tuesday 13<sup>th</sup> February 2018

*Items in normal text – for consideration / items in italics for information / \* indicates additional papers*

#### GUESTS AT FUTURE MEETINGS:

- 13<sup>th</sup> March 2018: Ms Tracy Myhill, ABMU CEO has been invited to attend
- 8<sup>th</sup> May 2018: Dr Richard Lewis, National Professional Lead for Primary Care will attend to update members on National issues affecting Primary Care in Wales.

#### GENERAL

1.	<b>Attendance:</b> Drs. I Harris (IH) (Chair), S Hlaing (SH), A Rayani (AR), N Shah (NS), H Wilkes (HW) Mrs M Liddell (ML), Executive Officer, Mrs E Harris, Secretarial Assistant.
2.	<b>Apologies:</b> Dr L El-Sharkawi, Dr J Kletta
3.	<b>Minutes of:</b> <ul style="list-style-type: none"><li>• LMC Executive Committee Meeting on Monday 18<sup>th</sup> December 2017 were ratified by the Committee and signed by the Chairman.</li></ul>
4.	<b>Matters Arising:</b> nil reported
	<b>LMC KEY ISSUES</b>
5.	<b>APPOINTMENT OF LMC VICE CHAIR:</b> IH congratulated SH on her election as Vice Chair with effect from 1 <sup>st</sup> February 2018.
5.1	<b>CONSTITUENCY VACANCIES:</b> Following discussion about the unfilled sessional constituency vacancies the Exec Committee agreed an interim change to include 'First five GPs' (ie GPs within 5

	years of acceptance on the ABMU MPL). The proposed interim arrangements would be included as an agenda item at the full LMC meeting on 13 <sup>th</sup> March 2018.	<b>ACTION ML</b>
<b>6.</b>	<b>GP CLUSTERS</b> (standing item): LMC members had continued to attend cluster meetings and feedback from Cluster leads was very positive. Dates for meetings in 2018/19 had not been confirmed.	<b>ACTION IH</b>
<b>6.1</b>	<b>CLUSTER LEADS &amp; HoPC MEETINGS:</b> IH provided an update from the meeting he had attended on 31 <sup>st</sup> Jan 2018. HD had indicated that HoPC had agreed to 3 year budgets despite WG rejecting the recommendation and maintained this was the case after challenge. IH would clarify. IH would attend the next meeting on 28 <sup>th</sup> March 2018	
<b>6.2</b>	<b>ABMU PACESETTER – NPT HUB:</b> ABMU had advised NPT clusters that slippage monies should be used to fund the NPT hub to avoid being lost in the current financial year.	
<b>6.3</b>	<b>PT4L/PLTS COVER:</b> Cover arrangements across ABMU were not finalised but it was clear that the solution would have to be cluster led.	
<b>7.</b>	<b>SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT:</b> AR would attend panels for two practices and a practice review on 26 <sup>th</sup> Feb 2018.	<b>ALL TO NOTE</b>
<b>7.1</b>	<b>TELEPHONE FIRST MODEL:</b> ABMU had circulated a document to practices about the launch of a Telephone First model. Although the model had been discussed at the PCAF the final document had not been reviewed by the LMC prior to circulation and should not have been ‘badged’ in the letter as being endorsed by the LMC.	
<b>7.2</b>	<b>PC ACCESS &amp; SUSTAINABILITY FORUM:</b> NS attended the PCAF on Thursday 15 <sup>th</sup> Feb 2018 and raised the LMC concerns about the Telephone first document. A revised document was sent to the LMC on 15 <sup>th</sup> Feb 2018 for comment. This included, as requested by the LMC, a clear statement that the model was non-contractual and the ‘standards’ were not enforceable. This was particularly relevant where meeting the ‘standards’ would incur additional costs which were not being met by the Health Board.	
<b>7.3</b>	<b>ABMU ACCESS STANDARDS:</b> The LMC had agreed to work with ABMU on Access standards. The collation of practice workload data would be undertaken by the LMC when current pressures abated.	
<b>8.</b>	<b>FINANCE: (standing item):</b> A summary of expenditure to 31 <sup>st</sup> January 2018 was tabled and reviewed. Expenditure remained within budget.	
<b>8.1</b>	<b>GPDF:</b> AR provided a brief update about the proposed change in the structure of the GPDF Board which would have more LMC involvement and greater transparency in respect of financial issues.	
<b>9.</b>	<b>COMMUNICATION BETWEEN SECONDARY &amp; PRIMARY CARE:</b> Nil reported. The last meeting had been cancelled at very short notice.	

9.1	<b>ARMCW REPORT</b> (Communication standards between Primary and Secondary Care): Dr F Atherton, CMO for Wales had asked MDs to review the report from the Academy of Medical Royal Colleges Wales and also the Cwm Taf HB communication standards with a view to introducing a set of national standards. The Cwm Taf standards were currently being reviewed by AMDs in ABMU.	
10. 10.1 10.1.1	<b>LMC MEETING 9<sup>th</sup> January 2018:</b> The draft minutes had been circulated. <b>MATTERS ARISING:</b> <b>GDPR GUIDANCE:</b> BMA guidance was awaited. ML to chase. <b>BMA subsequently confirmed that guidance would be issued during week commencing 27<sup>th</sup> February 2018.</b>	<b>ACTION ML</b>
11. 11.1 11.1.1 11.1.2 11.1.3 11.1.4 11.1.5 11.1.6 11.1.7	<b>LMC/ABMU LIAISON GROUP MEETING 16<sup>th</sup> January 2018:</b> The draft minutes had been circulated. <b>MATTERS ARISING.</b> <b>11.1.1 MENTAL HEALTH SERVICES NPT:</b> Access arrangements in NPT remained a concern. A meeting scheduled for 14 <sup>th</sup> Feb 2018 had been cancelled and not yet rearranged. Dr Heather Potter had requested a meeting following concerns raised at Bridgend and NPT CG forum but this had not been confirmed. She would be contacted to clarify. IH confirmed that the next step would be to make HIW aware of the ongoing problems. <b>11.1.2 HEART FAILURE SERVICE IN NPT:</b> A response from the PCCU MD was awaited. <b>11.1.3 WARFARIN DES: Practices</b> which had submitted statements of readiness but were unable to participate in the DES because training, software and consumables had not been provided by ABMU had been asked if they wished to appeal against the decision of ABMU not to commence payments from 1 <sup>st</sup> October 2017. Twelve practices had confirmed they would and this was being progressed with support from GPC Wales. <b>11.1.4 DIABETES DES:</b> The LMC was of the view that formal training was not required to undertake the Gateway module although this was implied in the specification and interpreted by Practices that it was. Clarification would be provided to practices in the next Newsletter <b>11.1.5 DOAC LES:</b> Still not agreed and signed off. ABMU had confirmed that a Business case had been submitted to the Investments and benefits group. <b>11.1.6 Draft ABMU PAYMENTS POLICY for GMS:</b> The draft policy stated that claims for backdated payment would only be authorised within the time limits identified within the relevant SFI. Where there was no directed time limit the Health Board would agree to backdate the claim for the current financial year only.  The LMC did not agree with the timescale of one year and believed it should be up to six years to match the period for which NWSSP could reclaim underpayments. Advice would be obtained from GPC Wales and a question raised via BMA Law around the legal basis for implementation. <b>11.1.7 ABMU DATIX Form for Primary Care:</b> A new simplified datix form for use in primary care was being developed.	<b>ACTION ML</b>  <b>ACTION ML</b>  <b>ACTION LMC/GPCW</b>  <b>ACTION IH</b>  <b>ACTION ML</b>

11.1.8	<b>COMMUNITY NURSING SERVICE:</b> Jason Crowl had been appointed as Unit Nursing Director and an urgent meeting would be arranged to discuss on going concerns. HW again voiced serious concerns about the service in NPT.	<b>ACTION ML</b>
<b>OUT OF HOURS/ACUTE GP UNIT/OTHER SERVICE MATTERS:</b>		
12.	<b>ABMU OOH Rota Problems</b> - (Standing item). The LMC continued to have concerns about ABMU OOH cover arrangements and the difficulties in covering shifts, particularly overnight. ABMU had made a request to the LMC to encourage constituents to volunteer for shifts but the Exec team believed this could only be done if they received an assurance that working arrangements were robust. A query would be raised about whether the PCCU Clinical Directors were being asked to undertaking shifts.	<b>ACTION AR</b>
12.1	<b>111/OOH/ED PRESSURES.</b> IH would contact the MD about the proposed on-line escalation process for primary care.	<b>ACTION IH</b>
13.	<b>WEBSITE:</b> JK/ML to take forward	<b>ACTION ML/JK</b>
14.	<b>WAST ISSUES:</b> IH would write to the WAST MD in relation to issues raised by constituents.	<b>ACTION IH</b>
15.	<b>NEWSLETTER:</b> Items for inclusion in the Newsletter should be submitted asap.	<b>ALL TO NOTE</b>
16.	<b>FLU ORDERING 2018-19:</b> Advice regarding orders would be provided in the Newsletter	<b>ACTION IH</b>
17.	<b>LMC ANNUAL CONFERENCES:</b>	
17.1	<b>WELSH LMC CONFERENCE: 20<sup>th</sup> January 2018: Doubletree Hotel, Chester:</b> IH/NS/HW/JD had attended as GPC Wales reps and AR as Medical Secretary. PW/SH/JK/TC/HH attended as MLMC reps. IH advised that MLMC had performed impressively and the majority of motions submitted had been passed.	
17.2	<b>UK LMC CONFERENCE: 9<sup>th</sup> March 2018: BT Convention Centre, Liverpool.</b> The LMC had three places. No further expressions of interest had been received. IH/NS/AR would now attend as MLMC reps.	
17.3	<b>WELSH LMC CONFERENCE: 10<sup>th</sup> November 2018: Vale Resort Hensol.</b> Further details tbc.	
18.	<b>HEALTH BOARD BOUNDARY CHANGE:</b> A paper prepared by IH detailing six options which would realign representation with the proposed boundary change had been circulated and was discussed.	

	<p>Exec Team members were asked to review further and complete a score sheet in respect of viability/cost/effectiveness. A meeting with Bro Taf LMC had been arranged for 27<sup>th</sup> February 2018 to discuss the preferred way forward for each LMC.</p>	<b>ALL TO NOTE</b>
<b>NEXT LMC MEETINGS</b>		
19.	<ul style="list-style-type: none"> <li>• <b>Full LMC Meeting – Tuesday 13<sup>th</sup> March 2018 - The Mercure Hotel, Swansea</b></li> <li>• <b>AGM(s) – Tuesday 10<sup>th</sup> April 2018 – The Great House Hotel Bridgend.</b></li> <li>• <b>LMC Executive Committee – April 2018 - tbc</b></li> </ul>	