

<b>MINUTES</b>	
<b>MORGANNWG LOCAL MEDICAL COMMITTEE</b>	
<b>The Mercure Hotel, Phoenix Way, Swansea SA7 9EG</b>	
<b>TUESDAY 11<sup>th</sup> September 2018</b>	
<b>GUESTS AT FUTURE MEETINGS:</b>	
<ul style="list-style-type: none"><li>• 13<sup>th</sup> November 2018: Dr Brendan Lloyd, MD of WAST will attend</li></ul>	
<b>GUESTS:</b>	
<p>Jayne Howard, CPW Associate Director attended with CPW Board member Dai Williams and Nicky Watts, Independent Pharmacy Contractor representative on the CPW/ABMUHB Pharmacy Liaison Group.</p> <p>Jayne provided a summary of the work of CPW (Community Pharmacy Wales) which is the representative organisations for all community pharmacies in Wales including the large multiples and smaller independent ones. She gave an overview of the tiered arrangement of services covered in the Community Pharmacy Contractual Framework. A Collaborative working element has been added to the framework, the intention of which is to encourage community pharmacy contractors in Wales to improve working relationships with GPs and other healthcare professionals and, to encourage community pharmacy contractors to engage with primary care clusters.</p> <p>A memorandum of understanding (circulated) had been developed for 2017/18 between GPC Wales and CPW to encourage collaborative working designed to improve the uptake of qualifying patients accessing existing NHS Flu Vaccination services. This had been extended to 2018/19. Also discussed under the umbrella of collaborative working was the common ailments service and feedback from LMC members was positive. Dai and Nicky said that it could result in a significant increase in workload and sometimes meant employing additional staff.</p> <p>The management of drug shortages was discussed and a copy of a briefing document developed to support primary care practitioners in Cwm Taf UHB area was available. Ian Harris agreed that the LMC would review this and help with developing something similar for GPs in ABMU. Members commented on the frustration felt when pharmacists did not suggest alternative medications when drug shortages occurred.</p> <p>Ashok asked about the development of transferring prescriptions electronically and was informed that although on the NWIS agenda it was unlikely to happen soon. Dai believed that pushing for electronic signatures to be accepted was a more realistic option.</p> <p>Ian thanked Jayne, Dai and Nicky for attending and agreed that the LMC would get back in touch about ways of developing a document about managing drug shortages. An invitation would be extended to CPW to attend next year.</p>	
<b>GENERAL</b>	
<b>1.</b>	<b>ATTENDANCE:</b> <b>LMC MEMBERS:</b> Drs P Evans, I Harris (IH) (Chair), S Hlaing (SH), J Kletta (JK), A Rayani (AR),

	<p>M Rickards (MR), N Shah (NS), R Thomas (RT), K Wallis (KW), J Williams (JW), P Williams (PW)  <b>LMC Secretariat:</b> M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH).  <b>DPLMC:</b> Dr P Horvarth-Howard  <b>ABMU/PCCU:</b> Dr S Husbands (SH), Dr A Mehta (AM), Mrs S Miller (SM),  <b>PRACTICE MANAGERS:</b> M Haynes (MH), S Kiley (SKi)  <b>REGISTRARS:</b> Dr B Roberts (BR), Dr C Williams (CW)  <b>Observers:</b> Ms S Evans (work experience)</p> <p><b>INTRODUCTION / WELCOME:</b>  IH introduced and welcomed Sharon Miller (Head of Primary Care Swansea) and Dr Anjula Mehta. Anjula provided a summary of recent changes in the ABMU Management structure. Richard Evans would take up post as MD on 5<sup>th</sup> November 2018. Push Mangat would leave the Health Board on 24<sup>th</sup> September 2018 and Alastair Roeves would become Interim Executive MD until Richard Evans' appointment following which he would be interim deputy MD (one of three) until March 2019. This would be a half-time role with the other half as AMD/UMD of the PCCU. Anjula would now act as Deputy UMD (half time) while retaining her half time clinical director role for sustainability. IH congratulated Anjula on behalf of the LMC believing that having a Primary Care voice at Executive level was very positive and welcome.</p> <p>Sophie Evans, currently on work experience in a Bridgend practice was welcomed as an observer. She hoped to enter medical school in the near future.</p>	
2	<p><b>APOLOGIES:</b> Drs T Cufflin, J Donagh, P Evans, H Hunt, C Jones, R Jones, S Karkupiah, P Ramkumar, E Rees, A Stevenson, H Wilkes,  <b>Dyfed Powys LMC:</b> Dr L Williams  <b>Practice Managers:</b> Ms C Boland  <b>ABMU:</b> Mr J Crowl, Dr H Dover, Dr H Kemp, Dr A Roeves</p>	
3.	<p><b>MINUTES:</b></p> <ul style="list-style-type: none"> <li>• <b>Full LMC Tuesday 10<sup>th</sup> July 2018</b> – the Minutes were approved and signed by the Chairman</li> </ul>	
4.	<p><b>MATTERS ARISING:</b></p>	
4.1	<p><b>MOTIONS FOR WELSH LMC CONFERENCE:</b> Members discussed and suggested motions for submission to the agenda committee. These would be written up by IH.</p>	<b>ACTION IH</b>
5.	<p><b>LMC STRUCTURE:</b> Akter Hussain had resigned wef 29<sup>th</sup> August 2018 due to work commitments. The LMC had written to thank him for his contribution over several years. There were now five vacancies in the sessional/first 5 constituency and Bridgend and Swansea constituencies each had one vacancy. AR suggested that campaign be run to recruit new members.</p>	<b>ACTION AR</b>
5.1.	<p><b>VTS Representation:</b> A nomination from the Swansea VTS was required and the course organisers would be contacted. AR's talk to the NPT trainees about the role of the LMC had been well received. It was agreed that, in the absence of a Swansea VTS representative, it would be acceptable to have a second representative from the NPT VTS.</p>	<b>ACTION ML</b>
6.	<p><b>SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT.</b> No panels were planned for September 2018. The sustainability matrix had been recirculated to practices for completion. SM confirmed plans for a 5<sup>th</sup> practice merger in October 2018. Although difficult to progress positive reports were being received from merged practices with improved recruitment occurring in some cases. Case studies would be written up to provide information for practices which could possibly benefit from merging.</p>	

<p>7.</p> <p>7.1</p> <p>7.2</p>	<p><b>GP CLUSTERS:</b> (standing item): Cluster Governance guidelines were still being worked on. There was a view from LMC members who attended cluster meetings that cluster budgets were being eroded to provide services which should be provided by the Health Board with an example being the covering of maternity pay costs. SM said that the HB was now recognising that SLA's should be developed to cover all the HR and other issues which could arise around the commissioning of services. She would pick up the issues raised and discuss with the cluster development managers. The Head of Procurement would also be asked to attend the Liaison Group meeting.</p> <p><b>CLUSTER LEADS &amp; HEADS OF PRIMARY CARE MEETING:</b> IH had attended the meeting on 25<sup>th</sup> July 2018 and was encouraged by the engagement of the ABMU senior management team. He would attend the next meeting on 26<sup>th</sup> September 2018</p> <p><b>PT4L COVER NPT:</b> IH confirmed again that clinical cover should ideally be cluster organised in order to ensure sustainability of the sessions and control over content and urged the clusters to find a solution themselves using templates developed in Swansea and Bridgend.</p>	<p><b>ACTION SM</b></p> <p><b>ALL TO NOTE</b></p>
<p>8.</p> <p>8.1</p>	<p><b>LMC /ABMU LIAISON GROUP : 17<sup>th</sup> July 2018:</b> The Draft Minutes had been circulated for information. IH summarised the issues discussed and noted the following points raised by members</p> <p><b>MATTERS ARISING:</b></p> <ul style="list-style-type: none"> <li>• A referral form for CRT in NPT was in use and had not been agreed by the LMC. PW would forward a copy and it would be discussed at the Liaison meeting on 18<sup>th</sup> September 2018. IH confirmed that any form which had not been agreed by the LMC should be forwarded for action.</li> <li>• Practices were being asked by Dermatology consultants to forward photographic images without having the required equipment. A business case for web cams was being prepared. SM would provide a position statement at the Liaison group meeting.</li> </ul>	<p><b>ACTION PW</b></p> <p><b>ACTION SM</b></p>
<p>9.</p> <p>9.1</p>	<p><b>LMC EXECUTIVE COMMITTEE: Tuesday 14<sup>th</sup> August 2018:</b> The draft minutes had been circulated for information.</p> <p><b>MATTERS ARISING: None</b></p>	
<p>10.</p> <p>10.1</p>	<p><b>ABMU 111/ OOH SERVICE</b> –(standing item). No update provided</p> <p><b>TAXATION CHANGES from 1<sup>st</sup> NOVEMBER 2017:</b> This would remain as an agenda item while work was ongoing</p>	
<p>11.</p>	<p><b>DYFED POWYS LMC:</b> PH-H provided an update on:</p> <p><b>OOH Service:</b> The full implications of the contract awarded to Shropdoc were still not clear and complicated by the introduction of the 111 service in early October 2018.</p> <p><b>Coroner:</b> PH-H, IH and the chair of BroTaf LMC had met with the coroner to discuss his direction to GPs to email reports rather than make contact by telephone which had previously worked well. There was little flexibility around this. His aim was to reduce post mortems and his view was that if a GP needs to speak to the coroner then he classed it as a referral. The making of a referral reduced the pressure of the 5 day requirement to complete a death certificate. This process would change with the introduction of independent medical examiners in April 2019.</p>	
<p>12.</p>	<p><b>ISSUES RAISED BY PRACTICE MANAGERS:</b> (standing item) An updated schedule of issues / queries raised by Practices between April – August 2018 had been circulated.</p>	

12.1	<b>CRYOTHERAPY SERVICE:</b> SK asked if practices could stop providing cryotherapy. IH advised that it was possible to stop but would result in a 2% reduction in the global sum.	
12.2	<b>PGD's for FLU VACCINATIONS:</b> MH asked when the signed PGDs for flu vaccinations would be available. SH confirmed that she had signed and they would be available soon. They were quite broad and GPs would need to communicate effectively in each practice as to how they managed the patients. The impact of delays in the supply of vaccinations for over 65's would only be clear at the end of the flu season.	
12.3	<b>ACCESS TO DIABETIC SERVICES IN NPT:</b> Difficulties in accessing services and making referrals were highlighted. IH asked for details to be forwarded to the LMC for action to be taken.	<b>ALL TO NOTE</b>
13.	<b>ISSUES RAISED BY CONSTITUENTS:</b> ( <i>standing item</i> ).	
13.1	<b>IMMUNISATION OF HOME-SCHOOLED CHILDREN:</b> There was no local mechanism to identify home-schooled children if parents did not inform GPs and it was clear that a joined-up collaborative approach was required. This would form the basis for a motion to be raised at the Welsh LMC Conference. It would be raised at the Liaison group.	<b>ACTION ML</b>
14.	<b>ISSUES RAISED BY CO-OPTED MEMBERS:</b> ( <i>standing item</i> ). None	
15.	<b>ABMU ISSUES:</b>	
15.1	<b>MENTAL HEALTH SERVICES NPT:</b> The LMC had tried and failed to engage with Senior managers of the Mental Health Services in NPT about the difficulties in accessing secondary care services. The next step would be to refer to HIW. SM would contact the service director as a matter of urgency.	<b>ACTION SM</b>
15.2	<b>REALIGNMENT OF HEALTH BOARD BOUNDARIES:</b> Bridgend GMS contracts would TUPE across to Cwm Taf on 1 <sup>st</sup> April 2019. Morgannwg and BroTaf LMCs were attending each others Liaison meetings.	
15.3	<b>PRIMARY CARE USC BIDS:</b> This would be on the agenda of the next Cluster leads and HoPC meeting. SM would provide an update for the Liaison Group meeting on 18 <sup>th</sup> September 2018.	<b>ACTION SM</b>
15.4	<b>TRANSFORMATION FUND:</b> HD had confirmed that she was seeking further clarity on this. She had received a copy of the Western Bay Transformation proposal in draft form and was responding to the Western Bay Programme Director with a number of points. One of the points was that there was a need to engage with primary care. HD welcomed LMC willingness to be involved.	
15.5	<b>DATIX FOR PRIMARY CARE:</b> Feedback data not yet available but IH encouraged members to keep completing.	
16.	<b>GPC WALES</b> ( <i>standing item</i> )	
16.1	<b>MATERNITY LEAVE – LOCUM PAYMENTS:</b> The BMA legal challenge was ongoing – no further update	
16.2	<b>GDPR:</b> The proposal for NWIS to provide a DPO service for practices in Wales had been welcomed by most ABMU practices. The method of collecting payments from practices needed to be agreed and a legal view was required around the implications for LMCs if involved. ML would contact the LMC accountant to determine the financial implications for the LMC accounts.	<b>ACTION ML</b>

<b>16.3</b>	<b>WARFARIN DES:</b> SM apologised for the delay in settling claims from practices who had been out of pocket following the delay in the introduction of the Warfarin DES. Payments had been agreed for two practices.	
<b>16.4</b>	<b>INDEMNITY SCHEME:</b> AR had met with the MDU to discuss transitional arrangements. Advice from the LMC remained unchanged from that circulated from GPC Wales	
<b>17.</b>	<b>PUBLIC HEALTH WALES:</b>	
<b>17.1</b>	<b>WHC 2018 036; Flu Vaccination for residential care and nursing home staff in 2018-19.</b> Although funding had been extended by WG to cover staff in residential care homes primarily through community pharmacies, GPs could still vaccinate.	
<b>18</b>	<b>DVLA – Renewal or reinstatement of Driving Licences:</b> The DVLA were telling patients to see their GP to ask if they thought they would be fit to renew their licence. This was instead of the DVLA writing to ask for a report from the GP. IH described this as an abuse of GMS and had written to the DVLA. This was not contractual and would incur a fee. GPC Wales would also take up.	
<b>19.</b>	<b>SWANSEA SESSIONAL GP GROUP:</b> No update available	
<b>20.</b>	<b>LMC ANNUAL CONFERENCES:</b>	
<b>20.1</b>	<b>WELSH LMC CONFERENCE: 10<sup>th</sup> November 2018: Vale Resort Hensol:</b> Members were asked to contact the LMC office if they wished to attend the conference.	
<b>20.2</b>	<b>MEDICAL SECRETARIES CONFERENCE: 14<sup>th</sup> December 2018: BMA House London.</b> AR/ML would attend	
<b>20.3</b>	<b>UK LMC CONFERENCE: 19<sup>th</sup> (pm) &amp; 20<sup>th</sup> March 2019: Belfast.SH &amp; NS would attend as MLC reps and AR as a GDPF rep.</b> A motion around the DVLA issue would be written	<b>ACTION IH</b>
<b>21.</b>	<b>WELSH MEDICAL PERFORMERS LIST – (ABMU):</b> The list of changes April-August 2018 had been circulated to LMC GP Members.	
<b>22.</b>	<b>NEXT LMC MEETINGS</b> <ul style="list-style-type: none"> <li>• <b>LMC Executive Committee 9<sup>th</sup> October 2018 – Pontardawe Primary Care Centre</b></li> <li>• <b>LMC Full Meeting 13<sup>th</sup> November 2018 – The Mercure Hotel Swansea</b></li> </ul>	

