

<b>MINUTES</b>	
<b>MORGANNWG LOCAL MEDICAL COMMITTEE</b>	
<b>The Mercure Hotel, Phoenix Way, Swansea SA7 9EG</b>	
<b>TUESDAY 8<sup>th</sup> January 2019</b>	
<b>GUESTS AT FUTURE MEETINGS:</b>	
<ul style="list-style-type: none"><li>• 12<sup>th</sup> March 2019: Dr Richard Evans, ABMU Medical Director would attend to discuss issues around General Practice.</li><li>• 14<sup>th</sup> May 2019: Speaker to be confirmed</li></ul>	
<b>GUESTS:</b>	
<p>Ms Jo Abbott-Davies, ABMU Assistant Director of Strategy and Partnerships and Dr Isobel Davey, Clinical Lead, ABMU CAMHS, CWM Taf UHB attended to update members on the current situation with CAMHS. Jo's presentation covered. (slides attached)</p>	
<ul style="list-style-type: none"><li>• Background to the service</li><li>• Performance against WG targets for both Primary and Secondary CAMHS and patients with Neurodevelopment Disorders (NDD)</li><li>• Progress made to date</li><li>• Challenges and Barriers</li><li>• Future plans</li></ul>	
<p>In response to the examples of concerns from GPs / Practices which mainly related to referrals returned as 'not meeting the criteria for specialist CAMHS' Dr Davey's presentation centred around the role of both Primary and Secondary CAMHS including;</p>	
<ul style="list-style-type: none"><li>• What they do</li><li>• Who they see</li><li>• Where they are</li><li>• How to contact them</li><li>• Who to refer</li><li>• Who can refer</li></ul>	
<p>Also presented was a 'CAMHS Quick Reference Guide' for each of the three ABMU areas. This would be circulated to all practices as an aide memoire for referrals. Approximately 50% of referrals made to secondary CAMHS were currently rejected and returned to practices. Dr Davey agreed that the 'bouncing' of referrals back to the practice was not acceptable and a review of response letters was</p>	

being undertaken to enable more individualised responses to be provided which would help signpost patients to a more appropriate service whilst work is done on introducing a single point of access which would automatically signpost patients following referral.

The discussion which followed the presentations highlighted issues of concern but it was clear that members believe the primary care advice line to be totally inadequate and a single point of access was essential. Issues discussed included;

- The difficulty of elucidating the correct information from patients / parents in a 10 minute consultation
- A disconnect between the crisis team and secondary CAMHS
- Problems when taking over care of patients coming from out of area
- Problems with patients approaching 18<sup>th</sup> birthday
- Eating disorder pathway – delays in picking up at an early stage
- Requests to prescribe medication for which there is no shared care agreement

Jo asked members to contact either herself or Dr Davey directly if there were concerns or queries to ensure that these were addressed as quickly as possible.

[Joanne.Abbott-Davies@wales.nhs.uk](mailto:Joanne.Abbott-Davies@wales.nhs.uk)

[Isobel.m.davey@wales.nhs.uk](mailto:Isobel.m.davey@wales.nhs.uk)

ALL TO NOTE

Craige Wilson confirmed that an All Wales review was ongoing at present with similar issues existing across Wales and a SPA being key to improving the services.

IH thanked Jo and Izzy for attending and said that patients who do get seen receive a good service. He confirmed that the LMC would circulate the referral criteria to practices but the SPA was essential to move forward and ensure patients were correctly referred and GPs were not left in limbo.

## 1. GENERAL

(i) **ATTENDANCE:**  
**LMC MEMBERS:** Drs P Cox (PC), T Cufflin (TC), H Dean (HD), J Donagh (JD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), H Hunt (HH), C Jones (CJ); R Jones (RJ), S Karupiah (SH), J Kerrigan (JK), P Ramkumar (PR), A Rayani (AR), E Rees (ER); M Rickards (MR), N Shah (NS), R Thomas (RT), H Wilkes (HW), P Williams (PW).  
**LMC Secretariat:** M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH).  
**ABMU/PCCU:** S Bassett (SB); J Crowl (JC), S Page (SP), A Rooves (ARo)  
**PRACTICE MANAGERS:** C Boland (CB), M Haynes (MH), S Kiley (SKi)  
**REGISTRARS:** Dr B Roberts (BR) (Bridgend), Dr R Spacie (RS) ( Swansea)  
**Observers:** Sarah Bradley (Cwm Taf UHB), Craige Wilson (Cwm Taf UHB), Karin Phillips (WG), Andrew Havers (WG)  
  
**INTRODUCTION / WELCOME:**  
 Dr Helen Dean, nominated as a sessional GP Representative was welcomed to her first LMC meeting.  
 A warm welcome was also extended to Sarah Bradley and Craige Wilson from Cwm Taf UHB and Karin Phillips and Andrew Havers from Welsh Government.

**APOLOGIES:** Drs K Mellin, K Wallis, C Williams  
**Dyfed Powys LMC:** Dr P Horvath-Howard, Dr L Williams  
**ABMU:** H Dover; R Evans, Dr S Husbands,

	<b>Resignations:</b> Resignations had been tendered by Drs Jan Kletta and Jack Williams. IH thanked both for their contributions to the LMC and to Jan for his valuable input and involvement as an Executive Committee member. Constituency vacancies now included two in Bridgend, one in Swansea and three sessional/first five.	
(ii)	<b>DECLARATIONS OF INTEREST:</b> none received	
(iii)	<b>MINUTES:</b> <ul style="list-style-type: none"> <li>• <b>Full LMC Tuesday 20<sup>th</sup> November 2018</b> – the Minutes were approved and signed by the Chairman</li> </ul>	
(iv)	<b>MATTERS ARISING: .</b> <b>Oxygen Cylinders (13.5):</b> Discussed at Liaison meeting on 20 <sup>th</sup> November 2018. A mapping exercise would be undertaken by ABMU to determine a baseline figure of Oxygen held in practices.	
<b>2.</b>	<b>GMS &amp; PRIMARY CARE ISSUES</b>	
(i)	<b>Sustainability Programme /Practice Support team:</b> (standing item) ARo confirmed that every practice had now completed the sustainability framework. The number of 'red' practices had reduced to three and there were nine amber. Twenty two practices had been supported in some respect including four practice mergers and two dispersals. ARO commented that the role of the LMC in supporting sustainability panels had been crucial.	
(ii)	<b>GP Clusters:</b> LMC members continued to feel that clusters were stagnating and this was mainly due to the lack of recurring funds to enable the permanent employment of staff. It appeared to them that schemes would need to have the input of transformational funding to succeed. ARO confirmed that the reason why cluster projects haven't been picked up was because of the need for tight controls on funding but added that there would be a control shift and transfer of funding which would take 3-5 years while transformation funds were used to test the service. IH commented that the 3-5 year timescale was very concerning.	
(iii)	<b>Cluster Leads &amp; Heads of Primary Care Meeting 28<sup>th</sup> November 2018:</b> Attended by AR. Procurement issues had been discussed. Dr Richard Evans ABMU CEO would attend the next meeting on 30 <sup>th</sup> January 2019 and NS would attend on behalf of the LMC.	
(iv)	<b>LMC/ABMU Liaison Group 20<sup>th</sup> November 2018:</b> The Minutes had been circulated for information. IH summarised some of the issues discussed. He confirmed that an action log had been prepared to highlight progress on targeted actions. CB advised that the Afan Cluster practices had been informed that the District Nurses would withdraw from providing services for diabetic patients. She would send details to JC (UND). RJ highlighted a change in the pregnancy advisory referral service which had not been agreed and would be raised at Liaison.	<b>ACTION CB</b>
(v)	<b>Issues raised by Constituents /Practice Managers</b> (standing item): The updated schedule of queries raised had been circulated. No further new issues were raised.	
(vi)	<b>111/ OOH Service:</b> SB provided positive feedback about the service over the Christmas / NY period and thanked those present who had covered shifts. He confirmed that there had been no site closures and current staffing levels were good. A GP would be based in the Eds in Morriston and POW at times of peak demand until the end of March 19. A recent WG peer review had been broadly positive. Members requested clarification about; <ul style="list-style-type: none"> <li>• <b>The training requirements for members of the MDT:</b> SB would pull something together</li> </ul>	<b>ACTION SB</b>

	<ul style="list-style-type: none"> <li>• <b>Abnormal blood results received OOH (requested in hours):</b> ARO/LMC/GPCW would take forward</li> <li>• <b>INR anticoagulant dosing OOH:</b> ARO would take forward</li> <li>• <b>111 calls received during in-hours but passed during ooh periods:</b> SB would review</li> <li>• <b>Why trained nursing staff in care homes cannot confirm deaths:</b> Being progressed by ABMU and extended from community nurses to care home staff</li> </ul>	<p><b>ACTION ARO/LMC/GPCW</b></p> <p><b>ACTION ARO</b></p> <p><b>ACTION SB</b></p>
(vii)	<p><b>Realignment of Health Board Boundaries:</b> Contract variations for Bridgend practices would be completed once the new name of Cwm Taf HB was confirmed. A meet and greet event for primary care staff would be arranged. Patient flow would remain unchanged and where referrals were made into NPT this would continue under an SLA. It was accepted there may be some creep and a natural shift in flow may occur but 12 months was required to make planned changes. SSP payments would continue to be made to Bridgend practices on a monthly basis.</p> <p>No progress had been made with an all Wales MPL and GPs would remain on the list of the area in which most work was undertaken.</p>	
(viii)	<p><b>Primary Care Unscheduled Care Bids:</b> ARO thanked members for feedback. Some schemes were being supported through winter pressures money. Ideas put forward were being included in the Health Boards' Integrated Medium Term Plan (IMTP) and the support of the LMC to bring schemes into mainstream funding would be important. The first submission would be the end of January 19. JC would come back to the LMC in May 19 to discuss where the bids were sitting in the IMTP.</p>	<p><b>ACTION JC</b></p>
<b>3.</b>	<b>PRIMARY /SECONDARY CARE INTERFACE ISSUES</b>	
(i)	<p><b>Communication between Secondary and Primary Care:</b> IH stressed the importance of completing Diet datix to enable a correlation between clinical incidents and departments breaching the standards.</p> <p><b>Escalation Tool for Primary Care:</b> ARo gave a short presentation of the OPEL (Operational Pressures Escalation Levels) Tool which is nationally recognised and used every day to provide escalation levels and risk scores to WG for secondary care. It was important that the voice of primary care was heard and speaking in the same language as secondary care and ARO asked that GPs try out the dummy model and provide feedback. It was agreed that an assurance should be given that the information provided would not be used for performance management and ARO agreed that a message would be included to this effect.</p> <p>There was both positive and negative feedback from members. IH encouraged members to try it as it was the only way evidence about the situation in primary care could be captured.</p> <p><a href="http://7a3b7svmdatixlv.cymru.nhs.uk/datix/live/index.php?form_id=19&amp;module=INC">http://7a3b7svmdatixlv.cymru.nhs.uk/datix/live/index.php?form_id=19&amp;module=INC</a></p>	<p><b>ALL TO NOTE</b></p>
(ii)	<p><b>Issues raised by Co-opted members:</b> None raised</p>	
<b>4.</b>	<b>CONTRACTUAL ISSUES</b>	
(i)	<p><b>Enhanced Services:</b></p> <p><b>DOAC LES:</b> A variation to the LES which would allow the monitoring of patients by telephone had been agreed in principle.</p>	

	<p>AH advised that WG regularly undertook a review of Enhanced Services and stated that it was difficult to justify differences in the way they operated in different areas of Wales. IH confirmed the LMC's preference that they should be national rather than local where possible.</p>	
(ii)	<p><b>Maternity Leave:</b> No update reported</p>	
(iii)	<p><b>Indemnity Scheme:</b> CJ confirmed that the future liabilities scheme would go live on 1<sup>st</sup> April 2019. Negotiations around funding had not yet started.</p>	
<b>5.</b>	<p><b>OTHER</b></p>	
(i)	<p><b>WAST:</b> CJ advised that a letter was being sent to Health Boards from GPC Wales highlighting concerns about delays in transferring patients from Ambulances at ED and asking why the Cwm Taf HB off-loading policy could not be implemented. IH advised that he had drafted a letter on behalf of the LMC to the Minister of Health and Social Services about this issue in relation to ABMU.</p>	
(ii)	<p><b>NWIS: DPO Role:</b> CJ advised that around two thirds of practices in Wales had so far signed up to the scheme.</p>	
(iii)	<p><b>PHW: Flu Vaccines for 2019-20:</b> IH advised that GPs / Practices should decide themselves what to do about ordering vaccines for 2019-20. The LMC was aware of the concerns around the community pharmacy SLA and the effect on vaccination rates.</p> <p>ARo confirmed that the vaccination uptake for the over 65s in ABMU remained at the same level as last year but the under 65s uptake had fallen. ABMU was 4<sup>th</sup> highest in Wales in respect of both.</p>	
(iv)	<p><b>NWSSP:</b> The list of MPL changes for Apr-Dec 18 had been circulated to elected member</p>	
(v)	<p><b>Pension Contributions:</b> Members were concerned about the impact of the proposed increase in NI Employers Contributions to 20.6%. Clarification about the reimbursement of the increased expense was awaited.</p>	
(vi)	<p><b>Swansea Sessional GP Group:</b> PK asked if Locums working in a managed practice should sign Med3 forms or prescriptions for patients based on triage consultations conducted elsewhere. IH confirmed LMC advice that each doctor needed to assure themselves that any document they signed was clinically warranted and safe and that they should refuse to sign unless comfortable that was the case. If not, then they would be correct to decline to sign the script or form.</p>	
<b>6</b>	<p><b>NEXT LMC MEETINGS</b></p> <ul style="list-style-type: none"> <li>• LMC Executive Committee Tuesday 12<sup>th</sup> February 2019 – Venue tbc</li> <li>• LMC Full Meeting Tuesday 12<sup>th</sup> March 2019 – The Mercure Hotel Swansea</li> </ul>	

