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<b>MINUTES</b>	
<b>MORGANNWG LOCAL MEDICAL COMMITTEE</b>	
<b>The Mercure Hotel, Phoenix Way, Swansea SA7 9EG</b>	
<b>TUESDAY 14<sup>th</sup> November 2017</b>	
<b>GUESTS AT FUTURE MEETINGS:</b> <ul style="list-style-type: none"><li>• 09<sup>th</sup> January 2018 : Mrs Jo Abbott Davies, ABMU Assistant Director of Strategy &amp; Partnership will update members on the proposal to develop a major trauma network for South Wales</li><li>• 13<sup>th</sup> March 2018: Speaker to be confirmed</li></ul>	
<b>GUESTS:</b> <p>Alexandra (Alex) Howells ABMU Interim CEO, Hamish Laing ABMU Executive MD and Lynne Hamilton, Director of Finance attended. Alex provided an update briefing in respect of:</p> <ul style="list-style-type: none"><li>• Health Board Boundary changes</li><li>• Recovery and sustainability programme</li><li>• Implications for primary care</li></ul> <p>Alex's slide presentation (copy attached) gave a clear picture of the Health Board's current financial situation and described the Health Board's phased Action plans to support the recovery and sustainability programme.</p> <p>The Welsh Government three month consultation around the proposal to adjust the Cwm Taf boundary to include Bridgend would commence in December 2017 with an anticipated timescale for change being April 2019. IH commented that the proposed changes would impact on the LMC and GPC Wales was beginning to work on how representation would change.</p> <p>Clusters were discussed with some GPs believing that a lack of flexibility was preventing progress. Alex confirmed that clusters needed to respond to local health needs balanced with strategic plans. Consistency in models across the clusters was required. Evaluation of plans had to be robust to ensure that resources could be moved at scale. ARo confirmed that a new contract pathways group had been established in recognition of the need to work differently. IH commented that if work was moved out of secondary care money had to follow. Lynne stated that a clear pipeline of policy service changes was needed with an understanding of the finance required in the budget plans for the next 2-3 years. Alex recognised the need for clusters to be involved in the planning process and would look at what opportunities there were and how the system could be unlocked .</p>	

<p>IH confirmed the LMC's desire to work with ABMU and extend the role of Primary Care with the caveat that not all change could be cost neutral. He quoted the Wound Care LES as an example with the cost of running the service now being greater than it would have been had the original resource request been agreed. He hoped that lessons had been learned as services, if not properly funded would travel back to secondary care. A vote of thanks was proposed by IH.</p>		
<p><b>GENERAL</b></p>		
1.	<p><b>ATTENDANCE:</b>  <b>LMC MEMBERS:</b> Drs T Cufflin (TC), C Danino (CD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), A Hussain (AH), J Kletta (JK), K Mellin (KM), A Rayani (AR), E Rees (ER), M Rickards (MR), N Shah (NS), A Stevenson (AS), H Wilkes (HW), J Williams (JW), P Williams (PW).  <b>LMC Secretariat:</b> M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH).  <b>DPLMC:</b> Dr L Williams (LM)  <b>ABMU/PCCU:</b> Mrs H Dover (HD), Dr S Bassett (SB), Dr H Potter (HP), A Roeves (ARo)  <b>PRACTICE MANAGERS:</b> C Boland (CB), S Kiley (SKi),  <b>REGISTRARS:</b> Drs H Hunt (HH), Dr L Kerrigan (LK).  <b>OBSERVERS</b> Dr B Chisholme (BC), Dr M Jones (NPT VTS), Dr Rhydian Jones (RJ), Dr B Roberts (Bridgend VTS), Dr K Wallis (KW)</p>	
2.	<p><b>APOLOGIES:</b> Drs J Donagh, L El-Sharkawi, S Karupiah, C Jones, R Thomas, R Lewis, J Bryant  <b>Dyfed Powys LMC:</b> Dr P Horvath-Howard  <b>PHW:</b> PHW representatives would attend meetings when public health issues were on the agenda and would continue to liaise with primary care mainly through clusters.</p>	
3.	<p><b>MINUTES:</b></p> <ul style="list-style-type: none"> <li>• <b>Full LMC Tuesday 12<sup>th</sup> September 2017</b> – the Minutes were approved and signed by the Chairman</li> </ul>	
4.	<p><b>MATTERS ARISING:</b></p> <p><b>4.1 VITAMIN D REQUEST FORMS (10.1):</b> Primary care specific flow charts (algorithms) for Vitamin D testing had been finalised and would be circulated to practices along with anonymised practice data on Vitamin D requesting, The first educational bespoke package would be delivered at the Bridgend PT4L session on 28<sup>th</sup> November 2017. The 'green' laboratory medicine forms would be re-audited early in 2018 with a view to dropping the requirement for the special vitamin D request form.</p> <p><b>4.2 ADMIN RIGHTS – SURGERY PCs:</b> GPC Wales was taking this issue forward via the GMS IM&amp;T Board</p>	<p><b>ACTION AR</b></p>
5.	<p><b>LMC STRUCTURE:</b> Dr Charlie Danino was retiring from Primary Care at the end of the year. IH, on behalf of the LMC, thanked Charlie for his valuable contribution over many years and proposed a vote of thanks.</p> <p>Dr Kristy Mellin was welcomed to the meeting having been nominated as a representative in the NPT constituency.</p> <p>Dr M Javid had resigned from the LMC on 13<sup>th</sup> November 2017. IH thanked him, in his absence, for his contribution to the LMC.</p>	



<p>8.6</p> <p>8.7</p>	<p><b>DOAC LES:</b> Urgent discussions with ABMU were under way and an update would be provided as soon as possible.</p> <p><b>DIABETES NES:</b> ABMU had formally agreed to commission the Gateway module only. Clarification of the claiming process was required.</p>	<p><b>ACTION ABMU</b></p>
<p>9.</p>	<p><b>LMC EXECUTIVE COMMITTEE: 10<sup>th</sup> October 2017:</b> The Draft minutes had been circulated for information.</p>	
<p>10.</p>	<p><b>LMC NEWSLETTER OCTOBER 2017:</b> The Newsletter had been circulated on 2<sup>nd</sup> November 2017.</p>	
<p>11.</p> <p>11.1</p> <p>11.2</p> <p>11.3</p>	<p><b>ABMU 111/ OOH SERVICE –(standing item).</b> The LMC had formally raised concerns about the lack of GP cover overnight. SB advised that NHSDW had always had access to a GP. He added that although the staffing situation for weekday evenings and weekend days was stable the situation in respect of overnights was grave and the only way to progress this would involve a change of model with greater use of community nurses and paramedics with the GP taking on the enhanced role of expert generalist GP.</p> <p><b>OVERNIGHT CLOSURE OF PCC IN NEATH:</b> Increasingly no GPs were making themselves available to work overnight.</p> <p><b>REVIEWING SPNs (Special Patients notes):</b> SB confirmed that SPNs should be reviewed and updated or removed by practices. Further discussion involving the LMC was required to support this.</p> <p><b>TAXATION CHANGES from 1<sup>st</sup> NOVEMBER 2017:</b> SB confirmed that OOH GPs would be employed for ‘tax purposes’ and there was no intention at present to introduce proper ‘employment contracts’.</p> <p>GPC Wales guidance about tax /NIC implications had been circulated to practices by the LMC.</p>	<p><b>ACTION SB</b></p>
<p>12.</p>	<p><b>ISSUES RAISED BY PRACTICE MANAGERS: (standing item)</b> An updated schedule of issues / queries raised by Practices between April -October 2017 had been circulated. No new issues were raised.</p>	
<p>13.</p> <p>13.1</p>	<p><b>ISSUES RAISED BY CONSTITUENTS: (standing item).</b></p> <p><b>INAPPROPRIATE TRANSFER OF WORK FROM SECONDARY CARE:</b> Some recurrent themes around inappropriate requests to undertake tests/provide medication pre and post treatment were emerging and were being robustly followed up with secondary care colleagues. IH stressed that examples should continue to be sent to the LMC office.</p>	<p><b>ALL TO NOTE</b></p>
<p>14.</p> <p>14.1</p>	<p><b>ISSUES RAISED BY CO-OPTED MEMBERS: (standing item)</b></p> <p><b>THE FUTURE SHAPE OF THORACIC SURGICAL SERVICES:</b> Details of the proposal to centralise Thoracic Surgical services had been circulated. Members were asked to provide feedback as soon as possible.</p>	<p><b>ALL TO NOTE</b></p>
<p>15.</p>	<p><b>ABMU ISSUES:</b></p>	

<p>15.1</p> <p>15.2</p>	<p><b>COMMUNICATION BETWEEN SECONDARY &amp; PRIMARY CARE:</b> Performance in respect of discharge summaries continued to improve across all sites.</p> <p>The downgrading of WCCG referrals was discussed. IH confirmed that GPs retained responsibility if a referral were downgraded and if wrongly downgraded should expedite a letter stating why a USC should be considered. The LMC and ARO should be informed of examples where no reason was given for downgrading or where inappropriate responses were received from consultants.</p> <p><b>CKD ASSIST:</b> Documents had been recirculated about the proposed alert system Numbers were expected to be low and the LMC Exec was supportive. Members were asked to provide feedback.</p>	<p><b>ALL TO NOTE</b></p> <p><b>ALL TO NOTE</b></p>
<p>16.</p>	<p><b>ISSUES RAISED via/for LMAG: Thursday 23<sup>rd</sup> November 2017:</b> The agenda included CAMHS and The Review of Thoracic Services</p>	
<p>17.</p> <p>17.1</p> <p>17.2</p> <p>17.2.1</p>	<p><b>GPC WALES</b> (<i>standing item</i>)</p> <p><b>MATERNITY LEAVE – LOCUM PAYMENTS:</b> This issue was being taken forward by the BMA Legal team.</p> <p><b>GPC WALES MEETING: 9<sup>th</sup> November 2017:</b> Attended by IH, HW and NS.</p> <p><b>MATTERS ARISING</b></p> <p><b>General Data Protection Regulation (GDPR).</b> This would replace the DPA effective from 25<sup>th</sup> May 2018. Guidance would be issued by GPC UK for practices.</p>	
<p>18.</p> <p>18.1</p>	<p><b>WELSH GOVERNMENT:</b></p> <p><b>PROPOSED REALIGNMENT OF HEALTH BOARD BOUNDARIES:</b> (standing item). GPC Wales would lead discussion on the implications for LMCs of the proposed changes.</p>	<p><b>ALL TO NOTE</b></p>
<p>19.</p>	<p><b>SWANSEA SESSIONAL GP GROUP: 9<sup>th</sup> November 2017:</b> Nil reported</p>	
<p>20.</p>	<p><b>DYFED POWYS LMC:</b> LW summarised the current issues in DPLMC including;</p> <ul style="list-style-type: none"> <li>• the increasing number of applications for closing lists</li> <li>• constructive discussion around the Diabetes NES (LES in place)</li> <li>• NOAC LES agreed for initiation and monitoring</li> <li>• Funding provided for GPs to review waiting lists</li> </ul>	
<p>21.</p> <p>21.1</p> <p>21.2</p> <p>21.3</p>	<p><b>LMC ANNUAL CONFERENCES:</b></p> <p><b>LMC MEDICAL SECRETARIES CONFERENCE: LONDON: 19<sup>th</sup> October 2017:</b> Attended by AR and ML. A brief summary was provided by AR.</p> <p><b>WELSH LMC CONFERENCE: 20<sup>th</sup> January 2018: DoubleTree Hilton Hotel &amp; Spa Chester:</b> 31 motions had been submitted for consideration by the Agenda Committee. IH/HW/JD/NS would attend as GPC Wales reps. JK/SH/TC/AR/PW/HH would attend as MLMC reps.</p> <p><b>UK LMC CONFERENCE: 9<sup>th</sup> March 2017: BT Convention Centre, Liverpool.</b> Deadline for motions was 21<sup>st</sup> December 2017 and for applications 26<sup>th</sup> January 2018. MLMC had 3 places.</p>	

22.	<b>WELSH MEDICAL PERFORMERS LIST – (ABMU):</b> A list of changes April – October 2017 had been circulated to elected members for information.	
23.	<b>NEXT LMC MEETINGS</b> <ul style="list-style-type: none"> <li>• <b>LMC Executive Committee – Monday 18<sup>th</sup> December 2017 – The Great House Bridgend.</b></li> <li>• <b>FULL LMC: Tuesday 9<sup>th</sup> January 2018 – MERCURE HOTEL, Phoenix Way, Swansea Enterprise Park, Swansea SA7 9EG</b></li> </ul>	
24.	<b>CLOSED SESSION:</b> <b>Attendance:</b> Drs T Cufflin, C Danino, P Evans, I Harris, S Hlaing, C Jones (via Tel Link), R Jones, A Rayani, E Rees, M Rickards, N Shah, A Stevenson, H Wilkes, J Williams, L Williams, P Williams. Mrs M Liddell: No actions recorded	