

MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Mercure Hotel, Phoenix Way, Swansea SA7 9EG	
TUESDAY 9th July 2019	
GUESTS AT FUTURE MEETINGS:	
<ul style="list-style-type: none">• 10th September 2019: Sian Harrop-Griffiths SBUHB Director of Strategy will attend to update members on progress being made in developing new models of care through the use of Transformation funding.• 12th November 2019: Speaker tbc	
GUEST SPEAKER:	
<p>Dr Richard Evans, Medical Director, SBUHB, attended to update members about progress being made by the Health Board in managing current unscheduled care pressures and the actions being taken to improve delays in offloading ambulances into EDs.</p> <p>Richard talked about the pressures currently facing the Health Board. He commented that similar pressures were being experienced across Wales with all hospitals reaching level 4 in last 2 months. The impact on General Practice was also recognised. Richard advised that the Health Board's plans for this year included;</p> <ul style="list-style-type: none">• The assessment of activity across all units to identify where additional bed capacity was available (In patient bed capacity in Morriston hospital is not sufficient)• The possible transfer of Elective Surgery to NPT• The development of short stay areas with more medical input• The development of experts in discharge planning• Early discussions with families around discharge to help manage expectations• On going review of ambulance requests to avoid unnecessary admissions (44 in last week did not require one) <p>Several LMC members highlighted issues of great concern and there was robust discussion around the off-loading policy, inappropriate discharges and long waits in the community. IH advised that the LMC did not feel that the situation in the community was safe and members had tasked him with raising the issue of ambulance delays at a high level. He had written to the CEO and copied the letter to the Leaders of the three Councils and the CEO in CTMUHB. If no improvement was identified within three months the LMC would have no alternative but to move these concerns into the public domain.</p>	

IH thanked Richard and confirmed that the LMC was willing to work with the Health Board to effect improvements,	
1. GENERAL	
1(i)	<p>ATTENDANCE: LMC MEMBERS: Drs R Beynon (RB), P Cox (PC), H Dean (HD), J Donagh (JD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), S Karupiah (SK), J Kerrigan (JK), K Mellin (KM), S Perman (SP), P Ramkumar (PR), A Rayani (AR) R Thomas (RT), H Wilkes (HW). LMC Secretariat: E Harris (Secretarial Assistant) (EH). DPLMC: Dr L Williams (LW) SBUHB/PCCU: Mr J Crowl (JC), Dr S Husbands (SH), Dr A Mehta(AM); PRACTICE MANAGERS: C Boland (CB), M Haynes (MH), S Kiley (SKi) REGISTRARS: R Spacie (RS) (Swansea) OBSERVERS: none</p>
	<p>APOLOGIES: Drs T Cufflin, H Hunt, C Jones, R Jones, C Williams Dyfed Powys LMC: Dr P Horvath-Howard SBUHB: H Dover, Dr A Roeves,</p>
1(ii)	DECLARATIONS OF INTEREST: one form completed
1(iii)	<p>MINUTES:</p> <ul style="list-style-type: none"> • Full LMC Tuesday 14th May 2019 – the Minutes were amended to include Dr C Jones in the attendance list. They were then agreed and signed by the Chairman
1(iv)	<p>MATTERS ARISING: 2(vi)- Emergency Equipment/Training: A joint (SBUHB/MLMC) letter had been circulated to practices providing advice on the basic equipment required for life support. Practices could choose to increase this if they believed they required additional equipment and staff were appropriately trained in its use.</p> <p>The issue of responsibility for the cost of replacing oxygen cylinders when depleted as a result of ambulance delay was again raised. This was being kept under review in the Liaison group meeting.</p>
1(v)	MLMC Executive Committee: IH was delighted to confirm that Helen Dean, Richard Thomas and Shanti Karupiah had joined the Executive Committee.
2.	GMS & PRIMARY CARE ISSUES
2(i)	<p>Sustainability Programme /Practice Support team: (standing item) CTMUHB – no sustainability issues reported SBUHB – two practices were currently scored as RED</p>
2(ii)	<p>GP Clusters / Transformation Funds: Information would be rolled out at the Cluster Leads and HoPC meetings. IH noted that the procurement process was laborious. AM stated that timescales were not flexible but some plans would be useful across all clusters eg audiology, chronic illness care. Strong business cases were essential in the planning of projects with factors such as cost effectiveness and enabling a reduction in hospital attendance adding weight. Seventeen projects had been submitted for consideration.</p>

	<p>The LMC continued to support the attendance of LMC members at cluster meetings and believed this strengthened the clusters.</p>	
2(iii)	<p>Primary Care Unscheduled Bids.(SBUHB IMTP): The UND had advised that the bids would not be progressed in their current form (see Liaison action log 14)</p>	
2(iv)	<p>Cluster Leads & Heads of Primary Care Meeting 5th June 2019: The majority of the meeting was taken up by Transformation plans and this was covered in the prior item.</p>	
2(v)	<p>LMC/ABMU Liaison Group 21st May 2019: The Draft minutes and Action log had been circulated. MATTERS ARISING: PKB (Patients Know Best): - Still awaiting feedback from practices – no negative feedback to date</p>	
2(vi)	<p>BroTaf LMC/CTMUHB Liaison Group – 23rd May 2019: The draft minutes had been circulated with the agenda</p>	
2(vii)	<p>CwmTaf MAG – 17th May 2019: The draft minutes had been circulated with the agenda.</p>	
2(viii)	<p>Primary Care Access & Sustainability Forum – 27th June 2019: AR reported that a draft self-development tool was being developed for practices offering telephone first. This would be shared with the LMC prior to circulation.</p> <p>Further details regarding the access standards were awaited.</p>	
2(ix)	<p>Issues raised by Constituents /Practices (standing item): The updated schedule of queries raised had been circulated. No new issues were raised.</p>	
2(x)	<p>Practice Managers: SK asked about indemnity for nursing staff under GMPI and IH confirmed that they would be covered under the scheme if undertaking GMS. If not performing NHS/GMS then individual indemnity would have to be arranged.</p>	
2(xi)	<p>111 /OOH Service: AM provided an update and confirmed that the rota fill rate was currently good. AR highlighted that there had been one occasion recently when there were no GPs on any of the sites during an overnight shift and although some remote triage was available this was not acceptable. AM was unaware and would investigate further.</p>	ACTION AM
3.	<p>PRIMARY /SECONDARY CARE INTERFACE ISSUES</p>	
3(i)	<p>WAST Issues – Ambulance Delays IH had written to the SBUHB CEO to advise that the LMC would wait for three months to effect improvements before any further action would be considered. The letter had been copied to the Acting CEO in CTMUHB and the Council leaders in Swansea, NPT and Bridgend.</p>	
3(ii)	<p>Issues raised by co-opted members: No new issues raised</p>	
3(iii)	<p>FAX/Communication by email: Increasing instances of unsolicited e-mail of clinical communication and requests to create inboxes in practices were being reported. The LMC position on this had not changed since the joint communication had been issued by IH and Hamish Laing. This would be recirculated to constituents.</p>	ACTION ML
3(iv)	<p>OPEL Escalation Tool: Practices would be encouraged to use the Tool which was agreed by the LMC and was now live.</p>	

3(v)	All Wales Communication Standards: Breaches in CTMUHB should be directly communicated to the 'culprit' clinician copying in LHB. Diet datix would be 're-advertised' by LMC in newsletter.	
3(vi)	Clinical Services Plan 25th June 2019: The LMC would continue to be represented at meetings	
4.	CONTRACTUAL ISSUES	
4 (i)	Enhanced Services: Diabetes DES: A small number of practices had not taken up the 3 DES modules and would not be eligible to be offered the NES. Eighteen practices were not undertaking the preparatory work for the NES which was being funded from central funds. The LMC clarified that if it is being offered as NES modules then all practices should be able to take up the offer if they satisfy the terms/Requirement of the NES.	
4 (ii)	Indemnity Scheme: A national review of queries regarding issues/functions not covered by GMPI would be undertaken by GPCW and L&RS for SSP who provide GMPI.	
5.	OTHER	
5 (i)	GPC Wales / GMC Contract 2019-20: Full details were yet to be published but the main developments included; <ul style="list-style-type: none"> • Last Person standing support for leaseholders • Introduction of Partnership Premium as optional alternative to Seniority • Cluster level Quality Improvement initiatives • New monies to support access improvements via a revamped QAIF (rebadged QOF) • Expenses uplift with DDRB pay award still pending in addition. 	
5 (ii)	Wales National Workforce Reporting System: The deadline for reporting mandatory details was 4pm on Friday 26 th July 2019	
5 (iii)	Dyfed Powys LMC: LW advised that the Dyfed LMAG was being re-established. DPLMC were keen to revisit the federated LMC model nationally and locally and IH was attending an upcoming executive meeting.	
5 (iv)	PHW: HCV re-engagement exercise – GP Practices with HCV PCR positive patients: Details of individual patients to be reported on were emailed to practices on 17 th June 2019 with a request to report back to PHW by 28 th June 2019. SH reported that there had been an outbreak of TB in Hendy with 70 patients requiring to be screened. Letters were being sent to GPs on 10 th July 2019.	
5 (v)	Swansea Sessional GP Group: no new issues reported	
5(vi)	GDPR / SARS / Cost/volume: Practices would be asked to provide 6 months data relating to the costs associated with providing copies of records to assist GPCW to negotiate reimbursement.	ACTION IH/ML
5 (vi)	New GPDF Policy on Anti-Harassment, Bullying and Discrimination: The policy had been circulated and would be adapted for implementation in MLMC	ACTION ML
5 (vii)	NHSSP: The List of MPL changes in April-June 2019 had been circulated to elected members	

6.	CLOSED SESSION	
6.1	<p>Structure of Morgannwg LMC post 31st March 2019: Having to deal with two Health Boards was not proving to be easy for Bridgend members and the LMC structure would have to change. Members would be approached to discuss the preferred future structure with a number of options available to consider. The merger option paper discussed by Morgannwg and Bro Taf LMCs would be circulated to GP members and the GPCW listserver.</p>	ACTION ML
6.	<p>NEXT LMC MEETINGS</p> <ul style="list-style-type: none"> • LMC Executive Committee Tuesday 13th August 2019 Harbourside Surgery • LMC Full Meeting Tuesday 10th September 2019 – The Mercure Hotel Swansea 	