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MINUTES

MORGANNWG LOCAL MEDICAL EXECUTIVE COMMITTEE

The Grove Medical Centre, 6 Uplands Terrace, Swansea SA2 0GU

Wednesday 16th October 2019

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

GUESTS at future LMC Exec Meetings

 Helen Kemp, CD for Quality and Safety will attend the Exec Committee meeting on 11th February 2020 to discuss the National Framework for the Management of Performance concerns.

GUESTS at future LMC Meetings.

- Tuesday 12th November 2019: Dr Richard Evans and Dr Brendan Lloyd will attend
- WAST will update members about the Winter Action Plan 2019

GUEST SPEAKER: Mrs Nicola Massey, Consultant Counselling Psychologist and Vice Chair of the PTMC (Psychological Therapy Management Committee) attended to speak about the role of Psychological therapists within SBUHB. (copy of slides attached).

Health Boards are required to establish a PTMC in order to increase the access to and monitoring of the quality of psychological therapy services as well as the skilling up of the workforce in order to meet this agenda.

Matrics Cymru is a structured guide to assist planning and delivering evidence-based psychological therapies within local authorities and Health Boards in Wales, including commissioned third sector and independent sector services. It provides guidance to support greater quality and consistency in the delivery of psychological therapy across Wales. The document (copy attached) emphasises the importance of applying the evidence base in the choice of therapy in terms of outcome measurement, but also emphasises the importance of the quality of the therapeutic relationship between service user and therapist and the way in which the organisation relates to the service user.

Following some intensive input the waiting list for the service is now down to 26 weeks. WG is going to reduce the target to 13 weeks in 2021 but whether this can be achieved in SBUHB is unclear.

Referrals by GPs are usually made to Primary Mental Health nurses who look at the most effective intervention and signpost them to Psychological therapist if needed. This could be for attendance in a low or high intensity group or via one to one therapy. There are also interventions which can be accessed without going to a GP eg ACTivate Your Life and Wellbeing.

Some patients are unwilling to attend group therapy sessions or believe they need one to one input but GPs should encourage them to at least try and be positive as they may be seen much quicker in a group. Patients need to become 'therapy ready' and this can take some time as patients sometimes do not realise that interventions such as CBT can involve hard work on their part.

Nicky advised that there are now Generic Job descriptions for Psychological therapists which would be useful if clusters were considering employing one (copy attached). There doesn't appear to be a shortage of therapists at the moment but accommodation to undertake group sessions was not always available. The Exec felt that this was a discussion which could be brought to clusters with a view to looking at the availability of space in practices.

Nicky informed the Exec that she planned to circulate helpful information about the service. RT felt that an outline of what CBT and EMDR is and details about group work would be very useful for GPs.

Sandar thanked Nicky for attending and her enlightening presentation. PTMC meetings were held quarterly and were now well established. The LMC would attend.

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GENE	RAL	
1.	ATTENDANCE: Drs S Hlaing (Chair) (SH), S Karupiah (SK), A Rayani (AR), N Shah (via skype) (NS), R Thomas (RT), Mrs M Liddell (Executive officer) (ML) Dr I Harris joined the meeting by phone at 10pm	
1.1	APOLOGIES: Dr H Dean (HD)	
2.	DECLARATION of INTEREST: none received	
3.	MINUTES: • LMC Executive Committee meeting - Tuesday 13 th August 2019 : the Minutes were approved and signed by the Chair.	
4.	MATTERS ARISING: National Framework for Management of Performance: SH and HD had attended a training session on 5 th September 2019. No further dates had been provided as yet. ML to chase or request a training session to be provided for MLMC Exec Team members which could also be attended by Bro Taf and Dyfed Powys Exec team members.	ACTION ML
4.1	CPW DRUG SHORTAGE BRIEFING PAPER (4.1): The paper was being progressed by NS	ACTION NS
5.	LMC ISSUES	
5.1	MLMC Structure post 31 st March 2020: The notes of the meeting between Bro Taf and Morgannwg LMCs had been circulated with the Agenda. Approval for the new arrangements would be sought at the respective LMC meetings on 7 th and 12 th November 2019.	
	Once agreed Morgannwg LMC Committee would reduce in size from 30 to 22 members. This 27% reduction reflected the reduction in total patient population with the transfer of Bridgend practices to Bro Taf LMC. Five members would represent NPT constituency, 10 would represent Swansea and 7 would represent the sessional /first five constituency.	

	The LMC committee election process for 2020-23 would commence in January 2020. The positions of Chair and Vice chair would be determined at the AGM to be held on 14 th April 2020. Drs Ian Harris and Sandar Hlaing would remain in post until that date.	
5.2	FINANCE: (standing item); A summary of expenditure to 30 th September 2019 was tabled and discussed. No queries were raised. Total expenditure at the end of the 6 month period was approximately 49% of the estimated costs for the year and no concerns were raised.	
5.3	Welsh LMC Conference 9 th November 2019: MLMC voting representatives were confirmed as Drs Ian Harris, Sandar Hlaing, Ashok Rayani, Shanti Karupiah, Helen Dean, Richard Thomas and Robin Spacie (VTS). Morag Liddell would attend as an observer. Nimish Shah would attend as Chair of Conference. The agenda and confirmed motions would be issued the following week.	
6.	GMS & PRIMARY CARE ISSUES	
6.1	MLMC/SBUHB Liaison Meeting 17 th September 2019: The Draft minutes and action log had been circulated with the agenda.	
6.2	Bro Taf LMC/CTMUHB Liaison Meeting 12 th September 2019: Attended by IH	
6.3	CWM Taf MAG Meeting 13 th September 2019: Attended by IH. It was noted that a transfusion pathway was being drafted. The Exec agreed that clarity around the ownership of referrals in SBUHB was required and would be raised at the next Liaison meeting.	ACTION ML
6.4	GP Clusters: Pro-forma reports completed by LMC representatives had been circulated to the Exec team. A system needed to be implemented to ensure that all queries raised for attention by the LMC were addressed. A central bank would be maintained and reported at LMC Exec meetings. This would ensure that feedback would be available for the reps attending follow on meetings.	ACTION ML
	RT raised concern about the assessment of projects for mainstreaming and would write to Sian Harrop-Griffiths for clarification.	ACTION RT(sent 29/10/19)
	ISSUES FOR LMC CLARIFICATION: Penderi Cluster 02.10.19	, , ,
	QI Training; How many practice staff were required to complete the QI training in the new contract? The LMC view was that this was a practice function but it was on the GPC Wales radar and would be confirmed.	ACTION IH
	PMS plus money: the timescale between notification of the amount available and deadline for spend was not always sufficient. This would be raised at Liaison with a request that the period should be a minimum of 12 months.	ACTION ML
	Afan Cluster 04.09.19 : LPMHSS attendance was not consistent for all practices. This would be raised at Liaison.	ACTION ML
	City Cluster 01.10.19: RT reported a problem with the employment of cluster paramedic beyond end of 2 year contract. For discussion at Liaison	ACTION ML
6.5	Cluster Leads & Heads of Primary Care Meeting 25 th September 2019 (SBUHB): Attended by AR who provided a summary of issues discussed. This included a presentation on the SBUHB obesity pathway and a presentation from WAST about call prioritisation.	
	A new Dermatology Enhanced service had been discussed which the Exec believed was incorrectly named as 'DES'. AR would write to Anjula Mehta to correct the terminology. Further clarity was required particularly around funding and the implications for the Minor Surgery DES. An update at the next GPC Wales meeting was anticipated.	ACTION AR

6.6	GMS Contract: Nil reported	
7.	PRIMARY / SECONDARY CARE INTERFACE ISSUES	
7.1	SBUHB Clinical Services Plan 2019-24: Acute referral pathways were being developed with no input from Primary Care. This would be raised at the Liaison meeting on 19 th November 2019.	ACTION ML
7.2	AGPU (Requests for blood tests to be done in Primary Care): No update provided. IH to contact Steve Greenfield.	ACTION IH
7.3	Pathology Lab concerns: No update provided at the meeting but an email received from Dr Andar Gunneberg on 17 th October 2019 confirmed;	
	• that the requirement for completion of a Vitamin D request form ceased on 2 nd September 2019	
	 that the issue of 'leaked in transit' samples should be raised via the PHW Mid and West Wales Manager 	
	 the process of phoning critically abnormal results arising OOH from outpatients attendance to secondary care teams would be implemented before the end of the year 	
	Practices would be advised of the above.	ACTION ML
7.4	Mental Health Services : Anjula Mehta and Heather Potter had met with Mental Health Managers to discuss problems with accessing Crisis Management Teams. Limited progress had been made and a further meeting had been arranged.	
7.5	Community Nursing: A task and finish group was being established by Tanya Spriggs, Interim Unit Nurse Director, to review the current concerns about the service which had been raised by the LMC.	
7.6	SHARPS BOXES: AR reported that the Health Board Estates Department was no longer issuing sharps boxes for patient use. ML to check if there had been a change in policy.	ACTION ML
8.	CONTRACTUAL ISSUES:	
8.1	Enhanced Services (SBUHB): A second meeting had been arranged for 17 th October 2019 and would be attended by IH.	
8.2	GDPR – SARs Cost / Volume: A spreadsheet had been designed to capture the total cost of providing a SAR. It had been circulated to some Practice Managers but no feedback had been received about its suitability. ML to chase.	ACTION ML
9.	OTHER	
9.1	WAST – Ambulance Delays: AR, NS and SK had attended a Collaborative Workshop on 3 rd October 2019 looking at;	
	 Current challenges with patient flow in all delivery units Update on Keep me at Home, Good Hospital Care and Hospital to Home work streams as part of CSP implementation. GP support with ED triage 	
	4. Update on ambulatory care plans	

	The LMC reps felt there was no real evidence of a coherent plan to take forward. Dr Richard Evans and Dr Brendan Lloyd would confirm the position of the Health Board at the LMC meeting on $12^{\rm th}$ November 2019. In the absence of a plan the Exec team agreed that LMC concerns would be raised via HIW and also moved to the public domain.	
10.	AOB	
10.1	OOH GPs: SK raised the issue of support for GPs working solely for the SBUHB OOH Service. It was agreed that, like all sessional GPs, they should be encouraged to speak to sessional GP committee members and to attend LMC meetings. They should receive copies of LMC newsletters and have an understanding of the role of the LMC and in particular the pastoral role of the Medical Secretary.	
10.2	Mental Health Support for GPs: SK highlighted a lack of support for GPs with MH problems. It was noted that there are a number of helplines including the BMA and that these should be publicised and included in LMC newsletters.	
10.3	Notification of Death Regulations 2019: The Guidance for registered medical practitioners was discussed and noted that there was little change to previous guidance issued to practices and the current system was working well.	
11.	NEXT LMC MEETINGS: • LMC full Meeting: Tuesday 12 th November 2019 – Mercure Hotel Swansea	
	LMC Executive Committee Meeting: Tuesday 10 th December 2019 – venue tbc	