

MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Mercure Hotel, Phoenix Way, Swansea SA7 9EG	
TUESDAY 12th November 2019	
GUESTS AT FUTURE MEETINGS:	
<ul style="list-style-type: none">• 14th January 2020: Speaker tbc	
GUESTS:	
<p>Ian Harris introduced and welcomed Dr Brendan Lloyd (WAST) and Dr Richard Evans (SBUHB). He explained that the LMC had written to the CEO of SBUHB in July 2019 and highlighted its concerns about 999 Ambulance delays which were mainly due to the 'stacking' of ambulances at EDs. The LMC had asked the Health Board;</p> <ul style="list-style-type: none">• to reconsider the decision to delay ambulances at the ED and Hospital 'front door' and label them as 'never events' and• to communicate a plan to the LMC over how they plan to reduce and effectively eradicate such delays in a timely manner. <p>The LMC had given the Executive team 3 months to consider the Health Board response and if it were deemed to be ineffective LMC concerns would be escalated into the public domain.</p> <p>Brendan had received a copy of the examples of ambulance delays which had been collated for WG and agreed that some of these were 'heartbreaking' and he recognized the pressures primary care staff were experiencing. Brendan and his colleague Grayham McLean presented current data around WAST performance, nationally and locally about which there was little that was positive. The number of hours/shifts lost continued to rise and had reached a new high in September 2019. The immediate release of vehicles for red and amber calls had also deteriorated with delays of up to 17 hours outside of ED recorded. Morriston hospital was a significant outlier in respect of releasing vehicles for amber calls. A demand and capacity review had been undertaken by an independent company.</p> <p>Richard Evans agreed that the risk was too high across the system and this was reflected across the UK. SBUHB was putting in the largest winter plan from pre front door to back door to include;</p> <ul style="list-style-type: none">• Working with WAST• Early support discharge• Increased consultants in ED	

- More GPs in ED
- GPs involved in reducing ambulance stack
- Developing AGPU in Morriston
- APP at front door of hospital
- HCSW in OOH
- Additional input to Care Homes
- Remodelling acute medical assessments
- Hospital to home scheme
- 120 additional beds
- Review of social care rostering and domiciliary care functions

The presentations stimulated much discussion. LMC members believed that most of the above 'support' was already tried and tested but invariably funding did not continue long term.

Richard said that the HB was looking at having additional space around the front door in Morriston Hospital to offload patients as it was not as simple as having patients in trolleys in corridors which presented a whole set of new risks.

Ian Harris advised that the LMC welcomed the work being done to improve the situation but still had reservations that the HB did not feel it necessary to move to a no delay policy as the risk is transferred to patients in the community. This was disappointing and provided no reassurance.

Grayham pointed out that two HBs had recognized that risk can be moved around and 1-4 hour responses can be managed separately from 999 ambulances with slots being given to GPs for these cases.

In the second case HB secondary care colleagues assumed the risk with bed managers acting as transportation system. Both these initiatives had brought benefits.

Richard Evans agreed that releasing amber calls in the stack could be looked at and Ian said that the LMC would support this but it would mean changing the off loading policy.

The discussion concluded with Richard stating again that there was no plan to change the off loading policy.

Ian advised that discussion would continue in the closed session.

1. GENERAL

1(i)

ATTENDANCE:

LMC MEMBERS: Drs R Beynon (RB), P Cox (PC), H Dean (HD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), c Jones(CJ), R Jones (RJ), S Karupiah (SK), J Kerrigan (JK), S Perman (SP), P Ramkumar (PR), A Rayani (AR), N Shah (NS), R Thomas (RT), K Wallis (KW) H Wilkes (HW), P Williams (PW)

LMC Secretariat: M Liddell (Executive Officer), E Harris (Secretarial Assistant) (EH).

DPLMC: Dr L Williams (LW)

SBUHB/PCCU: H Dover (HDo) Dr A Mehta(AM);

PRACTICE MANAGERS: M Haynes (MH),

REGISTRARS: B Roberts (BR)(Bridgend), J Shah (JS) (NPT), R Spacie (RS) (Swansea)

	<p>APOLOGIES: LMC Members: Drs T Cufflin, J Donagh, K Mellin, M Rickards Dyfed Powys LMC: Dr P Horvath-Howard PRACTICE MANAGERS: C Boland, S Kiley</p>	
1(ii)	DECLARATIONS OF INTEREST: no forms completed	
1(iii)	<p>MINUTES:</p> <ul style="list-style-type: none"> • Full LMC Tuesday 10th September 2019 – The Minutes were agreed and signed by the Chairman. 	
1(iv)	MATTERS ARISING: None raised	
1(v)	MLMC Executive Committee 16th October 2019: The draft minutes had been circulated with the agenda.	
2.	GMS & PRIMARY CARE ISSUES	
2(i)	<p>Sustainability Programme /Practice Support team: (standing item) CTMUHB – no sustainability issues reported SBUHB – no new issues reported</p>	
2(ii)	<p>GP Clusters / Transformation Funds: Four clusters were now active under the transformation programme. IH reminded members that these schemes must have a clear exit strategy or confirmation of ongoing funding at the end of transformation period.</p>	
2 (iii)	<p>Cluster Leads & Heads of Primary Care Meeting 25th September 2019: Attended by AR and included presentations by WAST and about the obesity pathway. An extended minor surgery scheme had also been discussed.</p>	
2(iv)	<p>MLMC/ABMU Liaison Group 17th September 2019 (SBUHB): The Draft minutes and Action log had been circulated with the agenda. IH confirmed that community nursing issues would be reinvigorated at the Liaison meeting on 19th November 2019 following the appointment of Tanya Spriggs as interim Unit Nurse Director. The requirement for GPs to complete MAR charts remained a high priority.</p>	
2(v)	<p>BroTaf LMC/CTMUHB Liaison Group 18th September 2019: Attended by IH. The draft minutes had been circulated with the agenda. An escalation process for Primary Care was being discussed. HW raised a concern about difficulties Neath Hospital Secretaries were having in contacting secretaries for services provided in POW (eg dermatology). AM requested examples and would take forward.</p>	ACTION HW/AM
2(vi)	<p>Primary Care Access & Sustainability Forum 30th September 2019 (SBUHB): Attended by AR. The new access standards had been discussed. These had not been agreed by GPC Wales and IH confirmed that the provision of GMS between 08:00 – 18:30 was the only contractual requirement for practices. A draft bi-lingual message would be coming out soon.</p>	
2(vii)	<p>Issues raised by Constituents /Practices (standing item): The updated schedule (April – October 2019) of queries raised had been circulated. No new issues were raised.</p>	

2(viii)	Practice Managers: No new issues raised	
2(ix)	111 /OOH Service (standing item): HD confirmed that there were no current concerns. The shift fill rate was good. HCSW were being recruited to start in December 2019.	
2(x)	Mental Health Services: Access to Crisis Teams: Mental Health managers would attend the Cluster Leads and Heads of Primary Care meeting on 27 th November 2019 to provide details of the SPOA (Single point of access) which was being supported by transformation funding.	
2(xi)	Community Nursing: Confirmation of the date for the first meeting of the task and finish group was awaited.	
3.	PRIMARY /SECONDARY CARE INTERFACE ISSUES	
3(i)	WAST Issues – Ambulance Delays: see section 6 (Closed session)	
3(ii)	Issues raised by co-opted members: no new issues raised	
3(iii)	Pathology Lab Concerns: Updates <ul style="list-style-type: none"> • Vitamin D Request forms: The LMC was pleased to have received confirmation that the requirement to complete a separate request form had been removed from 1st September 2019 • Leaked in Transit samples: This applied largely to PHW samples. AR would meet with the PHW mid and west Wales manager to discuss • Abnormal Lab results: wef 2nd December 2019 critically abnormal results received, during ooh periods, for out patients would be directed to the on take/on call SpR for the specialty concerned. 	
3(iv)	ORANGE PHONE: Implementation was being discussed by secondary care consultants.	
4.	CONTRACTUAL ISSUES	
4 (i)	Enhanced Services: The specifications/costs of current ES (14) were being reviewed by the LMC. No new Enhanced Services were being considered. There had been some confusion around a new Dermatology ‘DES’ and the HB had clarified that funding had been made available to clusters for extended Minor surgery ‘training’. This was for the removal of low risk basal cell carcinomas which was not part of the current Minor Injury DES. An Enhanced service for this had not yet been agreed.	
5.	OTHER	
5 (i)	Dyfed Powys LMC: LW reported that there were concerns in Dyfed Powys around the use of transformation funds.	
5 (ii)	Swansea Sessional GP Group: No new issues for consideration by the LMC.	
5 (iii)	GDPR / SARS / Cost/volume: No feedback had been received from practice managers. ML to chase.	ACTION ML
5 (iv)	NHSSP: The List of MPL changes between April-Oct 2019 had been circulated to elected members	
5 (v)	Cameron Fund: The Cameron Fund Christmas appeal letter had been circulated with the agenda. Members agreed that a donation of £900 should be made. The letter would also be circulated to practices.	ACTION ML

6.	CLOSED SESSION	
6(i)	<p>Voluntary Levy: IH explained the purpose of the voluntary levy which was paid by GPs and used by the GPDF (General Practitioners Defence Fund) to fund National representation and the sessional sub committee. The GPDF had rebated the amount due from MLMC by £7,700 to enable the LMC to use these funds more locally. Members agreed that this would be used to offset the levy requirement for 2020-21.</p>	
6(ii)	<p>Structure of Morgannwg LMC post 31st March 2019: Bro Taf LMC had approved the proposal to transfer representation of Bridgend GPs / practices to Bro Taf LMC with effect from 1st April 2020 and also that reserve funds held by MLMC would remain with MLMC.</p> <p>IH explained that some of the reserves would be used to cover costs for the first year but a review of the structure and current costs would be undertaken to streamline these.</p> <p>NPT would continue to have 5 seats and Swansea would have 10 on the LMC. The number of sessional /first five seats would reduce to 7.</p> <p>GPC Wales was reviewing the number of seats held by each LMC in Wales. This was currently 3 per LMC. An option paper had been prepared and would be circulated to members. SH would write to GPCW.</p>	ACTION SH
6(iii)	<p>WAST - AMBULANCE DELAYS</p> <p>There was unanimous agreement that the LMC's concerns were not being met and the LMC Executive committee was mandated to raise these concerns in the public domain with the message that this was not the Ambulance service fault but hospitals have not accepted that it is not safe to park ambulances in hospitals and the solution lies with the HB.</p>	
7.	<p>NEXT LMC MEETINGS</p> <ul style="list-style-type: none"> • LMC Executive Committee Tuesday 10th December 201 Bar 44 Cowbridge • LMC Full Meeting Tuesday 14th January 2019– The Mercure Hotel Swansea 	

