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MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Mercure Hotel, Phoenix Way, Swansea SA7 9EG	
TUESDAY 14th May 2019	
GUESTS AT FUTURE MEETINGS: <ul style="list-style-type: none">9th July 2019: Speaker to be confirmed	
1. GENERAL	
1(i)	ATTENDANCE: LMC MEMBERS: Drs P Cox (PC), T Cufflin (TC), H Dean (HD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), C Jones (CJ), S Karupiah (SK), P Ramkumar (PR), A Rayani (AR), M Rickards (MR), N Shah (NS), A Stevenson (AS); R Thomas (RT), K Wallis (KW), P Williams (PW) LMC Secretariat: M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH). DPLMC: Dr L Williams (LW) SBUHB/PCCU: H Dover (HD); Dr A Mehta(AM) PRACTICE MANAGERS: C Boland (CB), S Kiley (SKi) REGISTRARS: Dr B Roberts (BR) (Bridgend), R Spacie (RS) (Swansea) OBSERVERS: Drs I Halfacree (ST3) R Beynon INTRODUCTION / WELCOME: Dr Rayani introduced and welcomed Dr Irina Halfacree (ST3) and Dr Richard Beynon to the meeting
	APOLOGIES: Drs J Donagh, H Hunt, R Jones, J Kerrigan, K Mellin, H Wilkes, S Perman Dyfed Powys LMC: Dr P Horvath-Howard, SBUHB: Dr S Bassett, Dr H Kemp, Dr A Roeves, Mr J Crowl, Dr S Husbands CTMUHB: S Bradley, C Wilson
1(ii)	DECLARATIONS OF INTEREST: none received
1(iii)	MINUTES: <ul style="list-style-type: none">Full LMC Tuesday 12th March 2019 – the Minutes were approved and signed by the Chairman

1(iv)	<p>MATTERS ARISING: None</p>	
2.	GMS & PRIMARY CARE ISSUES	
2(i)	<p>Sustainability Programme /Practice Support team: (standing item) No further panels had been arranged and practices continued to be supported where there were concerns. The impact of new housing developments on primary care services was discussed with concerns particularly around developments on the Velindre site. The Health Board had submitted a response, highlighting concerns around the provision of primary care services and discussions were ongoing but Charlotte's advice to clusters / practices was to raise concerns with the Head of Planning in Swansea City council.</p>	
2(ii)	<p>GP Clusters / Transformation Funds CJ raised a query around the decision making process in respect of the continuation of projects and staff appointments. There appeared to be an expectation that the value these added should be quantified to ensure continuation and this was not always feasible. Anjula reassured members that the on going employment of pharmacists was not subject to questioning about value-added and this would be taken up with cluster leads as it appeared to be a mis-communication issue. HD advised that Mr Vaughan Gething, Cabinet Secretary for Health and Social Services had recently visited the Cwmtawe Cluster which was reporting positive outcomes. The transformation model was now live in the Neath cluster and would go live in the Upper Valleys and Lwchwr Clusters on 1st July 2019. On-going funding arrangements for the transformation-funded schemes was discussed. HD confirmed that approval of the initial bids for funding was dependent on the arrangements for continuing being included and this may be through social enterprise or funded from secondary care. The transformation Director was assisting with pathways to ensure that the shift of resources from secondary to primary care was facilitated and the SBUHB CEO continued to see the Primary Care and Community Unit (PCCU) at the forefront of the Health Board. IH asked that the on-going funding arrangements be clarified to cluster leads as he believed that cluster leads had been given the impression that GMS funding would be needed at the completion of the transformation fund period.</p>	<p>ACTION AM</p> <p>ACTION AM</p>
2(iii)	<p>Primary Care Unscheduled Bids.(SBUHB IMTP): In the absence of the Unit Nursing Director information was not available about the bids which had been submitted or evaluated as sustainable. AM agreed that an update of the information would be shared with the LMC.</p>	<p>ACTION AM</p>
2(iv)	<p>Cluster Leads & Heads of Primary Care Meeting 26th March 2019:</p>	<p>ALL TO NOTE</p>

<p>2(v)</p> <p>2(vi)</p> <p>2(vii)</p> <p>2(viii)</p>	<p>Attended by IH who had been concerned that the introduction of new pathways were being agreed without the statutory involvement of the LMC. He asked elected members who were involved in or attending clusters to be aware of this requirement.</p> <p>LMC/ABMU Liaison Group 26th March 2019: The Draft minutes and Action log had been circulated.</p> <p>MATTERS ARISING: Item 4.7- ‘Zero Tolerance in Primary Care’ was discussed. Shanti Karupiah was working on it through the RCGP. The LMC held the view that practices were not reporting enough incidents to the police and APCS (Alternative Primary Care Service). More communication and education was required to try and achieve consistency around this.</p> <p>AR advised that the APCS local panel system was currently on hold and clarification was required around how it would be run at local level.</p> <p>Emergency Equipment / Training: A joint SBUHB / LMC letter providing advice for practices had been drafted and shared with the LMC for joint badging. GPC Wales had commented at the request of IH and he would incorporate these and redraft the letter before sharing with AM for approval.</p> <p>Practices had provided details of the Oxygen supplies held in surgeries and the arrangements for replacement. This would be further discussed at the Liaison group meeting.</p> <p>Issues raised by Constituents /Practice Managers (standing item): The updated schedule of queries raised had been circulated. No new issues were raised.</p> <p>111 /OOH Service AM reported a change in the management structure following the resignation of the Clinical Director, Dr Steve Bassett. Adverts had been placed for the CD post and two supporting clinical managers.</p> <p>AM reported that the shift fill rate had been good in the previous three months (90%+) although there had been fourteen site closures for periods of 6-8 hours. Saturday evening shifts remained a challenge and the referral process to and from ED had to improve. Having designated paramedics was working well as was the transfer of the service in Morrision Hospital to the main OPD. LMC members who covered shifts agreed that the new area was good but problems were identified such as a general lack of equipment, lack of IT equipment, poor IT support and some patients struggled to walk down the corridor. Also the receptionist was not seated in the line of vision of the patients so unable to properly observe them. These concerns would be fed back to the service.</p>	<p>ACTION SK</p> <p>ACTION IH</p> <p>ACTION AM</p>
<p>3.</p>	<p>PRIMARY /SECONDARY CARE INTERFACE ISSUES</p>	
<p>3(i)</p>	<p>Communication between Secondary and Primary Care: WHC2018 014 The new link to record breaches in SBUHB of the All Wales Communication Standards was; http://7a3b7svmdatixlv/datix/live/index.php?form_id=16&module=INC Practices in Bridgend would not be able to use the above link to report breaches relating to services provided by Cwm Taf Morgannwg University Health Board. IH advised that these</p>	

	breaches should be reported, by letter, directly to the breaching consultant/department and copied to Cwm Taf Health Board. Anonymised details should be forwarded to the LMC office. This would also apply to NPT practices when reporting breaches of the standards for services provided by CTMUHB.	ALL TO NOTE
3(ii)	OPEL Escalation Tool for Primary Care: IH advised that a slight adjustment had been made to Level 4 and requested that members and practice managers look at it again and feedback comments.	ALL TO NOTE
3(iii)	WAST Issues: The LMC had received a formal letter (circulated) of response from the SBUHB CEO following the meeting IH had with Chris White, Chief Operating Officer, and Alastair Rooves, Interim Deputy Medical Director. The meeting had been arranged to discuss LMC concerns, which had been highlighted to Mr Vaughan Gething, about delays in offloading patients at EDs and delays in emergency ambulance response times to surgeries. Members discussed the CEO letter and agreed that, as the problems remained ongoing, it was reasonable to take steps to escalate them. Members were asked to vote on giving SBUHB a timescale of 3 months to effect improvements being before further escalation action was taken by the LMC and this was unanimously agreed. IH would respond to the CEO. KW asked where GPs stood as practitioners when very unwell patients were in front of them and there was a delay in the emergency ambulance arriving. IH advised that it was appropriate to advise relatives/carers to transport them to hospital and to document the reasons. The UMD had confirmed Health Board support for this action at a previous meeting when he had reassured GPs that they would have his full support. HD advised that a Hospital to Home project was commencing with a workshop on 15 th May 2019 and would look at systems which had been successful in other areas. Primary care was not involved at this stage but would be asked to contribute.	ALL TO NOTE
3(iv)	Pathology/Radiology/Cardiology/WCCG: IH's meeting summaries had been circulated to elected members and were noted.	ACTION IH
3 (v)	AGPU (Singleton Hospital): The LMC view was that blood tests for patients attending AGPU should be taken in AGPU and requests should not be made to the referring GP to do this in the surgery for the patient to take to AGPU. AM would relay this to the clinical lead in AGPU.	ACTION AM
3 (vi)	Issues raised by Co-opted members No new issues raised	
4.	CONTRACTUAL ISSUES	
4 (i)	Enhanced Services: There had been no uplift in ES payments for three years and IH had written to HD to request a LES negotiation meeting. Following the LMC meeting HD had advised that the HB finances were still being finalised as a result of the Bridgend boundary change disaggregation. She had suggested that discussions to review the basket, specification and cost envelope commence in July 2019. The LMC had agreed.	
4 (ii)	Maternity Leave – locum Payments (standing item): CJ advised that the BMA legal team had been in contact with the 'test' cases and this would now be removed from the agenda.	

4 (iii)	<p>Indemnity Scheme: CJ highlighted the following points; Practices should check that locums were on the locum register and if not to ensure that they had MDO cover. OOH GPs were still being covered by Welsh Risk Pool (WRP). GPs providing Enhanced services were required to meet training and accreditation Sessional GPs, if covered by MPS should inform them if writing private prescriptions There was now no group top up cover and practices should ensure that all clinical staff were covered individually for anything other than GMS.</p> <p>An updated BMA (Wales) FAQ was in preparation. <i>(received and circulated to Practices on 28/05/19)</i></p>	
5.	<p>OTHER</p>	
5 (i)	<p>GPC Wales: IH's summarised report of the GPC Wales meeting on 25th April 2019 had been circulated to elected GP members. No queries were raised.</p> <p>IR35 Compliance: The HMRC toolkit should be used by practices and other organisations to assess GPs status for PAYE / NIC. IR35 only applied where a limited company had been established.</p> <p>PHW: No new issues reported</p> <p>Swansea Sessional GP Group: No new issues reported</p> <p>GDPR / SARS: It was essential that practices were monitoring the true cost of providing SAR reports to include time spent in preparation as it was only with this evidence that GPC Wales could take forward the case for additional monies to cover loss of income. The LMC would write to practices.</p> <p>NHSSSP: The List of MPL changes in April 2019 had been circulated to elected members</p> <p>Morgannwg LMC Meeting arrangements: Elected GP members had been surveyed about the current meeting arrangements and asked whether changes were required especially if these would encourage new members. From the responses received there was no clear mandate to make changes although it was likely that changes would have to be considered in the future with the need to have local Health Board agendas for the two areas.</p>	<p>ALL TO NOTE</p> <p>ACTION IH</p>
5 (ii)		
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6.	<p>NEXT LMC MEETINGS</p> <ul style="list-style-type: none"> ● LMC Executive Committee Tuesday 11th June 2019 venue tbc ● LMC Full Meeting Tuesday 9th July 2019 – The Mercure Hotel Swansea 	

Elected members of Morgannwg LMC had requested that the Soap Box session be closed and held at the end of the meeting. Swansea Bay University Health Board representatives left the meeting at the end of section 5.