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MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Mercure Hotel, Phoenix Way, Swansea SA7 9EG	
TUESDAY 8th May 2018	
GUESTS AT FUTURE MEETINGS:	
<ul style="list-style-type: none">• 10th July 2018: Alastair Reeves will arrange for an update to be provided in respect of the unscheduled care review being undertaken by ABMU	
GUESTS:	
DR RICHARD LEWIS	
Dr Richard Lewis, National Professional Lead for Primary Care in Wales welcomed WHC-2018-014 ALL WALES COMMUNICATION STANDARDS BETWEEN PRIMARY & SECONDARY CARE, issued by the CMO on 3 rd May 2018. The circular re-emphasised the importance and necessity for specialties to work together with primary care colleagues and share information appropriately. He believed it was down to Health Boards to help and facilitate relationships as both sides were under pressure.	
Richard made specific reference to Standard 9 of the communication standards which confirmed that where the GP GMS contract does not include prescription or monitoring of medication, all responsibility for the safe prescribing and monitoring would lie with the initiating team until a shared care agreement was agreed with the GP.	
LMC members asked when it would be a mandatory requirement for F2s to spend time in General Practice and Richard confirmed that there was a drive to focus the undergraduate curriculum to Primary care but budgets for training in secondary and primary care were currently separate. Deanery money would be transferring into HEIW which could give potential opportunities.	
Richard clarified the WG position in respect of the 're-provision' of cluster funding for agreed projects in the following financial year. Hilary Dover stated that the Health Board had facilitated brokerage for the previous two years but had received clear instructions that all cluster funds needed to be spent within year and could not be carried forward. Richard suggested contacting WG as this was not his understanding.	
Richard confirmed WG's on-going commitment to the Primary Care programme. However, clusters, despite there being enthusiasm amongst some to progress, were not yet demonstrating tangible system changes and there was a need to gain momentum and move forward to a second phase which was currently under discussion.	
IH thanked Richard for attending and proposed a vote of thanks.	

Ms TRACY MYHILL

Ian introduced and congratulated Tracy on her appointment as ABMU CEO. Tracy provided brief details of her extensive 34 year career in the NHS bringing with her a very broad range of experiences and a broad view which she believed should be able to help shift the focus from secondary to primary care. She was very keen to engage with the LMC and interested in GPs' perspective of what it is like to work in ABMU, what services they are proud of and what challenges are faced. This led to some open discussion around the table with Tracy taking on board members comments.

Ian commented that GPs found it very challenging to say what they did well but that he was most proud of the General Practice 'brand' and the fact that GPs offered a level of service without ever 'closing their doors'. There was a need to build services around the brand so that GPs were properly supported to enable patients to be diverted to the most appropriate health care professional. GPs were capable of offering solutions if the Health Board engaged with them. The key was engagement and ways of generating levers to make it work. Tracy confirmed that this was her intention.

Ian thanked Tracy for attending and proposed a vote of thanks.

GENERAL

1.	<p>ATTENDANCE: LMC MEMBERS: Drs T Cufflin (TC), J Donagh, P Evans, I Harris (IH) (Chair), S Hlaing (SH), R Jones (RJ), J Kletta (JK), P Ramkumar, A Rayani (AR), M Rickards (MR), N Shah (NS), A Stevenson(AS), R Thomas (RT), K Wallis (KW), H Wilkes (HW), P Williams (PW) LMC Secretariat: M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH). ABMU/PCCU: Mrs H Dover (HD), Dr A Roeves (ARo) PRACTICE MANAGERS: M Haynes (MH), S Kiley (SKi) REGISTRARS: Dr B Roberts (ST1 Bridgend) (BR), C Williams (ST2 NPT) OBSERVERS : none</p>	
2	<p>APOLOGIES: Drs L El-Sharkawi, A Hussain, C Jones, S Karupiah, K Mellin, E Rees, T Watkin, J Williams Dyfed Powys LMC: Dr P Horvarth-Howard, L Williams Registrars: J Bryant (ST3 Bridgend), A Rees-Evans (ST? Swansea) Practice Managers: C Boland</p> <p>PHW: 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>MINUTES:</p> <ul style="list-style-type: none"> • Full LMC Tuesday 13th March 2018 – the Minutes were approved and signed by the Chairman 	
4. 4.1	<p>MATTERS ARISING:</p> <p>(11.1) Rejected Lab Results: Details about the process for redirecting rejected lab results to pathology were circulated to all practices on 20th March 2018. This would be transferred to the Liaison Group agenda as the process required to be streamlined.</p>	<p>ACTION ML</p>

<p>5.</p> <p>5.1.</p>	<p>LMC STRUCTURE: The proposal to amend the LMC Constitution to enable ‘first five’ GPs to be included in the sessional constituency had been agreed at the AGM on 10th April 2018. Kirsty Wallis was welcomed to the meeting as a ‘first five’ GP. IH confirmed that Emma Rees had become an Executive Committee member wef 1st April 2018</p> <p>VTS Representation: IH welcomed Dr Ceri Williams as the NPT VTS representative. Dr Ainsley Rees-Evans had agreed to represent the Swansea VTS. Both CW and BR confirmed that there was little awareness of the LMC during the first 1.5 years of the VTS. This would be discussed with the programme directors with the view of having LMC attendance at training sessions. The LMC would also be happy to support ARo’s suggestion of holding joint sessions.</p>	<p>ACTION AR</p>
<p>6.</p>	<p>SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT. A copy of the BMA Welsh GP Practice heat map had been circulated. It was updated quarterly and provided a snapshot of the sustainability situation across Wales. ARo advised that ABMU was happy to provide information but did not believe the criteria being used was reflective of the true position and as all Health Boards used a RAG (red/amber/green) rating system this may be more appropriate. IH agreed to raise this with GPC Wales.</p>	<p>ACTION IH</p>
<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p>	<p>GP CLUSTERS: (standing item): The dates for 2018-19 Cluster meetings had been agreed. There were several gaps in the rota which would be re-circulated. IH encouraged elected GP members to attend.</p> <p>ABMU had confirmed that all clusters had spent their 2017-18 allocations including the previous year brokerage. ARo advised that clusters should have alternative plans in place for 2018-19 in preparation for any schemes which did not proceed. The issue of ‘re-provision’ of funding still required clarification.</p> <p>JK noted that the drilling down of figures presented at Cluster meetings could be difficult and ARo agreed that this would be raised at the next Cluster leads meeting.</p> <p>CLUSTER LEADS & HEADS OF PRIMARY CARE MEETING: IH would attend the next meeting on 30th May 2018. This would be the forum for discussing the mainstreaming of projects. It was essential that the evaluation method was incorporated within the original business case. Members felt that there had to be recognition that additional support was required to determine and undertake the evaluation process and ARo would look at this further.</p> <p>VALIDATED INNOVATION PROJECTS: Details of projects/schemes which had been reviewed and assessed by Health Boards as being truly innovative had been circulated and confirmed the difficulties with evaluation.</p> <p>PLTS/PT4L COVER: ARo advised that CPD sessions would continue but clinical cover for practices could not be guaranteed because of the shortage of available GPs. No clinical cover had been found for the NPT session on 9th May 2018. LMC members expressed concern about delays in notifying practices of the changed cover arrangements. ARo agreed to take this forward.</p>	<p>ACTION ML</p> <p>ACTION HD</p> <p>ACTION ARo</p> <p>ACTION ARo</p> <p>ACTION ARo</p>
<p>8.</p>	<p>LMC /ABMU LIAISON GROUP : 20th March 2018: The Draft Minutes had been circulated for information.</p>	

9.	AGMs for MLMC & MLMC Ltd: The draft minutes of both meetings had been circulated for information.	
9.1	STATUTORY & VOLUNTARY LEVIES: The statutory levy would increase by 2p to 34p per registered patient. The voluntary levy was being held at 6p per registered patient for the third year	
10.	<p>ABMU 111/ OOH SERVICE <i>–(standing item).</i> ARO advised that overall fill rates for shifts had improved. Eleven pharmacists had completed training and would be able to undertake face to face consultations. A proposal for advanced paramedics to undertake home visits and confirm deaths was being finalised. Home triage by GPs was being undertaken successfully. Some GPs were providing this service from out of area bases but only if they had previously worked in the ABMU OOH service. Telephone triage sessions had been reintroduced in Singleton Hospital and had proved successful in recruiting additional GPs.</p> <p>The VTS reps present reported problems in securing shifts due to a shortage of supervisors. ARO confirmed that this was being addressed and trainees could not work without supervision. Some members had noted an increase in ‘blind’ antibiotic prescribing and ARO asked to be kept informed of serious concerns.</p> <p>ARo asked LMC members to send any ideas for improving unscheduled care asap to meet the challenge set by Tracy Myhill that primary care can find solutions.</p> <p>OOH/ED/111 PRESSURES: A significant number of problems relating to Ambulance attendance / queueing had been reported recently and the BMA had asked their members to use the BMA portal to report examples in order to get some qualitative data. online NHS pressures portal.</p> <p>TAXATION CHANGES from 1st NOVEMBER 2017: Health Boards were looking at a range of options for consideration by GPs.</p>	<p>ALL TO NOTE</p> <p>ALL TO NOTE</p> <p>ALL TO NOTE</p>
11.	<p>ISSUES RAISED BY PRACTICE MANAGERS: (standing item) An updated schedule of issues / queries raised by Practices between March – April 2018 had been circulated.</p> <p>11.1 A concern about GDPR was raised -see item 15.3</p>	
12.	<p>ISSUES RAISED BY CONSTITUENTS: (standing item).</p> <p>12.1 DIABETES NES: The non-commissioning by the Health Board of a Diabetic NES for type 2 diabetic patients who are prescribed an injectable agent was a concern for practices. IH confirmed that he was in discussion with ABMU to develop a safe method to hand patients back and once agreed a flow chart and documentation for handback of prescribing would be developed. The Health Board was also looking at a solution to enable patients to continue to be managed in the community.</p> <p>12.2 WORKFORCE VACANCIES SPREADSHEET: Practices had queried the need for completed monthly returns. ARO confirmed they enabled the Health Board to recognise where the hotspots were and to be able to share data but were only required monthly if changes had occurred.</p> <p>The data relating to demand that had recently been shared with the Health Board by some LMC practices had proved of value to both the Health Board and practices and would be useful as an on-going exercise.</p>	<p>ACTION ABMU</p> <p>ALL TO NOTE</p> <p>ALL TO NOTE</p>

13.	ISSUES RAISED BY CO-OPTED MEMBERS: (<i>standing item</i>).	
13.1	HD confirmed Zoe Wallace's secondment to Public Health Wales as the Director of Primary Care / Programme Director for the Primary Care Hub from 1 st May 2018. Sam Page had been appointed as interim Head of Primary Care for the 6 clusters in NPT and Bridgend. Congratulatory messages had been sent to both by the LMC.	
14.	ABMU ISSUES:	
14.1	COMMUNICATION BETWEEN SECONDARY & PRIMARY CARE: WHC 2018-14 All Wales Communication Standards between Primary and Secondary care was issued on 3 rd May 2018. Monitoring arrangements would be discussed at the Liaison Group meeting on 15 th May 2018	
14.2	WCCG REFERRALS: no further problems reported. Confusion had arisen where a referral is rejected but the patient redirected for investigation – who retained responsibility for the patient in such circumstances? ARO would discuss with colleagues to determine who was responsible and would arrange a meeting to discuss the level of rejected referrals made to gastroenterology in Bridgend and NPT.	ACTION ARO
14.3	MENTAL HEALTH SERVICES NPT: The lack of engagement by MH managers was concerning and ARO agreed to progress as a matter of urgency.	ACTION ARO
14.4	ABMU PAYMENT POLICY FOR GMS: A legal view had been obtained by the LMC and a request would be made to ABMU to amend the policy.	ACTION AR
14.5	DOAC LES: The LMC was disappointed that only 38 practices had signed up to the LES	
14.6	DNACPR FORMS: The completion of forms by nursing staff including those in Care homes had been raised with the Unit Nurse Director.	ACTION ABMU
14.7	BUSINESS RATES REBATE APPLICATIONS: ABMU had sent requests to practices to authorise them to appeal business rates on their premises. IH confirmed that practices needed to provide consent if Health Board requests to have properties revalued were to proceed. The LMC could not tell practices what to do but outlined that revaluations may adversely affect notional rent valuations but that higher business rates would reduce the funding available for primary care in general.	
14.8	FLU PLANNING 2018-19: Delays in supply were noted but practices did have time to plan and structure clinics accordingly. ARO advised that practices should follow national guidance in the ordering of Adjuvanted trivalent influenza vaccine for over 65s and should also re-confirm order levels with the supplier.	ALL TO NOTE
15.	GPC WALES (<i>standing item</i>)	
15.1	MATERNITY LEAVE – LOCUM PAYMENTS: The BMA legal challenge was ongoing	
15.2	GDPR DRAFT GUIDANCE: BMA Interim guidance in respect of GPs as Data controllers had been circulated to practices. Further guidance was available on the BMA Website.	
15.3	WARFARIN DES: ABMU was considering claims from a number of practices who had incurred expenditure as a result of the DES not being implemented with effect from 1 st October 2018.	

15.4	GMS CONTRACT 2018-19: Contract changes for 2018-19 had been confirmed and work was now starting on negotiations for the 2019-20 Contract.	
16.	WELSH GOVERNMENT:	
16.1	PROPOSED REALIGNMENT OF HEALTH BOARD BOUNDARIES: (standing item). HD advised that an announcement was likely to be made in June 2018.	
17.	ALL WALES PRESCRIBING ADVISORY GROUP: IH reported that the AWPAG had removed GPC Wales membership from its constitution and advised LMC members that there was no obligation for practices to comply with any advice given by the group as there was no statutory representation on the body that drew up the advice.	ALL TO NOTE
18.	SWANSEA SESSIONAL GP GROUP: 3rd May 2018: PR was unable to attend but would obtain an update. ARo confirmed that he had attended as a speaker	ACTION PR
19.	DYFED POWYS LMC: PH-H was unable to attend.	
20.	LMC ANNUAL CONFERENCES:	
20.1	WELSH LMC CONFERENCE: 10th November 2018: Vale Resort Hensol: IH reminded LMC members of the need to collate motions.	
21.	WELSH MEDICAL PERFORMERS LIST – (ABMU): The list of changes March-April 2018 had been circulated to LMC GP Members.	
22.	CAMERON FUND: The latest newsletter had been circulated	
23.	ANY OTHER BUSINESS:	
23.1	PHYSICIAN ASSOCIATE GP INTERNSHIP: ARo summarised details of the ABMU 12 month PA GP Internship programme which would offer newly qualified PAs a General practice placement for 60% of the working week and 40% attached to a specialist community service. He was looking for GPs to sign up to the scheme to provide supervision. IH commented on the possible impact of increased MDO fees for supervising GPs and this would need clarification.	
23.2	PROFESSOR HAMISH LAING: HD confirmed that Prof Laing would leave his post in ABMU at the end of July 2018 to take up a new position in Swansea University.	
24.	NEXT LMC MEETINGS	
	<ul style="list-style-type: none"> • LMC Executive Committee 12th June 2018 – The Grove Medical Centre • LMC Full Meeting 10th July 2018 – The Mercure Hotel Swansea 	

