6 Uplands Terrace, Uplands, Swansea SA2 0GU
E:morgannwglmcltd@btconnect.com
T: 01792 815954 F: 01792 814938
W: www.morgannwglmc.org.uk

MORGANNWG LOCAL MEDICAL COMMITTEE

MINUTES

MORGANNWG LOCAL MEDICAL COMMITTEE

The Mercure Hotel, Phoenix Way, Swansea SA7 9EG

TUESDAY 13th March 2018

GUESTS AT FUTURE MEETINGS:

- **8th May 2018 : Ms Tracy Myhill, appointed as ABMU CEO with effect from 1st Feb 2018 was unable to attend the March 2018 meeting but would attend in May.**
- **8th May 2018: Dr Richard Lewis, National Professional Lead for Primary Care will attend to update members on issues affecting Primary Care in Wales.**

A SOAPBOX session preceded the main meeting and details are summarised at the end of the Minutes

GENERAL

1.	**ATTENDANCE:** **LMC MEMBERS:** Drs T Cufflin (TC), I Harris (IH) (Chair), S Hlaing (SH), C Jones (CJ), H Hunt (HH), R Jones (RJ), S Karupiah (SK), J Kletta (JK), A Rayani (AR), E Rees (ER), M Rickards (MR), N Shah (NS), A Stevenson(AS), T Watkin (TW) **LMC Secretariat**: M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH). **DPLMC**: Dr L Williams (LW) **ABMU/PCCU**: Mrs H Dover (HD), Dr A Roeves (ARo) **PRACTICE MANAGERS**: C Boland (CB), S Kiley (SKi) **REGISTRARS**: Dr B Roberts (ST1 Bridgend) (BR) **OBSERVERS** : none
2.	**APOLOGIES:** Drs J Donagh, L El-Sharkawi, J Bryant (ST3 Bridgend), A Hussain, R Lewis, K Mellin, P Ramkumar, R Thomas, H Wilkes, C Williams (ST2 NPT), J Williams, P Williams, Melanie Jones. **Dyfed Powys LMC:** Dr P Horvarth-Howard **ABMU/PCCU**: Dr S Bassett, Mr J Crowl (UND) **Practice Managers**: M Haynes **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.**
3.	**MINUTES:** • **Full LMC Tuesday 9th January 2018** – the Minutes were approved and signed by the Chairman
4.	**MATTERS ARISING: none**

5.	**LMC STRUCTURE:** IH outlined a proposal to amend the Sessional constituency to enable 'first five' GPs to be included. Members agreed that this would avoid the loss of membership of GPs taking up partnerships and ensure that representation was maximised. The proposal would be tabled for ratification at the AGM on 10th April 2018.	**ACTION ML**
5.1.	**VTS Representation:** The NPT VTS would be represented by Ceri Williams (ST2). Contact would continue to be made with the VTS course organisers to obtain representation for the Swansea scheme.	**ACTION ML**
6.	**SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT.** AR had recently attended two sustainability panels and a review meeting reporting that ABMU continued to work constructively with practices.	
7.	**GP CLUSTERS: (standing item):** Positive feedback had been received from cluster leads in respect of LMC attendance at meetings and members would continue to be encouraged to attend. The LMC understood that cluster monies unspent in the current financial year could be re-provided the following year at the discretion of the Health Board. HD would seek clarification from the Finance Director as was not her understanding.	**ACTION HD**
7.1	**CLUSTER LEADS & HEADS OF PRIMARY CARE MEETING:** IH had attended the meeting on 31st Jan 2018 and would also attend on 28th March 2018.	
7.2	**PLTS/PT4L COVER:** Cluster models were still being worked on and likely to result in varying solutions across the Health Board area depending on what each decided to do.	
8.	**LMC /ABMU LIAISON GROUP : 16th January 2018:** The Draft Minutes had been circulated for information.	
9.	**LMC EXECUTIVE COMMITTEE**: **12th December 2017:** The Draft minutes had been circulated for information.	
10.	**ABMU 111/ OOH SERVICE** –*(standing item).* The OOH service remained under pressure from continuing difficulties in recruiting GPs to cover shifts. The LMC recognised that this was impacting on in hours work and was supportive of recent measures being taken to encourage all GPs to participate in the service. The involvement of Health Board CDs in providing OOH clinical services demonstrated good leadership. Health Boards were looking at an 'all Wales' approach to OOH services as variation in payment rates was significantly affecting recruitment in some areas.	
10.1	**OOH/ED/111 PRESSURES:** ARo confirmed that the use of the OPEL escalation framework would be developed for implementation next year. He had requested comparative workload data from Exec team practices and IH agreed that this should be extended to all LMC members' practices.	**ACTION ML**
10.2	**TAXATION CHANGES from 1st NOVEMBER 2017:** The contractual status of GPs working for the OOH service was under review by BMA Law and could result in being tested via an Employment Tribunal.	
11.	**ISSUES RAISED BY PRACTICE MANAGERS: (*standing item)*** An updated schedule of issues / queries raised by Practices between January-February 2018 had been circulated.	
11.1	**MISMATCHED LAB RESULTS – BRIDGEND*:*** A Laboratory barcode issue in Bridgend had resulted in results being sent to wrong practices and 'disappearing' if rejected. This had been brought to the	

	attention of the lab but clarification was required around the redirection to the correct practices and whether a similar issue had occurred in Swansea.	**ACTION ML**
12.	**ISSUES RAISED BY CONSTITUENTS: *(standing item).***	
12.1	**DNACPR FORMS:** Community nursing staff were unable to complete DNACPR Forms. The LMC view was that it was reasonable for a GP to be asked to countersign a DNACPR form but that it could be completed by a DN or another healthcare professional. SH reported that Care Home nursing staff were willing to complete the forms but were having difficulty accessing them. LW advised that in Hywel Dda cluster based end of life care planning teams were able to undertake the completion of the forms. Evaluation data would be shared when available. This approach would be discussed with the ABMU CD for Cancer Services and raised with the UND.	**ACTION ABMU** **ACTION IH**
13.	**ISSUES RAISED BY CO-OPTED MEMBERS: (*standing item*).** No new issues raised	
14.	**ABMU ISSUES:**	
14.1	**COMMUNICATION BETWEEN SECONDARY & PRIMARY CARE:** CJ would forward the Communication standards between Secondary and Primary care which had been published by Humberside group of LMCs and should be reviewed alongside the Cwm Taf standards.	**ACTION CJ**
14.2	**WCCG REFERRALS**: The issue of vague responses and follow up requirements had been brought to the attention of consultants but was reported by members as still occurring. IH would take forward.	**ACTION IH**
14.3	**MENTAL HEALTH SERVICES NPT:** Problems accessing the Crisis team continued to be raised. Dr Heather Potter was taking this forward and was arranging a meeting which would include Heather Wilkes.	**ACTION HP**
14.4	**ABMU PAYMENT POLICY FOR GMS:** A legal view of the limitations of the policy in respect of genuine backdated claims would be raised via BMA Law.	**ACTION ML**
14.5	**TELEPHONE FIRST:** Launched by ABMU two weeks ago and agreed by the LMC as a gold standard framework that practices could aspire to if they wished. It was one of several models which could be adopted depending on the skill mix in their surgery.	
14.6	**VITAMIN D REQUEST FORMS:** The demand for Vitamin D tests had reduced significantly. The previous audit of green request forms would be repeated in May 2018.	
15.	**LMAG:** Due to the very low attendance of primary and secondary care doctors at previous meetings and the resignation of the Chair no further meetings had been scheduled. IH as deputy chair would look at ways to revitalise the group. .	**ACTION IH**
16.	**The chair advised that GPC Wales issues would be discussed in a closed session at the end of the meeting see item 25**	
17.	**WELSH GOVERNMENT:**	
17.1	**PROPOSED REALIGNMENT OF HEALTH BOARD BOUNDARIES**: (standing item). The consultation had been completed on 7th March 2018. The LMC had not submitted a response. Executive Team members from Bro Taf LMC and Morgannwg LMC had met to discuss options for joint working and whether realignment of the LMCs would be required. The decision was made to leave current arrangements in place to allow time to develop a better understanding around working	

	arrangements for both LMCs. Any change would not therefore be implemented prior to the boundary change.	**ALL TO NOTE**
17.2	**WELSH LANGUAGE STANDARDS:** A WG letter relating to proposed changes in Welsh Language Standards which would affect Primary Care services had been circulated. There was a likely implementation date of 1st April 2019. IH confirmed that practices would not be required to meet the costs for implementation.	
18.	**SWANSEA SESSIONAL GP GROUP: 6th March 2018:** PR would be contacted for an update. SSP would be asked to write to Sessional GPs in Bridgend and NPT to enable an LMC data base of GPs in these areas to be established.	**ACTION ML**
19.	**DYFED POWYS LMC: LW provided an update re:** • OOH Service: Situation was unclear as LMCs in England were now challenging CCGs around the non-commissioning of Shropdoc • Handing back of a Llanelli practice Contract – may impact on Swansea • Diabetes DES: All suites to be commissioned by HB but only for practices already providing the DES. Type 1 patients likely to be repatriated as no funding for those being looked after by practices.	
20.	**ABMU CHC:** Patient Satisfaction Survey Feb 2018: The LMC believed that the survey reflected the pressures on services but did not attempt to convince patients that alternative models of care could be better. The LMC believed that the data could be used constructively as evidence when discussing the need for resources to be transferred to primary care. A Leaving hospital report had also been published and would be a useful document in discussions with secondary care about discharge processes.	
21.	**LMC ANNUAL CONFERENCES:**	
21.1	**WELSH LMC CONFERENCE: 20th January 2018: DoubleTree Hilton Hotel & Spa Chester:** IH reported the conference as being one of the best he had attended. A motion calling for the creation of a single primary care body to administer primary care had been carried and reflected the frustration in having a patchwork of services across Wales. A motion calling for compulsory annual appraisal to be set aside and a more reasonable expectation of two appraisals in each revalidation cycle to be introduced had been carried. ABMU GPs had subsequently been surveyed for their views and IH expressed his disappointment at the low response. A copy of the motions debated would be circulated to GP members with the Minutes.	**ACTION ML**
21.2	**UK LMC CONFERENCE: 9th March 2017: BT Convention Centre, Liverpool.** IH reported that a vote of no confidence in the GMC as a regulatory body had been passed. This followed the recent case of Dr Bawa-Garba. It had also been the will of Conference that safe workload levels in primary care should be agreed.	
21.3	**WELSH LMC CONFERENCE: 10th November 2018: Vale Resort Hensol:** Members were asked to start collating motions.	**ALL TO NOTE**
22.	**WELSH MEDICAL PERFORMERS LIST – (ABMU):** The list of changes April 17 – February 18 had been circulated to LMC GP Members.	

23.	**ANY OTHER BUSINESS: No issues raised**	
24.	**NEXT LMC MEETINGS** • **AGM(s) Tuesday 10th April 2018 – The Great House Bridgend** • **LMC Full Meeting 8th May 2018 – The Mercure Hotel** • **LMC Executive Committee 12th June 2018 – venue tbc**	
	CLOSED SESSION ATTENDED BY TC, IH, SH, RJ, SK, JK, AR, ER, MR, TW, ML,EH.	
25.	**GPC Wales:** (standing item)	
25.1	**MATERNITY LEAVE- LOCUM PAYMENTS:** The BMA legal challenge was ongoing	
25.2	**GDPR Draft GUIDANCE**: BMA Guidance in respect of GPs as data controllers had been circulated to practices. Further guidance would be issued in due course.	
25.3	**WARFARIN DES:** GPC Wales was supporting practices who wished to challenge the HB decision not to make payments from 1st October 2017.	
25.4	**DOAC LES:** The spec and pricing had been agreed by the LMC and formal launch was anticipated to be 1st April 2018. A challenge would be raised if the LES was only offered to practices who were already providing the Warfarin DES.	
25.5	**GMS CONTRACT CHANGES 2018-19:** IH summarised the changes which would be confirmed soon.	

SOAPBOX SUMMARY

MEMBERS WERE INVITED TO SPEAK FOR ONE MINUTE ON A HOT TOPIC

(LMC RESPONSES IN RED)

1. The new microbiology forms did not include a bag and bags were being ripped from biochem forms resulting in wastage.
   To be highlighted to Pathology (IH)

2. Ambulance delays are getting worse
   IH will write to MD of WAST about a number of issues including delays. It was noted that WAST may not always be responsible and the 'parking up' of ambulances at Morriston Hosp was a huge contributory factor. ARo requested that any ideas about possible solutions should be passed to him.

3. Patients are becoming more demanding and abusive and practices should have posters as in secondary care.
   Agree! Practices have a higher tolerance threshold than secondary care but shouldn't. ARo will look at giving access to hospital posters for use in surgeries. Practices need to report incidents and warning letters should be issued the first time an incident occurs .

4. Can Dentist be asked to provide sick notes?
   Dentists cannot issue Med 3 'sick notes'. LMC will write to LDC reminding that prescriptions should be issued for up to 7 days.

5. Just in Case boxes – pharmacist stated that there were guidelines to provide in up to 72 hours
   There shouldn't be a delay. The JIC Boxes have not been successful and it may be easier to write prescriptions. ARo requested details of any similar problems and confirmed that community pharmacies were being commissioned to provide palliative care drugs during OOH periods

6. Problem with supply of flu vaccine for next year as Trivalent is now for >65yrs as well as >75yrs.
   The problem was almost predicted but there is very little that can be done as guidance must be followed.

7. Use of word 'resilience' is being misinterpreted and may be a smokescreen for a failing system
   'SOAPBOX OF THE NIGHT' – GPs and staff need to work in a safe system and have to start saying 'there is a limit'. A paper on workload is on the BMA website.

8. OOH contract – HB is gaining – GPs are responsible for covering shifts but have no employment rights.
   BMA law are looking at the legalities of the HB position on taxation but it may result in being tested at an employment tribunal. A suite of options is currently being looked at nationally.

9. Crisis team in NPT are directing patients under their care to GPs for scripts
   Not appropriate – examples should be provided to ARo

10. Receiving abnormal blood results from intermediate care nurses with no clinical handover
    Will raise at Liaison group meeting as there needs to be an escalation process. Clarification of the consultants is required.

11. Abnormal test results being passed to GP by nurse led monitoring clinics who will not take responsibility eg cardiology.
    Not appropriate – will raise at Liaison group meeting.

12. WARFARIN DES is a bug bear – delays in patients being repatriated
    For discussion at a meeting on 14th March 2018

13. ACT / CRISIS Team / Warfarin DES – all huge bugbears
    AGREED

14. WCCG – some specialties still requesting completion of forms. System is being undermined
    There should only be the one generic referral form. We are working with the HB to switch off paper referrals. TIA referrals are still a problem. LMC view is that WCCG should always be used. Forward any problems to ABMU MD and copy in LMC

15. Swansea CAMHS - rejecting referrals stating patients do not meet criteria
    Need to keep banging away until a single point of access to direct patients is in place. Highlight rejected referrals to the ABMU MD and copy in LMC

16. DNA letter being received when patients have not DNA'd - unclear what has happened
    Common sense approach required – will raise at Liaison group meeting

17. Patients from Hywel Dda being given very early morning appts in ABMU when living huge distances away and needing hosp transport
    Will raise at Liaison group meeting

18. Letters about dental extraction not necessary and shouldn't form part of the GP record
    Examples required

19. Communication from DNs and intermediate care services is very poor
    IH meeting with UND 14th March 2018 to discuss working arrangements and relationship issues re community nursing service.

20. CAMHS bouncing patients back - see 15 above

21. GDPR is a nightmare.
    AGREE! Guidance out soon

22. Nurses from sec care clinics are raising patient expectations re prescribing of drugs when GP has no knowledge of patient.
    Hospitals should be providing up to 7 days supply

23. New guidelines about an appropriate workload look good and there needs to be a push to be enforced.
    CMO has written to all MDs re workflow standards between secondary and primary care – cultural change needed – may not happen without financial levers

24. Increasing no of queries from pregnant patients as a result of difficulties accessing community midwife.
    Will ask for feedback – may be a geographical problem – reflects workforce problems throughout the service

25. Difficulty in obtaining a response from Gastroenterology dept when referring suspected IBS
    Examples needed – forward to ARo and copy in LMC

26. GPs being asked to prescribe drugs of potential abuse – massive doses of opiates
    Examples required

27. Requests from smoking cessation Wales to prescribe without adequate resources
    Not sure what the answer is!

28. Not convinced that the provision of Discharge summaries is improving
    Stats show that it is getting better but still long way to go

29. Delays in getting patients out of peripheral hosps for tests in DGH
    Affecting every DGH – will raise concerns

30. Info from Heart failure clinic – its like wading through treacle
    A standard template discharge letter is currently under discussion (ARo) for adoption by every speciality.

31. DATIX Feedback not provided
    Feedback is only provided if required. ABMU is working on summarising themes. An abridged datix form is being trialled in primary care and will be circulated to all LMC elected member practices.

32. Performance of MIU in NPT. Referrals to GPs for sick notes. Suspected DVT – sent home to phone OOH – patient then referred back to MIU for blood tests – accepted but could not interpret blood results.
    Incidents need to be collated – complete datix form and let ARo know

33. Six month delay in results from cardiology
    Forward details to ARo and copy in LMC

34. Datix forms too prescriptive (won't let you move on if no consultant name)
    Has been amended – make ARo aware of any other required changes