

MINUTES		
MORGANNWG LOCAL MEDICAL COMMITTEE		
The Mercure Hotel, Phoenix Way, Swansea SA7 9EG		
TUESDAY 9th January 2018		
GUESTS AT FUTURE MEETINGS:		
<ul style="list-style-type: none"> • 13th March 2018 : Ms Tracy Myhill, appointed as ABMU CEO with effect from 1st Feb 2018 would be invited to attend. • 8th May 2018: Speaker to be confirmed 	ACTION ML	
GUESTS:		
<p>Jo Abbott-Davies, ABMU Assistant Director of Strategy and Partnership, attended to update members on the proposal to develop a major trauma network for South and West Wales and South Powys. She explained the background to the consultation which would end on 5th Feb 2018. A short video explained that there was significant evidence to show that patients who suffer a major trauma had a greater chance of survival and recovered better when treated within a major trauma network. An independent panel had recommended that the major trauma centre should be the University hospital of Wales, Cardiff with Morriston hospital becoming a large trauma unit with a lead role for the major trauma network.</p> <p>IH advised that the LMC would formally respond and asked members for their views. There was clear concern about which services would move away from Morriston Hospital eg Burns and Plastics and whilst Jo confirmed that evidence from England and other areas showed that co-location of services was desirable WG had stated there were no plans to move Burns and Plastics from Morriston.</p> <p>CJ raised issues of capacity and impact on relatives for travelling and HW asked if there was any learning from other reviews. Jo thought that this wasn't always the case but lessons did need to be learned from England about the impact on neighbouring hospitals following centralisation of services on one site.</p> <p>IH thanked Jo for attending and confirmed that the views of the members would be collated but individual responses could also be submitted. Consultation documents had been provided by Jo. CJ confirmed that GPC Wales would also submit a response.</p>		ACTION LMC
GENERAL		
1.	<p>ATTENDANCE:</p> <p>LMC MEMBERS: Drs T Cufflin (TC), J Donagh (JD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), C Jones (CJ), R Jones (RJ), S Karupiah (SK), J Kletta (JK), K Mellin (KM), P Ramkumar (PR), M Rickards (MR), N Shah (NS), R Thomas (RT), H Wilkes (HW), T Watkin (TW), J Williams (JW),</p> <p>LMC Secretariat: M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH).</p> <p>DPLMC: Dr P Horvath-Howard (PH-H)</p> <p>ABMU/PCCU: Mrs H Dover (HD), Dr A Roeves (ARo)</p> <p>PRACTICE MANAGERS: C Boland (CB)</p> <p>REGISTRARS: Dr B Roberts (Bridgend VTS)</p> <p>OBSERVERS : .</p>	

2.	<p>APOLOGIES: Drs L El-Sharkawi, J Bryant (ST3), A Hussain, R Lewis, A Rayani, E Rees, A Stevenson, P Williams</p> <p>Dyfed Powys LMC: Dr L Williams</p> <p>ABMU/PCCU: Dr S Bassett, Dr R Tristham</p> <p>Practice Managers: S Kiley</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 14th November 2017 – the Minutes were approved and signed by the Chairman 	
4.	<p>MATTERS ARISING: none</p>	
5.	<p>LMC STRUCTURE: IH welcomed new LMC GP members Richard Thomas and Rhydian Jones (Swansea) and Tom Watkin (Sessional). Pramila Ramkumar had also agreed to represent the sessional constituency.</p> <p>As 50% of the Sessional Constituency places had remained unfilled for some time the LMC Executive Committee would review the structure with a view of maximising representation.</p>	<p>LMC EXEC</p>
5.1.	<p>APPOINTMENT OF VICE-CHAIR: IH gave his personal thanks to HW for her support as Vice-Chair. The role was discussed and members were asked to submit nominations for the position by 5pm on Friday 19th January 2018.</p>	<p>ALL TO NOTE</p>
5.2	<p>VTS Representation: Bridgend VTS had representation. The course organisers would be contacted again for Swansea and NPT. Members were asked to encourage their trainees to attend.</p>	<p>ACTION ML</p>
6.	<p>SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT. ABMU continued to provide support to practices and all those with a score of 55 or above had been visited.</p>	
7.	<p>GP CLUSTERS: (standing item): Issues of concern were raised and discussed including perceived delays in the adoption of new projects. ARO advised that a Business Plan Template should be completed for all schemes for submission to the Investment and Benefits Group. It was essential that an evaluation framework was included. CJ asked that feedback be provided if these cases were not being completed appropriately.</p> <p>IH and CJ would attend a round table event to provide feedback in respect of the Inquiry into PC Clusters report.</p> <p>CJ confirmed that details about QOF relaxation 2017-18 would be received from GPC Wales by the end of the week for circulation to practices.</p>	<p>ACTION ABMU</p>
7.1	<p>CLUSTER LEADS & HEADS OF PRIMARY CARE MEETING: IH would attend the meeting on 31st Jan 2018.</p>	
7.2	<p>PLTS/PT4L COVER: ARO confirmed that funding for PT4L cover had still to be finalised. Mixed models were emerging with some clusters arranging their own cover and others working jointly to cover. Where possible the ABMU PCCU GPs were providing cover but commitment from clusters was required should this arrangement fail.</p>	
8.	<p>LMC /ABMU LIAISON GROUP : 21st November 2017: The Draft Minutes had been circulated for information. .</p>	

<p>8.1</p> <p>8.2</p> <p>8.3</p> <p>8.4</p> <p>8.5</p>	<p>MATTERS ARISING:</p> <p>DOAC LES: ABMU was the only HB which did not offer a DOAC LES although negotiations were ongoing. The specification had been agreed but funding approval was required. An increasing number of practices were handing back the management of DOAC patients. The immanency of a DOAC LES had been incorrectly reported at one Cluster meeting and this misinformation would be corrected.</p> <p>WARFARIN DES: The continued delay in accessing training was frustrating for some practices. The Health Board had confirmed that payments would not commence to those practices from the Nationally agreed implementation date of 1st October 2017 despite the delays being outwith their control. Formal representations would continue to be made by the LMC/GPC Wales.</p> <p>COMMUNITY NURSING SERVICE: Community nursing pressures were well documented and understood but complaints continued to be received from GPs about the service. HD commented that problems remained with the recruitment of DNs and this had been one of the drivers for moving to hubs. The new Unit Nurse Director would be reviewing current arrangements. IH confirmed that he would be meeting with community nurse managers on a quarterly basis. Concerns were also noted around links with social care.</p> <p>MENTAL HEALTH SERVICES in NPT: HW had not received a response to concerns about accessing MH services in NPT and requested an update. ARo confirmed that an early meeting with the Consultant was being arranged. IH advised that if problems continued it would be necessary to contact HIW.</p> <p>HEART FAILURE SERVICE NPT: ARo would confirm as a matter of urgency that cover was in place during periods of annual leave.</p>	<p>ACTION IH/ABMU</p> <p>ACTION LMC/ GPC Wales</p> <p>ACTION ABMU</p> <p>ACTION ARo</p>
<p>9.</p>	<p>LMC EXECUTIVE COMMITTEE: 12th December 2017: The Draft minutes had been circulated for information.</p>	
<p>10.</p> <p>10.1</p> <p>10.2</p>	<p>ABMU 111/ OOH SERVICE –(standing item).</p> <p>OOH/ED/111 PRESSURES: Communications circulated recently to practices by ABMU had been perceived as inferring that General Practices was responsible for the severe pressures being experienced in hospitals and by WAST. The LMC view was that practices also faced increasing demands and should also have a mechanism for flagging up severe pressures. A draft template letter for notification of extreme pressures in General Practice had been circulated for review. ARo welcomed the suggestion of an escalation process but proposed that an on-line system could be developed for Practice Managers to log into daily with results being discussed at daily conference calls within ABMU. The LMC agreed that this should be taken forward by ARo with further discussion with LMC.</p> <p>Members also voiced concern about an email request from the OOH CD to try and reduce the number of 999 ambulances requested by reviewing practice protocols for reception staff. The LMC view was that clinical risk would always remain with the practice and to request that an adjustment be made to clinical protocols was inappropriate.</p> <p>TAXATION CHANGES from 1st NOVEMBER 2017: The LMC was disappointed with ABMU's confirmation that Employment contracts would not be offered to GPs working for the OOH service following the HMRC ruling that payments were subject to deduction of tax and NIC. LMC members who currently worked for the service voiced concerns about the current situation and highlighted a number of negative factors which led to GPs feeling undervalued to the extent of leaving the service. IH noted the clear message of anger and concern some of which he believed</p>	<p>ACTION ARo/LMC</p>

	could be remedied without financial implications. HD and ARO would take forward the issues raised and provide feedback to the LMC.	ACTION HD/ARO
11.	ISSUES RAISED BY PRACTICE MANAGERS: (standing item) An updated schedule of issues / queries raised by Practices between November - December 2017 had been circulated.	
12.	ISSUES RAISED BY CONSTITUENTS: (standing item). No new issues raised	
13.	ISSUES RAISED BY CO-OPTED MEMBERS: (standing item). No new issues raised	
14.	ABMU ISSUES:	
14.1	COMMUNICATION BETWEEN SECONDARY & PRIMARY CARE: IH was pleased to report a continued improvement in performance in respect of discharge communications. Advice requests in WCCG were being used outside of what was intended. Consultants had the "request further info" tab or could make notes to referrer but GP's were often unable technically to reply easily or the comments being made were not appropriate. IH & HW had met with Dr James Chess, Consultant Physician and Chief Medical Information Officer and were now looking at primary/secondary understanding of the issue and streamlining it.	
14.2	VITAMIN D REQUEST FORMS: Data relating to the number of Vitamin D requests per 1000 patients would be circulated to practices.	ACTION LMC/ABMU
15.	ISSUES RAISED via/for LMAG: Thursday 25th January 2018 IH explained the purpose of LMAG meetings to which all GPs were welcome to attend. HW would present on the Rapid Diagnosis Clinic in NPT at the January meeting.	
16.	GPC WALES (standing item) Thursday 18th January 2018. IH/NS/AR/HW would attend.	
16.1	MATERNITY LEAVE – LOCUM PAYMENTS: The BMA legal challenge was ongoing.	
16.2	GDPR DRAFT GUIDANCE: BMA Guidance was being prepared for circulation. NWIS would be invited to run a roadshow for MLMC. ARO confirmed ABMU support for the venue. CB confirmed NWIS would also attend the NPT Practice Manager forum.	ACTION ML
17.	WELSH GOVERNMENT:	
17.1	PROPOSED REALIGNMENT OF HEALTH BOARD BOUNDARIES: (standing item). An option paper would be prepared by GPC Wales. IH asked members to give thought to future representation.	ALL TO NOTE
18.	SWANSEA SESSIONAL GP GROUP: 10th January 2018: PR would attend future meetings and feedback to the LMC.	
19.	DYFED POWYS LMC: PH-H updated members about the OOH situation and the proposal for the service to be managed by the Health Board. This was mainly due to financial difficulties being experienced by the current provider Shropdoc. GPs in Powys were not supportive of the plan as Shropdoc was a large organisation, employing around 500 people, with huge corporate knowledge and skills and greatly integrated in daytime work. Around 60% of shifts were currently covered by English GPs. PH-H would keep the LMC informed.	ACTION PH-H

<p>20.</p> <p>20.1</p> <p>20.2</p>	<p>LMC ANNUAL CONFERENCES:</p> <p>WELSH LMC CONFERENCE: 20th January 2018: DoubleTree Hilton Hotel & Spa Chester: IH/HW/JD/NS would attend as GPC Wales reps. JK/SH/TC/AR/PW/HH would attend as MLMC reps and would speak to the MLMC motions.</p> <p>UK LMC CONFERENCE: 9th March 2017: BT Convention Centre, Liverpool. One motion had been submitted by MLMC for consideration by the agenda committee. IH would attend as a GPCW rep and AR as a GPDR rep. Expressions of interest were required for three places allocated to MLMC.</p>	<p>ALL TO NOTE</p>
<p>21.</p>	<p>WELSH MEDICAL PERFORMERS LIST – (ABMU): The list of changes April – December 2017 was circulated to LMC GP Members following the meeting.</p>	
<p>22.</p> <p>22.1</p> <p>22.2</p> <p>22.3</p> <p>22.4</p>	<p>ANY OTHER BUSINESS:</p> <p>EAR SYRINGING: The ABMU head of Audiology had written to confirm, as requested by the LMC, that the instruction on appointment letters to have ears checked prior to attending audiology would be removed. A small number of audiologists were now being trained to remove ear wax and the number was expected to increase in the future.</p> <p>ACCESSIBLE INFORMATION STANDARD: IH summarised the document and advised that he did not expect practices to have any problems with it.</p> <p>PRACTICE BOUNDARY CHANGES: RJ requested advice about changing his practice boundary following notification of a 2000 housing development close his practice. He was advised to write to the Council Planning Department copying in the HB. A change of boundary required HB approval.</p> <p>PATIENT KNOWS BEST (PKB): IH informed members that a pilot involving patient owned digital records would run in POW from April 2018. It was designed to help patients with long term conditions manage their care by communicating directly with secondary care health care professionals. GPs had not been involved in the development or roll out and the LMC view was that GPs should not sign up to it if invited.</p>	<p>ACTION AR</p>
<p>23.</p>	<p>NEXT LMC MEETINGS</p> <ul style="list-style-type: none"> • LMC Executive Committee –Tuesday 13th February 2018 – Briton Ferry HC • FULL LMC: Tuesday 13th March 2018 – MERCURE HOTEL, Phoenix Way, Swansea Enterprise Park, Swansea SA7 9EG • AGM(s) Tuesday 10th April 2018 – The Great House Bridgend 	