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MINUTES	
MORGANNWG LOCAL MEDICAL EXECUTIVE COMMITTEE	
The Grove Medical Centre, 6 Uplands Terrace, Swansea SA2 0GU	
Tuesday 11th February 2020	
<i>Items in normal text - for consideration / items in italics - for information / * indicates additional papers</i>	
GUESTS at future LMC Meetings. <ul style="list-style-type: none">• Tuesday 10th March 2020: Dr Richard Maggs has been invited	
GUEST SPEAKER <p>Dr Helen Kemp, CD for Quality and Safety, PC&CS, SBUHB gave a presentation about the Framework for the Management of Performance concerns in GMP on the MPL in Wales and summarised;</p> <ul style="list-style-type: none">• What is a performance concern• Why a framework is required• How the framework was developed• Stages 0-3 of the Management process and role of LMC• The membership and role of PAG <p>Helen had been in post for 18 months and in that time had reviewed 102 (20 inherited) concerns. Exec members were surprised at this number and Helen advised that some were 'soft' concerns which hadn't required further action/investigation. She was asked if she thought that GPs were aware of the support available from the LMC and confirmed that information about support (including LMC) was sent to GPs. She could not make the LMC aware of GPs being investigated but felt that some GPs did find it difficult to seek support.</p> <p>IH advised that CTMUHB had LMC input at the pre-screening process and asked if this was being considered by SBUHB. Helen agreed to raise this with the HB.</p> <p>AR asked whether an anonymised report could be made available to GPs as a learning aid. Helen confirmed that this had been one of the recommendations of the Task & Finish group which she had chaired and could possibly be done as a pan-health board exercise.</p> <p>ACTIONS AGREED Helen would send a copy of the 'flyer' given to GPs at the start of the process to see if it required updating. The LMC would discuss ways of 'getting the message out' to GPs about the supporting role of the LMC at an early stage. This would include adding information to the website</p>	

ACTION HK

ACTION LMC/SK

GENERAL		
1.	<p>ATTENDANCE: Drs I Harris (Chair) (IH), H Dean (HD), S Hlaing (SH), S Karupiah (SK), A Rayani (AR), N Shah (NS), R Thomas (RT), Mrs M Liddell (Executive officer) (ML), Mrs E Harris (Secretarial Assistant)</p>	
1.1	APOLOGIES: None	
2.	DECLARATION of INTEREST: none received	
3.	<p>MINUTES:</p> <ul style="list-style-type: none"> LMC Executive Committee meeting – Tuesday 10th December 2019: The Minutes were approved and signed by the Chair. 	
4.	<p>MATTERS ARISING:</p> <p>6.4 Primary Care Access & Sustainability Forum: The sharing of sustainability data (RAG rating) for inclusion in the BMA heat map had been agreed at the forum but had not been received. This would be raised again at the next meeting and also at the Liaison meeting.</p> <p>7.2 AGPU (Requests for blood tests to be done in Primary Care): The meeting with Steve Greenfield had not yet taken place. AR and SH would take this forward</p>	<p>ACTION NS/ML</p> <p>ACTION AR/SH</p>
5.	LMC ISSUES	
5.1	<p>MLMC Structure post 31st March 2020: Amendments to the LMC Constitution and Articles of Association which were required due to the transfer of Bridgend Practices to Bro Taf LMC had been circulated with the Agenda and were reviewed and agreed. LMC members would be asked to agree the changes at the AGM on 31st March 2020.</p> <p>As previously agreed a time-out session would be arranged following the appointment of the new Committee to discuss promotion of the role / functions of MLMC</p>	
5.2	GPC Wales Meeting 30th January 2020: IH confirmed the GPC Wales decision that each LMC should have a minimum of three seats to remain representative but there would be further changes at a later date in line with the Romney review recommendations.	
5.3	MLMC Election 2020-23: A reminder of the closing date (Monday 17 th February 2020) for submission of nomination papers had been circulated to all GPs/Practices.	
5.4	MLMC Meeting 14th January 2020: The Draft minutes which had been circulated with the Agenda were reviewed and approved for circulation.	
5.5	<p>FINANCE: (standing item); A summary of expenditure to 31st January 2020 was tabled and discussed. ML informed the Exec that the Voluntary Levy rebate agreed by GPDF for the period Jan-Dec 2019 for Bridgend Practices would be transferred to Bro Taf LMC. ML would provide details of the projected expenditure for MLMC Ltd for April 2020- March 2021 to inform the discussion at the AGM about the level of Statutory Levy required.</p>	ACTION ML

6.	GMS & PRIMARY CARE ISSUES	
6.1	<p>MLMC/SBUHB Liaison Meeting 21st January 2020: The Draft minutes and action log had been circulated with the agenda. These were reviewed and approved for circulation.</p> <p>6.2 BRO TAF LMC/CTMUHB Liaison Meeting 15th January 2020: Attended by IH. The draft minutes had been circulated with the agenda.</p> <p>6.3 CWM Taf MAG Meeting 24th January 2020: Attended by IH. The draft minutes had been circulated with the Agenda. The Exec confirmed their view that the re-establishment of the LMAG in SBUHB would be of value.</p> <p>6.4 PRIMARY CARE ACCESS & SUSTAINABILITY MEETING 16th January 2020: Attended by NS who advised that the baseline access tool had highlighted concerns including the inability of six practices to have recorded telephony systems.</p> <p>An 'Ask my GP' presentation had been given which NS felt was suited to practices with a large MDT. A disadvantage was that it did not link to the clinical systems. The Exec discussed on-line access to GPs and IH confirmed that CTMUHB practices were being offered e-consult, funded for two years by the CTMUHB.</p> <p>6.5 CLUSTER LEADS & HoPC Meeting 22nd January 2020 (SBUHB): Attended by SH.</p> <p>6.6 PRIMARY CARE CLUSTERS: The Exec discussed the additional Transformation monies being provided to clusters and raised concerns about the limitations around the projects which could be taken forward. If not on the HB 'list' full business cases had to be written and submitted to the IBG (Investment and Benefits Group). IH re-confirmed the LMC view that practices should not take on the role of lead employer unless there were clear funding arrangements at the end of the transformation funding period.</p> <p>6.7 STRATEGIC IMMUNISATION GROUP 27th January 2020: Attended by HD. A proposal that the purchase of flu vaccines should be a centralised HB role could not be agreed by MLMC and this would be fed back at the next Liaison group meeting.</p>	<p>ACTION ML</p> <p>ACTION AR</p> <p>ACTION AR</p>
7.	PRIMARY / SECONDARY CARE INTERFACE ISSUES	
7.1	<p>SBUHB Clinical Services Plan 2019-24: No update provided. SH to confirm details and her attendance at next meeting.</p> <p>7.2 Practice Managed Email addresses: IH confirmed that Bridgend Practices each had a clinical enquiries email address and the Exec agreed that, following the removal of fax machines, this should also be considered for SBUHB practices until WCCG was completely up and running. Clear governance arrangements were required and it needed to be a two-way process with secondary care. The email address should only be used for non-urgent matters with telephone calls being essential for anything urgent. To be discussed at the next Liaison meeting.</p> <p>7.3 Ear Syringing in Primary Care: Although the view of the LMC and the WG Cerumen Task & Finish group was that wax removal was not appropriate and unsafe in Primary Care the LMC had established that a significant number of practices were still providing this service. As long as this was the case it was unlikely that Health Boards would take over responsibility. For further discussion at the next Liaison Meeting.</p> <p>7.4 Secondary care issues: SK tabled examples of referrals being rejected / downgraded/ tests requested. Each was discussed by the Exec and advice provided about the best course of action to take. Importantly the HB needed to be made aware of examples in respect of all specialties.</p>	<p>ACTION SH</p> <p>ACTION ML</p> <p>ACTION ML</p> <p>ACTION SK</p>

7.5	Referrals to MCAS: SK raised a query about GPs not being able to refer patients directly for back x-rays and IH confirmed that the LMC had agreed to this.	
8.	CONTRACTUAL ISSUES:	
8.1	Enhanced Services (SBUHB): Historical data in relation to previous levels of uplifts and specifications was awaited from the HB. The LMC would have to agree a list of 'wants' to form the basis of negotiations for a better deal prior to meeting again with the HB. Date of meeting to be agreed.	ACTION ML
9.	OTHER	
9.1	WAST – Ambulance Delays: GPC Wales had met with the Chief Ambulance Services Commissioner for Wales who was very aware of the issues which impacted on delays. Efforts were now being concentrated on improving patient flows. There had been agreement that Ambulances would be released for Red and Amber 1 calls and some temporary accommodation had been provided in Gwent to support this arrangement. IH had been asked to join the Ministerial Task Force. Members of the Exec expressed concern that the above actions might be considered as a deflection and asked if it prevented MLMC from raising awareness of the issues through the media as had been agreed. IH would feed back this view to GPC Wales and report back.	ACTION IH
9.2	WHC/2019/039 Principles for the use of Chaperones: The Exec view was that the document was good and protective of both patients and Health Care Professionals and the guidance should be observed. NS who had been involved in preparing the guidance advised that reception staff could undertake the role chaperone provided they had been trained.	
9.3	GPDF NEWSLETTER January 2020: IH highlighted the notice of Elections to the GPDF Board in September 2020 with one of 3 places being linked to Wales. Individuals had to be LMC nominees. The new Committee would have to give consideration to this. IH also pointed out the availability of grant funding for LMC projects. If MLMC was looking to federate or collaborate with other LMCs at some time in the future a request for financial support could be submitted for consideration.	ALL TO NOTE
9.4	UK LMC Conference in York 6/7th May 2020: Closing date for Motions 24 th February 2020. MLMC had been allocated 3 seats. Exec members were asked to confirm if they wished to attend.	ALL TO NOTE
10.	NOVEL CORONAVIRUS (COVID-19): The Exec members were very supportive of RT's view that advice circulated for patients should be translated into the languages of the countries most affected. IH would feed this back to GPC Wales.	ACTION IH
11.	NEXT LMC MEETINGS: <ul style="list-style-type: none"> • LMC full Meeting: Tuesday 10th March 2020 • AGM(s) 31st March 2020 The Great House, High St, Laleston, Bridgend CF32 0HP • LMC Executive Committee - tbc 	