

MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Mercure Hotel, Phoenix Way, Swansea SA7 9EG	
TUESDAY 12th March 2019	
GUESTS AT FUTURE MEETINGS:	
<ul style="list-style-type: none">• 14th May 2019: SOAP BOX• 9th July 2019: Speaker to be confirmed	
GUEST SPEAKER 1:	
<p>Dr Richard Evans had been appointed as ABMU Medical Director in November 2019 having previously worked in Cardiff and Vale Health Board for 15 years as an Infectious Diseases Physician. He said it had been refreshing to come into a different organisation which provided the opportunity to focus his experience in developing pathways between secondary and primary care and forge links between the Health Board and all professional disciplines.</p> <p>Richard touched on the ABMU Clinical Services Plan, an ambitious 10 year strategy which would take care closer to patients' homes. He believed that priority issues for improvement included Discharge summaries, Antibiotic prescribing and the Heart Failure pathway. In the main he wanted to listen to issues from a GP perspective and opened the floor to members queries.</p> <p>There followed some discussion around the following issues.</p> <p>Antibiotics – prescribing in ABMU was not good and Richard asked how better use could be encouraged. He said inappropriate prescribing of the 4 'Cs' had to be tackled – there were good guidelines but ABMU was an outlier and the use of these was a major contributor. He asked if adequate information was being provided. The message from members was that they believed that the guidelines were being followed and it may be that there were 'pockets' of poor prescribing that needed to be investigated. Members also highlighted that no information was received about secondary care prescribing and it was often there that prescribing of the 4Cs was initiated.</p> <p>Discharge Summaries:</p> <p>Richard was asked what he would do differently about the quality and quantity of discharge summaries as performance improvement had dropped off recently and this was an area where improvement would buy an enormous amount of good will. Richard advised that he had asked Alastair Rieves to take this forward, building on what had happened before and believing that safe care required good communication. He pointed out that if it was easy it would have been done by now. Workload issues</p>	

required review and space and time found to do it. He took on board members comments but knew that the solution would not be easy or straightforward.

OutPatient Waiting times

A query was raised about the length of some OP waiting times with GPs not being told about delays. This often resulted in patients being admitted. Richard could not comment on the position but confirmed that the importance of secretarial staff was recognised in relation to the completion of timely reports. He believed that other means of administrative support could be looked at such as voice controlled technology for completion of notes scans etc.

Clusters

The problem around ongoing HB support for cluster projects was acknowledged as an issue but as all 8 clusters in the new HB had been successful in transformation fund bids it would now be possible to look at moving resources from secondary to primary care. ARo advised that no other HB in Wales had total cluster involvement. Richard wanted to develop closer links with individual secondary care clinical colleagues working in Primary Care. Individual clusters would be selected to work on certain projects such as COPD and heart failure to iron out problems so that these could then be rolled out once the benefits were seen.

ALL TO NOTE

IH thanked Richard

GUEST SPEAKER 2:

Professor Malcolm Lewis spoke to members about the GP State Backed Indemnity Scheme which would commence on 1st April 2019 and would be operated by the Legal and Risk Service of the Shared Services Partnership. A mail shot was being produced and would go out to all GPs within the next few days. ARo agreed to arrange for a copy to be sent to Practice Managers. Cover would be included at present for locums but negotiations were still ongoing with Welsh Government. In addition to the MPL a wider locum register was being considered by WG.

IH thanked Malcolm who would be happy to come back if further information / discussion was required.

1. GENERAL

(i)	<p>ATTENDANCE: LMC MEMBERS: Drs H Dean (HD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), H Hunt (HH), R Jones (RJ), S Karupiah (SH), P Ramkumar (PR), A Rayani (AR), N Shah (NS), A Stevenson (AS); R Thomas (RT), H Wilkes (HW) LMC Secretariat: M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH). ABMU/PCCU: H Dover (HD); Dr A Roeves (ARo) PRACTICE MANAGERS: M Haynes (MH), S Kiley (SKi) REGISTRARS: Dr B Roberts (BR) (Bridgend), Observers: Dr A Fatema (VTS) (AM); Dr S Perman (SP)</p> <p>INTRODUCTION / WELCOME: IH introduced and welcomed Dr Sara Perman (Kingsway Surgery) and Dr Amatullah Fatema (NPT VTS) as observers</p>
	<p>APOLOGIES: Drs P Cox, T Cufflin, J Donagh, C Jones, J Kerrigan, K Mellin, M Rickards, K Wallis Dyfed Powys LMC: Dr P Horvath-Howard, Dr L Williams</p>

	ABMU: Dr S Bassett, Dr A Mehta, Dr H Kemp, Mr J Crowl	
(ii)	DECLARATIONS OF INTEREST: none received	
(iii)	MINUTES: <ul style="list-style-type: none"> • Full LMC Tuesday 8th January 2019 – the Minutes were approved and signed by the Chairman 	
(iv)	MATTERS ARISING: . CAMHS: <i>The CAMHS quick reference guides had been circulated to practices to assist with the signposting of patients. Also sent were details of the referrals made by individual practices for the period Jan-Dec 2018 to show the ratio of acceptance : non-acceptance.</i> Members reported that they were still receiving unhelpful response letters of rejection following a referral. ARO would feed this back to the CAMHS leads.	ACTION ARO
2.	LMC ISSUES:	
(i)	LMC Committee Vacancies: Current vacancies included two in Bridgend, one in NPT, one in Swansea and three in the Sessional /First five constituency. Members were asked to bring these to the attention of colleagues.	ALL TO NOTE
(ii)	LMC Executive Committee Vacancies: There were currently three vacancies and expressions of interest were sought from members who were interested in taking on this role which was mainly involved in the day to day running of the LMC.	ALL TO NOTE
3.	GMS & PRIMARY CARE ISSUES	
(i)	Sustainability Programme /Practice Support team: (standing item) No further panels had been arranged. ARO informed members that a regular review of the Health Board managed practice was undertaken and it was possible that a tendering exercise would be carried out at some point in the future.	
(ii)	GP Clusters: ARo advised that the HB was looking to align clusters to the IMTP. Transformational funding was available for mainstreaming. IH confirmed that the LMC had been represented at 29 cluster meetings during the year with others having an LMC rep attending as a cluster member. ARO agreed that LMC attendance had been generally beneficial although there had been occasions when the rep had taken the meeting to be LMC led. IH requested further feedback about this. Two of the cluster leads had been appointed to take on extended roles and would work across the entire Health Board on respiratory and cardiovascular disease. HD advised that a Transformational Forum was being established on which it would be helpful to have an LMC presence.	ACTION ARO
(iii)	Cluster Leads & Heads of Primary Care Meeting 30th January 2019: Attended by NS who provided a brief summary of issues discussed. Changes to the prescribing management scheme had been discussed and would go ahead.	
(iv)	LMC/ABMU Liaison Group 15th January 2019: The Draft minutes and Action log had been circulated. The action log had proved useful in driving both the LMC and HB to solve issues.	

<p>(v)</p>	<p>Issues raised by Constituents /Practice Managers (standing item): The updated schedule of queries raised had been circulated. The importance of reporting issues through Datix was discussed and the link for Diet Datix for Primary Care through which breaches of the All Wales Communication standards should be reported would be circulated again to practice managers.</p> <p>http://7a3b7svmdatixlv.cymru.nhs.uk/datix/live/index.php?module=INC&form_id=15</p> <p>ARo agreed that training in the completion of Datix could be facilitated for Practice Managers. He also informed members that a procurement exercise was being undertaken for a successor to Datix.</p> <p>Increase in Employers Pension Contributions. SK asked about the increase in Employers pension contributions which would be effective from 1st April 2019. IH advised that WG had signalled that the process for payment would mirror what was proposed for England with the additional payments being made directly by SSP. Clarification was awaited.</p> <p>Care and Social Services Inspectorate Wales (CSSIW) MH was concerned about an increase in requests for medical opinions from CSSIW. IH advised that factual information only should be provided although there was no contractual obligation to complete the requests. If widespread this would be fed back to GPC Wales.</p> <p>Heart Failure Service: RT advised that his practice had received results from the Heart failure nurse but sent with no clinical information. ARO asked that all examples be forwarded to Anjula Mehta .</p> <p>Emergency Equipment/ Training Concerns had been raised by constituents about the minimum equipment and training requirements outlined in the Resuscitation UK Guidelines. Clarification about the basic level of equipment would be obtained. It was noted that two practices which had undergone HIW inspections had not had a defibrillator available.</p>	<p>ACTION RT</p>
<p>4.</p>	<p>PRIMARY /SECONDARY CARE INTERFACE ISSUES</p>	
<p>(i)</p>	<p>Communication between Secondary and Primary Care: WHC2018 014 Several issues around WCCG had recently been raised and were being worked through. The LMC was keen to move to a point where the only means of referral was via WCCG.</p>	

	There were also several pathology issues under discussion namely the retiral of the Vitamin D request form/ an increase in samples rejected as leaked in transit/ results returned via links to the wrong practice/ results going back to OOH after 6.30pm.	ACTION IH
(ii)	OPEL Escalation Tool for Primary Care: ARo requested feedback by the end of April 2019. IH had spoken to Practice Managers in Bridgend and Sandra Kiley and Clare Boland would encourage the Swansea and NPT Practice managers to use it and provide feedback. Matt Haynes had found it straightforward to use and the explanations quite helpful.	ALL TO NOTE
(iii)	Issues raised by Co-opted Members: HD confirmed that Alastair Rieves had been asked to co-lead the Clinical Services Plan across Wales. Dr Anjula Mehta had been appointed as ABMU Interim Deputy Medical Director and Associate Medical Director for the Primary Care and Community Unit. IH congratulated them both on their appointments.	ALL TO NOTE
5.	CONTRACTUAL ISSUES	
(i)	Enhanced Services: ARo advised that a mandate to negotiate an uplift to Enhanced Services payments had not been received. The LMC would write to HD outlining the issues that the LMC wished to raise. ARo confirmed that the Mop up NES for unscheduled Vaccinations and Immunisations was now active and would confirm this to practices.	ACTION AR ACTION ARO
(ii)	Maternity Leave – locum Payments (standing item): no update reported	
(iii)	Indemnity Scheme: Guest Speaker Professor Malcolm Lewis had provided an update. IH advised that funding arrangements were still not clear.	
6.	OTHER	
(i)	WAST: IH would attend a meeting on 4 th April 2019 about delays in ambulance handovers at EDs. Examples of delays in emergency ambulances attending GP surgeries should be forwarded to Anjula Mehta and details entered on Diet Datix. Calls from paramedics to GP surgeries were discussed. It was agreed that it was reasonable for GPs to speak to paramedics but the decision to take over the care of a patient was an individual one and based on clinical judgement.	ALL TO NOTE
(ii)	NWIS DPO Role: Four practices in ABMU had still to respond to the NWIS offer. One practice had declined but requested further information.	
(iii)	PHW: No new issues reported	
(iv)	Swansea Sessional GP Group: PR confirmed that contractual issues had been discussed at the last meeting. Many sessional GPs had concerns about the proposed new register.	
(v)	NWSSP: The list of MPL changes April 2018- Feb 2019 had been circulated to elected members for information.	

(vi)	GDPR: The LMC would write to practices to request details of workload and financial implications in relation to SARs since the implementation of GDPR.	ACTION ML
7.	NEXT LMC MEETINGS <ul style="list-style-type: none">• AGM(s) – Tuesday 9th April 2019 – Morgans Hotel Swansea• LMC Full Meeting Tuesday 14th May 2019 – The Mercure Hotel Swansea	