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## MINUTES (section 6 redacted)

### MORGANNWG LOCAL MEDICAL COMMITTEE

The Mercure Hotel, Phoenix Way, Swansea SA7 9EG

TUESDAY 10<sup>th</sup> September 2019

#### GUESTS AT FUTURE MEETINGS:

- 12<sup>th</sup> November 2019: Dr Richard Evans and Dr Brendan Lloyd will attend to update members on progress made in improving delays in emergency ambulances and the offloading policy.
- 14<sup>th</sup> January 2020: Speaker tbc

#### GUEST SPEAKER:

Sian Harrop-Griffiths, SBUHB Director of Strategy, gave a presentation about the West Glamorgan Regional Partnership Board's two transformation funded programmes. Delivering a whole system approach (WSA) they aim to significantly increase the scale and pace at which clusters become the vehicle to achieve

- a much greater focus on self-care and prevention,
- the integration of health and social care systems at a local level
- the delivery of care closer to home.

The 'Our neighbourhood approach' (ONA) provides a wrap around service to support the Primary Care cluster model by supporting the local communities. This includes support for individuals and community groups to come together to realise and develop their strengths. The transformation fund has given the West Glamorgan Partnership the opportunity to develop an integrated approach further in the communities/clusters.

Sian described the range of projects which aimed to test and implement a transformed sustainable model of primary care through facilitating self care and building community resilience, co-ordinating services to maximise wellbeing, independence and care closer to home.

All 8 clusters in SBUHB area now have the opportunity to coproduce, design , develop and implement services flexibly from a suite of options based on local population need. The implementation and governance framework is delivered on a partnership basis across all sectors using a robust project management approach.

The programme has progressed using a phased approach with Cwmtawe cluster commencing in Nov 2018 and Neath, Llŵchwr and Upper Valleys Clusters in 2019. The remaining clusters will commence in early 2020. A copy of Sian's slide presentation is attached for further information.

IH asked how the voice of Primary Care was heard when decisions about funding were being channelled through the Regional Partnership Board. Sian advised that the PCCU fed into the RPB through the CEO who was a member of the Board. She agreed to raise this at a meeting arranged with the new interim chair but really needed to know if there was an appetite to take this forward. Sian would forward some details about the RPB to the LMC.

**ACTION SH-G**

Kirstie Truman asked how an assurance could be given for the roll out of successful projects. She highlighted the Early years project in the Penderi cluster which had been successful but was not being rolled out. She also queried the provision of Audiology services which had been agreed for three clusters but was not being rolled out further. Anjula said that there were challenges to be faced around the recruitment of staff but this should not prevent roll out. This would be discussed at the next Liaison meeting although there should not be a problem as Audiology had been through the scrutiny of the business case.

Sandra Husbands commented that evaluation of projects should not only be from a health perspective or whether the Health Board had funding. If more than one organisation were to benefit it may be necessary to look at other ways of funding. The reality was that if the Health Board were to pick up the funding of everything then something else would have to stop.

Ian commented that clusters were not mature at delivering business cases. Sian stated that it was the job of the Health Board to develop the skills within clusters to produce them. Kirsty commented that the Health Board had said that the development of one business case per cluster would be supported with the implication that clusters would learn from this. Sandra Husbands stated that schemes must be worked up for inclusion in the Health Board's three year Integrated Medium Term Plan (IMTP) even if at a very early stage before consideration could be given for future funding.

It was clear that some confusion remained around on-going funding arrangements at the end of the 18 month transformation period and clear exit plans had to be in place. Employing staff on short term contracts was not ideal for staff or practices but if they were not providing services across a cluster this was necessary. Ian asked for clarification around the appointment of staff by the Health Board and whether this was still happening.

**ACTION AM**

Ian thanked Sian for her presentation and contributing to the frank discussion which followed. Sian agreed to return at the end of the Transformation period.

**1. GENERAL**

1(i)	<p><b>ATTENDANCE:</b>  <b>LMC MEMBERS:</b> Drs R Beynon (RB), P Cox (PC), T Cufflin (TC), H Dean (HD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), R Jones (RJ), S Karupiah (SK), J Kerrigan (JK), K Mellin (KM),</p>
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	<p>S Perman (SP), P Ramkumar (PR), A Rayani (AR), M Rickards (MR), N Shah (NS), R Thomas (RT), H Wilkes (HW), P Williams (PW)</p> <p><b>LMC Secretariat:</b> M Liddell (Executive Officer), E Harris (Secretarial Assistant) (EH).</p> <p><b>DPLMC:</b> Dr P Horvath-Howard</p> <p><b>SBUHB/PCCU:</b> Mr J Crowl (JC), Dr S Husbands (SHu), Dr A Mehta(AM);</p> <p><b>PRACTICE MANAGERS:</b> M Haynes (MH), S Kiley (SKi)</p> <p><b>REGISTRARS:</b> B Roberts (BR)(Bridgend), R Spacie (RS) (Swansea)     <b>OBSERVER:</b> Dr K Truman</p>	
	<p><b>APOLOGIES:</b> Drs J Donagh, C Jones, K Wallis</p> <p><b>Dyfed Powys LMC:</b> Dr L Williams</p> <p><b>PRACTICE MANAGERS:</b> C Boland</p> <p><b>SBUHB:</b> H Dover</p>	
1(ii)	<b>DECLARATIONS OF INTEREST:</b> no forms completed	
1(iii)	<p><b>MINUTES:</b></p> <ul style="list-style-type: none"> <li>• <b>Full LMC Tuesday 9<sup>th</sup> July 2019</b> – The Minutes were agreed and signed by the Chairman</li> </ul>	
1(iv)	<b>MATTERS ARISING:</b> None raised	
2.	<b>GMS &amp; PRIMARY CARE ISSUES</b>	
2(i)	<p><b>Sustainability Programme /Practice Support team:</b> (standing item)</p> <p><b>CTMUHB</b> – no sustainability issues reported</p> <p><b>SBUHB</b> – Information about the ‘last person standing’ component of the GMS Contract had been submitted by SBUHB to WG.</p>	
2(ii)	<p><b>GP Clusters / Transformation Funds:</b></p> <p>Discussed under speaker section</p>	
2 (iii)	<p><b>Cluster Leads &amp; Heads of Primary Care Meeting 24<sup>th</sup> July 2019:</b> The LMC had been unable to provide representation. The Minutes were awaited. AM summarised some of the issues discussed. CAMHS had provided an update on the Single point of Access (SPA). Cluster leads had raised issues about the service.</p>	
2(iv)	<p><b>MLMC/ABMU Liaison Group 16<sup>th</sup> July 2019:</b> The Draft minutes and Action log had been circulated with the agenda.</p> <p><b>MATTERS ARISING:</b></p> <p><b>a. Community Nursing :</b> - The unnecessary completion of documentation by GPs remained an issue and was currently one of the most reported complaints from constituents. JC was leaving SBUHB at the end of the week and Tanya Spriggs would take over his role on an interim basis until a new appointment was made. Examples of problems should be forwarded unredacted to Jason/Tanya. JC stated that there was a lot of variation in the culture and instances required review as they occurred. He said that the policy framework was not currently robust and agreed to forward a copy of the policy relating to the administration of medicines to the LMC. (following the meeting JC advised that this was not available) The LMC would liaise with Tanya.</p>	<b>ACTION LMC</b>
2(v)		

2(vi)	<p><b>MLMC Executive Committee 13<sup>th</sup> August 2019:</b> The draft minutes had been circulated with eh agenda</p>	
2(vii)	<p><b>BroTaf LMC/CTMUHB Liaison Group 7<sup>th</sup> August 2019:</b> The draft minutes had been circulated with the agenda</p>	
2(viii)	<p><b>CwmTaf MAG – 17<sup>th</sup> May 2019:</b> The draft minutes had been circulated with the agenda. IH advised that the MAG was functioning well. He also fed back the action being taken around ambulance delays.</p>	
2(ix)	<p><b>Primary Care Access &amp; Sustainability Forum 30<sup>th</sup> September 2019:</b> AR would attend</p>	
2(x)	<p><b>Issues raised by Constituents /Practices</b> (standing item): The updated schedule (April – July 2019) of queries raised had been circulated. No new issues were raised.</p>	
	<p><b>Practice Managers:</b> SKi raised a query about the prescribing of Degarelix and IH advised that there was no funding for prescribing and could be declined. A meeting was being arranged with SBUHB to review the Enhanced Services basket including shared care arrangements.</p>	
2(xi)	<p>MH raised a query about the new Partnership Premium which has been included in the GMS Contract for 2019/20. IH advised that some issues had still to be fully clarified but it represented an income boost for new partners. GPs would have to look at their individual circumstances and decide.</p>	
2(xii)	<p><b>111 /OOH Service:</b> HD confirmed that all overnight shifts in September 2019 were filled and currently there were no issues of concern.</p>	
2(xiii)	<p><b>ORANGE PHONE:</b> AM advised that initial agreement had been reached with secondary care Consultants that they could be contacted by GPs for urgent advice via an orange phone. They had implied that this was already happening so little change would be seen. IH advised that to be effective and working in both directions strict policing would be required and governance arrangements would have to be clarified. AM to progress</p>	ACTION AM
	<p><b>Mental Health Services: Access to Crisis Teams:</b> AM had met with service managers and had had a constructive discussion. Despite LMC members having previously been told that a GP face to face assessment was not required before referring patients to the crisis team they were reluctant to make this fixed policy and that cases should be considered on an individual basis. Previous LMC minutes would be reviewed to confirm that a face to face assessment was only required if clinically necessary. Heather Potter was now clinical lead for Mental Health and information would be forwarded to her and AM.</p>	ACTION ML ALL TO NOTE
	<p>Examples of refusals and unprofessional responses by the Crisis team should be forwarded to AM.</p>	
	<p>AM confirmed that funding had been allocated for the roll out of a single point of access (SPA). IH would send a follow up letter to Dai Roberts to find out the timescale for the roll out. He would also raise the antipsychotic drugs shared care issue again.</p>	ACTION IH

<b>3.</b>	<b>PRIMARY /SECONDARY CARE INTERFACE ISSUES</b>	
<b>3(i)</b>	<b>WAST Issues – Ambulance Delays:</b> No update. Dr Richard Evans and Dr Brendan Lloyd had been invited to attend the LMC meeting on 12 <sup>th</sup> November 2019 to update members on progress in respect of its improvement plan.	
<b>3(ii)</b>	<b>Issues raised by co-opted members:</b> See issues raised in section 5 (PHW)	
<b>3(iii)</b>	<b>All Wales Communication Standards:</b> Data would be made available at the Liaison meeting on 17 <sup>th</sup> September 2019. The link to Diet datix would be recirculated to practices ( <i>NB email with link sent to elected members and PMs on 13.09.19</i> ) <a href="http://7a3b7svmdatixlv/datix/live/index.php?form_id=16&amp;module=INC">http://7a3b7svmdatixlv/datix/live/index.php?form_id=16&amp;module=INC</a>	<b>ACTION ML</b>
<b>3(iv)</b>	<b>Pathology Lab Concerns: Updates</b>  a.The requirement for a separate Vitamin D form would be removed. The date would be confirmed as members reported that requests made on the original form were still being refused.  b.The ‘leaked in transit’ rejection rate for urine samples sent to PHW was significantly higher than for those sent to Laboratory medicine and the reason for this was being investigated.  c.The implementation of Primary Care Electronic Test requesting (GPTR) was currently being tested and would resolve the issue of ‘rejected lab links reports being lost’. The timescale for this was not known.  d.The phoning of late Outpatient test results to GPs and OOH should cease soon as SBUHB had agreed that results should be phoned through to the relevant secondary care team both in and OOH. HD reported that results were still being received OOH and would contact Andar Gunneberg.	<b>ACTION ML/HD</b>
<b>3(v)</b>	<b>Flu-Plans 2019-20:</b> Although there was a contractual requirement for practices to provide a flu plan the LMC believed that the template document circulated by SBUHB was overly bureaucratic and completion was not mandatory. AR would meet with SBUHB to discuss.	<b>ACTION AR</b>
<b>4.</b>	<b>CONTRACTUAL ISSUES</b>	
<b>4 (i)</b>	<b>Enhanced Services SBUHB:</b> IH confirmed that a root and branch review meeting of enhanced services was being arranged as there had been no uplift for some time. He asked members to forward any concerns about the specifications or pricing of current Enhanced Services.	<b>ALL TO NOTE</b>
	<b>DOAC LES:</b> Kirstie Truman raised a query about the DOAC LES which had been disseminated as a name change. Clarification would be obtained that the revised DOAC LES which included telephone as well as face to face medication review in the monitoring section had been circulated.	<b>ACTION ML(email)</b>
	IH advised that the DOAC LES in CTMUHB included arrangements for housebound patients which the LMC would like to be replicated in SBUHB.	
<b>5.</b>	<b>OTHER</b>	

<p>5 (i)</p> <p>5 (ii)</p> <p>5 (iii)</p> <p>5 (iv)</p> <p>5 (v)</p> <p>5(vi)</p>	<p><b>GPC Wales / GMC Contract 2019-20:</b> Contract details had been published <b>Full discussion was moved to the closed session (6(ii))</b></p> <p><b>Dyfed Powys LMC:</b> PH-H advised that issues under discussion were broadly similar to those in MLMC.</p> <p><b>Swansea Sessional GP Group:</b> no new issues for consideration by the LMC</p> <p><b>GDPR / SARS / Cost/volume:</b> The Practice manager in OakTree Surgery Bridgend had devised a spreadsheet to aid the collection of data in respect of costs involved in providing copies of records following a Subject Access Request (SAR). This would be sent to the PM reps for discussion at PM forums.</p> <p><b>NHSSP:</b> The List of MPL changes in April-Aug 2019 had been circulated to elected members</p> <p><b>PHW:</b> <b>a.TB Outbreak:</b> Sandra Husbands confirmed that the required screening in respect of the recent outbreak of TB in Hendy had been completed.</p> <p><b>b.Obesity Pathway:</b> Sandra Husbands advised that a survey would be circulated to practices to find out how weight is managed and would be followed up with an interview with people who have an interest in this area. The WG strategy would be circulated in October 2019 and there was an expectation that Health Boards' IMTP would include something about obesity.</p> <p>Sandra informed members that this would be her last attendance at an LMC meeting as she would be returning to London to take up a lecturing post. IH thanked Sandra for her involvement with the LMC and congratulated her on her new appointment.</p>	<p><b>ACTION SKi/MH/CB</b></p>
<p>6.</p>	<p><b>CLOSED SESSION</b></p>	
	<p><b>This section has been redacted for circulation to non-elected GP Committee members</b></p>	
<p>7.</p>	<p><b>NEXT LMC MEETINGS</b></p> <ul style="list-style-type: none"> <li>• LMC Executive Committee Tuesday 15<sup>th</sup> October 2019* Venue OakTree Surgery</li> <li>• LMC Full Meeting Tuesday 12<sup>th</sup> November 2019– The Mercure Hotel Swansea</li> </ul> <p>*rearranged from 8<sup>th</sup> October 2019 due to conflicting engagements</p>	

