

MORGANNWG LOCAL MEDICAL COMMITTEE LTD

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MINUTES

MORGANNWG LOCAL MEDICAL EXECUTIVE COMMITTEE

BAR 44, 44c High Street, Cowbridge, CF71 7AG

WEDNESDAY 10 August 2016

GUESTS AT FUTURE MEETINGS:

13 September 2016 – FULL LMC: A NPT GP Cluster lead will attend to speak about a GP Fellow scheme being developed. A **SOAP BOX** session will follow.

08 November 2016 – FULL LMC: Dr Richard Lewis, National Professional Lead for Primary Care will attend to update members on his role.

GENERAL

1. Attendance: Drs: I Harris (IH), S Hlaing (SH), AP Rayani (AR), N Shah (NS)(Chair), H Wilkes (HW). Mrs M Liddell (ML), Executive Officer

2. Apologies: Drs L El-Sharkawi, J Kletta

3. Notice of any other urgent business. - none

4. Minutes of:

- LMC Executive Meeting on 15 June 2016 08 were ratified by the Committee and signed by the Chairman.

5. Matters Arising:

5.1 Backdated Claims for Vaccination and Immunisation costs: AR would attend a meeting on 16 August 2016 which had been arranged following the appeal made by the Practice in respect of the Health Board's offer.

The LMC had written to ABMU about the development of a policy in respect of backdated claims and had received confirmation at the recent Liaison Group meeting that this was being developed.

LMC KEY ISSUES

6. GP CLUSTERS (standing item): Meetings with Cluster leads were still to be arranged and would be important in light of new arrangements which were being developed for the provision of some Enhanced services.(see item 14)

ACTION AR/ML

6.1 GP LEADERSHIP FORUM: The next meeting would be held on 22 September 2016 and AR would attend.

ACTION AR

7.	SUSTAINABILITY PROGRAMME: Seven sustainability panels had been held since January 2016. There were still concerns about delays in implementing agreed levels of support. Recruitment of GPs and other HCP to the new Practice support team was underway.	
7.1	PST (Practice Support Team) VISITS: No new or follow up visits involving the LMC were currently outstanding.	
8.	CONSTITUENCY VACANCIES: The vacancy in Swansea had been filled by Dr Manisha Rickards. HW would highlight the three vacant NPT positions at the next PT4L session to try to encourage engagement/interest.	ACTION HW
8.1	LMC ATTENDANCE: Letters to the three members who had not attended any LMC meetings in the previous 12 months were outstanding.	ACTION AR/ML
8.2	THE FUTURE OF LMC's in WALES*: ML had attended a meeting of Executive Secretaries to discuss Pete Horvath-Howard's paper about more collaborative working arrangements between Welsh LMCs. It had been agreed that it was unlikely that 'back office' functions could be shared to achieve economies of scale or other benefits but on-going networking arrangements should continue for the Exec Secretaries and the Executive teams. Seven action points were noted.	
8.3	LMC PERFORMANCE SURVEY: Bro Taf LMC had shared details of a survey of practices undertaken in 2013. A similar exercise would be considered once the new website was up and running.	
9.	FINANCE (standing item): A summary of expenditure to 31 July 2016 was tabled and discussed. No issues were highlighted.	
9.1	FINAL ACCOUNTS 2015-16: The final accounts had been received for signature and would now be submitted to Companies House by the Accountant.	
10.	WEBSITE: Initial proposals from the Web developer had been received and approved by the Exec team. Further information was being prepared by Exec Team members for inclusion in the Website which would be available on PC/ tablet/ iphone.	ACTION ALL
SESSIONAL GPs:		
11.	Swansea Sessional GP Group – Date of Next Meeting 6 September 2016	
GP REGISTRARS:		
12.	VTS: One registrar had attended the LMC meeting in July 2016	
OUT OF HOURS/ACUTE GP UNIT/OTHER SERVICE MATTERS:		
13.	ABMU OOH Rota Problems – (Standing item) AR reported that there had been some problems recently with filling shifts resulting in the closure of the PCC in NPT. He also believed there was significant reliance on a small number of GPs to cover shifts. There was also concern around the implications of the HMRC review into the status of Independent contractors working out of hours and the possibility of a ruling that PAYE and NIC should be deducted at source. Further details of this were awaited. The Clinical Manager would be contacted for an update.	ACTION AR

13.1	IHR (Welsh GP Record): - (Standing item): Although some improvement in access had been reported AR advised that access was still occasionally problematic.	
13.2	<p>111 PILOT: The draft of a letter explaining the new service to patients living in cross border areas had been circulated. This provided details of an alternative telephone number to call if connection via 111 was not possible. A request would be made to have a summary of key information at the start of the letter.</p> <p>The 111 pilot would commence in Bridgend and NPT on 20 September 2016 and in Swansea from 4 October 2016</p>	ACTION IH
LMC / ABMU LOCALITIES / CONTRACTOR SERVICES LIAISON GROUP		
14.	<p>LMC/ABMU Enhanced Services Steering Group:</p> <p>IH had attended a meeting of the Enhanced Services Strategy Group on 8 August 2016. ABMU was proposing to develop alternative specification and delivery options for Cluster Local Enhanced Services for Zoladex /Shared Care /Wound Care. These would be discussed at the next strategy group meeting on 22 September 2016. The ES Steering group meeting scheduled for Tuesday 16 August 2016 had been cancelled.</p> <p>IH also confirmed that, due to the health requirements of Syrian Refugees they would not currently be placed in Wales.</p>	
14.1	<p>LMC/ABMU Liaison Group: Tuesday 19 July 2016</p> <p>The Minutes of the meeting were noted. The LMC was pleased that ABMU HB had addressed concerns raised around the requirements in the All Wales Respiratory Plan for Spirometry training in Practices</p> <ul style="list-style-type: none"> • Date of next meeting: Tuesday 20 September 2016 	
ABERTAWA BRO MORGANNWG UNIVERSITY HEALTH BOARD		
15.	GENERAL	
	<p>i. Accessible Healthcare:</p> <ul style="list-style-type: none"> • Friday 12 August 2016 – attended by AR • Date of next meeting tbc 	
	<p>ii. EPAC:</p> <ul style="list-style-type: none"> • Wednesday 20 July 2016 – meeting cancelled • Monday 19 September 2016 – meeting cancelled • Thursday 1 December 2016 – LMC rep tbc 	
	<p>iii. End of Life Care Group:</p> <ul style="list-style-type: none"> • Tuesday 12 July 2016 – attended by SH • Tuesday 20 September 2016 – SH will attend 	
	<p>iv. Mental Health Drugs and Therapeutic Meeting</p> <ul style="list-style-type: none"> • Tuesday 14 June 2016 – attended by AR • Date of next meeting tbc 	
	<p>v. Strategic Immunisation group:</p> <ul style="list-style-type: none"> • Wednesday 15 June 2016 – attended by JK 	

		<ul style="list-style-type: none"> Date of next meeting tbc 	
	vi	GP Leadership Forum: <ul style="list-style-type: none"> Thursday 14 July 2016 – cancelled Thursday 22 September 2016 – AR will attend 	
	vii.	Primary Care Access and Sustainability Forum: <ul style="list-style-type: none"> Thursday 11 August 2016 – attended by NS Thursday 6 October 2016 – NS will attend 	
	viii.	Health Professionals Forum;	
	ix.	Primary Care Prescribing Advisory Group: <ul style="list-style-type: none"> Thursday 23 June 2016 - attended by AR Thursday 18 August 2016 – AR will attend 	
SECONDARY CARE ISSUES:			
16	IMPROVING DISCHARGE SUMMARIES GROUP IH reported a further small increase with 29% of summaries signed off and meeting the minimum standard. IH had received an assurance that all hospital specialties were now accepting WCCG referrals and he had suggested that by April 2017 this should be the only referral route and that all other speciality templates should be withdrawn. This would protect clinicians from criticism and ensure an audit trail. The LMC would raise this with GPC Wales before agreeing to switch off non -WCCG referrals. It was noted that Locums could now obtain log in details for same day requests.		ACTION AR
16.1	HIW SECURE PORTAL: Examples of poor discharge communications were continuing to be sent to the HIW portal.		
16.2	FERTILITY PATHWAY: The LMC had been asked to approve the implementation of the ABMU HB Infertility referral pack through primary care. Although original discussion about the pathway (December 2015) had been positive the Exec team now believed that the additional work and costs generated were not acceptable in the current pressured GP climate and the process should be led by the fertility clinic. IH would discuss this with the Obstetrics and Gynaecology Dept.		ACTION IH
16.3	INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR): HW raised a concern about the template in use which she advised did not reflect the score card. This would be taken forward. A letter would also be sent to ABMU advising that application forms for IPFR could and should be completed by a consultant if deemed appropriate and should not be returned to the GP for completion.		ACTION AR
WELSH AMBULANCE SERVICE NHS TRUST			
17.	A response letter had been received from WAST in respect of delays in 999 ambulance response times to GP Surgeries. This confirmed that the patient’s presenting clinical condition determined the ambulance requirement and not the fact that the patient was in a surgery. Practices would be made aware of this and asked to report any delays.		ACTION AR

HEALTH & SOCIAL CARE / SOCIAL SERVICES		
18.	Child Protection Forum <ul style="list-style-type: none"> Dates to be confirmed 	
PUBLIC HEALTH WALES AND IMMUNISATION ISSUES:		
19.	FLU VACCINATIONS: Nil reported	
GPC WALES / GPC UK		
20.	GPC WALES Meeting 28 July 2016: NS, IH and AR attended. NS had been appointed to the negotiating team for GPC wales.	
BRITISH MEDICAL ASSOCIATION:		
21.	FIREARMS LICENSING PROCESS: The BMA had issued new guidance advising GPs to return the letter to the police without delay explaining they are unable to undertake the work due to a lack of funding or for a conscientious objection to gun ownership. GPs who chose to continue participating in the scheme should follow the original guidance provided. A copy of a template letter would be circulated to practices should they choose not to participate.	ACTION AR
WELSH GOVERNMENT(WG) / DEPARTMENT OF HEALTH (DH)		
22.	Nil reported	
UNAVAILABLE MEDICATION IN COMMUNITY PHARMACIES		
23.	The LMC had written to CWP highlighting concerns about the frequency of unavailable drugs in community pharmacies and the inappropriate referral of patients back to surgeries to obtain an alternative prescription. A response had been received advising that joint guidance would be developed but confirming that pharmacists were unable to substitute and supply an alternative medication against a prescription when a medication was unavailable. The LMC would write to ABMU requesting that the Medicines management teams be more proactive by providing practices regularly with lists of those medicines which were not available or at risk of low supply and what was available as a substitute.	ACTION AR
NEXT LMC MEETINGS		
	<ul style="list-style-type: none"> Full LMC Meeting – Tuesday 13 September 2016 at The Towers Hotel, Jersey Marine. LMC Exec Committee – Tuesday 11 October 2016 – Venue tbc 	