

MINUTES

MORGANNWG LOCAL MEDICAL EXECUTIVE COMMITTEE

THE GREAT HOUSE HOTEL, 8 High Street, Laleston, Bridgend CF32 0HP

TUESDAY 13 December 2016

*Items in normal text – for consideration / items in italics for information / * indicates additional papers*

GUESTS AT FUTURE MEETINGS:

10 January 2017 – FULL LMC: Dr Richard Lewis would attend to update members on his role as National Professional Lead for Primary Care. Cluster leads had been invited to attend to provide an update on cluster plans.

14 March 2017 – FULL LMC: Mr David Roberts, ABMU Service Director for Mental Health & Learning Disabilities Services would attend.

GENERAL

1. Attendance: Drs. L El-Sharkawi (LE-S), I Harris (IH), S Hlaing (SH), J Kletta (JK), AP Rayani (AR), N Shah (NS)(Chair)
Mrs M Liddell (ML), Executive Officer, Mrs E Harris (EH), Secretarial Assistant
Dr Alastair Reeves attended prior to the commencement of the meeting to meet with members of the LMC Executive Committee.

2. Apologies: Dr H Wilkes

3. Minutes of:

- LMC Executive Committee Meeting on Tuesday 11 October 2016 were ratified by the Committee and signed by the Chairman.

4. Matters Arising:

4.1 IPFR: The LMC had written to ABMU on 21/10/16 requesting that TOR be reviewed to remove LMC representation on appeals panels. A chasing email would be sent to confirm the action taken.

ACTION AR

4.2 VIDEO/TELECONFERENCING: The University on Fabian Way did not have facilities for evening meetings. It was agreed that the full LMC would continue meeting in the Towers hotel during 2017-18. The cost of audio facilities would be explored.

ACTION ML

4.3	<p>CAMHS: A response had not been received from ABMU following AR's request for clarification of the pathways and processes for GPs in respect of young people with mental health issues. This would be followed up and a request would be made to the Director of Child and Adult mental health services to attend the LMC meeting on 14 March 2017.</p>	ACTION AR
4.4	<p>POW RADIOLOGY REQUESTS: A response had not been received from ABMU to IH letter re the increase in the number of radiology referrals being refused. IH would follow up.</p>	ACTION IH
LMC KEY ISSUES		
5.	<p>GP CLUSTERS (standing item): Four of the ABMU cluster leads would attend the LMC meeting on 10 January 2017. Regular attendance of cluster leads, perhaps on a rotational basis was considered useful and would be discussed with the leads at the meeting.</p>	
5.1	<p>GP LEADERSHIP FORUM: The forum on 17 November 2017 had been attended by AR and had been productive in respect of the Wound Care LES and on going negotiations.</p>	
6.	<p>SUSTAINABILITY PROGRAMME: IH had attended a sustainability panel on 17 November 2016 bringing the total number of panels held to eight.</p>	
6.1	<p>PST (Practice Support Team) VISITS: No further visits involving the LMC had been arranged.</p>	
6.2	<p>ABMU PRACTICE SUPPORT UNIT: The clinical lead for the PSU was now in post. One GP had been appointed and a second was being interviewed. One GP had been appointed to the GP Fellowship scheme.</p>	
6.3	<p>Practice Mergers: The merging of two practices in Bridgend and two in Swansea was progressing. Following legal advice the merging of two practices in neighbouring Health Boards (ABMU/POWYS) was not proceeding. Several practices in NPT area were also exploring this as an option given current workload pressures in the locality.</p>	
6.4	<p>Primary Care Access and Sustainability Forum: NS had attended the forum on 13 December 2016. He provided an update in respect of the following policies.</p>	
6.4(i)	<p>Management of List closures / 'Removal of patients from practice lists'. Previous comments made in respect of draft policies had been taken on board and the policies would now be circulated by ABMU.</p>	
6.4(ii)	<p>Changes to GMS Practice Area: Several practices had applied to change their boundaries and due process would be followed prior to approval.</p>	
6.4(iii)	<p>Branch Closures: A timeline was in place for the closure of a branch surgery in NPT following the Powys HB policy.</p>	
6.5(iv)	<p>Primary Care access: Only 56% of practices were achieving level one of the current standards. A significant number of practices (35) had introduced telephone consultations. Three action points had been agreed;</p>	

	<ul style="list-style-type: none"> To consider the establishment of a dashboard To relook at the access standards in light of the changes in ways practices now manage appointment requests. To consider more collaboration through clusters 	
7.	<p>CONSTITUENCY VACANCIES: The number of vacancies remained unchanged with one in Bridgend, three in NPT, one in Swansea and five sessional. ML would contact the other LMC Executive Secretaries in Wales to confirm the frequency and timing of their meetings, payment arrangements and the recruitment of new members.</p>	ACTION ML
7.1	<p>WELCOME LETTER : NWSSP had agreed to send a copy of the LMC welcome letter to all GPs approved for inclusion in the ABMU MPL. A copy would also be sent to those GPs included since 1 September 2016.</p>	
7.2	<p>SUPPORT FOR GPs UNDER INVESTIGATION: The UMD had asked the LMC to review a joint letter sent to GPs in Gwent from the LMC and Health for Health Professionals in Wales with a view to sending a similar one to new GPs in ABMU and those under investigation for a complaint or underperformance. This was agreed with the inclusion of information about Occupational Health Support.</p>	ACTION AR
8.	<p>FINANCE (standing item): A summary of expenditure to 30 November 2016 was tabled and discussed. No issues were raised.</p>	
9.	<p>COMMUNICATION BETWEEN SECONDARY & PRIMARY CARE: Improving Discharge Summaries Group 30 November 2016. HW had attended and her notes had been circulated. Although improvements had been noted in some areas the ABMU Medical Director had reported that there had been no significant improvement in performance over the last year and the Executive Board would now be monitoring performance closely.</p>	
10.	<p>LMC MEETING 8 November 2016: The draft minutes had been circulated</p>	
11.	<p>WEBSITE: Approval was given for the website to go live.</p>	ACTION ML
11.1	<p>ADVERTISING POLICY: Requests were received on a regular basis for details of courses / lectures etc to be circulated and /or advertised by the LMC. The committee agreed that this was not appropriate except in the case of GP vacancies which could be tweeted or linked to GP One job adverts</p>	
12.	<p>NEWSLETTER: Issues for inclusion in the December 2016 newsletter were discussed and agreed.</p>	ACTION ML
SESSIONAL GPs:		
13.	<p>Swansea Sessional GP Group – Nil reported. Date of Next Meeting 12 January 2017.</p>	
GP REGISTRARS:		

14.	VTS: nil reported	
OUT OF HOURS/ACUTE GP UNIT/OTHER SERVICE MATTERS:		
15.	ABMU OOH Rota Problems – (Standing item) No recent issues had been raised and this item would be removed from future agendas	
15.1	IHR (Welsh GP Record): Nil reported. This item would remain on the agenda until the roll out programme to secondary care and community pharmacists was complete.	
15.2	111 PILOT: Dorothy Edwards would provide an update at the Exec meeting in February 2017. A cross border issue had been reported in respect of a patients, registered in a Bridgend practice but living in the Vale of Glamorgan, who required access to the DN service which was provided by the Cardiff & Vale OOH service. It was important that a Datix report was raised in order that problems were highlighted for action.	
LMC / ABMU / CONTRACTOR SERVICES LIAISON GROUP / ENHANCED SERVICES GROUP		
16.	LMC/ABMU ENHANCED SERVICES STEERING GROUP 18 October 2016: The ABMU Minutes had been circulated. The final paragraph of item 6.1 (Wound Care) was not agreed by the LMC but it was unlikely that the minutes would be amended to reflect this. ABMU would be asked to include Dr Nimish Shah in the attendance list.	ACTION ML
16.1	WOUND CARE LES: Discussions had resumed in good faith to find a solution to the current impasse with a final decision to be reached on 16 December 2016. Practices would be informed of any developments as soon as practicable.	ACTION IH
16.2	PPV COMMON ERRORS SHEET: The NWSSP information sheet had been circulated and there was agreement that a claim could not be made if Zoladex were administered in the community by a DN if details were not entered in the patients lifelong medical record. In the majority of cases the drug would and should be administered by a GP.	
16.3	PHLEBOTOMY SERVICES: The Consultant Chemical Pathologist in POW had agreed, in January 2016, not to make changes to the way phlebotomy services were organised in Bridgend until the results of the national review of phlebotomy services were known. The national negotiations were not continuing resulting in the current two tier system remaining unchanged. IH would arrange a meeting to take this issue forward.	ACTION IH
17.	LMC/ABMU LIAISON GROUP MEETING 15 November 2016: The draft minutes had been circulated.	
ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD MEETINGS		
18.	GENERAL	

i.	Accessible Healthcare: <ul style="list-style-type: none"> Friday 11 November 2016 – LMC rep unavailable Meeting dates for 2017 to be confirmed 	
ii.	EPAC: Guidance was awaited from ABMU on how local guidelines and pathways and new procedures would be discussed and approved.	
iii.	End of Life Board <ul style="list-style-type: none"> Thursday 2 March 2017 - ?LMC representation required 	
iv.	Mental Health Drugs and Therapeutic Meeting <ul style="list-style-type: none"> Tuesday 6 December 2016 - attended by AR Tuesday 21 March 2017 – AR would attend 	
v.	Strategic Immunisation group: <ul style="list-style-type: none"> Date of next meeting tbc 	
vi.	GP Leadership Forum: <ul style="list-style-type: none"> Thursday 17 November 2016 – Attended by AR Date of next meeting tbc 	
vii.	Primary Care Access and Sustainability Forum: <ul style="list-style-type: none"> Tuesday 13 December 2016 – attended by NS Thursday 16 2017 – NS would attend 	
viii.	Health Professionals Forum;	
ix.	Primary Care Prescribing Advisory Group: <ul style="list-style-type: none"> Thursday 8 December 2016 – attended by AR Thursday 2 February 2017 – AR would attend 	
SECONDARY CARE ISSUES:		
19.	DERMATOLOGY REFERRALS – PHOTOGRAPHS: ABMU Dermatology had requested that photographs be submitted with referrals to the Department and one camera had been provided in each surgery. The Exec agreed that this had not been properly thought through and to make it work each referring GP would require a camera as well as appropriate training in its use. This would be raised via the Liaison group.	ACTION ML
20.	ABMU APPOINTMENT REMINDERS: ABMU had asked the LMC for its view of a proposed text appointment reminder service for hospital outpatient appointments. Practices would be required to ask patients to confirm telephone details and seek their consent to be contacted by text. The Exec committee supported the proposal but would advise ABMU that compliance with the request may be difficult for practices because of current workload pressures and the impact of the additional work involved.	ACTION AR

21.	ANTI-DEMENTIA DRUGS: The prescribing of anti-dementia drugs was discussed and agreed that the policy should be consistent throughout ABMU and that prescribing should remain in secondary care in the absence of an enhanced service. AR would confirm the position in other areas of Wales and advise the PCPAG of the LMC view.	ACTION AR
WELSH AMBULANCE SERVICE NHS TRUST		
22.	Concerns about response times for emergency ambulances had been raised through GPC Wales. A meeting was being arranged with WAST to take forward.	ACTION GPCW
HEALTH & SOCIAL CARE / SOCIAL SERVICES		
23.	Child Protection Forum <ul style="list-style-type: none"> Confirmation of the re-establishment of the forum was awaited 	
PUBLIC HEALTH WALES AND IMMUNISATION ISSUES:		
24.	FLU VACCINATIONS: ABMU /PHW had not made arrangements, in accordance with the pathway developed by PHW, for the vaccination in hospital of patients who have had an ITU admission with anaphylaxis to egg. AR would write to the Medical Director to progress as a matter of urgency	ACTION AR
GPC WALES / GPC UK		
25.	MEDICAL SECRETARIES CONFERENCE: 24 November 2016: BMA House, London. AR & ML had attended. Workshops attended had been helpful as had the presentations from the chairs of the devolved GPCs.	
25.1	WELSH LMC CONFERENCE: 4 March 2017: Celtic Manor Hotel: NS/IH/AR/JD would attend from GPCW. CD/EO/HW/JK/PW/SH would attend from MLMC and ML would attend as an observer. Final motions were agreed.	
25.2	LMC UK CONFERENCE: 18-19 May 2017: International Conference Centre, Edinburgh: NS/IH?JD would apply to attend as GPC reps. Expressions of interest had been received from HW /JK . AR would attend as an observer. Attendees would be confirmed once numbers were confirmed by GPC. Deadline for completed applications was 27 January 2017 (13 January 2017 if attending the ARM). Deadline for motions was noon on 13 March 2017	
BRITISH MEDICAL ASSOCIATION:		
26.	No new items reported	
WELSH GOVERNMENT(WG) / DEPARTMENT OF HEALTH (DH)		
27.	FIREARMS LICENSING PROCESS: Further guidance/advice was awaited from GPC Wales following recently updated guidance published by the BMA. The template letter currently in	

	use contravened the advice. A meeting would be arranged with the SWP Chief Constable as a matter of urgency. NS/IH/AR would attend.	ACTION AR
NEXT LMC MEETINGS		
	<ul style="list-style-type: none">• Full LMC Meeting – Tuesday 10 January 2017 at The Towers Hotel, Jersey Marine.• LMC Exec Committee – Wednesday 15 February 2017 venue tbc	