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MINUTES

MORGANNWG LOCAL MEDICAL COMMITTEE

The Aberavon Beach Hotel, Port Talbot SA12 6QP

TUESDAY 9 May 2017

GUESTS AT FUTURE MEETINGS:

- **11 July 2017: Speaker to be confirmed**

GUESTS:

CAMHS:

Mrs Jo Abbott-Davies, ABMU Assistant Director of Strategy & Partnership and Dr Isobel Davey, ABMU Clinical lead for CAMHS attended to update LMC members about the improvements currently being made in respect of Primary care CAMHS. This was a high priority area for Welsh Government and additional funding had meant that staffing levels in each area had increased. Although waiting times for part 1 assessments were still relatively long the situation was beginning to improve. The biggest concern for LMC members was understanding the referral criteria with several members commenting that referrals had not been accepted and returned without discussion about further management. Dr Davey advised that Primary and Secondary care CAMHS teams were working more closely together and patients would now be referred directly to the appropriate service and not back to the GP. A single point of access (SPA) was being developed across ABMU to facilitate this. Dr Davey requested that GPs contact her or Jo by email to flag up problems so that these could be addressed.

Joanne.Abbott-Davies@Wales.nhs.uk Isobel.M.Davey@Wales.nhs.uk

IH said that the development of the SPA was welcome and it was particularly reassuring that referrals would not be returned to GPs as the only referral criteria should be that Primary care could not deal with the problem.

IH thanked both speakers for attending and proposed a vote of thanks. (copy of presentation slides attached)

UPPER VALLEY CLUSTER

Dr Becky Jones, Upper Valley Cluster lead attended and provided a summary of the work being done in the cluster. A Primary care Mental Health nurse had originally been employed but the project ceased following an evaluation process. The cluster now had a physiotherapist and was using Vision 360 to enable the sharing of patient notes. Other projects included diabetes, improved flu immunisation, improved use of IT and dementia training. The main barrier to moving things forward was limited time resource. CJ advised that

the cluster needed to confirm that protocols were in place to ensure that patient consent was obtained to allow access to records across a cluster area and referred her to the document recently prepared by GPC Wales. IH thanked Becky and proposed a vote of thanks.		
GENERAL		
1.	**ATTENDANCE:** **LMC MEMBERS:** Drs C Danino (CD), J Donagh (JD), P Evans (PE), I Harris (IH) (Chair), S Hlaing (SH), A Hussain (AH), M Javid (MJ), C Jones (CJ), S Karupiah (SK), J Kletta (JK), E Owoso (EO), A Rayani (AR), M Rickards (MR), N Shah (NS), H Wilkes (HW),P Williams (PW), T Cufflin (TC) **LMC Secretariat**: M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH) **DPLMC**: Dr P Horvath-Howard **ABMU/PCCU**: Dr A Roeves (ARo), Z Wallace (ZW) **PRACTICE MANAGERS**: C Boland (CB), M Haynes (MH), S Kiley (SKi), **REGISTRARS**: Dr T Watkin (TW)	
2.	**APOLOGIES:** Drs L El-Sharkawi, J Williams **ABMU/PCCU:** H Dover, N Akram, R Tristham **Public Health Wales**: N Williams **Dyfed Powys LMC:** L Williams	
3.	**MINUTES:** • **Full LMC Tuesday 14 March 2017** – the Minutes were approved and signed by the Chairman	
4. **4.1**	**MATTERS ARISING:** **PRIVATE HOSPITALS / CARE HOMES-GMS INPUT (4.1):** Practices had been asked to highlight concerns about Private hospitals /care homes in their areas and although not all practices had responded no problems had been reported. ARo referred to a recent HIW report following an unannounced inspection of a private hospital in Aberavon. HIW was responsible for the registration and inspection of independent healthcare services in Wales. This included independent hospitals, clinics and medical agencies. Clarification was required around whether long stay residency status of patients entitled them to GMS. It was agreed that the survey would be resent to practices with a closing date for return. Steve Bassett would be asked to comment on contacts made from private institutions during the OOH periods and the management of these.	**ACTION ARo** **ACTION AR/ML**
5. **5.1**	**LMC STRUCTURE:** The number of elected GP members had increased to 20 following 2 nominations from the Swansea constituency, 1 from the sessional constituency and 1 from NPT**.** IH informed the LMC that an Option paper prepared by the LMC Executive Committee would be discussed by GP elected members at the end of the meeting. (item 20) **CO-OPTED MEMBERS:** As agreed at the AGM on 11 April 2017 invitations had been sent to the Five ABMU Primary Care Clinical Directors to join the LMC as co-opted members.	
6.	**SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT.** IH had attended a practice sustainability update meeting on 28 April 2017. ZW confirmed that one full-time and four part-time GPs were now employed within the team. An advert had been placed for the post of Service Manager.	

6.1	**VACANT PRACTICE PANEL:** IH had represented the LMC at a panel on 28 April 2017. The outcome would be disseminated to local practices by ABMU.	
7. 7.1	**GP CLUSTERS: (standing item):** **CLUSTER LEADS & HEADS OF PRIMARY CARE MEETING 17 May 2017:** The LMC would not be represented at this first meeting as it coincided with the UK LMC Conference in Edinburgh which was being attended by LMC Executive Committee members but would attend future meetings.	
8. 8.1 8.2 8.3 8.3.1 8.3.2	**LMC /ABMU LIAISON GROUP : 21 March 2017** The Draft Minutes had been circulated for information. **MATTERS ARISING FROM ABOVE:** **WOUND CARE LES:** ZW advised that the return of data from practices was patchy and would welcome LMC support in encouraging practices to submit the information. There was limited time remaining of the SLA period and a plan would need to be in place by the end of May 2017 for on going wound care provision. **COMPLETION OF MAR DOCUMENTATION:** Comments from LMC members confirmed that this issue was still causing problems between Community nursing and GPs/Practice staff and needed to be resolved as a matter of urgency. There would be further discussion at the Liaison Group meeting on Tuesday 16 May 2017. **PATHOLOGY DEPT:** **Iatrogenic hyperkalaemia** IH confirmed that practices should continue to highlight examples of high potassium results which were normal after retesting. **Vitamin D tests** The proposed introduction of a separate form for Vitamin D tests had not been discussed / agreed by the LMC. It was agreed that if GPs were following the guidance for test requests they should not be required to complete an additional form and constituents would be informed that this was the view of the LMC. The consultant histopathologist would also be informed. ARo advised that ABMU would circulate the number of Vitamin test requests made by each practice.	**ACTION ABMU** **ACTION AR** **ACTION ARo**
9. 9.1	**LMC /ABMU ENHANCED SERVICES STEERING GROUP: 18 April 2017 (Minutes not yet received from ABMU)** **IH** confirmed that the meeting had concentrated on the DES' for Care Homes and INR. **WARFARIN MANAGEMENT DES:** Current level 4 providers would move to the DES immediately and, if safe to do so other practices could transfer prior to 1st October 2017. Training for Point of Care testing (POCT) was required for more than 50% of ABMU practices who were not currently level 4 providers and this as well as procurement issues could mean added delays. IH offered congratulations to the GPC Wales negotiating team for the DES. It was disappointing that NOACs were not included. The LMC would keep pushing for this but financial constraints would cause	

	problems. As the prescribing and monitoring of NOACs was not funded from GMS and therefore not resourced it was the LMC view that patients should be referred back to the initiator for on-going management. ARo was now co-chair of the USC Commissioning Board and this was part of his remit. He would be copied in to guidance issued to practices by the LMC. Practices / Clusters would be encouraged to make a decision about the DES asap.	**ACTION AR** **ACTION AR**
9.2	**CARE HOMES:** IH congratulated the GPC Wales national negotiating team on the DES. CJ highlighted that the spec required a review of patients on an annual basis on the anniversary of admission. An amendment of the wording would be requested to facilitate a more pragmatic approach. Concerns had been raised by some practices about the pharmacy review only being undertaken by a pharmacist. PH-H confirmed that to relieve the burden on GPs it should ideally be done by a pharmacist but it could be done by any qualified /appropriate professional including the GP if a pharmacist was not available. Updated information would be circulated to practices once confirmed.	**ACTION AR**
10.	**LMC EXECUTIVE COMMITTEE:** The Exec Committee meeting had been postponed due to the AGM on 11 April 2017. A short meeting had been held on 25 April 2017 to discuss future LMC structure arrangements and to finalise the statutory levy requirement for 2017-18.	
10.1	**PACESETTER SCHEMES:** Clarification was requested from ABMU about concerns around the NPT cluster hub model being at risk of continuing. ZW confirmed that WG required a review of all pacesetter schemes with robust evaluations needed before decisions could be made about on-going funding and the inclusion of funds in the IMPT. ARo advised that Cluster leads were having discussions with CDs and Finance staff about the current financial position and confirmed that ABMU was not prepared to broker having unspent monies in the current year. CJ commented that clusters who had not been made aware of this and it could lead to problems if practices had become reliant on new services which following review may not receive ongoing funding.	
11.	**ABMU 111/ OOH SERVICE** –*(standing item).* AR advised that there were problems in covering some shifts and asked LMC members to try to encourage GPs to participate in providing OOH cover.	**ALL TO NOTE**
11.1	**OVERNIGHT CLOSURES IN NPT:** There had been a significant number of overnight closures of the NPT OOH site during March and April 2017 due to the inability to cover GP and/or reception staff shifts. The situation had improved in May. HW queried the rationale behind the closure of NPT and was advised that it remained a priority to keep POW and Morriston open because of the additional secondary care facilities available.	
11.2	**COVER FOR PT4L:** Problems covering PT4L sessions by the OOH service were noted and would be discussed at the Liaison Group meeting on Tuesday 16 May 2017.	
12.	**ISSUES RAISED BY PRACTICE MANAGERS: (*standing item)*** no new issues raised	
13.	**ISSUES RAISED BY CONSTITUENTS: *(standing item).*** No new issues were raised. IH confirmed that most issues were dealt with on a daily basis by email. LMC members agreed that it would be useful to collate these for review at future meetings	**ACTION ML**

	SK advised that there were GPs who would like to attend LMC meetings to air grievances and was advised that they would be dealt with more effectively by liaising directly with the LMC or SK. All GPs were welcome to attend the LMC meetings as observers and would be reminded of this.	**ACTION AR/ML**
14.	**ISSUES RAISED BY CO-OPTE D MEMBERS:** (*standing item*) No new issues raised.	
15. **15.1** **15.2** **15.3** **15.4** **15.5**	**GPC WALES** *(standing item). IH / NS had attended the GPC Wales meeting on 27 April 2017.* **MATTERS ARISING FROM THE ABOVE:** **PRIMARY CARE PIPELINE – PRIORITISED SCHEMES**. IH confirmed that new money was being made available by WG over the next four years to contribute to a range of investments including refurbishments, redevelopments and new build. ZW confirmed that Health Boards had been asked to provide further details in respect of prioritised schemes. **IR35 REGULATIONS:** GPC Wales members had received a presentation from BMA Law about the changes applying from 1 April 2017. Practices needed to be fully aware of their responsibilities in respect of PAYE and NIC liability and the guidance would be circulated again. **SHARING ACCESS TO RECORDS:** The governance arrangements around the sharing of access across cluster practices to ensure patient consent had been obtained had been discussed and interim governance guidelines would be circulated to form the basis of updated guidance once ICO and consent guidance changes were made. **MATERNITY LEAVE - LOCUM PAYMENTS**: ABMU had implemented the agreed rates wef 1 April 2017 but no agreement had been made on backdating claims. CJ advised that BMA would be requesting the rationale for this contractual issue and further action would be determined from the response but may result in legal action being taken. **COMMUNICATION WITH CORONER:** Forms emailed to practices by the Coroner could not be returned by email because of data protection arrangements and would have to be faxed or posted. CJ would explore the possibility of coroners being given an NHS email address.	 **ACTION ML** **ACTION AR/ML** **ACTION CJ**
16.	**SWANSEA SESSIONAL GP GROUP:** In the absence of the Secretary of the Sessional GPs group Dr Javid would update members when required.	**ACTION MJ**
17.	**DYFED POWYS LMC:** PH-H confirmed that discussions in DPLMC very much mirrored those of MLMC	
18. **18.1** **18.2**	**LMC ANNUAL CONFERENCES:** **LMC UK CONFERENCE: 18-19th May 2017: International Conference Centre, Edinburgh:** IH would represent GPC Wales and NS would represent the GPC UK Sessional Sub committee. HW/JK/SH would attend as LMC reps and AR as an observer. **WELSH LMC CONFERENCE 2018: 20th January 2018.** The venue was yet to be confirmed. NS as Chair of the Agenda committee requested that ideas on the format be emailed to him.	 **ALL TO NOTE**

19.	**WELSH MEDICAL PERFORMERS LIST – (ABMU):** A list of changes April 2016 – March 2017 had been circulated to elected members for information.	
20	**LMC STRUCTURE- OPTION PAPER*** Nineteen LMC elected members remained to discuss an option paper prepared by the LMC Executive Committee around the way forward for the LMC to ensure that it remained truly representative. Historically, remunerating attendees at LMC meetings had not previously been agreed. In light of difficulties in recruiting a full complement of members the LMC Executive Committee now believed it should be considered in recognition of members time and input and also to encourage new members to join. The implications for constituents in terms of an increased Statutory Levy payment to meet the additional costs had to be considered. The development of clusters also had to be taken into account and the LMC hadn't got far in interacting with them. The Executive Committee believed that LMC members could act as a link between clusters and the LMC. Each LMC member was given the opportunity to comment on the options. From this it was clear that there was much support for introducing a payment for attendance at LMC meetings as it was felt that this could encourage more GPs to attend. There was also support for improved liaison with clusters. There was little support for reducing the LMC membership but members felt that this could be reviewed in the future. Following the discussion a vote was taken; **MOTION 1** That elected members should be remunerated for attending LMC meetings **RESULT: PASSED** **MOTION 2** That membership should remain at its current level and a cluster liaison role should be developed **RESULT: PASSED** IH confirmed that payment to members would be made at the half day GPDF sessional rate of £262.50 and would be subject to deductions of PAYE and NIC. Payments would commence in June 2017.	
21.	**NEXT LMC MEETINGS** • **LMC Executive Committee – Tuesday 13 June 2017 – Venue Village Hotel** • **FULL LMC: Tuesday 11 July 2017 – The Towers Hotel**	