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MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Towers Hotel, Jersey Marine, Swansea Bay, SA10 6JL	
TUESDAY 10 January 2017	
<i>Items in normal text - for consideration / items in italics - for information / * indicates additional papers</i>	
GUESTS AT FUTURE MEETINGS: <ul style="list-style-type: none">• 14 March 2017: Mr David Roberts, Service Director for Mental Health and Learning Difficulties will attend to discuss issues around access to Mental Health Services.• 14 March 2017: Ms Jo Abbott Davies, ABMU Assistant Director of Strategy will attend to discuss issues of concern around CAMHS.	
GUESTS: <p>Dr Richard Lewis, having been in post for more than twelve months provided members with an update of his role as National Professional lead for Primary Care (he continues also to work one day per week in General Practice.) His role involved collaborative working with WG whose commitment to the National Primary Care plan was confirmed. The creation of a sustainable Primary Care service in Wales remained dependant on the success of Clusters with the expectation that proven clinically effective initiatives become core to enable freed up monies to be reinvested in new initiatives. Evaluation was key as was ownership by GPs. Richard also talked about the development of all Wales pathfinder and pacesetter schemes, the national IT work being undertaken, the establishment of a national Primary Care Board and the importance of the Welsh Language in delivering healthcare. Richard's presentation generated much discussion around;</p> <ul style="list-style-type: none">• alternative models of General practice which would appeal to younger colleagues• reducing bureacracy• safe working levels - ? need for a cap• upskilling receptionists• reality/affordability of a 7 day service <p>NS thanked Richard for attending. Richard confirmed that he would be happy to be contacted to discuss any of the issues further.</p> <p style="text-align: center;">~~~~~</p> <p>Eight Cluster leads (or their representative) were in attendance to provide updates of their cluster plans. This was an extremely helpful exercise for LMC members to gain an understanding of the work being undertaken within clusters.</p>	

<p>NS thanked the Cluster leads for attending and asked if they would like to consider the establishment of a rolling rota of attendees at LMC meetings in order that regular updates could be provided for LMC members.</p>		
<p>GENERAL</p>		
1.	<p>ATTENDANCE: LMC Members: Drs A Bradley (AB), J Donagh (JD), P Evans (PE), I Harris (IH), S Hlaing (SH), C Jones (CJ), E Owoso (EO), A Rayani (AR), M Rickards (MR), N Shah (Chair) (NS), A Stevenson (AS), H Wilkes (HW), LMC Secretariat: M Liddell (Executive officer) (ML), E Harris (Secretarial assistant) (EH) Constituents: Dr S Karupiah (SK) Cluster Leads: Drs D Burge-Jones(DB-J); M Goodwin (MG); B Mortimer (BM); K Muthuvairavan (KM) D Sartori (DS); DPLMC: Dr P Horvarth-Howard (PHH) ABMU/PCCU: Mrs H Dover (HD), Dr H Potter (HP); Dr A Rieves (ARo); Dr R Tristham (RT) PUBLIC HEALTH WALES: Dr S Hayes (SH) Practice Managers: K Ajax-Lewis(KAL);C Boland (CB), J Edwards(JE); S Kiley (SK), Registrars: Dr B Chisholme (BC); Dr H Hunt (HH); Med Students: S Meredith (SM)</p>	
2.	<p>APOLOGIES: Drs O Aung-Kyi, S Bassett, L El-Sharkawi, A Hussain, J Kletta Public Health Wales: N Williams Practice Managers: D Blower, J Carter Dyfed Powys LMC: L Williams</p>	
3.	<p>MINUTES:</p> <ul style="list-style-type: none"> Full LMC Tuesday 8 November 2016 – the Minutes were approved subject to the heading of item 12.2 being amended from ARCT to ACT. They were signed by the Chairman 	
4.	<p>MATTERS ARISING:</p> <p>4.1 ACT (12.2): Confirmation was received that ACT in NPT always has access to consultant opinion during weekends and OOH. The nurses might have to contact the OOH doctor but this would be rare and would be for a prescription due to biochem ringing through an abnormal result or an unrelated new problem that had cropped up for the patient.</p> <p>4.2 ALL WALES RESPIRATORY PLAN – Spirometry Training: (17.1) HD was awaiting details of the funding steam.</p> <p>4.3 PRIVATE HOSPITALS / CARE HOMES-GMS INPUT (17.2): This was being progressed and HD would provide an update when available.</p>	<p>ACTION HD</p> <p>ACTION HD</p>
5.	<p>LMC VACANCIES: 1 in Bridgend, 3 in NPT, 2 in Swansea and 5 Sessional.</p> <p>5.1 LMC ELECTION PROCESS 2017-20: NS confirmed that NWSSP would be sending out letters and nomination forms within the next week. Forms required support from two GPs before being returned to NWSSP by 20 February 2017.</p>	<p>ALL TO NOTE</p>

<p>6.</p> <p>6.1</p>	<p>SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT. ARo advised that the Practice support unit was now in place and a more proactive approach to matrix applications could be made to assist with diagnostics and implementation of new and innovative ways of working. GPs would provide hands on support. An experienced Practice manager was being recruited to the team and also a nurse. Packages of support would be time limited with practices contributing to the cost. IH confirmed that the LMC remained willing to provide assistance although the requirement for this was reduced now that the support unit was in place.</p> <p>AN URGENT PRESCRIPTION for GENERAL PRACTICE in WALES: NS referred members to the BMA website to access a document which provided helpful information on managing workload.</p> <p><u>Quality first: managing workload to deliver safe patient care guidance</u></p> <p>Revised Dental guidance was also available on the BMA website and details had been circulated to practices</p>	
<p>7.</p> <p>7.1</p>	<p>GP CLUSTERS/GP Leadership Forum: (standing item): AR had attended the GP Leadership forum on 17 November 2016.</p> <p>CLUSTER LEAD ATTENDANCE at LMC MEETINGS: Cluster leads would discuss outside of the meeting</p>	
<p>8.</p>	<p>LMC /ABMU LIAISON GROUP : 15 November 2016 The Draft Minutes had been circulated for information.</p>	
<p>9.</p> <p>9.1</p>	<p>LMC /ABMU ENHANCED SERVICES STEERING GROUP: 20 December 2016: IH confirmed that the meeting had been useful to reaffirm the direction of Enhanced services. Cluster innovations that worked well offered potential to be organised through the ES process. Anticoagulation had been discussed as the LMC was keen to negotiate a NOAC LES. PH-H confirmed the frustration of GPC Wales around the stalling of negotiations at national level in respect of Care Homes and Anticoagulation.</p> <p>WOUND CARE LES: Following the circulation of a joint ABMU /LMC letter to practices on 23 Dec 2016 giving clusters the option of agreeing to a SLA for the provision of wound care in order to facilitate the collection of wound care activity data. This would enable the development of a long term model. Cluster leads would have to let ABMU know their decision about participation in the SLA by 1 Feb 2017 as alternative provision arrangements may have to be made. Anyone involved in the provision of Wound care would be required to record data in a standardised format which was being developed.</p>	
<p>10.</p>	<p>LMC EXECUTIVE COMMITTEE: 13 December 2016 The draft minutes had been circulated for information.</p>	
<p>11.</p>	<p>WEBSITE: IH confirmed that the Morgannwg LMC Website was now live www.morgannwglmc.org.uk. It was accessible on all devices and include a twitter feed (@morgannwg LMC). The format was simple but would develop over time to meet the needs of constituents / practices.</p>	
<p>12.</p> <p>12.1</p>	<p>ABMU OOH SERVICE –(standing item). A vote of thanks was recorded for the GP OOH Team for performance over the Christmas / New Year period.</p>	

	111 PILOT: Members raised concerns about the format of OOH reports which were lengthy and included unnecessary triage information. IH confirmed that these issues had already been raised with the OOH team and were being worked through.	ACTION DE/SB
13.	ISSUES RAISED BY PRACTICE MANAGERS: (<i>standing item</i>)	
13.1	ABMU POLICIES FOR MANAGING PRACTICE LIST CLOSURES: A concern was raised that the new policy could lead to a situation where practices were forced to hand back contracts because the process was so onerous. IH confirmed that the policy was supported by the LMC and AR would attend Practice Manager forums to provide further information and reassurance to PMs.	ACTION AR
14.	ISSUES RAISED BY CONSTITUENTS:	
14.1	MATERNITY LEAVE - LOCUM COVER PAYMENTS: GPCW was still waiting for guidance on WG interpretation of the number of sessions equating to 'full time' for the purpose of locum cover payments for maternity leave.	
15.	ISSUES RAISED BY CO-OPTED MEMBERS: (<i>standing item</i>) No new issues raised.	
16.	ALL WALES ACCESSIBLE HEALTHCARE STANDARDS: (<i>Standing Item</i>): nil reported. This item would be removed from the agenda.	
17.	WAST: WAST had recently attended a clinical governance group meeting in Bridgend and had confirmed that delays in ambulance response times were invariably due to ambulance stacking at EDs where patients could not be off-loaded. SH stated that the problem remained one of patient flow out of the hospitals. IH advised that GPs experiencing delays in ambulance response should speak to the WAST clinician on duty for confirmation of the availability of an emergency vehicle and a likely response timeframe. GPs who decided to use their own vehicles to transport sick children to hospital when ambulances could not be relied upon to provide emergency transport would have the clinical support of both the LMC and ABMU if they could demonstrate they had spoken to WAST and had no other option on safety grounds.	
18.	GPC Wales (<i>standing item</i>): <i>Thursday 2 February 2017 – NS/IH would attend</i>	
18.1	FIREARMS LICENSING PROCESS: Revised legal guidance was still awaited from BMA / GPCW. Current advice re responding was available on the LMC website. AR had requested a meeting with the Chief Constable to discuss several issues including Firearms licensing.	ACTION AR
18.2	POLICE REQUESTS FOR MEDICAL RECORDS: The BMA template letter of response to Requests from the police for copies of Medical Records had been circulated to practices and was also now available on the LMC website. Records could be viewed at the request of a senior police officer if no fee was being paid to the practice.	
19.	SWANSEA SESSIONAL GP GROUP: Nil reported	

20.	DYFED POWYS LMC: PH-H summarised issues being discussed by DPLMC with many of these mirroring Morgannwg LMC issues particularly around Enhanced services and Firearms licensing.	
21.	<p>LMC ANNUAL CONFERENCES:</p> <p>21.1 WELSH LMC CONFERENCE: 4th March 2017: Celtic Manor Resort, Newport – NS/IH/AR/JD would attend from GPCW. CD/EO/HW/JK/PW/SH would attend from LMC. ML would attend as an observer. Motions had been submitted on behalf of MLMC for consideration by the agenda committee.</p> <p>21.2 LMC UK CONFERENCE: 18-19th May 2017: International Conference Centre, Edinburgh: IH would represent GPCW and NS would represent the GPC UK Sessional Sub committee(confirmed following the meeting.) Expressions of interest had been received from HW/JK/AR to attend as LMC reps. Deadline for completed applications was 27 January 2017 and noon on 13 March 2017 for motions.</p>	
22.	FLU VACCINATIONS: SH confirmed that there was now an agreed pathway for the vaccination of patients who had a previous history of suffering anaphylactic shock which had resulted in ITU admission. A screening process was in place.	
23.	WELSH MEDICAL PERFORMERS LIST – (ABMU): A list of changes April – December 2016 had been circulated to elected members for information.	
26.	<p>NEXT LMC MEETINGS:</p> <ul style="list-style-type: none"> • LMC Executive Committee: Wednesday 15 February 2017: Aberavon Beach Hotel, Port Talbot • Full LMC Meeting: Tuesday 14 March 2017: The Towers Hotel Jersey Marine (Function Suite) • AGM(s): Tuesday 11 April 2017: Morgans Hotel, Swansea 	