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MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Towers Hotel, Jersey Marine, Swansea Bay SA10 6JL	
TUESDAY 11th July 2017	
GUESTS AT FUTURE MEETINGS:	
<ul style="list-style-type: none">• 12th September 2017: Dr Hamish Laing, ABMU Medical Director will attend to discuss discharge documentation from secondary care.• 14th November 2017: Speaker to be confirmed	
GUESTS:	
<p>Dr Andar Gunneberg, Clinical Lead, ABMU Laboratory Medicine, attended to speak to the LMC about the rationale behind the development of the New Vitamin D request form which had been introduced without discussion with the LMC. He explained that demand could be successfully managed / reduced in some cases by introducing or modifying forms citing the NTproBNP and ESR request forms as examples. (see slide presentation attached). Requests for Vitamin D testing had increased significantly between 2010-2016 producing a workload which was not sustainable and which had resulted in the introduction of the new form in an attempt to reduce the number of unnecessary tests. Dr Gunneberg agreed that there should have been discussion with primary care and practices should have been made aware of the data relating to inappropriate requests. He said the aim of the department was to minimise form filling and optimise requesting. A retrospective audit of 95 new forms received but not analysed concluded that 37% would have been analysed, 43% would not and 20% had no relevant clinical information. Dr Gunneberg confirmed that a repeat audit would be undertaken in 8-12 weeks time and the need for a separate form would be reviewed. Further educational efforts would be made to ensure that requests included the targeted concise information.</p> <p>IH confirmed that the LMC was heartened to hear that education was being considered and that the form may actually be removed. He agreed that tests should be declined if not clinically indicated and practices, particularly outliers should receive data to enable them to reflect on referral processes. It was good to now have a line of communication as dialogue would usually help achieve the right result.</p> <p>Dr Gunneberg confirmed that lab staff had been told that if a GP/HCP phoned about a test declined because it was on the original form then it should be undertaken.</p> <p>A question was raised about the lack of electronic flow of information from the Lab to practices which made it difficult to process test results and caused an increase in workload. Dr Gunneberg advised that he could speak to NWIS about this but realistically it was unlikely to be easily resolved.</p> <p>IH thanked Dr Gunneberg for attending and reiterated that it was good to now have an open line of communication. The re-established Pathology User Liaison Group (PULG) would have LMC representation and would also provide a forum at which concerns were raised and discussed.</p> <p>A vote of thanks was proposed by IH.</p>	

GENERAL		
1.	<p>ATTENDANCE: LMC MEMBERS: I Harris (IH) (Chair), S Hlaing (SH), M Javid (MJ), S Karupiah (SK), A Rayani (AR), E Rees (ER) M Rickards (MR), A Stevenson (AS), H Wilkes (HW), J Williams (JW), LMC Secretariat: M Liddell (Executive Officer) (ML), E Harris (Secretarial Assistant) (EH) DPLMC: Dr P Horvath-Howard ABMU/PCCU: Mrs H Dover (HD), Dr A Roeves (ARo), Dr S Bassett (SB), Dr S Husbands PRACTICE MANAGERS: I Bevan (IB), C Boland (CB), S Kiley (SKi), REGISTRARS: Drs H Hunt (HH), B Chisholme (BC), K Wallace (KW)</p> <p>IH extended a warm welcome to Dr Emma Rees, Dr Kirsty Wallace and Dr Sandra Husbands</p>	
2.	<p>APOLOGIES: Drs T Cufflin, J Donagh, L El-Sharkawi, P Evans, A Hussain, C Jones, E Owoso, N Shah, P Williams, E Jackson, R Thomas, R Lewis ABMU/PCCU: Dr H Potter Dyfed Powys LMC: L Williams</p>	
	<p>A period of silence was observed for Dr Bob Russell Jones who had passed away suddenly on 29th June 2017. Dr 'Bob' had been an active member of the LMC for many years and was passionate about maintaining Primary Care services. He was one of the original supporters of the Swansea GP OOH Co-operative and had also provided many years of support to Swansea Prison for which he had been awarded an OBE. Although he had retired as senior partner in Brunswick Medical Centre, Swansea he continued to work until his death.</p>	
3.	<p>MINUTES:</p> <ul style="list-style-type: none"> • Full LMC Tuesday 9th May 2017 – the Minutes were approved and signed by the Chairman 	
4.	<p>MATTERS ARISING: There were no matters arising which were not included on the agenda</p>	
5.	<p>LMC STRUCTURE: The number of elected GP members had increased to 21 following the nomination of Dr Emma Rees to represent the NPT constituency. IH confirmed the decision of the LMC to remunerate elected members for attendance at LMC meetings and to look at improving liaison with clusters by attending cluster meetings. Dates of meetings would be circulated to seek expressions of interest. Sessional elected members would also be able to undertake this role.</p>	ACTION AR/ML
5.1	<p>STATUTORY & VOLUNTARY LEVIES: Both levies had been collected. It had been noted that an informal agreement had been made several years ago that the levies would not be collected from Health Board managed practices. As the statutory levy was used to support LMC functions it was the view of the LMC that it should be collected from all practices (as was the case in other parts of Wales) and ABMU had been asked to review this for 2018-19.</p>	ACTION HD
5.2	<p>CAMERON FUND: In recognition of the increase in financial support being required by GPs from the Cameron fund LMC members agreed that a donation of £850 should be made from the statutory levy.</p>	ACTION ML
6.	<p>SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT. ARo confirmed that the number of practices in ABMU had reduced to 70 following the merger of the two managed practices (Cwmafan HC & Cymmer HC). Further GPs had been recruited to the PSU and a Practice Manager had been appointed. A sustainability review panel had been held in June 2017 and measures taken. Further sustainability</p>	

	issues were likely to emerge as a result of the requirement in the cluster domain to reflect on their position.	
6.1	VACANT PRACTICE PANEL: The dispersal of patients had been successfully completed.	
7.	GP CLUSTERS: (standing item):	
7.1	CLUSTER LEADS & HEADS OF PRIMARY CARE MEETING: 19th July 2017: IH would attend the open session.	ACTION IH
7.2	CLUSTER MEETINGS: As noted in item 5 dates of meetings would be circulated to elected GP members.	ACTION ML
8.	LMC /ABMU LIAISON GROUP : 16th May 2017 The Draft Minutes had been circulated for information.	
8.1	COMMUNICATION BETWEEN SECONDARY & PRIMARY CARE: IH/HW had attended an eTOC meeting on 6 th July 2017 and were pleased to report an improvement in performance with many wards actively following the 'no eTOC no discharge' policy. IH confirmed that a thematic review of discharge information was being undertaken by HIW.	
8.2	COMPLETION OF MAR DOCUMENTATION: This continued to cause problems and members were asked to provide examples where DNs were refusing to administer medication /asking to sign off meds. ARo confirmed that it was currently the policy of ABMU that an administration chart was used and asked GPs to be mindful of potential damage to relationships with community nursing staff whilst a better solution was being sought. He was not aware of any Health Board where this had been successfully resolved and a national solution was required. He also asked to be made aware of any concerns.	ACTION ABMU ALL TO NOTE
8.3	PT4L COVER ARRANGEMENTS: This remained a problem and opportunities within clusters to provide cover would be explored.	
9.	LMC /ABMU ENHANCED SERVICES STEERING GROUP: 27th June 2017 The draft minutes had been circulated for information.	
9.1	WOUND CARE LES: IH confirmed that negotiations were ongoing and would be concluded by the end of the week. An extension of the SLA was probable and would be funded by the Health Board.	
9.2	CARE HOMES DES: The DES was now live. A helpful FAQ had been prepared by GPC Wales and circulated to practices.	
9.3	INR DES: Take up figures, especially in Swansea, were encouraging. The main issues were around possible delays with the provision of software and consumables which would be procured by ABMU and included within the DES. ARo confirmed that practices would not lose out financially and the Health Board would adopt a pragmatic solution.	
9.4	PHLEBOTOMY RESOURCES: Two payments outwith the global sum would be made automatically to practices in July and January.	
10.	LMC EXECUTIVE COMMITTEE: 13th June 2017: The Draft minutes had been circulated for information.	

10.1	VITAMIN D REQUEST FORMS: ARO confirmed that the data in relation to Vitamin D Requests would be discussed at cluster level. Figures for 63 practices were stable and 10 required further review.	
11. 11.1 11.2 11.3	<p>ABMU 111/ OOH SERVICE –(<i>standing item</i>). SB confirmed that the 111 service was coming to the end of the pathfinder stage and within ABMU 111 and OOH were well integrated. A Welsh Audit Office report had made very few recommendations for change and a Q&S Board and Parliamentary review had both been positive. He reported some problems with recruitment and retention but the service continued to cope well with the workload. Pharmacists continued to manage 10-15% of workload and seven GPs who had completed the VTS had signed up for shifts from Aug 2017.</p> <p>OVERNIGHT CLOSURES IN NPT: This was continuing to happen because of the unavailability of GPs. SB believed that the overnight model was wrong and was reviewing overnight capacity and demand. HW commented that the regular closure of NPT as opposed to Morrision or POW amounted to a second class service and did not accept the lack of secondary care services in NPT hospital as a valid reason to support closure. She also believed that the closures were impacting on in-hours service. A question was also asked about monitoring was being done of patients who turn up to the NPT site when the OOH / MIU is closed. This was not currently being done.</p> <p>PRIVATE HOSPITALS – OOH CONTACTS: SB was not aware of any OOH contacts from the three private hospitals in ABMU area.</p> <p>DISCHARGES FROM SECONDARY CARE to OOH: SH asked if the hospitals could transfer information about dying patients to the OOH service if they were discharged during the OOH periods. ARO advised that this would be raised through the EOL Board.</p>	ALL TO NOTE ACTION ARO
12. 12.1 12.2	<p>ISSUES RAISED BY PRACTICE MANAGERS: (<i>standing item</i>) A schedule of issues / queries raised by Practices between April -June 2017 had been circulated and would be updated monthly.</p> <p>EMERGENCY AMBULANCES: CB highlighted problems of delays in 999 ambulance arrival and the impact of non-attendance prior to the surgery closing which raised issues around lone working arrangements and security within the building. The LMC would write to WAST.</p> <p>BLUE BADGE SCHEME: CB advised that NPT Council would only issue blue badges to people in receipt of PIP. This was contrary to the advice issued by Ken Skates, Cabinet Secretary for Economy & Infrastructure on 3rd July 2017. The LMC would write to the Directors of Social Services in each area. Patients should be advised to contact their MP/Assembly member if this continued to happen.</p>	ACTION ML ACTION AR ACTION AR ALL TO NOTE
13. 13.1 13.2 13.3	<p>ISSUES RAISED BY CONSTITUENTS: (<i>standing item</i>).</p> <p>NWIS NATIONAL EMAIL USE POLICY: NWIS would be contacted but it was unlikely to result in change because of the impact of the recent cyber attack which had affected many health care services in England.</p> <p>SURGICAL TEAM EVENING CLINICS: SK reported that she had received several anecdotal complaints from patients following attendance at evening clinics held in NPT Hospital. Clinical information received was often very sparse. Clarification about the purpose of the clinics would be requested via the Liaison Group meeting. Individual concerns should be raised with the clinic.</p> <p>HOME VISITS: SK believed that patients/relatives expectation of a home visit were becoming unrealistic. SB advised that the OOH service had a very low home visit rate with very few complaints received and he was prepared to share his experience and skill in handling HV negotiations if required. LMC advice, in line with GMS Regulations, was that GPs should determine the need for a HV following</p>	 ACTION AR ACTION AR

	<p>clinical assessment. The importance of using a recorded telephone line and good notes during the assessment was reinforced by ARo.</p> <p>CB reported that the Singleton Triage team were raising the expectation of a home visit for patients undergoing chemotherapy when there was no clinical indication. IH asked for examples to be sent to LMC and ARo.</p>	ALL TO NOTE
13.4	<p>COMMUNICATION WITH CORONER: IH confirmed that the coroners request to notify deaths via an email template could only be done using the MOVEit function on practice clinical systems. The function also provided security for the transfer of patient identifiable information to Social services and Police email addresses. Although the LMC supported and encouraged the use of encrypted email to communicate with the coroner it should not be regarded as the sole route of communication and those GPs who wished to phone or write should still be able to do so.</p> <p>It was noted that the MOVEit function may not be currently activated on all practice clinical systems and the helpdesk should be contacted to enable access. This would be raised at the Liaison Group meeting.</p> <p>PH-H advised that DPLMC had resisted the coroner's request to use only the email template because of rurality issues which often meant that there was only phone access which would be followed up with a fax. The coroner had been informed that they would not comply for routine notifications.</p>	ALL TO NOTE
13.5	<p>TRANSFER OF WORK FROM SECONDARY CARE: HW reported an increasing number of requests to follow up test results / undertake blood tests prior to scans or treatment. ARo asked to be kept informed of all such requests and details should also be forwarded to the LMC.</p>	ALL TO NOTE
14.	<p>ISSUES RAISED BY CO-OPTED MEMBERS: <i>(standing item)</i></p>	
14.1	<p>PRIMARY CARE COMMUNITY STRATEGY: HD confirmed that the Primary Community Strategy had been endorsed by the Health Board. LMC involvement would be required for the development of the strategy.</p>	
15.	<p>ISSUES RAISED via/for LMAG: IH advised that the Local Medical Advisory Group (LMAG) had an advisory role and enabled GPs and Consultants to meet to discuss service issues. The group had agreed that an improved agenda could encourage attendance by consultant colleagues. HW would speak about the Rapid Diagnosis Clinic in NPT at the next meeting on 7th September 2017. Attendance at LMAG was open to all GPs and issues for discussion should be fed in to the LMC.</p>	ALL TO NOTE
16.	<p>GPC WALES <i>(standing item)</i>. <i>Charlotte Jones, Ian Harris and Jerome Donagh had been elected unopposed to GPC Wales. As Charlotte was currently Chair of GPC Wales Heather Wilkes had been co-opted onto the Committee as a Morgannwg LMC representative.</i></p>	
16.1	<p>MATERNITY LEAVE - LOCUM PAYMENTS: The national standard agreement was in place but ABMU had not confirmed backdated payment details.</p>	
17.	<p>SWANSEA SESSIONAL GP GROUP: 12th July 2017. Dr Javid would attend the meeting and feed back relevant issues.</p>	ACTION MJ
18.	<p>DYFED POWYS LMC: PH-H confirmed that discussions in DPLMC continued to mirror those of MLMC. Sustainability issues remained a high priority. AR would attend the next meeting on 7th September 2017.</p>	

<p>19.</p> <p>19.1</p> <p>19.2</p> <p>19.3</p>	<p>LMC ANNUAL CONFERENCES:</p> <p>LMC MEDICAL SECRETARIES CONFERENCE: 19th October 2017: London: AR/ML would attend.</p> <p>WELSH LMC CONFERENCE 2018: 20th January 2018. Venue to be confirmed.</p> <p>UK LMC CONFERENCE: 9th March 2018. Venue to be confirmed</p>	
<p>20.</p>	<p>WELSH MEDICAL PERFORMERS LIST – (ABMU): A list of changes April – June 2017 had been circulated to elected members for information.</p>	
<p>21.</p>	<p>NEXT LMC MEETINGS</p> <ul style="list-style-type: none"> • LMC Executive Committee – Tuesday 8 August 2017 – Oaktree Surgery, Bridgend • FULL LMC: Tuesday 12 September 2017 – MERCURE HOTEL, Phoenix Way, Swansea Enterprise Park, Swansea SA7 9EG 	