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MINUTES	
MORGANNWG LOCAL MEDICAL COMMITTEE	
The Towers Hotel, Jersey Marine, Swansea Bay, SA10 6JL	
TUESDAY 14 March 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">09 May 2017: Ms Jo Abbott Davies, ABMU Assistant Director of Strategy and ABMU lead for CAHMS has been invited to provide an update about CAMHS.	
GUESTS: <p>Dai Roberts and Malcolm Jones, Service Director and Locality Manager for Mental Health and Learning Difficulties attended and updated members on recent service improvements and further developments being planned. Improvements included revision of the CRHT operational policy to accept patients seen within the previous 72 hours and the piloting of the SPOA (Single point of access) scheme in Swansea following its success in Bridgend. Dai confirmed that ABMU was meeting most of the targets in the Mental Health (Wales) Measure but agreed that services needed to be standardised across the patch. A consultation would commence in April 2017 on further revisions to Mental Health Services.</p> <p>Dai and Malcolm responded to questions from members and asked that any issues of concern be emailed directly to him.</p> <p>IH commented that there had been significant improvements in Mental Health services over the previous 15 years and it was heartening to hear of the further developments being planned and the additional investment in services.</p> <p>NS thanked Dai and Malcolm and proposed a vote of thanks.</p> <p>Jo Abbott-Davies, Assistant Director of Strategy and ABMU lead for CAMHS was unable to attend due to illness and would be invited to attend the meeting on 9 May 2017.</p>	
GENERAL	
1.	ATTENDANCE: <p>LMC MEMBERS: Drs A Bradley (AB), S Bassett (SB), S Karupiah (SK), P Evans (PE), I Harris (IH), S Hlaing (SH), A Hussain (AH), C Jones (CJ), J Kletta (JK), A Rayani (AR), M Rickards (MR), N Shah (Chair) (NS), A Stevenson (AS)</p> <p>LMC Secretariat: M Liddell (Executive officer) (ML), E Harris (Secretarial assistant) (EH)</p>

	<p>DPLMC: Dr L Williams (LW) ABMU/PCCU: Mrs H Dover (HD), Dr A Roeves (ARo) PUBLIC HEALTH WALES: Dr N Williams (NW) PRACTICE MANAGERS: C Boland (CB), S Kiley (SKi), REGISTRARS: Drs B Chisholme (BC), H Hunt (HH), L Kerrigan (LK)</p>	
2.	<p>APOLOGIES: Drs O Aung-Kyi, C Danino, J Donagh, L El-Sharkawi, E Owoso, H Wilkes Public Health Wales: S Hayes Dyfed Powys LMC: P Horvarth-Howard</p>	
3.	<p>MINUTES:</p> <ul style="list-style-type: none"> • Full LMC Tuesday 10 January 2017 – the Minutes were approved and signed by the Chairman 	
4.	<p>MATTERS ARISING:</p> <p>4.1 ALL WALES RESPIRATORY PLAN – Spirometry Training: (17.1) Confirmation had been received that the two day training was being funded via the National Respiratory Health Implementation Group (NRHIG).</p> <p>4.2 PRIVATE HOSPITALS / CARE HOMES-GMS INPUT (17.2): Obtaining information about private Healthcare hospitals / care homes which requested services from GPs which were outside of GMS was proving to be difficult. It was agreed that the LMC would survey practices to highlight their concerns.</p>	ACTION LMC
5.	<p>LMC ELECTION PROCESS 2017-20: The process had concluded successfully with sixteen GPs elected uncontested. There were vacancies in all constituencies which could be filled by any eligible GPs. Nomination forms could be obtained from the LMC office.</p> <p>An election would be held at the AGM in April 2017 for the positions of Chair and Vice-chair and in line with the Constitution would be for a three year term The Executive team would discuss the structure of the LMC and meeting arrangements at a time-out to be arranged following the AGM.</p>	ALL TO NOTE
6.	<p>SUSTAINABILITY PROGRAMME / PRACTICE SUPPORT UNIT. AR had attended a panel on 13th February 2017 which had been helpful for the applicants in providing ideas for taking forward challenges.</p> <p>It was noted that one of the motions passed at the recent Welsh LMC conference was to encourage WG to ring-fence funding to support the sustainability process.</p>	
7.	<p>GP CLUSTERS/GP Leadership Forum: (standing item): Aro confirmed that the GP Leadership forum would merge with the meeting of GP Cluster leads and Heads of Primary care and would include LMC representation. Further details would be provided.</p> <p>7.1 CLUSTER LEAD ATTENDANCE at LMC MEETINGS: The LMC had been advised that one cluster lead would attend the bi-monthly LMC meetings or the Liaison group meetings. The LMC had advised that attendance at the LMC meeting would be of greater benefit. Attendance arrangements were now in the hands of the Cluster leads themselves.</p>	ACTION ABMU CLUSTER LEADS

<p>8.</p> <p>8.1</p> <p>8.2</p>	<p>LMC /ABMU LIAISON GROUP : 15 November 2016 The Draft Minutes had been circulated for information.</p> <p>DERMATOLOGY REFERRALS / DIGITAL IMAGING: LW asked for an update as Hywel Dda Health Board was planning to roll out a similar scheme. Discussion amongst the members confirmed the need for the development of a clear and consistent pathway. ARO was taking this forward on behalf of ABMU.</p> <p>PILOT 'BUDDY UP' SCHEME: IH provided background to the scheme being piloted in Bridgend with GPs and Consultants spending a day 'in each others shoes' Feedback to date had been positive and he recommended similar trials in other localities. Further feedback would be available once the scheme had been properly evaluated.</p>	
<p>9.</p> <p>9.1</p>	<p>LMC /ABMU ENHANCED SERVICES STEERING GROUP: The meeting scheduled for 21st February 2017 had been postponed due to the number of apologies received. The next meeting would be held on Wednesday 29th March 2017.</p> <p>WOUND CARE LES: ARO confirmed that contingency plans had been put in place to manage the patients from practices which had or planned to withdraw from the Wound Care LES. More referrals than anticipated were being made to the community clinics but it was still early days in respect of the data collection exercise. He would check that timely information was being sent to practices prior to withdrawal dates and asked that he be made aware of any communication problems with secondary care. Practices would be informed of the next steps following the collection of three months of data.</p> <p>The LMC would recirculate the Post-operative wound care notice and referral forms.</p>	<p>ALL TO NOTE</p> <p>ACTION ML</p>
<p>10.</p> <p>10.1</p>	<p>LMC EXECUTIVE COMMITTEE: 13 December 2016 The draft minutes had been circulated for information.</p> <p>LMC OFFICE: LMC Members were pleased to learn that Emma Harris, Secretarial Assistant had been offered a permanent contract.</p>	
<p>11.</p> <p>11.1</p>	<p>ABMU 111/ OOH SERVICE –(standing item). SB provided very positive feedback about the service which was performing well against National benchmarking standards and further staged roll out of the 111 support service was planned. Additional pharmacists were being recruited and data showed that 75% of cases dealt with by them did not require additional clinical intervention. Successful links with WAST continued to be developed with the service processing around 400 999 calls per month compared to 50 three years ago.</p> <p>SB responded to operational issues raised by members who work during the OOH periods. He also fed back information in respect of IR35 changes and the HMRC tests being undertaken to determine the employment status of OOH GPs. This was currently being looked at by the Health Boards' legal advisers and the outcome was awaited.</p> <p>OVERNIGHT CLOSURES IN NPT: Occasional overnight closure of the Primary Care Centre (PCC) in NPT was due to the lack of GPs but more often because of the unavailability of reception staff. There were sustainability concerns overnight because the service depended on a small number of GPs covering a large number of shifts. SB confirmed that although there was no formalised plan for closure</p>	

	<p>of the NPT PCC the numbers of patients managed overnight was low and suggested that the service could be consolidated over two sites.</p> <p>CB asked if information could be sent to practices confirming that closure of the PCC in NPT would only occur between 00:00-08:00.</p>	ACTION ABMU (SB)
12.	ISSUES RAISED BY PRACTICE MANAGERS: (<i>standing item</i>)	
12.1	<p>REFERRALS TO PERINATAL RESPONSE AND MANAGEMENT SERVICE (PRAMS): CB had raised the issue of requests from secondary care to establish a practice email address for the transfer of clinical information. The most recent request had come from PRAMS although other specialities were making similar requests. IH agreed that non clinical information could be sent to an agreed practice email address but this was not an acceptable repository for clinical information. ARO confirmed that the ABMU Medical Director had instructed the issue of a letter to consultant staff confirming this and which would be copied to GPs to make them aware. There continued to be a similar problem with Council / NHS services and the LMC would continue to progress this. Only a small amount of tweaking to the WCCG remained before full roll out.</p>	ACTION IH
12.2	<p>ELECTRONIC BOWEL SCREENING RESULTS: SK raised a concern about the Bowel Screening Wales' notification that all positive and negative screening test results would be transmitted to surgeries electronically. CJ confirmed that there had been no discussion with Primary care / GPCW. She had written to BSW and had received an apology and confirmation that all follow up action would be the responsibility of BSW and this information would now be included when results were sent to practices.</p>	
12.3	<p>LMC ATTENDANCE AT PRACTICE MANAGER FORUMS: IH confirmed that an LMC Executive member would attend Practice manager forum meetings in each locality.</p>	ACTION AR/LMC
13.	ISSUES RAISED BY CONSTITUENTS:	
13.1	<p>HOME VISITING POLICY: The LMC had been asked if an LMC agreed home visiting policy was available. This was discussed by members who agreed that a rigid policy was not required and that the consulting physician should decide where a patient should be seen following a telephone assessment.</p>	
14.	ISSUES RAISED BY CO-OPTED MEMBERS: (<i>standing item</i>) No new issues raised.	
15.	GPC WALES (<i>standing item</i>)	
15.1	<p>GP CONTRACT 2017/18: Details of changes had been circulated. CJ confirmed that further details would follow re QOF changes.</p>	
15.2	<p>FIREARMS LICENSING: New guidance received on 3 March 2017 had been circulated and added to the LMC website.</p> <p>IH and AR had met with senior members of SWP and discussed Firearms Licensing and other issues of mutual concern (access to medical records, Domestic Violence and MAPPA). Regular on-going meetings were agreed and the LMC supported the fostering of links with PSO's to help raise better awareness around the signposting of patients.</p>	

15.3	MATERNITY LEAVE-LOCUM PAYMENTS : CJ confirmed that the Contract clarified that whole time for GPs equated to 8 sessions and would be applied from 1 April 2017. ABMU had been making payments pro rata to 10 sessions. Maternity payments would be recalculated and ABMU would confirm how far back these would go. LW confirmed that Hywel Dda HB had agreed a period of six years.	ACTION ABMU
16.	COMMUNITY HEALTH COUNCIL – GP TRIAGE REPORT JAN 17: HD advised that the draft report had required changes although not all changes had been agreed by the CHC and the report had been circulated. The Primary Care Access and Sustainability Forum would review terminology used in future and take forward in respect of further reports.	
17.	SWANSEA SESSIONAL GP GROUP: AR had attended the meeting on 7 th March 2017. The main issue of concern has been around HMRC IR35 regulations and the impact on payments made to some locums by practices.	
18.	DYFED POWYS LMC: AR and SB had attended the LMC meeting on 2 nd March 2017. The issue of Wound Care provision remained a priority and was currently putting a strain on DN services. The issue around Maternity payments for locums had been resolved with Hywel Dda agreeing a repayment period of six years.	
19.	<p>LMC ANNUAL CONFERENCES:</p> <p>19.1 WELSH LMC CONFERENCE: 4th March 2017: Celtic Manor Resort, Newport – IH reported that the Conference had been successful with representatives from MLMC speaking well to many of the motions around which there had been much stimulating discussion. One of the themed debates was about co-payments and whether patients should meet some of their healthcare costs. Conference view was that funding should continue through taxation.</p> <p>19.2 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.</p>	
20.	WELSH MEDICAL PERFORMERS LIST – (ABMU): A list of changes April 2016 – February 2017 had been circulated to elected members for information.	
21.	PUBLIC HEALTH WALES: NW confirmed that Sara Hayes would be retiring on 31 st March 2017. Dr Sandra Husbands had been appointed as the new Director of Public Health.	
22.	<p>NEXT LMC MEETINGS</p> <ul style="list-style-type: none"> • AGM(s): Tuesday 11 April 2017: Morgans Hotel, Swansea • FULL LMC: Tuesday 9 May 2017: Aberavon Beach Hotel 	