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MORGANNWG LOCAL MEDICAL COMMITTEE

MINUTES

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The Towers Hotel, Jersey Marine, Swansea Bay, SA10 6JL

TUESDAY 8 November 2016

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

GUESTS AT FUTURE MEETINGS:

- **10 January 2017: Dr Richard Lewis will attend to provide an update in respect of his role as National Professional Lead for Primary care.**
- **10 January 2017: The Cluster Leads have been invited to attend to update members on cluster development plans.**

GUESTS:

Mark Davies, Clinical Director, Surgery attended to make LMC members aware of the Ambulatory Surgical Clinic (ASC) pilot which had recently commenced in Morriston Hospital. Referrals to the clinic could be made by GPs, ED and other hospital Doctors making the pathway more patient centred and managing the increasing workload of the surgical admissions team more effectively. Patients meeting the inclusion criteria would be those falling into the category of ambulatory emergency patients who were not critically ill at the time of presentation and could be managed without admission but require prompt diagnosis and/or treatment within 12-24 hours. By setting up hot clinics these patients could be managed almost completely as outpatients, separate from the main surgical take. Initial calls were being taken by a snr middle grade doctor instead of an F1 as at present. Mark advised that a dictated discharge letter would be issued for all patients attending the AS Clinic. IH pointed out that receipt of such letters was not guaranteed and an eTOC summary was required especially as this was working successfully for day case patients in the Theatre Admission Unit (TAU). Mark would feed this back and wanted to encourage any other feedback. The pilot had been running two days per week but would be increasing to five days.
NS thanked Mark for his presentation and proposed a vote of thanks

GENERAL

1.	**ATTENDANCE:** **LMC Members:** Drs J Donagh (JD), P Evans (PE), I Harris (IH), A Hussain (AH), C Jones (CJ), J Kletta (JK), A Rayani (AR), M Rickards (MR), N Shah (Chair) (NS), A Stevenson (AS), H Wilkes (HW), P Williams (PW) M Liddell (Executive officer) (ML) **Constituents**: Dr S Karupiah	

	ABMU: H Dover (HD), D Edwards (attended for item 11.1), Dr H Potter (HP) **PUBLIC HEALTH WALES**: N Williams (NW) **Practice Managers**: C Boland (CB), S Kiley (SK) **Registrars**: H Hunt **NS welcomed Dr S Karupiah (GP) and Dr H Hunt (GP Registrar) to the meeting**	
2.	**APOLOGIES:** Drs O Aung-Kyi, S Bassett, A Bradley, C Danino, L El-Sharkawi, S Hlaing, E Owoso, L Kerrigan **Public Health Wales**: S Hayes **Practice Managers**: J Carter **Dyfed Powys LMC:** P Horvarth-Howard, L Williams	
3.	**MINUTES:** • **Full LMC Tuesday 13 September 2016** – the Minutes were approved and signed by the Chairman	
4. **4.1**	**MATTERS ARISING:** **WELSH GP RECORD (IHR***):* Issues in ABMU OOH around access had been resolved and the WGPR had been rolled out to EDs, acute medicine and pharmacists in hospitals. Training was required prior to roll out to community pharmacists. GPCW had requested that access be made available to cluster GPs but would not be introduced until a process for the monitoring of access to records of patients outside of surgery lists was agreed. GPCW was working on a proposal which would involve reports being produced by NIIAS.	
5.	**LMC VACANCIES:** 1 in Bridgend**,** 3 in NPT, 2 in Swansea and 5 Sessional. The LMC Election process for the period 2017-20 would commence in January 2017	
6. **6.1** **6.2**	**SUSTAINABILITY PROGRAMME**: Eight formal applications had been received with one currently outstanding. Members were asked to encourage practices to submit an application if they were aware there were sustainability issues **PRACTICE SUPPORT VISITS: (**standing item**)** HD confirmed that appointments had been made to the Practice Support unit and this was welcomed by the LMC. **AN URGENT PRESCRIPTION for GENERAL PRACTICE in WALES:** CJ confirmed that the campaign launch on 12 October 2016 had been very successful with good cross-party representation. All assembly members had received copies and feedback had been very positive. The media and public affairs team now wanted GPs across Wales to share their experiences of working within General Practice and had produced a list of case-study questions which could be completed by email or verbally. All elected members would be asked to complete it.	**ACTION /ALL** **ACTION ML**
7.	**GP CLUSTERS/GP Leadership Forum: (standing item):** Cluster leads had been invited to attend the LMC meeting on 10 January 2017 to provide an update of cluster plans. HD confirmed that there were two cluster lead vacancies. IH asked members to make the LMC aware of any examples of delays in implementing plans due to the non-release of funds. AR would attend the GP Leadership Forum on 17 November 2016	**ACTION ALL**

8.	**LMC /ABMU LIAISON GROUP : 20 September 2016** The Draft Minutes had been circulated for information.	
9. **9.1**	**LMC /ABMU ENHANCED SERVICES STEERING GROUP: 18 October 2016:** Minutes of the meeting had not yet been received from ABMU. **WOUND CARE LES: (DISCUSSED IN A CLOSED SESSION to enable the Executive Team to update LMC elected members on the outcome of the ES meeting and the subsequent action taken)** IH provided members with background details of negotiations held over the previous 15 months around the funding of the Wound Care LES which was currently substantially undervalued at 15p per registered patient. In January 2016 the ES Steering group, as the only negotiating body agreed an increase to 63p to match the Cwm Taf rate as an interim measure towards renegotiating the LES along an item of service costing. ABMU did not implement the increase as they were unable to finance it. The LMC Exec continued negotiations in good faith. At the meeting on 18th October 2016 ABMU stated they had undertaken further modelling and a fee of 40p had been considered to be reasonable. Details of the methodology for this calculation, although promised, were not received and the LMC was told that the LES would be offered to practices at this rate with the additional costs being met by capping the minor injury / joint injection LES. The LMC had stated that this was not acceptable but was told that the new rate had already been agreed. The LMC had advised that practices would be made aware of this decision and had not agreed to it. As a result a communique was prepared which included details of the withdrawal process from the Wound Care LES and this was circulated to practices on Thursday 28 October 2016. **LMC members agreed the actions of the LMC Executive Committee.**	
10. **10.1** **10.2**	**LMC EXECUTIVE COMMITTEE: 11 October 2016** The draft minutes had been circulated for information **ABMU POLICIES**: NS had attended the Primary Care Access and sustainability meeting on 6 October 2016 at which the following policies were tabled for discussion. • Process to apply to change a GMS Practice Area • Managing applications for Practice List closures • Removal of patients from the practice list • Supporting Practice mergers – Discretionary Payment scheme • Branch closures (policy in development) The above were discussed and agreed by the Executive Committee and approval was now being sought from the Primary and Community Services Board prior to circulation. **FERTILITY PATHWAY**: The Executive committee had agreed that, due to the increased workload, the proposed new pathway could not be introduced at this time through primary care and should be implemented via the fertility clinic.	
11. **11.1**	**ABMU OOH SERVICE** –*(standing item)* **111 PILOT:** Dorothy Edwards confirmed that the phased roll out of 111 had been successful and the full call volume had been managed for the previous 2.5 weeks. A patient feedback mechanism was in place and no complaints or adverse incidents had been reported. A system for professional feedback was being finalised. Work still had to be done around protocols and pathways and a 6 month workplan had been prepared to work up the Directory of services.	

	Queries from members included; • could the questions asked at triage be excluded from post event messages? • could the dispositions for children be reviewed to reduce the number recorded as very urgent and requiring a response in 0-20 minutes. • could the system for recording second / duplicate calls be reviewed • how are deaf patients who do not have a text phone managed Dorothy agreed to respond in respect of the above and also confirmed that the BDA would be assisting with solutions for managing deaf/hearing impaired patients. NS thanked DE for the above update	**ACTION DE**
12. **12.1** **12.2** **12.3**	**ISSUES RAISED BY PRACTICE MANAGERS**: (*standing item)i* **VACCINATING HOUSEBOUND PATIENTS:** CB reported that practices in NPT had been advised that with effect from 7 November 2016 DNs would not vaccinate housebound patients who were not on their caseload. The LMC felt the principle to be reasonable as this was the case in Bridgend and Swansea. The notice period given to NPT practices was however unacceptable and HD advised that Vicky Warner would be asked to contact practices involved to find an interim solution that did not adversely affect patient care **ACT**: NPT practices had been informed that ACT would be using portable ipads to send clinical information via email. The LMC was concerned that this was not a safe means of transfer and requested a copy of the email. A query was also raised about the working hours of the ARCT staff particularly at weekends. The SOP would be checked for accuracy to ensure that consultant support was always available and work was not redirected to primary care. HD would clarify. **OMBUDSMAN** – Compensation payment: A Swansea practice queried the decision of the Ombudsman to award £50 compensation to a patient who had made a complaint after being advised that the Health Board wouldn't investigate. Further clarity was required around this principle and CJ advised that she would follow this up through GPCW.	**ACTION HD** **ACTION CB** **ACTION HD** **ACTION CJ**
13. **13.1** **13.2**	**ISSUES RAISED BY CONSTITUENTS:** **CANCER SERVICES**: –EO queried why patients referred from Primary care with a high index of suspicion of cancer and who required a CT or MRI scan following an initial xray/ultrasound could not be referred directly for further imaging instead of being referred back to the GP when such a request was then declined by radiology. It was agreed that the issue of access to MRIs should be taken back to radiology as practice throughout ABMU remained inconsistent. HW advised that the majority of investigations were not reported live so there was no opportunity to discuss further imaging with the patient or to collect further clinical information to guide the choice of appropriate follow up investigation. A significant amount of reporting was also outsourced abroad with no capability to book follow on tests.	**ACTION AR**

	MATERNITY LEAVE -LOCUM COVER PAYMENTS: CJ advised that NWSSP was calculating SFE payments pro rata to a full time rate of 10 sessions per week. The GMS contract was based on 37.5 hours per week, the equivalent number of sessions in GPCW view being eight. CJ was seeking clarification from WG.	**ACTION CJ**
14. **14.1**	**ISSUES RAISED BY CO-OPTED MEMBERS:** (*standing item)* **PHW – Pertussis Immunisation in Pregnancy:** NW confirmed that 18 cases of Pertussis had been identified in Bridgend and that primary care staff needed to be aware of the requirement to immunise mothers in each pregnancy. She would arrange for further information to be made available.	**ACTION NW**
15.	**ALL WALES ACCESSIBLE HEALTHCARE STANDARDS: (***Standing Item*): nil reported	
16.	**WAST**: WAST guidance for General Practice for calling an emergency ambulance had been circulated to practices with a request to continue to report incidents of delays to the LMC and via Datix. Concerns around the timescales for conditions defined in the guidance as AMBER (*serious but not immediately life-threatening requiring the attention of a clinical resource)* had been raised at the GPCW meeting and would be taken further. Members also raised concerns about delays in response times being caused by ambulances being 'parked up' outside EDs and would be highlighted in a letter to the USC clinical reference group.	**ACTION AR**
17. **17.1** **17.2** **17.3**	**GPC Wales (***standing item):* NS/IH/AR had attended the GPCW meeting on 3 October 2017. Items discussed included: **ALL WALES RESPIRATORY PLAN – Spirometry Training:** ABMU was providing the required training and also backfill. HD would confirm details of the funding stream. **PRIVATE HOSPITALS/CARE HOMES – GMS INPUT:** Clarification was required of the entitlement to GMS in designated private hospitals / care homes. HD would ascertain if a list was maintained in ABMU with classification details. **TRANSGENDER PATIENTS- Prescribing:** CJ confirmed GPC Wales advice that GPs should continue to manage transgender patients within their professional boundaries. Practices had been advised that whilst it was agreed that the intention of NHS Circular WHC (2016) 040 was to draw attention to GMC guidance around prescribing for Transgender patients GPs should decide themselves as they do with all other consultant initiated drugs, whether in governance terms they are best placed to prescribe. GPCW would be continuing discussions on this issue.	**ACTION HD** **ACTION HD**
18.	**SWANSEA SESSIONAL GP GROUP***:* Nil reported	
19.	**DYFED POWYS LMC:** PH / LW had been unable to attend the meeting but had confirmed the following: Karen Gully (from WG) had been appointed to the post of Medical Director in Powys HB.	

	In Hywel Dda the LMC was considering a strategy of focussing on the longstanding issue of leg ulcer care with the Health Board. In this area there was also an issue of delayed follow-up for approximately 35,000 outpatients. This was not an issue in ABMU as all patients were on a follow-up list.	
20. **20.1** **20.2** **20.3**	**LMC ANNUAL CONFERENCES:** **MEDICAL SECRETARIES CONFERENCE: 24th November 2016: BMA HOUSE, London –** AR / ML would attend. **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. A seventh LMC place was available and expressions of interest should be submitted to the office. The closing date for registration and submission of motions was **Monday 12 December 2016. Members were asked to submit motions for the conference to the office asap.** **LMC UK CONFERENCE: 18-19th May 2017: International Conference Centre, Edinburgh:** NS/IH would apply to attend as GPCW reps. Expressions of interest had been received from HW/JK/SH to attend as LMC reps.	**ACTION /ALL**
21.	**FLU VACCINATIONS:** JK confirmed that no egg-free vaccine was available. Patients with an egg allergy could be vaccinated if they had no previous history of suffering anaphylactic shock which had resulted in ITU admission. ABMU did not currently have a system in place for such patients and discussions were ongoing to provide a local solution as other HBs had. If not agreed this would be escalated to the CMO.	**ACTION JK**
22.	**MISSED CHILDHOOD IMMUNISATIONS: A** draft Health Visitors pathway had been circulated and was agreed subject to the removal of 'email' as being the way the HV contacted the surgery.	**ACTION JK**
23.	**CAMERON FUND:** Members agreed to uplift the Christmas appeal donation to £750 in recognition of the increased support being provided to GPs in distress.	**ACTION ML**
24.	**WELSH MEDICAL PERFORMERS LIST – ABMU):** A list of changes April – October 2016 had been circulated to elected members for information.	
26.	**NEXT LMC MEETINGS:** • **LMC Executive Committee: Wednesday 13 December 2016: The Great House, Bridgend** • **Full LMC Meeting: Tuesday 10 January 2017: The Towers Hotel Jersey Marine**	