

# **NORTH WALES LOCAL MEDICAL COMMITTEE LTD**

## **PWYLLGOR MEDDYGON TEULU GOGLEDD CYMRU CYF**

Chair: Dr Sara Bodey  
Secretary/CEO: Dr P W White  
Deputy Secretary: Dr Tim Davies  
Deputy Chair Dr Alwyn Parry  
Treasurer: Dr Paul Emmett / Dr G O Jones  
Secretariat: Ms A Lloyd Williams Accounts: Ms Julie Burrows  
Tel: 07900326495  
Email: [northwaleslmc@yahoo.co.uk](mailto:northwaleslmc@yahoo.co.uk)  
Website: <http://www.northwaleslmc.co.uk>

*Registered in Wales Number: 8621299*

### MINUTES OF THE NORTH WALES LOCAL MEDICAL COMMITTEE MEETING 9<sup>th</sup> July 2019 2pm. The Kimmel Abergele 2pm

Present: Drs Alwyn Parry, Phil White, Tim Davies, Paul Emmett Gruff Jones, Jay Nankani, Jonathan Jones, David Morris, Lynne Joannou, Elizabeth Scriven, Dan Cooper, Catrin Williams, Nicky Davies, Lala Khan, H Medagedara, Rob Jones, Liz Bowen Jayesh Patel, Beth Jones, Jenny Liddell, Clive Morrison, Rob Jones, H Medagedara, Uday Bisarya, Bisola Ekwueme, E Lloyd, N P Mudondo

#### **Apologies**

Drs Sara Bodey, Eamonn Jessup, J Honeybun, Arpan Guha, Peter Horvath-Howard, Endaf ap Ieuan, Ian Williams, Fraser Campbell, Mr Gary Doherty, Dr Ieuan Parri, Dr William Scriven, Dr David Wood, Janet Ellis, Sue Hill.

Dr Alwyn Parry chaired the meeting.

Minutes of the last meeting 14 05 19



14 05 19 LMC  
Minutes ss1.docx

The minutes were approved.

#### **1. Feedback to Committee from meetings attended.**

#### **2. Feedback to Committee from meetings attended.**

Dr Catrin Williams attended secondary care interface meeting on **22 05 19**.

CW stated that Ysbyty Gwynedd are struggling to cope with insufficient paediatric beds.

As GP's are requesting that Paediatrics do some bloods- usually in very young patients- Paediatrics are suggesting up-skilling practice nurses to be able to do bloods on children.

For bloods requested by GP's, Paediatrics are requesting that Parents should be reminded not to contact the ward for blood results, but to go back to their GP.

Paediatrics requested that GP's do some pre-opd and review bloods in view of the distances involved. AP stated that they are paid for current level secondary care bloods but should not encourage further uptake in view of limited resources and primary care pressures.

Dr Bethan Jones (MD) will look into getting Phlebotomy at YG to provide a Paediatric Service.

Paediatrics are now admitting patients via a Bed Management Nurse rather than a HO/SHO. This is similar to General Medicine at YG and releases the medical team from such duties.

Urology update: PSA tracking being looked into, no answer as yet. McMillan assisting.

Dermatology requesting photographs along with referrals, needs signed consent.

Bethan looking into protocol with Professor Anstey.

Cluster minor surgery, can show interest by contacting Mrs Heather Merrick at LHB offices Caernarfon.

### **11 06 19 EAST Area Forum and AMAG Wrexham**

Dr Tim Davies reported on this meeting. There were no MD's present due to a clash of dates.

The two meetings were shared, thus information sharing and discussions regarding sustainability concerns. More GPs are required from the East to attend.

There was a discussion regarding HECS, waiting times for breast clinic and long waits for ENT in the East (20 weeks), 22 weeks for Cardiology and 27 weeks Urology.

The Countess of Chester issue is resolved, re opened for referrals (except Oral Maxillofacial).

Janet Ellis talked about Strep A pilot.

Urology being reconfigured, will discuss at next meeting.

FOB testing Nice guidelines, lab has stopped issuing sample cards, changing the process why? SB stated that this is unworkable.

NOAC LES, there are 18 practices not signed up in the East.

SB Cardiology letter sent (East), no reply as yet.

JN stated that Urology are re structuring and therefore no one was available to attend. A review of the structure of the AMAG was required and new ways to engage with cluster leads.

Dr Alwyn Parry and Dr Phil White attended **11 06 19** West Area BCU LMC Forum. Diabetes ES- the 3 area teams supported the commissioning of 4 additional services, approved by the Executive team, commencing 1<sup>st</sup> April 19 Dr Chris Stockport is the Exec Lead for development of diabetic service.

NOAC – 8 practices not signed up in the West for NOAC ES. AP felt that there were other practices allowed to sign without the training in place. Practices can no longer sign up without training.

QoF – update of contract by the end of the week.

Leg ulcers, PW stated big issue in West, no requirement for training. Carried out by Practice nurses in practices in West, but other areas carried out by DNurses in clinics. Wyn Thomas to discuss with Chris Lynes.

Dermatology AP reported the need to send photographs of the skin lesion/rash with every referral, otherwise patients will not be seen

Rheumatology- PW – Patients not being seen with Fibromyalgia. They are returning referrals for inflammatory arthritis patients if they do not contain inflammatory markers. WT to contact Eleri Roberts.

Dr Paul Emmett attended 11 06 19 Central Area Forum.

Methotrexate monitoring – moving to 3 monthly monitoring, but still need final sign off. Dr Liz Bowen to look into this.

PE also asked for reassurance that patients on Methotrexate, not managed in Primary Care, had been identified and monitoring was occurring in Secondary Care. Dr Liz Bowen confirmed that the Pharmacists were in the process of developing a computerised database and that these patients were being monitored.

Monitoring frequency to be reduced once stable.

Warfarin ES – the £428 does include the cost of consumables.

Phlebotomy LES- funding only provided by WG for 1 yr, now local funding required, pending approval from BCU.

The proposed private 200 bed facility in St Asaph was discussed.

This could have a huge impact on local GPs.

Diabetes ES- A number of practices are not providing the gateway, only 17/31 signed up. A final decision in next few weeks.

Dexa scan, expecting GPs to set up a recall system. Liz Bowen to investigate.

TD suggested that individual patients diarise their own future appointments.

Dr PE stated that ACR (annual contractual return) for which the LHB is now requiring completion as part of the statutory return, could lead to increased bureaucracy workload on Practices if they have to have a HIW inspection, along with the newly planned Annual Quality Visits. Dr Liz Bowen confirmed that the Annual Contractual Return has been merged with the Annual Quality visit paperwork.

Dr Emmett has also been reassured that the AQV was to be a mutually supportive visit to help Practices and also help build upon working relationships with the LHB.

PE also sits on the Drugs and Therapeutic committee, 16 megabyte of documents to read regarding this. They are keen to engage more GPs on the group.

GPs are paid £171.76 for two hours. They are also looking for a Deputy Chair.

The Methadone substitution programme is ongoing, this is only secondary care.

Dr Paul Emmett stated that more unlicensed drugs are being used, and the responsibility for the continuation of the prescription may lead to the GP being asked to prescribe them, BCU LHB has a policy for the use of unlicensed drugs and the GP can decline to be responsible for them, if they are not comfortable with the monitoring and management of these patients.

It should be noted however that the majority of drugs used in childhood are unlicensed, but the main area is the new use of these drugs in adults.

If you have a query regarding any medicine please contact Medicines Management. BCU also suffering shortages in supplies.

PW and TD attended a cluster meeting in Llandudno.

Dr Alison Hughes presented a data protection template.

PW- British Airways were recently fined £183million for data breach which is 4% of the turnover.

In the East they are using a private Data Protection Manager.

Mental Health- PW stated that they are now putting people in A&E in YG who are trained to “talk to people”. PW has his doubts as to the effectiveness.

Training and Mentoring – PE stated that there is a push for GPs to train/mentor trainee doctors and paramedics. Funding for Paramedics is £12,000 per annum.

Dr TD discussed Care Closer to Home (these used to be called Transformation Groups). The meetings are every two months.

### **GMS Contract Agreement 2019-20**

The deal will see an additional £25m of funding into GP services in Wales. Additional funding will also be made available to cover the rising costs of employer pension contributions.

The funding will mean an increase per patient in Wales from the current contract, from £86.75 to £90.

Delving into this additional £25m, the GMS contract for 2019-20 will deliver:

An uplift of 3% to the general expenses element of the contract for general expenses.

Investment of £9.2 million for the implementation of the Access to In-hours GP Services Standards published on 20 March 2019.

A further £3.765 million going into Global Sum this year, to fund the infrastructure needs of practices in working towards achievement of the in-hours access standards.

A £9.2 million investment for the implementation of the access standards announced earlier this year.

An investment of up to £5 million will be made available to incentivise partnership working as the preferred model for GMS and to encourage new GPs to take up partner

roles though the introduction of a new Partnership Premium available to all GP partners regardless of length of service.

### **LOCUM LIST**

Locums must be on the MPL. If you are doing a locum in your own practice you don't need to be on the locum list, but if doing a locum elsewhere you must be on the locum list.

### **WORKFORCE TOOL**

In order to provide indemnity data is required. They have now reduced requirements. Indemnity applies to all staff, not just clinical staff, so workforce tool is all about that. They need to know how many employed.

### **SICAT**

This is a form of triage. There is a redirection of patients telephoning 999 to GP services and GPs can downgrade cases.

Not operational in the West yet.

The lead for this service is Helen Alefounder.

### **Hepatitis**

Practices are being asked to identify patients on their list who are positive, they will need to be recalled into specific services.

### **VACCINATION UPDATE**

HPV can be given to girls under 25.

Cellular flu vaccine now available, age 5 upwards.

Measles, PW – there has been a lot of negative talk, but important to vaccinate.

### **OOH PAY**

PW has written requesting an increase in pay, backdated, no response yet.

### **BLUE BADGE REQUESTS CONWY**

Dr Paul Emmett – the responsibility for completing the application form was taken from GPs a number of years ago to reduce bureaucracy and to allow GPs potentially more time with their patients, and also GPs were felt at times to be a little lenient in allowing patients to have blue badges (difficult to be patient's advocate as well as judge). Sadly, Conway Council, and also a council covering Corwen practices, are now asking practices for either a letter or a copy of the patient's summary/most recent clinic letter etc. Under GDPR this now generates an SAR and may not be legitimate use of GDPR by councils and costs and time spent by practices in processing the requests, without any recourse to payment for the time. Patients are attending surgeries, using appointments to ask for this information, so using up valuable capacity, having been told by the Council that they needed evidence from their GP. Councils do employ their own Occupational Therapists etc to run the system, but they are still requesting the GP to be involved when they are neither contracted or funded to do so. Councils must write to GPs with the patient's written permission if they want a report under the access to medical records Act, for which a charge is applicable. Moreover they should assess the patients themselves.

PW stated that there should be an occupational health assessment and a mobility component to this. LMC to write to Conwy County Council.

### **ARM Belfast Chair – Dr Helena McKeown**

Dr Jonathan Jones and Dr Jay Nankani attended for four days.

Day one pensions were discussed, JJ reported that there were many strands, the message was that the BMA have come up with a powerful computer tool where a Consultant's age, salary scale, pension etc is entered and the results of what tax is paid is shown, e.g. if £10,000 of work is carried out, this could result in £22,000 of tax demand. They are next developing the same tool for GPs but it will take about one year to develop. This will help GPs make rational decisions regarding taking on further work.

There was a motion that the meeting calls on the General Medical Council to change its retiring, revalidation and re-entry processes in order to retain senior members of the profession to contribute to clinical services, teaching and research. Trevor Pickersgill is now Treasurer of the BMA.

### **THE USE OF MOBILE PHONES FOR PHOTOGRAPHING LESIONS WITH REGARD TO DERMATOLOGY REFERRALS – Link**

<http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=5776>

### **WRITTEN REPORT FROM DR FRANCES GERRARD**



Dr Frances Gerrard  
Report for 09 07 19.

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### **PROFESSOR MALCOLM LEWIS Interim Medical Director NWSSP (on Skype) re GMPI.**

Professor Lewis' train was cancelled and so only a Skype meeting was possible. WG introduced an indemnity scheme for GPs and their staff. He then explained the advantages of this current indemnity scheme. Most importantly cost implications and a standardised approach across Wales. The Solicitors being used are Legal and Risk ( a sub section of shared services). There is a £105m annual allocation for settling claims, over £1billion of provisions for future pay outs.

35 Clinical negligence lawyers look after Doctors, nurses etc.

In advance of the launch a stakeholder analysis was carried out.

Who is covered – GPs on MPL in Wales undertaking NHS general medical services.

Also all staff employed by GPs in the above context.

GPs will not be named defendants, it will be BCUHB named.

This will take GPs out of the public gaze.

Professor Lewis then showed a flow chart of the process for new or future litigation from 6<sup>th</sup> April 2019.

Key sources of information links are

<http://www.nwssp.wales.nhs.uk/home>

<http://www.nwssp.wales.nhs.uk/legal-risk>

<http://www.nwssp.wales.nhs.uk/general-medical-practice-indemnity>

Providers will be expected to ensure that they have indemnity to cover all aspects of their work not covered by GMPI. If in doubt, please contact your Medical Defence Organisation or NWSSP Legal and Risk Services.

Dr Tim Davies enquired about ear syringing and be indemnified, Professor Lewis stated that if trained to do so, then yes would be covered, but if any doubts contact Legal and Risk.

**Next Meeting 10<sup>th</sup> September 2019 2pm, The Kinmel, Abergele.**

## **AGENDA 2**

### **RECEIVED FOR INFORMATION (NOT FOR DISCUSSION)**

#### **PERFORMERS LIST AND PARTNERSHIP CHANGES**

##### **Managed Practices**

Longford House Holyhead will become a managed practice from 01 09 19

##### **Leaving the Practice**

Dr Amy Louise Williamson 12 06 19 Rysseldene Colwyn Bay  
Dr Jessica Alice Barker 03 07 19 Longford House Holyhead  
Dr Phil White 31 07 19 Rowen Felinheli  
Dr Rachel Mary Petley 30 06 19 Plas y Bryn Wrexham  
Dr Jonathan D Evans 31 05 19 Plas y Bryn Wrexham  
Dr Chris Stockport 14 05 19 Healthy Prestatyn  
Dr Thomas Nathan French 11 05 19 Minfor Barmouth  
Dr Laura Jane Parry 31 -8 19 Longford House Holyhead.  
Dr Toeni Robinson 30 09 19 Cambria Holyhead  
Dr Werner Fritz Spill 31 08 19 Longford House Holyhead  
Dr Kerry Louise Whelan 01 07 19 Caritas Wrexham (leaving the partnership but remaining as salaried).

##### **Joining the Practice**

Dr Jessica Alice Barker 31 07 19 Rowen Felinheli.

