NORTH WALES LOCAL MEDICAL COMMITTEE LTD
PWYLLGOR MEDDYGON TEULU GOGLEDD CYMRU CYF

SECRETARIAT:
MS A LLOYD WILLIAMS
'Yr Allt'
Ffordd Tan y Gopa
Abergele
Conwy LL22 8DS
Tel: 01745 825780
Email: northwaleslmc@yahoo.co.uk
Website: http://www.northwaleslmc.co.uk

CHAIRMAN: DR E D JESSUP
SECRETARY: DR P W WHITE
TREASURER: DR G O JONES
ACCOUNTS: MRS E M JONES

Registered in Wales Number: 8621299

A Meeting of the North Wales Local Medical Committee Limited was held on Tuesday 12th January 2016, at the Kinmel Manor Hotel, Abergele, Conwy LL22 9AS at 2.00pm.

This meeting is supported by Boehringer Ingelheim, Chiesi, Merck and Teva UK Limited who will be present prior to the meeting together with exhibition stands.

LMC Meeting
Minutes

Present: Drs Phil White, Gruff Jones, Eamonn Jessup, Tim Davies, Mrs Lynne Joannou, Sara Bodey, Jay Nankani, Jonathan Jones, E Shaheir, Z Chohan, M Zahid, Idris Humphreys, Alwyn Parry, Ieuan Parri, Kevin Meyrick, Kevin Edwards, Kathrin Jones, Fraser Campbell, Alison Hughes, Mark Walker, Lala Khan, Ian Williams, J Honeybun, D Morris, Wyn Thomas, Heather Merrick, Steve Grayson, Premraj Muthuvelu, Rob Nolan, David Wood, Nick Bradley, Liz Bowen, Chris Tillson, Alwen Williams

Apologies:

Russell Favager, D K Banerjee, Endaf ap Ieuan, Paul Emmett, Ffion Johnstone, Susan Owen, Martin Thomas, Huw Lloyd.

1. **Speakers. 2pm Dr Noel Craine, Research Scientist Public Health Wales and Dr Ushan Andrady Sexual Health.**
   Dr Noel Craine and Dr Ushan Andrady addressed the members regarding the Implementation Pack for clinicians.
   Contact points: Wrexham Maelor – Sexual Health 01978727197
   Glan Clwyd 01745 534455

What is the Chlamydia and gonorrhoea dual NAAT?

It is now possible to test for genital infection with gonorrhoea (N. Gonorrhoeae) by nucleic acid amplification test (NAAT) using the same sample as used for chlamydia testing. This test is much more sensitive than gonorrhoea culture, and has the benefit that it can be performed on urine or vulvo-vaginal swab (as opposed to urethral or endocervical swabs for culture). The main drawbacks of the NAAT compared to culture are that it doesn't give information about antibiotics sensitivities, and it is more likely to give a false-positive result.

The dual NAAT for chlamydia and gonorrhoea should be offered to all patients who you would previously have tested for chlamydia. As both infections can be present without any symptoms, you should consider offering the test to anyone attending for a sexual health needs e.g. contraception, concern about sexually transmitted infections, especially in those under the age of 25, those with a new recent sexual partners, or frequent partner change. In certain high risk groups, such as men who have sex with men or commercial sex workers, referral to your local sexual health clinic is recommended for testing even if they have no symptoms.

Patients attending with symptoms suggestive of these infections e.g. dysuria, urethral discharge and testicular pain in men, altered vaginal discharge, pelvic pain/dyspareunia, intermenstrual/postcoital bleeding in women, can be offered the test. However, it may be more appropriate to refer these patients directly to your local sexual health clinic for assessment.

All positive/reactive GC NAAT should be referred to hospital based (YGC, WMH, YG) specialised level 3 Sexual Health/GUM clinics for treatment and further management.

How do I request the combined GCNAAT test?

You can use the same form as previously used for chlamydia testing, requesting **CT/CG Trial** instead. For GP practices using the electronically generated bar code test request systems please ensure you select the combined test option.

What do I do with a positive gonorrhoea result?

All patients will a positive gonorrhoea result should be urgently referred to your local sexual health clinic for further testing and treatment. A referral form is available and should be faxed to your local clinic immediately. Ideally, you should try to inform the patient of the finding but this should not delay referral to the clinic. Please advise the patient to abstain from any sexual activity (even with a condom) until they have been seen in the sexual health clinic.

It is NOT recommended that you treat them yourself. Increasing levels of antibiotics resistance have been reported in gonorrhoea in the UK and it is therefore essential that all cases are appropriately managed in a specialist clinic. Please consult the Royal College of General Practitioners publication 'Sexually Transmitted Infections in Primary Care' (second addition 2013 available at www.rcgp.org).

If the patient is also found to have Chlamydia, you should ideally not treat this infection as antibiotics can prevent successful culture of gonorrhoea in the sexual health clinic, which is required to obtain information about antibiotics sensitivities. They will be given treatment for both infections at the sexual health clinic.

All clinic doctors, nurses, sexual health advisors, health care support workers, reception staff and clerical staff should have completed all mandatory University Local Health Board training.

Dr Premraj Muthuvelu Consultant Psychiatrist.

Dr Muthuvelu addressed the members and stated that there is now a shared care agreement for ADHD. There is also a medicines management group. He stated that it is vital to improve communication between Primary and Secondary Care. SB suggested that the AMAG would be an excellent way to communicate. Dr Muthuvelu will be invited along to that group

Helen Hughes Head of Quality and Governance Radiology BCU
Helen Hughes addressed the members and described the developments going on currently in Radiology. There are GP engagement meetings, had three so far and four meetings are planned for 2016. There were five cluster and locality meetings in the East, now rolling out in the West. There is an advice line being piloted in the East started on 11 01 16. She stated that NICE guidelines does not recommend imaging for low back pain, however CMATS and the Anaesthetic team look at what needs to happen with the patient.
There is a pilot currently on colorectal referrals also Frank Haematuria pilot in the East. Non medical referrers such as Advanced Nurse Practitioners cannot refer to Radiology, however they may contact Helen and attend a course.
I-refer document is very useful.

Jenny Jones Wales Advisor Tuberous Sclerosis Association Jenny gave a presentation regarding Tuberous Sclerosis, she is based in West Wales and stated that this is the only Charity dealing with TS in the UK. TSC is a rare autosomal dominant genetic disorder, characterised by development of benign tumours and lesions in various and multiple organs. This disease affects one in six thousand new borns, but can present at any stage in life. TSC is a leading genetic cause of epilepsy, approximately 60% of patients with TSC present with epilepsy that is refractory to treatment. Epilepsy treatment options are AEDs, VNS (vagus nerve stimulation) Ketogenic diet, mTor inhibitor drugs. Neurosurgery if epileptogenic lesion can be identified and reached). People with TSC should be followed up on a regular basis. Details of the clinics http://www.tuberous-sclerosis.org/clinics-map.html

2. **PERSONALIA**

3. **TO CONFIRM**

Minutes of the Full meeting held on Tuesday 10 11 2015

101115LMCMins.doc

The minutes were approved.

TO RECEIVE
Minutes of the BCULHB Forum 10 11 15 08 12 15

10 11 15 Forum Mins.doc

08 12 15 Forum Mins.doc

The minutes were approved.

08 12 15 Execs Meeting.doc

4. **MATTERS ARISING.**

Dr E Jessup gave a Chairman feedback on current events.
Three practices have now resigned, critical time in Pendyffryn. Adverts are going out. The LMC Executives met before Christmas to discuss the LMC Constitution and a few adjustments have been advised by BMA Law. They also decided on the motions for Welsh Conference and the motions for Special Conference on 30th January.
There will be an election next month to decide who sits on the LMC. The role of MD's standing for LMC is a difficult one he stated this needs discussion. As it stands in the Constitution being MD does not exclude you from standing.
Mat leaves at the end of February.
He has many concerns regarding the Primary Care Strategy Draft and will write to Bernie Cuthel.
EJ has had a meeting with Ken Skates who is very supportive of a Medical School in North Wales and Sara Bodey is working with the Deanery.
SB and PW went along to the LMC Secretary's Conference in London.

Special Conference Motions 30 01 16.doc

Motions to Welsh Conference 27 02 16

Motions to Welsh Conference February

Progress on Sustainability .
Progress on North Clwyd General Practitioners Recruitment and replacement services at Prestatyn and Rhuddlan.

5. **NORTH WALES LMC CONSTITUTION**

Latest changes to the Constitution following Solictor's advice.
The Executive Committee will meet shortly to finalise this.

6. **GPC Wales**

7. **Betsi Cadwaladr University Health Board**

New Chief Executive appointed Mr Gary Doherty.

Chaand Newsletter 03 12 15

Chaand Newsletter 03 12 15.docx

GPC News 4 - 20 November 2015 (1).p

GPC Newsletter 20 11 15

Chaand Newsletter 171215.html

17 12 15

8. **FOR DISCUSSION**

9. **BMA CYMRU**

(a) Rodney Berman letter to WG re Performers List regulations Wales.
Mr Berman has written to the Welsh Government regarding the proposed amendments and the difficulties caused by having separate Performers lists in England and Wales, having separate lists can prevent GP colleagues in nearby practices on either side of the border from covering for each other and limits the availability of locums for border practices.

(b) Feedback from Coroners.

GPC Wales recently raised the issue at GP forum of coroners and lack of feedback on deceased patients. Many GPs receive no routine feedback from coroners on post mortems on their deceased patients and if they want it, it requires significant time to obtain it. GPC Wales have been advised by WG that Coroners are independent local judicial officers with no central organisation. Although now there is a Chief Coroner the situation has not changed. The result of this is that most coroners have their own local arrangements with GPs but there is no uniform system. In some parts of Wales, Coroners have had regular meetings with GPs and have evolved a local arrangement. The pathlab is authorised to send a copy of every post mortem report that relates to a natural death direct to the GP and copies should be supplied. The fact that there is considerable delay in sending these reports arises from the fact that some areas have a limited amount of Pathologists available. Due to the variation of local arrangements across Wales is advised that GPs locally should press the coroners and local authorities for the information they need.

GPs to offer virtual appointments to patients.

(c) http://www.pulsetoday.co.uk/your-practice/practice-topics/it/gps-to-offer-virtual-appointments-to-patients/20030677.article

(d) Newsletter BMA Cymru

10. **WELSH GOVERNMENT**

11. **BMA UK**

Weekly update from the council chair Mark

Update from Mark Porter 16 11 15 APP F

Mark Porter 07 12 15.pdf

Mark Porter 14 12 15.pdf

07 12 15 14 12 15

ANY OTHER BUSINESS

Plan by BCUB for Emergency Primary C

1. Dr P White -

2. Obituary for QOF in Scotland.

Scotland is to scrap the Quality and Outc

ANY OTHER BUSINESS
DATE AND TIME OF NEXT MEETING 15th March 2016

AGENDA 2

RECEIVED (NOT FOR DISCUSSION)

Change of Address for the Practice
Beechley MC now at Bryncabanau Road, Hightown Wrexham LL137BS

Joining the Practice
Dr Nia Emma Allen 01 01 16 Health Centre Llanfairpwll.

Added to Performers List

Leaving the Practice

Dr Richard J Hardway Kinmel Bay 31 12 15
Dr Owain H P Edwards Bron Meirion 31 12 15
Dr Michael G Bloom Health Centre Llanfair PG 31 2 15
Dr A K Saha Panton Surgery 31 01 16

Joining the Practice as a Partner

Dr Nia Emma Allen 01 01 16 Health Centre Llanfairpwll.

Branch Closure
Health Centre Hightown Wrexham closed. Main surgery Gardden Rd Rhos.

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PHARMACY

The application by Lloyds Pharmacy for a minor relocation from17 Market Street to 34 Market Street Abergele has recently been considered by the Primary Care Panel of BCU.