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CHAIR'S REPORT TO MORGANNWG LMC

8th September 2020

COVID 19

HUBS & FIELD HOSPITALS: All hubs have closed down. Swansea Bay University Health Board (SBUHB) has informed Morgannwg Local Medical Committee (MLMC) that field hospitals have been stepped down and they will be used for alternative purposes such as Covid Ab testing and likely for flu vaccination in future.

COVID RELATED SPENDS: MLMC has asked Practices to provide us further information regarding their financial deficits due to HB's failure to honour verbal agreements for Covid related spends and whether this has resulted in any sustainability issues/ cash flow problems. Clusters and Practices were led to believe that anything that would help establishing Covid hubs or looking after Covid patients would be approved.

A review of reports from Practices indicated that the HB has not approved many Covid-related expenses (mainly PPE, scrubs, and cleaning products). Building related measures are still in consideration through improvement grants. Practices have received decisions for improvement grants (door, floor measures mainly to enable social distancing) and HB is committed to 66% of the amount for each grant request.

MLMC representatives will meet with HB on 8/9/20 to enable them to share their decision making criteria and rationale behind the decisions made about reimbursing expenses and we should be in a position to provide you with an update at the LMC meeting.

RE-ACTIVATION

PRIMARY CARE

In June 2020, WG announced plans to for the reset GMS services, following suspension of services on the 17th March. This envisaged that enhanced services would be reintroduced from 1st of July with a period of re-activation which should be completed fully by the 1st October 2020. Screening services would recommence, and routine services restarted while observing social distancing, infection control and PPE requirements in primary care. There was further instruction from HB on expectations regarding Access standards, completion of CCSAT and IT toolkit in the same time frame.

PRIMARY CARE PHLEBOTOMY SERVICES: There is no progress in this area even though this has been discussed at every skype meeting between MLMC and HB. HB has confirmed that they have recruited Phlebotomists so that the services can be resumed as they were pre-covid. Phlebotomists under HB's employment have been withdrawn from Primary Care during Covid period. Cluster based phlebotomy services have not been coping with the demand in the community. SBUHB has advised MLMC that services will be returned to Practices. In addition, HB also proposed a cluster based holistic service (encompassing phlebotomy, flu immunisation, chronic disease review measures), utilising cluster funds. MLMC is keen on a Service Level Agreement type of arrangement for phlebotomy rather than the use of cluster funds or transformation funds which can be withdrawn or disapproved in future, leaving the Practices under obligation to continue providing the services.

SECONDARY CARE RE-ACTIVATION:

The LMC has reported the impact of changes in working practices of secondary care that had direct effect on primary care (requests for additional testing and monitoring raised from telephone clinics, delay in reviews and procedures resulting in multiple requests for expedites and extra investigation requirements, delayed diagnoses) . The LMC will continue to highlight the examples of transfer of workload and continues to press the need for additional support for primary care. We need further examples so that we can challenge the responsible departments directly. The LMC has agreed to carry out some 2 week pilot project of data collection in Swansea and NPT areas to provide evidence to HB. The LMC will design a simple template (aimed to involve less work than datix) for data collection. We had 2 Practices volunteer for Swansea and we need one more from Neath Port Talbot area.

SBUHB has set up a 're-set and recovery group'. MLMC has been advised that cluster leads will be involved in secondary care re-activation plan. MLMC has asked to be invited to these meetings. MLMC currently attends cluster lead/HB meetings regularly.

CLUSTER WORKING

The LMC has discussed with HB on many occasions regarding cluster working ethos, autonomy of the clusters, the restriction on projects clusters can pursue and the failure of the HBs to mainstream successful cluster initiatives. The LMC has met with the SBUHB cluster leads to discuss mutual concerns, initially prompted by the HB's refusal to sanction expenditure on PPE purchased early in the pandemic, failure to remunerate for meetings and salaries for cluster leads and staff. Two cluster leads attended the last Exec meeting and 2 written reports were received which resulted a very useful discussion. Our plan is to invite cluster leads to future Exec meetings to share their concerns and provide support.

Arrangements for cluster working and funding are unclear, while correspondence from WG suggests *"The funding is for clusters, through their IMTPs, to invest in the implementation of the Primary Care Model for Wales in support of the vision in a healthier Wales. It is in effect a delegated budget for clusters"*

The LMC has asked for clarification via GPC Wales to WG regarding decision making in relation to cluster projects and financial implications. The LMC acknowledge the HB's governance roles in decision making, however, there seemed to be excessive control from HB regarding finances and projects, suppressing the autonomy of the clusters.

COMMUNICATION & IT

COMMUNICATION WITH GENERAL PUBLIC & COLLEAGUES: MLMC requests help from members to get the message out that Primary Care has never stopped and we are still functioning at full capacity. MLMC has agreed to work with the HB's Primary Care communication Group to re-inforce this message. The HB has requested brief tweet sized messages for radio adverts with a Primary Care focus. Recruitment of patients for articles regarding the benefit of use of technology in Primary Care is another area that HB wishes to promote and the LMC has agreed to help.

LMC relationship with HB: SBU HB and MLMC currently have 2 weekly skype meetings (1 hour) in addition to usual Liaison Meetings. These short, informal meetings have been useful to keep either side informed of rapidly changing needs and concerns. MLMC has been invited to workshops in relation to the re-activation of services in secondary care. MLMC also attends HB/Cluster Lead Meetings (monthly from July onwards).

FINANCES & ENHANCED SERVICES

ENHANCED SERVICE PAYMENTS DURING COVID: The LMC has met with HB on several interim skype meetings and highlighted the pressures on practices and the need for PPV to be flexible to reflect the challenges of the pandemic in ES specifications e.g. remote reviews. The LMC has been provided with verbal reassurances many times but we will get these recorded.

The LMC also has a standing agenda at Liaison Meeting to resume the review of the LES basket.

COVID CARE HOME DES: SBUHB pilot project for two weekly virtual MDT meetings for Care Homes is still ongoing but it has not been utilised much. Meeting attendees include Geriatricians, Acute Response Team & Palliative Care Team members. Care homes can refer complex patients directly to the MDT meetings as per their GP's advice and the GPs are invited to the meeting.

FLU VACCINATION: Practices have been fully engaged in planning for the provision of the flu campaign this autumn. Practice plans have been submitted to HB. HB has been made aware by the LMC regarding particular challenges for this season (social distancing, PPE, vaccine availability, new targets). Practices have proposed a range of models and there has been in depth discussions at cluster lead meetings, the proposed models involved the traditional practice based provision, car park and drive thru vaccination and cluster collective provision using hubs or community centers, Use of cluster money for hiring community centers is under discussion.

HB has committed to the supply of adequate PPE through clear routes for request and timely delivery. Practices are expected to meet higher targets for both <65 risk groups and >65 and children. GPC Wales is also working on clear guidance on PPE and cleaning requirements

Subsequent to the announcement by Minister of Health regarding the extension of the eligibility criteria for the flu campaign to 50 -65 year olds (previously not at risk), HB has advised that this age group will not be the responsibility of practices There will be a plan for service provision and it will be implemented by five year age groups, depending on vaccine availability (e.g., 60-65. 55-60 and so on). Use of field hospitals has been proposed for this purpose.

It is still unclear as to which patient groups the community pharmacies are going to vaccinate (or they are not going to vaccinate at all). Big pharma chains have been contacting patients who normally get the vaccines for surgery ,for flu vaccine and SBU HB has been made aware of this to challenge.

Morgnannwg LMC has asked for additional support to practices /clusters. Eg. Powys HB has offered protected time for practices on 6 afternoons with cover provided by Shropdoc, Hywel dda has offered support through clusters. The LMC continues to encourage and support practices and highlight the difficulties of providing this year's campaign.

APPOINTMENT OF EXECUTIVE OFFICER / COMPANY SECRETARY

The LMC has been successful in appointing a new Executive officer /Company Secretary to replace Morag. The post was advertised and six people applied. Two candidates did not meet the essential criteria within the person spec, one candidate withdrew her application and the remaining three were interviewed by three of the Exec Team members resulting in the successful appointment of Hannah Curtis who will take up post on 5th October 2020. Although Hannah does not have previous Health Service experience she has a very impressive range of experience and skills which will be of great benefit to the LMC.

Sandar Hlaing

Chair

4th September 2020