**Borders Local Medical Committee**

**Minute of Meeting**

**13.3.23**

**MS Teams**

**Confidentiality**

Please note that the agenda (including attached documents), action tracker and minutes along with all associated documents are confidential to the committee. None should be shared with anyone outside of the committee without prior permission from the Chair, Vice-Chair or Secretary.

**Present**

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| **Member** | **Present / Apologies / Absent** | **Member** | **Present / Apologies / Absent** |
| Rachel Mollart (Chair) *RMt* | P | Kevin Buchan *KB* | Part (IT issues) |
| Pippa Bowyer | P | Scott Ferguson *SF* | P |
| Ewan McGregor *EM* | P | Gillian Montgomerie *GM* | Absent - Resigned |
| Anurag Yadav *AY* | P | Wathani Sivaniah *WS* | Apology |
| Robert Manson *RMn* | P | Fiona Morton *FM* | Apologies (mat leave) |
| Emily Collin *ECo* | P | Kirsty Robinson *KR* | P |
| Gladys McCollum *GMcC* | Absent (mat leave) | Maude Donkers *MD* | Apology |

**In Attendance**

Donna Wheelans (minutes)

**Declaration of Interest**

None declared.

**Minutes of Previous Meeting**

Minutes of the meeting 9.1.23 were accepted without further amendment.

**Action Tracker**

Updated to reflect progress.

49 – Discussion re engagement with CIG. Two meetings - one operational and one with managers / clinicians. Difficulty getting secondary care to engage. It has been raised at MD level. Agreed for RMt to give any update under regular CIG agenda item and move to complete on action tracker.

59 – KR due to meet with Tim to discuss updated coil LES terms. LNC to be mindful to include notice period, for both parties, for any new LES. Thus, no specific action to take so move to complete on action tracker.

64 – On agenda

72 – Guidance not yet circulated. RMt to remind KB.

74 – Considering whether a hub / practice hybrid model would be useful. The IT issue of prescribing and printing remotely has now been resolved. Pharmacotherapy are currently collecting data. GPs keen to see data regarding “pass back to GP” coding. Concerns raised about the service not working in the current model. Fifty week cover not yet rolled out as travel time should now be reimbursed to affected practices. RMt and ECo to discuss the situation in Duns further. Remove from action tracker.

76 – Document has been to GP Sub. Was on AMC agenda but Chair was asked to remove from agenda item as it hadn’t been circulated to secondary care prior to the meeting. GPs feel the document accurately reflects their role and it has been a considerable piece of work. There is a follow up meeting next week to discuss the document further. RMt to feedback after meeting on 15th March.

77 – Complete

78 – On agenda and payment for GP Sub resolved.

79 – On agenda. Very little engagement. Ongoing issue.

80 – On agenda. One response so far but KR unable to hold booking for exclusive use of Provender if uptake poor.

81 – RMn attending.

**Agenda Items**

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| **Agenda Item** | 1. **The Rules**
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| **Discussion** | Pending issue to discuss – appointment of GPST Rep. If there is more than one candidate interested in the position then ideally a GPST based in a Borders practice should have priority for the position. |
| **Decision** | Agreed the draft wording was accurate and happy to approve.  |
| **Action** | KR to finalise document.  |

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| **Agenda Item** | 1. **AGM Plans Scheduled for Friday 26th May**
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| **Discussion** | It is a big commitment for Provender for exclusive use and a decision should be taken as to whether we continue with the booking.  |
| **Action** | Committee members requested to try and circulate details to practices they represent. KR to send a second invitation email to all GPs.  |

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| **Agenda Item** | 1. **Communication with GPs / Practices and LMC Update**
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| **Discussion** | KR sent update out after a considerable amount of work and received one piece of positive feedback from a GP. There is a clear feeling that communication is a struggle. It feels a bit dysfunctional at present. There has been another query recently about why minutes are not being shared so this may need revisited. Chair and Vice have discussed this problem at length and wondered if a tour of practice visits might help with engagement. KB feels that the information circulated at present is greater than ever before and that the committee is doing the best that they can. KR and RMn are currently producing a document outlining the role and remit of the LMC. Perhaps this will help provoke further interaction and discussion from colleagues. Newer members of the committee feel that communication is significantly more than previously. The level of communication across the spectrum has increased so perhaps people are simply feeling overwhelmed.  |
| **Decision** | Feedback to GPs that this has been discussed and that the level of information is adequate and that the committee feel they can’t engage any more than currently. Agreed not to revisit the sharing of minutes at present.  |
| **Action** | KR to include this topic in next LMC practice update.  |

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| **Agenda Item** | 1. **SAS and ePFR Reports**
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| **Discussion** | Four documents circulated from SAS plus KR meeting notes. KR had a useful meeting with Gareth Hughes from SAS. KR has circulated the SAS patient contact data across Borders for consideration. GPs may be asked to update an eKIS report as a result of an ePFR. The sample ePFR report includes an email address by which GPs can send a complaint or feedback to the senior leadership team of SAS if they are dissatisfied with the content of an ePFR. RMt sure that she has received a recent inappropriate report from SAS despite no local agreement being in place for ePFRs to be sent to GP practices. The reports should be for information only and not urgent. Committee members had mixed views on this proposal. It was felt that there could be no pilot option as the electronic link to send reports was either active or not. The LMC could monitor this initiative initially and escalate concerns back to SAS if inappropriate.  |
| **Decision** | Vote taken – 7 happy to proceed with ePPR transfer to GP practices. |
| **Action** | KR to progress with Gareth.  |

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| **Agenda Item** | 1. **P&CS Review of Community Beds**
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| **Discussion** | Proposal from P&CS to explore the various pots of money which have been agreed historically, circa £250-300k. They are keen to review the spend with LMC involvement. This is a very important piece of work. There will be winners and losers as a result of the review. The LMC Exec are supportive of this work. However, it is difficult for the committee to support this without further information from P&CS. There is a meeting scheduled for 19th April with P&CS and LMC Exec to progress. There has to be some consideration regarding stability of practices but also equity across all practices. The money will stay in general practice and thus should not be a cost saving exercise.  |
| **Decision** | LMC committee supportive to proceed with the initial part of this work.  |

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| **Agenda Item** | 1. **Reduced Meeting Fees for Part Meeting Attendance**
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| **Discussion** | KR discussed that on a few occasions committee members are unable to attend the full meeting. It does not feel like best use of funds to pay for full attendance if not present for all the meeting.  |
| **Decision** | Committee supportive to pay for half meeting fees when part meeting attendance is planned in advance of the meeting.  |

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| **Agenda Item** | 1. **LMC Support for GP Practices / GPs**
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| **Discussion** | English LMCs offer considerable support for GP’s. KR has started drafting a document outlining what support the LMC can offer practices or individual GPs.  |
| **Action** | Please email KR with any suggestions around drafting this document.  |

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| **Agenda Item** | 1. **BGH Lab Upgrade Query**
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| **Discussion** | Additional email circulated from Jonathan Harley (NHSB IT facilitator). A BGH lab software upgrade is causing an issue with the reporting of normal ranges for tests that are processed externally. The favoured approach from NHSB would be that a note would be added to the comment section about the relevant reference ranges and where to find them in SCI Store. This would create more work for the GP to search for the ranges.  |
| **Decision** | Agreed that LMC is not prepared to support this approach which introduces clinical risk.  |
| **Action** | KR to feed back to Jonathan this week.  |

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| **Agenda Item** | 1. **LMC Website Traffic**
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| **Discussion** | It has not been an easy process to obtain website traffic information. Overall it shows there is not much traffic on the website. KR has shared the data for information but not sure how useful the data is.  |

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| **Agenda Item** | 1. **AMC Reps**
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| **Discussion** | RMt gave an overview; 6 consultants and 6 GPs sit on this committee. The AMC hosts discussions between primary and secondary care. The LMC is currently looking for 2 new reps. GPs are paid for attendance. The Medical Director is currently working to improve secondary care engagement with this committee.  |
| **Action** | RMt to send the Terms of Reference around the committee. Email RMt if you are interested in joining.  |

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| **Agenda Item** | 1. **Exec / PCIP Update**
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| **Discussion** | Nothing further to add to KR’s update.  |

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| **Agenda Item** | 1. **Primary / Secondary Care Interface Group (CIG)**
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| **Discussion** | Nothing further to discuss.  |

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| **Agenda Item** | 1. **LNC Report**
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| **Discussion** | Last meeting 1.3.23Topics discussed for updates * Premises charges
* GP Sustainability
* Community beds
* ES uplift (Andrew Bone to report back by 10.3.23) – nothing received as yet.
* Coils ES developments
* PH 8th May

There is a struggle to progress items as the Board don’t seem to be engaged. There have been incidences when LMC Exec have been criticised for their tone in negotiations or for not being collaborative. It doesn’t feel like the LMC and NHSB are operating on a level playing field. There has been very little negotiation and tangible outputs in the last 8 months or so. There is LMC Exec frustration around this interface and discussion about whether the LMC should disengage and walk away from negotiations. It is not a good use of LMC funds to pay for attendance at these meetings when work is not being progressed.  |
| **Decision** | Committee agreed to withdraw if necessary.  |
| **Action** | KR to remind Andrew Bone re ES uplift. RMt to feed back that they will be withdrawing from LNC attendance at present.  |

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| **Agenda Item** | 1. **SGPC Report from Meeting 19.1.23**
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| **Discussion** | Meeting notes circulated. Next meeting on 23rd. RMt happy to take any items you wish to raise.  |

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| **Agenda Item** | 1. **GPDF Update**
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| **Discussion** | RMn gave an overview. There is a meeting this week. There is disquiet and the committee has been completely replaced recently. Voting to take place as to where the considerable GPDF reserves should be spent. RMn to see if there is a Scottish consensus on how to vote at the upcoming meeting. There may be a suggestion that Scotland splits from the GPDF.  |

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| **Agenda Item** | 1. **Non-Principal Issues**
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| **Discussion** | None of note. |

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| **Agenda Item** | 1. **Trainee Issues**
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| **Discussion** | RCA is the main issue at present especially for those aiming to CCT at the end of September. The college has informed this cohort of GPSTs that they can’t do the CSA in April. This could then delays CCT. There has been a statement released by the RCGP tonight which seems to backtrack from this position. This has caused a lot of upset and anxiety amongst GPSTs nationally.  |

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| **Agenda Item** | 1. **AOCB**
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| **Discussion** | AY re Respiratory Medicine – GPs have received letters referring patients back when the department has been unable to make contact with patients after two attempts.  |
| **Action** | AY to email RMt who will raise at CIG |

Meeting Ended – 9.57pm

**Date of Next Meeting**

*GP Sub Monday 20th March 2023*

*AMC Monday 24th April 2023*

LMC AGM Friday 26th May 2023