

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee  
held on Wednesday 13/11/19

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| Present<br>LMC Members<br>Dr S Nagpaul (Chair)<br>Dr R Loh<br>Dr D Kumar<br>Dr S Khan<br>Dr S Ganeshamoorthy<br>Dr J Ring<br>Dr E Gayle<br>Dr M Mensah<br>Dr A Jagota<br>Dr G Chandrasekaran<br>Dr R Hussain | Spring Hall<br>Rosegarth<br>Plane Trees<br>Church Lane<br>Raistrick<br>Stainland<br>Brig Royd<br>Keighley Road<br>Queens Road<br>Plane Trees<br>Sessional                 | (SN)<br>(RL)<br>(DK)<br>(SK)<br>(SG)<br>(JR)<br>(SK)<br>(MM)<br>(AJ)<br>(GC)<br>(RH) | Practice Managers<br>Tracy Worrall<br><br><u>Liaison Officer</u><br>Marcus Beacham<br><br><u>CHFT</u><br>Anna Basford<br><br><u>Observers/Guests</u><br>Dr M Azeb | Spring Hall<br><br><br><br><br><br><br><br><br><br>CCG | (TW)<br><br><br><br>(MB)<br><br>(AB)<br><br>(MA) |
|  |   |  |   |  | <b><u>ACTION</u></b>                             |
| 131/19   | <b><u>WELCOME and APOLOGIES</u></b><br>Apologies were received from Dr N Taylor, Dr J Ishaq, Rosemary Cowgill and Carron Walker.  |  |   |  |  |
| 132/19   | <b><u>DECLARATION OF INTERESTS</u></b><br><br>None declared   |  |   |  |  |
| 133/19   | <b><u>MINUTES OF THE LAST MEETING 9/10/19</u></b><br><br>Minutes agreed as an accurate record   |  |   |  |  |
| 134/19   | <b><u>ACTION LOG AND MATTERS ARISING</u></b><br><br>Action 75/19 2WW Cancer referrals –MDT letters are being sent and put into the GP patient record on the day. Patients |  |   |  |  |

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|        | <p>have on line access to their records and can view the MDT outcome BEFORE their hospital follow up appointment. CHFT agreed to look at the idea of clearly marking the letters that the patient is not aware of the diagnosis at the Interface Meeting in October. ACTION: All PMs to be notified that MDT letters when received should be locked on the system from online access for a minimum of three weeks.</p> <p>Action 112/19 The BMA flowchart for the licence process should be made available on the LMC website for use by Practices when responding to applications</p> <p>Action 130/19 VTS Integration. Dr Kate Simpson to be approached to clarify a date and invitation for the LMC to present a session on the training programme.</p> <p>The following actions were completed and closed:</p> <p>51/19 DATIX reporting issue</p> <p>114/19 PMS Premium funding</p> <p>123/19 Brexit, to re-open when required</p> <p>123/19 Boundary Changes and Mergers.</p> <p>Actions 115/19 Social Services MAST requests and 123/19 White top bottles to be on the next agenda</p>   | <p>TW</p> <p>MB</p> <p>JR/MB</p> |
| 135/19 | <p><b><u>CHFT</u></b></p> <p>AB presented an overview of the report submitted titled Future Arrangements for Hospital and Community Services in Calderdale and Huddersfield. The report focused on key areas including the development of digital technology, capital investment planning with a new development planned to be completed by 2025, service delivery within Care Closer to Home and future impact to deliver recurrent system revenue savings.</p> <p>There has also been a review of the appointment process, from the booking of the appointment to the letters and texts patients are receiving as there have been several instances of letters being sent with the wrong information on them, or arriving late. Some of this is down to human error, some is down to the clinical system. A summary of this review will be sent to the LMC following the overview given by HB in October. Several actions have already been identified by the outpatient services review.</p> <p>DNACPR in discharge letters:</p> <p>Some discharges are stating DNACPR in place however the form is not being sent out with the patient; some are stating in one section for CPR and in another DNACPR. CHFT will look at this, in the meantime it is advised to Datix any instances. CHFT also asked if they are putting this information onto ADAstra. Action: AB to take back to CHFT</p> <p>A surgery has raised concerns re being asked to titrate patients on medication initiated in secondary care. This is especially a problem in neurology . They are increasingly seeing complex medication changes for patients with</p> | <p>AB</p>                        |

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| 136/19 | <p>Parkinson's and epilepsy which practices are being asked to titrate, which often means bringing patients into the surgery to do dosage regimes / explain the complex changes. It was suggested that it would make more sense and be safer if complex changes were prescribed for and monitored under the specialist nurses before we take over ongoing prescribing of the medications. As with agreed shared care drugs, the patient should be on a stable dose before being handed over to primary care. This will continue to be looked at through the CHFT Interface group. Action: to be discussed further at the Interface Group</p> <p>CHFT were informed that practices are concerned that the DN teams are currently very thin on the ground and in some localities the housebound flus have not even been started, again AB will share this concern back at CHFT. The relocating of district nurses to a central hub from GP practices is a concern as DNs are now needing to find space in GP surgeries ad hoc in order to work. DNs have also reported a lack of continuity and holistic care since the change.</p> <p><b><u>PRACTICE MANAGERS</u></b></p> <p>SN congratulated the Halifax North PCN on their recent success at the NAPC Awards where Tracy Dell won the award for PCN Practice Manager of the year and both the PCN and Primary Care Home hub where shortlisted in the final stage for the national award.</p> <p>Staff vaccinations:<br/> Flu – MDDUS has sent out a statement stating it will cover the nurses to give flu vaccines to staff ahead of the state indemnity resolving this issue within the CNSGP(Clinical negligence Scheme for General Practice) next year.<br/> Hep B vaccinations – Although the CQC assesses this within a practice inspection, nurses are not covered under private or state indemnity to give vaccines for staff for occupational health. The LMC would encourage practices to agree to do this for staff who are registered as patients for each other at no charge in a quid pro quo agreement. The LMC is currently unaware of any practice in Calderdale that offers Occupational Health as a private service. ACTION: Practices to be made aware of their Occupational Health responsibilities in line with the guidance from the GPC and to encourage a quid pro quo approach where possible. Additionally, to enquire if any Practices currently provide these services.</p> <p>The LMC received correspondence from the CCG this week informing them of the consultation process currently underway regarding the future of APMS practices in Calderdale. This correspondence included direct links to the consultation questionnaire. It was agreed in the CCG/LMC Executive that the LMC would be fully engaged with the CCG in addressing the key issues already being raised including funding arrangements and the potential flow of patients into neighbouring practices. Additionally the LMC will be engaged by the CCG to support practices with specific concerns as noted in the CCG/LMC Executive.</p> | <p>GC/MB</p> <p>AB</p> <p>MB</p> |
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|        | <p>NHSE have announced funding which will be being made available to practices who may want to change their clinical System of Choice sooner as there has been an announced delay of 12 months to the process.</p> <p>The new specialist Dermatology service, provided by PriDerm is now live and currently being provided at the Spring Hall surgery. This is a 12 month contract with a view to a long term solution being commissioned by the CCG within this time frame.</p> <p><b><u>Ruth Buchan LPC</u></b></p> <p>Ruth, CEO of Community Pharmacy West Yorkshire (CPWY) presented an overview of CPWY's planned delivery of the national five year forward plan for pharmacy provision. A summary report and presentation was made available to all LMC members. The presentation included an understanding of services that are regarded as essential and those that are advanced, an overview of the Community Pharmacist Consultation Service and the Pharmacy Quality Scheme. Discussion highlighted the need for community pharmacy to be actively engaged with each of the five PCN's across Calderdale. ACTION: RB to give MB the key five contacts for distribution to the PCN CD's.</p> | MB    |
| 138/19 | <p><b><u>LMC</u></b></p> <p><u>Wellbeing Strategy</u></p> <p>A further draft of the proposed Wellbeing Survey for all GP's across Calderdale was presented and discussed. Further suggestions were made on areas that could be included in the survey, a clearer 'mood scale' for the relevant areas and to also ensure that the nationally provided NHSe support services to GP's were also included. A final version to be circulated to all members in the survey format prior to the next meeting.</p>  | MB/MM |
| 139/19 | <p><b><u>Correspondence</u></b></p> <p>None Received</p>  |       |
| 140/19 | <p><b><u>AOB</u></b></p> <p>None Received</p>   |       |

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|  | <b><u>DATE OF NEXT MEETING</u></b><br>Date of Next Meeting Wednesday 11 <sup>th</sup> December 2019 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm |  |
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