

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 12/2/2020

Present LMC Members Dr S Nagpaul (Chair) Dr R Loh Dr D Kumar Dr M Mensah Dr A Jagota Dr E Gayle Dr G Chandrasekaran Dr J Ring Dr S Khan	Spring Hall Rosegarth Plane Trees Keighley Road Queens Road Brig Royd Plane Trees Stainland Church Lane	(SN) (RL) (DK) (MM) (AJ) (SK) (GC) (JR) (SK)	Practice Managers Tina Rollings Liaison Officer Marcus Beacham Public Health Caron Walker Observers/Guests Dr M Azeb	Rosegarth CCG	(TR) (MB) (CW) (MA)
					<u>ACTION</u>
168/19	<u>WELCOME and APOLOGIES</u> Apologies were received from Dr J Ishaq, Dr S Ganeshamoorthy, Dr R Hussain, Dr N Taylor				
169/19	<u>DECLARATION OF INTERESTS</u> None declared				
170/19	<u>MINUTES OF THE LAST MEETING 8/1/20</u> Minutes agreed as an accurate record				
171/19	<u>ACTION LOG AND MATTERS ARISING</u> The following actions were agreed as closed:				

	<p>153/19 Correspondence to Local Care Direct 162/19 LMC as Ltd Company advice 163/19 LMC Officer Training Programme 164/19 Support Roles to LMC</p> <p>APMS Closure process by CCG: Additional payments are now agreed following discussions by LMC with the CCG and set at £30 with two thirds paid on allocation and the final payment on registration. Practices have been asked to adopt a rational approach as to how they register their allocated patients. The CCG should have informed the practices of the number and amount of patients that they have been allocated. Each practice is expected to register their patients from the list provided by the CCG. Practices are expected to inform patients of their registration with them and a sample template letter is attached with your allocated list. Guidance is also attached from the CCG, along with a list of allocated patients. The expectation in the letter that practices need to inform patients was discussed. It was agreed that Practices do need to send a notification, additionally It was also agreed that this does not have to be exclusively by letter but can be by any communication method deemed appropriate to the patient, taking into account any individual access needs. The LMC report that at present the Meadowdale practice cannot do GP to GP transfers, so the CCG are dealing with this problem.</p> <p>There was a general discussion around the right of a patient to chose if they wish to register at a different practice from the one allocated. It was also noted that this is further complicated by which practice would qualify for the initial payment of twenty pounds. Although no specific agreement was noted for practices the LMC did note that in this situation practices would need to speak to each other and reach an agreement within the context of patient choice and subsequent payment process.</p> <p>The LMC reports that not all practices have received their lists due from the CCG, mainly those with larger amounts of allocated patients. Those practices taking patients from Virgin may have TUPE implications, Local have indicated that they wish to relocate their staff, so TUPE will not be an issue. Practices were unhappy at the inequality of the patient lists being distributed at different times. These lists are expected to follow shortly.</p> <p>ACTION: All PMs to be updated on the process and discussion outcomes for the APMS process</p>	TR
172/19	<p><u>CHFT</u></p> <p>Care Closer to Home event in February was discussed as the LMC had not been invited to attend as representatives for General Practice. It was noted that where pathway and system changes are being discussed that it is important for General Practice to be a key partner in this process. It was agreed that representation needs to attend on behalf of practices and that further discussions will take place to ensure General Practice is appropriately represented.</p> <p>ACTION: To secure attendance at the event for General Practice</p> <p>A question was raised by a practice that there have been incidents where St James Hospital asks the GP practice to</p>	MB

173/19	<p>perform their bloods for them and then expects the GP to report the results back to the hospital consultant. A solution to this issue is that St James request their own blood form and generates the request; GP practices will then take the bloods. The bloods could either be processed at Leeds or at CHFT locally, and Leeds could then access the blood results directly from their own labs or CHFT. This proposal requires feeding back to the relevant hospital trust.</p> <p><u>PUBLIC HEALTH</u></p> <p>Information is currently available to all practices with regular updates shared by PHE on Coronavirus through the national website. CW explained that at 2pm each day Public Health perform an update on reported numbers nationally, currently 1758 total people have been tested and only 8 of them were positive, of these 4 of the 8 are closely linked. The virus has a 1-2% mortality rate and mostly linked to patients with co-morbidities. NHS 111 has a triage algorithm set up to advise patients and a lab at Leeds is swab testing CHFT samples. CHFT has tested 12 patients so far and all of these have been negative.</p>	RL
174/19	<p><u>PRACTICE MANAGERS</u></p> <p>No specific issues raised</p>	
175/19	<p><u>LMC PCN CONFERENCE – BIRMINGHAM</u></p> <p>A verbal update was shared on the conference held by the BMA that focused on the new GP Contract and the requirements for PCNs.</p> <p>MB and GC also shared an overview of the presentations they were part of that focused on partnership working in the development of PCNs in Calderdale and the impact of the new contract agreement on PCNs.</p> <p>ACTION: New contract documentation and summary documents to be made available on the LMC website</p> <p>A further discussion took place regarding the current working arrangements for the PCNs across Calderdale and how the requirements of the new contract agreement will impact and potentially demand a significant pressure on CDs and the support network. The LMC proposed that this may be an opportunity to review the past 12 months operationally and to look at supporting the development of proposals to ensure PCNs are in the best position to deliver effectively. It was proposed and supported by the LMC that a proposal for this work should be compiled and presented to the CDs for delivery through available ICS development funds for PCNs.</p> <p>ACTION: PCN Support Proposal to be developed and presented</p>	<p>MB</p> <p>MB</p>
	<u>LMC</u>	

176/19	<p><u>Resource Escalation Action Plan (REAP)</u></p> <p>An overview was shared outlining how these plans are largely used by some NHS organisations and consist of response levels as outlined in published OPEL plan frameworks. They provide a framework to maintain effective and safe operational and clinical responses for patients in times of operational uncertainty.</p> <p>Both CHFT and the Yorkshire Ambulance Service have already adopted this escalation framework, the CCG and LMC are interested in developing a similar framework for General Practice. During periods of high demand within our practices, our situations and priorities can change so quickly and therefore the development of an agreed response process is required. It was agreed that both JR and TR will join the CCG Task/Finish Group to represent the LMC.</p> <p>A date has been provided by VTS for the LMC to host a session on the training programme. The date suggested is the 19 May. Confirmation will be sought.</p> <p>LMC Treasurer – The transfer of signatories is yet to be completed but is in process with our bank. It is expected that this will be completed by March.</p> <p>Media Training – A training session has been offered through Leeds LMC to train appropriate officers in dealing with the media. It was agreed that SN, RL and MB would attend the training for Calderdale LMC. This to be confirmed with Leeds LMC.</p> <p>All practices need to be aware that switching on “E consultations” is a contractual requirement. The CCG will require that every practice will switch on this function within their clinical systems by 1st April 20. If we do not do this, we may be in breach of our contract. The importance of this to be circulated to all PMs.</p>	<p>SN</p> <p>SN</p> <p>DK/JR</p> <p>SN</p> <p>TR</p>
177/19	<p><u>Correspondence</u></p> <p>None received</p>	
178/19	<p><u>AOB</u></p> <p>None</p>	

	<p><u>DATE OF NEXT MEETING</u></p> <p>Date of Next Meeting Wednesday 11th March 2020 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm</p> <p>Conference Dates:</p> <p>LMC Secretaries 2020</p> <p>Thursday 5 March</p> <p>London – RL and MB attending, SK applying</p> <p>LMC UK 2020</p> <p>6th and 7th May</p> <p>York – SN and (SG – 1 day) attending</p>	