

## CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee  
held on Wednesday 6<sup>th</sup> December 2017

### **PRESENT**

#### LMC Members

Dr S Nagpaul (Spring Hall) (Chair)  
Dr R Loh (Queen's Road)  
Dr P D Kumar (Plane Trees)  
Dr G Chandresakeren (Plane Trees)  
Dr N Taylor (Hebden Bridge)  
Dr A Siddiqui (Keighley Road)  
Dr S Chambers (Church Lane)  
Dr F Chaudhry (King Cross)  
Dr S Vivekananthan (Todmorden)  
Dr M Azeb (Southowram)

#### Sessional GP

Dr R Hussain (sessional GP)

#### Practice Managers

Bev Barr (Boulevard)  
Kirsty Freeman (Caritas)

#### Administrator

Tracy Worrall

#### Observers/Guests

Caron Walker (Public Health Consultant)  
Dr S Khan (Church Lane)

#### CCG Members

### **WELCOME**

199/17 Members welcomed Mrs Caron Walker, Dr Khan

### **APOLOGIES**

200/17 Apologies were received from Dr A Chaudhry, Dr B Wyatt and Helen Barker.

### **MINUTES OF THE LAST MEETING**

201/17 The minutes of the meeting held on 25<sup>th</sup> October 2017 were received and corrections agreed.

### **MATTERS ARISING**

#### 169/17:158/17 interpreting services

202/17 Dr Brook to find out who commissions this service and who to report to if there is an issue.

#### **ACTION: Dr Loh to chase response**

#### 174/17:32/17:21/17:04/17:202/16:175/16 Heel Prick test heel pricks

203/17 The current issue is that this is not contractual for GP's to do and as they are done so rarely there is an issue over nurses feeling competent to perform the procedure. CHFT will be stopping doing the tests at the end of this year. Dr Loh has a telephone call arranged with Sarah Whiteman at public health. Until this matter is resolved GP's should continue to refer patients to CHFT if they feel unable to perform the test

#### **ACTION: Dr Loh to speak to Sarah Wightman**

#### 192/17 section 47 enquiries

204/17 Heather Simpson was to discuss this with Gill Poyser Young

#### **ACTION: Heather Simpson to discuss with Gill Poyser Young**

## **Public Health**

### **191/17 Bus Pass**

- 205/17 Caron reported that the Councils Customer First will be amending the forms to make it clearer that if the applicant is in receipt of one of the qualifying benefits they do not need the GP to sign. However if the patient is not in receipt, or want a companion they will need to ask their GP to sign the form.

### **Changes to PIP or universal credit**

- 206/17 Current changes of patients from PIP to universal credits are causing excess work for GP's being asked to sign forms proving the patient's address. It was felt that these requests were unsuitable for the GP to sign as in most cases the GP is only taking the patients word for where they live and have no actual proof of this. GPs are also receiving requests for sick notes for a few months for patients who are being switched from ESA to PIP.

**ACTION: Dr Nagpaul to put this on the list server. Dr Chandresakeren to invite DWP to explain the process to the February meeting**

### **178/17 Gram-negative bloodstream infections (GNBSI)**

- 207/17 Public health are hoping that with the link from hospital to the GP record via EPR that they will be able to gather the information they require and will ask this question of CHFT. If EPR will not help this then CHFT do have reciprocal agreements to access GP systems and could get the information that way.

**ACTION: Dr Loh to forward the template to all GPs for information only**

## **AGENDA**

### **CORRESPONDENCE**

- 208/17 Email received from Ben Leaman requesting meetings with the LMC, CCG, Locala and HV re concerns from both sides. There are some GP concerns regarding the fragmentation of the clinical pathway for the 6-8 week check and the move of well-baby clinics from GP practices and communication issues. The issues from Locala side are re estate costs and GP unwillingness to negotiate in a timely manner. Caron walker explained that there has been a meeting arranged for Friday 22<sup>nd</sup> December and all parties have been asked to attend to ensure all views are heard. Bev Barr advised that Hazel Carsley will be attending from Boulevard Practice so all issues should be forwarded to her. As the meeting is during GP surgery time, the Friday before the Christmas four day break, no additional LMC member will be able to attend.

**ACTION: Issues to be passed to Hazel Carsley, Rona Radley**

### **Collaborative fees**

- 209/17 Practices are now being asked to send an invoice for collaborative fees. Dr Loh has spoken to Brighthouse health centre re foster care and adoptions medicals. They have advised that they are no longer using the original forms. The GP should now do a report and send it along with the invoice to Amanda Pickles at Brighthouse health centre who will forward the invoice to the CCG, and they will claim the money back from NHSE. There are no longer set fees and that a reasonable fee should be requested.

## Structure of meeting and engagement of LMC

- 210/17 It was agreed that no outside participants should be invited to the meeting in January to allow the members to discuss the agenda, the structure of the meetings and the function of the LMC. This is to hopefully make the meetings more productive, interesting and fit for purpose.

## **CHFT**

### 170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharges

- 212/17 Helen Barker has suggested that they would like this issue resolved by the 31<sup>st</sup> December. No further decision has been made yet. It was agreed that the hospital should be asked if they have done a risk assessment of the level of harm which patients have come to because of this incident. Also have they reported this as a major incident?

ACTION : Dr Nagpaul to contact Helen Barker

### 175/17 Phlebotomy for children aged 10 years

- 213/17 CHFT has changed the age at which they will do the routine blood tests on children. Children under 10 years old can be seen in either a drop in clinic where only the spray will be used or a bookable appointment where they will use the Emla cream. For children over 10 years old they have to attend phlebotomy outpatients but would require Emla cream to be prescribed by the GP in advance.

Dr Nagpaul has passed back to Helen Barker that they should still be offering the Emla cream at phlebotomy which would work out more cost effective than GP's prescribing this for individual patients.

**ACTION: Helen Barker to respond**

## **CCG**

### Consultation of low value drugs

- 214/17 The CCG are out to consultation on to whether low value drugs should be prescribable. This is out as an electronic survey and the CCG would welcome everyone input.

### 105/17:149/17:168/17 over 75 years funding and enhanced services

- 215/17 Dr Nagpaul has received a response to the above issues where it was noted that practices should understand that the over 75's scheme was part of none recurrent funding and as such was always subject to the fact that it could be stopped. Enhanced services were commissioned until 31<sup>st</sup> March 2018 and were subject to review. They are in the process of doing this and it has gone to the governing body and they are aiming to bring the outcomes to the LMC prior to any official notification going out to practices. They are aiming to send a communication out in January 2018 as a courtesy.

That with these large sums of funding being withdrawn, and no information on how it may be reinvested, they could not plan for the future, retain staff or have business continuity plans.

Had the CCG made an impact evaluation on General practice before this decision was made?

The LMC was dismayed by the tone of the response from the CCG, which described giving practices 3 months' notice of changes to LES as a "courtesy".

### 168/17:149/17 PMS monies to allocate

- 216/17 Part of this money has gone on bringing forward correspondence management into 2017/2018 for

all practices. The balance of 15p per patient will be paid to encourage practices to go 100% paperless from January till March where possible, as CHFT will not get paid for any non-electronic referral. They can refuse any referral to consultant led services that is not sent electronically. It is hoped that the anomaly between the GP and hospital contract will be resolved for 2018/2019.

#### Third Party prescription re ordering

- 217/17 The CCG will be supporting practices to refuse to accept prescription requests from pharmacies. The CCG have asked pharmacies to stop ordering for patients. The practice and the pharmacy can agree exceptions i.e. for care homes.

#### **PRACTICE MANAGERS**

##### Lymphedema bloods

- 218/17 One practice has a patient who had lymphedema and they had a nurse who was able to take the blood out of the patient's heel. That nurse has now died and the practice no longer has anyone who can do this. Both the lymphoedema clinic and phlebotomy service have not been able to provide the service. The bloods are requested by the lymphedema clinic so it was agreed that therefore it is their responsibility to organise this.

**ACTION: Dr Loh to pass to Helen Barker**

##### Snomed

- 219/17 the codes should all go across seamlessly. The the only ones which may cause issues are where practices have used Y codes, but practices have always been advised not to use these. Nick Green from data quality had explained that the EPACCs template does contain some Y codes but that this will be looked at by data quality once they are able.

##### CAMHS referrals via portal

- 220/17 CAMHS will now only accept referrals via a portal. Normally school nurses would do the referrals but where the GP needs to send an urgent referral they should use the portal. The GP will receive a confirmation email once CAMHS have received the referral. The GPs wanted assurance on the security and governance regarding these via a portal. Also this does not link with the patient's records, so there is no evidence of the referral being made. The CCG were asked to check the quality and governance of their service as they have commissioned it

**ACTION: Dr Taylor to check this**

##### Lead employers service

- 221/17 NHSE said that they would be putting this out to contract by the end of this year for Calderdale. Bev Barr was under the impression that this would not be happening until the end of next year. Dr Nagpaul will contact him again asking for confirmation in writing

**ACTION- Dr Nagpaul to email for confirmation**

##### PCSE

- 222/17 Suzie Ellis acting regional liaison manager has offered to come to speak to the LMC to explain progress to date. The practice managers have already met with them several times and did not feel they would be able to give any more information than they already have.

### Orders from Path

- 223/17 Dr Nagpaul has raised the issue of orders from path taking too long to arrive at practices with Helen Barker and is awaiting a response

### Locala access to EMIS

- 224/17 Correspondence received from practice manager saying that Locala has removed HV access to EMIS as they will not pay for the licence for remote access and they have issues with patient communication. It was felt that when they were commissioned then they should have been commissioned to provide the services from all practices including EMIS practices.

**ACTION: Dr Loh to email Ben Leaman re this prior to the meeting on the 22<sup>nd</sup>**

### 195/17 Ibendronic acid

- 225/17 Helen Foster has updated that the Trust has been reminded of their obligation to counsel the patient and do the first prescription and this should be documented so that the GP's is aware it has been done. It was suggested that the CCG medicines team should agree a proforma that the consultant can complete and send to the GP in all such circumstances.

**ACTION: Dr Taylor to discuss with Meds Management team at CCG**

### 194/17 Darbpoietin

- 226/17 Response received from Helen Foster felt that this should be a red drug until further guidance is received

### LMC Website

- 227/17 Dr Nagpaul wanted to thank Dr Hussain for all of her hard work with updating the website. The idea is to make the website more dynamic and up to date. Dr Hussain has done a lot of work on the site but there are certain aspects of the site that she is unable to sort herself. Fourteen fish have quoted £300 for the work that needs to be done in order for the site to work better as well as look better. The members have agreed that the quote for £300 was acceptable. The members were also asked if they have any good pictures of Calderdale that they would be happy to have used on the website.

### **DATE OF NEXT MEETING**

- 228/17 Date of Next Meeting Wednesday 10<sup>th</sup> January 2018 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm