CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 25th October 2017

PRESENT

LMC Members
Dr R Loh (Queen's Road)(Chair)
Dr P D Kumar (Plane Trees)
Dr G Chandresakeren (Plain Trees)
Dr N Taylor (Hebden Bridge)
Dr B Wyatt (Retired)
Dr A Siddique (Keighley Road)
Dr S Chambers (Church Lane)
Dr A Chaudhry (Station Road)
Dr S Vivekananthan (Todmorden)

CCG Members
Dr A Brook (Longroyd)

Sessional GP
Dr R Hussain (sessional GP)
Practice Managers
Heather Simpson (King Cross)
Liz Coulson (Southowram)
Administrator
Tracy Worrall

Observers/Guests
Helen Barker (CHFT)
Caron Walker (Public Health Consultant)
Dr L Pickles (Brig Royd)
Mr E Suleman (FB)

WELCOME

160/17 Members welcomed Mrs Helen Barker, Mrs Caron Walker, Dr L Pickles, Mr E Suleman

APOLOGIES

161/17 Apologies were received from Dr S Nagpaul, Dr M Azeb, Dr F Chaudhry, Dr N Taylor.

MINUTES OF THE LAST MEETING

162/17 The minutes of the meeting held on 27th September 2017 were received and corrections agreed.

MATTERS ARISING

CHFT ISSUES

144/17 discontinuation of paper referrals

163/17 Dr Kumar and Dr Brook advised that they have received an email from NHSE in which they have advised that they will be offering the trust some support around comms work to ensure that if there is an issue by January with paper referrals being received by the trust these are not being returned to practices without being reviewed by CHFT due to concerns around patient safety. Helen Barker asked for a copy of the email. Helen Barker was asked if the trust could send out regular newsletters to GPs with regards to the communication between CHFT and GPs of these service additions to the Choose and Book system and issues over EPS. Currently there is none but she felt that this could be looked at.

ACTION: Dr Brook to forward the email from NHSE.

141/17:116/17:100/17 Dalteparin prescribing (red drug)

164/17 Dr Loh asked Helen Barker to clarify the trust position that if a patient is not prescribed sufficient

quantities of Dalteparin on discharge that the DN's should contact the discharging ward for them to prescribe. Helen agreed this and asked that if any issues are reported where the ward refuses to do the prescription that they be passed to her to follow up.

152/17 ACO update

165/17 Dr Loh informed the meeting that the advice received from the GPC on this subject is that practices can explore these options, but the main advice is that practices should not relinquish their PMS or GMS contracts as there is no guarantee of getting them back. Heather Simpson asked if the LMC are aware that there is a 20 minute ACO agenda item on the December meeting for the Health forum with PPG representation. She also asked if the CCG are doing a patient consultation in that section. Dr Brook explained that at the moment the CCG are not pushing towards this but are exploring the concept of this

156/17 Apixaban DOAC initiation

166/17 APC guidelines now states that the drug is green for prevention of stroke and systemic embolism in adults with nonvalvular AF which means this does not have to be hospital initiated. Dr Wyatt explained that the issue was not with initiating the drug it was that the patient had been seen at A&E with palpitation and been referred to cardiology clinic and the first thing the GP knew was when asked to prescribe the drug with no indication of whether or not the patient had been properly counselled or not, it was felt that the consultant should have given the first prescription with instructions for the GP to continue as is the underlying principle. It was agreed that there is an issue with consultants and junior doctors who are initiating, passing the patients back to the GP and that patients often present themselves to the GP before the letter arrives. Consultants should be aware that if they want the drug initiating within 4 weeks then they should do the initial prescription and discussion with the patient and document that all relevant things have been done, and the GP's will continue the drug although if they are advising the GP to prescribe then the patient should be advised of the delay. The LMC asks GP's to report any incidents on datix.

ACTION: Dr Chandresakeren to discuss at the interface group with CHFT and CCG medicines advisory group meeting

148/17:115/17:52/17:47/17:27/17 SMS

167/17 The Practice managers advised that practices have still not received the figures from Ian Whiteman and asked if the LMC stance was still that if the figures were not given that is not reasonable to ask practices to make up the additional difference by the end of the financial year. Dr Loh agreed that the LMC stance would remain the same.

105/17:149/17 PMS Monies

168/17 Heather Simpson asked if the CCG had any further information around plans for the PMS monies into next year. Dr Brook advised that the Primary medical services committee looked at the contingency which had been held back for the threatened increase in secondary care referrals with the withdrawal of services which didn't materialise so they had about £70,000 this year which has been used to top up the winter pressures scheme. Heather Simpson asked why this had been used as practice managers thought that this had come from the better care fund. Heather Simpson advised that they have had a practice report to them today that the over 75's money which came out of the better care fund versus what they are getting for winter pressures leaves them with a deficit of £25,000. Dr Brook explained that the better care money £5 per head of population was not a protected ring-fenced defined fund and it is vulnerable to overspends elsewhere in the system and there are quite a few areas around the country that have not dispersed it to general practice but that the CCG have done their best to. Heather Simpson stated that this was promised to practices in June at the Practice managers meeting Dr Brook advised

that there was always a warning on this money as it was not actually a resource that the CCG had been given and was somewhere in the baseline but with a baseline which is now grossly overspent this money is not necessarily available but they are doing their best to follow the principle. Heather Simpson asked that the message from managers to the LMC was around the financial potential destabilisation of general practice funding because of shifts in budgets like this to be noted and could the LMC take this to an LMC CCG exec meeting. Dr Chambers asked that the LMC be provided with the minutes from this discussion.

ACTION: To be discussed at the CCG-LMC interface group and minutes provided to the LMC

158/17 Interpreting services

169/17 Caron Walker advised this service is not commissioned by the local council. It is commissioned by the CCG through Kirklees council. Dr Brook will find out what is commissioned and what should be done when it is not working. He felt that this is probably something which is done on behalf of GPs through the CCG and there should be a clinical lead in charge.

ACTION: Dr Brook to find further information

AGENDA

CHFT

143/17:118/17:93/17:73/17 Discharge summaries, A&E letters and Clinic letters

Electronic discharge summaries duplicates

170/17 Feedback from practices is that it is still happening but in smaller quantities. There are still issues with the accuracy of some of the EDS where some of the emergency care information is not always being validated by the juniors. CHFT have implemented a procedure to check for discharge summaries not sent. Every day a list is sent out to be actioned of from all the discharges for the previous day where the discharge has not been sent. Another list is sent 3 days later from those which have still not been sent out. The issues with the accuracy are down to the auto population of fields not being checked correctly and the trust are doing work around the need to be checking these fields and not assuming they are correct.

Back log of correspondence

It was agreed that CHFT needs to collate the information before sending them to the practice concerned. They are still working on ways to deal with this as the system automatically sends the communications to the GP when CHFT try to print so they are currently working through ideas on how best to deal with this. It is believed that the issues have been solved at the source but they are still working on the back log. The team have arranged to go out to a few practices to have the conversation around what practices will need to do to action these and how CHFT can help to assist practices to deal with this.

Dr Brook suggested that the information in the discharge summaries should also be looked at as to what information is actually needed. He also asked that all of the backlog letters be marked clearly as backlog information for the GP.

Dr Chambers advised that practices have already received a letter from Mandy Griffin via Tracey Robson warning GPs these are on the way. Helen Barker will feed back that this was sent too soon

Backlog of Clinic letters

171/17 This was caused by an issue in the system which was that the alert for the consultant to verify

was set to purge at day 45. This meant that letters typed after this length of time were disappearing they were in the system but not showing for the consultant to verify. This has been lengthened for the short term to 180 days the fix was put in in the middle of July. They thought this was a very large number 30,000 approximately but it turns out secretaries were aware of the problem and were going back into the system and finding the letters getting them signed and sent out to GP's so the actually figure is nearer 2 or 3000. They are checking that these numbers are correct.
CHFT will be going to out to 4 different practices to discuss any issues which may occur and gain any idea of how. A list will be collated of the timelines for this work which will be sent out by CHFT to be included with the minute's mail out.

EPR issues

172/17 There are still several issues for CHFT around the new system including the necessity for them to employ more staff for the booking system due to it being so slow. They are currently in discussions with the suppliers around the speed in which they are making the requested changes to the system.

Other trust issues

173/17 Winter plans are currently being looked over by the Regulators. They are currently experiencing their highest ever attendances in A&E with figures rising from 480 – 520 across the two ED's and the variation can be very difficult to manage with a variation of 120 attendances difference from one day to the next. They have implemented frailty services across the two sites and ambulatory care in both. They are also working with the local authority and the CCG around transfer of care standards.

32/17:21/17:04/17:202/16:175/16 Heel Prick test

174/17 The practice managers have received notes from a PMAG meeting which state that CHFT will cease doing the heel prick test on 12 month old babies from mother who is hep b positive and that this will be being passed to general practice to continue as it is a contractual obligation. General practice nurses have not been trained on this having only seen a 20 minute video and the LMC advice was that it is not a contractual obligation and that due to the low numbers requiring it practice nurses would run the risk of being de skilled and may not be able to perform the heel prick properly.

ACTION: Helen Barker to check.

Changes to children's blood tests at CHFT

175/17 Heather Simpson stated that practices have reported that previously children were seen for bloods in paediatrics until the age of 12. Now they have been informed that children will only be seen up to the age of 10 and older children will be referred to the path lab. This has resulted in practices receiving requests from parents to prescribe the patient EMLA cream prior to the child attending CHFT for the bloods. Again the workload being passed to GPs to prescribe is the issue

ACTION: Helen Barker to check

123/17 LMC Medical secretaries conference

176/17 Dr Loh attended the Conference on 19th October 2017, the theme of which was Celebrating and Future Proofing the LMC. (See separate attached report).

It was noted that Calderdale LMC is a very small LMC and from our accounts reported earlier it was mentioned that there are enough funds available to encourage the more local GPs to attend LMC events. The LMC Exec have been in discussion how to encourage new members. Dr

Hussain has emailed the VTS programme director to speak to the trainees to see if she can encourage one of them to attend LMC meetings so that they are able to feed back to trainees and encourage them to take part. It was noted that practice managers should be encouraged to forward the LMC newsletter and future meeting agendas to their GPs. Dr Hussain is taking over developing the LMC website and would like to work with the practice managers to develop the practice manager's page by including the Practice managers' meeting minutes. Any feedback and ideas on how to encourage new participants would be very useful.

CCG

177/17 Flyer for the Medicines management reducing prescriptions campaign.
It was noted that the flyer was misleading and could be misinterpreted to suggest that more operations would be done if less was spent on prescribing

Improved access to GP services questionnaire
It was noted that the questionnaire was also very leading. It was noted that neither of these documents had been presented to the LMC prior to being sent out to practice.

ACTION: To be discussed at the LMC/CCG exec meeting

Public Health

178/17 Caron Walker advised that public health have an infection control team who work on behalf of the CCG. They received a letter from NHS improvement in June saying that they want to reduce ~~en~~gram negative blood stream infections by 50% by 2021 and as part of this, for 2017/18 it would be voluntary to report on health care associated infections which for this year they wanted to concentrate on E Coli it but from April it will then become compulsory to report on them. In September they have added on klebsiella and pseudomonas as well. Because Infection control is in public health they do not have access to clinical systems. This will mean that they need to collect data on these patients from practices. Dr Chambers questioned the IG implications. Presently this is just to inform the LMC that this will be coming. Before this becomes mandatory the CCG will need to send out communications to practices. The LMC needs clearer details before a proper statement can be given.

151/17 LMC dates for 2018

179/17 The dates for LMC meeting dates have been agreed as in the list sent out.

PRACTICE MANAGERS

PCSE

180/17 Practice managers have met with PCSE and NHSE. The minutes will be shared with the LMC. There were promises of improvements by December. In the December meeting they will have MD Paul Dawson of PCSE attending and will be putting various questions to him ~~also~~.

Primary Care Home

190/17 Managers would like to know if there is a Calderdale wide plan around this. Dr Brook said this is being shared with the practices for them to look at and discuss but is by no way being pushed by the CCG or LMC.

Buss Pass requests

191/17 Increased numbers of CMB forms. These say that they can be filed in by an appropriate health care professional. This is interpreted by the patient as meaning the GP. And even when the box is ticked to state patient is receiving higher rate disability these are being passed back to the GP to complete. This is private work and the GP can just say no to completing these. The LMC position

is that this is private work and practices can charge for this and is up to them to accept or decline such work.

ACTION: Caron walker will pass this onto the relevant department to contact Dr Loh

Adult and Children's Services

192/17 Practices have started to receive Section 47 enquiries which sometimes include information about patients who are not registered at that practice. This is being requested as urgent and is asking for the medical secretary or GP to call to give information regarding patients. This is now coming to general practice when it used to go to health visitors who have stated that due to information governance they are unable to supply the information. Under Section 47 there is not necessarily a need for consent and the form omits to state whether consent has even been asked or not.

ACTION- Heather Simpson to speak to Gill Poyser Young

Correspondence

193/17 Letter from North of England commissioning unit about the new medicines optimisation service wrote to the LMC to introduce themselves. Dr Loh asked for more information but they have not yet responded. They will be taking over from the company who were in practices last year.

194/17 Dr Loh's practice received a letter from the renal unit asking the GP to administer darbpoietin as the renal unit do not have the systems in place to provide this administration, even for the first dose. Dr Loh has passed this to Helen Foster in Meds management and is awaiting a response from the renal unit.

195/17 2 letters received where GPs asked to do the initial and subsequent prescription for ibandronic acid in post-menopausal women with breast cancer. Previous agreement with CHFT in March 2017 was that they would do the initiation and counsel the patients as it was an unlicensed indication. Dr Loh has spoken to Helen ~~Barker~~ Forster who will look into this further with the trust.

196/17 Letter received from GP asking for LMC view on patients being discharged from urology clinic but requesting GP to do and monitor PSA blood tests. He believes this is not GMS and is un-resourced work and the patients are not always sent a copy of the letter so it is up to the GP to contact the patient and inform them. The general consensus was that this also happens with renal patients and U&Es. It was agreed that the LMC should discuss this at the interface group to ask consultants to inform the patient and document in the letter so that the GP is aware that the patient is informed instead of the practice trying to contact the patient.
ACTION: To be discussed at the GP interface group

Sessional GP- PGPA – Lantum locum website

197/17 The meeting ran out of time and there were quite a few issues so Dr Hussain was asked to put this in writing to the LMC in order to give the LMC adequate time to look into this prior to being discussed at the next meeting.

DATE OF NEXT MEETING

198/17 Date of Next Meeting Wednesday 6th December 2017 - Learning & Development Centre, Calderdale Royal Hospital,7.45 pm