

## CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee  
held on Wednesday 27<sup>th</sup> September 2017

### PRESENT

#### LMC Members

Dr S Nagpaul (in the Chair)(Spring Hall)  
Dr P D Kumar (Plane Trees)  
Dr R Loh (Queen's Road)  
Dr G Chandresakeren (Plain Trees)  
Dr N Taylor (Hebden Bridge)  
Dr B Wyatt (Brig Royd)  
Dr A Siddique (Keighley Road)  
Dr S Chambers (Church Lane)  
Dr F Chaudhry (King Cross)

#### Sessional GP

Dr R Hussain (sessional GP)

#### Practice Managers

Bev Barr (Boulevard)

#### Administrator

Tracy Worrall

#### Observers/Guests

C Riley (CHFT)

Caron Walker (Public Health Consultant)

### WELCOME

138/17 Members welcomed Mrs C. Riley, Mrs Caron Walker

### APOLOGIES

139/17 Apologies were received from Dr Alan Brook, Dr S Vivekananthan

### MINUTES OF THE LAST MEETING

140/17 The minutes of the meeting held on 23<sup>rd</sup> August 2017 were received and corrections agreed.

### MATTERS ARISING

#### CHFT ISSUES

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

141/17 Mrs C Riley stated CHFT response is that if this occurs the DN's should contact the discharging ward and they will do the prescription.

##### 117/17:93/17:72/17: 55/17:36/17 Radiology Issues

142/17 Mrs Riley reported that Dr Sinha has spoken to the outsourcing companies re changing their wording but unfortunately their response is that they are unable to tailor specific individual reports to individual organisations. It was agreed that the pathways should be included in the next newsletter to remind GP's and that the hospital should inform the GP's before they start to outsource work in the future to warn of any changes which may occur.

**Reminder that the two pathways for abnormal Xray reports are**

**CXR reported in house**

1. Abnormal CXR with plan for CT which is organised. No recommendation for referral at this point. GP needs to contact patient to inform of need for CT and check EGFR.
2. CT performed in 8-14 days and report for this CT should recommend further referral depending on findings
3. This referral should be performed by GP following the CT report with urgency dependent on CT findings

CXR reported by **Out-Sourced** reporters

1. The Administrative team at CHFT are emailed that there is an abnormal/urgent report, and these are faxed to the GP
2. These reports will recommend CT
3. **GP will need to request this CT.**
4. CT report should recommend referral depending on findings
5. This referral should be performed by GP following the CT report with urgency dependent on CT findings

**ACTION: Tracy Worrall to include pathways on the next newsletter**

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

143/17 Mrs Riley reported that Helen Barker's response was that it had been agreed with primary care and relates to both letters and EDS although the time periods may vary i.e. the backlog from EDS should be all EDS's prior to the 14<sup>th</sup> August. For the letters it would be from the date the purge fix was implemented.

CHFT will print off all correspondence for patients in this time frame.

Where there is only 1 letter or EDS these will be sent to the GP practice with a cover note that states this is the only correspondence relating to this patient and therefore any actions included in the letter have not been superseded, it was noted though that some consultant may have sent a copy manually as some were aware of the issues but that would mean the new communication is simply a copy of a letter the GP will have already received.

Where there are more than 1 item of correspondence these should be collated into date order so that the GP will know that there may be changes and this will be noted in the covering letter.

Dr Chandrasekaran stated that she had requested a previous discharge for a patient and that CHFT had said they could not resend. Dr Kumar is to chase Helen Barker to ensure the working groups are back up and running quickly.

**ACTION: Dr Kumar to chase working groups**

Discontinuation of paper referrals

144/17 NHSE has changed the contracts with secondary care providers and from October 2018 any referral for a consultant led service they receive on paper they will not be paid. NHSE have chosen CHFT as their beacon hospital and they will go paperless in March 2018. There will be a pilot of 2 week referrals with several practices including both EMIS and System1 practices who will go live with this on 1<sup>st</sup> October and all referrals will be sent via Choose and Book, with all of the other practices going live 1<sup>st</sup> November. On the 1<sup>st</sup> December all fax machines at CHFT will be disabled. And from the 1<sup>st</sup> January 2018, any 2 week referral received on paper will be returned to the practice.

The LMC although supportive of this change to electronic referrals and advise all practice to aim towards maximum electronic referrals. The LMC feel this is a positive move as electronic referrals are quicker and safer provided that this is resourced correctly. The LMC is aware that national negotiations are underway regarding this issue.

CHFT were asked to please inform practices when there is a change to which consultant led

services are added to the directory of services in choose and book.

### Funding of the dressings pathway

- 145/17 Community care and secondary care nurses have agreed a sensible clinical pathway for dressings but currently no actual funding has been discussed or agreed. The LMC would like to remind both the CCG and CHFT that the pathway cannot move forward without proper funding and would appreciate if this could be agreed as a priority. Pennine GP alliance and the tissue viability nurse have organised training for this pathway in November 2017.

### AGENDA

#### Hep B vaccines

- 146/17 There are currently limited stocks of this vaccine. Public health England have written out and advised how best to use the supplies. GPs will not receive routine supplies of the vaccine. Needle stick injuries are still to be treated in the same way through A&E or occupational health. Private vaccine clinics will not receive any supplies. Babies who require the Hep B vaccine will go back to the hospital for this vaccine as before.

### CCG

#### 120/17: 33/17: 26/17 LMC Event. Getting the best out of GPFV in Calderdale

- 147/17 The LMC were impressed by the attendance especially by practice managers. A follow up evening is planned to inform about E- Consultations and Primary Care Home presentation which Debbie Robinson had mentioned, as these seemed to be the items mentioned the most on the evaluation forms at the end of the meeting.

#### 115/17:52/17:47/17: 27/17 SMS Costs

- 148/17 Ian Whiteman as informed the LMC that EE will be able to provide surgeries with individual figures from July 2017.of SMS usage. He agreed that he would have this information out to practices by end of September. These figures would be extrapolated backwards to April 2017. The LMC noted that practices had not yet received the figures, and it was accepted that if they were received later, it was not reasonable to ask practices to make up the additional difference by the end of the financial year.

#### PMS monies

- 149/17 The CCG have informed the LMC that it had £57K of ring fenced monies to reinvest in primary care. The CCG intends to use £20,000 of the recovered PMS monies to bring forward the correspondence training for all practices in this financial year. The LMC have informed the CCG that this some will need to be ring fenced in 2017/2018 as it is effectively a “loan” and an agreement reached as to how it will be reinvested next year.

### Upcoming Conferences

#### 123/17 LMC England conference

- 150/17 LMC England conference the date for this is 10<sup>th</sup> November and there will also be another in Liverpool on the 9<sup>th</sup> March 2018. Dr Nagpaul and Dr Siddiqui will attend

### **LMC dates for 2018**

- 151/17 The dates for LMC meeting in 2018 were discussed. It was agreed that the AGM would be moved to October and will be at 7.45pm the same as all other meetings.

### **Practice managers**

- 152/17 Bev Barr asked for the LMC view on Accountable care organisations. LMC view is that ACOs are still unknown with all their implications and each is individual. They would approach with caution but would not rule them out.  
Diabetes data extract is that practices are obliged to do it under the Health and social care act. NHSE have commissioned the CSU to collect data on the third available appointment to help gather evidence on GP workload. All practices would be receiving a phone call from CSU. They will be asked when their next third bookable appointment is available. The LMC advised that practices be honest which will give a more accurate view of the difficulties facing general practice.

### **New GMS1 forms**

- 153/17 Practices should have received the new GMS1 forms these should be used from the 1<sup>st</sup> October. They include a self-declaration on the back for patient to complete regarding length of residence in the UK. The patient does not have to complete this section but if they do, they should be scanned on and sent to the department of work and pensions.

### **Minutes of LMC meetings**

- 154/17 Attendees were asked to remember that DRAFT minutes of the LMC meeting are sent out to attendees to check and rectify prior to the next meeting and should not be passed to GP's until they have been ratified. There was an incident where a section of the last minutes were posted on social media. Dr Nagpaul as chair will speak to the GP responsible directly as this had caused a red alert with the GMC.

### **Correspondance**

- 155/17 GP letter to Rheumatology copied to LMC. A GP feels that the new Rheumatology phone consultation clinic may cause problems now that the Rheumatology Nurse direct telephone access line is to be removed. The nurses were very efficient in returning calls back to GPs for advice. This GP fears that leaving messages for the nurses via the rheumatology secretary will burden the secretary with extra work. Also, the line is often busy and calls are not always returned. This GP has written to the Consultant Dr Fernandes suggesting a discussion with GP colleagues or LMC
- 156/17 GP letter to Dr Subramanian Cardiologist and copied to LMC. Multiple letters were received from secondary care regarding same patient for atrial fibrillation. One letter was to GP saying that cardiology has referred to anticoagulation clinic for Apixaban initiation and then another letter asking GP to initiate the Apixaban. It wasn't clear if patient had been informed or counselled.

**ACTION: Dr Loh was to write to Hospital & CCG Helen Foster**

## **AOB**

### **Interpreting services**

- 157/17 Dr Chandrasekaran asked if any other members were having issues with the interpreting services as they were having instances where the interpreter were either turning up late or not turning up at all. She wondered who commissioned this service and who any complaint should go to. It was believed that the local council commissions the service and any issues should be redirected to them.

### **Safeguarding notes in records**

- 158/17 Dr Chandrasekaran asked how the LMC felt about safeguarding letters going into patient's records as they often contained third party information. This causes an issue when requests are made for access to medical records. It was acknowledged that this is an issue, as GPs cannot redact records entered by a third party. Tracy Worrall stated that she has raised this query with EMBED but has yet to obtain a reply.

## **DATE OF NEXT MEETING**

- 159/17 Date of Next Meeting Wednesday 25<sup>th</sup> October 2017 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm