CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 23rd August 2017

PRESENT

LMC Members
Dr S Nagpaul (in the Chair)(Spring Hall)
Dr M Azeb (Southowram)
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 Chaudhry (Station Road)
Dr S Vivekananthan (Todmorden)

Sessional GP
Dr R Hussain (sessional GP)

Practice Managers
Heather Simpson (Kings Cross/ GP Alliance)
Liz Coulson (Southowram)

Administrator
Tracy Worrall

Observers/Guests
Helen Barker (CHFT)
David Birkenhead (CHFT)
Sarah Clenton (CHFT)
Dr S Sinha (CHFT)

WELCOME

112/17 Members welcomed Helen Barker, David Birkenhead, Sarah Clenton and Dr S Sinha to the meeting.

APOLOGIES

113/17 Apologies were received from Dr Alan Brook, Dr A Siddique, Dr S Chambers, Dr F Chaudhry and Caron Walker

MINUTES OF THE LAST MEETING

114/17 The minutes of the meeting held on 5th July 2017 were received and corrections agreed.

MATTERS ARISING

SMS Costs

115/17 This issue has been carried forward by PMAG and Tracy Dell has gathered the information and this has been sent to Ian Whiteman.

Dalteparin prescribing

116/17 This has been checked and it is still classified as a red drug if given to patients in this manner. It was agreed that David Birkenhead would take this back to CHFT to find out who the DN's should refer back to when a patient is discharged without the prescription but in the meantime GP's should prescribe enough to last until the next working day and then the DN's should contact the hospital ward for a further prescription.

CHFT ISSUES

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

117/17 Sarah Clenton explained that CHFT can do up to 1700 Xray reports per week and the commissioned turn around for them is actually six weeks. They do normally have them completed and back with GP's prior to this. Due to the large quantities CHFT have had to outsource some of the reporting. They are now using a company which comes in house and this is proving more appropriate.

The issues with the Xray reporting were

1. Patients are being advised to call their GP in one week for the results but the results are not available that quickly. -Radiographers will now advise patients of longer period for reporting and to ask patients to check the results are back before booking an appointment to see the GP.
2. Radiographers were advising patients to go and see their GP for results but not all Xrays are requested by patients own GP- Radiographers will now advise patients to contact the doctor who requested the Xray.
3. Abnormal Xray pathways

Dr Azeb explained that the most pressing issue was that we now have 2 pathways for abnormal CXR results. The concern for GP's is the increased risk for patients due to the two pathways. The pathway which asks the GP to refer for CT could result in more 2 week cancer referrals being sent by GP's. Dr Sinha explained the reasons for the two pathways and that CHFT are unable to change this for the outsourced reporting. David Birkenhead accepted that there are now 2 pathways but that the only way to go back to 1 pathway was for CHFT to stop referring for CT scan directly. He accepted that this should have been communicated in advance to practices. Dr Sinha agreed to speak to the companies involved to see if they could add the words "CT scan recommended but not requested to the reports." This would make it clearer to GPs what action to take. It was agreed that GP's should be aware that if the report does not state the CT has been arranged then the GP will be required to arrange the CT scan

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
4. If a copy is sent to the PPC or information, the PPC will chase the GP surgery to make sure a referral is made if GP feels it is appropriate. She does not make the referral, list for MDT or appoint in clinic

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
6. If a copy is sent to the PPC for information, the PPC will chase the GP surgery to make sure a referral is made if GP feels it is appropriate. She does not make the referral, list for MDT or appoint in clinic

ACTION: Tracy Worrall to forward pathways out to practice managers

ACTION: Dr Sinha to discuss change with outsource companies

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

118/17 Helen Barker would like all issues with EPR to be sent to her. CHFT will be re instigating the partnership group to work through these issues.
There is currently a large backlog of several thousand discharge and clinic letters which have not been sent correctly to GP's. She explained that there are 3 options for dealing with these backlogs.

1. Send them all to the GP who will then have to work through each one making sure all actions have been taken appropriately taking into account any letters/ discharges which have been received and any information from consultations in between.
2. None of the letters are sent and if the GP needs them they can be requested.
3. One letter sent to GP's which specifies it covers all recent visits to the hospital.

Dr Wyatt informed the meeting that this has been discussed nationally and it has been suggested that GP practices should be sent the letters and commissioned to action them.

Option 2 was not deemed to be safe and carried increased risk for both patient and GP

ACTION: Helen Barker to discuss at CHFT/LMC liaison meeting

99/17 Sharps injury protocol

119/17 Helen barker explained that the current protocol is outdated and that practices and CCG should now contact Kirklees council occupational health. It was agreed that this needs to be clarified with the CCG and the policy updated. In the meantime any incidences can follow the current pathway and attend A&E

ACTION: Tracy to email Debbie Robinson

100/17 District nurse drugs charts

120/17 The LMC queried why drug charts/pink sheets were required at all for district nurses. CHFT now does not use them in house. The LMC asked for the document from the RCN that states that it is necessary. In the mean time it was agreed that GPs would use the pink forms, and not the new white drug charts as the latter are onerous to complete and need reviewing monthly.

ACTION: Helen Barker to discuss at the liaison meeting

AGENDA

Flu vaccines given by the District nurses

121/17 Dr Nagpaul explained that the current arrangements for the genuine housebound are that the flu vaccines were given by the district nurses. Recent communication received from NHSE states that if the flu vaccine as not been given by a member of staff who is paid by the practice, then the practice cannot be paid for giving the vaccine. It was agreed that provided the DN's are given a PSD attached to a list of patients this will suffice.

Upcoming Conferences

122/17 YORLMC conference
This is in Harrogate on the 17th October

123/17 LMC England conference
Dr Nagpaul advised that the next meeting would be for England only on 10th November. She suggested that as she had attended the one in April somebody else may want to volunteer to attend the next. Dr Geeta Chandresakeren volunteered.

LMC secretary conference
This will be held on 19th October. Again volunteers welcome to join Dr Loh.

GP Ballot BMA

124/17 Dr Nagpaul just wanted to remind all GP's to reply.

75/17:59/17 GP Leadership development

125/17 This starts on the 13th September and there are 2 places left. Could members and managers please encourage their GP's to apply.

102/17:33/17:26/17 Getting The Best From General Practice Forward View In Calderdale

126/17 Wednesday 13th September 2017. Draft event has been sent out to all practices and suggestions or alterations should be emailed to Dr Nagpaul / Tracy Dell. Can managers please ensure that attendances have been notified to Tracy Dell.

SBS Incident reporting

127/17 Please ensure you have all reported any issues which you have had.

Direct In-hours booking Implementation

128/17 The CCG have sent several emails to practices re OOH having access to directly book 1 appointment with the GP each day. The latest email today was asking for 8 practices in our area to pilot the project. This was discussed and it was agreed that this may be a national project but currently we are not contracted to do this. Therefore the LMC position on these requests is that if the GP practice would like to take part in the pilot they can do so but they should not feel pressured to do so.

Sessional GP's

129/17 Dr Hussain thanked Dr Nagpaul for inviting her to take part in the LMC Meetings. She explained she had attended a recent meeting of LMC sessional GP's where they had discussed what their role should be and how they would be able to engage with the LMC, CCG and local sessional GP's. Some of the points raised were

1. not all sessional GP's have nhs.net email accounts but this is something they are looking to change in the future
2. sessional GP's are not often invited to attend scheduled Penpals/ educational training events
3. The BMA are developing a standard terms and conditions for sessional GP's

Dr Hussain would like to meet with the CCG to discuss some of the issues and to see if there is a

way of communication with all local sessional GP's. It was agreed that it should also be the responsibility of sessional GP's to make sure they are aware of all available training in the local area and to inform the CCG and local LMC of their contact details. Dr Wyatt suggested that Paul Twomey could be asked to encourage appraisers to encourage appraises to tick the box on the performers registration forms consenting to their details being forwarded to the LMC

Dr Nagpaul asked Dr Hussain to edit a tab/page for sessional GP's on the LMC website.

ACTION: Tracy to contact Fourteen Fish to arrange new page

Practice Managers

130/17 GP's are unhappy with the MSK referral forms and the time it takes to complete them. It was discussed and managers were asked to remind their GP's that the form is designed to help MSK triage patients directly to the most appropriate level and this is why the forms are as lengthy as they are. The forms will be re-evaluated at a later date but presently they would prefer GP's to give them chance to bed in first. Dr Taylor said he would look at template which could auto complete the form.
LMC advice is – The forms are not contractual, but the GP would have to accept there would be a delay with their referral if they do not use them.

ACTION: Dr Taylor to adapt template

131/17 Now that practices have signed the EPR data sharing agreement when they try to access the hospital records it does ask if the patient has consented. The practices would like to know if the patient has previously consented to share in information does this cover the practice or should they be asked again. It was agreed that this should cover the practice and that practices should also add this to their registration forms for all new patients. Dr Nagpaul advised that the CCG (Caroline Squires) have written a data sharing statement for practices to share on their website and in leaflets and this should be coming out to practices soon.

CORRESPONDENCE

Long waiting time for referral to first appointment in leg ulcer clinic

132/17 Dr Nagpaul will raise the issue with PGPA who are working with CHFT on a new leg ulcer pathway. The LMC stated that for this to be a viable pathway, GPs must be commissioned for the additional work and skill.
ACTION-Dr Nagpaul to forward the communication

Raised PSA Levels

133/17 This GP has raised a concern re a request from the hospital for the GP to recheck the PSA level every 6 months and re refer if necessary for a patient. Dr Taylor will pass this to the service development team to see if an enhanced service could be developed for this

ACTION: Dr Taylor to pass this to the service development team

GP Partner requesting advice re return to work after Chemotherapy

134/17 Dr Wyatt suggested that the Partner should speak to Paul Twomey with regards to where they can get the best advice about returning to work after a sickness absence as all GP's are entitled to

Occupational health advice.

AOB

135/17 Dr Wyatt had concerns re the email from the CCG re valproate prescribing as at the end of the email it asked GP's to report to the CCG once they had done the actions. Heather explained that this was so that the CCG could report back to MHRA on behalf of all practices

136/17 Dr Wyatt would like to invite all members to his leaving party at Brig Royd Surgery on Saturday 7th October at 7- 7.30pm

DATE OF NEXT MEETING

137/17 Date of Next Meeting –AGM- Wednesday 27th September 2017 - Learning & Development Centre, Calderdale Royal Hospital,8.00 pm