

## **CALDERDALE LOCAL MEDICAL COMMITTEE**

Minutes of the Meeting of the Calderdale Local Medical Committee  
held on Wednesday 5<sup>th</sup> July 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 S Vivekananthan (Todmorden)  
Dr G Chandresakeren (Plain Trees)  
Dr A Siddiqui (Keighley Road)  
Dr N Taylor (Hebden Bridge)  
Dr B Wyatt (Brig Royd Surgery)

#### Practice Managers

Bev Barr (Boulevard Surgery)  
Miss K Freeman (Caritas)

#### Calderdale CCG

Dr A C Brook

#### GP Alliance

Rosemary Cowgill

#### Sessional GP

Dr R Hussain (sessional GP)

#### Observers/Guests

Ben Leaman

### **WELCOME**

89/17 Members welcomed Mr Ben Leaman CMBC Consultant in Public health to the meeting.

### **APOLOGIES**

90/17 Apologies were received from Dr S J Chambers.

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

91/17 The minutes of the meeting held on 24<sup>th</sup> May 2017 were received and corrections discussed.

### **MATTERS ARISING**

#### **CHFT ISSUES**

##### 71/17:54/17 Data Sharing Agreement

92/17 The data sharing agreement has been re drafted with the input of Dr Nagpaul LMC, NHS digital, CCG governance and CHFT. The members discussed the new draft and agreed that it was fit for purpose

**ACTION: Tracy to email Alistair Morris and advise it is ok to send out to practices now**

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

93/17 Dr Azeb met with CHFT to discuss the issues. They explained that a routine Xray result should be reported on within 4 weeks and that they are using 4 outsourcing places to manage the volumes at CHFT. Dr Azeb had explained that they are using 2 different pathways with CHFT referring directly for CT any suspicious results and the outsourcing agencies referring back for the GP to refer for CT and that this is confusing to GP's. Also the radiologists are advising

patients to contact their GP after 1 week, knowing that the results could take up to 4 weeks. CHFT have agreed to tell the radiologists to advise patients it will be longer, but they are unable to change the pathways and suggested that Dr Sinha could be invited to the next LMC meeting to discuss the issues

**ACTION: Dr Sinha to be invited to the next LMC meeting**

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

- 93/17 Dr Nagpaul has spoken to Alistair Morris CHFT and asked that the box which states “discharged to GP follow up” be removed. Dr Chandresakeren discussed some A&E discharge examples of discharge summaries which they had received and Dr Azam said that they were still receiving up to 5 copies which looked almost identical but may have 1 tiny difference. It was agreed that all examples should be passed to Damon Taylor and significant events should be raised for the ones which Dr Chandresakeren had discussed and any other which members may have. Concerns were raised that it would not be improved as this is “not their problem”

76/17:52/17:46/17 SMS costs

- 94/17 Dr Nagpaul has asked the BMA if this is an issue anywhere else in the country and has received the response that the CCG should be paying for this as it should be in their budget to do so. This is not an issue anywhere else as other CCG’s are paying for the service. Dr Nagpaul has forwarded this email to Ian Whiteman and Matt Walsh. Dr Brook suggested if the CCG are to cover the bill for this, then other funding would be cut. The practice managers suggested that we should be given guidance on what the text service should be used for. Dr Azeb suggested this is something which the practice managers could discuss and agree with the CCG.

ACTION Practice Managers to agree a list that practices can work to

77/17:51/17:34/17 Deprivation of Liberty Safeguards (DoLS) 54/17:39/17 Electronic patient record

- 95/17 Dr Loh has taken this back to Luke Turnbull with the response from the BMA. There will now be a simple proforma requesting a statement of fact. A fee of £18 has been agreed which should be invoiced to the CCG who will claim it back from CMBC when necessary.

**AGENDA**

Supporting end of life care

- 96/17 Dr Nagpaul explained she had received an email from Dr Kiely Lead clinician for palliative care CHFT. She has outlined 2 examples where she felt that the care of patients was not as good as it should have been. She raised concerns around the availability of sufficient parenteral medicines either to be used in a syringe driver or as anticipatory drugs for symptoms arising at the end of life in particular over a weekend. It was also agreed that the GP’s are normally informed of the need for a prescription by the DN’s. Dr Nagpaul has responded to the email already suggesting that DN’s should be informed also. The second example given was of a patient who had been stable but unfortunately had gotten worst over the weekend. It was agreed this will always be an issue as this cannot be foreseen and that this was appropriate to have been picked up by the OOH teams.

## PUBLIC HEALTH:

### 87/17 Health visitors and Locala

97/17 Ben Leaman public health consultant CMBC said that Locala were the winning bid on a limited budget. The contract has been agreed and there will be the same number of staff as before but it may be a different skills mix, the intention is to maximise the skills. Each practice should have a HV lead. He explained that practices would be encouraged to join up with the HV teams to deliver the 6 weeks checks. Dr Azeb pointed out that his practice had always made a GP available for when the HV did their baby and this would now not be possible as they are no longer in the same building. He also asked if the HV team are working from the same formularies as the GP's as they are constantly sending patient to request milk on prescription and Infacol and other items which do not comply with the CCG formularies.

Ben also discussed the issue of co working across boundaries and said this is something which they are trying to build up and felt this would not be an issue between Halifax and Huddersfield as they have the same provider. It was a greater challenge with Bradford and Rochdale boundaries. They will raise this as a safeguarding issue at the next board meeting.

Dr Nagpaul had raised a significant event around the whole issue with the HV but has not received a response. Ben asked her to forward the email to him. She said the biggest issue had been around communication and suggested that the local authority should attend more meetings which would allow them to keep us all informed of any changes. It was suggested that public health could regularly attend the LMC-CCG meeting and bring along other departments where appropriate.

It was also raised that the HV have been asking some practices if they can still use rooms at the practice but with no charge which may be inappropriate and is to be determined by each practice

Ben also advised that they are moving towards an 8-8 service where patient will be able to reach a HV on the phone up to 8pm at night.

**ACTION** Ben Leaman to take up these issues with Local authority and Locala

## CONNECTED YORKSHIRE

98/17 Connected Health is a research organisation branch of Bradford teaching hospitals. Ben explained that all data is pseudo-anonymised data and the key can only be activated by the practice. The data will be able to draw down to specific site level if required by the practice but Connected Yorkshire are only interested in the bigger picture Ben was asked for the difference between this and Care.Data. He said the main differences were that it joins up data from more sources giving a much wider scope. Dr Nagpaul asked if patients could refuse and if patients who had already said they do not want to share data will automatically be kept out of the collection. She also asked if we would be given 3 months Fair Notice period as Bradford was. Ben Wyatt asked if this information would be used for commercial gain in the future. Ben Leaman will get the answers to bring to the next meeting. Dr Azar volunteered to act as a link with the LMC on this project.

**ACTION: To be added to next agenda**

## CHFT ISSUES

### Sharps injury protocols

99/17 Dr Nagpaul asked if anyone was aware of a new protocol for staff that had a sharps injury as she had received communication from someone whose staff member had been sent back from A&E saying the practice should deal with it in house. It was agreed that the protocol has not changed

and Dr Nagpaul should raise this with. At the next CHFT liaison meeting

**ACTION: Dr Nagpaul to raise at the next CHFT liaison meeting**

#### District nurses and drug forms

100/17 This was discussed and it was agreed that the drugs charts had been let through as an interim process until a better process (if any) could be agreed. All agreed that there were 2 issues with the drugs charts,

1. We have already done an FP10 with instructions why do we need to transcribe this onto a chart?
2. The drugs chart has times on it. Who is responsible if the DN's do not administer on time?

It was agreed that this should go back to the liaison group as now that we have EPR and System 1 is this still necessary as we are all able to data share now.

Dr Kumar raised an issue where he had been asked to prescribe Daltaparin for post op by a DN because the hospital had forgotten to give the patient any. Dr Loh explained the daltaparin is a red drug and is not licensed for GP's to give for this reason. Dr Taylor will discuss this with the South West Yorkshire APC.

**ACTION: Dr Taylor to discuss at the APC south-west Yorkshire**

#### ALLIANCE

101/17 Super practice: Rosemary Cowgill explained that any time spent on the super practice is charged for and accounted for separately to all other Alliance work. 11 Practices have gone through with Due diligence. The practices will be responsible for setting the rest up but could commission the alliance if they wished.

Resilience fund: The meeting which Rosemary had attended had suggested that only collaborated bids would be considered not individual and Rosemary wondered if the LMC had any ideas for the Alliance to put forward on behalf of all the practices.

Pharmacy bid: Rosemary explained that they had put a lot of work into this bid but as some practices have dropped out because they could not guarantee they could keep the same pharmacist they currently had. They now don't have a large enough number ~~enough interest~~ to move forward. Dr Nagpaul suggested learning from the pharmacist scheme failure as the scheme was still open and currently it was a lose-lose situation.

Dr Azam had wondered if there was an issue with confidence over the Alliance and wondered if the money could be gathered to allow the Alliance more of a presence in practices.

Extended access: Monday – Friday is due to start soon in the hubs. Weekends are already starting to be discussed for next year with guaranteed funding but the Alliance are finding that practices are not willing to engage until forced

#### 33/17:26/17 LMC MEETING

102/17 Getting the best from General Practice Forward View in Calderdale

Dr Nagpaul explained she would like the meeting to help clinicians in Calderdale have an understanding of the current environment in which they work, to enable them to take control and use the resources that are available. She suggested it could be run as a kind of roadshow with speakers from the Alliance, the CCG and the LMC. Every GP will be invited to attend and each practice will be invited to bring a member of the management team, cover for pay will be provided for the manager but not the GP's. The proposed date of August was discussed but it was agreed that September would work better. There was support for the meeting and the draft agenda proposed.

**ACTION Dr Nagpaul to re arrange date**

## CCG

- 103/17 Resilience scheme bids for NHSE – be aware it is 17 July deadline to get these bids in

## PRACTICE MANAGERS

- 104/17 What should be included in an SAR. The advice from the BMA is that everything except third party information should be included .
- 105/17 The managers would like to know what is going to happen with the funding for the polypharmacy and over 75's now that the LES has finished as we have still not heard anything. Dr Brook assured them the funding was still earmarked for general practice.
- 106/17 Bev Barr said she had been asked to ask if there was a time frame we should be expecting for consultants to be responding to the advice a guidance questions on choose and book as in some instances this is taking up to 8 weeks or not getting a response at all. Dr Nagpaul asked for details to be forwarded to her so that she can raise the issue further.

Action Dr Nagpaul for CHFT Liaison group

GDPR May 2018

- 107/17 Kirsty Freeman explained that by May 2018 every practice would need to have a data protection manager. They would like to know will every practice need their own or will the CCG be able to cover this at their level. Dr Brook said he thought this would probably be something for the individual practice but as yet there is no detail.

## CORRESPONDENCE

Centre for Health and Disabilities assessments

- 108/17 Dr Loh has received a letter from Centre for Health and Disabilities assessments, the service provider contracted to perform work capability assessments on behalf of the Department of work and pensions. They would like to attend an LMC meeting to deliver a short but insightful presentation. The presentation covers advice on completing the ESA/UC113 form, the aim is to simplify the process for GP's and improve the assessment experience for patients. Dr Nagpaul had wondered if after the meeting in August if we should run an event every 6 months or so and this could be one of the speaker on that evening. This was agreed as a good idea and the letter is to be kept on file

**ACTION-Tracy to keep letter on file**

Deceased patient

- 109/17 Practice has written to say they have had a patient who had passed away 1 week prior in hospital and they were only informed when the husband attended the surgery the following week. When the surgery had tried to ring the hospital records office they were advised that all calls had to go through the appointments line which had a three hour queue when they tried.

**ACTION: Dr Loh to respond and forward to CHFT**

## CHFT LIASON GROUP

- 110/17 Dr Nagpaul asked for a volunteer for someone to attend the liaison group meeting. Dr Wyatt will be retiring from general practice at the end of September. Dr Chandresakeren agreed to attend.

### **DATE OF NEXT MEETING**

111/17     The next meeting of the Calderdale Local Medical Committee would be held on Wednesday 23<sup>rd</sup> August 2017 in the Learning & Development Centre, Calderdale Royal Hospital at 7.45 pm.