

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 26th May 2017

PRESENT

LMC Members

Dr S Nagpaul (in the Chair)(Spring Hall)
Dr M Azeb (Southowram)
Dr A Chaudhry (Sowerby Bridge)
Dr P D Kumar (Plane Trees)
Dr R Loh (Queen's Road)
Dr S Vivekananthan (Todmorden)
Dr G Chandresakeren (Plain Trees)
Dr A Siddiqui (Keithley Road)
Dr S J Chambers (Church Lane)
Dr N Taylor (Hebden Bridge)

Practice Managers

Miss H Simpson (King Cross)
Miss K Freeman (Caritas)

Calderdale CCG

GP Alliance

Sessional GP

Observers/Guests

Mrs Helen Barker (CHFT)

WELCOME

- 66/17 Members welcomed Mrs Helen Barker from CHFT to the meeting.
- 67/17 Dr Nagpaul thanked Linda for 30 years of loyal service to the LMC and presented her with a parting gift. On a personal note Dr Nagpaul wanted to thank Linda for all of the help and guidance that she had given her when she took over the chair for the LMC. Linda said she did not know where all of the years had gone and wished the LMC luck for the future

APOLOGIES

- 68/17 Apologies were received from Dr Wyatt, Dr F Chaudhry.

MINUTES OF THE LAST MEETING

- 69/17 The minutes of the meeting held on 26th April 2017 were received and attendances corrected.

MATTERS ARISING

CHFT ISSUES

54/17:39/17 Electronic patient record

- 70/17 Helen Barker advised that they are now on day 25 of the roll out and although this had not gone without its issues, Cerna the partner company in this venture have commended CHFT staff for their attitude during the deployment and felt it had gone very well. One of the major issues had been the migration of outpatients data and the appointments system which has booked follow up appointments into the incorrect speciality
There had also been an issue with the fast track referrals and if surgeries had any outstanding they should let Helen know as soon as possible. Some 2WW referrals in particular dermatology have breached the 2 week rule for first appointment but this is not down to the roll out and was instead down to the IR35 issue as 2 of the locum doctors for this speciality did not return to work

after taking a planned break.

Dr Wyatt (correspondence) highlighted an issue where by blood forms generated in the surgery/primary care states which colour bottle should be used to collect the sample, but when the request is generated at the hospital it no longer does. Some of the tests requested by the hospital are more unusual and therefore less likely for the HCA's to know which the correct sample bottle is. Mrs Helen Barker will speak to pathology.

ACTION- Helen Barker to speak to pathology

Dr Nagpaul congratulated Mrs Helen Barker on the successful rollout of such a major project.

54/17 Data Sharing Agreement

- 71/17 Dr Nagpaul has been working on the agreement with Alistair Morris and Cerner. Dr Nagpaul has also asked the BMA to look at the agreement. At the LMC conference Dr Nagpaul was advised that national bodies including the BMA and Information Governance Alliance (IGA) are looking to draft standard sharing agreements for the future as this will continue to be an issue as we improve information sharing. She advised that the will is definitely there for a data sharing agreement with CHFT and that everyone agrees that this is in the best interests of patients but that it does need to be done correctly. The CCG have now agreed to be involved in the process.

ACTION- Dr Nagpaul to continue to assist with the agreement

55/17:36/17 Radiology Issues

- 72/17 Dr M Azeb is still awaiting a date to meet. Helen assured him he is due to meet with the most appropriate people to ensure the issues are resolved promptly.

Discharge summaries, A&E letters and Clinic letters

- 73/17 Mrs Helen Barker advised she is fully aware of the issue with triplicate letters coming out to practices as a discharge letter, an A&E letter and a clinic letter. CHFT is working hard to put a fix in place for this. Dr M Azam asked if the letter could be tidied up as there was lots of unnecessary information on then and important information missing. He expressed his concerns that there is a chance that if this continues for too long the GP may miss something. A&E letters were not even showing what had happened to the patient i.e. had they been discharged or admitted?
Helen agreed to look at the information included on the letters once the initial implementation has been rectified. She also advised that all EPR issues should be directed to Damon Taylor.

ACTION- Helen Barker to look at letters EPR issues direct to Damon Taylor

64/17:45/17 Adoption Protocol

- 74/17 Adoption protocol. Dr Nagpaul has unfortunately not been unable to find an adoption protocol. Miss Heather Simpson said that the practice managers had seen one which had been devised by Brigroyd surgery. It was agreed that this should be adapted by the practice managers and brought back for LMC approval

ACTION- Practice manager to develop current Brigroyd protocol

59/17CCG Leadership Development Money

- 75/17 Dr Nagpaul explained that there will be enough funding from NHSE (via the CCG) for 15 GP's to have 6 sessions of leadership development. This will start in September at 1 session each month. This will not be offered to salaried GP's as the GP will be expected to work in Calderdale and continue to work here for at least the next 2 years. A question had been asked previously by Dr Hussain as to whether a sessional GP could be on a local CCG and Dr M Azeb said the answer to this is yes if they are on that CCG's performers list and did 50% of their sessions in that particular area.

52/17:46/17 SMS costs

- 76/17 Matt Walsh (CCG) is continuing to look for more information. Dr Nagpaul has spoken to Richard Vautrey (GPC) who said this is only an issue in Calderdale and that other CCG's are covering the complete costs of SMS services .

ACTION- Dr Nagpaul awaiting further guidance from BMA

51/17:34/17 Deprivation of Liberty Safeguards (DoLS)

- 77/17 Dr Loh has had a new draft which is still not correct. Matt Walsh of The CCG does not feel that GP's should be paid as this is part of the GP's safeguarding obligations. Dr Nagpaul has put the question on the LMC list server. John Canning has said that this is a none contractual request and should therefore incur a fee.

ACTION- Dr Loh to take back to CCG?LMC exec meeting

Dr Loh to redraft letter from Luke Turnbull

Hospital Contract

- 78/17 Dr Nagpaul has received the 2017/18 hospital contract and noted that all hospital letters and discharge letters should now have a number on for the patient to contact if they have any issue or need to chase up follow on appointments etc. Sick notes must now be given for the full duration of the illness by the consultant not just for the length of stay in hospital. Mrs Helen Barker asked Dr Nagpaul to forward this to her as she has not seen it yet.
Dr Nagpaul suggested finding a better mechanism to return BMA template letters of breaches of the contract than to individual consultants. She also was aware that consultants wanted a way to feedback on inappropriate GP referrals. It would be more constructive than the current piecemeal approach. Dr Azeb responded that consultants should write back to the individual GP as this would provide more effective feedback than through a forum.

ACTION- Dr Nagpaul to forward the contract to Helen Barker

UPDATE FROM LMC CONFERENCE

- 79/17 Dr Nagpaul and Dr F Chaudhry attended the LMC conference in Edinburgh and found it to be very useful. Dr Nagpaul was able to speak to 14 fish who look after the LMC website and she was able to iron out some of the issues with the website. 14 Fish agreed to hand over the Calderdale LMC domain name if we wished to change providers, and also free additional training and support for Tracy. They were also able to speak with IGA and BMA Law re several issues.

CCG ISSUES:

Referral thresholds

Concerns were raised about what a patient would be told if an operation was refused on the basis

of the referral threshold pathway from the CCG. Concerns were also raised that the thresholds were linked to the engagement scheme which could be misconstrued by the press.

ACTION- Dr Nagpaul to take to CHFT liaison meeting

CORRESPONDENCE

Midwife prescription request

- 80/17 GP has received a letter from the community midwife requesting a prescription for Meptazinol and prochlorperazine for the midwife to administer if needed during a home birth. The LMC advice is that the GP should not prescribe as they would then be accepting responsibility for the administration of the drug. This should be the consultant at the hospital who gives the prescription. Helen Barker asked for the letter to be passed to the Families Specialist services (FSS) to deal with.

ACTION-Dr Loh to respond

Allergy Action plan for schools

- 81/17 A GP has been asked by a school nurse to complete an allergy action plan for a patient who attends the school. It was agreed that the GP can print an action plan out for the parent but it should not need signing and that it is the responsibility of the schools board to devise any care plans for their students.

ACTION: Dr Loh to respond

Ear Syringing

- 82/17 Brian Whittikar has asked what is the contractual position on GP surgeries doing ear syringing? The contractual obligations of the GP to meet the reasonable needs of their patients. The consensus was that if a patient has followed the GP's advice and used the drops etc. but the ear was still blocked then they should do the ear syringing.

ACTION- Dr Loh to respond

Resilience Fund

- 83/17 Will Menzies has written expressing his disappointment in NHS England and their resilience fund. He has applied for funding to help with staffing issues and has been advised by NHS England that they have spent the money for 16-17 and this will be halved for 17-18 so they are currently waiting to decide what their priorities will be before deciding what funding will be available. The surgery raised this request in March 2017 and needed the money then but the latest email they have received states that they may have an answer by the end of June.

Email from PCSE

- 84/17 The LMC has received an email from PCSE advising that they will be rolling out the pilot for transferring patient records to more areas soon and wanted to come and meet with the local LMC's prior to this. It was agreed that they should be contacted and a date agreed as soon as possible but that the LMC should dictate the agenda. Sue Rosborough should also be invited to attend the meeting. Dr Nagpaul suggested that PCSE are already set to meet with YORLMC on 20/6/2017.

ACTION – Dr Nagpaul to circulate the minutes of YORLMC meeting

PRACTICE MANAGERS' ISSUES

PCSE safehaven and violent patients

- 85/17 Mrs Heather Simpson informed the LMC that practices have been following PCSE own processes correctly but patients have not been removed and put into safe haven. This has resulted in a practice having to close whilst police were called to a patient who should have been removed month previously. Dr Nagpaul said she was aware that a process had not been agreed with NHSE and YORLMC. Heather asked if Dr Nagpaul could please feedback the issue to YORLMC and Helen Houran and Gill Jones will also be taking this up on behalf of practices.

ACTION: Dr Nagpaul to pass to YORLMC

Any Other Business

Euro prescriptions

- 86/17 Dr Chandresakeran has received a request for information re prescriptions for a patient who is no longer registered with their practice and living abroad. All agreed that they should just ignore if the patient is no longer registered and if they had still been registered then payment for report should have been requested.

Health Visitors and Locals

- 87/17 Dr Azem voiced concerns that the health Visitors contract was being transferred to Local in 4 weeks time. There was no discussion of the implementation plans with the practices or the health visitors. Consequently the HV have no idea of where they will be working from, practices are not aware of the arrangements.
- There are significant issues regarding cross border patients and who will no longer be covered as it is a local authority commissioned service. The handover details have not been shared with the practices. The LMC has been asked to raise this as a significant event with the council and to invite both Merran McRae, Chief Executive and Stuart Smith, Director of Children's and Adult Services, Calderdale MBC to an LMC meeting.

ACTION- Dr. Nagpaul to write to Calderdale MBC

DATE OF NEXT MEETING

- 88/17 The next meeting of the Calderdale Local Medical Committee would be held on Wednesday 5th July 2017 in the Learning & Development Centre, Calderdale Royal Hospital at 7.45 pm.