CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 22 March 2017

PRESENT

LMC Members
Dr S Nagpaul (in the Chair)(Spring Hall)
Dr M Azeb (Southowram)
Dr G Chandrasekaran (Plane Trees)
Dr F Chaudhry (King Cross)
Dr P D Kumar (Plane Trees)
Dr R Loh (Queen's Road)
Dr A Siddiqui (Illingworth)
Dr B Wyatt
Practice Managers
Mrs H Simpson-Moss (King Cross)
Ms K Freeman (Caritas)

CCG Representatives
Dr A C Brook
CHFT
Mrs H Barker
GP Alliance
Ms R Cowgill
Sessional GP
Dr R Hussain
Dr M Mensah
Observers/Guests
Rebecca Sykes
Tracy Worrall
Luke Turnbull – Safeguarding Nurse
Dr R Vautrey – GPC Representative

WELCOME

29/17 Members welcomed Dr Richard Vautrey and Luke Turnbull to the meeting.

APOLOGIES

30/17 Apologies were received from Dr Chambers, Dr Chaudhry, Dr Taylor, Dr Vivekananthan, Dr Walker and Dr Whitaker.

MINUTES OF THE LAST MEETING

31/17 The minutes of the meeting held on 22 February 2017 were received as a correct record.

MATTERS ARISING

21/17:04/17:202/16:175/16 - Hepatitis B Heel Prick

32/17 Members noted that this procedure was not contractual and that most practices did not have the expertise to carry out the heel prick. Commissioning of this service would be discussed at the next LMC/CCG Executive meeting. Dr F Chaudhry would forward the Leeds documentation to Dr Nagpaul.

ACTION: Dr F Chaudhry to forward the Leeds documentation to Dr Nagpaul

26/17 - General Practice 5 Year Forward View Event

33/17 Dr Nagpaul advised that the outcome of the bid was awaited. Dr Vautrey said that a recent Leeds event to consider the practical issues of the forward view had been well received.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

34/17 Luke Turnbull, Safeguarding Lead Nurse for Calderdale, described the DoLS scheme in place in Calderdale, noting the criteria of continuous supervision and control. It was noted that the scheme covered care homes, hospitals, those in supported living facilities and those living in their own homes. There were six different assessments to assess unsoundness of mind, although GPs were not required to undertake a capacity assessment. The functional test would be completed by a health professional before the GP was asked for a diagnosis for Court purposes. It was noted that there were approximately100 DoLS per year in Calderdale, which would last for a maximum of 12 months, at which time the process would be repeated if required.

The process had been discussed with Safeguarding GPs. It was noted that there was no funding for this work. The LMC had concerns that GPs were being asked to give more than a statement of fact, were required to give an opinion and in order to answer the questionnaire would need to visit the patient. This was over and above their competency.

There was agreement to redraft the questionnaire, making it clear that a diagnosis of unsound mind was a statement of fact and that "don't know" could be entered if necessary and that a visit was not required.

The LMC suggested that funding for the completion of the form should be similar to bus pass forms. This would be discussed further at the next LMC/CCG Executive meeting.

It was noted that from 3 April 2017 there was no longer an automatic requirement to refer a death under DoLS to the Coroner. This would only be where the cause of death was unknown or in unusual circumstances. Mr Turnbull would communicate this point and would be available to GPs for further advice.

CHFT ISSUES

Access Policy

35/17 Members received a copy of the Trust's draft access policy, which described the requirements and standards to manage patient flow from referral to hospital and discharge to general practice.

Radiology Issues

36/17 Mrs Barker had circulated a briefing which had been contradicted by one of the consultants. Mrs Barker agreed to look into this.

Histology

37/17 It was noted that locally processed pathology samples were passed onto the relevant MDT if required. Those reported externally did not follow this pathway and there was concern of patients slipping through the net.

Emergency Department

38/17 Mrs Barker advised members of the difficulties being experienced in ED following the new rules around IR35 for agency staff. The Trust had been notified that six doctors who had shifts booked next week had withdrawn those shifts on the back of IR35. The business continuity plan would be to close one of the EDs overnight but the Trust was working hard to avoid this situation.

Electronic Patient Record

39/17 Mrs Barker reminded members of the EPR go live on 28 April 2017. The Trust would be operating on paper over the weekend. Stakeholders had been involved in how the weekend would be managed. The CCG had agreed a single interface manager for communication. Post go-live some clinics had been extended to retain the same number of patients and some had reduced the number of patients. Patients were being informed via the appointment letter. Free car parking and refreshments would be available for patients where there were delays. E-referrals would be suspended for one week prior to the start date, with no paper referrals unless urgent which could be faxed to a dedicated number. Two-week referrals would continue as usual.

PGPA SUPER PRACTICE

40/17 Ms Cowgill described the model for the super practice. Return of expressions of interest was 7 April to allow due diligence to take place on 10 April. The deadline for practices to respond to the due diligence was 28 April. A final report to practices would be available on 26 May. Should any practice want to go ahead the deadline for informing the Alliance was 16 June. The issue of getting approval for PMS practices to transfer to GMS was noted, but these practices could operate within existing contracts. Members were cognisant of the impact on the patient experience.

FIREARMS UPDATE

41/17 It was noted that BMA guidance was not to flag patient records and GPs should make their own decision. However, if a practice wished to flag records they could do so.

ACTION: Dr A Chaudhry to include on LMC website

CORRESPONDENCE

Safeguarding

42/17 A GP had raised an issue around safeguarding and was advised to contact their MDU.

Gender Identity Service

43/17 In regard to the service in Leeds, GPs were required to request blood tests and fax the results to Leeds. It should be possible for Leeds to request the blood test required, the GP to arrange for the phlebotomy and CHFT to transfer the results to Leeds. Dr Vautrey agreed to seek further clarification on clinical responsibility.

ACTION: Dr Vautrey to clarify clinical responsibility with the Gender Identity Service

PRACTICE MANAGERS' ISSUES

Funding for Secretary of PMs' Group

44/17 The LMC did not feel it appropriate to support the request for funding.

Adoption Protocol

45/17 It was noted that practices were working differently and it was felt that it was in the interests of patients and GPs that a standard protocol be agreed for Calderdale. Dr Nagpaul would raise this issue with YORLMC.

ACTION: Dr Nagpaul to seek advice from YORLMC

SMS Costs

46/17 The position by the LMC/CCG Executive was that unless Ian Wightman could supply data by Friday (24th March) the costs would be claimed on a capitation basis from constituent practices.

Practices were encouraged to submit the data for their practices by that date. The excess bill could therefore be allocated appropriately to each practice. It was noted that THIS had identified a new provider for 2017/18, which would be piloted in April, going live from 1 May.

DATE OF NEXT MEETING

47/17 The next meeting of the Calderdale Local Medical Committee would be held on Wednesday 26 April 2017 in the Learning & Development Centre, Calderdale Royal Hospital at 7.45 pm.