

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 10th January 2018

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr R Loh Dr P D Kumar Dr G Chandresakeren Dr N Taylor (Co-opted Member) Dr A Siddiqui Dr F Chaudhry Dr S Vivekananthan Dr M Azeb (Co-opted Member) Dr B Wyatt	(Spring Hall) (Queen's Road) (Plane Trees) (Plane Trees) (Hebden Bridge) (Keighley Road) (King Cross) (Todmorden) (Southowram)	(SN) (RL) (DK) (GC) (NT) (AS) (FC) (SV) (MA)	<u>CCG Members</u> <u>Sessional GP</u> Dr R Hussain <u>Practice Managers</u> Heather Simpson Kirsty Freeman <u>Administrator</u> Tracy Worrall <u>Observers/Guests</u> Helen Barker Dr S Khan Dr E O'Leary	(sessional GP) (King Cross) (Caritas) (Spring Hall) (CHFT) (Church Lane) (Bankfield)	(RH) (HS) (KF) (TW) (HB) (SK) (EO)
					<u>ACTION</u>
229/18	<u>WELCOME</u> Members welcomed Mrs Helen Barker, Dr Khan and Dr O'Leary				
230/18	<u>APOLOGIES</u> Apologies were received from Dr A Chaudhry, Dr S Chamber and Caron Walker				
231/18	<u>MINUTES OF THE LAST MEETING</u> The minutes of the meeting held on 6 th December 2017 were received and corrections agreed.				
232/18	<u>CHFT</u> (HB) Updated the members re CHFT winter pressures. <ul style="list-style-type: none"> a lot of respiratory conditions and a surge in flu of which there are 14 inpatients with flu being the primary source of admission and 3 of those are in critical condition. All patients attending the hospital with suspected flu are being sent straight to the isolation ward Had Norovirus on both sites, so they have had wards opening and closing. 				

	<ul style="list-style-type: none"> • Very high admission numbers for example on Thursday and Friday they admitted 195 one day and 185 the next as a result they have had up to 96 additional escalation beds open on top of the escalation beds they already had in their winter plan. • Elective surgery and patient surgery with the exception of cancer and time critical work have been suspended. • Also suspended all of the day surgery last week, • The birth centre at Huddersfield also had to be suspended and converted into a surgical ward, they were able to treat 7 cancer patients per day. • They have been on a system silver call with partners since last Tuesday and they are pushing for them to support them with discharges as they have 96 medically fit for discharge patients still in hospital beds • Clinicians from Medical and surgical outpatients have been based on the wards so patients are being seen twice a day by consultants. This will continue for the medical specialties for the next few weeks but not the surgical specialties • Hoping to look at long term conditions and follow up going forward so that that may help in the future collectively between the two clinical groups GP's and acute consultants. • Looking to recommence day surgery next week but not inpatients activity outside of cancer and time critical conditions this month. • CHFT will do more strategic planning with partners up to March as they do not think that the situation will reduce and may ebb and flow until then. • Having a surgical and medical consultant available on the phones had meant that GP's were able to prevent some admissions. • Senior clinicians at the front end of A&E diverting patients where possible were also useful. Having the agreement with Calderdale that the senior person can call the surgery to arrange an appointment if necessary is also useful and they are recording if this is working with a hope to continue this if it is proving to work. • (MA) asked that the secretaries be told not to advise patients to contact their GP over appointments which have been cancelled. Also where specialist nurses are attending patients in the community they should be referring back to the consultant at the hospital to prescribe not the doctor. He has had two incidents in the last week one was a community midwife who contacted the GP for pain relief after a home birth and one who was being seen by the respiratory nurse who contacted the GP to prescribe medications. 	
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	<ul style="list-style-type: none"> • (GC) asked if information could be shared with practices to encourage learning around the patients who had been admitted with flu in order for GP's to learn if possible and reduce the need for patients to be admitted. For instance could the GP have prescribed antivirals earlier? • 111 are trying to pull out calls from nursing homes to ensure they are called sooner so that the nurses are not panicking and sending patients to A&E. Quest nurses are also working hard in the care homes to try to keep patients in the care home and not sending them to A&E. It was noted that surgeries would need to be more understanding where Quest are stretched in a particular area. • (SN) advised that the GP's are working hard too and have increased appointment availability. (HB) It was noted that the ability to call a GP practice to arrange an appointment for an inappropriate attendance at A&E had helped with the moral of staff at CHFT with a feeling of we are all in this together. 	(HB) to discuss flu learning with the infection team
	<u>MATTERS ARISING</u>	
233/18	<p><u>212/17:170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharges</u></p> <p>(SN) suggested that the timing of the letters landing on surgeries just before the 4 day bank holiday (Christmas Eve) was poorly planned. They had been sent out without reimbursement as had been discussed. Also they were not clearly marked as delayed discharges, and also the letter stated that more may come in the future either as paper copies or electronic copies and this was not agreed either.</p>	(HB) to get more clarification
234/18	<p><u>213/17:175/17 Phlebotomy for children aged 10 years</u></p> <p>(HB) advised children between the ages of 10 and 12 who requires cream or spray can go to paediatrics who will supply this and not asking the GP to prescribe. Practices to inform (HB) of any instances this does not happen.</p>	
235/18	<p><u>Lymphoedema bloods</u></p> <p>(KF) noted details in last minutes stated lymphoedema nurse had requested bloods. On investigation, it had been the practice annual med review bloods which were needed. (HB) advised that CHFT will look at the numbers of patients who need this and CHFT will look to training up some of the phlebotomists.</p>	(HB) to look at training

237/18	<u>226/17:194/17 Darbopoietin</u> Renal clinic are sending patients out to practices to administer this and to teach the patients how to self-administer this injection. The problem is in most areas this is classified red drug for renal patients but in Calderdale this is currently a RED drug for renal patients but Amber for others without a shared care agreement. Helen Foster is currently looking into the classification.	(HB) to investigate
238/18		(GC) to update
239/18	<u>120/17 Pink Forms for DN's</u> (GC) advised that she had spoken to Liz Morley re this and she has taken it to the RGN for clarification <u>Incorrect information on Discharge summary</u> (AS) advised that they have received a discharge summary for a patient from urology. Under the safety alert section of the discharge it mentions chemotherapy confirmed 17/3/2016. This patient has no history of cancer has never had chemotherapy. The patient received a copy of the discharge and approached the GP very concerned. Dr Siddique has checked a few other discharges and this is not a one off. Is this a box which should not have been ticked?	(HB) to investigate
	AGENDA	
240/18	<u>210/17 Group Exercise on the development of Calderdale LMC</u> The GP's, sessional GP, practice managers, GP registrars discussed the future of Calderdale LMC. Dr Nagpaul explained that she wanted to discuss this as she wanted the time that they spend to be useful, fruitful and enjoyable. She was concerned that GPs were unaware of what the LMC does. The hope is that it would be more productive and fit for purpose. The action points from the discussions were <ul style="list-style-type: none"> I. Constitution to be agreed II. Change the way the agenda is done with action points at the end of it III. Send out the agenda earlier IV. Newsletter to be sent to every GP in addition to practice managers V. A Competition to be on the newsletter to encourage GP's to read it. VI. Practice managers to put the LMC on their practice meeting agendas VII. The website will be up and running in approximately 2 weeks VIII. Attend the GP VTS IX. Attend locality meetings if possible 	FC TW SN/ TW TW PM's RH SN/RH LMC Committee Members

	X. Attend the jobs fare	BW
241/18	<p><u>CCG</u> <u>215/17:105/17:149/17:168/17 update on enhanced services</u> The 2 enhanced services which will be stopping are the cervical polyps and h-pylori</p>	
242/18	<p><u>224/17 Meeting with Locala</u> (HS) attended the meeting and felt all issues were aired and the views were discussed very candidly but nothing was resolved and there would be a future meeting to discuss this. (RL) said Ben Leaman had contacted him to say that some practices have refused access. (MA) suggested this is where practices have been asked to give the HV access to their clinical systems and this is not appropriate. (RL) will clarify the details with Ben Leaman. Also Tracy Dell has agreed to meet with Locala re the issue with EMIS. Currently they are saying that they will not be getting the licence. This is a local authority commissioning so it will need to check if they have specified this in the commissioning</p>	(RL) to clarify details with Ben Leaman
243/18	<p><u>Practice managers development 5yFV</u> (SN) explained that there is a diploma course available to practice managers to train practice managers to work at scale. The cost of the diploma is £3600 which will require 1/3 payment each from the CCG, the practice and NHSE. The CCG and LMC suggest at least one manager from each locality to do the diploma. practice managers will need to apply and may not get on the course. The CCG would need to use the monies from next year's working at scale money to fund it, which was supported by the LMC. Practices would have to fund the money until April and the CCG will refund this. The CCG will try to encourage practice managers from each locality.</p>	
244/18	<p><u>NHSE funding for LMC for practice managers</u> The LMC will be receiving £6423 of funding to use for face to face practice managers' networking and practice manager peer appraisals. The GP's were unhappy about somebody else appraising their staff. This will be a one off, none recurrent funding so this will need to be taken into account when decided. Two suggestions given were admin support for PMAG meetings and a mentor for practice managers.</p>	<p>(HS) to discuss at PMAG meeting and liaise with (SN)</p> <p>SN to feed back after meeting with NHSE</p>
245/18	<p><u>Dates of upcoming Meetings</u></p> <ul style="list-style-type: none"> • E consultation meeting in Leeds? date 5-930 Dr Kumar and Dr Taylor to attend • 30th January BMA council regional meeting at Normanton golf club. • 31st January GP contract road show The Village in Headingley, Otley 	

	<ul style="list-style-type: none"> • 30th January Careers fare 2-5pm 	BW to attend
246/18	<p><u>SMS</u></p> <p>The CCG will be picking up the cost of this for this year but from next year practices will be given their figures from the beginning of the year. Any over spend will be the responsibility of the practice to pay for.</p>	
247/18	<p><u>CORRESPONDENCE</u></p> <p>Copy of a letter from practice to the hospital re their management of a patient's blood test result. The practice received a letter 2 days after the patient had been informed verbally to see a GP urgently at the practice regarding his blood test results. The result was a calcium level of 1.7 corrected. Their understanding that a level of 1.8 needed to be handled urgently but were more concerned that there had been no contact with the practice prior to the letter from the haematology team. The practice had asked that they CHFT look into this and ensure this does not happen again.</p>	
248/18	<p><u>DATE OF NEXT MEETING</u></p> <p>Date of Next Meeting Wednesday 21st February 2018 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm</p>	

Calderdale Local Medical Committee Meeting on Wednesday 10th January 2018

Action Sheet

Item	Agenda Item	Action Required	Lead	Status	Comments/Completion Date
232/18	CHFT update	To discuss with infection team re practice learning from flu admissions How many have been should have been immunised and were they	(HB)	Ongoing	
233/18	Delayed discharges	Clarification needed re payment for practices	(HB)	Ongoing	
235/18	Lymphoedema bloods	Look into training phlebotomists to take blood from heal	(HB)		21/2/2018
237/18	Darbopoietin	Re classification and why Leeds renal are requesting practices do them	(HB) and Helen Foster CCG		21/2/2018
238/18	Pink forms	Chase RGN clarification	(GC)	Ongoing	
239/18	Incorrect information on discharge summary	Is chemotherapy an automatic tick box on discharges	(HB) to investigate	Ongoing	
242/18	Meeting with Locala	Are Locala asking for full access to patients records or just for the surgery to share	(RL) to clarify with Ben Leaman	Resolved	22/2/2018
244/18	NHSE funding for LMC for Practice Managers	To be discussed at PMAG meeting and ideas reported to SN	(HS) to discuss at PMAG and liaise with (SN)		