

## CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee  
held on Wednesday 21<sup>st</sup> February 2018

**Finalised**

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr R Loh Dr N Taylor (Co-opted Member) Dr A Siddiqui Dr F Chaudhry Dr M Azeb (Co-opted Member) Dr S Chambers Dr B Wyatt  <u>Sessional GP</u> Dr R Hussain	Spring Hall Queen’s Road Hebden Bridge Keighley Road King Cross Southowram Church Lane  Sessional GP	(SN) (RL) (NT) (AS) (FC) (MA) (SC) (BW)  (RH)	<u>Practice Managers</u> Bev Barr <u>Administrator</u> Tracy Worrall <u>Observers/Guests</u> Helen Barker Mandy Griffin Dr E O’Leary Dr J Ring  Caron Walker	Boulevard  Spring Hall  CHFT CHFT/THIS Bankfield Stainland / Kirklees LMC CMBC	(BB)  (TW)  (HB) (MG) (EO) (JR)  (KW)
					<u><b>ACTION</b></u>
249/18	<u><b>WELCOME</b></u> Members welcomed Mrs Helen Barker, Mandy Griffin, Dr O’Leary, Dr J Ring and Caron Walker				
250/18	<u><b>APOLOGIES</b></u> Apologies were received from Dr A Chaudhry, Dr P Kumar, Dr G Chandrasekaran and Liz Coulson No apologies received from David Birkenhead Medical Director CHFT				
	<b>MINUTES OF THE LAST MEETING</b> <b>Action log updated</b> <b>232/18 FLU Patients</b> -CHFT HB was asked to audit if the patients admitted with flu had been immunised with the flu vaccine. <b>235/18 Lymphoedema bloods</b> – Lymphoedema nurses to be trained to do this. Not appropriate for phlebotomists to do as they are complex patients				

	<p><b>237/18226/17:194/17 Darbepoietin</b>– CHFT response was that home care delivery was not affordable so they are currently training nursing staff in clinic to support patients’ self-administration. CHFT will have to sign the MAR chart for patients who are unable to self-administer. It has been recognised that it is not acceptable for the GP to prescribe or administer. Any requests surgeries receive please pass this back to the requester</p> <p><b>238/17:120/70 Pink forms for DN’s.</b> CHFT looking at DN’s being able to use the original prescription as instructions to administer as the DN’s already do in Kirklees. In the meantime CHFT are picking up any requests where practices do not wish to complete the MAR chart</p> <p><b>242/18 Meeting with Locala re access to records</b> Clarified that Locala only wanted the surgery to share in and out of records. This has been resolved.</p>	<p>WEBSITE</p> <p>CHFT</p>
251/18	<p><b><u>CHFT</u></b> <b>PATH Stores requests</b> HB to feed back LMC request for a 7 day turn around on path store requests. If practices have any issues around pathology they should contact Sarah Ramsden General manager direct to sort them.</p>	Practice managers outside of meeting
252/18	<p><b><u>233/18:212/17:170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharges</u></b></p> <ul style="list-style-type: none"> <li>• As of 9/2/2018 the backlogs of communications from go live to 31<sup>st</sup> October have all been cleared and sent out to practices. Because they used a second clinician to validate the letters prior to sending them out to practices. This meant practices were receiving duplicates. There was unfortunately no way around this. Out of these letters there were about 340 where he identified possible harm. Out of these he identified 8 which could have produced moderate harm.</li> <li>• Currently there are around 1000 letters each from November and December in clinician’s mail boxes for them to validate to stop more duplicates. CHFT are encouraging clinicians to validate these letters as soon as possible.</li> <li>• They are still awaiting figures for how many letters were received by each practices.</li> <li>• 107 medical secretaries have been trained on process and workflow which now appears to be fixing the errors that were being made.</li> <li>• Target for CHFT to get the letters to practices is currently 10 days but will be changing to 7 days from April. But there will be some which are awaiting information from results which may take up to 30 days</li> <li>• MG asked how the EPR view in the patient’s records looked. MA explained that the view practices get is very disjointed.</li> <li>• SC advised he has received faxes of abnormal results 6 months later. HB asked for these to be passed directly to her for her to investigate</li> <li>• SN asked for a name for patients to contact where requests have been delayed due to the letters being</li> </ul>	<p>SC/HB</p> <p>CHFT</p>

	<p>received late</p> <ul style="list-style-type: none"> <li>MA advised of one patient who had been started on medication and given 1 month supply unfortunately the letter was not received until several months later and on checking he had contacted the GP for a repeat prescription. When contacted the patient had thought it was just a 1 month course. MA expressed concerns that things like this would not be picked up by CHFT as they would not be aware that the patient has not continued</li> <li>SN asked again that once practices are informed of the number of letters per practices then this should be looked at again for compensation where overtime was needed to be used to clear the back log of letters</li> <li>BW said this could have been a lot worse but for the co-operation between the trust and the GP's and that the trust has been very constructive in the way they have handled this</li> <li>Clinical quality of letters being received is still to be looked at. MG explained that CHFT will be continuing the user group to work through issues with the quality of letters.</li> <li>Still having issues around the quality of the communication and what the patients have been informed of</li> </ul>	<p>MG</p> <p>DK</p>
	<b><u>AGENDA</u></b>	
253/18	<p><b><u>240/18:210/17 Development of Calderdale LMC workshop general themes</u></b></p> <p>Communications to GP's</p> <p>It was discussed and agreed that an email bulletin could be sent out to PM's after a meeting which should be disseminated down to the GP's either via the email encouraging the GP's to look at the website</p> <p>Also PM's to discuss items at their next practice meeting</p> <p>SN is concerned that some emails coming out to PM's is not being filtered down to the GP's who may have been interested. SN explained that an email re E-Consultations had not been filtered down to the GP's and as a consequence they had missed out on this year's funding</p> <p>Each practice to nominate a practice lead for the PM to forward the email to</p>	<p>RH /Managers /TW</p> <p>PM's</p>
254/18	<p><b><u>227/17 Website Update</u></b></p> <p>Members were asked for opinions on the website. It was agreed that it is user friendly and looks a lot better. RH is to upload useful documents for practices to use. AS suggested that there are some helpful ones in the Arden's templates and will forward them to RH. RH asked all members if they had anything which they would like adding to the website could they please forward all information to RH</p>	<p>AS</p>
255/18	<p><b><u>LMC Buying group</u></b></p> <p>SN reminded members of the LMC buying group</p>	<p>WEBSITE</p>

256/18	<p><b><u>244/18 NHSE funding for LMC for practice managers</u></b></p> <p>The decision by NHSE for the funding of the £6000 for each LMC the money will be pooled and divided by 5 and 20% can be used for local use which for the LMC is £1292 and this is up to practice managers how they would like to use this. The remainder will be used to offer every practice manager in Calderdale a one off professional developmental session with an outside PM appraiser. In addition there is further 30K to be divided by 5 for coaching and mentoring to be agreed. The CCG also received some money to engage hard to reach PM's, SN suggested that given that the PM's will be offered a professional developmental session she wondered in the CCG would work with the LMC to pool the money they have</p>	SN
257/18	<p><b><u>Practices not receiving third party smears</u></b></p> <p>SN has contacted Paul Twoney from Public Health England to look into this. If a patient gets a smear done by Gynae or elsewhere practices no longer get the result. This means practices are still contacting patient for the smear and when the smear is sent off it is being rejected as it is too soon. The surgery then has to explain to the patient that an intimate procedure was done too early and they will need to repeat it when they are due. SN to forward the emails to CW</p>	SN
258/18	<p><b><u>Electronic referral to the coroner</u></b></p> <p>The coroner's office is revamping the system for the reporting of deaths to the coroner. This is in line with the wish of the chief coroner for England. They would like to do away with telephone call all together. This has already been implemented in other areas and they would like to go live with it in Calderdale and Kirklees on 5<sup>th</sup> March 2018. The referral details will be on the website. The form will need to be emailed by secure email (nhs.net ) to the coroners email. They have asked if urgent requests for religious reasons be marked in the subject line.</p> <p>This was discussed and several issues were raised. Locums, GP's going on annual leave, Patients needing death certs within 24 hours. The email address is not secure. The form not appropriate.</p> <p>MA asked if the coroner's office have to practice the 9 protected characteristics before making any service change. It was agreed that RL is to raise a formal response raising queries. Also to advise the coroner that Calderdale is not happy to go live on 5<sup>th</sup> March</p>	RL WEBSITE
258/18	<p><b><u>Lead provider for status for GP trainees</u></b></p> <p>Admin support available until end of March 2018 for implementing the new GP contract</p>	
259/18	<p><b><u>Dr Bawa Gaba Ruling</u></b></p> <p>BW advised the GPs to be aware that they should be careful about writing anything which may implicate them in an appraisal and as an appraiser they should not document anything which might implicate a doctor.</p> <p>There is a Regional Council BMA meeting with Paul Twomey 12th March at Normanton Golf Club where they will be</p>	

	discussing this case	
	<b><u>CCG</u></b>	
260/18	<b><u>Accessible standards assurance</u></b> SN advised practice managers to answer the request for assurance truthfully as the CCG will help where they can to ensure the practice is compliant i.e. if every practice needed a policy the CCG could help to write one .However, there is no contractual requirement for GPs to “assure the CCG of quality” outside their GMS/PMS contracts, and any LES	
	<b><u>CORRESPONDENCE</u></b>	
261/18	<b><u>Core hours</u></b> Letter received from Stainland Practice. They have been contacted by the CCG to advise that they are breach of contract for their core hours as the practice phones go to LCD between the 8am and 8.30. They believed that the core hours opening was part of the access incentive scheme which they did not sign up to. SN has discussed this with the CCG and they have explained it is not that they do not open it is that they have not requested permission and this would need to be taken to a public meeting to be discussed. Stainland argue that permission was asked of the PCT years ago and nothing has changed. They have also agreed to speak to their PPG. This was discussed at length JR said that Stainland would be happy to continue discussions with the CCG. NT and MA agreed to speak to the relevant people at the CCG to help clarify the issue. SN is awaiting the letter from the CCG explaining core hours so that if necessary this can be passed to Richard Vautrey	NT/MA/SN
262/18	Letter received from Dr Connell Parker Deputy medical director for Calderdale and Huddersfield trust and the trust Caldecott guardian and consultant endocrinologist introducing himself	RL
263/18	RL to meet	
264/18	Neurology asking GP to do complicated dose titrations. RL to respond stating urology should do the titrations	
	Consultant asking for patient to be referred back in 3 years. RL to respond back	
	<b><u>PRACTICE MANAGERS</u></b>	
265/18	<b><u>Collaborative fees for mental health</u></b> Practice managers would like clarification on who to send invoices to for mental health reports. SN agreed to email this query to CW.	SN/CW
266/18	<b><u>Updates from meetings</u></b> <ul style="list-style-type: none"> <li>• Job Fair -BW attended and suggested that the young doctors appear to be looking for salaried positions rather than locum work or becoming a partner</li> <li>• LMC roadshow – GC attended</li> </ul>	
267/18	<b><u>Upcoming Meetings</u></b>	RL/SN

	<ul style="list-style-type: none"> <li>• STP engagement event 27/2/2018 – Leeds RL and SN to attend</li> <li>• Looking at workforce across the STP. They will be doing three meetings in Leeds               <ol style="list-style-type: none"> <li>1. Diagnostics 26<sup>th</sup> March</li> <li>2. Treatment options 25<sup>th</sup> April Wednesday</li> <li>3. Treatment plan 6<sup>th</sup> June Wednesday</li> </ol> </li> <li>• Health and social care. Workshop for CMBC first point of contact Wednesday 14<sup>th</sup> March – NT to attend</li> </ul>	NT
268/18	<b><u>Agreed items to be listed on website</u></b> LMC buying group Coroners referral form- express concerns and that we are undergoing negotiations RED Drugs not to be prescribed , in particular Darbopoietin	RH
269/18	<b><u>DATE OF NEXT MEETING</u></b> Date of Next Meeting Wednesday 21 <sup>st</sup> March 2018 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm	

	<b><u>PRIVATE AGENDA</u></b>	
01/18	<b><u>Website Remuneration</u></b> It was discussed and agreed that RH should claim 3 sessions per month October 2017-March 2018 and 2 sessions per month April- June 2018 For all the hours she has put in to developing the website. To be reviewed after this time	Agenda Item June 2018

## Calderdale Local Medical Committee Meeting on Wednesday 10<sup>th</sup> January 2018

### Action Sheet

Item	Agenda Item	Action Required	Lead	Status	Comments/Completion Date
232/18	CHFT update	Of the flu admissions, how many patients had been immunised?	(HB)	Ongoing	
233/18	Delayed discharges	Clarification needed re payment for practices Figures to be send to SN per practice SC to pass details of the delayed results he has received by fax CHFT working with LMC PM to improve quality of letters	(HB)  (MG)  SC/HB/CHFT  DK	Ongoing	
238/18	Pink forms	DN's to be able to use the original prescription in order to dispense, CHFT are picking up any requests where practices do not wish to complete the MAR chart	(HB) CHFT	Ongoing	
251/18	Path stores delays	LMC request 7 day turn around on stores requests HB to feed back to CHFT	(HB) Practice managers outside of meeting		
239/18	Incorrect information on discharge summary	User group to continue to work on the issues around the quality of the letters	MG	Ongoing	
253/18	Development of Calderdale LMC workshop general	RH to send the email to managers. Managers to encourage partners to read it	RH/ Managers /TW		

	themes	Appoint a lead LMC GP	PM's		
245/18	Website update	AS to forward useful Arden's templates to RH for the website	AS		
256/18	NHSE funding for LMC	SN to discuss with CCG	SN		
257/18	Practices not receiving third party smear results	SN to forward emails to CW who will discuss with the screening teams	SN/CW		
258/18	Electronic referral to coroner	RL to raise concerns with the coroner's office	RL WEBSITE		
261/18	Core Hours	MA/NT to speak to CCG	MA/ NT		
262/18	Collaborative fees for Mental Health	SN to pass the query to CW	SN/CW		
263/18	Correspondence	RL to meet with Dr Parker	RL		
267/18	Upcoming Meetings	STP engagement event Health and social care workshop	RL/SN NT		
268/18	Agreed Items for Website	RH to add bullet points to website	RH		