

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 11/4/2018

Present <u>LMC Members</u> Dr P Kumar(Chair) Dr F Chaudhry (Co Chair) Dr N Taylor (Co-opted Member) Dr M Azeb (Co-opted Member) Dr G Chandrasekaran Dr a Chaudhry Dr B Wyatt	Plane Trees Kings Cross Hebden Bridge Southowram Plane Trees Sowerby Bridge Sessional	(PK) (FC) (NT) (MA) (GC) (AC) (BW)	<u>Practice Managers</u> Heather Simpson Claire Cox <u>Administrator</u> Tracy Worrall <u>Observers/Guests</u> Helen Barker	Kings Cross Sowerby Bridge Spring Hall CHFT	 (HS) (SB) (TW) (HB)
	<u>ACTION</u>				
285/18	<u>WELCOME</u> Members welcomed Claire Cox and Helen Barker				
286/18	<u>APOLOGIES</u> Apologies were received from Dr S Nagpaul, Dr R Loh, Dr Vivekananthan, Dr Hussain, Caron Walker, Bev Barr				
287/18	<u>MINUTES OF THE LAST MEETING</u> Minutes of meeting 21/3/2018 corrected and agreed <u>232/18 flu admissions update.</u> CHFT did not capture this information therefore they are unable to collate it this year but will build this in to their capture information for next year. NT asked that Pneumo information be collated also although it was agreed some patients may not remember whether they have had this or not.				
288/18	<u>252/18:233/18:212/17:170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharge letters</u> PK will attend EPR				

289/18	<p>This has been discussed at the interface Group and queries are to be directed to Jackie Murphy. Dr Nagpaul has this email address. The feedback from practices re the figures sent out to practices has been a broad acceptance by practice managers. SN is talking to the trust regarding payment for the extra work caused</p> <p><u>238/18 Pink Forms</u> Andrea Doris director of Ops has shared a proposal and will be meeting with GC to discuss this</p>	<p>partners meeting</p> <p>GC meeting with Andrea Doris</p>
290/18	<p><u>279/18 Text Over Usage</u> MA asked that the LMC get assurances at the LMC/CCG exec meeting that THIS will give practices regular updates of their usage which will allow practices to keep control of their usage. If practices do not receive this they will not be happy to pay</p>	<p>SN/PK to discuss at LMC/EXEC meeting</p>
291/18	<p><u>CHFT</u> <u>Pre EPR Appointments</u> HB gave an update. They are now up to where they need to be but there are now capacity restraints which are not connected to EPR. Some due to staff changes, bank holidays and also due to a rise in GP referrals. The concerns around what is being advised to patients when there are no appointments available were discussed. This is information given by the national system not CHFT. NT suggested this is something the GP can tell the patient when doing the referral, to ignore the advice given by the appointments booking line to go back to the GP if they do not want to change provider. BW asked that the LMC put this to the GPC that this is a waste of GP time and resources.</p>	<p>PK to write to the GPC re this</p>
292/18	<p><u>Electronic referrals</u> HB said the implementation of the cancer referrals seems to be going very well and where there have been any issues they have been able to discuss this with the practice and rectify it. They do have concerns re the breast symptomatic referrals where the patient is given an appointment but are cancelling it and re booking out of the 14 days which has meant they have failed to hit targets. They wondered if this may be something to do with the message that is being given, that the patient does not understand the seriousness. HB agreed look to see if there was any particular trend around a particular practice. PK suggested that maybe the national choose and book printout which gives the patient a number to call to change the appointment should be worded that the appointment should only be changed in emergency.</p>	<p>HB will look to see if there is a trend from particular practices NT will see if the printout can be re worded</p>
293/18	<p><u>MADE EVENT (multi-disciplinary accelerated discharge event)</u> CHFT currently have more stranded patients than they have had in about 2 years. Stranded is a patient who has been in hospital for longer than 7 days should be no more than 30% to be really effective on patient flow, Super stranded is a</p>	<p>NT will be attending</p>

	<p>patient with a stay of over 21 days. There will be 50 people attending, GP's, local authorities, consultants. They will be looking at the patients on the ward discussing ideas for what would accelerate the patients discharge and then in the afternoon implement those plans.</p> <p><u>CQC inspection</u></p> <p>CHFT have just undergone a CQC inspection but will not get the report until the end of June. There were nothing significant with the exception that they had some concerns around CHFT's ability to provide assurance around the community place and as a consequence CHFT have accelerated the closure and have put all efforts into the rehab at home model.</p>	this
294/18		
295/18	<p><u>HB visit to practices</u></p> <p>HB and Andrea Doris would like to come out to practice to discuss the community division and they would like to see what practices know about the community division and what they want out of it. HS asked if practices would be able to discuss some of the issues in practice around discharges and clinic letters etc. HB said she would be happy to discuss these issues also. BW advised that if practices wanted to use this then they should also be open to discussing the quality of referrals received by CHFT</p>	
296/18	<p><u>276/18 Gluten Free Prescribing</u></p> <p>HB advised that CHFT had had no correspondence from the CCG to advise of the policy. NT advised that CHFT had been part of the consultation process and no decision has been made by the CCG yet. HB advised that CHFT would fully support the CCG if this is decided. This will be discussed at the next LMC/CCG exec meeting next month and update will be provided at the next meeting</p>	SN/RL
297/18	<p><u>PATH STORES</u></p> <p>CHFT to put our communication to practices advising of the 1 week expected turnaround and a contact number for who to contact if there are any issues</p>	HB email to be sent out to practices
	<u>AGENDA</u>	
298/18	<p><u>PUBLIC Health</u></p> <p><u>272/18178/18:E Coli surveillance</u></p> <p>This was discussed at length as practices are now receiving them. It was agreed that practice should be reminded that this is not contractual. BW suggested the LMC should write to public health prior to the next meeting. HS will send then a self-populated form without the information it does not pull out of the system so that public health are aware of</p>	PK to write to public health

	the work it will incur	
	<u>CCG</u>	
299/18	<u>Update on Core Hours</u> MA agreed that YORLMC position has not changed and will share the document with SN.	MA to forward document to SN
	<u>PRACTICE MANAGERS</u>	
300/18	<u>277/18 GDPR training event 28th March CHFT learning and developments centre.</u> PK said the training given by LMC law had been very good, It was made very clear that partners cannot be the DPO and that it may be necessary for several practices to employ one between them. LMC law have offered a half-day session providing a policy and training to get the practice started at a fee of £650 per practice with £75 for the LMC for 20 practices, or for above 20 practices it would be £550 with £50 per package to the LMC. This was discussed and it was agreed that FC should speak to LMC law to negotiate what options are available and are we able to use one standard policy for all of the practices. GC will also speak to PGPA to see what they are able to organise also. It was asked that any negotiation should be passed out to practices prior to the next meeting.	
301/18	<u>LMC Communication</u> Feedback from the session after GDPR training was that PM's felt that they should be the main conduit for the practice. However it was also suggested that the LMC could speak at a practice leads meeting to try to engage the GP's and explains to them what the LMC is. And also to visit the hard to reach the practices as LMC/CCG together to see if they can find out what their issues are.	
302/18	<u>Enhances Services for 2018-19</u> HS asked if the LMC would be seeing the specifications prior to them coming out to practices. MA suggested that it would be worth the LMC asking and the LMC/CCG exec meeting for it to come to the LMC before going out to practices	SN/PK to ask at LMC/CCG exec meeting
	<u>CORRESPONDENCE</u>	
303/18	<u>Blue Bird care requesting information re patient</u> GP practice has received a request for medical details about patients before they go into new patients. The request for information does not state that they have patients consent. This was discussed and agreed that PK should write to them to find out what authorisation they have for this and also find out who their contract is with i.e. gateway to care	PK to write to Bluebird
303/18	<u>DATE OF NEXT MEETING</u> Date of Next Meeting Wednesday 23 rd May 2018 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm large training room	

Calderdale Local Medical Committee Meeting on Wednesday 11th April 2018

Action Sheet

Item	Agenda Item	Action Required	Lead	Status	Comments/Completion Date
288/18:252/18:233/18:212/17:170/17:171/17:143/17:18/17:93/17:73/17	Delayed discharges EPR issues	PK to attend EPR partners meeting SN to discuss with CHFT regarding	(PK)	Ongoing	
289/18:238/18	Pink forms	GC to meet with Andrea Doris	(GC)	Ongoing	
290/18:279/18	Text over usage	SN/PK to seek assurance at LMC/CCG exec meeting in May	SN/PK	Ongoing	
291/18	Pre EPR Appointments	PK to write to the GPC	(PK)	New	
292/18	Electronic referrals	HB will look to see if there is a trend from particular practices NT to look to see if the printout wording can be changed	HB NT	Ongoing	
293/18	MADE EVENT	NT to attend	NT	New	
296/18:276/18	Gluten Free Prescribing	RL to respond formally to CCG SN to discuss at CHFT/LMC liaison	RL SN	New	
296/18	Path Stores	HB to email out to practices	HB	New	
272/18:178/18	E Coli surveillance	PK to write to public	PK	Ongoing	

		health			
299/18	Update on Core hours	MA to forward letter to SN	MA	Ongoing	
282/18	Ear irrigation	NT to discuss with CCG/LMC exec meeting in May	NT	New	
300/18:277/18	GDPR training	FC to negotiate with LMC law GC to speak to PGPA	FC GC	New	
302/18	Enhances services for 2018-19	SN/PK to ask at LMC/CCG exec	SN/PK	New	
303/18	Correspondance	PK to write to bluebird care to ask what authority they have to request the patients information and also who are they contracted by	PK	New	