

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 23/5/2018

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr R Loh Dr D Kumar Dr F Chaudhry Dr G Chandrasekaran	Spring Hall Queens Road Plane Trees Kings Cross Plane Trees	(SN) (RL) (DK) (FC) (GC)	<u>Practice Managers</u> Tina Rollings <u>Administrator</u> Tracy Worrall <u>Observers/Guests</u> Helen Barker Caron Walker	Rosegarth and Siddal Spring Hall CHFT Public Health	(TR) (TW) (HB) (CW)
					<u>ACTION</u>
304/18	<u>WELCOME</u> Members welcomed Tina Rollings, Helen Barker and Caron Walker				
305/18	<u>APOLOGIES</u> Apologies were received from Dr M Azeb, Dr S Chambers, Dr A Chaudhry, Dr A Siddique, Dr N Taylor, Dr S Vivekananthan, Dr R Hussain, and Dr B Wyatt				
306/18	<u>MINUTES OF THE LAST MEETING</u> Minutes of meeting 11/4/2018 corrected and agreed <u>298/18:272/18:178/18 E Coli Surveillance</u> CW explained that they have not received any self-populated forms back as yet and practice managers are asked to allow the forms to self-populate and send it back. DK has discussed this with CW re the forms being self-populated				TR

307/18	<u>290/18:279/18 Text over usage</u> SN discuss this at the LMC exec meeting and ensured that it was added to the minutes that practice must receive regular updates of their usage and if they do not receive this then they will not pay for it. The allocation should now be practice specific and not a generic overspend to be shared by the practices.	
308/18	<u>291/18 Pre EPR appointments</u> National narrative has been changed and the national team no longer advise patients to contact the practice. DK now has a named contact if there are any further issues with this	
309/18	<u>293/18 MADE EVENT</u> HB Advised that the multi-disciplinary event attended by about 60 people over both sites had proved very useful and that CHFT are now going to run one every ,month	
310/18	<u>282/18 Ear irrigation</u> The CCG decision at present is that this will not be funded but the CCG will re look at this when ENT services come under review in the future. They have suggested that surgeries should be re training patients to use ear drops for 2 weeks prior to the irrigation and to use drops twice a week after to reduce the need to re do the ear irrigation.	
311/18	<u>303/18 Blue Bird correspondence</u> DK has spoken to Bluebird re their requests for medical information without patient consent. This was discussed and agreed that this was inappropriate request and should not be needed and that even with patient consent these should only be done if they are willing to pay the practice the normal fee for a report.	
	<u>AGENDA</u>	
312/18	<u>CHFT</u> <u>288/18:252/18:233/18:212/17:170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharge letters , re letters for revalidation and remuneration and meeting with Owen Williams and MIG</u> SN met with Owen Williams re concerns re privacy and consent for MIG and re discharge letters. He said secondary care would be able to view the whole primary care record. SN then met with Helen McNae Data Protection officer from THIS who advised that under GDPR access can be allowed because it is for direct patient care. Helen has since advised that when she had checked, CHFT will only be able to see the 10 fields previously agreed with the LMC. SN would like clarification around what will be seen. Re discharge letters Owen Williams said that after meeting with practices that they had felt very positive about EPR and that practices had not felt it was that bad. TR said that her practice had met with him but had clearly stated that it had been a difficult time. As such CHFT have said that they are unable to find money to pay the practices for the work EPR caused. SN had suggested that moving forward CHFT would look to see if there is any money for practices who take part any new developments. SN said before the LMC could give practices the go ahead they would like clarity over what MIG would allow CHFT to view. DK and GC volunteered to follow this up on the primary care side and HB will get clarification over what would be seen	DK, GC ,HB

313/18	<p><u>Single Point Of Access for Primary and Secondary Care</u></p> <p>SN asked if there is a route for primary care and secondary care to have a way to contact and audit any issues. HB advised CHFT are setting up an email address which could be audited. CHFT felt that the clinician to clinician aspect should remain but that the secondary email address could be copied into any correspondence so that they are able to audit the issues.</p>	HB
314/18	<p><u>“What happens when you are referred to hospital “</u></p> <p>Leaflet sent out with the agenda was for information and for practices to give to patients at time of referral</p>	
315/18	<p><u>Dermatology</u></p> <p>CHFT have not had a substantive dermatology consultant for a couple of years due to a national shortage of dermatologists and have been running the services on high cost agency. They are now in a situation where this is no longer tenable on both governance and cost implications. CHFT have made the decision that they will have to close the service to all but fast track referrals and are undergoing discussions with the CCG with regards to how they will look for alternative providers for this service. CHFT have found that there is a risk that this will increase the referrals to fast track to avoid using the alternate provider, if this does happen they may have to close the fast track service also as this would become unsafe to continue. The letter may be coming out in the next few weeks. CHFT will retain the service for the next 6 months to deal with current patients but will not be taking new referrals.</p>	
316/18	<p><u>A&E attendances</u></p> <p>CHFT and Huddersfield are inundated at A&E at the moment excess of 500 some days, a lot of them inappropriate, and wondered if general practice is finding the same issues at present. The GP's felt that general practice seems to be quieter at present. FC asked if A&E are still streaming through to OOH as he knew from working in the OOH that often the ANP often have unused appointments. HB advised they have re launched their criteria for passing to OOH and is hoping this will help. TW suggested that practices could check their dashboard to see how many of their patients are using A&E</p>	PM's
317/18	<p><u>PUBLIC Health</u></p> <p><u>For Information for practices</u></p> <p>Public health does not have an infection control team at the moment and CW is currently doing this. They are struggling to recruit IPC nurses at present</p> <p>CW wanted to make practices aware that there have been 4 suspected suicides by hanging in Calderdale in the last</p>	

318/18	<p>week. Three women and 1 man this is very worrying and 2 of them had been to a GP recently re depression and suggested GP's may want to do Safe Talk training. SN suggested that the CCG may be able to organise this training for practices.</p> <p><u>Invite Robin Tuddenham to next LMC</u> SN suggested that RL should invite Robin Tuddenham the chief executive of Calderdale Council should be invited to the next LMC meeting</p>	RL
	<u>CCG</u>	
319/18	<p><u>Laptops</u> CCG has been given a one off non recurrent fund to provide 52 laptops for Calderdale and wanted LMC agreement to distribute on practice list size. Practices with up to 5k would receive 1 laptop, 5-10k would receive 2 and practices over 10k would receive 3. The remote access funding will only be provided for one year. This was discussed and agreed list size was appropriate. GC said that their practice have asked THIS if they could source laptops or tablets which practices could buy of them and pay for THIS to adopt them but were advised this is not an option. SN to take this back to the next meeting and ask if this could be done at a reasonable charge.</p>	SN
320/19	<p><u>GP IT support for the CCG's</u> CCG would like a GP representative to support the decision making of provision of the non-core IT services for General Practices. DK volunteered to help with this</p>	DK
	<u>PRACTICE MANAGERS</u>	
321/18	<p><u>111 direct booking of 2 appointments</u> Practices have asked advice around being asked to provide 2 appointments per day for 111 to be able to book directly 1 in a morning and 1 in an afternoon. LMC response is that this is not currently contractual and this is not funded but if practices would like to do it they can. The CCG statement was that over the next year they would be working on this programme. And that over the next year they would be offering IT support. SN said she has asked the question of the BMA and would come back to practices once she receives a response</p>	SN
322/18	<p><u>277/18 GDPR training</u> LMC Law has offered the training for 10 practices for a cost of £1200 for 6-10 practices jointly plus £50 for any additional practices. They have also said they will do further training at no extra cost as changes arise. Practices to be emailed and if practices are interested they should contact TW.</p>	SN

323/18	<p>The LMC currently don't have a privacy statement but GPDF will write one for all LMC's PGPA has passed the data sharing agreement to agree. The LMC agreed this. PGPA are currently looking at a couple of quotes for a DPO and this is looking expensive. Practices will need an audit of their data flows which will cost approximately £2000 in addition-practices will need 6 contacts per year at a cost of approximately £3000.</p> <p><u>Enhanced Services commissioned by the CCG</u> Practices have now received the contracts and the specs are for 12 months. The CCG will be sending them to the LMC for comment on any which have changes and agree any that have no changes</p>	
	<u>CORRESPONDENCE</u>	
324/18	<p><u>BMA list server for practice managers</u> This is monitored by the BMA. PM's will need to send RL an email address (will need to be a totally separate personal email address) as they will only accept the email addresses from RL. This is purely a resource for PM's. PMs are asked to provide a dedicated email address for the list server as it can be very busy.</p>	RL to email the PM's
323/18	<p><u>Dr Naz Surgery to be closed 30th June 2018</u> Dr Naz surgery has wide spread patients. Practices will be given an automatic uplift for any patients who register with them. The CCG are aware that these patients will cause additional work and therefore will provide extra funding. Advice to practices is to ensure that all patients registering with your practice from Burley street should be recorded so that practices are aware for future recompense.</p>	PM's
324/18	<p><u>Red and Green prescribing</u> RL is going to be meeting with Fiona Smith director pharmacy at CHFT re requests being received for practices to prescribe red and green drugs outside of the SWYAPC prescribing guidelines.</p>	RL
325/18	<p><u>Prostap initiation</u> The CCG have asked the LMC for their opinion on a new pathway for Prostap to be initiated in primary care. GC asked why this request is any different to any other shared care guidelines This is currently a LES and provided the patient is counselled, given a patient information leaflet, and that this is documented clearly in the letter to the GP and that the patient is advised to book an appointment with a nurse in 2-3 weeks and should book in advance. Does the CCG currently pay for this service as part of the current commissioning with CHFT RL to ask the CCG for a response to the questions raised?</p>	
326/18	<p><u>DATE OF NEXT MEETING</u> Date of Next Meeting Wednesday 20th June 2018 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm large training room</p>	

Calderdale Local Medical Committee Meeting on Wednesday 23 May 2018

Action Sheet

Item	Agenda Item	Action Required	Lead	Status	Comments/Completion Date
272/18:178/18	E Coli surveillance	TR asked to remind Managers to send in the self-populated form back to public health	TR	Ongoing	completed
312/18	MIG	DK,GC to follow up from primary care side. HB to get clarification over what will be seen from CHFT side	DK, GC and HB	New	
313/18	Single Point Of Access for Primary and Secondary Care	HB to set this up hopefully by the end of June	HB	New	
318/18	Invite Robin Tuddenham	RL to write to invite him to the next LMC	RL	New	
319/18	Laptops	SN to ask THIS re sourcing and adopting Laptops which practices could purchase from them	SN	New	completed
320/18	GP IT support for the CCG's	DK volunteered	DK	New	completed
321/18	GDPR training	Practice managers to be emailed and asked if they want the training	TW	New	
322/18	List server for PM's	RL to email managers	RL	New	
323/18	Burley Street Practice	PM's to record all patients who register with their practice	PM's	New	
325/18	Prostap initiation	RL to review this and respond to the CCG with questions raised	RL	New	

