

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 20/6/2018

Present <u>LMC Members</u> Dr R Loh (acting chair) Dr D Kumar Dr F Chaudhry Dr G Chandrasekaran Dr A Chaudhry Dr A Siddique Dr N Taylor <u>Sessional GP</u> Dr R Hussain Dr B Wyatt	Queens Road Plane Trees Kings Cross Plane Trees Sowerby Bridge Keighley Road Hebden Bridge Sessional GP Sessional GP	(RL) (DK) (FC) (GC) (AC) (AS) (NT) (RH) (BW)	<u>Practice Managers</u> <u>Administrator</u> Tracy Worrall <u>Observers/Guests</u> Catherine Riley Caron Walker Jonathan Ring	Spring Hall CHFT Public Health Stainland	 (TW) (CR) (CW) (JR)
					<u>ACTION</u>
	<u>WELCOME</u>				
327/18	Members welcomed Catherine Riley, Caron Walker and Jonathan Ring				
	<u>APOLOGIES</u>				
328/18	Apologies were received from Dr M Azeb, Dr S Chambers, Dr S Nagpaul, Dr S Vivekananthan, Practice managers				
	<u>MINUTES OF THE LAST MEETING</u>				
	Minutes of meeting 23/5/2018 corrected and agreed				
329/18	<u>321/18 Direct booking 111</u> BMA currently agree this is not contractual and are currently negotiating with 111 but would like a feel for what is happening locally to help these negotiations but they did say that in some areas this is being funded at 7p per patient by local CCGs. Debbie Graham has stated that there would be no funding from our CCG however there is IT cover for setting this up this year but this may not be available next year. TW asked how this would be solved for those practices				RL

	who are restricted from participating at present as they have a branch site.	
330/18	<p><u>325/18 Red and Green prescribing Delteparin</u></p> <p>RL is going to be meeting with Fiona Smith director pharmacy at CHFT and Helen Foster next week. SN has had one recently for a pregnant patient which is definitely RED. NT said the difficult one is the bridging one for patients on warfarin who go to a peripheral clinic when there is not a prescriber present it would be difficult for GP's to not do it especially if the patient has a metallic heart valve. This was agreed this would have to be taken into account and something put in place for during surgery hours and out of hours.</p>	
331/18	<p><u>325/18 Prostop initiation</u></p> <p>This has been written up by Helen Foster and has gone for approval. Once agreed it should go live by 1st July under the LES. The hospital should ensure the patient has been clearly informed of all side effects etc. if this has not been done then the surgery should refer the patient back to the clinic. Contact numbers will be included for practice to contact where issues arise</p>	DK
332/18	<p><u>321/18 GDPR training</u></p> <p>This was discussed and it was agreed that practices do not have to rush into this provided you are able to prove that you are working towards being fully compliant this should be sufficient, therefore the advice is that SN will continue to look into other alternatives</p>	SN
333/18	<p><u>321/18MIG</u></p> <p>MIG is to be enabled in Systm1 and EMIS soon. Test runoff system by secondary care to take place tomorrow. DK will update at next LMC of outcomes. The plan and hope is for MIG to be available for secondary care prior to September.</p>	DK
	<u>AGENDA</u>	
334/18	<p><u>CHFT</u></p> <p><u>CQC visit</u></p> <p>CHFT have received the rating of GOOD by the CQC</p>	
335/18	<p><u>Reconfiguration update</u></p> <p>A letter has been received from the secretary of state stating that the panel had recognised that the status quo for services in the area is not sustainable as there is too much risk there, and they have agreed that the plan is the right plan but they flagged three areas where more work was required, Community services, hospital capacity and around</p>	

336/18	capital. They are not in discussion with NHSI NHSE and CCG to develop a response to this letter by 10 th August. <u>EPR access for patients</u> DK suggested that CHFT should have informed practices that from 4 th June they would no longer be sending patients copy letters and will instead encourage patients to access the website. DK suggested that practices should have been informed that this would be changing. CR to feed this back and ask the person responsible for the change to provide the information to all of their partner providers.	
337/18	<u>288/18:252/18:233/18:212/17:170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharge letters</u> DK advised that CHFT should now only be sending old discharge summaries from December 2017 to now any older than that should be reported on Datix. DK also noted that the EPR partners group has not met for the last 2 months and it had been agreed that once the delayed discharges had been resolved they would look the quality of the letters which are sent out to make them more useful	CR
338/18	<u>PUBLIC Health</u> <u>272/18:178/18 E.Coli Surveillance</u> Public health has still not received any self-populated forms back for this. Practices to be reminded to send them. CW to resend the guidance for how to find the template	CW
	Constitution Draft	
339/18	The draft was discussed and a few changes were agreed. The director of public health does not work for Calderdale CCG, local authority, and is not always a registered GP Chairman should be Chairperson Secretary of state is secretary of state for health and social care Co-opted numbers to be decided by the LMC not dictated number Member who miss 3 meetings should be spoken to to determine why not attending rather than automatically removed Chair of the board – change to chair of the governing body	
	CCG	
340/18	<u>Laptops</u> This was discussed and it was agreed that it should be discussed that if desktop machines were replaced with laptops at refresh this would be more appropriate in the current climate and would also attract GPs to work in Calderdale. DK suggested that practices could discuss the allocation of laptops and any practice which does not need the laptops being provided these could be shared out with the other surgeries that would use them.	SN

341/18	<u>Burley Street closure</u> JR asked if there is any news on when the money will be available for practices to claim as they have already had 200 new patients register and Bankfield have had 700. The first destination practice will receive an automatic uplift payment of 1.46 uplift of GMS per patient and extra £10 per patient for excessive work, and if there are any special circumstances on a named basis practices are able to claim a further £10, this will need to be claimed. This has not been finalised yet but looks like it will be fully approved. RL will advise when this is finalised.	RL
342/18	<u>Integrated care pathways</u> These were discussed and the only point which needed to be clarified was on the perinatal flow chart it should be specified that it should mention that it is not just high risk mental health drugs but also other high risk drugs. BW expressed concerns with the Mental health pathway and the fact that stable lithium patients are discharged to the community and this is a shared care drug and the agreement of the mental health team to leave the patient with an open appointment back to Mental health should be included in the flow chart. SN had sent the comment that there is very little we can do about the children ED pathway as this is national guidelines. Adult pathway, there will be a review at 6 months as to how many of the mental health teams have managed to train their staff to perform and manage the appropriate investigations.	RL
343/18	<u>Practice managers peer appraisals</u> This was discussed re how the LMC /CCG, should this be something PMAG agree the criteria to be developed. It was suggested that the partners of hard to reach practice managers should be contacted first to encourage them to allow their manager to participate. It was suggested it should be pointed out that this is good for CQC and for the partners own appraisal	
344/18	<u>Funding for the over 75's money</u> No current plans for how to utilise this but the CCG are hoping to utilise it if funding allows moving forward	
	<u>PRACTICE MANAGERS</u>	
	<u>CORRESPONDENCE</u>	
345/18	<u>DATE OF NEXT MEETING</u> Date of Next Meeting Wednesday 25 th July 2018 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm large training room	

Calderdale Local Medical Committee Meeting on Wednesday 20th June 2018

Action Sheet

Item	Agenda Item	Action Required	Lead	Status	Comments/Completion Date
329/18:321/18	Direct booking 111	RL to ask the CCG about practices with branch sites	RL	Ongoing	
330/18:325/18	Red and Green Prescribing of Dalteparin	RL to meet with Fiona Smith	RL	Ongoing	
331/18:325/18	Prostap initiation	DK meeting with Helen foster and Fiona Smith re including the first dose in the local LES	DK	Ongoing	
332/18:321/18	GDPR training	SN will continue to look into other alternative providers	SN	Ongoing	
332/18:312/18	MIG	DK,GC to follow up from primary care side.	DK, GC	Ongoing	
336/18	EPR access for patients	CR to speak to person responsible for this change	CR	Ongoing	
337/18	<u>288/18:252/18:233/18:212/17:170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharge letters</u>	CR to speak to the EPR partners group to encourage them to get this group back up and running in order to look at the quality of the letters received	CR	New	
338/18	272/18:178/18 E Coli surveillance	TW asked to remind Managers to send in the self-populated form back to public health. CW to resend the guidance to managers	TW/CW	Ongoing	
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	RL	New	

		LMC			
319/18	Laptops	SN to ask THIS re sourcing and adopting Laptops which practices could purchase form them	SN	New	
322/18	List server for PM's	RL to email managers	RL	New	Completed
323/18	Burley Street Practice	RL to advise when document formalised	PM's	Ongoing	
342/18	Integrated care pathways	RL to feedback comments to CCG	RL	New	