

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 25/07/2018

Present <u>LMC Members</u> Dr S Nagpaul Dr D Kumar Dr M Azeb Dr S Chambers Dr N Taylor Dr A Siddique <u>Sessional GP</u>	Spring Hall Plane Trees Southowram Church Lane Hebden Bridge Keighley Road	(SN) (DK) (MA) (SC) (NT) (AS)	<u>Practice Managers</u> Bev McLean <u>Administrator</u> Tracy Worrall <u>Observers/Guests</u> Helen Barker David Budd Teong Rhen Lau	Boulevard Spring Hall CHFT GPST GPST	(BM) (TW) (HB) (DB) (TL)
					<u>ACTION</u>
346/18	<u>WELCOME</u> Members welcomed Helen Barker, David Budd and Teong Rhen Lau				
347/18	<u>APOLOGIES</u> Apologies were received from Dr G Chandrasekaran, Dr R Loh, Dr B Wyatt, Dr R Hussain, Caron Walker, Dr A Chaudhry, Dr F Chaudhry				
348/18	<u>MINUTES OF THE LAST MEETING</u> Minutes of meeting 20/06/2018 corrected and agreed				
349/18	<u>Action Log Update</u> <u>329/18:321/18 Direct booking 111</u> They are aware of the issues with practices with branch sites and are working on this.				RL

350/18	<u>331/18:325/18 Prostag initiation</u> Completed	
351/18	<u>332/18:321/18 GDPR Support</u> Completed. Calderdale LMC and PGPA have sourced a company call PCDC Primary Care Development Centre who will be the named DPO for practices, provide training and templates for the IG toolkit. The cost of £300 per practice will be paid by PGPA. SN will write to PGPA to enquire how practices who do not take up this offer will be recompensed	SN
356/18	<u>333/18:321/18MIG</u> DK said that the testing had gone well and he was happy that only read coded information could be seen by CHFT. This is imminent to go live. MA asked if the MIG could also be used by the HUBs for the late clinics and if they had purchased this purely for CHFT or if this is something practices could utilise. HB will look to see if this could be used or if this could be added to for use by PGPA	HB
357/18	<u>337/18288/18:252/18:233/18:212/17:170/17:171/17:143/17:118/17:93/17:73/17 Delayed discharge letters</u> Completed. The user group is now looking at quality of letters starting with A&E	
358/18	<u>338/18:272/18:178/18 E Coli Surveillance</u> Completed. TW asked practices to send in self-populated templates. This will also be discussed at the September meeting which Tobin Tuddenham will be attending	
359/18	<u>313/18 Single point of access for primary and secondary care</u> Completed HB will email practices with the email address that issues regarding referrals can be sent to. Information will be sent with the communication explaining what is appropriate as this email will not be monitored daily.	
356/18	<u>319/18 Laptops</u> Completed. Ian Whiteman has advised he is happy to put laptops into practices instead of desktops at re fresh but it will mean for every one laptop for every 2 normal base units due to cost implications.	
357/18	<u>323/18 Burley Street Practice</u> Completed. Practices still awaiting payment but all patients have been allocated and registered.	
358/18		

359/18	<u>342/18 Integrated Care Pathways</u> Completed	
360/18	<u>318/18 invite Robin Tuddenham to the next meeting</u> Completed. He will be attending the next meeting <u>322/18 List server for PMs</u> Completed	
	<u>AGENDA</u>	
361/18	<u>CHFT</u> <u>335/18 Reconfiguration</u> HB gave a verbal update on reconfiguration. She will forward a written summary to be included in the minutes	HB
362/18	<u>315/18 Dermatology withdrawal of services</u> Concerns were raised that the letter informing practices that the service would be closing, arrived 10 days after the service had closed. HB explained the letter had been sent to contracting at the CCG 2 weeks prior to the service closing. When they had noticed that practices were still sending routine referrals in after that date, they took the decision to send the communications out directly. She also advised that Bradford hospital have now closed their service to any out of area referrals. Several concerns were raised, HB said this was not a decision they had taken lightly and had been struggling for several years to recruit. Any patients referred during this time should have been sent back on choose and book, TW to advise PMs to ensure choose and book rejections are checked. PGPA are also looking to set up a service with correct governance in place.	TW
363/18	<u>Urology Services</u> CHFT are looking to retain the service however they do have a specific issue around cancer where Bradford hospital have an issues with urology and their theatre capacity that means no patients whom CHFT send are being treated within day 62. CHFT have offered to take some benign urology theatre capacity to relive some of the pressure on Bradford. Bradford is also working with Leeds in terms of getting some more oncology capacity but that is very likely to take until October. Therefore anyone being referred now is not getting a date until September. This is affecting the regulatory performance, although they did assure that for prostate patients this should not affect their outcome	HB

364/18	<p><u>336/18 EPR access for patients instead of copy letter</u></p> <p>CHFT had stopped sending paper copies of letter to patients without informing GPs. The LMC had confirmed with the BMA that it was not a contractual obligation, however it was not seen as good patient care.</p> <p>The letter given to patients does clearly state on the bottom that if they would like a paper copy they should contact the hospital secretary (not GP). HB will check that the narrative being given out by the hospital is in line with the communication sent out. SC was concerned that if a letter states the patient need certain tests in 2 weeks the GP will have to ensure that the patient has been informed. Previously, when the GP could see that a copy of the letter was sent to the patient, they were assured the patient had been informed. HB said she would ensure it is added to the letter to state that the patient is or isn't aware of any further actions needed.</p>	
	<u>PUBLIC Health</u>	
	<u>LMC</u>	
365/18	<p><u>AGM for September</u></p> <p>It was agreed a change in format of the AGM for this year to encourage more GPs to attend. An evening meeting with an hours of LMC report ?AGM and an hour of education. SN has arranged for GMC liaison team to give a talk on "How Gps can keep out of trouble". Date agreed 26th September 2018 6.30pm for 7pm start, Venue to be found</p>	<p>TW venue SN GMC liaison DK Forrest Burlinson</p>
366/18	<p><u>Cervical screening Rejection due to missing PIN code</u></p> <p>SN brought up a patient whose cervical smear had been reported as inadequate as the smear taker's PIN number was omitted. The practice had received a letter confirming the normal smear as it had been processed, but the "inadequate report".SN had concerns as to perform another smear would be inappropriate especially in view of a normal report. SN was informed by Sarah Wighton, screening and immunisation manager, PHE , that as the Leeds laboratory was so overstretched she would not be asking for an audit trail as to how the missing PIN was dealt with (as per the PHE guidance). Action SN to take to YORLMC meeting in August</p>	SN
367/18	<p><u>Conference Dates for the Diary</u></p> <p>LMC England Friday 23rd November Mermaid London</p> <p>LMC Secretaries Friday 14th December BMA house</p> <p>LMC UK conference Tuesday 19th and Wednesday 20th March Belfast</p>	

	<u>Constitution Draft</u>	
368/18	The draft was discussed and a few changes were agreed. SN to take the changes back to the lawyers. SN also mentioned that the LMC would need to become a LTD company	SN
	<u>CCG</u>	
	<u>PRACTICE MANAGERS</u>	
370/18	<u>DNs and flu vaccines for September</u> PMs have received communication from NHSE which states that without a suppliers licence for flu vaccines DNs will not be able to administer flu vaccine to housebound patients. HB said she would see if an honorary contract between CHFT and practices would allow DNs to be able to give the vaccines, but she would need to check that they would still be covered on CHFT liability cover. CHFT will ensure that the updates are given to the DNs and Heart failure nurse, COPD nurses and midwives as SN pointed out that in previous years she has noticed that the COPD nurse and Heart failure nurse have been unable to administer it, which meant an extra visit by the DNs.	HB
371/18	<u>Nutritional supplements</u> PMs asked that HB check that the dieticians are following the prescribing guidelines for first line nutritional supplements set out by the CCG as they have noticed through the prescribing gains share LES that some patients are not being started on Complian as first line. They had also been informed that this could be due to CHFT using dieticians from out of area that may not be aware of local prescribing guidelines.	HB
372/18	<u>Payments from CHFT for LARCS and DNs use of rooms in practices</u> PM advised HB that some practices still have outstanding payments for these items. When emailing the invoice they are received a bounce back which states there are issues with the software which has caused a backlog? Some practices have outstanding payments for LARCS going back 3 quarters. HB said they a system upgrade which had caused major issues which has stopped the national roll out until it is fixed, on top of that CHFT had no cash in the bank due to awaiting payments but this should have all cleared now. HB will chase this with finance. Any invoices from previous quarters should be chased by the practice to ensure it has not been missed.	HB
373/18	<u>DATE OF NEXT MEETING</u> Date of Next Meeting Wednesday 5 th September 2018 - Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm large training room	

Calderdale Local Medical Committee Meeting on Wednesday 25th July 2018

Action Sheet

Item	Agenda Item	Action Required	Lead	Status	Comments/Completion Date
330/18:325/18	<u>Red and Green Prescribing of Dalteparin</u>	RL to meet with Fiona Smith	RL	Ongoing	COMPLETED
351/18	<u>332/18:321/18 GDPR support</u>	SN to write to PGPA re practices who do not take up this offer	SN	Ongoing	
356/18	<u>333/18:321/18MIG</u>	HB to see if this could be used between practices already and if not could it be added to	HB	New	
361/18	<u>335/18 Reconfiguration</u>	HB to forward written summary to be included in the minutes	HB	New	
362/18	<u>315/18 Dermatology withdrawal of services</u>	TW to advise PM's to check choose and book rejections	TW	New	Completed
364/18	<u>336/18 EPR access for patients</u>	HB to ensure hospital giving out correct message to patients and that also letters give information to the GP stating what the patient is or isn't aware of	HB	New	
366/18	<u>Cervical screening Rejection due to missing PIN code</u>	SN to take to YORLMC meeting in August	SN	New	
370/18	<u>DNs and flu vaccines for September</u>	HB to see if an honorary contract would allow DNs to give the vaccines. Also ensure relevant staff have had the update training	HB	New	
371/18	<u>Nutritional supplements</u>	HB to ensure the dieticians are working to prescribing guidelines set out by the CCG	HB	New	
372/18	<u>Payments from CHFT for LARCS and DNs use of rooms in practices</u>	HB to check with finance to check what is causing the backlog	HB	New	

365/18	<u>AGM for September</u>	TW venue SN GMC liaison DK Forrest Burlinson	TW SN DK	New	
368/18	<u>Constitution Draft</u>	SN to discuss changes with the lawyers and the LTD company	SN	New	