CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 5/9/2018

Present						
LMC Members				Practice Managers		
Dr S Nagpaul		Spring Hall	(SN)			
Dr R Loh		Queens Road	(RL)	<u>Administrator</u>		
Dr D Kuma	ır	Plane Trees	(DK)	Tracy Worrall	Spring Hall	(TW)
Dr G Chan	drasekaran	Plane Trees	(GC)	Observers/Guests		
Dr M Azeb	r	Southowram	(MA)	Anna Basford	CHFT	(AB)
Dr S Cham	bers	Church Lane	(SC)	Caron Walker	CMBC	(CW)
Dr A Chaud	dhry	Sowerby Bridge	(AC)	Robin Tuddenham	CMBC	(RT)
Sessional (<u>GP</u>			J Ring	Stainland Road	(JR)
Dr R Hussa	nin	Sessional	(RH)	Teong Rhen Lau	GPST	(TL)
Dr B Wyatt	t	Sessional	(BW)			
						ACTION
	WELCOME					
374/18		na Basford, Caron Walker,	Robin Tuddenh	nam and Teong Rhen Lau. SN	welcomed RT to the	
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	meeting and said that moving forward she hoped that this would mark a new way of collaborative working. RT thanked the LMC for inviting him and explained the council's position in the local authority's health and social care and how this					
	affected their budgets. RT said he had total support for CW to attend the meetings and take back any items to the					
	council					
	APOLOGIES					
375/18	Apologies were received from Helen Barker, Dr A Siddique, Dr N Taylor, Dr S Vivekananthan					
	MINUTES OF THE LAST MEETING					
376/18	Minutes of meeting 20/06/2018 corrected and agreed					
	Action Log Update					
377/18	7/18 330/18:325/18 Red and Green Prescribing of Dalteparin					
Completed.						
378/18	332/18:321/18 GDPR tra	<u>ining</u>				

	Completed	
379/18	333/18:321/18MIG Completed	
380/18	315/18 Dermatology withdrawal of services Completed	НВ
381/18	336/18 EPR access for patients CHFT are re looking at this policy to only give patients access to copy records via online services as they now recognise that this is not suitable to all patients. SC raised the concern that the copy letter is often the only way a GP knows that a patient has been informed of things the consultant is now asking the GP to do, and as such the stopping of the copy letters is now causing extra work for GPs. It was suggested that consultants should put in the letter if the patient is aware of any actions requested.	TW
382/18	371/18 Nutritional supplements TW advised that Helen Foster has sent information which needs adding to the protocol which the locality was using. The protocol is now being reviewed and checked and will be sent out to the locality again	
383/18	Payments from CHFT for LARCS and DNs use of rooms in practices Completed	
384/18	370/18 DNs and flu vaccines for September HB had suggested that practices could hold an honorary contract for the 6 months of the DNs giving flu vaccines but the question had been raised about who would be responsible for their indemnity. AB would take this back to see if CHFT can organise the indemnity. This will need to be discussed at the next meeting. All DNs and midwives and specialist nurses to be updated. For those practices who are unable to gain sufficient quantities of the aTIV vaccines then the practice should have tried to get them from other sources i.e. other practices but if not that so long as the patient is counselled correctly then the QIV can be given.	АВ
385/18	335/18 Reconfiguration RT and AB explained their position of support for the proposed plans. It was agreed that SN would complete a letter of support and that would be sent around the LMC members to approve before being sent.	SN
386/18	338/18:272/18:178/18 E Coli Surveillance Practices again asked to only send the self-populated templates but practices are to be reminded that they are not contracted to do this work but it would be helpful if they could. DK to speak to CW and ask if now they have a specialist	

	nurse in place if they would consider her being given access to practice systems in order to go out to practices to gather the information she needs	DK
387/18	313/18 Single point of access for primary and secondary care BMAletters@cht.nhs.uk This email should be used to copy all BMA letters sent to consultants re workload shift and this does not need to be anonymised. The CCG have asked that practices also raise a datix so that they are able to see the extent of the issue also.	
	AGENDA .	
388/18	CHFT Safeguarding Locala have discovered that HV have been ticking the domestic violence box within the safeguarding template to show they have asked about domestic violence and it should only have been ticked when domestic violence is an issue within the family. As a result a patient has complained that this is incorrectly recorded in their medical record. This is an issue from before Locala took over the service and effects 5000 records. The options to correct this are that Locala will do the work but have suggested this will cost £50 000, alternatively the code could be hidden in patients records, and therefore not visible in online access, SN not happy with this option as this could affect any requests for medical reports in the future. The other option was for the GP's to do this work but there would need to be recompense. This has been discussed at the CCG exec meeting and CHFT and SN would be looking at a resolution.	CHFT/SN
389/18	SN asked that consideration be made to things from the past and how they could have been done differently in order that in the future we will avoid the same pitfalls The examples she gate were the collection of E.Coli information, the procurement of early year's services and the feeling that Primary care could have been included in the discussions. CW did state that they felt this had been learnt from as the 5-19 is being dealt with very differently. SN did however feel that CMBC had been very helpful with regards to the PM mentoring and she felt that this is very positive	
390/18	Elu Vaccines for 2019/20 Ruth Buchan had spoken to SN and asked if next year the LMC would be willing to work collaboratively with the pharmacists and community services for next year in order to ensure more patients get vaccinated. Concerns were raised about the ordering of vaccines ahead of next year but the hopes are that GP stocks will be used as patients would be encouraged to attend the surgery for vaccines when family members were given it at home by community staff	

	<u>ccg</u>	
391/18	<u>Support for new funding</u>	
	Because we are an ICS now there is a £1 per head of extra funding coming into Calderdale and the CCG will be looking	
	at how they can utilise this to help enable the new approach to integrated working	
	PRACTICE MANAGERS	
	Development funding/appraisals	
392/18	The LMC will be calling the hard to reach practice partners and managers to encourage them to discuss any	
	development needs. Any mentoring done will be offered to all practice managers.	
202/12	Correspondence	
393/18	Lithium Prescribing Dispersion and the state of the stat	D.
	Discussion around patients on lithium which is a shared care drug being discharged from SWYFT. The concern is that if they are discharged they are now not shared care. RL to speak to Helen Foster at the CCG	RL
394/18	6m Dur fluvassina	
394/ 10	6m-2yr flu vaccine In Calderdale we have a very low uptake and the CCG have asked the LMC to encourage practices to focus on this	
	cohort	
	Conort	
395/18	Copy of letter sent to the council	
,	Copy of letter from several practices in the upper valley who have written to the council around concerns for the	
	housing development of 4000 new homes planned in their area. They have asked the council to consider the health	
	care provisions along with their current planning	
396/18	Gender identity prescribing for Young Children	
	Practice has been asked to prescribe SSRIs for a 14 year old and they feel under pressure from the specialist. The BMA	
	advice was if the practice did not feel comfortable to prescribe then they should refuse and pass this back to the	
	consultant to prescribe.	
397/18	Locums contacting the LMC	
	There have been several requests from locums to the LMC to be copied into letters and training events. IT was agreed	SN
	that all requests from locums should be passed to RH who will co-ordinate an email list to keep them informed and up	
	to date as the CCG felt this was something they could not take on. SN will ask the CCG to send all information to RH as	
	the LMC Sessional rep	
	Conference Dates for the Diary	
398/18	GDPR training for LMCs 25 th October 1-4.30pm	

	YORLMC Annual conference 18 th October	
	Conference of England LMC, 23rd November, London	SN SC
	LMC secretaries conference December 2018	RL DK
	LMC UK Conference March 2019, Belfast	RL
399/18	DATE OF NEXT MEETING Date of Next Meeting Wednesday October 10 th 2018 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm large training room	

Calderdale Local Medical Committee Meeting on Wednesday 5th September 2018

Action Sheet

Item	Agenda	Action Required	Lead	Status	Comments/Com
	ltem				pletion Date
366/18	Cervical screening Rejection due to missing PIN	SN to take to YORLMC meeting in	SN	Ongoing	
	<u>code</u>	August			
384/18	370/18 DNs and flu vaccines for September	AB to see if DNs would still be	AB	Ongoing	
		covered under CHFT indemnity			
		under an honorary contract			
385/18	335/18 Reconfiguration	Letter of support to be written and	SN	Ongoing	
		sent out to all of the LMC to check			
		before sending to parliament			
386/18	338/18:272/18:178/18 E Coli Surveillance	DK to discuss with CW the option for	DK	Ongoing	
		their clinical nurse to come out to			
		practices to complete			
388/18	Safeguarding	CHFT/ SN looking at a resolution	CHFT/SN	New	
393/18	<u>Lithium Prescribing</u>	RL to speak to Helen Foster re	RL	Ongoing	
		shared care drugs being discharged			
		from hospital care			
397/18	Locums contacting the LMC	SN to ask the CCG to add RH to the	SN	New	
		mailing list as the LMC sessional Rep			
398/18	<u>Conference dates</u>				

onference of England LMC, 23rd November, ondon	SN, SC to attend	SN, SC	
MC secretaries conference ecember 2018	RL, DK to attend	RL,DK	
MC UK Conference larch 2019, Belfast	RL to attend	RL	