CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 28 September 2016

PRESENT

LMC Members Dr S Nagpaul (in the Chair) (Spring Hall) Dr M Azeb (Southowram) Dr S J Chambers (Church Lane) Dr G Chandrasekaran (Plane Trees) Dr F Chaudhry (King Cross) Dr D Kumar (Plane Trees) Dr R Loh (Queens Road) Dr N Taylor (Hebden Bridge) Dr S Vivekananthan (Todmorden) Dr B Wyatt (Ripponden) <u>Practice Managers</u> Mrs D Harris (King Cross) Mrs E Coulson (Northowram) <u>CCG Representative</u> Dr A Brook

APOLOGIES

161/16 Apologies were received from Dr A Chaudhry and Dr Whitaker.

BEREAVEMENT

162/16 Dr Nagpaul advised member of the recent sudden death of Dr Mehrotra and agreed to send condolences from LMC to his family.

ACTION: Dr Nagpaul to send condolences

APPOINTMENT OF OFFICERS

163/16 The following appointments were made to the Calderdale LMC:

Chair - Dr Seema Nagpaul was returned as Chair.

<u>Vice Chair</u> – Dr F Chaudhry was nominated as Vice Chair by Dr S Nagpaul, seconded by Dr M Azeb.

<u>Medical Secretary</u> – it was noted that Dr Chambers would be stepping down as Medical Secretary but would continue as an LMC member for the next two years to provide support to the new incumbent. Dr Loh was nominated as Medical Secretary by Dr N Taylor, seconded by Dr F Chaudhry. The role of an Assistant Medical Secretary to support succession planning was discussed.

<u>Treasurer</u> – Dr D Kumar was returned as Treasurer.

MINUTES OF THE LAST MEETING

164/16 The minutes of the meeting held on 24 August 2016 were received as a correct record.

MATTERS ARISING

147/16:134/16 - Support to LMC

165/16 Dr Geetha agreed to chase up interest expressed from a medical secretary at her practice.

ACTION: Dr Geetha to follow-up on expression of interest

153/16 - AKI Draft letter to GPs

166/16 It was noted that AKI was dealt with in primary care in Manchester, Lancashire and Bradford, although there was nothing on the list server to identify a more widespread problem. It was noted that this could set a precedent for future services being delivered in the community as part of CCG commissioning. Members agreed that this was at variance with agreed national standards, although recognised that other tests done in primary care would be included in future contracts.

ACTION: Dr Chaudhry to include standard template letters setting out the LMC's position on transfer of clinical responsibility on the website

157/16 - Registrars in General Practice

167/16 It was noted that the Deanery had recognised concerns over the performance of PCSE in terms of the length of time it was taking for registrars to be included on the performers' list and the affect this was having on training practices. There was also concern about the lengthy wait for reimbursement of payments. Dr Azeb would ask the Revalidation and Appraisal Officer to forward the list of those registrars waiting over three months to enable Dr Nagpaul to craft a suitable response. Dr Loh agreed to pose a question on the list server and Dr Nagpaul agreed to liaise with YORLMC regarding notification to the GMC.

ACTION: Dr Loh to raise on list server Dr Nagpaul to liaise with YORLMC

Integrated Sexual Health Services

168/16 It was noted that there were ongoing discussions regarding referrals for the removal of coils.

138/16 - Reporting of X-rays

169/16 It was noted that the Liaison Group would discuss further.

UPDATE FROM ALLIANCE

170/16 Collaborative working was moving forward. The event on 13 December with the CCG in Penpals time was noted.
<u>GP career start</u> – interviews taking place on 13 October.
<u>LARCS Contract</u> - Dr Geetha meeting with the sexual health service. It was anticipated that status quo would remain for 12 months.
<u>Platform for record sharing</u> – Ripple demo for viewing shared care records taken place. Does LMC wish to see a demo? If practices sign up, patient consent would be required.
<u>Certification for spirometry</u> – this was a non-core service, although a GP in each practice would need to provide this by 2020. Would the Alliance consider providing across the patch? Dr. Chandrasekaran to take back to the Alliance.

CCG ISSUES

Reconfiguration of Hospital and Community Services

171/16 Members were reminded that a decision would be made on 20 October.

LMC/Executive Meetings

172/16 A summary of the LMC/CCG Executive progress report would be sent to the LMC monthly.

STP & Single Plan Development for Calderdale

173/16 The plan, a component of the WY sustainability and transformation plan was received, which set out the challenge of changes to healthcare delivery. It was noted that Calderdale CCG would receive a minimum uplift in tariff and the low PMS premium would be carried forward. A WY Accelerator Zone had been established to look at ED standards across West Yorkshire. The key priority for CCG development monies would be identifying a recurrent way to support access in primary care.

CORRESPONDENCE

NHSE 2016/17 Standard Contract

174/16 The new NHSE 2016/2017 Standard Contract was noted. There are now 6 new requirements for hospitals in relation to hospital/general practice interface. It is the responsibility of the CCG as commissioners to monitor these.

PRACTICE MANAGERS' ISSUES

175/16 <u>Minutes of the Last Meeting</u> - the minutes of the meeting held on 15 September 2016 were received.

<u>PCSE</u> – concerns had been expressed from practice managers and would be meeting with the CCG to raise their issues. There were particular issues with GP Superannuation. <u>Denosumab</u> – it was noted that the Trust was allowing practices two weeks to continue monitoring the patient after administering the drug as part of the shared care arrangement. However it was taking longer than two weeks for correspondence to get to the practice. Dr Taylor agreed to take this to the APC to identify when the clock starts.

ACTION: Dr Taylor to raise at the Area Prescribing Committee

<u>Nurse Training</u> – it was noted that HEE was not funding CPD sessions for nurses this year for their annual updates for cervical screening, immunisations, ear care, etc. The training nurse practitioners had also been removed. This had not been communicated to practices. The cost of nurse training was already deducted as part of global sum. It was agreed to post on the list server and contact YORLMC.

<u>Hepatitis B</u> – it was noted that the WY Immunisation Team had requested that a heel prick test be given at the 12 month injection (4th injection) to check that the immunisation was working. The training for this procedure was only a slide show presentation and there was concern over MDU cover implications. This was not an enhanced serviced but part of the immunisation programme. Dr F Chaudhry would speak to Luke Rollins.

ACTION: Dr F Chaudhry to speak to Luke Rollins

DECLARATIONS OF INTEREST

176/16 All outstanding declarations should be submitted to the Admin Secretary. All NIL returns should also be signed and returned.

DATE OF NEXT MEETING

177/16 The next meeting of the Calderdale Local Medical Committee would be held on Wednesday 26 October 2016 in the Learning & Development Centre, Calderdale Royal Hospital at 7.45 pm.