

# CALDERDALE LOCAL MEDICAL COMMITTEE

## Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 16/06/2021 (Held using Microsoft Teams)

Present					
<u>LMC Members</u>			<u>Practice Managers</u>		
Dr S Nagpaul (Chair)	Spring Hall	(SN)	Tracy Worrall	Spring Hall	(TW)
Dr R Loh	Rosegarth	(RL)	Claire Cox	Brig Royd	(CC)
Dr D Kumar	Plane Trees	(DK)			
Dr G Chandrasekaran	Plane Trees	(GC)	<u>CHFT</u>		
Dr E Gayle	Brig Royd	(EG)	Helen Barker	CHFT	(HB)
Dr J Ring	Stainland	(JR)			
Dr A Jagota	Spring Hall	(AJ)			
Dr M Mensah	Keighley Road	(MM)	<u>Observers/Guests</u>		
Dr S Ganeshamoorthy	Raistrick	(SG)	Dr R Vautrey	BMA	(RV)
Dr S Khan	Church Lane	(SK)	Dr A Aboelnaga	VTs	(AA)
			Dr M Azeb	CCG	(MA)
<u>Director of Ops</u>					
Marcus Beacham	LMC	(MB)	Deborah Harkins	Public Health	(DH)
			Davina McDonald	Minute Taker	(DMC)

		<b><u>ACTION</u></b>
63/21	<b><u>WELCOME and APOLOGIES</u></b> Apologies were received from C.Walker(CW) and N.Taylor(NT) .	
64/21	<b><u>DECLARATION OF INTERESTS</u></b> SN, TW, AJ and MA declared a conflict of interest on agenda item 69/21 Spring Hall – Closure of Boots branch surgery notification.	
65/21	<b><u>MINUTES OF THE LAST MEETINGS 12/05/21</u></b> The LMC Minutes were agreed as an accurate record.	
66/21	<b><u>MATTERS ARISING AND ACTION LOG</u></b>  <u>Action Log</u> SN went through the action log with updates below which were not on the agenda.  <u>256/19 Consultant Phone Numbers</u> This has been put on hold due to the complexities involved.  <u>43/21 Community Phlebotomy</u> MB gave a brief outline of the current situation and confirmed he sent a reminder to the Director of Ops at CHFT with regards to the update on the outstanding queries in relation to the Monvette needles. SN enquired whether HB could also look into this and chase up the outstanding queries. HB confirmed she will pick this up with the Director of Ops. GC enquired whether CHFT had started charging yet. HB mentioned the way the current financial contracts work for H1 and H2 might be the reason it has not been billed yet. <b>ACTION HB to follow-up with the Director of Ops for him to give an update to MB.</b>  <u>49/12 LMC Practice Manager Vacancy</u> This vacancy has now been filled by CC the new practice manager at Brig Royd surgery and was welcomed by MB and will be joining future meetings in rota with the other two practice managers.	

**HB**

67/21	<p><u>CHFT Busy to support patients</u> HB gave an update with regards to the service. Due to the expectation of operational guidance for patient-initiated follow-up, the capacity has now been moved to the outpatient transformation board, which will get picked up at the next outpatient transformation board.</p> <p><u>57/21 Joint Clinical Learning Sessions</u> SN gave an update with regards to working with Clare Sibbled on a list of criteria's in regard to GP's with special interests and creating a program, which is still ongoing. EG mentioned she has a clinician in her practice with special interest. SN requested EG to send the name and interest to MB. <b>ACTION EG to send MB the details of the clinician with special interests.</b></p> <p><u>CHFT</u></p> <p><u>Proposed CHFT Flu Immunisation Contract</u> MB explained the proposed CHFT flu immunisation contract which has a slightly changed format and it is more permanent than the previous honorary contract. It now covers a wider range than just the flu vaccines, which will mean it will cover vaccine campaigns that happen. He has seen a template of this and it is currently being finalised with the CCG and community district nursing. HB clarified that this will be within the capacity which is available. SN confirmed this and related that this is for what is agreed with CHFT with the reasoning behind the new contract is that they no longer have to have separate contracts for every vaccine.</p> <p><u>CHFT Community Division – meeting with Director of Operations</u> MB gave an update with regards to the 3-way meeting the LMC had with the commissioner from the CCG, the director ops in community division and the lead on community district nursing. Key areas were covered which included district nursing, diabetic services and sexual health. The key outcome of the meeting was to meet on a regular basis which will be the interface for dealing with the everyday issues and move forward in a positive way.</p> <p><u>CHFT Integrated Urgent Care Offer</u> The urgent and emergency care board has asked CHFT and a group of clinicians to get together and look at a proposal around the urgent care hub in order to eliminate the number of unsuitable walk-in's to A&amp;E and create a flow which is GP based. A PowerPoint presentation was shown relating to Developing an Integrated</p>	EG
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	<p>Urgent Care offer. MB explained the Integrated Working Proposed Model and how it would work with regards to the move on stages and the connectivity between them all as well as the Urgent Care Hub proposed Model. They costed out this model and it was an excessive cost, however there is no identified budget as yet. This is an initial scoping and not a concrete proposal as there will be ongoing further development, editing and discussions are the urgent emergency care board. MB also noted that this planning fits in on the timeline of the estates development which is happening at Huddersfield and Halifax hospitals. A discussion was had in relation to this and the potential worries as well as the opportunities to test some of the thinking for the new builds. HB confirmed that the concept has been agreed, however, there is still a lot of work to do and they have accelerated that work with GP's being involved. They are looking to get a costed agreed proposition to go through governance by the end of this month as they cannot sustain the current demand. A further discussion was had with regards to the reasons why there is such a demand and also the delays and difficulties GP's face along with different suggestions of how to reduce the demand.</p> <p><u>Dermoscopy Software Procurement</u></p> <p>SN gave an update with regards to the meeting and one of the IT options for dermatology which was very good. It is a cloud based system for pictures where the consultants can access, review and also comment and send back to the GP which will get filed into Serna, which will have a lot of potential, especially for the communication between primary and secondary care being more efficient and documented. This was not chosen due to cost. HB will get the digital ops lead to contact SN with regards to this and see where they are in the process. <b>ACTION HB to get the digital ops lead to contact SN.</b></p> <p><u>EBI Second Wave – Update</u></p> <p>HB has requested an escalation meeting with the CCG in terms of backlogs, opening up early, managing waiting lists and from a system perspective what can be done differently and also EBI, as HB feels it should be jointly owned with the CCG and not just sat with CHFT. This meeting will take place tomorrow and HB will give an update. SN requested for this to be put on the agenda for the LMC meeting with the CCG. <b>ACTION HB to give an update with regards to the outcome of the meeting. MB to put on the LMC CCG meeting agenda.</b></p> <p><u>CHFT Recovery</u></p>	<p>HB</p> <p>HB/MB</p>
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68/21	<p>HB gave an update with regards to the various recovery plans and where the backlog sits. At present they are listing more patients than they are taking off. They are just short of 100% for day case activities but about 66% of 1920 levels for in patients. There is sickness and vacancies around theatre, which is a national problem. The uptake is very low for extra staff/clinics, however, by the end of this month 76% of the adult learning disability patients on the waiting list will have had their procedure, those who haven't have got a personal treatment plan in place. They are going through the same prioritisation process for the children with learning disabilities. The aim over the next few weeks is to pick up all the learning disability patients at referral level and take them through a personal priority plan. There has been really good performance in regard to cancer patients all the way through, although it is tight at the moment as referrals are the highest they have ever been. In the health and equality perspective, part of the recovery plan is also to manage the variations in waiting times in relation to ethnicity, which is being tracked on a weekly basis. With regards to Endoscopy, they are doing some work around sending out fit testing and will be insourcing and outsourcing some of these patients to Mid Yorkshire and Airedale. There is a predicted paediatric RSV surge coming about mid-August which they are currently planning for and the inevitable impact on adult respiratory. A discussion was had around communication to patients who are on the waiting list and them not having access to see where they are on the waiting list. Comments were also made with regards to patients being advised to contact their GP in order to expedite their appointments. HB confirmed patients are not being advised to contact the GP in order to expedite their appointment and will put out some comms with regards to this. HB will look into sending regular communication to the patients letting them know they are not forgotten about and are on the list. <b>ACTION HB to arrange for regular communication to be sent to patients who are on the waiting list and also send out comms with regards to not contacting the GP to expedite their appointment.</b></p> <p><u>CCG</u></p> <p>SN clarified the information from the CCG with regards to text messaging costs. They have agreed all texts to patients with regards to patient care are not charged for.</p> <p>MB sent a paper out regarding general practice quality assurance and gave a brief explanation with regards to mirroring what has already been established in Kirklees, the domains covered and escalation process. There is currently a discussion with the CCG regarding the escalation process and all the measures which make up the domains as the CCG already have all the data which makes up the dashboard. All the stages still need to be clarified, such as formal and informal procedures and action. MA confirmed this is something they are working on for practices in order to formalise a process.</p>	HB
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69/21	<p><b><u>Practice Managers</u></b></p> <p>MB confirmed an application has been submitted to the CCG from Spring Hall regarding the closure of the Boot's branch of the surgery, which is standard process and the LMC has been informed. MB sent a paper out with the link to the engagement should anyone wish to use this in relation to any views or potential impacts which they feel it might have. A discussion was had, and clarification was made with regards to the lease that expired in 2008 which has now been taken back in order to provide Covid vaccination program from this site. <b>Action MB to send a formal reply back to the CCG.</b></p>	MB
70/21	<p><b><u>LMC Business – Standing Items</u></b></p> <p><b><u>Meeting Reps Feedback</u></b></p> <p>ICS Pre-Hospital Working Group</p> <p>MB confirmed this is one of three workstreams which is being put together at ICS level and covers YAS involvement, NHS 11 demand future work programs and priorities, effective commissioning of West Yorkshire GP OOH and maximising usage of community pharmacy consultation scheme. This particular workstream is Pre-Hospital and sits alongside two other workstreams (In Hospital and Safer Transfer of Care). The LMC have been invited to be on the Pre-Hospital group, which is monthly, and MB/SN will be attending this.</p> <p>SN queried if the LMC should have a GP on the Safer Transfer of Care which was agreed and MB will contact the chair of the group and enquire whether there is a GP representing Calderdale. <b>ACTION MB to contact the chair of the Safer Transfer of Care group and enquire regarding Calderdale GP representation.</b></p>	MB
71/21	<p><b><u>Protected Learning Event 6<sup>th</sup> July 2021</u></b></p> <p>MB sent out a draft format for the central event on the 6<sup>th</sup> July 2021. There are meetings this week to finalise the format of the meeting. SN briefly outlined what the event would entail in regard to the LMC's involvement. SN encouraged the LMC members to promote others to attend this event.</p>	
72/21	<p><b><u>WY&amp;H ICS and Place Developments</u></b></p>	

	<p>MB gave an outline on the structure and framework the LMC are planning in relation to the current working program and representation at ICS level. There was an agreement there will be 3 LMC reps to be on the key groups at West Yorkshire Level (Leeds, Bradford and shared Kirklees/Calderdale/Wakefield). There will be a clinical and professional forum at WY&amp;H ICS level that takes place working to the larger partnership board and we are looking to mirror that structure at Calderdale level with two key groups. MB will send out the slides in relation to the structure and format. <b>ACTION MB to send out the structure and format slides.</b></p>	<p><b>MB</b></p>
<p>73/21</p>	<p><u>GP Data for Planning and Research</u></p> <p>RL gave an update with regards to NHS Digital wanting to extracting patient data for research and planning and there is a possibility some information/details will be passed on to a private provider for research purposes. The ICO has deemed general practice will need to do a data protection assessment prior to the extraction of the data, however NHS Digital have advised they have their own data protection impact assessment and there is no need for general practice to do one. There are some current uncertainties with regards to this and also the opt-out. RV confirmed NHS Digital have been called on to do the assessment which will provide them to lead on the public engagement strategy and informing of patients of what it is and what it isn't. A discussion was had with regards to the data, structure, access and public information campaign.</p>	
<p>74/21</p>	<p><u>Spirometry Commissioning</u></p> <p>SN raised the issue regarding being qualified/accredited which has now been pushed back to March 2022 in order to perform or interpret spirometry. SN queried what practices are doing in referring into secondary care. A discussion was had with regards commissioning out and the NICE guidelines for FeNO testing instead of spirometry and the provision of service for these. MB will add this to the agenda for the next CCG meeting. <b>ACTION MB to add this to the agenda for the next CCG meeting.</b></p>	<p><b>MB</b></p>
<p>75/21</p>	<p><u>Extending Medical Examiner Scrutiny</u></p> <p>Following the publication which came out highlighting the changes which are coming and the role of the medical examiner, JR enquired whether the LMC have a timescale and/or details of how this is going to work. SN confirmed there will be a process and within this the LMC will be involved.</p>	

76/21	<p><u>LMC Support Team</u></p> <p>SN congratulated RH on her new position of the Chair of West Yorkshire &amp; Humber LMC Alliance Sessional Group. RH briefly explained what the position entailed. SN also congratulated DMC on her new position of Liaison Project Officer for the LMC which starts on the 01<sup>st</sup> July 2021.</p>	
77/21	<p><b><u>AOB</u></b></p> <p>HB informed the LMC that this was her last meeting as she is retiring on the 01<sup>st</sup> October 2021 and thanked everyone at the LMC. HB was thanked for her service and wished well in her retirement. There will be a replacement in due course.</p> <p>GC requested when tests are sent off can they put on where they are referred to and the timescales, as this does not seem to be happening outside of Leeds. MB will pick this up for the next meeting with the CHFT/CCG.</p> <p><b>ACTION MB to put GC request to CHFT/CCG at the next meeting.</b></p> <p>A discussion was had with regards to Advice &amp; Guidance requests when they have been changed to a referral from the consultant and once this has been done it goes off the system for GP's and any action requested will not be seen. SN requested if anyone could attend the Advice &amp; Guidance group meeting tomorrow lunchtime as clarification is needed on the referral process. RL volunteered to attend.</p> <p>There is a system wide review of palliative care and the meeting is this Friday 1:30pm – 3:30pm and SN asked for a volunteer for this meeting. SG volunteered to attend.</p> <p><b><u>DATE OF NEXT MEETING – Please Note!</u></b></p> <p>Date of Next Meeting Wednesday 21<sup>st</sup> July 2021 via Microsoft Teams @ 7.45pm</p>	MB