

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 18 January 2017

PRESENT

LMC Members

Dr S Nagpaul (in the Chair)(Spring Hall)
Dr M Azeb (Southowram)
Dr A Chaudhry (Sowerby Bridge)
Dr F Chaudhry (King Cross)
Dr P D Kumar (Plane Trees)
Dr R Loh (Queen's Road)
Dr B Wyatt (Brig Royd)

Practice Managers

Mrs E Coulson (Southowram)

CCG Representatives

Dr N Taylor

Sessional GP

Dr R Hussein

APOLOGIES

01/17 Apologies were received from Dr Birkenhead, Dr Brook, Dr Chambers, Dr Geetha, Dr Walker, Dr B Whitaker and Ms H Simpson.

MINUTES OF THE LAST MEETING

02/17 The minutes of the meeting held on 7 December 2016 were received as a correct record, subject to minor amendments. The final version would be circulated to members.

MATTERS ARISING

199/16: 165/16:147/16:134/16 – Support to LMC

03/17 It was noted that Kelly Britten had withdrawn from the PA post due to other commitments. Tracy Worral had been appointed as PA to the Executive and would commence in March 2017.

202/16:175/16 - Hepatitis B Heel Prick

04/17 Dr F Chaudhry advised that NHSE had communicated directly to GPs and CCGs (ie it did not come to the LMC) that this test formed part of the 16/17 contract accepted in April 2016. GPs would be required to undertake the test, although NHSE would support training needs. It was agreed that a GPC view be sought on this. Dr F Chaudhry would post a question on the list server.

ACTION: Dr F Chaudhry to post a question on the list server

215/16 - Taxi Medicals

05/17 The GPC recommended that if GPs wished to undertake these medicals they should only be carried out for their own registered patients where they are fully aware of the patient's medical condition at the time of examination and not to undertake medicals for patients in other practices unless they had access to the patient's full medical records. YORLMC was clarifying the guidance regarding an opinion to be given by the examining doctor with the GPC.

ACTION: Dr Loh agreed to share the letter issued to the local authority from his practice following such medicals, recognising that it was the local authority's responsibility to determine fitness to drive a taxi

Coil Removals

06/17 Dr Azeb had met with Dr Rae and Dr Short at CASH regarding GPs sending patients to the open access service when difficulties arose in trying to remove a coil. The CASH service would undertake the removal but would need to have a letter from the GP to accompany the patient. Once ultrasound results were received the removal would be completed. The CASH service would produce a flowchart for implants and coils to enable GPs to identify what treatment was required. It was agreed that the clinical pathway would be communicated to GPs via the LMC website and Practice Managers.

ACTION: Dr A Chaudhry to add the flowchart to the LMC website once available

Integrated Sexual Health Service – LARC Contract

07/17 Dr Nagpaul advised members that a contract had been received from CHFT for the provision of implants and coils in primary care. The contract included monitoring and a requirement to prove competency on a regular basis. It was agreed that the training standards were too constraining for the amount of procedures done by GPs therefore the contract would need to be amended. It was noted that the contract did not come to the LMC for approval before being issued for sign off.

ACTION: Dr Nagpaul to liaise with CHFT

CHFT ISSUES (there was no representative from CHFT present)

EPR Launch

08/17 Dr Wyatt and Dr Nagpaul had attended recent meetings, together with practice manager involvement. Meetings would now be held weekly until go-live on 28 April (bank holiday weekend). It was noted that Dr Kumar and Dr Brook were due to view the EPR from the primary care end. The following representation was agreed:

21 February – Dr R Loh
9 & 16 March – Dr Kumar
23 March – Dr F Chaudhry
30 March – Dr B Wyatt

Filing of letters in SystmOne

09/17 It had been agreed at the Liaison Group that letters could not go through the portal as this used a different system to SystmOne. Nurses accessing records and writing in SystmOne did not use the portal so would need to send an actionable task with the letter to prevent the letters going in the wrong place. There was a doctors' task group in SystmOne which all practices would need to set up to enable tasks to be available for all doctors in the practice rather than a named individual. This would also need to be written in the correspondence. It was agreed to ask the Primary Care System User Group to resolve this matter.

ACTION: Mrs Coulson would ask if a CHFT Community Division representative could be invited to join the Group

CCG ISSUES

GP Resilience Programme

- 10/17 Dr Nagpaul raised awareness of funding available for self-sustaining schemes to support vulnerable practices. There was £3.9m available to Yorkshire & Humber as part of the GP Forward View. The Alliance was aware and was looking at working at scale as a good use of this money. Other ideas from GPs could also be taken to the Alliance.

Clinical Pharmacist Scheme

- 11/17 It was noted that the Alliance was looking at this scheme and co-ordinating a bid to cover all practices. The scheme would provide practice-based clinical pharmacists equivalent to 7.5 wte with funding support of 60% in year 1, 40% in year 2 and 20% in year 3. The first wave analysis would commence on 10 February 2017. The plan would be to bid for the maximum number in Calderdale and the Alliance would engage with practices to undertake a needs analysis. The pharmacist would be employed by the Alliance and deployed across practices.

Deprivation Payment Scheme

- 12/17 The CCG suggested the use of PMS clawback monies to be used for a deprivation scheme. The guidance was for the money to be accountable, reinvested in general practice and be available to all practices. The scheme was received. The options were to apply equal funding to all practices (ie £2-3k per practice) for access and quality (ie longer appointments) for more complex patients or use a primary care web tool to take the average for Calderdale and the more deprived practices would receive funding to reduce health inequalities. It was felt that a better, more equitable use of the money would be to go into the clinical pharmacy scheme which would benefit all practices as well as contributing to improving access and reducing work load.

Implementing the General Practice 5 Year Forward View

- 13/17 The forward view, setting out the future of general practice in Calderdale, was received. It was noted that this set out an expectation of a shift of resources (10%) from hospital to community, moving towards accountable care organisations (ACOs). There was a lack of clarity as to whether this would be a whole system approach (ie including social care) or just community-led with purchasing from the acute provider.

ACTION: In recognition of the importance of this document it was agreed to bring back to the next meeting as a main agenda item. All Committee members were requested to read and comment on this paper

ACTION: Dr Loh to invite Debbie Robinson to the next meeting

CORRESPONDENCE

- 14/17 A letter had been received from a salaried GP expressing concern about pharmacists initiating repeat prescriptions and querying the responsibility for indemnity. It was agreed that the GP should be advised to speak to their Defence Organisation regarding the information to be released to the pharmacist. NHS Protect should be contacted if the GP suspected fraud. However it was recognised that the patient should be contacted before ordering to identify their needs. It was noted that the CCG was aware and would not support the practice of pharmacy-initiated repeat prescribing.

PRACTICE MANAGERS' ISSUES

15/17 Documents - correspondence from NHSE was being delivered to practices which had been found in storage with a request to be actioned and filed. For those patients no longer registered at the practice the notes could be scanned and returned via nhs.net email.

ACTION: Dr Wyatt agreed to forward an email regarding eligibility for a fee to Dr Nagpaul for circulation

16/17 PCSE – it was noted that the problems with lack of correspondence was ongoing.

17/17 Enhanced Services – PMs had not been notified from the CCG or NHSE regarding enhanced services for next year.

ACTION: Dr Taylor would take back to the CCG

ACTION: Dr Loh to follow up on enhanced services for 17/18

DATE OF NEXT MEETING

18/17 The next meeting of the Calderdale Local Medical Committee would be held on Wednesday 22 February 2017 in the Learning & Development Centre, Calderdale Royal Hospital at 7.45 pm.