#### CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 26<sup>th</sup> April 2017

### **PRESENT**

LMC Members Practice Managers

Dr S Nagpaul (in the Chair)(Spring Hall)

Miss B Barr (Boulevard )

Dr M Azeb (Southowram)

Mrs L Coulson (Southowram)

Dr A Chaudhry (Sowerby Bridge)

Dr F Chaudhry (King Cross)

Dr P D Kumar (Plane Trees)

GP Alliance

Dr R Loh (Queen's Road)

Dr S Vivekananthan (Todmorden)

Dr G Chandresakeren (Plain Trees)

Sessional GP

Dr R Hussain

Dr A Siddiqui (Keithley Road)

Dr S J Chambers (Church Lane)

Dr B Wyatt (Brig Royd )

Dr N Taylor (Hebden Bridge)

Observers/Guests

Tracy Worrall

Mrs Riley CRH

## **WELCOME**

48/17 Members welcomed Mrs Riley from CRH to the meeting.

### **APOLOGIES**

49/17 Apologies were received from Dr Walker, Dr Whitaker and Dr A Brook.

### MINUTES OF THE LAST MEETING

The minutes of the meeting held on 22 March 2017 were received and attendances corrected.

### **MATTERS ARISING**

#### 34/17 DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Dr Nagpaul advised that this had been taken to the LMC/CCG exec meeting and the CCG have agreed that they will look at a payment for this, until the CCG decide it is up to each GP individually to decide. However it only needs to be a short report and does not require a visit and can where necessary be answered with don't know.

#### ACTION: Dr R LOH to work with Luke Turnbull on the re draft

#### 46/17 SMS Costs

Dr Nagpaul advised that the CCG have decided that the shortfall for 2016/17 will be paid by the CCG but they wanted practices to understand that this would be paid out of money which will now not be available to provide other services. They also wanted practices to understand that moving forward there may be the same issue at the end of 2017/18 and at this point any overspend will be divided by capitation to all practices. And also that it is up to each practice to decide how they run their text service with this understanding. In the last email received with regards to which service will be taking over from EE the CCG are expecting to have an answer

by the end of next week. It was agreed that the LMC should inform the CCG that unless they are able to state exactly how many text each practice has used, practices will still be unhappy to just split the difference by capitation. The members also discussed if this was something the alliance could source a suitable supplier for. Dr Nagpaul has a copy of what the costs would have been per practice worked out in each of the 3 ways.

- 1. Capitation.
- 2. Number of texts supplied by practices,
- 3. Projected costs using the figures which had been accounted to practices.

## ACTION: Dr S Nagpaul to forward a copy of the spread sheet showing costs to all practices

#### 32/17:21/17:04/17:202/16:175/16 - Hepatitis B Heel Prick

The advice from YORLMC is that this is not contractual and that NHSE or the CCG need to commission this service and until then practices should be referring back to the hospital.

### **CHFT ISSUES**

#### 39/17 Electronic Patient Record

54/17 EPR ready to go live on Friday. E referrals should currently be stopped by all practices and CRH would like to thank the LMC Members for their support with the project. They advised that Damon Tailor is the first point of contact at the CCG with any issues.

The connection issues to view records between systems have been sorted and this is currently being tested in pilot practices.

Dr Steven Chambers expressed serious concerns with the data sharing agreement that practices have been asked to sign and its wording. The LMC will seek guidance on the agreement; in the meantime practice should delay signing the agreement. Also system 1 practices would like assurances that the privacy settings within system 1 cannot be overridden by HEC

# ACTION; Dr S Nagpaul seek support on these issues

### 36/17 Radiology Issues

Dr M Azeb is still awaiting a date to meet. He expressed a concern that the original meeting which was arranged with Rob and Helen was cancelled and now he was being offered a Dr Singa and a manager. His concern is that he wants to meet with the correct person to ensure that these issues are actioned quickly and appropriately. Mrs Riley assured him that these were the correct people to enable that to happen but that she would express his concerns.

#### 37/17 Histology

Mrs Riley confirmed that all histology samples whether <del>cases</del> received as none fast track and fast track are assessed.

Benign lesions are reported on and report sent to the sender.

Malignant lesions even if picked up incidentally are coded as such and are sent through to the appropriate cancer pathways regardless of whether the histologist if from CHFT or outsourced.

### 38/17 Emergency Department

57/17 ED staffing continues to be an issue and the trust are having to pay a higher price for the locums because of the IR35 situation. Dr F Chaudhry advised that locums have joined force and will be going for a judicial review of the IR35.

Dr R Loh expressed a concern that he had not had a response to an email he had sent to Mrs Barker. He was advised to re send the email in case it had been missed/lost as she is normally very quick to respond.

# Sessional part 2 doctors Dr Hussein

Dr Hussein had been approached by a practice manager because she had been sent an advertisement for a sessional GP Dr Mark Wiltshire offering his services for part 2 cremation forms. The manager had asked if this was legal. Dr Hussein has received advice form the BMA and it is perfectly legitimate. It would be advisable for him to speak to the local crematorium and the local coroner which he has done. Dr Suki Vivekananthan warned that patient's records should be checked to ensure that this GP had never seen the patient as a sessional GP.

# CCG leadership development money

Calderdale CCG have secured £8000 to run a leadership course for GP's and have approached the LMC to help to facilitate it. The LMC will aim it at GPs who have recently taken up leadership roles or people who actively attend LMC or CCG meetings. It will be targeted at GP's who will be working in the Calderdale area for the next 3-5 years. The inclusion of sessional GPs are invited will need to be discussed with the CCG.

# 33/17:26/17 General practice forward view event

The LMC has £2000 and the PMAG also has £2000 to help practice implement the general practice forward view.

## **ACTION: Dr S Nagpaul to liaise with Tracy Dell**

#### **CORRESPONDENCE**

Stainland practice have asked advice as they have parents asking for paracetamol to be prescribed for the school to be able to dispense. This is not necessary and school should be referred to the Statutory framework for early years which states all that is needed is for the parent to fill out a form directing the school to dispense.

#### Incentive scheme for core hours

62/17 Letter received from an anonymous source disagreeing with what the NHS considers core hours and the incentive being offered to practices. Members discussed the new access scheme and also what the NHSE constitute as being core hours. The members were advised that NHS have formed a view of what core hours are and they are very clear that during those hours if the surgery is closed or the phones are turned over to an emergency service, then patients should be directed to a GP (not receptionist) if they feel it is an emergency. A response to the question is to be posted on the LMC website

# ACTION: Dr Loh to post response on the website

## **PRACTICE MANAGERS' ISSUES**

43/17 Gender Identity Service

Managers asked if there had been any response from Dr Vautrey with regards to the blood tests Leeds require GP's to do. No response yet

**ACTION: Dr Nagpaul to request response from Dr Vautrey** 

45/17 Adoption protocol

64/17 Adoption protocol. Dr Nagpaul will query this at next YORLMC meeting

**ACTION - Dr Nagpaul to ask YORLMC** 

# **DATE OF NEXT MEETING**

The next meeting of the Calderdale Local Medical Committee would be held on Wednesday 24th May 2017 in the Learning & Development Centre, Calderdale Royal Hospital at 7.45 pm.