## CALDERDALE LOCAL MEDICAL COMMITTEE

# Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 22/4/2020 (Held using Microsoft Teams)

Present							
LMC Members				Practice Managers			
Dr S Nagpaul (Chair)		Spring Hall	(SN)	Tracy Worrall	Spring Hall	(TW)	
Dr R Loh		Rosegarth	(RL)				
Dr D Kuma	ar	Plane Trees	(DK)	<u>Liaison Officer</u>			
Dr M Mensah		Keighley Road	(MM)	Marcus Beacham		(MB)	
Dr S Gane	shamoorthy	Raistrick	(SG)				
Dr S Kahn		Church Lane	(SK)	<u>Public Health</u>			
Dr G Chan	drasekaran	Plane Trees	(GC)				
Dr N Taylor		Hebden Bridge	(NT)	Observers/Guests			
Dr E Gayle		Brig Royd	(EG)	Dr R Vautrey	BMA	(RV)	
Dr J Ring		Stainland	(JR)	Dr F Azam	Stainland Road	(FA)	
				Dr M Azeb	CCG	(MA)	
				Dr S Harris	Sessional Rep	(SH)	
						ACTION	
102/10	MITI COME and ADOLG	NCIEC .				<u>ACTION</u>	
192/19	WELCOME and APOLOGIES  An also is a various propriet of from Dr. A. Is not a. Dr. B. Illustration						
	Apologies were received from Dr A Jagota, Dr R Hussain.						
	SN gave a welcome to Dr Richard Vautrey (BMA) and asked all attendees to introduce themselves and share their						
	role etc.						
193/19	DECLARATION OF INTERESTS						
	None declared						
194/19	MINUTES OF THE LAST MEETING 11/03/20						
	Minutes agreed as an a	accurate record					

#### 195/19

## Covid19 – How is it for You?

SN Facilitated an open discussion for all attendees with the following themes:

- Opportunity to share how working in this current situation has been.
- Opportunity to ask Dr Richard Vautrey questions in relation to the national picture on Covid19 and the updated new contract.

Covid19 Update and key work areas:

SN gave update of how the LMC,CCG and PCN had worked together over the past month on setting up Calderdale's response to COVID.

### Website - Developments

A high volume of national and local guidance, developments and changes to pathways, changes to patient services locally and regular Calderdale Briefings to general practice had been developed over the past month. The LMC had agreed with the CCG and PCNs that they would utilise the website as a central resource for all this information.

The website had some significant areas of development completed by MB to facilitate this. Included was the development of a new section tab, Covid 19 and a restructure of the home page to focus on key Covid themes.

It was agreed that the Website needs some further housekeeping with such a volume of information now published. ACTION: The home page to be further made concise and the Covid19 page to be further sorted thematically.

#### MB

## PPE - Update and key ongoing issues

The monitoring and supply is now more streamlined the CCG. The PCNs now seem to be adequately stocked. National supplies are delivered into North Bridge health centre.

RV agreed supplies are variable but said that they are trying to set up local ordering and they are already trying to organise a way to do online ordering

There are still lots of anxiety from GPs around the level of protection which is felt to be appropriate, GPs are feeling less happy as COVID patients are now going to be seen in the Hubs. NT has had it asked about why not being given appropriate PPE for home visits.

RV stated that it is not so much the PPE being used but more importantly how it is used, There is advice and guidance on the LMC website

## Workforce – Sessional/locums, recently retired, baseline skills and capacity planning

A number of locums and recently retired GPs have come forward to work, deployment is being co-ordinated through PGPA.

Locums have struggled to find anything which is not frontline work and most would prefer not to have to do the front line due to health or age also issues with death in service benefits. RV said they are trying to set something up to allow a system whereby they would be employed on a zero hours contract through a health trust which will allow for this if you are part of the pension scheme.

RV asked if locums having specific issues getting involved with 111 to let him know.

Currently surgeries are using locums less at the moment due to workloads decreasing across surgeries.

Baseline and capacity planning – Daily sit rep will be reducing to once a week.

We have testing sites available in Calderdale and Huddersfield and Wakefield. Some issues are caused by the national logistics of getting to the testing site. Wondered if it may be an option for the kits to be posted out to patients who are not able to travel under their own steam.

RV was asked for his thoughts on the local acute trust asking GPs to do the senior staffing in private hospitals. He wondered if this is appropriate for GPs to do this when there are currently hospital doctors available. RV did think that GPs should be using their extra capacity in general practice and the hospital should be looking at doing their own cover. The LMC did not get involved in the decision as GPs were being asked as volunteers. If no-one was to volunteer the LMC stance would have to be that this is not GP responsibility.

## Care Homes / Residential

There was an issue this week with verifying a patient who had died in a Care Home where a patient was COVID positive. A call had been made for a GP to attend and verify death even though nursing staff were present. District and quest nurses appear to not be willing to verify a death for patients who have not been seen in the last 28 days and was an unexpected death. This is being taken back to the clinical directorship at the trust for them to change this internal rule as it is not in line with current guidance.

There was also discussion over what is meant by a competent person. Essentially each coroner can determine who they feel is competent. RV felt that care homes should have someone competent and available to do this and felt this should be pushed by the CCG to clarify with the care homes.

Video consultation as an option was discussed, some areas were happy for a GP practice to us this to assist in the process but Bradford coroner is not accepting this.

It was also noted the importance of where an OOH GP is the last to have seen the patient that they should record their GMC number in the patient notes.

ACTION; The LMC to correspond with the Coroner to seek clarification	on verification of death
, ,	

#### RL

## Secondary Care

RV clarified that national guidance is due this week clarifying the process of referrals into secondary care during Covid. There have been examples of the local trust discharging people who had an appointment cancelled due to Covid plus others who were yet to be assessed following referral also discharged.

ACTION: SN to write to the Chief Operating Officer CHFT clarifying the current situation and seeking a response to national guidance.

#### SN

## Future of practice

EG asked RV advice on how general practice moves forward. One key will be wide spread community testing. Ultimately practices will need to get back to some form of normality but this has been an opportunity to move forward in the use of technology e.g. video consultation, which may become more widely accepted practice.

### Contract changes

RV was asked if he felt the interim contract would potentially be extended beyond the end of June, including the funding arrangements. RV clarified that at this stage no decision had been made but the government were clear in following scientific/medical advice and this would influence any potential extension.

RV was also asked for a view on the ARRS underspend from PCNs at the end of the previous financial year that has been delayed due to as COVID. Clarification was given that any proposals needed agreement with CCG as to how the money would be used with clear agreed plans in place. No further clarity given.

When RV was asked for his thoughts on the restriction given in the PCN contract update regarding the employment of Physio's to one per PCN. His view was that this is a local decision but must be made by all partners involved to ensure that any additional numbers are not at the risk of delivery as contracted through key partners. If agreement is reached and the PCN service is not substituting other services then this should be encouraged.

## Safeguarding

SH asked if GPs had any suggestions around getting support to patients who may be living with safeguarding issues, especially in terms of domestic abuse. One suggestion is that every patient should be sent a text which focuses on COVID and then offers advice and assistance for domestic abuse. There was widespread support for any potential ways of ensuring messages of support options were made available across Calderdale.

	<u>LMC</u>	
197/19	LMC as a Ltd Company	
	MB outlines the current progress following the decision from the March meeting. LMC Law were now engaged with a Client Manager identified.	
198/19	LMC Executive Support	
	Liaison Officer additional workload: It was acknowledged that through the Covid planning and implementation there had been an increase in hours for the Liaison Officer to an average of 40 hours per week. This was likely to continue for present but would be reviewed at the end of the situation. The additional funding requirement was agreed.	
	Additional sessions for Chair and Secretary:	
	Following assessment by MB on the additional work completed by the Chair and Secretary during the implementation stages of the Covid response, it was proposed that there was an additional workload of four sessions per week by the Chair and two sessions by the Secretary through this time frame.  The proposal and additional funding was agreed.	
	LMC Bank account and signatories:	
	The signatory changes to the LMC accounts were now completed. There will be a further final stage of moving to a single authorising signature (JR) in the next ten days. All LMC members were encouraged to submit claims for payment.	
199/19	Well-being Well-being	
	MM gave a summary of the services available to all practice staff as detailed on the LMC web-site.	
	The wellbeing survey completed prior to COVID will be followed up once the current situation has eased, this to include the development of a draft Wellbeing Strategy and Action Plan for Calderdale general practice.	
	MB also noted that the LMC had been asked for support by some local members who had found the support helpful.	

200/19	AOB	
	<u>Urine Bags for babies (PAEDS)</u>	
	SN asked if any practices were aware as to whether CHFT had re-commenced the free provision of these. None were	
	aware.	
	ACTION: To contact SR at CHFT to clarify that practices are looking forward to their next free delivery	MB
	DATE OF NEXT MEETING	
	Date of Next Meeting Wednesday 20th May 2020 Microsoft Teams, 7.45 pm	