CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 20/5/2020 (Held using Microsoft Teams)

Present						
LMC Members				Practice Managers		
Dr S Nagpaul (Chair)		Spring Hall	(SN)	Tracy Worrall	Spring Hall Group	(TW)
Dr R Loh		Rosegarth	(RL)	Charlotte Todd	Boulevard	(CT)
Dr D Kumar		Plane Trees	(DK)			
Dr M Mensa	ah	Keighley Road	(MM)	<u>Liaison Officer</u>		
Dr S Ganeshamoorthy		Raistrick	(SG)	Marcus Beacham		(MB)
Dr S Kahn		Church Lane	(SK)			
Dr G Chandı	rasekaran	Plane Trees	(GC)	<u>Public Health</u>		
Dr N Taylor		Hebden Bridge	(NT)			
Dr E Gayle		Brig Royd	(EG)	Observers/Guests		
Dr A Jagota		Spring Hall Group	(AJ)	Dr R Vautrey	BMA	(RV)
				Dr M Azeb	CCG	(MA)
				Helen Barker	CHFT	(HB)
						<u>ACTION</u>
201/19	WELCOME and APOLOG					
	Apologies were received					
	SN gave a welcome to C	harlotte Todd.				
	DECLARATION OF INTERESTS					
202/19						
	None declared					
203/19	MINUTES OF THE LAST I	MEETING 22/4/20				
	Minutes agreed as an ac	ccurate record				

204/19	Matters Arising	
	183/19 Device Detected AF – Request from cardiology that when a patient attends for a pace maker check and has already been discharged by the consultant but the device has recorded AF can Cardiology refer patient back to GP? Following discussion and clarification that this is in the case of <u>discharged patients only</u> , it was agreed that this would be appropriate.	
	184/19 LARCS Request and Info Sharing – Agreed to defer until next meeting	
	Covid19 – Update	
205/19	<u>Care Homes Residential</u>	
	The CCG were recently required by NHSe to submit a SitRep regarding working with Care Homes that included the need to provide named clinical leads for the homes. It has been agreed through the Covid Readiness Group that quest matrons would be the named clinical leads however ultimately responsibility will lie with the GP with whom the patient is registered. In regards to homes for Learning Disabilities and other Mental Health needs the CCG are in discussion with SWYFT. CHFT have recently needed to increase staff to the quest team to cover the homes at present. Issue raised where patients are being admitted to care homes from community but they are struggling to find who is responsible for testing. This has been raised with the council and they are looking in to this need. CCG to update the Covid Readiness Group.	
206/19	Testing	
207/10	Some concerns had been raised where some care homes are struggling to access the test and felt larger homes were getting priority. It was noted that in one practice two clinicians had been to have the test but the results were left too long and the tests ended up void. GC said she was happy to raise this in her meeting with CHFT. ACTION: Any issues with delayed test results or difficulties in test access to be sent to GC Given this issue with tests being carried out concerns were raised about the role out for testing staff at care homes and GP surgeries. It was agreed this is a concern but the CCG are implementing plans to ensure that this happens. There will be updates in the Covid Readiness Group meeting.	All
207/19	<u>Secondary Care</u>	
	Ongoing concerns were raised for patients that had previously been referred into CHFT by GPs but subsequently	

discharged during the Covid period. Does CHFT have any records that enable them to identify these patients? HB to check with the appropriate department and let the LMC know. **ACTION: Process and data availability to be checked.** HB Clarification was sought whether those patients referred back in January could be put on the list as though it was the original referral date and not a new referral, thus not having to re-commence the waiting period. HB explained that when the lists do open up then they will still have limited capacity due to social distancing and service demand. CHFT and the CCG are looking at how this can be managed on a joint process, this is to enable us to find an agreed solution. It was mentioned that MSK had kept a list and could it be checked if any other speciality has kept a list too. HB confirmed that six priority specialities have been chosen to work on first and will then work through the others from there. SN raised concerns that the joint comms from the CCG and CHFT, received today suggested that there have been pathways agreed but the LMC have not seen them. Following discussion it was noted that the current process is a review of existing pathways and any pathway development was yet to be commenced. To support this it was agreed that AJ and SK would represent the LMC on the working group with CCG and CHFT. ACTION: AJ and SK to be NT nominated for membership of the interface working groups The comms also referred to the national operating framework that states for someone who needs a procedure done they have to isolate for 14 and so do their family, then they will need to be tested 48 hours prior. Concerns are raised that 14 days is too long and people won't comply and even 7 days if people are struggling financially then they may not attend for their care. RV suggested that self-isolation notes should be made available for this from the NHS 111 site as opposed to requiring sick notes. RV advised that currently the government are concerned about those patients who need to be seen not coming forward as they should. It was agreed that there will need to be patient education going forward. A specific comms plan is to be developed across Calderdale that will include a working group of CCG comms, general practice and LMC members. ACTION: MB to join the group MB Radiology are sending a letter to the GP asking them to look at the result on ICE and arrange for follow up tests. It appears this is happening for any x-ray done in A&E. HB will get clarity on this and let the LMC know. ACTION: HB to HB confirm current practice with the LMC **General Practice Issues** 208/19 Questions had been raised from parents regarding the safety of children to go back to school. It was noted that this is not for the GP to give advice or to provide sick notes if requested. Calderdale Council had notified schools that they were not supporting the return of schools from 1st June due to safety concerns. It was noted that the Acute Frailty Service in Calderdale is an expansion of the existing OPAC service and not a new

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	service.	
	BAME risk assessments. The recently developed SAAD questionnaire is designed to support health in developing appropriate risk strategies for the BAME community. This new tool will be made available to all practices and also put on the LMC Website. RV will hopefully have some information for the next weekly BMA bulletin on national developments. ACTION: The SAAD questionnaire to be circulated and available on the website	МВ
	CQC phone calls — Concern was expressed as to the purpose of these. RV clarified that these are designed to be supportive with the CQC offering an independent voice on behalf of practices to facilitate support where required.	
	<u>LMC</u>	
209/19	Training and Development	
	A personalised development programme has been proposed for every practice in Calderdale. This will be provided by RedSky who currently provide the GP Leadership Programme. This proposal is to support GPs in reviewing pre and during covid practice, look at the lessons learned, review procedures that have worked and good to maintain whilst also looking at those processes that may not be required in the future. It is also an opportunity for the individual GPs in the practice to look at their own preferred ways of working and development. The proposal requires funding of approx. £1000 per practice and the LMC is grateful to the CCG for agreeing to fund this programme. The overall purpose was discussed and agreed that this should be progressed with practices within each PCN looking at the best availability for the half day sessions. It was proposed that the PenPal sessions in June may well be utilised for this. ACTION: Each PCN management meeting to be attended and the overview shared to secure take up of the offer.	SN/MB
	There was also discussion on how this proposal incorporates into the overall LMC Training and Development Plan. This plan includes LMC Induction, GP Partner Training, new GP Training, Sessional Development and Practice Manager development. Further proposals for the overall plan will be developed and presented at a future meeting. ACTION: SN and MB to meet for discussion and then a proposal to be presented to the LMC	МВ
	SN shared with the meeting opportunities that are there for role development. Examples of these included: LMC/CCG Executive monthly meeting- SN and RL attend Agreed : SG to attend as an observer Acute pathways meeting – Thursday's 11am for 1 hour, Agreed : SK to be proposed Planned care pathway- weekly on Thursday's 11.45 -12.45 Agreed : AJ to be proposed Outpatient transformation board meeting, monthly following Covid – requires a PM and GP representative CHFT interface group, bi-monthly following Covid – MB and GC to continue attendance	

210/19	Ltd Company	
	An update paper detailing the information submitted for registration was shared. LMC law is facilitating the registration process. There was also a discussion on the need to review our current constitution. The current constitution does not specify membership of the LMC to include becoming a director of the Ltd company, as this has been agreed by the LMC the future constitution will clarify this. To cover the period of time between, the current constitution allows for co-opted members to be utilised as remunerated representatives of the LMC. For current members who are not wanting to register as directors, their status will be changed to co-opted but continue to function as they have. The only exception is they will not be able to vote on company business. It is hope that draft Articles of Association, required by Companies House will be completed by LMC and circulated to members in the next couple of weeks. These will then require sign-off at a future LMC. ACTION: Draft Articles of Association to be circulated once received.	МВ
211/19	AOB	
	LMC Executive Support	
	It was recognised that there remains a need for a minute taker to be sought for the LMC meetings. It was also noted that this may be an opportunity for the role to expand and include other areas of administrative support to the Liaison Officer. It was agreed that the previous advert should be circulated to practices and also to other partners. ACTION: Minute Taker profile and funding agreement to be circulated.	МВ
	Post-Meeting Discussion	
	SN, TW and MB discussed a late concern submitted from the Practice Managers. This concern focused on issues with PCSE that included:	
	 Poor communication when issues are logged and no follow up GP Pensions - incomplete records dating back to 2015/16 - amnesty period in place but despite resending annual estimates of pensionable earnings for missing years records have not been updated, incorrect deductions being made directly from Global Sums impacting on practice core income, opt out and opt ins not being processed Performers List - adding, removing and changes to status not being actioned 	
	4. Seniority queries - incorrect records not being amended	

 ACTIONS: Issues to be raised on the national LMC listserver Direct communication to be made with the Regional PCSE Lead with examples available. 	МВ
Date of Next Meeting Wednesday 17 th June 2020 Microsoft Teams, 7.45 pm	