CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee

held on Wednesday 12/12/2018

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| Present LMC MembersDr R LohDr D Kumar Dr N TaylorDr B WyattSessional GP | Queens RoadPlane Trees Hebden BridgeSessional   |   (RL)(DK)(NT)(BW) | Practice ManagersTina Rollins Administrator Tracy Worrall Observers/GuestsRosemary CowgillMarcus Beacham  | RosegarthSpring hall PGPA Liaison Officer | (TR)(TW)(RC)(MB) |
|  |  | **ACTION** |
| 453/18 | **WELCOME**Members welcomed M Beacham who will be taking over as the LMC administrator/Liaison Officer and Rosemary Cowgill PGPA.  |  |
| 454/18 | **APOLOGIES**Apologies were received from SN,GC,MA,SC,AC,RH,SV, HB,CW |  |
| 455/18456/18457/18458/18459/18460/18 | **MINUTES OF THE LAST MEETING** Corrections made and signed off as correct **Action Log Update** 448/18 QOF snomed causing problems with EMISEMIS have reported that this issue will be corrected in V41 in February; System 1 will be turning on snomed codes in this version too. Advice to all practices is to ensure screen shots are taken regularly of current QOF position prior to V41388/18 Safeguarding codeSN has advices CHFT that it took her 1hr to check 15 patients, therefore 5000 patients equates to 300hrs work, however she felt this may be something an admin member could complete. SN has fed this information back to CHFT to identify and mark this code in error. TW advised that practices would be unable to mark the item in error and would only be able to send a task to the department responsible for the entry, therefore it is probably less time consuming for CHFT to do this. 447/18 LMC – 10K non recurrent funding for development of PM’sInformation has been sent out to PMs to complete a matrix of areas which would be of interest for further training. Some practices have still not responded. 441/19 Locala /S1 data sharing agreement No interest – completed Locala feel that the data they enter into system 1 is their information and they are the data controller for that information, and that the same applies for the information which the GPs enter into the record. They feel that the GP should not share this information along with their own in a SAR request. The response from LMC law is Each organisation with whom the GP has data flows requires a separate data sharing agreement. This should be the responsibility of the DPO from each of the organisations. RL to contact CW at public health to get further clarification, until then practices are advised to only print their own information for a patients SAR request and advise the patient any information re safeguarding or HV the request should be sent to Locala. 444/18Healthwatch – Syrian families / refugees Response has been sent off to health watch. CCG have seen this and will be sending a response too   | CompletedOngoingOngoingOngoingCompleted |
|  | **AGENDA**  |  |
| 461/18462/18463/18 | **Public Health** CW asked for the meeting to be advised that they have successfully appointed an experienced IPC nurse for their team **LMC**Change to coroner’s requirements, coroner now requires the GP to inform the coroner of all patients, even expected death, if the patient has not been seen in the14 days prior to death. The Coroner suggested that in most cases they anticipate it will be more for a verbal ok on the phone to please proceed. From the Register Office, the GP may write on the reverse of the death certificate that it was referred to the coroner and no further action is required and initialled. The coroner’s officers have now agreed that they will accept phone calls again in light of this change. **CHFT /CCG**407/18 Transformation of out patients servicesConfirmation of capital funding for service Reconfiguration has been received.  |  |
| 465/18466/18467/18 | **Practice Managers**Incorrect Dementia coding PM reported getting a lot of letters from CHFT confirming dementia in a patient, having contacted the hospital each time to investigate why she has discovered that this is a tick box on the template which is being ticked incorrectly. DK will discuss this at the EPR partners meeting where they will be working on the quality of the letters coming out. LMC asked that this be reported on Datix and also sent to the email Maureen Overton which has been set up for issues like this. DK advised that practices may receive some old anaesthetic letters as another issue has been reported where these letters were not finalised correctly, some of these letters are a year old. DK will clarify the email for EPR issues and Older peoples services requesting ECGPractices have started to receive requests from this service asking them to arrange an ECG. It was agreed these should be batted back using the BMA templates for inappropriate work load shift and also emailed to the email address set up for this BMAletters@CHFT.nhs.uk and also send copy to the clinician requesting it. NT also advised that they are receiving requests from SWYFT for patients on a shared care drug to have an annual ECG. BW suggested that if this is not written in the shared care agreement agreed by the CCG then practices should pass this back and ask them to discuss this request with the area prescribing committee. Letters arriving at random times PM asked if it would be possible to ask if there is a specific time that these letters are being sent through as they seem to be landing at random times, this can cause an issue if you have part time member of staff dealing with these they may end up missing the ones sent that day  | DKDK |
| 468/18469/18 | **Correspondence**Request for GP to do X-ray and radiological review in 5 years time with patient following an orthopaedic hip replacement. Response to be sent from LMC asking if this is not local policy and where it fits into the GP contractMSK referral MSK referral forms have been changed and the option to state what you are hoping to achieve from the referral and patients expectations is now missing from the form. NT will look into this and felt it was to simplify the forms. Also the carpel tunnel pathway is now asking that the GP does not do the carpel tunnel injections. NT will look into all of this. |  |
| 470/18 | **PGPA**RC gave an update of areas that the PGPA are now involved in.PGPA Members summit to take place 16th January 6.30 for refreshments and start at 7pm. All partners and PMs welcome Primary care networks – PGPA has contacted all practices and now has 100% sign up from all practices committing to work as Primary care networks in the five localities. Also received responses from all other partners advising they are happy to work with them.Engagement scheme – Dressings pilot is being undertaken in Central and 72 hour ECG pilot in South both working with CHFT. PGPA is funding the practice element of the ECG work and have made it clear that if this results in care closer to home projects then funding must follow the work. Primary care home in north – active care navigation- 3rd sector organisation have been updated and it has been added to the council website and will be linked to the super template. Also gateway to care will be increasing to the gateway plus who will be able to signpost patients to appropriate 3rd sector provisionsUpper are looking at wellbeing hubsPGPA are working with CHFT on the outpatient transformation project, and are working up 6 or 7 projects currently.Primary care and workforce group – RC is chairing this and Paul Friend represents Calderdale at the regional group– the group is doing what NHSE asks of us, but also looking at cross organisational placements on a locality basis and planning to support PCNs.Health checks- 11 practices have achieved their KPIs and have had these paid Improved access – utilisation rates have increased to between 82-97% across the various hubs. DNS remain an issue. There is still a lot of utilisation by the hubs but they are following the rules and PGPA audit this regularly and will also be writing out to practices reminding them when the appointments open up to practices. Central have gone live with telephone consultations and LCD direct booking and this will be going live at station road the weekend of 15.12.18. 11 clinical workshops completed, attended well and will be looking to further ones in the future Letter sent out from the CCG and LMC acknowledging the role of PGPA as a leader in the community and voice of practices which they have seen as very helpful Meeting took place this morning with GP connect re supporting connectivity between EMIS and System 1 no outcome as yet PGPA supported CHFT with the MIG roll out which now means the view between primary care and secondary care is working both ways Correspondence management review is currently taking place with a follow up meeting in March with PM Correspondence management GP lead and members of team responsible. GP career + – 9 new GPs have registered to start on this programme. This was for new GPs to the area and should have been within 1 year.  |  |
| 452/18 | **DATE OF NEXT MEETING**Date of Next Meeting Wednesday January 9th 2018 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm large training room  |  |

**Calderdale Local Medical Committee Meeting on Wednesday 14th November 2018**

**Action Sheet**

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| Item  |  Agenda Item  | Action Required | Lead  | Status  | Comments/Completion Date  |
| 388/18 | Safeguarding code | Response sent to CHFT | CHFT/ SN | Ongoing  |  |
| 397/18 | Locums contacting the LMC | SN to ask the CCG to add RH to the mailing list as the LMC sessional Rep  | SN  | Ongoing  |  |
| 406/18 | 384/18:370/18 DNs and flu vaccines for 19/20 | Start planning for 2019/20  | GC | Ongoing |  |
| 441/18 | Locala /S1 data sharing agreement  | RL to get further clarification from Public Health | SN/GC/TR  | Ongoing |  |
| 465/18 | Incorrect Dementia coding  | DK to send the correct email address out to practices to report EPR issues  | DK | New  |  |
| 467/18 | Letters arriving at random times  | DK to enquire if there is a process for the timing of this  | DK | New  |  |
| 469/18 | MSK referral  | NT to look into any changes to the pathway or referral form  | NT  | New  |  |