

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 13/2/19

Present					
<u>LMC Members</u>			<u>Practice Managers</u>		
Dr S Nagpaul (Chair)	Spring Hall	(SN)	Tina Rollings	Rosegarth	(TR)
Dr D Kumar	Plane Trees	(DK)			
Dr SJ Chambers	Church Lane	(SC)	<u>Liaison Officer</u>		
Dr G Chandrasekaran	Plane Trees	(GC)	Marcus Beacham	LMC	(MB)
Dr F Javid	Rastrick	(FJ)			
			<u>Observers/Guests</u>		
<u>Sessional GP</u>			C Riley	CHFT	(CR)
Dr R Hussain	Sessional	(RH)	Dr M Mensah	Keighley Road	(MM)
Dr M Wilshire	Sessional	(MW)			
					<u>ACTION</u>
	<u>WELCOME and APOLOGIES</u>				
15/19	Apologies were received from RL, MA, BW, HB, CW, AC, NT, TL				
	<u>MINUTES OF THE LAST MEETING</u>				
16/19	Corrections made and signed off as correct				
	<u>Action Log Update</u>				
17/19	As per Action Log				
	<u>Matters Arising</u>				
18/19	441/18 Locala/S1 Data Sharing – Meeting being held on 4/3 with Locala to resolve.				Ongoing

	<u>AGENDA</u>	
19/19	<p><u>Practice Managers</u></p> <p><u>Sarstedt Urine Tubes</u> – Issue relating to the current trial of this new equipment was outlined including some of the difficulties experienced by patients. Key reasons for introducing the pilot were the ability to record an NHS number on the bottle and that the bottle fits directly into new testing machines. Concerns also expressed that practices now being charged for the old ‘white top’ bottles since introduction of the new equipment. Agreed that MB will put on to the next Primary and Secondary Care Interface Group meeting with CHFT.</p> <p><u>Vascular Dressings</u> – Practice was advised that Vascular clinic at HRI will not refer patients to community leg ulcer clinics, they are advising patients to contact their surgery who will make the referral. A practice has recently struggled to get their patient seen by the DN's team as they are not housebound, and should be seen by the leg ulcer clinic. The practice has made numerous attempts to contact Broad Street Plaza but they have not returned the calls. Vascular clinic have advised new patients can be seen only on a Tuesday morning at Broad Street, and they do not have access to refer patients to leg ulcer clinics as that service is commissioned by Locala and no longer available to them. The LMC does not support this position. Specific patient information to be sent to HB to investigate and see if this is an isolated issue or if this is a pathway issue. HR will ask HB to bring the current pathway to the liaison meeting</p> <p><u>Blood and Transplant Service</u>- Practice received request from this service asking them to perform and examination on a patient to see if they were suitable for who had attended the clinic for a procedure and had presented with an irregular pulse which is outside their acceptance criteria for that procedure and wanted assurance that the patients has no significant cardiovascular abnormality, and would the practice write back to them with the result of the assessment. The LMC felt it appropriate to review and treat the patient clinically, but that it was not in the GPs competency to comment if the patient was fit to donate blood.</p>	MB
20/19	<p><u>CHFT</u></p> <p>No specific update provided.</p> <p>The new Ardens/QMaster system relating to the mandated procedures declared by NHSe was discussed in general. Agreed that this would be put on to the agenda for the next LMC/CHFT meeting.</p> <p>Confirmed that the CCG will be invited to attend the next LMC meeting to present an overview on the new process.</p>	MB MB
21/19	<p><u>Public Health</u></p> <p>No update</p>	

24/19	<p><u>Yorkshire Ambulance Service</u> Letter requests where possible for GP to call to request ambulance, not always possible mostly it is reception who ring, GP should ensure staff member is given as much information as possible. Also asks where life threatening situation could the clinician stay with the patient until the ambulance arrives even if the surgery is due to shut. YORLMC will be responding to this. Concerns were raised that the service should not be downgrading the calls especially if the GP is on a home visit.</p>	
23/19	<p><u>YORLMC</u> PCSE has changed their structure, now have specific areas, have changed many of their processes. Superannuation returns must now be done by the GP. YORLMC asked why LMCs are not being informed for changes like that. Also concerns that immediate removals are not being actioned in the 24hrs it should have been, PCSE are continuing to review their procedures.</p>	
25/19	<p><u>LMC Constitution</u> Agreed to increase the members to 12 but do not have to fill those positions. Quoracy would remain the same. It was agreed that sessionals who have been working in an NHS practice in the area in the last 2 years are eligible to vote. Job descriptions for each role to be written by April.</p> <p><u>Peer to peer training</u> 29th March full day event run by NHSE at Pontefract race course free of charge.</p> <p><u>Accounts</u> SN asked how the committee would feel about changing accountants. If taking out the admin function of accountants for elections the bill can be reduced and YORLMC could be contracted to do the elections. Agreed to explore alternative company.</p> <p><u>Walk through core contracts</u> meeting to be changed to a discussion about what we understand of the new contract. LMC and PGPA to do a joint presentation.</p>	
26/19	<p><u>CCG/PGPA</u> Papers circulated from PGPA reporting on their members summit.</p> <p><u>Apex Insight Workforce Tool-</u> Lengthy discussion took place following the earlier development meeting held with CCG/PGPA/LMC. The key issue is the daily upload of data required from SystemOne to the Apex Insight system for the programme to be populated. This requires a single gateway machine to be accessed for a period of 30-40 minutes daily to enable the upload. for this period of time be vulnerable to data breach due to a lack of encryption being present on the operating system until</p>	MB/SN

	<p>Windows 10 is installed. The LMC were asked to agree to an option proposed by the CCG and PGPA that involved ensuring the desktop to be used was secured on site and protected with a longer high security password. However, this solution would not protect against a remote cyber attack.</p> <p>It was noted that this issue does not relate to those practices using Emis</p> <p>Following discussion it was agreed to send the following response to the CCG and PGPA, to be drafted by MB and sent by SN</p> <p>Calderdale LMC would like to add a fourth option for Systm1 practices. Each practice should have a fully funded Windows 10 gateway desktop installed in each practice which would enable encryption of patient sensitive information during data transfer. This would ensure that as data controllers there is no risk of security breaches to confidential patient data.</p> <p>If the CCG chooses option 3, the risk of confidentiality breaches for Systm1 currently lies with the GP practices.</p> <p>Each individual practice has a responsibility as Data Controller. With the requirements of this data transfer taking place on a daily basis without the added security of encryption that would be available through a Windows 10 operating system, there is a need to recognise the high risk of data breach for each Data Controller.</p> <p>The LMC requires assurance that this issue has been appropriately risk assessed by the CCG Quality Committee and has been deemed acceptable, and that the CCG will carry the risk of installing the Apex system, therefore individual Data Controllers are protected.</p>	
27/19	<p><u>Correspondence</u></p> <p>No correspondence</p>	
28/9	<p><u>AOB</u></p> <p>Issue raised of patients who have received a 'private' consultation then attending General Practice requesting that private prescriptions are converted into FP10's to reduce cost to the patient.</p>	<p>Letter to medical director of private providers SN</p>
	<p><u>DATE OF NEXT MEETING</u></p> <p>Date of Next Meeting Wednesday 13th March 2019 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm</p>	

Calderdale Local Medical Committee Meeting on Wednesday 9th January 2019

Action Sheet

Item	Agenda Item	Action Required	Lead	Status	Comments/Completion Date
388/18	Safeguarding code	CHFT working on the removal of inappropriate coding.	CHFT/ SN	Ongoing	
441/18	Locala /S1 data sharing agreement	Meeting to finalise arranged for 4/3	RL/DK	Ongoing	
467/18	Letters arriving at random times	DK to enquire if there is a process for the timing of this	DK	Complete	13/2/19
469/18	MSK referral	NT to look into any changes to the pathway or referral form	NT	Ongoing	
6/19	Public Health – Sexual Health Services	Confirmation of process for those who self refer into service.	CW	Ongoing	GC to confirm issue now resolved
7/19	Practice Managers	Opportunities to be looked at through Practice Managers Group for sharing of progress and support with GDPR	Practice Managers	Complete	13/2/19
8/19	Sessional GP	Administrator function for web-site to be transferred and vacancy tab added	MB	Complete	13/2/19
9/19	LMC Development	Walk through Core Contracts flyer to be circulated to all practices	MB	Complete	13/2/19
11/19	LMC Elections	Potential new members for the committee to be considered and approached	SN	Complete	13/2/19
12/19	Correspondence – Syrian Refugees Request for additional funding from CCG by Plane Trees Practice.	Debbie Robinson looking into this	DR	Ongoing	
19/19	Sarstedt Urine Tubes	Issues raised to be put on the	MB	Ongoing	

		agenda of the Secondary and Primary Care Interface group			
19/19	Vascular Clinic – On going referral issue	Specific issues to be sent to HB at CHFT by 8/3 Discharge advice to be on Agenda for SandPC Interface Group	All MB	Ongoing	
20/19	Ardens/QMaster implementation	Any specific questions for the presentation to be sent to MB by 8/3 To be put on Agenda for SandPC Interface Group	All MB	Ongoing Ongoing	
24/19	YAS Key Concerns	Issue of call downgrading to be sent to YORLMC	MB	Ongoing	
26/19	Apex Insight Workforce System	Email response to CCG/PGPA to be sent	MB	Ongoing	
28/19	Private Consultations and Prescriptions Issue	Letter to be sent to the private providers	SN	Ongoing	