

# CALDERDALE LOCAL MEDICAL COMMITTEE

## Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 8/5/19

<p>Present</p> <p><u>LMC Members</u></p> <p>Dr S Nagpaul (Chair)</p> <p>Dr R Loh</p> <p>Dr D Kumar</p> <p>Dr G Chandrasekaran</p> <p>Dr S Ganeshamoorthy</p> <p>Dr N Taylor</p> <p>Dr A Jagota</p> <p>Dr E Gayle</p> <p>Dr M Mensah</p> <p>Dr J Ring</p> <p><u>Sessional GP</u></p>	<p>Spring Hall</p> <p>Rosegarth</p> <p>Plane Trees</p> <p>Plane Trees</p> <p>Raistrick</p> <p>Hebden Bridge</p> <p>Queens Road</p> <p>Brig Royd</p> <p>Keighley Road</p> <p>Stainland Road</p>	<p>(SN)</p> <p>(RL)</p> <p>(DK)</p> <p>(GC)</p> <p>(SG)</p> <p>(NT)</p> <p>(AJ)</p> <p>(SK)</p> <p>(MM)</p> <p>(JR)</p>	<p><u>Practice Managers</u></p> <p>Bev McClean</p> <p><u>Liaison Officer</u></p> <p>Marcus Beacham</p> <p><u>CHFT</u></p> <p>Anna Basford</p> <p><u>Public Health</u></p> <p>Carron Walker</p> <p><u>Observers/Guests</u></p>	<p>Boulevard</p> <p>LMC</p>	<p>(BMc)</p> <p>(MB)</p> <p>(AB)</p> <p>(CW)</p>
		<b><u>ACTION</u></b>			
59/19	<p><b><u>WELCOME and APOLOGIES</u></b></p> <p>Apologies were received from Dr S Khan (SK), Dr R Hussain (RH) and Dr TR Lau (TL)</p>				
60/19	<p><b><u>DECLARATION OF INTERESTS</u></b></p> <p>None declared for the items on the agenda</p>				
62/19	<p><b><u>ACTION LOG AND MATTERS ARISING</u></b></p> <p>6/19 Sexual Health Services – complete, clarification received</p> <p>12/19 Syrian Refugees – complete, meeting confirmed progress</p> <p>24/19 YAS Pathway – Email to Bradford to ask for clarification on potential SystmOne flagging. YAS say there is no practice to downgrade calls made when a clinician is present, the decision for the need of a clinician remaining with a patient until the paramedic arrives is entirely a clinical decision at the time.</p>				MB

	<p>35/19 Notification of death by coroner, awaiting confirmation</p> <p>50/19 DPO Position – Currently under review by CCG to be discussed and options considered with LMC</p> <p>50/19 Network DES clarification on wording of ‘employed by CCG’ to be sought and communicated.</p>	<p>RL</p> <p>MB</p> <p>SN</p>
63/19	<p><b><u>Practice Managers</u></b></p> <p>Team Building Event 23 May – Confirmed that it is one place per practice. All practices are now confirmed with the exception of 3, these to be chased for confirmation.</p> <p>Falsified Medicines Directive – Discussion on the need for specific equipment to be able to read the barcode on all medicines required. CCG have confirmed this is a national initiative so therefore a national responsibility to resource. Agreed that without the required equipment in place this cannot be a Practice responsibility at present.</p> <p>Datix complaints process – Discussion highlights that there remains inconsistency on the need for explicit patient consent to be provided. This continues to be discussed by LMC/CCG/CHFT and a clarification will be provided as soon as agreed.</p> <p>Starstedt Tubes – continues to be mixed responses regarding the use of the new tubes. A full discussion took place that expressed ongoing concerns and potential ways forward. Discussion also took place regarding the high level of white top bottles ordered and used as opposed to the number returned to CHFT for tests. Need for further discussion and potential ideas from Practices that will help reach a final agreed position with CHFT. Further discussions to be had with Pathology and options for a way forward to be agreed.</p> <p>New CCG LES 2019/20 – confirmed that these had not been discussed with the LMC prior to their distribution. LMC to ensure this is not the case in future developments.</p> <p>The NHS App is currently going through phased release with practices currently undergoing BETA testing. The app is planned to be fully functional from September 2019.</p> <p>Babylon GP Services are in the process of opening two practices in West Yorkshire, these will be based in Leeds and Harrogate. Each hub has a ‘practice boundary’ defined as 40 minutes travelling time, this means both hubs will be in reach of Halifax.</p>	<p>MB</p> <p>MB</p>
64/19	<b><u>CHFT</u></b>	

65/19	<p>No further update beyond the areas of discussion detailed under Practice Managers</p> <p><b><u>PUBLIC HEALTH</u></b></p> <p>Staying Well Social Prescribing Offer – It was noted that this proposal had been discussed at the CCG/LMC Executive meeting. The discussion highlighted that the LMC were keen to ensure that the offer was clear in its additionality to any existing provision in place, that the requirements within the Network DES guidance were met and that each PCN had full opportunity to explore further options and that they were clear it was their decision to make on a network level.</p> <p>Boilers on Prescription Scheme – GPs are being asked to state that patients who have a chronic illness would be helped by having a new boiler. This is a national scheme with central funding.. The view reached following discussion was (i) that it was a Practice level decision as to whether a charge was made for the report required. (ii)the wording on the form needs to be amended to ask for a statement of fact, not an opinion which the GP can not make as to the need for a new boiler. (iii) if evidence of a chronic illness is all that is required, could the patient list of medication be sufficient?</p> <p>DOLs Query – Clarification is needed from public health on the wording currently in place of ‘unsound mind’ This to be clarified and confirmed.</p>	<p>MB</p> <p>GC/CW</p>
66/19	<p><b><u>NATIONAL INFECTED BLOOD INQUIRY</u></b></p> <p>Discussion took place regarding the correspondence received from NHSe where it was noted in the documentation that ‘Although patients seeking a subject access request (SARs) can do so without charge, it is important to note that practices are expected to also waive fees for people seeking copies of their medical records.’ It was agreed that the view of the LMC is that this is a decision for the individual practice but would support any practice that decides to make a charge outside of the SARs process. This issue has also been raised at WY&amp;H Alliance meeting and is being taken forwards by the chair of that meeting with NHSE.</p>	
67/19	<p><b><u>PRIMARY CARE NETWORK DES</u></b></p> <p>A verbal update was shared on the progress reached across the five networks where all had now elected their Clinical Directors. These were confirmed as Dr Geetha Chandrasekaran North Halifax, Dr Alex Ross Lower Valley, Dr Nigel Taylor Upper Valley, Dr Fawad Azam South and Dr Nadeem Akhtar Central. Each network will be having further discussions to agree on the model of delivery in time for the registration process that is due 15<sup>th</sup> May.</p>	
68/19		

	<p><b><u>SESSIONAL GP'S</u></b></p> <p>A wellbeing event specifically aimed at sessional/locum GP's is taking place on Saturday 8<sup>th</sup> June at the National Railway Museum York. This is provided by the Medical Chambers.</p>	
69/19	<p><b><u>Correspondence</u></b></p> <p>Correspondence received regarding Hep B heel prick testing. Discussion took place highlighting the following:</p> <p>Hep B heel prick testing for babies is not contractual despite Public Health insisting.</p> <p>Also the average practice nurse will only do this test once or twice a year and hence will become deskilled and may affect results.</p> <p>The LMC was involved in discussions with PH about 2 years ago without a satisfactory solution.</p> <p>So when Public Health sends GPs the paperwork for heel prick blood test forms – just give it to the parents and tell them to ring 01422 224374 (hospital pediatric day case) to book the test appointment.</p> <p>HB at CHFT has informed the LMC that CHFT will continue to do this service.</p>	
70/19	<p><b><u>AOB</u></b></p> <p>None recorded</p>	
	<p><b><u>DATE OF NEXT MEETING</u></b></p> <p>Date of Next Meeting Wednesday 12<sup>th</sup> June 2019 Learning &amp; Development Centre, Calderdale Royal Hospital, 7.45 pm</p>	