CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 12/6/19

Present					
LMC Members			Practice Managers		
Dr S Nagpaul (Chair)	Spring Hall	(SN)	Tina Rollings	Rosegarth	(TR)
Dr R Loh	Rosegarth	(RL)			
Dr D Kumar	Plane Trees	(DK)	Liaison Officer		
Dr S Khan	Church Lane	(SK)			
Dr S Ganeshamoorthy	Raistrick	(SG)	CHFT		
Dr R Hussain	Sessional	(RH)	Catherine Riley		(CR)
Dr E Gayle	Brig Royd	(SK)			
Dr M Mensah	Keighley Road	(MM)	Public Health		
Dr J Ring	Stainland Road	(JR)			
			Observers/Guests		
VTS Rep					
Dr Javed Ishaq		(JI)			

		ACTION
71/19	**WELCOME and APOLOGIES** Apologies were received from Dr N Taylor, Dr G Chandrasekaran, Dr A Jagota, Carron Walker and Marcus Beacham The LMC welcomed the new VTS representative Dr Javed Ishaq	
72/19	**DECLARATION OF INTERESTS** None declared for the items on the agenda	
73/19	**MINUTES OF THE LAST MEETING 8/5/19** Minutes agreed as an accurate record	
74/19	**ACTION LOG AND MATTERS ARISING**	

	50/19 CCG Provision of DPO – On-going discussions taking place but CCG are clear that they have no funds available to provide suggesting that this would be at the expense of other services. CCG ask that consideration is given to the Harrogate model and that the Network DES is considered as a funding source. LMC remain clear that this is a CCG responsibility. Further clarification to be sought. 38/19 Clarification of wording in Network DES regarding CCG employment for Clinical Directors - clarification from Richard Vautrey (GPC) confirms that CDs working in the CCG not necessarily a conflict but can be advantageous for them. GPC reiterate as long as the CD is not a governing body or decision-making role and as long as individual practices in PCN and any other CDs agree. 56/19 Safeguarding Training for Sessional/Locum GPs - RH in contact with Sarah Booth Safeguarding CCG who confirmed training should be free for locums working in Calderdale, also free e-Learning is available. Informed that face-to-face learning not required now as long as level 3 training completed.	MB
	CHFT	
75/19	2WW Cancer referrals – Issue raised regarding the high numbers of referral where GP not processing optimally and how we can engage GPs in this better, or should we encourage adoption of a modified system? CCG responded that patients sometimes cancel, DNA or contact to say they are not available but often unaware this is a suspected cancer referral. Focus is on reducing DNA's. CCG currently contacts Practice Managers to follow up patients who breach due to the process issues above. They feel the message does not always get through to the referring GP and have requested that they speak to the GP directly instead. ACTION to ask CCG for greater detail on the numbers of patients involved and if it is a particular number of GPs who could be approached	RL
76/19	District Nurse Prescription Carts – Issues raised, some District Nurses not following the agreed process, some want two pieces of evidence of medications before they will transcribe onto community charts and some won't accept their own hospital discharge letters. Issue to be discussed at the CHFT/LMC Liaison meeting.	GC/MB
77/19	Flu Campaign 2019 - Concerns that pharmacists will immunise easy targets leaving behind housebound complicated patients for GPs, need to consider the Wessex LMC letter to work with pharmacies to deliver flu vaccination Last year had honorary contracts for district nurses – Wholesale Dealer Licensing issues Calderdale LMC acknowledges the assistance CHFT played in the honorary contracts and would like to ensure that	

	anaphylactic training, training of all community nurses including respiratory, cardiac, district and midwives will be in place before September. SG offered to support GC in the liaison work on the Flu Campaign and with CHFT with GC now appointed as CD for North Halifax. SN to speak to GC ACTION to take to CHFT/LMC liaison meeting and contact to be made with Wessex LMC	 SN GC
78/19	Pharmacy Discharge Letters - Practices are receiving a list of drugs but no clinical information. CR reported that this has been an IT error and is being looked into. Feedback following CHFT/LMC Liaison meeting.	
79/19	Dermatology – Crisis currently in place as no local providers of the service. CHFT are looking to share a consultant with Mid Yorks. In the interim, the CCG is looking at a new business case; they are unable to comment further as business confidentiality currently in place.	
80/19	Health Visitor Domestic Violence Codes - As yet there has been no progress with the patient records being corrected as the member of staff CHFT had appointed has since left. ACTION The LMC have asked for an update at he next LMC/CHFT liaison meeting Andrology – DK raised as a new topic for discussion. Andrology (semen analysis) implemented a new procedure – patients have to pre-book, limited times/days, unilateral change by path lab, which had not been discussed at Interface meeting. There were concerns of the capacity as patients now have to have an appointment to be able to hand in the sample and there are only 5 appointments per day. ACTION CHFT to feedback on numbers and discuss at next CHFT/Liaison meeting Reconfiguration by CHFT – CR reported outline business case – aim to complete by Sep 2020 New build, multi storey car park at Calderdale site Asking stakeholders for suggestions and involvement: e.g. design, building, facilities SN suggested – easy drop off area, e.g. specimens DK suggested – leaflets for patients waiting room asking for ideas, PPG (Patient participation group) RH – centralise diagnostics – blood tests here, x-rays somewhere else, path lab at other end.	 GC/MB GC/MB
81/19	**PRACTICE MANAGERS**	

	1) PM leadership event – TR reported good feedback and the event was very well received, broke down barriers, good for 'newish' PMs, able to network/share ideas 2) PM Mentoring – 17 registered so far, currently collating feedback from mentoring team (on-going) 3) IT Developments – currently so many are being implemented including, Ardens, Apex, Qmaster, Windows 10, eConsultations. Discussed there maybe a need for IT Lead amongst the PMs? Lower Valley, on-going critical issues of network/connection problems, these are being logged and the CCG is prioritising Ardens – practice leads next week, expecting the CCG will be able to update further Apex/Insight – now risk assessment is completed by NHSe and confirmed any risk is minimal, so can progress. 4) Treatment Room LES – CCG having a re-look at it including ear syringing, ECG, spirometry etc. RL brought up for PMs to take away: - A care home has been asking for a blanket conversion of all emollients to paraffin free. CCG Helen Foster not supportive, any such cases to refer to Medicines Management - CQC West Yorks Lead Inspector and Calderdale Inspector met up with RL on 10th June to explain new CQC Annual Regulatory Review (ARR). Only for Good or Outstanding practices with a 5 year on-site inspections. If the ARR picks up issues this can lead to a full on-site inspection. Or if at ARR, CQC feels a 'good' practice may be of 'outstanding' rating this may also lead to a full inspection, practices unable to decline, CQC ppt presentation and ARR questions will be emailed Falsified Medicines Directive update by SN, this is a EU directive. NHSE clearly state in a February letter that CCGs should fund equipment e.g. scanners, If a no deal Brexit in October the information from Europe will not be available anyway. Until there is clarity practices do not have to do anything further.	
82/19	**PUBLIC HEALTH** No updates provided	
83/19	**PRIMARY CARE NETWORK DES** CCG have signed off schedule 1 agreement confirming there is 100% coverage across all population of Calderdale. PGPA – APMS contract will run out in 1 year so planning for this to be considered by the localities. Some practices expressed concern of conflicts of interest of CD role and PGPA Board member – all 5 CDs are having their first meeting to discuss this and the way forward. It was noted the clash of dates of PGPA board and LMC meeting.	

	ACTION; PGPA to update LMC at next meeting on its current structure and plans Workforce baseline submitted in the returns to be clarified before additional funding is given under the network DES. CCG asking that pre-existing staff to be clearly declared.	RC
84/19	**LMC LTD COMPANY** SK volunteered to be lead to work with MB to take this forward with LMC Law. It was acknowledged that to be an Ltd company would provide protection for LMC officers.	
85/19	**TRAINING AND DEVELOPMENT FOR LMC OFFICERS** GPDF have asked LMCs for ways that they can offer support. There is also funding available for any scheme that would help develop LMCs and that could be transferrable. SN described how LMC, GPDF, GPC and BMA are interlinked including the funding structures. LMC List Server – good source of info and current topics/issues. Those not submitted yet to send email address to MB Action: Each LMC member to email MB with 3 things you want for LMC Training.	All
86/19	**Correspondence** None	
87/19	**AOB** LMC AGM 18th Sep 2019 – separate to usual monthly LMC Meeting on 4th Sep AGM – Looking to confirm a speaker, maybe NHSE peer to peer support officer, or even Medical Director or Responsible Officer. ACTION JR to approach John Dixon	JR
	DATE OF NEXT MEETING Date of Next Meeting Wednesday 17th July 2019 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm	