

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 17/7/19

<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 S Khan</p> <p>Dr S Ganeshamoorthy</p> <p>Dr R Hussain</p> <p>Dr E Gayle</p> <p>Dr M Mensah</p> <p>Dr A Jagota</p> <p><u>VTs Rep</u></p>	<p>Spring Hall</p> <p>Rosegarth</p> <p>Plane Trees</p> <p>Church Lane</p> <p>Raistrick</p> <p>Sessional</p> <p>Brig Royd</p> <p>Keighley Road</p> <p>Queens Road</p>	<p>(SN)</p> <p>(RL)</p> <p>(DK)</p> <p>(SK)</p> <p>(SG)</p> <p>(RH)</p> <p>(SK)</p> <p>(MM)</p> <p>(AJ)</p>	<p><u>Practice Managers</u></p> <p>Tracy Worrall</p> <p><u>Liaison Officer</u></p> <p>Marcus Beacham</p> <p><u>CHFT</u></p> <p>PGPA</p> <p>Rosemary Cowgill</p> <p><u>Public Health</u></p> <p><u>Observers/Guests</u></p>	<p>Spring Hall Lane</p>	<p>(TW)</p> <p>(MB)</p> <p>(RC)</p>
					<u>ACTION</u>
88/19	<p><u>WELCOME and APOLOGIES</u></p> <p>Apologies were received from Dr G Chandrasekaran, Dr J Ring, Dr N Taylor, Dr J Ishaq, Carron Walker and Helen Barker</p>				
89/19	<p><u>DECLARATION OF INTERESTS</u></p> <p>The following interests were declared:</p> <p>SN in regard to item 97/19 PMS Funding</p> <p>SN, AJ and TW in regard to item 98/19 Practice Merger</p> <p>RL and MM in regard to item 105/19 Correspondence</p>				
90/19	<p><u>MINUTES OF THE LAST MEETING 12/6/19</u></p>				

	Minutes agreed as an accurate record	
91/19	<p><u>ACTION LOG AND MATTERS ARISING</u></p> <p>Action 24/19 YAS to be further discussed with YORLMC Action 35/19 Coroner Notifications further clarification from YORLMC Action 51/19 DATIX, discussion focusing on value and purpose took place, statement regarding consent to be provided by Judith Salter, CCG for inclusion in Privacy Statement by DPO. Issue on feedback breakdown to be further discussed. Action 52/19 GP Leadership complete, 15 places to be available. Action 65/19 Boilers by Prescription complete. GP input not essential criteria so practice level decision for response to requests. Action 65/19 DOLs complete. Wording of 'unsound mind' changed in correspondence Action 77/19 Flu Planning complete Action 83/19 PCN update complete Action 85/19 Training LMC Officers complete Action 87/19 LMC AGM complete</p> <p>Matters Arising:</p> <p>50/19 DPO Provision – following further discussion between LMC and the CCG supported by the NHSe statement released 4/7/19 the CCG has agreed to fund the existing contract arrangement. The renewal process will be managed through PGPA.</p> <p>81/19 Ardens and Apex Insight – Both development programmes are now back on track. In terms of Apex Insight, the free licence period has currently been extended until 30 June 2020 for all new installations. There is further discussion concerning practices that installed prior to June but were unable to utilise.</p>	
92/19	<p><u>CHFT</u></p> <p>2WW Cancer referrals – The CCG reiterated that GPs must advise the patient this is a suspected cancer referral and you should not cancel or rearrange the appointment. It was asked how many of the breaches recorded were due to GP being unable to actually book a suitable appointment and having to use the 'deferred to provider' option that does not allow you to book an appointment. The concern then is that the patient receives a letter with very short notice only</p>	

	<p>offering one appointment option and which also gives the patient the option to cancel/rearrange the appointment. RL will feedback to CCG the concerns raised and seek clarification. It was also suggested that ICE could possibly be utilized to help this process. RC suggested an initial conversation with Anna Basford.</p> <p>Arrhythmia Service update – Discussion took place over the communication sent by CHFT, there was a view that the content was not helpful and should there not be consultation with GPs on how best to construct these notices. In terms of the current status cardiology are working through the backlog. Practices to continue referring patients to cardiology and they will triage and then refer if necessary.</p> <p>SN spoke about the Outpatient Transformation Programme Board that takes place monthly, at HRI on a Wednesday. It is important that the LMC has regular clinical representation at this group. Dates and times to be circulated after the meeting. Officers to contact SN if interested.</p> <p>Andrology – Following the concerns raised regarding the submission of samples at the 12 week timeframe following procedure there is a further meeting to be held between LMC and CHFT Pathology concerning the changes to process at the clinics.</p> <p>HV Domestic Violence Codes – Following a delay in commencing the work to remove the codes inappropriately recorded, the work has now recommenced. An update will be provided on progress.</p>	RL
93/19	<u>PRACTICE MANAGERS</u>	All
94/19	<p>SystmOne and EMIS interoperability – A published announcement notifying of availability was shared. Practices need to contact their account handler to enable this function. To be noted, that this is a ‘Read Only’ function.</p> <p>BMA Request to CCGs on 1% uplift – LMC had previously approached the CCG on this issue at a CCG/LMC Exec meeting. The CCG, due to budget restraints were unable to fund this additional uplift.</p>	
95/19	<u>PGPA</u> <p>RC provided an update on the new Board structure and its relationship with the Primary Care Networks. Following the uptake of the offer from PGPA to be nominated payee and to provide financial and HR services , four PCNs agreed with one wishing to remain as a lead practice model. All five Clinical Directors are now on the board with new Terms of Reference agreed for the board. These include attendance from two Executive/Liaison members of the LMC for relevant business. The LMC attendance is not with any voting power. With the clarification in national guidelines that PCNs are solely a provider organisation and not a commissioning body, and with the structure of PGPA being a representative body for all practices there is not any noted conflict of interest for the CDs. This is also reinforced by the</p>	GC/MB
		GC/MB

<p>96/19</p> <p>97/19</p>	<p>PCN provision and support from PGPA being on a non-profit making basis.</p> <p>RC also gave an update on other areas of provision by PGPA including:</p> <ul style="list-style-type: none"> • Extended Access, contracted until 31/3/20 now live 5 nights per week in all five localities • Extended hours now live in Boulevard, Spring Hall and Rosegarth • Clinical Workshops provided for over a year and continue to be well received • Health Checks performing well and extended until 31/3/20 • Workforce developments continue with developing programmes for prospective employees in administrative/clinical posts, collaborative working with Calderdale College, funding opportunities through West Yorkshire and Harrogate Excellence Centre • GP Observation continuing to progress • Dressings- continued work with CHFT required • GP Career plus, first round complete with a further round to be publicised shortly. <p><u>PUBLIC HEALTH</u></p> <p>No updates provided</p> <p><u>CCG</u></p> <p>PMS Premium Funding 2019/20 –</p> <p>This is a national requirement and not a CCG led initiative. With only five practices across Calderdale, this is going to put some pressure on those practices. There is some concern within our own CCG as to the figures quoted by NHSe. The requirements of the claw back is that funding received back is to be distributed across primary care in the district. The CCG have established a number of funding streams that are currently being planned and implemented for these funds to address areas such as correspondence training, various LES/DES agreements, estates, resilience funding etc. Required to be equitable for all practices. The CCG will consider further discussion with LMC, Clinical Directors and PMs on future use. Further discussions to take place before planning can be commenced.</p>	
<p>98/19</p>	<p><u>PROPOSED MERGER NOTIFICATION</u></p> <p>The LMC received notification from Spring Hall Lane Practice on a proposed merger involving Southowram, Queens Road and Spring Hall. The letter has been as a part of the practices' consultation stage of the process prior to any decision making process through the CCG. The Chair confirmed the role and function of the LMC in regard to merger proposals which is, any merger, expansion, closure or boundary changes that may impact on neighbouring practices</p>	

	<p>should formally go to the CCG who in turn should liaise with the LMC for their view. The LMC does not have a decision making power in the process.</p> <p>A general discussion took place regarding the potential implications of this specific proposal. It was noted that with no boundary changes or changes to service provision in any of the practices the LMC will not object. It was also requested that following the engagement survey being undertaken the LMC would value sight of the results from the CCG. RL to request at the appropriate time.</p>	RL
99/19	<p><u>GPDF TRAINING IDEAS</u></p> <p>A paper was presented summarising the responses from members following the discussion at the last meeting. The feedback falls into two groupings, ideas that could be provided through information/on-line tools and subjects that could be delivered through sessions. It is proposed that a small group finalise a proposal for agreement at a future meeting. Any members who would like to be engaged in this to contact MB</p>	All
100/19	<p><u>LMC SURVEY MONKEY</u></p> <p>RL presented a suggested survey format for all practices that seeks to elicit views on whether the LMC, over the past 12 months following levy increases has delivered value for money. The plan was then to present the results at the forthcoming AGM.</p> <p>A general discussion took place on whether this was a positive move. The general view expressed was that instead of asking if there was a view on value for money could we not actually be more positive around our achievements and work delivered over the past twelve months. Ideas were shared as a way to do this including, focused presentations at the AGM, publishing an annual report, a short presentation at the monthly Practice Leads event etc. It was agreed to explore further these options.</p>	
101/19	<p><u>LMC AGM</u></p> <p>The AGM was confirmed as taking place on Wednesday 18th September. An invite would be finalised with an agenda that included a presentation from Dr John Dixon NHSe on GP Appraisal and support services. It was also noted that the event would commence at 6.45pm with registration and food and conclude by 9.15pm.</p>	
102/19	<p><u>LMC CONFERENCES</u></p> <p>The dates for the forthcoming LMC England, LMC Secretaries and LMC UK conferences were shared. SN confirmed that beyond Executive members who usually attend, if any other members would be interested then please contact her direct.</p>	

103/19	<p><u>LMC CUSTOMER SERVICE</u></p> <p>RH shared some thoughts on how we could further develop our approach to customer service as an LMC. Ideas included auto responses on emails bringing clarity to expected replies, having days of working noted for the Executive members and Liaison.</p>	
104/19	<p><u>CALDERDALE, KIRKEES AND WAKEFIELD</u></p> <p>Item deferred</p>	
105/19	<p><u>Correspondence</u></p> <p>Ear Irrigation and Charging Patients – Correspondence was received from a practice seeking clarification as they had noticed another practice providing ear irrigation services to their own patients but with a charge in place. A discussion took place regarding the requirements detailed in part 19 of the standard GMS contract which clarifies that fees may not be charged to your own patients ‘for any treatment whether under the contract or otherwise, known as primary medical services’. If the service is being offered to patients not on their list then a charge would be allowed.</p> <p>Social Services MAST email requests – Item deferred</p>	
106/19	<p><u>AOB</u></p> <p>None</p>	
	<p><u>DATE OF NEXT MEETING</u></p> <p>Date of Next Meeting Wednesday 4th Sept 2019 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm</p>	