

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee
held on Wednesday 9/10/19

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr D Kumar Dr S Khan Dr S Ganeshamoorthy Dr J Ring Dr E Gayle Dr M Mensah Dr A Jagota Dr N Taylor <u>VTs Rep</u> Dr J Ishaq	Spring Hall Plane Trees Church Lane Stainland Brig Royd Keighley Road Queens Road Hebden Bridge	(SN) (DK) (SK) (SG) (JR) (SK) (MM) (AJ) (NT) (JI)	<u>Practice Managers</u> Tina Rollings <u>Liaison Officer</u> Marcus Beacham <u>CHFT</u> Helen Barker <u>PGPA</u> Rosemary Cowgill <u>Public Health</u> <u>Observers/Guests</u> Dr M Azeb	Rosegarth CCG	(TR) (MB) HB RC (MA)
					<u>ACTION</u>
118/19	<u>WELCOME and APOLOGIES</u> Apologies were received from Dr R Loh, Dr R Hussain, Dr G Chandrasekaran and Carron Walker.				
119/19	<u>DECLARATION OF INTERESTS</u> SN, AJ and MA regarding Spring Hall Practice merger item 123/19				
120/19	<u>MINUTES OF THE LAST MEETING 4/9/19</u> Minutes agreed as an accurate record				

121/19	<p><u>ACTION LOG AND MATTERS ARISING</u></p> <p>Action 51/19 DATIX, issue identified where feedback not received at Practice of outcomes. Ongoing action but MA clarified a capacity issue for CCG on providing feedback, suggested need to look at software potential.</p> <p>Action 75/19 2WW Cancer referrals – Issues continue on MDT letters being received later than the patient record MDT letters are being sent and put into the GP patient record on the day. Patients have on line access to their records and can view the MDT outcome BEFORE their hospital follow up appointment. ACTION: Potential options need to be discussed with CHFT at Interface meeting.</p> <p>Issue regarding recording ‘Defer to Provider’ clarified and closed.</p> <p>Actions 80/19 Andrology appointments and 102/19 LMC conferences closed</p> <p>Action 112/19 Ongoing awaiting response from WYP regarding firearms licensing</p> <p>Actions 114/19 PMS funding plans and 115/19 MAST requests remain open.</p>	HB/MB
122/19	<p><u>CHFT</u></p> <p>Identified gaps in service provision regarding Complex Dressings discussed. Clarified that a cross provider project currently being undertaken in the central locality and will help inform the discussions but has a limited scope. Further discussion required regarding discharge procedures and what is currently required to be provided through District Nurses, outpatients and General Practice clinics. This to be on the next CHFT Interface meeting.</p> <p>HB presented a verbal summary on the current Outpatient Review including problems related to EPR. Three key areas identified as part of the review, these are a) Digital Component b) User Error and c) Access and Capacity.</p> <p>Action: Highlight report to be provided for the LMC by CHFT .</p>	
123/19	<p><u>PRACTICE MANAGERS</u></p> <p>Lost Patients in eReferral Process – Information provided by GHCCG detailing issues of lost patients across the region. Issue is following choose and book being completed no letters are being attached, the referral therefore does not go through and patient is lost in the system. It is imperative that practices have a system for checking their ERS for incomplete referrals, rejected referral and advice.</p> <p>New YAS pathway circulated to all practices for information.</p> <p>White Top Bottles – Data provided that detailed across Calderdale the number of bottles ordered against the number returned for testing to pathology. It is clear that in some practices the return rate has been very low, this has lead to CHFT not being prepared to meet the numbers ordered in full. Need to consider whether we can look at agreeing to a</p>	

126/19	<p>finishing at a latter stage. Action: Survey to be redrafted and presented at the next LMC. Also agreed that contact to be made with all Practice Managers requesting a list of every GPs email address within the practice to ease direct communication with all GPs on key LMC business.</p> <p><u>LMC Ltd Company Status</u></p> <p>SK shared some background information he had researched into other LMC approaches and the options available to us. General discussion took place that in principle supported this development of a company limited with guarantee, this requires all members to have a limited liability of one pound. This appears to be the generally accepted model across other LMCs. Ongoing proposals to be developed by SK/MB.</p>	<p>MB/MM</p> <p>MB</p>
127/19	<p><u>AGM Feedback and Minutes 2019</u></p> <p>A summary report on the AGM was shared that showed a very positive response from attendees to the content of the evening. Despite this it was felt by Officers that maybe we need to consider a different approach to the meeting as attendance remains an issue. This will be looked at further by the Exec and proposals brought back for agreement in time for next years AGM. These included adding to the end of our LMC meeting in September, asking if we can include at the end of a CCG Protected Learning event in September or remaining as current but having guest speakers present before the main meeting.</p>	
128/19	<p>The draft minutes were reviewed and with agreed edits these were accepted as a true record.</p> <p><u>GP IT Plan and GPSOC Agreement</u></p> <p>A paper received from NHSe was circulated for information. DK leads on this area for the LMC and will keep Officers informed of any developments and requirements.</p>	
129/19	<p><u>Correspondence</u></p> <p>None Received</p>	
130/19	<p><u>AOB</u></p> <p>VTS Integration – SN discussed a need to develop our working with the local VTS and a willingness from the LMC to be more engaged in the training programme with a view to providing a workshop as part of the training programme. Action: contact to be made with the VTS (Kate Simpson) to discuss and agree a way forward</p>	<p>MB</p>

	<u>DATE OF NEXT MEETING</u> Date of Next Meeting Wednesday 13 th November 2019 Learning & Development Centre, Calderdale Royal Hospital, 7.45 pm	
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