

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical
Committee held on Wednesday 14/10/2020
(Held using Microsoft Teams)

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr R Loh Dr D Kumar Dr S Ganeshamoorthy Dr G Chandrasekaran Dr E Gayle Dr J Ring Dr A Jagota Dr S Khan Dr R Hussain Dr N Taylor Dr M Mensah	Spring Hall Rosegarth Plane Trees Raistrick Plane Trees Brig Royd Stainland Spring Hall Church Lane Sessional Rep Hebden Bridge Keighley Road	(SN) (RL) (DK) (SG) (GC) (EG) (JR) (AJ) (SK) (RH) (NT) (MM)	<u>Practice Managers</u> Tracy Worrall <u>Service Manager</u> Marcus Beacham <u>CHFT</u> Helen Barker <u>Observers/Guests</u> Dr J Ishaq (VTS) Davina McDonald	Spring Hall CHFT The Boulevard Minute Taker	(TW) (MB) (HB) (JI) (DMC)
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240/19	<p><u>WELCOME and APOLOGIES</u></p> <p>The following people sent their apologies; C. Todd</p>	
241/19	<p><u>DECLARATION OF INTERESTS</u></p> <p>None declared</p>	
242/19	<p><u>MINUTES OF THE LAST MEETING 09/09/20</u></p> <p>Minutes agreed with some minor grammatical amendments as an accurate record. Noted that SK to shadow RL and not RV as recorded.</p>	
243/19	<p><u>MATTERS ARISING AND ACTION LOG</u></p> <p><u>Community Reset</u> SN enquired with regards to community reset. HB confirmed and gave an update with regards to supporting in care homes and getting the pathways more seamless, along with the community staff being back to where they were and they have made some investment into community services in order to get some more community capacity. ACTION GC to send priority report to MB to circulate</p> <p><u>Action Log</u> SN went through the action log.</p> <p><u>246/19 Practice Managers / General Practice</u> MB gave an update and is awaiting confirmation that the commissioned Sexual Health Service should still be paying practices. ACTION MB to update at next meeting</p> <p><u>233/19 Sessional GP's</u> RH will give an update with regards to this at the next meeting.</p>	<p>GC</p> <p>MB</p> <p>RH</p>

	<p><u>235/19 LMC Meeting Representation</u> SN added the LMC England Conference to the action log. This will be taking place on the 27th November 2020 and will be virtual. LMC Officers are invited to attend the home of SN on the day if interested. MB confirmed there has been some interest in attending.</p> <p><u>Meeting Attendance Updates</u> AJ gave an update with regards to the patient portal and setting of the steering committee at the Outpatient Transformation Board meeting he attended. AJ confirmed he will be attending the first steering group meeting in place of GC due to the timings of the meeting on the 22nd October 2020. ACTION AJ to give an update at the next meeting</p> <p>SN confirmed she attended the A&E Delivery Board and gave an update. It is noted that this is the first attendance by LMC at this board and we look to establish this further. The Clinical Interface Group will be taking place on the 15th October 2020 and will be attended by SK. SN encouraged SK with this being his first meeting attendance for this group. ACTION SK to give update at the next meeting</p> <p><u>STANDING ITEMS</u></p> <p><u>Flu Planning</u> HB confirmed the flu vaccination will be given to high risk patients who are admitted but not the out-patient's due to having to reduce the out-patient clinical capacity at present. SG gave an update with regards to the Flu planning and 4 sites to go to order further supplies if the GP's are short. SN confirmed the district nurses are vaccinating the patients they are seeing.</p> <p><u>CHFT</u></p> <p><u>Secondary Care Pathways and Referral Backlog</u> HB informed the meeting she has taken a step back from the referral backlog and passed it onto NT for the update. NT gave an update as to the work done reviewing referrals prior to COVID-19 and the CAS process which is a virtual clinical appointment in conjunction between with pairs of GP's and CHFT consultants. NT confirmed all the patients have now had a review as part of the CAS process. NT confirmed they are currently working on the</p>	<p>AJ</p> <p>SK</p>
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	<p>referrals coming in from Primary Care are as high quality as possible using the ARDEN's template to collect data as consulting and the data is transferred in a useful form to secondary care. CHFT have been working towards how they can see patients safely along with offering advice and guidance. NT informed the committee the GP's can now make an advice and guidance request to the CHFT, which is now possible to be turned into a referral. The GP's need to ensure they put enough information into the advice and guidance request, which is a real step forward. HB confirmed this can also be converted into a Fast-Track and the availability is also there for the advice and guidance to be an open dialogue in order to make it a more seamless process. HB confirmed the capacity and waiting list for this. The advice and guidance process was encouraged to be used as a first port of call.</p> <p>HB informed the committee that the CHFT are currently recruiting a team of admin people "Buddies" who will work with the specialities and make regular contact with the patients, which will give patients a single point of contact and alleviate some of their anxieties and in turn aide the pressures on general practice with contact.</p> <p>HB informed the committee with regards to the average current capacity perspective from October to March is currently 96% for the outpatients, 80% for the inpatients and 90% for the diagnostics. HB would estimate that it will take approximately 18 months before things are back in order, which is very much dependant on the COVID position.</p> <p>AJ enquired with regards to the message which should be conveyed to the patients.</p> <p>SK informed HB with regards to incidents with cancer patients asking GP's to contact the patient's with diagnosis of results which is inappropriate, along with booking them in with the practice nurse's instead of clinicians. HB requested SK to send the relevant information to her to investigate.</p> <p>SK presented the DVT pathways he currently has and the management of this which is due to be discussed in the proposed briefing he has meeting tomorrow. SN gave feedback, reiterating the LMC does not support in its current form.</p> <p>ACTION HB will re-send the information from the Elective Care Group with regards to the information for patients as well as the prioritisation criteria.</p> <p><u>Eating Disorder Clinics and CAMHS</u></p> <p>HB confirmed the CHFT do not provide this service as it is with the SWYFT. RV confirmed this is a regional service. MM explained the issues with regards to the requirements placed upon the GP practice. RV confirmed the additional work requested is not for the local GP service and is inappropriate as there isn't capacity for this. ACTION MM to send a draft response via the LMC to be passed to MB</p> <p><u>Neurology</u></p> <p>HB informed the committee with regards to the joint discussions with Leeds and getting a bit better vision with</p>	<p>HB</p> <p>MM/MB</p>
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	<p>this. This item will be ongoing at present and an update will be given when further information is available.</p> <p><u>AOB</u></p> <p><u>District Nurses</u> A discussion was had in relation to district nurses, contracts and SOP which SN will raise formally. ACTION SN to raise locally. GC to send an update report for circulation by MB</p> <p><u>DATE OF NEXT MEETING – Please Note!</u> Date of Next Meeting Wednesday 11th November 2020 via Microsoft Teams @ 7.45pm</p>	<p>SN / GC</p>
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