

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee  
held on Wednesday 11/12/19

<p>Present LMC Members Dr S Nagpaul (Chair) Dr R Loh Dr D Kumar Dr S Khan Dr S Ganeshamoorthy Dr E Gayle Dr R Hussain</p>	<p>Spring Hall Rosegarth Plane Trees Church Lane Raistrick Brig Royd Sessional</p>	<p>(SN) (RL) (DK) (SK) (SG) (SK) (RH)</p>	<p><u>Practice Managers</u> Tina Rollings  <u>Liaison Officer</u> Marcus Beacham  <u>Public Health</u> Carron Walker  <u>Observers/Guests</u> Dr M Azeb</p>	<p>Rosegarth       CCG</p>	<p>(TR)   (MB)  (CW)  (MA)</p>
					<b><u>ACTION</u></b>
141/19	<p><b><u>WELCOME and APOLOGIES</u></b> Apologies were received from Dr N Taylor, Dr J Ishaq, Dr A Jagota, Dr G Chandrasekaran, Dr M Mensah and Helen Barker. It was noted that again there has been a clash of meetings between the LMC and the PCN Clinical Directors (PGPA) despite the LMC dates published a year in advance. A note requesting this is avoided in future to be sent to the group.</p>				MB
142/19	<p><b><u>DECLARATION OF INTERESTS</u></b>  None declared</p>				
143/19	<p><b><u>MINUTES OF THE LAST MEETING 13/11/19</u></b>  Minutes agreed as an accurate record</p>				

144/19	<p><b><u>ACTION LOG AND MATTERS ARISING</u></b></p> <p>The following actions were agreed as closed:  75/19 2WW Cancer Referrals – All PMs informed of process  112/19 Firearms Licence Procedure – Distributed and available on website  131/19 LPC Presentation now received  135/19 Neurology titration, DNAR Forms issue and District Nursing now moved to CHFT Interface meetings for any further discussion.</p> <p>Actions 115/19 Social Services MAST requests, form for claims to be made available on the website. ACTION: RL to pass on to MB  123/19 White top bottles – SN gave an overview of the discussions to date. It is recognised that there are some on-going areas to continue monitoring including provision of bottles to nursing homes and the levels of orders made by practices to CHFT but essentially this is an area that will be discussed, when required through the CHFT Interface group. Rosegarth Surgery are currently completing an audit on levels of bottles provided and returned for testing by the Nursing Homes they work with. TR agreed to share the outcomes of this audit with the LMC once completed. ACTION: audit outcome report to be made available.  130/19 VTS Integration – Ongoing as JR is currently waiting for suggested dates in the training programme from Dr K Simpson.  136/19 Staff Vaccinations – MB currently waiting for costs charged by the Kirklees Occ Health service to practices for the provision of this service- GMC good medical practice states “all doctors should be immunised against common serious communicable diseases”. ACTION: This to be clarified and to be included in the next monthly communiqué.</p>	<p>RL/MB</p> <p>TR</p> <p>MB</p>
145/19	<p><b><u>CHFT</u></b></p> <p>Apologies sent</p>	
146/19	<p><b><u>PRACTICE MANAGERS</u></b></p> <p>MB gave an overview of the programme currently in development for Practice Managers that included a coaching and development programme in partnership with Calderdale Council and a series of workshops that will deliver specific themes requested by PMs in the recent Leadership Development Day.</p> <p>The current development of the Calderdale Practice Managers Group was also shared. All of these ongoing programmes will be supported through some additional funding to be provided by Calderdale CCG. This will help, along with funding available through NHSe to provide these developments. Additionally, this will also provide an opportunity to provide leadership and administrative support to these groups through the independent chair function being</p>	

	<p>provided by MB and administrative support to the group, potentially through a Practice Administrator. The role Bev McLean provided on behalf of the MC in attending the CHFT Outpatient Transformation Board was also discussed with full recognition and appreciation for her engagement and commitment to this role. With BMC now leaving Calderdale in the new year, the need to review LMC representation was discussed. This was seen as a vital work area to continue and discussion recognised the need for a two-fold approach. Firstly, a replacement PM to ensure that the practicalities of developments being delivered through General Practice are fully considered and secondly, the need for a GP with a clinical perspective from our Practices also required.</p> <p>ACTION: A specification for the PM role to be drafted for discussion at the January LMC under an agenda item of LMC Development.</p> <p>ACTION: The need for a GP representative to be included in the next monthly communiqué</p>	<p>MB</p> <p>MB</p>
147/19	<p><b><u>PGPA</u></b></p> <p>Correspondence recently received from the Chair of PGPA regarding recent changes to the role of Chief Executive Officer was noted for information.</p>	
148/19	<p><b><u>PUBLIC HEALTH</u></b></p> <p>Boilers by Prescription – A request from the Housing Dept continues to remain in place that expects General Practice to confirm that the provision of a replacement central heating boiler would benefit their patient in terms of health. The original request required a doctor to sign the application but this has now been extended to any healthcare professional. In discussion it is clear that this remains a concern for GPs and remains unsupported by the LMC. CW will continue discussions with the team in housing as to the necessity for General Practice to be involved in the assessment process and whether there could not be a self-assessment by the applicant.</p> <p>A request has come from the Sexual Health Service in terms of a preferred approach by them to GPs in informing them of any patient that has had a LARC / change of LARC / LARC removal. Two options were provided that included either a monthly report or a discharge note to the patient for them to self report. Following discussion it was felt that a third option should be considered. Sexual Health Service should complete the same process as CHFT discharge summaries and send the insertion of LARCs through EPR. This would be with 24 hours and ensure patient safety should there be any complications. This would also mean the provision of a monthly report would not be necessary and patient self-reporting not required. ACTION: LMC to respond to the request with their recommendation.</p>	<p>MB</p>
148a/19	<p><b><u>CCG</u></b></p>	

	<p>The following information was shared with the LMC at the request of the CCG:</p> <p>The new NHS.net system for email provision is expected to be on line as a replacement to the existing gp-b system some time in January 2020.</p> <p>The revision to the Treatment Room LES for the provision of Ear Syringing services is in its final stage of implementation. This is a short-term provision to bridge provision until the new Treatment LES for the PCNs is agreed. This revision provides an additional 25p per patient for this service, it is hoped that this will help in reducing referrals into secondary care for this treatment.</p> <p>In regards to GPSOC (System of Choice) the CCG are reminding practices that funding and support is currently being provided for those practices that may wish to change. The clear view from the CCG is that for reasons of consistency, ease of use and interoperability there is a preferred direction that all relevant provision across the Calderdale footprint is utilising a single system. The challenge that has come from the CCG is that practices consider the question 'what would it take to change?' The CCG will be asking for informal conversations with EMIS practices.</p> <p>The CCG wish that general practice is aware of the significant pressures on the system at present. Of primary concern is an earlier impact of winter pressures than expected. The CCG are willing to consider various measures during this period to ensure that general practice is not negatively impacted e.g. not meeting routine QOF targets etc. The CCG expressed appreciation for how general practice is meeting this current challenge.</p>	
149/19	<p><b>LMC</b></p> <p><u>Wellbeing Strategy</u></p> <p>A final draft of the proposed well being circulated was considered and agreed by the meeting. This will be circulated by an online platform during January.</p>	
150/19	<p><u>Visit to Forrest Burlinson</u></p> <p>An overview of the recent visit to our accountants involving SN, JR, SK and MB was provided. LMC accounting and support processes were clarified. In addition, the proposed move of Calderdale LMC becoming a company limited by guarantee, consistent with a number of other LMCs regionally. Subsequent to the visit, FB have made us aware of potential costs involved from their perspective and the impact on our regular fees. ACTION: these costs to be compared</p>	MB/SK

151/19	<p>to alternative providers and brought as part of an overall proposal for LTD company status to the January meeting.</p> <p><u>LMC Publicity Leaflets</u></p> <p>Two leaflets were shared with the meeting for agreement to be used. These both had a different purpose and were designed with this in mind. One leaflet is to focus on making GPs across Calderdale aware of the work of the LMC and how it is there to support them. The second leaflet was designed for external agencies and helps them to understand how and when it would be appropriate to engage with the LMC. There was also a poster that would be provided to practices for placement in staff areas. These were agreed and will be made available following production.</p>	
152/19	<p><u>Support Functions to LMC</u></p> <p>SN shared with the meeting how over the past twelve months there has been significant and continued development to the role of Liaison Officer and how the current profile has changed from its original concept. As a consequence the meeting was asked to consider some proposals:</p> <p>There is acceptance that the hours required to fulfil the developed role can be up to four days per week. It was noted that LMC funds can cover this within existing arrangements and was supported.</p> <p>There is already recognition that the original role profile required development and that there should be clear Terms of Engagement in place between the Liaison Officer and the LMC, additionally that an additional profile should be developed for considering an administrative minute taker for the LMC meetings, this is to allow the Liaison Officer role to have full engagement in the meetings. ACTION: A revised Liaison Officer profile, Terms of Engagement and Minute Taker profile to be presented to the next LMC within the theme of LMC Development.</p>	MB
153/19	<p><b><u>Correspondence</u></b></p> <p>RH forwarded correspondence received by sessional/locum GPs across Calderdale from Local Care Direct (LCD). This is in regard to their workforce expansion plans focused on the recruitment of Physician Associates (Pas) and Advanced Care Practitioners (ACPs) and the subsequent expectation that sessional/locum GPs will provide supervision/teaching and training as needed. Discussion took place regarding the additional workload on doctors already stretched in capacity and whether LCD will be appropriately resourcing sessional/locum GPs to fulfil this role. ACTION: RH to draft a response, with support from SN in response to this expectation.</p>	RH
154/19	<p><b><u>AOB</u></b></p> <p>With the recent levels of activity and development it was noted that there are new documents in place to help manage the workload and assist planning. These include the development of a Forward Plan for LMC meetings and a Work</p>	

	<p>streams Plan. ACTION: Both these documents to be circulated to LMC officers on a monthly basis</p> <p>It was noted following discussion that SG would like to attend one day of the forthcoming LMC UK conference in York on 6/7<sup>th</sup> May 2020. There is also an opportunity if any member would wish to attend the LMC Secretary Conference in London on 5<sup>th</sup> March 2020.</p>	MB
	<p><b>DATE OF NEXT MEETING</b> Date of Next Meeting Wednesday 8<sup>th</sup> January 2020 Learning &amp; Development Centre, Calderdale Royal Hospital, 7.45 pm</p>	