

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical
Committee held on Wednesday 17/6/2020
(Held using Microsoft Teams)

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr R Loh Dr D Kumar Dr M Mensah Dr S Ganeshamoorthy Dr G Chandrasekaran Dr N Taylor Dr E Gayle Dr J Ring Dr A Jagota Dr S Khan Dr R Hussain	Spring Hall Rosegarth Plane Trees Keighley Road Raistrick Plane Trees Hebden Bridge Brig Royd Stainland Spring Hall Church Lane Sessional Rep	(SN) (RL) (DK) (MM) (SG) (GC) (NT) (EG) (JR) (AJ) (SK) (RH)	<u>Practice Managers</u> Charlotte Todd Tina Rollings <u>Liaison Officer</u> Marcus Beacham <u>Public Health</u> Helen Barker <u>Observers/Guests</u> Dr R Vautrey Davina McDonald	The Boulevard Rosegarth/Siddal CHFT BMA Minute Taker	(CT) (TW) (MB) (HB) (RV) (DMC)
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212/19	<p><u>WELCOME and APOLOGIES</u> No apologies were received. MB gave a welcome and to DMC, the new minute taker.</p>	
213/19	<p><u>DECLARATION OF INTERESTS</u> None declared</p>	
214/19	<p><u>MINUTES OF THE LAST MEETING 21/05/20</u> Minutes agreed as an accurate record.</p>	
215/19	<p><u>MATTERS ARISING AND ACTION LOG</u></p> <p><u>184/19 LARCS Request and information sharing</u> GC confirmed that there is a telephone triage in place for urgent cases relating to sexual health and it was agreed for this to be reviewed in October 2020. HB confirmed they are doing about 46% of what they used to do across all specialities.</p> <p><u>206/19 Delayed Covid Tests across PCN's</u> Swab testing – these are working well within the GP practices. Swabs are taken every 2 weeks. If someone tests positive who is asymptomatic, the track and trace team need to be informed and they will supply you with the advice needed going forward. Antibody testing – RV confirmed that you do not have to be registered as a temporary resident or staff member in order to get tested. Test results go back directly to the person concerned (posted to them). The blood samples have to go to Pinderfields and there is currently an issue with regards transportation. Blood bottles are being sent out in a phased delivery. HB confirmed that the bloods with the paperwork can be sent across to CHFT for them to process and send across. Action: HB to ensure the process is sent to MB for clarification and to roll out to everyone. It was brought to light with regards to testing affecting insurance. RW confirmed that this should not affect</p>	HB

	<p>insurance, although it might be delayed/deferred whilst awaiting the results, as with any other illnesses/condition. A statement is on the BMA website with regards to this. RV confirmed that both swab and antibody testing is on a voluntary basis for those who are asymptomatic.</p> <p><u>207/19 CHFT Patient Discharge Issues</u> SN requested the information for the patients discharged inadvertently at the beginning of COVID-19 in order to safety-net and pick them up. HB confirmed that this isn't possible as they can't extract this information from their system, as they didn't become a case and therefore they have no way of tracking them as they are no longer on their system. HB stated that this was not possible and the LMC strongly felt that this was not acceptable.</p> <p>In the interim the hope is the GP's will review the ones who were inadvertently discharged (if they can remember who they are), decide if they need to be re-referred and they can reactivate the original UBRN number which will slot them back into the waiting list at their original referral point once referrals are open.</p> <p><u>207/19 CHFT Radiology Letters to GP's</u> HB confirmed she will look into this ACTION: to send an update to MB with regards to Radiology letters.</p> <p><u>211/19 PCSE Issues</u> A discussion was had regarding issues raised by practices about general information and practice information being up to date as well as issues not being responded to. GP pensions not being up to date and being delayed was also raised. RV suggested specific examples can be sent to Ian Hulme at GPC via the secretariat and this will be picked up which MD will do. TR raised the issue she has been facing and will send this to MB who will pick this up and accumulate it with the other issue ongoing. ACTION: To collate examples and contact GPC as advised.</p>	<p>HB</p> <p>MB</p>
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216/19	<p><u>Covid19</u></p> <p><u>CHFT</u></p> <p>NEUROLOGY TIRATION RL gave an update with regards to ongoing discussions for medication titration. It has been put forward that a 6 weeks extension to the titration of medication would be beneficial due to the length of time letters etc. take to be received and processed. This is an ongoing discussion with Neurology. SN suggested something similar to the shared care guideline principles. ACTION: An update to be provided at the next meeting by RL.</p> <p>REFERRAL PATHWAYS HB apologised if the communication hasn't been clear, and explained that no pathways have been agreed, however, they have picked 6 specialities to do some diagnostic work on and with the themes which come through from that, they will choose which pathways to do some work on. It is a review of 6 specialities with 1 GP and 1 specialist getting together looking at the referrals and common themes.</p> <p>QUALITY OF REFERRALS HB gave an update regarding the lack of quality on referrals where they are not being where they need to be to allow adequate prioritisation and streaming patients into it. Currently they are looking into standardising it with a minimum data set.</p> <p>SUPER GREEN FACILITY This opens on Monday for complex major cancer cases which have been on hold due to COVID-19. They have just completed the 14 days isolation for this.</p> <p>ISOLATION FOR PROCEDURES A brief discussion was had regarding patients needing to be informed that they have to do 7 days isolation if they are undergoing a procedures and 14 days for anything surgical. Issues were also raised regarding the fit note during this period. This is to be clarified at the next meeting.</p>	RL
217/19	<p><u>RISK ASSESSMENT FOR STAFF AND BAME</u></p> <p>A discussion was held regarding this and as to whether any additional costs will be met via the COVID fund. MB</p>	

	has a call tomorrow with Debbie Robinson and to clarify what the CCG will fund, especially on the bigger item spends. The update will be discussed at the next meeting.	
218/19	<u>GENERAL PRACTICE RE-START</u> This discussion was linked in with the Red Sky Development (221/19 Training and Development Plan).	
219/19	<u>GENERAL PRACTICE FUNDING</u> A discussion was had regarding this and MB will be taking this up at the meeting with the CCG next week. MB confirmed that Q1 has been set and the dates for payments are in place and Q2 is currently being looked at. ACTION: circular to be sent to all PCN's to keep them up to date. ACTION: Clarification to be sought and circulated following CCG/LMC Exec	MB
220/19	<u>LPC MEETING UPDATE</u> RL gave an update regarding the meeting. The LPC has suspended some of its services due to the risk to staff and they have also implemented some charges for delivery. They also asked GP's to exercise some discretion when asking patients to see the pharmacist especially when the GP's are not willing to examine them (such as sore throats etc.) due to risk. They are compiling a draft letter to go out to all practices to keep them updated.	
221/19	<u>TRAINING AND DEVELOPMENT PLAN (9.20)</u> The practices which took part in the training gave feedback regarding the training and development. The Red Sky facilitation made it easy for the meeting to flow. The majority found the training productive, beneficial, worthwhile and helpful whilst a couple of practices struggled due to the facilitator not being clinical and having an understanding of primary care. In order to help the PCN develop, a suggestion was made with regards to setting up options for health and well-being sessions/breaks for staff. This will be at the next LMC meeting.	
222/19	<u>LTD COMPANY</u> The articles of associations were sent out and feedback/queries requested. A discussion was held where the	

	<p>requirements were explained and everyone is happy to go ahead. The agreement is now in place and ready to be signed off. There is a 4-week process once agreed. The training entailed is a 2-hour training session for the LMC and MB will confirm at a future meeting.</p>	
223/19	<p><u>LMC REPRESENTATION AND MEETING ATTENDANCE</u> The list of meetings was presented and discussed as to the different types and involvement of people required. As these are now being set back up again, the dates and times will be populated and sent around for people to attend and feedback. ACTION: To include additional information on the table and circulate</p>	MB
224/19	<p><u>LMC Workstreams</u> The LMC work-plan was presented and discussed as to the updates, actions and plans going forward.</p>	
225/19	<p><u>AOB</u> SN requested that the Practice Managers get anything they wish to add to the agenda to them by the Thursday before the meeting in order to prioritise and include this.</p>	
	<p><u>DATE OF NEXT MEETING – Please Note!</u> Date of Next Meeting Wednesday 5th August 2020 Microsoft Teams, 7.45 pm</p>	