

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical
Committee held on Wednesday 09/09/2020
(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	Spring Hall Rosegarth Plane Trees Raistrick Plane Trees Brig Royd Stainland Spring Hall Church Lane Sessional Rep	(SN) (RL) (DK) (SG) (GC) (EG) (JR) (AJ) (SK) (RH)	<u>Practice Managers</u> Charlotte Todd <u>Service Manager</u> Marcus Beacham <u>CHFT</u> David Birkenhead <u>Observers/Guests</u> Dr J Ishaq Dr M Azeb Davina McDonald	The Boulevard CHFT The Boulevard CCG Minute Taker	(CT) (MB) (DB) (JI) (MA) (DMC)
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		<u>ACTION</u>
240/19	<p><u>WELCOME and APOLOGIES</u> The following people sent their apologies; Dr R. Vautrey / Dr N. Taylor / T.Worral / C.Walker / H.Barker / Dr M. Mensah</p>	
241/19	<p><u>DECLARATION OF INTERESTS</u> None declared</p>	
242/19	<p><u>MINUTES OF THE LAST MEETING 05/08/20</u> Minutes agreed with some minor grammatical amendments as an accurate record.</p>	
243/19	<p><u>MATTERS ARISING AND ACTION LOG</u></p> <p><u>211/19 PCSE Issues</u> MB gave an update with regards to the GPC as they are aware of the situation and this is now being discussed at a national level and they will get back to us as soon as they have any further progress.</p> <p><u>216/19 Neurology Titration</u> RL gave an update regarding his meeting with the neurology department which the CCG attended and progress in being made with clarity and instructions and recent letters received have reflected this. RL suggested a review in 2-3 months with an audit of their letters. In the meantime, if anyone receives any further letters which are too complicated etc please direct to RL who will take this up with the neurology department. Action Closed</p> <p><u>231/19 Practice Managers/General Practice</u> JR confirmed from his list-server there was a consensus in other areas that the LMC would feel that they should represent the non-GP partners because they are a partner in a levy paying practice, and their obligation was to the contract that paid the levy to them.</p> <p><u>233/19 Sessional GP's</u> RH gave an update with regards to the portfolio as this is going slowly. She will set a deadline of the end of October and if she does not have the required numbers, she will close this.</p>	RH

	<p><u>235/19 LMC Meeting Representation</u> MB went through the LMC Representation and Meeting Attendance list submitted and outlined and clarified the differences along with which groups have changed and the new dates. DB will take the list back to HB and have a discussion and review what the CHFT will still need and link into the LMC needs. SK gave an update on the Clinical Interface Group meeting he attended (which recently changed its name) and confirmed they are still taking place with the ongoing issues and pathways. MB discussed the very recent addition of the A&E Board and whether the LMC is represented at this meeting and whether it is appropriate at the nature of this group. DB confirmed it is a system wide group for urgent and emergency care and the CHFT is a member but does not convene it. MA confirmed that he has previously been involved and attended the A&E Board meeting and suggested this meeting is valuable for the LMC to attend due to the nature of the discussions and topics. SK confirmed the A&E Board meeting was a result of the Clinical Interface Group. The LMC will look into attending this meeting and adding it to the meeting attendance list. AJ gave an update regarding the OTP meeting and the outcomes. They require 1 representation from Calderdale and 1 from Huddersfield to look at Gastro and Urology with sub-groups coming from this. It was decided time permitting GC will volunteer for the Urology due to her speciality being Urology with AJ deputising. SN gave an update with regards to the LMC CCG meeting and the get it right letter received and also developing pathways. SN confirmed the date for the next YH LMC Alliance meeting is the 24th November 2020, 12:30pm – 2pm and will be taking place remotely. ACTION If anyone is interested in attending please contact MB.</p> <p><u>239/19 CAHMS Discharges during Covid</u> JR gave an update with regards to the discharges and where the clinical risks sits and having to refer back. SN confirmed this should now be resolved due to them being open again and MB confirmed the website has been updated with this.</p> <p><u>239/19 SWYFT Interface</u> GC confirmed she has sent an email invitation last week and should get a response in due course.</p>	<p>DB/MB</p> <p>All</p>
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244/19

STANDING ITEMS

Flu Planning

SC gave an update with regards to the Flu planning meeting with the various levels of care and administering to the community. The district nurses will be signing the Hon Comms Contract as usual for house bound patients only. They are still awaiting a further update with regards to community nurses for nursing home patients. SG enquired with regards to the Midwives being trained up to administer the flu vaccine and SC confirmed this is in the pipeline for the next meeting. DB confirmed the midwives vaccinated last year. GC confirmed the District nurses are almost trained and should be finishing their training within the next 2 weeks and ready to sign the Hon Comms Contract. Other speciality nurses such as respiratory might not work due to the patient's being ill, therefore they would not be able to vaccinate them. Dates for this have yet to be confirmed. GC confirmed nursing homes should have nursing staff to administer the vaccine as the care homes are aligned with practices within the PCN, however, in the best interest of practices and PCN's if the GP's could send someone out the care homes to administer the vaccines it might be in their best interest to do this in the interim if they have capacity. It is up to practices and PCN's to make the plan.

RL mentioned that following a meeting with the pharmacies they are ready to vaccinate patients and have a contract from NHS England to do this. They have access to Systm1 and EMIS in order to check if a patient is eligible and update the systems with this so the GP is made aware.

GC confirmed that a Calderdale wide draft flu plan is being put together by Rob Gibson to feed into the ICS as each place has to submit a plan into the ICS.

MA stated the CCG requested a flu plan from each practice. SG confirmed the CCG is going to put out a minimum guideline for PPE for flu clinics, which is a mask and to wash your hands and use gel, MA confirmed.

GP Leadership

No updates to report at this meeting.

LMC Alliance

No updates to report at this meeting.

LMC Workstreams

The current workstreams plan was shared

245/19	<p><u>CHFT</u></p> <p><u>COMMUNITY SERVICES RESET – DN’s and Comm Matrons</u> GC enquired with regards the recovery and reset to essential work and what the remit is for this and the Quest team, and where the community was heading and what their recovery was. ACTION DB will contact the community team to get them to contact GC with regards to this.</p> <p><u>UPDATE</u> DB gave an update with regards to the phase 3 plan. The first submission has been submitted with the revised submission due by the 21st September 2020. They are working towards how they can improve their activity towards elective care. Work is ongoing around the new infection control guidance and the new NICE guidance which was recently issued around managing patients at risk with COVID and the different risk factors.</p>	DB
246/19	<p><u>PRACTICE MANAGERS / GENERAL PRACTICE</u></p> <p><u>New GP Appointments Recording System</u> SN discussed the new recording system for the general practices and what needs to be recorded, as this data is being collected nationally to show how busy general practices are. All the practices need to be aware of this and use the new system. MA confirmed that all practices agreed and signed up to NHS digital 2 years ago to access and collate data such as number of appointments booked. In order to capture the full data of how busy practices are they need to look at all contact with patients and not just appointments, therefore, any contact with a patient by a clinician needs to be recorded on an appointment system, such as any telephone consultation/triage. The link to the full guidance on how and what to data to capture is below; https://www.england.nhs.uk/gp/gpad/more-accurate-general-practice-appointment-data/appointment-book MB confirmed this is on the agenda to the Calderdale Practice Managers Meeting next week.</p>	
247/19	<p><u>Apex Insight Update</u> GC confirmed Apex Insight is a tool that will capture the PCN and practice level data. MA confirmed it should and they need people to use this more as the CCG have paid for it again but if this is not being used it will not be paid for again. MB confirmed this is on the agenda to the Calderdale Practice Managers Meeting next week.</p>	

<p>248/19</p> <p>249/19</p>	<p><u>Funding</u> CT raised concerns regarding funding from the CCG and although they will not be resuming minor surgery and sexual health, they will not be able to get the funding they normally get. MB confirmed this will be discussed at financial board level and it should be confirmed that Q2 income is protected as was Q1. ACTION MB will contact public health in respect of the sexual health contract funding. SN mentioned the QOF guidance has come out this morning and CT confirmed she has received this.</p> <p><u>Infection Control Support</u> CT queried the infection control support from the CCG in readiness for the opening back up. SN confirmed the CCG are willing to visit and give advice and gave details of the contact. MA confirmed it is not the CCG responsibility however they are happy to provide it.</p> <p><u>Learning Disability Death Review</u> MA confirmed that there is no charge for a learning disability death review.</p> <p><u>PUBLIC HEALTH</u> Apologies were sent from CW. Some of this topic was discussed in the “Flu Planning” section with regards to PPE.</p> <p><u>LMC ITEMS</u></p> <p><u>Draft Wellbeing Strategy</u> MB gave an update. A final draft has been sent out. In the scope and objectives, this document is a strategy about what the LMC intend to put in place, not what is available on a regional and national level, as this is available on the website, which will be restructured over the next few months. Part of the strategy is to put together training and development programmes. The 4 key areas are, the offer of support and advice setting up wellbeing programmes at individual practices, LMC Officer training, Practice Manager Development programme and LFC mentorship program. MB went through the modules, costings and funding. This will link into the Business Plan which will be presented and the AGM, with an overall action plan and projection with costings. MB confirmed this includes sessional GP’s as well as Practice Managers as this is central training for mentees and mentors and will put the specific information on the website. Further funding was discussed. The Strategy was agreed by the LMC</p>	<p>MB</p>
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	<p><u>238/19 Succession Planning and Support</u> SN confirmed SK has volunteered to do this with shadowing RL first and SN after and they look forward to having him onboard. If anyone else is interested please let MB or the Exec know.</p> <p><u>LMC England Conference</u> This will be taking place on the 27th November 2020 and will be virtual. SN has registered and gave a brief breakdown of what it would entail. If anyone is interested and would like to register as an observer to contact MB.</p>	
233/19	<p><u>AGM – October</u> MB suggested a virtual AGM due to the new COVID restrictions. SN confirmed to wait until 2 weeks before to see if the restrictions were lifted, if not DMC to send out the virtual invitations.</p>	DMC
250/19	<p><u>Schedule of Date – 2021 LMC Meetings</u> Dates have been agreed and if things change to update the location. ACTION DMC to send all the dates out as a Microsoft Teams</p>	DMC
251/19	<p><u>AOB</u></p> <p><u>Premises for PCN's</u> GC mentioned concerns regarding PCN premises due to COVID and social distancing with the expanding roles, the request was for LMC support in discussion with the CCG. SN confirmed the LMC would support them. CT suggested to GC if the roles are not patient facing then she does have a lot of spare space at Horne Street and will be happy to have conversations surrounding that. ACTION GC will get her Practice Manager to contact her in regards to this and thanked her for the offer.</p> <p><u>DATE OF NEXT MEETING – Please Note!</u> Date of Next Meeting Wednesday 10th October 2020 via Microsoft Teams.</p>	GC