CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 11/11/2020
(Held using Microsoft Teams)

Present					
<u>LMC Members</u>			<u>Practice Managers</u>		
Dr S Nagpaul (Chair)	Spring Hall	(SN)	Charlotte Todd	Boulevard	(CT)
Dr R Loh	Rosegarth	(RL)			
Dr D Kumar	Plane Trees	(DK)	<u>Service Manager</u>		
Dr S Ganeshamoorthy	Raistrick	(SG)	Marcus Beacham		(MB)
Dr G Chandrasekaran	Plane Trees	(GC)			
Dr E Gayle	Brig Royd	(EG)	<u>CHFT</u>		
Dr J Ring	Stainland	(JR)	Helen Barker	CHFT	(HB)
Dr A Jagota	Spring Hall	(AJ)			
Dr S Khan	Church Lane	(SK)	<u>Observers/Guests</u>		
Dr R Hussain	Sessional Rep	(RH)			
Dr N Taylor	Hebden Bridge	(NT)			
Dr M Mensah	Keighley Road	(MM)			
			Davina McDonald	Minute Taker	(DMC)

		ACTION
252/19	**WELCOME and APOLOGIES** The following people sent their apologies; N.Taylor	
253/19	**DECLARATION OF INTERESTS** None declared	
254/19	**MINUTES OF THE LAST MEETINGS (AGM and LMC) 14/10/20** The AGM and LMC Minutes were agreed as an accurate record.	
255/19	**MATTERS ARISING AND ACTION LOG** Action Log SN went through the action log. 233/19 Sessional GP's RH will give an update with regards to this at the next meeting. **ACTION MB to chase RH for update** 239/19 SWYFT Interface MB confirmed this is ongoing and he will chase them up with regards the date. **ACTION MB to chase for date**	
256/19	**CHFT** Community Phlebotomy SN raised concerns in regards to out-patient patients being sent back to the GP for blood tests due to not having capacity, which the GP's don't have either. GC informed the group the CD's have had a meeting with the CCG and in principle it was agreed all the GP phlebotomy would go out to the community to do all the GP	

	bloods. They are recruiting and working towards pulling everything together and will have an update the first week in December. The only catch will be the GP's cannot send patients to the hospital and all bloods will have to be done in the community by the phlebotomy team and practices, however, all the out-patients and acute in-patients will be done at the hospital. There will still be some urgent slots available for the GP's to send patients to the hospital should the need arise. SK informed the group with regards to an audit done where most of the bloods done were for CHFT out-patients. HB will put some urgent comms out with regards to this. **ACTION HB to chase Sarah regarding this** <u>Hospital Comms / Sexual Health Protected Income</u> SN informed HB the memory clinic are asking GP's to do the ECG's in advance get the results and send them in with referrals. GP's are not commissioned to do ECG's and SN asked HB to pass this back to them. SK enquired regarding direct referral to the memory clinic. HB explained with regards to excluding urgent cases, consultant to consultant referrals are not allowed due to patient choice and pathways. SK also mentioned diagnostics results which are already on the system for the clinic to access and use. HB confirmed if they are an in-patient then this should be used and she will pick this up with them. SN mentioned certain specialties have the ability to put correspondence (letters) directly onto SystmOne which is great, however, if a task/action is not sent to the GP's informing them to the correspondence they will not know it's there in order to review it. HB confirmed this was brought to her attention very recently and she actioned this but if it is still a problem then she will do a reminder. A discussion was had with regards to sexual health protected income and MB informed the group he is due to have a 3 way meeting to look at the issues around income protection. This is to be added to matters arising at the next meeting. CT informed the group with regards to Q1 where the income was protected and was activity based. MB confirmed he will be picking this up at the meeting he is due to attend. **ACTION MB to speak with GC and update once he has had the meeting.** <u>District Nurses and Flu Vaccine</u> GC confirmed the district nurses are giving the flu vaccines. The Quest team is currently down on their work at the moment due to COVID and also the care homes are suffering. The PCN is trying to find someone to help the Quest team. HB confirmed there are a lot of isolation cases at present. RL enquired whether the CHFT clinicians have a working prescribing system for community pharmacist. HB confirmed they met with	

	the community pharmacy team yesterday and it is a piece of work they are looking into and will get an update and send to MB. RL mentioned an email received regarding the hospital virtual clinics only being able to prescribe medication through the hospital pharmacy and not local pharmacies. HB confirmed that even if they cannot prescribe to a local pharmacy they can electronically prescribe to the out-patient pharmacy which offers a delivery service, HB will look into this and send the update to MB. **ACTION HB to send updates to MB** <u>Update</u> HB gave an update with regards to bed base and the COVID position for patients and also cancer work. They have commissioned another 25% of activity from the private sector for the priority patients. The numbers are still quite high for the COVID patients and the mortality rate isn't insignificant along with the staffing gaps due to COVID. <u>Referral Comms</u> SN gave an update with regards to the comms which are about to go out with regards to referrals and CHFT will look at the 2 weeks referrals and prioritise the urgent ones with the routine ones being placed on hold. SN requested an overall system statement (uniform comms) in regards to where we currently are with GP's not being shut due to receiving complaints. HB confirmed some of their specialities are still running, they have turned off their in-patient and day case work to release the staff, also some of the medical out-patients are stopping in order to relocate staff. The message to be sent out to the patients is going to be clear that they have been referred in and although they will not have an appointment in the near future they are in the system. GC asked if there is somewhere or something which can be done with regards to the priority 2 patients. HB is having a meeting with the surgical team on Friday and will see if something different they can do with the priority 2 patients such as trying to put an advanced model in.	
257/19	**<u>Level 4 COVID Implementation</u>** <u>COVID Vaccine</u> SN asked HB if there is expectation for secondary care to deliver the COVID Vaccine. HB confirmed that the secondary care will deliver this to all healthcare staff, due to the way the vials work they will have to get a dedicated project team and work 7 days a week and a different approach due to logistics. They have looked at pulling in retired people. HB confirmed the only directive they have had with regards to the community teams and housebound is the minimum order and the first dose to be done in the first 3 weeks of December and then the second dose. GC	

raised the issue with community staffing in respect for this. HB confirmed they will work together on this. MB offered to send around the initial draft spec from the NHS England. MM asked for clarification if the LMC will support practices whether they sign up for the DES or not. MB mentioned this will be part of the meeting they will be having tomorrow and will give an update with regards to this. CT addressed the payment side of the vaccine. RV confirmed no practice will be penalised whether they sign up or not and asked to work together in their PCN and prioritise this. He confirmed the payment for this is 25% higher than the flu vaccine and went through the various resources which can be pulled in to get extra funding. He explained with regards to the 2 different vaccines which have been purchased and timescales. SN queried with regards to the consent for the vaccine which needs to be done by registered clinician which will in turn affect the amount of vaccines which can be given. RV confirmed it will be a challenge especially with the first vaccine however it can be streamlined and the different ways around this to enable it to work. MM asked for clarification with regards to the requirements if they sign up to it now will practices be liable and in breach if they are unable to fulfil all the requirements later down the line. RV confirmed with the CCG backing and they will make it work, especially if it's due to illness they won't be in breach and will be supported. The suggested 7 day 8-8 system should only be in place when the vaccine is there and run on a shared rota basis with PCN's working together and not individual GP's. The vaccine once defrosted has to be given within 5 days which is where the rate factor and logistics play a part, hence the 7 day 8-8 system. Once the other vaccine gets delivered this does not have this factor and will be easier to store and deliver. CT mentioned although they do want to take part they don't have the workforce to deliver this at present and queried other services and income protection. RV confirmed she should apply for that and there is a push for this West Yorkshire wide. As regards the smaller workforce there is an option do work with other PCN's in a centralised way. CT confirmed that unfortunately Calderdale doesn't have the IT structure in place in order to do it this way.

LMC Business

Workload Prioritisation Guidance

MB presented a publication from BMA RCGP which came out just over a week ago. The CCG suggested Calderdale have an agreed position where they are on the levels on the table presented. In the discussions so far with the CCG they have been quite supportive with the position, thoughts and ideas shared with them which has been positive. Due to the pressure and scrutiny and the local elective members with regards access and not fully understanding some of the things going on the in the system, this is why they would like to try and see where we in our thinking feel we are.

MB suggested we are between Level 3 and Level 4 on the chart and this was opened up for discussion. It was

	agreed currently between Level 3 and Level 4, however when the vaccine arrives it will be Level 4.	
259/19	<u>Healthwatch Access Report</u> MB sent out the full report along with a summary and raised 2 points. The first was the Healthwatch report has been a package of things that has caused a lot of angst amongst the elective member and putting increasing pressure on primary care in terms or access and needs to be seen in that context and that problem is not going away in terms of scrutiny and the elective member and their pressure on the CCG and ultimately on practices. The second point which needs to be born in mind is part of the difficulty in terms of access is that there seems to have been a significant number of those who responded to the Healthwatch report came from the practices that were closed recently under APMS and those patients were migrated to other practices and the way the timing worked out has not helped the situation, as the migration was commenced in early March and was continuing still beyond the end of March then COVID and the first lockdown kicked in. This influenced the responses that Healthwatch got in terms of the report. Healthwatch has asked for some thoughts and responses from key organisations to the 5 questions they put at the end of the report. MB shared 4 of the questions and asked for feedback. A discussion was had with regards to this and feedback given such as patient training and taking control of their healthcare, put across what has been achieved, gained and learned, corelate positive responses and use these.	
	<u>STANDING ITEMS</u>	
260/19	<u>Meeting Reps Feedback</u> SN thanked everyone for attending the meetings and asked the relevant people for feedback along with reminding everyone if they cannot attend to let MB know so a substitute can be made. SN mentioned that they are currently looking for a practice manager to attend the out-patient transformation board meeting. MB asked CT if you could mention this to the other practice managers to see if any of them would be interested in attending. **ACTION MB to send the information to CT** <u>Flu Planning</u> SG updated the group with regards to the meeting which is now being used to liaise with everyone to talk about the COVID vaccinations and administration. SG agreed to also attend the weekly COVID meeting which is on Monday's at 11am.	

	Clinical Interface SK gave an update with regards to the push back on the DVT pathway which has now been resolved. A lot of the work now is on COVID and working on a long COVID pathway. This may tie in with some work on the virtual COVID ward. GP Leadership RL gave a brief breakdown of what was due to be discussed such as access, consistent approach across Calderdale, 111 and A&E referrals, single site for COVID positive or suspected patients as the meeting was rescheduled due to the second lockdown. Primary and Secondary Interface SN mentioned the joint clinical interface sessions and gave a breakdown of the structure and asked if anyone attended. SK confirmed he has attended one so far. SN recommended attendance and asked for volunteers to attend in order to make it successful. MB confirmed he will put the dates of the forthcoming ones on the website. GC asked if there was a defined purpose put together for the meeting. SN explained with regards to the clinical aspect and SK confirmed it is was more educational and practical as to how they are working and best ways to refer and found it useful. DK confirmed he also found this useful and informative.	
261/19	LMC Work Programmes LMC Workstreams SN presented and went through the LMC Workstreams document, as this has been created for the people who are not on the exec or in all the meetings to have some idea what is going on in the background such as GP Resilience, LMC Publicity and Marketing, Business Development and Management, Development and Training Programme, CHFT Liaison Work, CCG Engagement, Website and general admin. MB confirmed the LMC will be officially limited from 01st January 2021 and the first official year end will be the end of March 2022.	
262/19	Requests for Practice Second Numbers SN gave a brief outline with regards to different agencies asking the LMC for the bypass numbers due to it being difficult to get through on the main phone lines at times. A criteria has been put together by SK for this and he presented the 4 key principles, all of which need to be met in order for the number to be given out;	

	1. It needs to be used by Allied Care Professionals only 2. A priority call (i.e. it takes preference over all other calls) 3. It would be inappropriate to discuss or relay information by any other means of communication to the practice (e.g. a paramedic needing to speak to the GP to see if a DNR is in place etc.) 4. Direct GP input is needed within an urgent timescale to avoid an undesired outcome SN clarified that if practices wish to give their bypass number out to others professionals it will be up to the practices, as the above criteria is the LMC's guideline if they wish to use it. **ACTION MB to send to practice managers**	
263/19	**AOB** **DATE OF NEXT MEETING – Please Note!** Date of Next Meeting Wednesday 09th December 2020 via Microsoft Teams @ 7.45pm	