

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical  
Committee held on Wednesday 09/12/2020  
(Held using Microsoft Teams)

Present					
<u>LMC Members</u>			<u>Practice Managers</u>		
Dr S Nagpaul (Chair)	Spring Hall	(SN)	Tina Rollings	Rosegarth	(TR)
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)	Anna Basford	CHFT	(AB)
Dr A Jagota	Spring Hall	(AJ)			
Dr S Khan	Church Lane	(SK)			
Dr R Hussain	Sessional Rep	(RH)	<u>Observers/Guests</u>		
Dr N Taylor	Hebden Bridge	(NT)	Dr Susi Harris	CCG	(SH)
Dr M Mensah	Keighley Road	(MM)	Dr Majid Azeb	CCG	(MA)
			Dr Richard Vautreay	BMA/GPC	(RV)
			Caron Walker	Public Health	(CW)
			Davina McDonald	Minute Taker	(DMC)

		<b><u>ACTION</u></b>
264/19	<p><b><u>WELCOME and APOLOGIES</u></b> No apologies received</p>	
265/19	<p><b><u>DECLARATION OF INTERESTS</u></b> None declared</p>	
266/19	<p><b><u>MINUTES OF THE LAST MEETINGS 11/11/20</u></b> The LMC Minutes were agreed as an accurate record.</p>	
267/19	<p><b><u>MATTERS ARISING AND ACTION LOG</u></b></p> <p><u>Action Log</u> SN went through the action log.</p> <p><u>256/19 CHFT Sexual Health Protected Income</u> MB gave an update and confirmed that income protection is supported for quarters 1 and 2 and it was confirmed that local authority funding in terms of sexual health services will fall within the income protection. As there is currently a back log, a discussion is being had with regards to addressing the back log via services with Marie Stopes which may alter the funding for quarters 3 and 4. SN mentioned the GP's have to do a certain number in order to be accredited, which if the back log went to Marie Stokes this would affect the number and GP's will not be able to reach the number required to be accredited. MB confirmed this was discussed and there is a balance which needs to be reached on both sides, without affecting patient care whilst dealing with the backlog. The timescale agreed for a decision will be by the end of this month. <b>ACTION MB to update once timescale agreed.</b></p>	MB
268/19	<p><b><u>CHFT</u></b></p> <p><u>Pharmacy and Prescriptions</u> RL gave an update as to previous situation which HB was looking into. AB confirmed that although they do</p>	

	<p>not have direct connectivity to directly prescribe electronically to all local community pharmacies, however there is provision with Rowlands for collection from the hospital pharmacy or local delivery of prescriptions, and this is up and running and in place.</p> <p><u>Phlebotomy</u>  AB gave a general update with regards to this. AB confirmed HB sent out communications across the clinical division confirming if a patient requires phlebotomy in relation to an out-patient clinic this needs to be booked with the hospital. In terms of the broader direction with phlebotomy there is community based phlebotomy and due to constraints and staffing levels a more dedicated project management support is being given to the phlebotomy service. Timescales will be provided in due course from HB. GC confirmed that the community based phlebotomy is already up and running in certain areas. MA mentioned in central the collection for phlebotomy is only 1 collection a day at lunchtime, which stops any blood being taken after 1pm and would like more than 1 collection per day so only half of the capacity can be used. AB suggested a later collection, however she will take this back and raise the issue and provide an update. MM mentioned acute blood tests being done by the hospital and the difficulty in getting through and getting this done and asked if there are any systems in place in order to get this done, AB will take this back and update at a later date. SN raised the issue regarding the capacity and a discussion was had. The consensus was due to COVID half the amount of bloods are being done in the same timeframe. <b>ACTION AB to raise concerns in regards to phlebotomy and give update at the next meeting.</b></p> <p><u>District Nurses and Flu Vaccine</u>  JR raised an issue regarding 3 patients in a care home still awaiting their flu vaccine. The district nurses said they do not have capacity to do this. JR gave the details of his care home. GC also mentioned that there are house bound's who haven't received either. Details of all the outstanding care homes and housebound were given to AB. AB to take back and raise. <b>ACTION AB to take back and raise this with the district nurses and give update.</b></p> <p><u>Interface Sessions</u>  AB gave an update with regards to the interface sessions held at lunchtimes. Currently 5 sessions have already been held (Vascular, Ophthalmology, ENT, Endocrinology and Paediatrics) with a further 2 sessions planned (Rheumatology and Respiratory Care). Generally, across the board approximately 8 practices have</p>	<p>AB</p> <p>AB</p>
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	<p>been represented at the events. As a collated pack is produced for each session with a summary and agreed joint actions, AB reviewed the summaries from the meetings already completed and so far the feedback has been positive, constructive and clinically focussed, however, AB will give full feedback once the other 2 sessions have been completed. A brief discussion was had in regards to those who attended the completed session. RH requested a link and information regarding the interface sessions and AB will forward this to MB. MB and MA informed RH the key messages are available on the CCG website for her to access and the link will be sent to her, this is generally updated weekly. <b>ACTION AB to give an update once all the sessions are completed and send the link to MB.</b></p> <p><u>Healthcare in Calderdale &amp; Huddersfield Reconfiguration - Update</u></p> <p>AB gave an update and shared a brief presentation regarding the reconfiguration and investment in the hospitals with funding the infrastructure and developing the plans, although some of the plans were delayed due to the pandemic. An overview of the plans of what they hope to achieve was shared along with the service delivery and service model along with timescales going forward. AB went through the planned facilities for each site and how this would work with the dual operation across both sites. The details of the proposed plans and drawings from the architects was presented for both sites and also details of where the expansions will be. There will be 240 additional beds, new accident and emergency departments and additional theatres along with expanding Calderdale Royal Hospital by 50% along with a multi-storey car park at Calderdale Royal Hospital. Formal planning applications will be submitted in the new year to both Calderdale and Kirklees Council. As the build for Huddersfield is not as big, they are looking at starting the build towards the end of next year (2021) with the estimated completion in 2023. For Calderdale due to the size of the build and more complexities, extra steps need to be taken and commencement is estimated for 2023, with the estimated completion in 2025. AB confirmed there have already been involvement events where the architects met with the general members of the public as well as clinicians where discussions were had in regards to principle of size, functional space utilisation, environmental factors, what matters to patients etc. Digital innovation will underpin all aspects of the reconfiguration such as the building, models and partnership working. There is a focus on looking at innovative solutions and anticipating future trends, to ensure we are ready to accept them and design them in. Convenience and experience for patients is also a key feature. MB enquired with regards to the outpatients transformation and A&amp;E redesign for both sites along with the funding split which AB confirmed design and facilities which will be available at both sites and also that the split is still the same and she will discuss in more detail with MB. CW enquired regarding the environmental impact such as green spaces, growing areas, air quality and if a health impact assessment has been completed. AB confirmed that a huge amount of work has already been done with this in mind and all this has been covered to minimise any harm and the impact on the environment, air quality,</p>	<p>AB/MB</p>
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zero net carbon, heritage and much more such as travel plans etc.

COVID

AB did not have any further updates with regards to the rollout of the COVID Vaccine from CHFT.

Implementation and Funding

MB gave an update with regards the funding and how it is structured across the 7 spend areas which is following a similar model to what other CCG's have done and the paper has now been submitted to the committee. On the paper submitted there was confirmation on income protection in a global sum. The minor surgery DES is also going to committee, which is also income protected for the final 2 quarters of this year, based on the equivalent amounts from the previous financial year, which they have agreed to protect.

Winter Planning – Prioritisation

MB confirmed part of the paper which has been submitted for the implementation and funding includes the winter planning, as a number of schemes were agreed to be funded under winter planning (A&E streaming service, COVID Clinic Service, top up to the Acute Visiting Service, Learning Disabilities Health Checks backlog – which were signed off and agreed last week) which is from the CCG local funds, not the additional national funds. In terms of prioritisation, the paper which was submitted today which outlines the prioritisation agreement and principles reached at the GP Leadership meeting a couple of weeks ago, in that practices are open and there is an agreed clinical risk stratifying an approach as to when it is necessary to see patients face to face.

A discussion was had with regards to the pathway for oximetry and COVID assessments and clinics.

COVID Vaccine

MB gave an update with regards to the plan of CHFT starting next Monday with the COVID Vaccines as this has now been delayed until the 21<sup>st</sup> December for the first go live from the hospital. Alongside this all 5 PCN propositions in terms of their main single sites, have all been signed off and accepted. There was a mention that PCN Central will be starting earlier and potentially on the 16<sup>th</sup> December in terms of on their site, dependant on equipment and everything being in place, as this will be with the Pfizer vaccine. There is potential that some of the other PCN's will come online the same time as the hospital, but a more realistic approach maybe first week in January for most of the provision. Boots in the centre of Halifax will not be online until the new year. There is a national PGD which they are waiting for and this should be out tomorrow. A list is being drawn up at PCN level for front line and NHS staff to receive the vaccine, which needs to include sessional GP's.

<p>271/19</p>	<p>GC enquired if the LMC will support the CD's with the unreasonable deadlines being given to them from the CCG as the national ask is not the same as what the CCG are giving. MB confirmed that the LMC will support them in this and SN agreed.</p> <p>MB raised an issue regarding the tension in relation to comms and the NHSE being controlling over what comms can be said and what can go out as the LHTT have taken the lead on local comms.</p> <p>CW confirmed the push is really coming from the ICS. On the issue of comms what they have decided as a council is that they are going to start putting out some comms as they are not bound by NHS and they have started already to put the message out that the vaccine will be coming, and they will increasing the comms from next week.</p> <p>MA confirmed that at Central PCN, which is being delivered out of Spring Hall Surgery, they are gearing up to deliver the vaccine on Tuesday. Although they are currently booking patients in for the COVID vaccine they are not allowed to advertise this in any way, but patients are already booked in to receive the vaccine. They have not received the vaccine as yet which is a big risk.</p> <p>RH advised that the sessional GP's will be more than happy to help out in administering the vaccine if there is a need for staffing. SN confirmed that MB has already sent out some comms to the sessional GP's regarding this.</p> <p>RH raised the need to look at how ongoing comms from the CCG can be effectively included to our sessional/locum GPs as this had previously been in place when there were joint LMC/CCG Briefings. There is a concern that important information may be missed by a group of GPs working in Calderdale. Although the Key Messages are solely a CCG communication it was agreed to look at how best these can be disseminated. <b>ACTION To look at best way for the weekly briefings to be made available for sessional GPs</b></p> <p>TR mentioned that she is currently collating a list of volunteers such as ex-GP's, clinicians, nurses etc. to help in administering the vaccine, and would be grateful if anyone knows of someone who would like to volunteer to pass those details onto her. <b>ACTION details of any volunteers to help administer the vaccine to be passed to TR.</b></p> <p><b><u>LMC Business</u></b></p> <p><b><u>LMC Business Plan</u></b></p> <p>As per the papers sent out, MB outlined some of the principles which were discussed last week around the formation of how the budget has been put together. Over the last few years there has been a growing impact of the LMC in a lot of areas of work across Calderdale. The levy was discussed, as this has not been increased for a number of years, in order to continue to grow and be effective the levy will now need to be increased in the new year. This was agreed and supported by all.</p>	<p>MB</p>
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<p>272/19</p>	<p>MB also briefly discussed the budget plan and financial side of the 3-year business plan and going forward with acquiring office premises and additional staff alongside MB and DMC such as a project support officer in the upcoming year. Sessional payments and rates were also discussed, as well as unclaimed fees. SN agreed that going forward sessional payments will need to be claimed within a reasonable timeframe and cut-off date needs to be implanted for claims. The Business Plan as presented was agreed. <b>ACTION cut-off date for claims to be agreed and shared.</b></p> <p><u>Shadowing Review</u></p> <p>SK has been shadowing RL for the last 3 months and gave feedback as to the experience. SK was really grateful for the opportunity and experience to shadow the committee. It is an ongoing learning experience. It brought to light the volume of work that the LMC are involved with and also the number of workstreams, which MB co-ordinates and ties everything together. SK felt it was important to express at lot of the work the exec committee are involved with goes alongside their day to day GP work, and many times this extends into the late evening. Being involved and working with the CCG really highlighted the importance of having the GP LMC involvement, especially with the GP's knowing their patients, what's expected and giving feedback on what will work and what won't work. It has been a steep learning curve. SK felt it was really important to observe and felt he gained insight from how decisions are being made by the GP exec committee, when to stand your ground and when to compromise, especially as a new member, this was invaluable knowledge to take away and he is also applying it to day to day GP work. He recommends and encourages this to any new members if they get the opportunity, as it would greatly add to their skillset. RL thanked SK for his positive feedback. SN suggested parts of this could be done as a podcast and put on the LMC website. <b>ACTION DMC to look into setting this up.</b></p> <p><b><u>AOB</u></b></p> <p><b><u>DATE OF NEXT MEETING – Please Note!</u></b> Date of Next Meeting Wednesday 13<sup>th</sup> January 2021 via Microsoft Teams @ 7.45pm</p>	<p>MB</p> <p>DMC</p>
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