CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 13/01/2021
(Held using Microsoft Teams)

Present					
LMC Members			Practice Managers		
Dr S Nagpaul (Chair)	Spring Hall	(SN)	Tracy Worrall	Spring Hall	(TW)
Dr R Loh	Rosegarth	(RL)			
Dr D Kumar	Plane Trees	(DK)			
Dr G Chandrasekaran	Plane Trees	(GC)	CHFT		
Dr E Gayle	Brig Royd	(EG)	Helen Barker	CHFT	(HB)
Dr J Ring	Stainland	(JR)	Lindsay Rudge	CHFT	(LR)
Dr A Jagota	Spring Hall	(AJ)			
Dr R Hussain	Sessional Rep	(RH)			
Dr N Taylor	Hebden Bridge	(NT)	Observers/Guests		
Dr M Mensah	Keighley Road	(MM)	Majid Azeb	CCG	(MA)
			Dr R Vautrey	BMA	(RV)
Director of Ops			Caron Walker	Public Health	(CW)
Marcus Beacham	LMC	(MB)			
			Davina McDonald	Minute Taker	(DMC)

		ACTION
1/21	**WELCOME and APOLOGIES** The following people sent their apologies; S.Ganeshamoorthy(SG) and S.Khan(SK)	
2/21	**DECLARATION OF INTERESTS** None declared	
3/21	**MINUTES OF THE LAST MEETINGS 09/12/20** The LMC Minutes were agreed as an accurate record.	
4/21	**MATTERS ARISING AND ACTION LOG** Action Log SN went through the action log. 256/19 Community Phlebotomy HB gave an update with regards to some disparity with the Greater Huddersfield Community Phlebotomy and the Calderdale Community Phlebotomy services in regards to the aims for achievements along with costs within the financial envelope. There is a focus session late this month / early next month in order to get some clarity around it from an internal perspective. **ACTION HB to update with regards to the outcome at the next meeting**. HB confirmed there might have been some confusion around what was said and the interpretation of this, but clarified that from a Trust perspective they are still using the safety multifly needles, however the product code changed and they are a slightly different model. Initially they were providing these, however it has become apparent that the provision of these are not in the tariff, therefore it was costing over and above the income provided which is why they have stopped providing them, but not withdrawn then, as they can still be purchased and used. SN enquired with regards to the cost of these and HB confirmed that although they are not expensive individually it was the communitive costs which were the issue, especially when it came to the cost improvement programs and delivering within budget. HB confirmed she can provide the order details if anyone wished to order these. SN confirmed this will have to go back to PMs via comms.	**HB**

	256/19 District Nursing and Flu Vaccines HB gave an update with regards to what they got back from the community team for the current figures this year of the flu vaccine. There has been an increase in the number of vaccinations given, which are 117 more vaccinations this year. HB gave an update on the figures for the 3 homes she highlighted and confirmed there were plans in place for the remainder of the residents to be vaccinated, as there were some difficulties due to patients being unwell and/or positive for Covid. JR raised a query with regards to the patients in the care home mentioned in the previous meeting who have still not received their flu jabs. HB will look into this. SN raised some queries with regards to district nurses seeing patients on their case load and saying bloods aren't essential and also if there is any capacity for the community teams to try and help with the Covid vaccines. HB will try to get Michael to come to one of the LMC meetings in order to describe what we have got in community and what they are doing and being asked to do, as they are a finite resource, and we can look at re-prioritising things they doing collectively if needs be.	
5/21	**CHFT** Covid Vaccine Update (including Public Health and PCN's) CW gave an update with regards to the rate in Calderdale which is currently is about 300 per 100,000 and it has steadily been going up again from just before Christmas. It is still a lot lower than the England average, which is 670/680 per 100,000, however it is still going up and we haven't seen the peak as yet from the extra contact at Christmas, which will probably take another week or two before it starts impacting. The positivity rate is about 11%, which has gone down slightly, but CW's assessment is we are probably 2-3 weeks behind everywhere else, along with the Covid variant going up. HB confirmed that the variant has now overtaken the non-variant which is just over 50% and it is going up at quite an angle. GC confirmed that currently there are roving community teams almost ready to go with cardiac and TB nurses to support with the housebound delivery of the Covid vaccine and all the PCN's will be getting support from the roving teams, however, how this is going to happen is still to be discussed tomorrow at the vaccination meeting. HB gave an update with regards to the staff, partners and care home's delivery of the vaccines which currently stands at 6,382 to date. GC requested comms for patients who have had their first dose of the vaccine to go the same place for the second dose. CW mentioned looking at having video comms for this. SN mentioned having a doctor from each partnership to do this personally and putting this forward to patients,	

	as the personal approach from a doctor they know would be more beneficial. HB gave an update with regards to the Opel level and the plan going forward with regards to the next wave, along with the possibility of importing patients from elsewhere. HB also gave an update with regards to the backlog with where they have done quite a lot of work on this and where they are as a system for inpatients and outpatients and the numbers they are looking at for the end of March. With regards to the Covid vaccine HB estimates this will take 10-14 weeks for this and with the current lockdown this will probably impact another 4 to 5 weeks for this. SN enquired whether there was anything on the CHFT website they can direct patient to. HB confirmed there is and will get some comms out the MB with regards to where to direct patients etc. SN informed HB with regards to the reporting for general practices being inaccurate affecting their credibility. MB confirmed SN's concerns at what was reported and presented at the A&E Delivery Board and following his conversation afterwards with Emma, she confirmed that the returns she received from practices so far are either Opal level 2 or 3. MB has requested the data analysis to be looked at, as the whole element of the report is not accurate and shouldn't be presented to partner agencies. TW expressed concerns regarding the template for the report as the choice of answers on the template to do give the option to accurately reflect the current situation, as she gave a couple of examples. SN confirmed the template needs to be corrected. GC confirmed that she has not been asked to or sent the report to complete, therefore only some of the data is being collected. She also mentioned the reporting culture and encouraged everyone to be open and honest when they submit the report. NT asked HB if planned care was going forward. HB confirmed 2 more theatres were opened on the 04th January as part of wave two and they have kept that running and will do as long as they can, however this will change if they have to start importing patients nationally. HB also confirmed they are still treating cancer patients referred as a 2 week wait within the timeframes.	
6/21	**<u>Public Health</u>** <u>LARCS</u> HB confirmed that letters have gone out to all the GP's to clarify what has been agreed with the council. Quarter 1 is being paid as a block at the pre-Covid levels, quarter 2 onwards is cost per case as the understanding is people were doing the activity again, with an exception of one, which has been picked up separately. HB confirmed the majority of invoices which have been received have been approved and paid, unless there is a discrepancy, which is being dealt with by one person for continuity in order to get it finalised. MB mentioned the concerns raised with him via the practice managers from the letter/email which	

	were sent out and what actions are going to be taken along with income protection and the provision of LARCS, which was outlined in the paper he sent out recently. MB has requested from Gill Harris a contextual understanding of what the value of the contract is in terms of how much CHFT pay practices for the provision of LARCS on an annual basis, so we have an idea of the contract volume size. In light of what HB has just mentioned MB still feels that they still need to take a position on the 3 points raised in the LARCS Provision paper which he sent out. SN raised the discrepancy between the LARCS provision and what the CCG position is for income protection, as they have agreed income protection until the end of the financial year, cover all quarters. HB asked MB to clarify whether the LARCS services had recommenced after quarter 1 as they had been informed, with the exception of 1 practice. MB explained that we have never been out of the conditions with the restrictions imposed all the way through, therefore in terms of providing it as a service from GP surgeries, although the practices are open it is not a priority service in all the priority listings that we have. They are now in a situation where they can't go back to the volumes they had before and because of this there should be provision for income protection. SN confirmed that although some practices have restarted this service it is nowhere near the volume as before and is done on more of an adhoc basis, with the vaccines being a priority. HB confirmed she will take this back and give an update to MB as soon as she receives it. **ACTIONS HB to give an update to MB regarding income protection and MB to write to the Service clarifying the agreed LMC position** SN asked HB to remind Bev with regards to the provision of the updated list of phone numbers for consultants. HB confirmed she would note this and get back to the LMC. **ACTION HB to liaise with MB with regards to the list.** SN mentioned the services and Marie Stopes helping out with the backlog and a discussion was had regarding this as well as income protection being passed on. It was agreed to go back to CHFT and ask them what their figures are, if they can do more and what is their plan going forward. As MB is currently communicating with the clinical lead of the service, it was agreed he would continue with regards to income protection and work with GC for the clinical input. DK suggested looking at how Huddersfield are handling the situation and it was agreed contact them to find out.	**HB** **MB** **HB**
7/21	**<u>COVID</u>** <u>Prioritisation and Operational Level</u> This was discussed as part of the CHFT Covid Vaccine item 5/21.	

8/21	**Practice Managers** This was part of the above agenda items 5/21 and 6/21	
9/21	**LMC Business – Standing Items** Vote on the Primary Care Networks DES A paper was sent to all the LMC members regarding the vote on the Primary Care Networks DES. RV explained the significance of this and the various scenarios relating to whatever the outcome will be. SN encouraged everyone to participate in voting and also to encourage other GP partners to vote. A link can be found on the BMA website and MB also sent a link to all the members. Meeting Reps Feedback Flu Planning Due to SG not being present no update was given. MB confirmed that there will be 1 final meeting taking place and an update will be given at the next meeting. Outpatients Transformation Board AJ gave an update regarding the clinical assessment service. When patients are referred they will now receive a text acknowledging that they have received the referral from the GP. There are a few specialities who are also trialling this (ENT, Cardiology, Gastroenterology, Haematology, Cardiac, Neurology, Hepatology, paediatrics, rheumatology and respiratory). When the clinical assessment team look at the referral the 3 options will be, they will either be returned to the referrer with feedback, or the patient be offered an appointment either a face to face, video or telephone and the third option is the patient could be sent for further investigations and the results will go back to the service who will then decide how to proceed. In order to manage patient expectations, the aforementioned will need to be explained to the patients when the referral is being done by the GP. The interface feedback was also discussed during the meeting and the	

	feedback was very positive with a focus on communication. The interface meetings are available online for all the specialities for the GP's to access. NT advised that the advice and guidance functionality will be changing in the middle of January in order for the consultants who receive the advice and guidance letter to turn it into a referral themselves, if that is what's needed. Training is currently being carried out for this. NT reiterated the need for as much information as possible in the advice and guidance letter so they won't have to request further information. NT queried whether an attached letter to the advice and guidance request can be accessed and viewed by the consultant. It was confirmed that they can access and view the attachment. MA raised concerns with regards to the further investigation route not being used for general practice to carry out all the further investigations and for it to be done in a structured way along with a rejected referral having a clinical response. AJ confirmed he will take this back. **ACTION AJ to take back and give update on queries**	**AJ**
	A&E Delivery Board This was covered in the above item 5/21 CHFT Covid Vaccine.	
10/21	**<u>Sessional GP's</u>** MB covered the key points regarding ensuring effective communication for the sessional GP's and ensuring all the communication is passed to RH for distribution as per his meeting with her, along with any enquiries from sessional GP's via the website. MB will organise a meeting with RH in order to work with, clarify and put a profile together for the expectation of LMC sessional reps, similar to the profiles for LMC officers and members, RH agreed with this. RH thanked MB for the communication and key messages as it has been very helpful. RH gave an update as to the current sessional GP members and her current communication and sharing methods. RH mentioned having something more central and automated which is linked to the LMC website as a strategy going forward. **ACTION MB to meet with RH and work on draft profile**	**MB**
11/21	**<u>Role of LMC Members and Reimbursement Process</u>** As per the attachments sent out, SN confirmed as from April 2021 the new rates for LMC members which are in line with other LMC's. MB asked everyone to ensure they have read this. TW mentioned the practice manager reps have gone back down to just herself and Tina and asked MB if he could raise this at the next CPMG meeting. **ACTION MB to raise LMC Practice Manager Vacancy at the next CPMG meeting.**	**MB**

12/21	**Learning Disability (LD) Health Checks** SN explained that it is a contractual requirement for all practices to complete the LD health checks and presented the performance figures to date from the CCG which will be presented next Thursday at their meeting. The requirement is for all practices to have reached a minimum of 75% by the end of March, and there have been 4 funding streams for this provision, with the LD health checks being one of the 7 priorities from NHSE and the most vulnerable groups. A discussion was had with regards to the current performance figures, which are very low and MB raised concerns that some practices may not meet this. The CCG have additionally invested in the provision of the LD health checks through SWYPFT to help with the backlog, however, as there is some doubt concerning the original planned figures SWYPFT were going to cover (they are still providing the service), the advice given to all practices is to liaise directly with SWYPFT to confirm the numbers they are able to provide before the end of March, so any shortfall can be managed by the practice, as ultimately it is the practices' responsibility for completing the LD health checks. It was noted that Practices could run the risk of receiving breach of contract notice from the CCG if they fail to deliver LD Healthchecks. The LMC will share the figures received with all practices and encourage all practices to contact SWYPFT with regards to the figures for their practice and ensure that the LD health checks are being completed. The CCG now requires an action plan from all practices showing how all practices will reach the 75% target. **ACTION comms to go out to all practices regarding LD health checks**	**MB**
13/21	**AOB** MB made everyone aware of the table setting out the submission deadlines for any agenda items to be added going forward. Key message distribution and all comms going out to GP's etc. will be part of the support office function once the support office is up and running. **DATE OF NEXT MEETING – Please Note!** Date of Next Meeting Wednesday 10th February 2021 via Microsoft Teams @ 7.45pm	