CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 10/02/2021
(Held using Microsoft Teams)

Present					
<u>LMC Members</u>			<u>Practice Managers</u>		
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)	<u>CHFT</u>		
Dr E Gayle	Brig Royd	(EG)	Anna Basford	CHFT	(AB)
Dr J Ring	Stainland	(JR)			
Dr A Jagota	Spring Hall	(AJ)			
Dr R Hussain	Sessional Rep	(RH)			
Dr N Taylor	Hebden Bridge	(NT)	<u>Observers/Guests</u>		
Dr M Mensah	Keighley Road	(MM)	Majid Azeb	CCG	(MA)
			Dr R Vautrey	BMA	(RV)
			Davina McDonald	Minute Taker	(DMC)

		ACTION
14/21	**WELCOME and APOLOGIES** The following people sent their apologies; S.Ganeshamoorthy(SG) M.Beacham (MB) and C.Walker(CW)	
15/21	**DECLARATION OF INTERESTS** N.T declared that he is now the urology cancer lead. G.C declared she will be on the advisory board for the Pulse PCN Supplement Magazine from April 2021. S.N offered her congratulations.	
16/21	**MINUTES OF THE LAST MEETINGS 13/01/21** The LMC Minutes were agreed as an accurate record.	
17/21	**MATTERS ARISING AND ACTION LOG** Action Log SN went through the action log. 256/19 CHFT Sexual Health Protected Income AB confirmed that H.Barker sent an email to MB and SN in relation to this yesterday. The brief summary of the email was that the income for Q1 is the arrangement will continue for block payments, however, from Q2 onwards the expectation from the commissioning local authority is that the income reverts back to activity based reimbursement. SN shared the content of the email received. GC raised the query regarding whether this can be taken back to the commissioners to look at practices, especially as the BMA and other authorities are advising this service is a non-essential activity with the current levels being at 4/5. SN queried the income costs which practices will be losing out on and asked TW to request from the other practice managers the income for the previous financial year in order to compare the amount. NT asked RV if this was happening in other areas and RV confirmed that it was happening in other areas. AB wanted to clarify that CHFT's position is influenced by the overall commissioners position therefore from Q2 onwards is this a local authority commissioning decision or provider. **ACTION TW to request figures for the last financial year from practice managers and send to MB/SN.** SN asked if AB had an update with regards to what was happening with the suggestion of commissioning Marie Stopes to provide the service if GP practices are unable to do this, as mentioned in the previous meeting. AB did	**TW**

	not have the update for this and will take it back and request further information. SN also asked AB for an update with regards to the updated list of phone numbers for the consultants which was requested a few months ago and brought up again at the last meeting, AB will take this away and send an update with regards to this. **ACTION AB to give update on suggested Marie Stopes service as well as the updated list of telephone numbers for consultants.**	**AB**
	<u>256/19 Community Phlebotomy</u> TW mentioned she has received some feedback from the practice manager at the Boulevard surgery where patients are being sent to them from CHFT when they have been trying to book an appointment and are being told to book through their GP for the Queen's Road community phlebotomy service. AB mentioned that as far as she is aware phlebotomy is now community based unless they are an outpatient, however, will get clarity on this and send an update through. GC and NT confirmed that this is now the case. MM enquired with regards to tests suggested through Advice and Guidance and where the responsibility lies for these. NT and MA confirmed the clinical responsibility lies with the GP for the tests to be done via community phlebotomy. MA raised the issue with regards to the requests received in letters from consultants for patients seen in their out-patient clinics asking the GP's to do the tests in the community, as from his understanding the new structure is that these patient's tests should be dealt with via the hospital as an out-patient and not via the community phlebotomy. MA requested clarity on the issue, AB asked if it was a particular speciality. MA confirmed it was happening across the board. AB will take this back and give an update. A summary report of the overall issues on Phlebotomy will also be completed by the LMC with a first stage summary presented at the next meeting. **ACTIONs: AB to give update and MB to work across the system to compile an LMC report**	**AB/MB**
	<u>10/21 Sessional GP's</u> This will be carried forward and discussed at the next LMC.	
	<u>12/21 Learning Disability (LD) Health Checks</u> SN gave an update with regards to this and a discussion was had with regards to the data/figures received, read codes, SWYPFT support, etc., overall progress is being made and the CCG are less anxious.	
18/21	**<u>CHFT</u>** **<u>Community Team</u>**	

	SN made AB aware that recently some patients have been coded incorrectly by the district nurses in the community team, as they seem to be ticking the box "housebound" in their template/record and then free texting yes or no, which is triggering the patient to be registered as housebound when they are not. As this has only been happening very recently, it might be due to new members of staff not understanding the template and how it works. AB will ensure this message is conveyed. **ACTION AB to let the district nurses in the community know not the tick the "housebound" box if they are not housebound.**	**AB**
19/21	**<u>Covid Vaccine Update (including Public Health and PCN's)</u>** NT confirmed that the clinics are going well although there has been some frustration due to delays at times. This week has been busy across all 5 PCN's and he is confident by the end of the week they will have achieved their target for all 4 cohorts. TW confirmed the potential PCNs have invited all 4 of their cohorts, although vaccinations are still ongoing in order to get through them all, and the snow hasn't helped. SN queried if it is mainly due to the weather or if all the people who want to have it have already been vaccinated. TW confirmed that there are a couple of issues they are facing at present, some patients have gone elsewhere for the vaccination and have not informed them they have done so, some patients who have declined which is just over 100, and approximately another 600 patients who have not responded at all. AB confirmed they are doing well and that today they have delivered their 20,000th injection/vaccination. This represents about 75% of the CHFT's workforce. They are now focussing on those with vaccine hesitancy and trying to share stories with them about those who have had the vaccine. In the ethnicity breakdown, the range of uptake is approximately 79% from the white british group and goes down to as low as 35% across the BANE group, which is where they are looking to do some more work to support information and share some personal stories. The other issue they seem to be facing is around the dosing interval and national change, with the Pfzier from 21 days to 10-12 weeks, and this has caused some anxiety with regards to the second dose. JR raised a query with regards to the administration and letters going out for the next phase and the possibility of working together, in order to avoid the wasted time and effort and to streamline it more. RV confirmed that his is a national issue which has been raised and in the next phase practices will be encouraged to focus on priority group 6 and mass vaccination letters will go out to priority group 5, which will allow a more target approach and should hopefully avoid as much duplication. NT raised the query with regards to the mass vaccination centres booking both first and second vaccines as they know exactly what vaccines they are receiving and when, however, this is not the case for the PCN's so they cannot book ahead and this distresses the patients. RV confirmed that there will be information coming out this week to enable them to book ahead for second doses. GC raised a query with regards to carers who are not frontline and	

	whether they are going to be brought up to a higher cohort and whether CHFT have already done this and not passed the information on. AJ confirmed he has also had feedback from carers that they are being offered it elsewhere and there seems to be a lot of discrepancies. DK confirmed that he has had similar information regarding pharmacies. AB will take this back to DB to respond and RL will also add this to his list for Monday. **ACTIION AB to take queries back to DB at CHFT to respond and RL will add this to his list. Both updates at the next LMC Meeting.**	**AB/DB/RL**
20/21	**CCG** SN raised the issue regarding PFA's coming out on key messages as to when to refer etc., which they took to the LMC CCG this afternoon and discussed the process the pathways should follow before being distributed. An apology was given and they are looking into it. A brief discussion was had with regards to the guidance on urology referrals. SN requested communication to be put out to say this is on hold.	
	LMC Business – Standing Items	
22/21	**Meeting Reps Feedback** Long Covid and Respiratory Pathways SN confirmed the papers regarding this were sent out by DMC yesterday and invited any questions/queries. GC had a query with regards to the pulse oximetry pathway and emailing Gateway to care, SJ explained the referral process and data collation from day 1 to day 14. Queries were raised and a discussion was had with regards to the pathways in relation to GP involvement alongside Gateway to care and the clinical decisions being made. SJ summarised the SOP and confirmed Gateway to care will input and refer directly to the respiratory team but they also have the provision to contact the GP as well. A query was raised with regards to Gateway to Care having a separate number for this service and other areas seem to have this. SJ will feed this back along with any other feedback from practices. The second part of the pathway has not been finalised, which are for patients with symptoms over 12 weeks. As this is ongoing it will be manged within Primary Care based on the NICE guidelines. Outpatients Transformation Board	

	AJ confirmed the meeting in January was cancelled, however the next meeting is on the 24th February 2021. GC opened a discussion with regards to the Advice and Guidance requests, in order to reduce the traffic in hospitals, a lot of GP's are doing Advice and Guidance requests where they would normally do referrals and the consultants are requesting numerous tests and expecting them to interpret the results on behalf of the consultants, as most of these patients would have normally been referred there should be some give and take with regards this. AJ will take this back to the Transformation Board Meeting later this month. **ACTION AJ to take back and give update on queries**	**AJ**
23/21	**<u>GP Contract Agreement 2021/22</u>** RV gave a presentation of the overview summary of the new contract published on 21st January 2021, which is the 3rd year of the 5 year agreement. The funding previously agreed with be honoured and there will be a 2.1% uplift in pay to the global sum. QOF will largely remain the same with some amendments to cancer and SMI domains to assist with the impact of the pandemic. There have been some changes to the serious mental illness domain with regards to blood tests. Child immunisations will now move into QOF. Payments for these were discussed and how to increase the value of the contract. Core digital offer to patients were identified based on how practices are already operating due to the pandemic. New ARRS roles will come on stream, with additional funding made available to enable mental health practitioners to be part of the PCN workforce and a discussion had with regards the increase in the amount going into the workforce role and the opportunity for practices to expand the workforce with an opportunity for a variety of people such as a paramedic and mental health practitioner. For the mental health practitioner this will be a 50/50 deal the the local mental health provider, which will be in addition to any mental health worker already assigned or aligned to the practice, this is a choice/option which is being made available. There is also an option for advanced practitioners. The model of the MHP was discussed and explained and it can only be through the route explained. IIF 2020/21 indicators will remain unchanged. GPCE and NHSE will have further discussions on other planned indicators for 02/22 utilising the additional investment to the IIF. No new PCN service specifications for the beginning of the year, as this will be phased in late in the year with a date to be agreed depending on the pandemic. Current PCN services to receive minor amendments. There is a plan for an enhanced service for obesity, which No.10 are really keen on following the pandemic, and there are some additional resources to encourage people to be referred to local weight management services although this was resisted going into QOF but there will still be some form of enhanced service to be agreed later in the year referring and supporting them through weight management services. It was agreed for DMC to send the slides out to everyone. **ACTION DMC to email slides to everyone**.	**DMC**

	ICS Document SN enquired regarding the ICS document which came out over the Christmas period regarding interface care systems which unlike the previous times, they didn't mention the LMC in it even once, which was a disappointment, although the local ICS are very supportive of the LMC. RV confirmed that there will be a white paper issue tomorrow linked to all of this and they are keen to continue to empower and encourage local and CCG footprints, so there will be a strong move to retain most of the activities taking place within the local authority boundaries as we have at the moment, however we will need to keep making the case and raising our voice so that we do not get forgotten about.	
24/21	**LMC Conferences** SN went through the LMC Conferences coming up which are online and encouraged anyone who would like to join in, even if it's half a day would benefit form attending and to contact MB.	
25/21	**LMC Support Team Development** SN conveyed the changed in MB's job title and officially being an LMC employee now. SN confirmed that the new offices will be based at E Mill in Dean Clough in Halifax officially from the 01st April with MB, DMC and the new support staff they are currently in the process of recruiting, due to the volume of work. A job description for the new post of Liaison Project Officer was sent with the LMC papers. SN gave a brief description of the layout of the office and the amenities available. There is a new staff handbook which MB has put together which will be discussed at the next meeting.	
26/21	**AOB** JR gave a couple of updates regarding taking over the GP Training pathway which is currently held with the CCG, they have secured this funding along with protected learning time, which is going to have increased LMC input, along with the penpals which will fall under the LMC.	
	DATE OF NEXT MEETING – Please Note! Date of Next Meeting Wednesday 10th March 2021 via Microsoft Teams @ 7.45pm	