CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 10/03/2021
(Held using Microsoft Teams)

Present					
<u>LMC Members</u>			<u>Practice Managers</u>		
M Beacham (Chair)	LMC Director of Ops	(MB)	Tina Rollins	Rosegarth	(TR)
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)	Catherine Riley	CHFT	(CR)
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 S Ganeshamoorthy	Raistrick	(SG)	Dr R Vautrey	BMA	(RV)
Dr S Khan	Church Lane	(SK)			
			Davina McDonald	Minute Taker	(DMC)

		ACTION
27/21	**WELCOME and APOLOGIES** The following people sent their apologies; S.Nagpaul(SN)	
28/21	**DECLARATION OF INTERESTS** None declared.	
29/21	**MINUTES OF THE LAST MEETINGS 10/02/21** The LMC Minutes were agreed as an accurate record.	
30/21	**MATTERS ARISING AND ACTION LOG** Action Log MB went through the action log, which is covered in the agenda below.	
31/21	**CHFT** Update CR gave a brief update with regards to moving out of Covid and into recovery. They have had some discussions with the CCG and GP's about this, but not the LMC. **MB agreed to agenda it for the next meeting. ACTION to be put on agenda for the next meeting.** Community Phlebotomy CR gave a brief update which she received from HB informing her that there was an internal session last week and she is meeting this week to confirm the next steps with GP colleagues with regards to the right and affordable model of the system. They are committed to doing this quickly and might need an interim model but will get back next week with clearer plans. MB requested clarity that CHFT will be bringing their own needles for the phlebotomy clinics and not charging for them. **ACTION MB to get clarification on costs and**	**MB** **MB**

	charging for needles. MB gave an update following his meeting with the CCG today, with regards to the three key areas, Community Provision, Inappropriate Consultant Requests and Backlog of tests for long-term conditions. Community Provision; MB met with the key CCG leads including liaison with contracting to look at how these issues can be resolved. Additionally, direct contact with senior managers at CHFT by the LMC/CCG have taken place. A data review of current against previous position has been looked at by the CCG in respect of the impact of appointment length. This has confirmed a gap in capacity provided. A detailed report on this will be sent to the LMC Exec but additionally, it is recognised that an immediate commissioning response is required to address the shortfall. This is being actioned by the CCG. The CCG are providing the LMC Exec with the LES arrangements in place with practices so that as part of this review these can be mapped against CHFT contracted provision. The CCG are currently collating up to date information from practices on their current provision level. The two PCNs yet to confirm the final clinics are being supported to ensure these can be established. It is imperative this happens as soon as possible. It has been acknowledged by the Head of Pathology CHFT that the hospital provision should not have been switched off at this stage. Response is awaited from the lead manager for CHFT community provision that includes the concerns raised regarding District Nursing. CHFT have offered a wider system conversation following an internal improvement discussion with the Phlebotomy team. There will be a thorough review of all phlebotomy related contracting arrangements to be completed by the CCG with LMC involvement key to the process. There is agreed clarity that this review could lead to a full market tender process as a way forward, for a new wider community provision/service which will be appropriately resourced and measured for that capacity (including all the contributory elements). A discussion was held with regards to this. GC raised an issue regarding capacity due to one of the phlebotomy clinics where the phlebotomist couldn't do all the bloods in timeframe and sent some patients away and told them to book into CHFT, which they are not able to do. MB confirmed this is being acknowledged and is on the list. NT raised the issue with regards getting the bloods back to the hospital and practices having to pay taxis to take them. MB confirmed there is a separate piece of work currently going on with regards to this and collating information from practices in order to arrange collections at appropriate times from practices. MB will get an update with regards to where this has got to and relay back. JR raised the issue with regards to patient preference, as most of their patients prefer going to the practice rather than hospitals. MB confirmed patients preference will be taken into consideration in the piece of work currently ongoing. JR confirmed in relation to needles that historically (from 2007) other CCG's have been recharging these back to practices and our CCG have not been doing this, however, from April 2021 going forward the CCG will be recharging these back to practices, but he is unsure as to the prices. MB confirmed this question with regards to the prices has been raised and he is waiting for a response. NT queried with regards to the charges for needles	

	and requested further clarification as to whether the practices will be charged for the community needles as well as one ones the consultants request etc. MB confirmed there is no fixed scoping as yet and this is being taken into account. SK queried whether the charges will be for the needles or the tubes as well and also if they are getting charged can they go elsewhere to source these instead of being fixed into CHFT prices. MB confirmed there is a lack of clarity and detail behind it and he will be requesting this. **ACTION MB to get clarification on prices, where the responsibility lies for different requests and clinics along with sourcing of needles.** Inappropriate Consultant Requests; MB confirmed data and examples continue to be collated by the LMC specific to this issue of speciality bloods being requested via the GP from the consultants in response to Advice and Guidance requests. The head of Pathology CHFT has acknowledged this should not be happening and has committed to internal comms with the consultants to clarify. The LMC has advised all practices that where these requests are made, they should be refused by the GP with this response accompanied by a copy of the BMA position on this issue. Backlog of tests for long-term conditions; MB held discussions with the CCG who are subsequently talking with CHFT on this. There is an agreement in place with Kirklees Practices in terms of numbers and provision etc but the difference between Kirklees and us is that they do not have any LES in place with practices that includes blood tests. The LMC will be exploring further with the CCG what the need may be in Calderdale and do the CCG need to look at a short-term fix etc. This will link in to the review process outlined as part of the community provision issues. <u>Falls Clinic</u> MB gave a brief update with regards to the pathway published for the Falls Clinic and the email communication sent around. It was agreed to take as read. RL highlighted the need for dialog and the difficulty tracking referrals. A discussion was had with regards to the timescales from referral to patients being seen and this should be in the pathway. MB confirmed that there was no engagement regarding this and it is being looked into. MB fed back some points when the pathway went out in key messages and will follow up on the response. **ACTION MB to follow-up the response for the points raised.**	**MB** **MB**
32/21	**<u>Covid Vaccine Update</u>** CR confirmed they have now completed their course of everyone for the first doses of the vaccine and are now on the second doses. MB enquired with regards to concerns raised by David at the meeting with regards to deliveries and numbers coming in and being able to provide, and asked whether this has been resolved yet. CR confirmed	

	she has not had any feedback with regards to this. GC raised the issue regarding specialist clinic for people with allergies which is ongoing but not enough capacity built into it and also CEB and at risk 16-17 year old who were being sent to CHFT to receive the Pfzier vaccine and there seems to be a gap there as they are being told that CHFT are no longer doing first doses so this will have to be done in the hospital. Additionally there are another group of patients where consultants are asking for early second doses and they are not getting those doses available in the community and how would they pick this up? CR confirmed she has made a note of this and will follow-up. MB confirmed he will pick up with SN with regards to the meeting attended when she is back from annual leave. **ACTION CR to give update with regards to first dose vaccines and also early second dose vaccines. MB to get update from SN regarding the meeting attended.** NT gave a brief update with regards to the difficulty planning clinics due to delivery dates, which makes it harder to book in second doses. NT also raised awareness that the CCG on a national level have now gone out for expression of interests from community pharmacies and 21 pharmacies in Calderdale have put in expression of interest to be vaccination centres. The CCG have narrowed it down to 4 pharmacies which they are planning to go with which will make known in due course. GC confirmed this information and also the limitation to practices with regards to deliveries for the vaccine. MB confirmed the CCG would like to hold off the provision of additional community pharmacies until deliveries are more streamlined especially with the general practices, however, in areas where they are really needed such as Boots in the centre of Halifax this is still continuing. There is a lot of capacity planning with the program team who are running the vaccine program and the LMC are pushing to include in the program planning the greater potential through general practice before moving down the community pharmacy route. MB raised the issue with regards to the carers vaccine, as the SOP came out this week which allows greater flexibility around the provision of the vaccine to carers and this is being encouraged. MB passed on the acknowledged that Calderdale are doing really well with the vaccines and so are practices through the PCN's and there has been acknowledgement of this and positive press, which is the message which comes back every week.	**CR** **MB/SN**
33/21	**<u>CCG</u>** This was covered in the above items.	
	<u>LMC Business – Standing Items</u>	
34/21	**<u>Meeting Reps Feedback</u>**	

	Interface Workshops MB clarified the Interface Workshops are more educational sessions, workshops and themes and is nothing to do with Interface such as working through pathways with primary and secondary care. MB confirmed SN met with CHFT and they are looking at how they can make these more attractive and creative for the future. SN will give an update with regards to this at the next meeting. **ACTION SN to give an update with regards to the outcome of the meeting.** West Yorkshire LMC Alliance RV gave a brief update with regards to the element around ICS and place base working, and a meeting is taking place this Friday with regards to it and find out what the role of the LMC is at an ICS level and how the ICP model with work and develop. The plan is to try and maintain what we already have in West Yorkshire.	**SN**
35/21	**<u>NHSe White Paper</u>** MB sent this paper out for information only. MB confirmed there was an initial meeting of the GP leadership across Calderdale regarding approaching the meeting with the ICS. MB confirmed the momentum to be generated prior to this meeting. MA and NT discussed the issue with regards to the CCG not being there and instead a Calderdale office of the ICS, which might function in the way the CCG have done. The alliance board will become a more important vehicle and structures in place which will be discussed next week at the meeting. MB confirmed we have the CCG in terms of leadership and a chair which links up to the ICS, governing board members, leader associates and other sessions for other roles which takes place such as practice manager, nurse roles. In addition, we have the PCNs funded through the DES and the LMC is included in that current practice leadership level. Once the CCG have been removed, as they employ most of that clinical leadership, the possible structures which can take place was discussed such as clinical director of general practice and the importance with recognising and communicating priorities upwards and downwards, clinical associates leading on pathways, developments at a Calderdale level, representing GP's on an agreed service level and clinical directors at PCN level. There are a few things being considered but things such as clinical forums, GP leadership meetings etc. should and will remain in place at place level to continue to work in the way we are. There is a meeting taking place next week where the structure proposal will be submitted in terms of how Calderdale see itself going forward. GC raised concerns with regards to the ICS and not taking on what will be proposed. NT confirmed that the ICS is made up of 6 places at West Yorkshire level. JR enquired with regards to the commissioning function whether we would lose the local detail. MA confirmed	

	that it should still continue with the local detail, however, it is a concern we need to keep and work hard at going into the future. A discussion was had and it was agreed that it is vital to keep the locally based function and detail. **ACTION MB to give an update at the next meeting with regards the proposed structure and outcome of the meeting.**	**MB**
36/21	**LMC Structure** MB gave an outline of the work done with regards to role profile in regards to representing sessional GP's. RL gave an update with regards to the LMC expanding, getting new offices and changing roles, which has now been formalised in writing in respect of job descriptions and profiles for sessional GP's. MB confirmed that other admin functions such as comms and circulation of newsletters / key messages will now be picked up by the LMC admin team, who will also be the first point of contact for all interested GP across Calderdale whatever their contractual status, the website has also been updated to reflect this. RH confirmed she is happy with the job description/profile. RH enquired regarding direct contact and MB clarified with regards to going forward if it falls within her remit of sessional rep to continue, however, if not to send across to the LMC admin team. MB also made everyone aware that the new Employee Handbook was also sent out with the papers for this meeting and encouraged all to read this and if any questions to email him. The address for the new LMC offices is now on the website and email footers and the office will be fully functional from next week.	
37/21	**GP Mentoring Service** This is an item for information and MB sent out papers with regards to this. There are a number of GP mentoring session and PM support sessions available over at the hub on behalf of Calderdale. The LMC are looking at developing more in terms of provision of those services along with the services/ funding which the LMC already provide. The hub information is available as a link on the LMC website.	
38/21	**AOB** MB enquired whether anyone wished to attend the LMC UK (Virtual) Conference which is taking place on the 12-13th May 2021 and encouraged attendees to partake either full day or part day. The LMC office is available for this, within the social distancing guidelines, should anyone wish to attend there. Can you let MB know by Wednesday 24th March 2021. **ACTION ALL to let MB know if attending the LMC UK Conference by 24.03.21**	**ALL**

	SK enquired with regards to some confusion about first appointments for fast track as each speciality seems to be doing something different. NT confirmed that some specialities are operating slightly differently, however, when you go online to book it will give details of how each speciality works. As this is the last meeting of this financial year, MB reiterated the new arrangements in respect of rates, process and payments (as per the email sent) as claims for this financial year will need to be in by the end of June 2021. **ACTION ALL – please submit claims by the end of June 2021.** **DATE OF NEXT MEETING – Please Note!** Date of Next Meeting Wednesday 14th April 2021 via Microsoft Teams @ 7.45pm	**ALL**