CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical Committee held on Wednesday 14/04/2021
(Held using Microsoft Teams)

Present					
LMC Members			Practice Managers		
Dr S Nagpaul (Chair)	Spring Hall	(SN)	Tina Rollins	Rosegarth	(TR)
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)			
Dr A Jagota	Spring Hall	(AJ)			
Dr N Taylor	Hebden Bridge	(NT)			
Dr M Mensah	Keighley Road	(MM)	Observers/Guests		
Dr S Ganeshamoorthy	Raistrick	(SG)	Dr R Vautrey	BMA	(RV)
Dr S Khan	Church Lane	(SK)	Dr A Aboelnaga	VTS	(AA)
Director of Ops					
Marcus Beacham	LMC	(MB)	Davina McDonald	Minute Taker	(DMC)

		ACTION
39/21	**WELCOME and APOLOGIES** Apologies were received from R.Hussain (RH).	
40/21	**DECLARATION OF INTERESTS** None declared.	
41/21	**MINUTES OF THE LAST MEETINGS 10/03/21** The LMC Minutes were agreed as an accurate record.	
42/21	**MATTERS ARISING AND ACTION LOG** Action Log SN went through the action log and noted most items were on the agenda. Community Phlebotomy MB gave an update with regards to the meetings which were had this week, which seemed positive. There is an acknowledgement with regards to inappropriate referrals that this has been happening and Stephen Shepley at CHFT will be sending out comms this week with regards to this. The agreement is to monitor the impact for a couple of weeks and then have a meeting with the update. In terms of the community phlebotomy the main issue focuses on central PCN and their previous action to ask CHFT to take back the community clinics into the hospital and subsequently the LMC have managed to get a holding position where central are retaining community clinics. The meeting which was held this week was focussing on the backlog and looking at the number of patients instead of the number of hours, which will be better for addressing the backlog. Central are aiming to get the list with the number of patients to CHFT as soon as possible, however if there are any patients on the list from the last 2 weeks they will need to be taken out as they will already be on a current list. There is 1 outlying practice where they are saying that their patients do not want to go to the hub at Queens Road to have their blood tests and they want to go to the hospital. It was suggested that they look at using the hours which CHFT are currently providing within the PCN to set up a 2nd clinic within those hours at the practice to cover that issue. SN confirmed that they have moved a long way from where the situation was a couple of weeks ago and it is going in the right direction. With regards to the Monovette needles, although the cost is coming back to practices, MB has had it confirmed	

43/21	that practices will not be paying for those needles which are used in the community clinics provided by CHFT. There are still some outstanding queries with regards to costs to practices and if practices have to exclusively use the exact needles and bottles which is still ongoing. NT queried whether the patient's choice option is still available for them to go to CHFT instead of the practices. HB stated that it is the same capacity, as although the odd patient is initially fine, it will then become more and more without the capacity for it. They are still keen to do this and there is going to be a wider conversation with regards to the future model and plan, once the community bit has settled in. There is now a solution to the booking line where it is now a joint booking line with radiology, and this has had some positive feedback from patients. There has also been some great work with the outpatient appointments, along with some ongoing work in regards to non-face to face appointments collecting the blood forms, they can now collect these from the reception area but a process is being put in place for this. AJ enquired whether the blood form can be sent electronically to the patient so the barcode on the form can be scanned instead of using the paper version. HB confirmed this is something which they are going to explore. RL requested the new phone number for the phlebotomy line and HB confirmed she will share this with everyone. **ACTION MB to give update with regards to the outstanding queries in relation to the Monovette needles. HB to share the new phone number for phlebotomy.** **<u>CHFT</u>** <u>Community Phlebotomy - Update</u> This was covered in the above Community Phlebotomy section. <u>District Nursing</u> MB requested an update from HB with regards to some of the areas where the district nurses are not doing the flu vaccines, bloods etc. JR explained some of the issues faced and SN agreed that they are being asked to get through some of their backlog, especially in respect of the patients who were routine last year when it was rolled over are not necessarily routine now. In regards to this HB suggested a meeting with the LMC, PCN's and the commissioners. HB mentioned that at present it seems to be highlighting the things the team haven't done but not recognising the amount of work they have already done, especially the community nursing team. HB has sent MB some information in respect of the amount of work the district nursing team have been doing and CHFT are planning on increasing that capacity, but have not been funded to do this, so it will have to come out of another part of what they do. JR remarked on the slides HB sent around in relation	**MB/HB**

	to the community framework and there was no mention of the district nurses in the slides. HB confirmed that this is in the full version of the recovery framework, however what was sent was a shortened version of this and explained the different areas which were covered in the full version. A brief discussion was had with regards to the funding due to more services being transferred to the community. **ACTION a meeting to be arranged with CHFT, LMC, PCN's and commissioners.** NHS Contract – New Interface Provision SN mentioned the newest NHS contract and enquired to RV with regards to the referrals section, as the newest version states all referrals have to be e-referrals and the consultant can reject them if they are not ERS, however in the GP contract this is not mandatory and where do practices stand contractually if they choose not the use ERS? RV confirmed that it is not a contract of obligation to use it, however this is something that practices should be embracing and using. MM enquired whether ERS includes email referrals as some of the specialities do not have choose and book, RV confirmed if they do not have choose and book then it is fine not to use ERS. MM enquired if everything will be on ERS in the near future and will CHFT be putting everything on. HB confirmed CHFT do not manage ERS. Wave 2 letter EBI program – Prior approval referrals SN briefly went through the paper which was sent out. SN enquired to HB with regards to the transition process while this happens. HB went through the numbers currently on the list and confirmed this is a conversation which is ongoing at present in terms of the recovery plan, there is a bit of variation in terms of volume and procedure times which questions whether the authorisation process is robust and consistent. The discussions are whether just to treat all which are on the waiting list or to do a piece of work with clinical colleagues to review and reflect the risk profile along with using a big chunk of capacity. NT agreed with reviewing the patient to see if the procedure is appropriate and the risk factor, rather than just treating them because they are on a list. SN enquired who is going to communicate this to the patients. NT confirmed the discussions he has been involved with it will be the consultant who reviews and communicates this. A brief discussion was had with regards to new referrals. SK enquired with regards to managing the patients who might be discharged back to the GP and how would this be done practically given the numbers. HB confirmed this would be part of the recovery plan which is currently ongoing and this will be taken into account when doing the pathway.	**HB/MB**

Recovery Framework

HB did a presentation with regards to going forward and dealing with the backlog, which will be a 12–24-month framework to get back to the pre-covid position. This will take place alongside the reconfiguration planning. Health and equality are a core part of their prioritisation and as a system they will continue to do the work they have been doing with capacity and demand. HB went through the 4 foundations, the approach, health inequalities, clinical reference groups, the challenges and opportunities, as well as internal demand management. HB also went through system interdependencies, national guidance update and governance around how they manage their recovery framework. HB confirmed they are going to be treating their patients with the greatest clinical need first and the longest waiting first. SN enquired how this will fit in with all the NHSe white paper – ICS and system leadership and whether any of this has been factored in. HB confirmed that this has been factored in and there is a weekly meeting with a system submission and threshold.

44/21 **Public Health**

Covid Vaccine Update

This item will moved to the next meeting.

45/21 **CCG**

MB gave an update with regards to the Funding Streams. For the first half of this new financial year there is an additional £120m nationally, which is a follow up to the £150m from last year. It is primarily there to continue the delivery of the 7 national asks, however there were some additional sentences referencing PCNs and covid vaccine delivery in the £120m. The CCG are not saying what share of this Calderdale will get, but based on calculations previously it will most likely be approximately £440,000.00. Discussion are currently being had with the CCG with regards to including some supporting priorities alongside the 7 national asks. With regards to the CCG underspends, there were a number of areas where they underspent so the money will be held and added to this year. The investment and impact fund guidance came out in March which confirmed the funding available for the next 3 years, which has been sent out to all in the papers for this meeting. There are 4 priority areas for this financial year with associated targets.

46/21	**Practice Managers** SN enquired with regards to shielding staff returning work and how this is working and is there any feedback. TR confirmed everything seems to be fine. **LMC Business – Standing Items**	
47/21	Meeting Reps Feedback GPDF Discussions This will be moved to the next meeting. Outpatient Transformation Board SN gave a brief update with regards to the Hydroxychloroquine pathway, this came out just before Covid last year with regards to eye screening and being referred, however there was no clear pathway was identified so they are bringing this back to the next meeting.	
48/21	National General Practice Appointment Categories DK gave a review of the paper which was sent out with regards to how we provide services, electronic requests and how to categorise these, especially with fit notes and appointments. He went through how things are going to be counted going forward and the provision. SN confirmed this is to quantify the work general practice does and how important it is for any interaction to be noted and categorised correctly and mapped. RV confirmed that this is correct and important to do so that there are figures detailing what general practices do and then they can in turn have the evidence to fight for funding. A discussion was had with regards to how practices record their patient contact and collating the information and the different systems and packages available. SN enquired although this started in April is there a deadline? RV conveyed it should be done as soon as possible and takes approximately an hour to set up, so practices should be using this now it is available.	
49/21	NHSe Planning Guidance MB summarised the documents which were sent out with regards to the ICS paper which has a presentation	

	within it. In short it is about meeting the 5 year plan, the restart and getting practices back to where they were pre-covid. A discussion was has today with the CCG and they outlined an approach they are putting forward for Calderdale as a partnership approach (CCG, LMC, PCN's and General Practice Leaderships), as they want very clear lines at all levels, agreed trajectories on the data. What they are looking for in the data is outlined in the report sent out. MB outlined the submission dates. MB will send out what they are looking for as an approach, as he only received this today. As per the paper which was sent regarding NHS Planning Priorities 2021/22, SN briefly went through what is expected from NHS England in relation to staff wellbeing, delivery of the COVID vaccination programme, transform the delivery of services, accelerate the restoration of elective and cancer care, expanding primary care capacity, transforming community and urgent and emergency care, working collaboratively across systems to delivery these priorities. **ACTION MB to send out what they are looking for as an approach.**	**MB**
50/21	Long Covid pathway SK confirmed the Long Covid pathway has gone live since the 9th April. This is now a simple flow chart which is much easier to understand and following. It was decided they will have the CYS19 screening tool for the long covid pathway, which offers uniformity in identifying needs for patients along with easier transition of assessments between primary and secondary care. In essence when a patient has symptoms beyond 12 weeks a questionnaire needs to be completed along with a referral form, once completed these should be emailed to gateway to care. SK confirmed the pathway is on Ardens and EMIS.	
51/21	NHSe White Paper – ICS SN gave an update with regards to paper sent out. Next year the CCG's go and the ICS will be the ones doing the commissioning and at local level there will be some structure such as place based organisation, which is yet to be defined. The LMC are working with the current CCG to work out what this is going to be. A discussion was had in relation to leadership and structure going forward as well as the CKW footprint. RV mentioned that it might not changed that much and will probably mirror what is in place, with some of the same people.	
52/21	LMC Offices MB presented and went through the set up costs and running costs for the LMC office.	

53/21	**AOB** **DATE OF NEXT MEETING – Please Note!** Date of Next Meeting Wednesday 12th May 2021 via Microsoft Teams @ 7.45pm	