

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Meeting of the Calderdale Local Medical
Committee held on Wednesday 12/05/2021
(Held using Microsoft Teams)

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr R Loh Dr D Kumar Dr G Chandrasekaran Dr E Gayle Dr J Ring Dr N Taylor Dr M Mensah	Spring Hall Rosegarth Plane Trees Plane Trees Brig Royd Stainland Hebden Bridge Keighley Road	(SN) (RL) (DK) (GC) (EG) (JR) (NT) (MM)	<u>Practice Managers</u> Tina Rollins <u>CHFT</u> Catherine Riley <u>Observers/Guests</u> Dr R Vautrey Davina McDonald	Rosegarth CHFT BMA Minute Taker	(TR) (CR) (RV) (DMC)
---	--	--	--	--	---

		<u>ACTION</u>
52/21	<p><u>WELCOME and APOLOGIES</u> Apologies were received from M.Beacham(MB), R.Hussain(RH), S.Ganeshamoorthy(SG), A.Jagota(AJ) and S.Khan(SK).</p>	
53/21	<p><u>DECLARATION OF INTERESTS</u> None declared.</p>	
54/21	<p><u>MINUTES OF THE LAST MEETINGS 14/04/21</u> The LMC Minutes were agreed as an accurate record.</p>	
55/21	<p><u>MATTERS ARISING AND ACTION LOG</u></p> <p><u>Action Log</u> SN went through the action log with some items remaining outstanding. SN queried with CR the outstanding item of the list of Consultant phone numbers which has been outstanding for the last few months. CR asked SN to clarify whether they still require this. SN confirmed they do and CR will follow this up. ACTION CR to follow up with regards to the list of consultant phone numbers and send this across.</p> <p><u>Community Phlebotomy</u> SN confirmed MB will update on Monovette needles once he has received the information as per the action log. TR confirmed that she still has not received the number for phlebotomy patients to contact. SN confirmed the comms have gone out with regards to the clinicians with regards to the process of getting blood requests to their patients, with hospital generated bloods going to CHFT and PCN generated bloods going to a community facility. This is being done in the interim whilst a Calderdale wide system approach is being worked on. NT enquired with regards to patient choice and location for some of the patients in his area. SN confirmed that if his practice are willing to do this instead of them going to CHFT or a community facility then that should be fine. A discussion was had with regards to the other secondary care providers, SN confirmed the wider approach will include these. MM enquired whether they should still complete the form MB sent across with regards to inappropriate blood requests. SN confirmed this should still be done as long as it is dated. EG mentioned the increased amount of discharged of patients with intensive illness and awaiting hospital review and outpatient procedures and clinics,</p>	CR

	<p><u>Joint clinical learning sessions – GP Clinical interests</u> SN queried whether anyone attended these sessions and working on going forward for these sessions. The initial feedback was a mixed review with regards to pathways and discussions. SN clarified that these are a sharing of ideas meeting and learning from good and bad to take away. There is now a list of specialities to roll forward for next year, the idea is for CHFT to meet up beforehand with a GP with special interest in the assigned speciality and do a joint presentation and plan what they are going to do. SN suggested a list of GP's in Calderdale and their interest/specialities, so there is a clinical primary care person within the CHFT. A discussion was had with regards to a structured list for services, patient focussed and having a standard central repository of guidelines. It was also discussed about the timings of meetings were discussed as it takes place at lunchtimes. The CHFT intranet used to have guidelines but doesn't seem to exist now. The CCG did some work on this and when Ardens came in the idea was to have this as a template and guidance. The individual sessions which were recorded came out in the October main messages to primary care and the pathways and current processes are in there. CR will take this back and see where it naturally sits and where primary care are included. SN will be sending a call out to practices via the practice managers with regards to GP's with specialist interests. ACTION CR to update with regards to this. SN to send a call out via practice managers for GP's with special interests.</p>	<p>CR SN</p>
<p>58/21</p>	<p><u>CCG</u> SN clarified with regards to the cost of text messaging, that although previously there was an allocation amount of text message and charges after this, this no longer stands and all direct patient care text messaging is included in ACCURX, which has been funded for another year. RV confirmed that there is funding for this nationally and this is included, although some of the functionalities within this system have additional costs, text messaging is not one of them. MM queried with regards to turning off E-Consult overnight and weekend/bank holidays due to the volume of clinical queries received. A discussion was had with regards to the volume of queries and turning the system off. It was confirmed that as long as it is used as a work management tool then this is fine, especially if it is impacting on the access of other patients. RV confirmed that there will be some information regarding this which is being sent out in the bulletin tomorrow.</p>	
<p>59/21</p>	<p><u>Practice Managers</u> There were no submissions from the PM's for this item. SN queried with regards to the vacancy for another PM to join the LMC to share the workload. TR confirmed that she has not heard anything back as yet and this is still ongoing. SN mentioned the template which was sent out to all practices with regards to opening hours</p>	

	<p>etc., and there doesn't seem to have had many back. TR confirmed that there hasn't had sight of this but it might have been sent. EG confirmed they are due to have a practice manager starting in June and they would be interested in joining the PM LMC group. A discussion was had with regards to key messages and the amount of information which it contains and the distribution of this.</p> <p><u>LMC Business – Standing Items</u></p> <p>60/21 <u>Meeting Reps Feedback</u></p> <p>A&E Delivery Board This will be moved to the next meeting.</p> <p>Outpatient Transformation Board As per the previous minutes, SN gave a brief update regarding the Hydroxychloroquine pathway , as there is still no clear process with regards to clinical responsibility and now the pathway is being changed.</p> <p>61/21 <u>Urgent and Emergency Care Project</u></p> <p>SN summarised a paper which came in today from the West Yorkshire and Harrogate Health and Care Partnership about pre-hospital model of care, which is happening on a West Yorkshire level looking at pathways of how patients present in the community (i.e. to the pharmacist, GP etc.), what the steps and processes are before they get to A&E. The working group which is involved with this are all CCG, secondary care and managers. SN was concerned as there is no LMC or anyone representing the GP's. A discussion was had with about this and the involvement from the LMC and representation.</p> <p>62/21 <u>AOB</u></p> <p><u>DATE OF NEXT MEETING – Please Note!</u> Date of Next Meeting Wednesday 16th June 2021 via Microsoft Teams @ 7.45pm</p>	
--	--	--