**DUDLEY LOCAL MEDICAL COMMITTEE**

**www.dudleylmc.org**

 Dudley LMC

 c/o Dudley CCG

Chairman Dr. Harcharan Singh Sahni 2nd Floor

 Brierley Hill Health Centre Secretary Dr. Tim Horsburgh Venture Way

Treasurer Dr. Vipin Mittal Brierley Hill

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 **Minutes 06/01/17**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Kanhaiya, Dr Prashara, Jacquelyn Horwood (Practice Manager rep), Dr Ahmad (GPC Black Country rep),

**1. APOLOGIES**: Dr Nancarrow, Dr Dawes, Dr Plant

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 02/12/16were signed as correct.

**3. MATTERS ARISING**

3.1 Primary Care Development Steering Group (PCDSG) – The LMC would encourage GPs to attend the forthcoming locality and collaborative meetings which will be focusing on the MCP model of care. The LMC aims to support colleagues in the decision process of what is required from a provider.

Dr Singh Sahni reiterated the issue of which GPs are excluded from the PCDSG; this includes all provider representatives such as Future Proof Health board members. The steering group Terms of Reference must comply with the legal requirements regarding conflict of interest guidance. Doctors from those practices which have an inadequate CQC assessment are also discouraged from putting themselves forward for potential selection to the group. Dr Sahni raised the point that CQC rating and the desire to be involved with the future development of primary care are not linked.

**Action:** Dr Horsburgh and Dr Sahni to draft a letter reflecting this point of view to be sent to the CCG.

3.2 MCP Developments – In order for the project to succeed GPs need to be signed up to the process, which should develop a wraparound workforce to support the work of GPs thereby optimising workload management. The options for individual practices as part of the MCP model include remaining as independent contractors, becoming employees of the MCP or a combination of the two positions. The contract term is for 15 years; however, there is the option to leave earlier. The CCG staff has currently been divided into a Primary Care team including Julie Robinson and Caroline Brunt dealing with contractual issues and a development team headed by Dan King to collaborate with GPs as to how they foresee the service developing. The CSU is also tasked with developing primary care, before supporting the negotiation stage.

3.3 Marketing Event – This has been arranged for 19 January 2017. Paul Maubach will give a global view of the MCP project and doctors have the opportunity to meet and discuss primary care requirements with potential providers. This event is open to all GPs however they must register in advance to attend.

3.4 Pensions and Tax Information - Kim Dobble from BMA /Chase de Vere has been asked to make a presentation on pensions, which will include advice regarding annual allowance and life time allowance. This will be organised as an evening meeting and will be open to all local GPs.

3.5 Personal Independence Payments – Patients have been requesting medical reports from their GP as per instructions in a leaflet produced by DWP to provide evidence that will assist their PIP claim. Dr R. Morley (GPC) has raised the concerns at national level, but currently there is no update.

**4. CHAIRMAN’S AND MEMBER’S COMMUNICATIONS**

4.1 Urgent Care Centre / GP overflow – Dr Shukla raised the question as to whether it is appropriate for practices to re-direct patients to the Urgent Care Centre (UCC) when there is a lack of available GP appointments. Dr Ahmed advised that a description of UCC and the rules and regulations should be sought. In the meantime as GPs have a responsibility towards their patients and practices should not be advising them to attend the UCC.

**Action:** Dr Horsburgh to investigate.

**5.** **CLINICAL COMMISSIONING GROUP / NHS ENGLAND**

5.1 The Primary Care Commissioning Committee –The Netherton Primary Care premises consolidation has been approved. The Primary Medical Services – New Contractual Framework has also been approved.

5.2 Clinical Development Committee – The Airedale Telemedicine and Dudley Care Home Programme has been approved. The staff of the 58 nursing homes involved in the pilot will be able to Skype a nurse based in Airedale for advice; if appropriate the district nursing service will be asked to visit the patient to review. The programme will be rolled out to other nursing homes if successful.

5.3 Sustainability and Transformation Plans –The process continues to move forward. NHSE has increased funding to support STPs make improvements in the national priority areas of cancer, mental health, learning disabilities and diabetes. The next meeting of the Sponsor Group will be in February.

5.4 Winter Pressure Scheme – Difficulties have arisen affecting EMIS Enterprise IT which has been escalated to the higher levels at EMIS. Following an interim fix most practices have 2-4 operational PCs, the proper fix will commence at the end of January.

**6. PUBLIC HEALTH**

6.1. Update – no update.

**7. CORRESPONDENCE FROM THE BMA / RCGP**

7.1 GPC News – The GMS contract is to be finalised. The issues surrounding the potential transfer of the previous funding for QOF to the global sum and been distributed nationally with the potential outcome of practices who previously were high earners under the old system losing out financially were discussed. See LMC website.

7.2 GPF View Update – The new version of GPFV CCG funding template will be circulated.

7.3 GP Transformation Board – No update.

7.4 General Practitioners Defence Fund – The Meldrum report suggested a membership of GPDF which was entirely LMC nominees, to ensure that there is a core of experienced members in the interim period the GPDF decided to have the LMC nominees as additional members to the current GPC members of the GPDF. The issue of funding for regional LMCs is yet to be resolved.

**8.** **CORRESPONDENCE FROM WM RLMC / BMA BC DIVISION**

8.1 Negotiators Roadshow - This will be held on 31/01/2017 and is open to all.

**Action:** Dr Horsburgh to circulate details.

**9.** **CORRESPONDENCE** **FROM NHS TRUSTS, DH, GMC**

9.1 Pharmacy Applications – NHS England has received a combined change of ownership and no significant change relocation application for Boots UK Ltd from Moor Centre, Brierley Hill to 20 Albion Street, Brierley Hill, West Midlands, DY5 3EE by Day-Night Pharmacy Ltd.

9.2 Clinical Pharmacy in General Practice – Following the success of the 2015 pilot to start the expansion of clinical pharmacy in general practice, NHSE is inviting applications for funding to help recruit, train and develop more clinical pharmacists in general practice. Claire Huckaby (CCG) is to submit a standard application on behalf of all practices.

9.3 PCSE – On average the current record movement time is from three to six weeks from the time Citysprint collects a record to the time it is delivered to the receiving practice. However, locally due to the delay some practices have been asked to provide a patient summary of care for the receiving practice.

**10. MISCELLANEOUS**

10.1 Walsall, S. Staffordshire and Worcester Newsletters- received.

**11. AOB**

NEXT MEETING**: Friday 3 February 2017, 12:45pm at Brierley Hill Health and Social Care Centre, Orange Room, CCG offices, (second floor).**

Lunch will be provided.