**DUDLEY LOCAL MEDICAL COMMITTEE**

**www.dudleylmc.org**

 **Dudley LMC**

 **C/o Atlantic House**

**Chairman Dr. Harcharan Singh Sahni Dudley Rd**

 **Lye Secretary Dr. Tim Horsburgh Stourbridge**

**Treasurer Dr. Vipin Mittal W. Midlands**

 **DY9 8EL**

 **E-mail** **timothy.horsburgh@dgc.nhs.uk**

 **Phone 01384 426121 Fax. 01384 895130**

**Dudley LMC website** – **www. dudleylmc.org**

**Minutes 13/04/12**

**PRESENT**: Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Blackman, Dr Prashara, Dr Shather, Dr Suleman, Dr Johal, Dr Hegarty, Dr Handa (GPC Black Country Rep), Mrs Jacqui Jones (Practice Manager Rep), Sue Cooper (BC Cluster Rep).

1. **APOLOGIES**

Apologies have been received from Dr Singh Sahni (Chairman), Dr Dawes, Dr Khan, Dr Kanhaiya, Dr Mahfouz, Dr Nancarrow, Dr Saroufeem, Dr Collins (Public Health),

1. **CONFIRMATION OF MINUTES** – The minutes of the meeting held on the

02/03/12 were confirmed and signed as correct.

**PRESENTATION** – Lynne Allen, Cluster Lead Primary Care.

Primary Care Developments.

The Black Country Cluster was formally established on 1 April 2012 and brought together the four PCTs NHS Dudley, Sandwell PCT, NHS Walsall and Wolverhampton City PCT. Gill Shelley is the Lead for GP, QOF, OOH and Enhanced Services. Mrs Allen explained the new BC Cluster structure that will replace current NHS Dudley contract oversite functions. Please see the LMC website for organisational structures.

The following have been appointed members and deputies for these groups: Contract Management – Dr Andreou, deputy Dr Horsburgh.

 Performance Advisory Group – Dr Sharma, deputy Dr Desai.

 FHS Functions – Dr Desai, deputy Dr Mahay.

QIPP – Dr Syed, deputy Dr Horsburgh.

**3. MATTERS ARISING**

**3.1** Health Checks - Dr Collins (Public Health) to update LMC at next meeting.

**3.2** LMC Elections – Fifteen applications have been received, as twenty-four places are available, formal elections are not required. The election of officers will be carried out when Dr Singh Sahni (Chairman) is present.

**3.3** DGFT e-mails – The CCG has purchased Docman to improve primary care communication with consistent quality and safe transmission of data. Staff training will be carried out prior to the system going on line, which may take a couple of months. The IT system will be able to pull data including coding data and will generate an automated trail of who has handled the data.

**3.4** Dudley Urgent Care Triage – The pilot scheme to reduce A/E attendance seems to have been completed although no LMC members were sure if this is correct. Dr Hegarty reported that half way through the trial the majority of patients were appropriately referred.

 **Action:** Dr Horsburgh to invite a member of the DUCT to update LMC with progress.

**3.5** NICE guidelines for hypertension – Ambulatory BP monitoring is recommended as the method of evidence when making a diagnosis. Practices who do not own ABPM equipment are being offered the necessary equipment to use in their surgeries. This is felt to be an investment in primary care, bringing diagnostics closer to the patient. When taking into account the number of appointments patients who may have hypertension need in order to be diagnosed, using the Ambulatory BP monitoring equipment should not increase practice workload. Staff training will be provided by the CCG. Use of equipment is optional but LMC would support its use in practices.

LMC members raised the question as to whether Pulse Oximeters would aid the diagnosis and management of asthma as per the Respiratory education session recommendation.

**3.6** Data checking LES – Jas Rathore (CCG F and P) will be working with Matt Hartland to look at appropriate ways of funding engagement and commissioning activity which is above that which is remunerated through the GP contract.

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

**4.1** Vitamin D – The BMA and Chief Medical Officer have circulated a letter reiterating that the UK Health Departments recommendations that those groups of populations who are at risk of vitamin D deficiency take supplements to achieve the Dietary Reference Values. See LMC website for guidelines.

**4.2** The Insulin Passport is a single double-sided sheet that folds to credit size containing the necessary information for emergencies and safe use of insulin as patients transfer across healthcare providers. By August 2012 the PCT as commissioning organisation requires assurance that all providers where insulin is initiated, prescribed, dispensed, administered or monitored have implemented the actions required.

**5. CONSORTIUM EXECUTIVE BOARD**

**5.1** GP Brief received; Kimara Sharpe is the Interim Senior Responsible Officer. Dr Nick Plant has been co opted as Clinical Executive for Partnerships and Joint Commissioning and will join Dr Hegarty and Kimara Sharpe as the CCG representatives at the local Health & Wellbeing Board.

A recent decision regarding maternity services at the Cluster Board will restrict women registered with GP Practices close to Sandwell Hospital from choosing Russell Hall as their birthing centre to cap admission numbers at RHH Maternity Unit.

**5.2** Constitution Framework – All practices will be contractually required to be a member of a CCG and sign an agreement to maintain their GMS/PMS contracts.

**Action:** Dr Horsburgh will meet with Gillian Goodlad (CCG) to discuss the way forward and update the LMC in due course.

**5.3** Accountable Officer – Kimara Sharpe and Matt Hartland will be sponsored to enter the assessment and development process for the role of Clinical Chair of Accountable Officer. No local clinician could put themselves forward for the assessment process at this time.

See update from Dame Barbara Hakin – National Director of Commissioning Development on the LMC website.

**5.4** Halesowen Locality feedback re Future Commissioning Options – Follow up appointments at colposcopy clinics when the only intervention is repeat smear and pain clinic which could have a different format have been identified as gaps in service provision.

A Black Country wide review of pain relief services is due to be carried out. Dr Hegarty to give Dr Horsburgh contact details.

**6. CORRESPONDENCE FROM THE BMA & RCGP**

**6.1** Negotiating News for 18 and 25 March and 8 April received, topics discussed included outer practice boundaries and Revalidation. The BMA has written to the Department of Health raising a number of concerns in relation to England’s readiness to implement revalidation.

**6.2** GPC Negotiators Roadshow –Changes to make list closure easier include enabling practices with closed lists to retain their rights to deliver additional and enhanced services. Practices can have more say over the closure period and re-open the list when it wishes (subject to notice period). “Open but full” no longer necessary. The GPC is working with DH on evaluation plan.

**6.3** NHS pensions – Doctors will be asked whether they wish to take industrial action. The BMA are holding a series of roadshows, where BMA representatives will explain the next steps, listen to views and answer questions. The local roadshow is on 21 May, Birmingham Botanical Gardens, B15 3TR.

**6.4** BMA Regional Elections – The deadline for nominations Monday 16 April 2012. Report on LMC website.

**6.5** GPC Annual Report – See LMC website.

The inaugural meeting of the BMA Dudley Division will take place on 14 June 2012.

**6.6** GP Trainees Subcommittee update is also available on website.

**6.7** GPDF announces a rebate of approximately 14% of the 2011 levy refunded to LMCs.

**7. CORRESPONDENCE FROM THE GPC WEST MIDLANDS / BCLMC Group 7.1** Feedback from meetings – At the last GPCWM meeting the on-going procurement of NHS 111 was discussed, concern has been raised regarding NHS 111 especially in areas where doctor co-operatives are established. The quality of advice provided has also raised concerns.

The transformation of pathology services to a centralised hub and spoke format was also discussed. Members discussed their concerns regarding loss of local communication/support from pathology staff.

**7.2** Presentation by Professor Steve Field, Chairman NHS Future Forum – The West Midlands Regional Council is holding an Assembly meeting at the Birmingham Medical Institute on 10 May2012 which will be addressed by Professor Field.

 **8. CORRESPONDENCE FROM THE PCT, HOSPITAL TRUSTS & DH**

**8.1** Pharmacy applications received by Dudley PCT – An application has been received for inclusion in the pharmaceutical list for Raylane Ltd t/a Touch Pharmacy, a wholly mail order or internet-based pharmacy services at 37 Avenue Road, Coseley, West Midlands, WV14 9DJ.

An application has been received from Eightlands Ltd, requesting Preliminary Consent to open a pharmacy, trading for 100 hours per week at Albion House Surgery, Albion Street, Brierley Hill DY5 3EE.

An application has been received for inclusion in the pharmaceutical list for Murrays Healthcare, a wholly mail order or internet-based pharmacy service at Glove House, Bradley Road, Stourbridge DY8 1UX.

An application has been received from Morrison’s Supermarkets PLC requesting preliminary consent to open a pharmacy unit at Unit 23 Merry Hill Retail Park, Brierley Hill DY5 1SY.

 An application has been received from Roshban Ltd, requesting Preliminary Consent to open a pharmacy in the vicinity of Brettell Lane / High Street, Amblecote, Stourbridge.

Sandwell PCT has received a 100 hour exemption application from Mr Raza Ali, Firstcare UK Ltd for preliminary consent for inclusion in the pharmaceutical list in the vicinity of Glebefields Health Centre.

**8.2** PEC – The two lowest performing practices delivering Flu vaccination have been provided with clinical and managerial support and as a result have demonstrated improvement. Recommendation was given to the Committee that the practices should be allowed to provide the full LES for 2012/13.

The CCG is to encourage more practices to sign up to the Care Home LES; however, this is dependent upon patient choice. End of life care is an integral part of the proposals.

PMS review – Option 3 maintains a GMS baseline of £63.21 for all practices but does not award additional funding to practices who do not achieve at least the average GMS quality score of 67 quality points, a maximum of 5% change in budget year on year is applied. There are still 15 months until the end of the review to enable practices to improve quality scores. Some practices (those performing to a high level with a high payment per patient) may see a reduction in funding. The Cluster is also carrying out a PMS review – impact on local process unknown.

**8.3** PLCP – Attention is draw to the recently updated Aesthetic Surgery and Procedures

of Limited Clinical priority policies These policies will support the Black Country Cluster

to ensure equity of access across the health economy.

**8.4** End of Life – Dudley End of Life / Palliative Care Protocol for Primary Care is available on PCT intranet.

**9. MISCELLANEOUS**

**9.1** Walsall LMC Newsletter received.

**NEXT MEETING: Friday 4th May 2012, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.**

Lunch will be provided.