**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 07/04/17**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Dawes, Dr Ahmad (GPC Black Country rep), Dr Abuaffan (Public Health), Jacquelyn Horwood (Practice Manager Rep).

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

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 03/03/17were signed as correct.

**3. MATTERS ARISING**

3.1 Primary Care Development Steering Group (PCDSG) / MCP Developments – A meeting was held by the steering group on 05/04/2017 to decide which of the organisations who have already expressed an interest in the MCP have the potential to fulfil the role of main contractor to be put through to the PQQ stage of the procurement process. The favoured contender was the combined Dudley Group and Birmingham Community Trust group. Interserve and Ribera Salud were considered unable to progress to the next stage as main contractors. However they are still interested in the process as a transformational partner. The PQQ stage will allow the vetting of potential partners, other organisations could still join the proceeding at this point. Issues such as the amount of influence that GPs will have in the final outcome and potential anxieties by the workforce who are currently confident in working for the NHS were debated.

3.2 Urgent Care Centre / GP overflow –The audit as to the reasons patients attend for medical review at the UCC as opposed to primary care is currently awaited; the difficulty of obtaining accurate unbiased information has been previously acknowledged.

3.3 Firearms Update – The BMA has circulated national templates with standard letters to facilitate GP’s correspondence in matters concerning firearms. As this work is outside the GMS contract, patients are required to pay a fee for this service. The information is available on the LMC website.

3.4 School medical certificates – The parents of Dudley school children have been asked to provide a medical certificate to validate their child’s absence from school, Dr Horsburgh to circulate an amended standard letter including the reasons why doctors are unwilling to provide medical certificates for this purpose and national guidelines for practices to give to parents. The issues were also raised of schools declining to administer over the counter medication such as paracetamol due to concerns regarding potential allergic reactions and the role of the school nurse.

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

4.1 IR35 – If practices are employing locums the employer is responsible for ensuring that the employee is paying national contribution in keeping with IR35 rules. Advise and training are available.

4.2 Kinver Practice – Moss Grove Surgery took over the running of Kinver Surgery 10 years ago resulting in them having one practice in Dudley CCG, the other in Staffordshire CCG; they are therefore approaching Dudley CCG with a view to applying to merge both practices and transfer the Kinver practice into the Dudley CCG. The LMC agreed to support the practice in this matter, however, it was noted that the constitution of the CCG does not allow practices to join without changing the constitution and there are also financial considerations.

**Action:** Dr Horsburgh to write to Moss Grove Practice.

4.3 NHS Property Service – Heads of Terms – NHS PS issued their heads of terms to practices on 31 March 2017 which are negotiable on an individual practice basis, the terms are not enforceable but seen as a first step to negotiations between NHS PS and practices. It is vital for practices in lease negotiations to understand liabilities and undertake due diligence. The GPC will continue to meet with NHS PS to ensure a robust process is implemented for calculating reasonable service charges.

4.4 International Recruitment – Due to local difficulties in recruitment Dr Ahmad raised the possibility of utilising an international recruitment programme and its development as a STP footprint. Funding is available to support the cost of moving and for training, however the practices would take on the financial responsibility of paying the salary. Concerns were raised that the post holder may leave as soon as their initial contract was completed and have no long term commitment to the practice.

**Action:** Dr Horsburgh to discuss with Dan King and to take to the Local Workforce Action Board.

4.5 Deprivation of Liberty Safeguarding (DoLS) – Guidance has been published by the BMA advising that patients who die while subject to an authorisation under the DoLS from 3 April 2017 will not require automatic referral to the coroners.

4.6 Fit Notes – Mark Allerton from Department for Work and Pensions has been reviewing fitnote and is asking for feedback from LMCs. The system was felt to be complex and inflexible and the note biased towards unfitness as being fit to return to work is implied when the note expires, some GPs handwrite on the form to make their intension clear, an option to pre/postdate would make an improvement.

4.7 Contract with Trusts – DGOH have confirmed that if any immediate treatment is required this will be supplied by the Trust, however many patients fail to wait for their prescription to be dispensed.

**Action:** Dr Horsburgh to discuss EPS prescribing with Dr Banks.

4.8 Personal Independence Payments – Increasing numbers of 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. This work was previously carried out by other health professionals; the LMC felt that GPs should not be carrying out these assessments as they do not have occupational health qualifications and the process could have a detrimental impact on the doctor-patient relationship. Dr Ahmad has already escalated this issue to the GPC and will chase up a response.

4.9 Cataract Information – The Cataract referral form is thought by some GPs to be creating more work regarding rejections. The criteria remain unchanged but policing of the referrals is more robust, to streamline the process. The LOC needs to be engaged in the process, as they should be making direct referrals for cataract surgery, having ensured that the patient does actually wish to proceed with the referral.

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

5.1 The Primary Care Commissioning Committee – The last meeting was held on 17 March 2017 issues discussed included GPFV submissions for funding, the extended weekend access scheme and the practice managers association training plan.

5.2 Clinical Development Committee – The last meeting was held on 22 March 2017, issues discussed include end of life and palliative care including local service improvement and extension of the palliative care team to a 7 day service.

5.3 Sustainability and Transformation Plans – Andy Williams, Accountable Officer has circulated a letter outlining some key points including the perception that progress is not as quick as in some areas. The Clinical Reference Group is seeking new members; Dr Sinha is becoming involved to increase clinical representation. Terms of reference are to be written.

**6. PUBLIC HEALTH**

6.1. Update – The re-structuring of the Public Health department has now been completed, information as to who to contact for what issues has been provided.

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

7.1 GPC News – See LMC website, issues discussed include IR35 and firearms licences.

Congratulations to Dr Ahmad who has been re-appointed to the position of Black Country GPC representative.

7.2 GPFV GP Transformational Board – Dr Horsburgh attended the GPFV Reference Group on 29 March on behalf of the W Midlands Regional LMCs. Issues discussed include the need for flexibility on how funding is spent, money is secured until March 2018 and contingency funding.

**Action:** Dr Horsburgh to circulate note to LMC members.

7.3 GPFV – The General Practice Forward View in Action event was held on 6 April 2017. New models of care including the MCP were discussed. Dudley Integrated Care team and Dudley Health Watch presented at the meeting. Practice based Pharmacists from Walsall also presented.

7.4 Conference: Implementing the GPFV –managing demand in general practice – This event will be held on 26 April in London, two representatives from each LMC are welcome to attend.

7.5 Access to Medical Records - The BMA has updated its advice regarding insurance report requests and electronic reporting on its website, key points include the advice that electronic consent for those agreeing to provide insurance reports is legally acceptable.

7.6 GP Retention Scheme – This scheme aims to provide support and resources aimed at GPs who may consider leaving clinical practice, but are prepared to commit to providing between one and four sessions weekly.

7.7 Partnership succession planning – the BMA has issued guidance on how to avoid being the ‘last partner’ in a practice.

Dr Dawes raised the issue in his practice of an influx of patients registering due to the dispersal of patients at a local practice at a time when pharmacy support has been withdrawn. Extra pharmacy input should be in place to ensure patients have a pharmacy review prior to the patients being dispersed to a new practice.

**Action:** Dr Horsburgh to discuss with Claire Huckaby.

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

8.1 WMRC Regional Assembly – This meeting is open to all BMA members and will be held on 27 April in Birmingham.

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

9.1 Pharmacy Applications – Nil.

Medications of limited value are still available via Pharmacy First.

**Action:** Dr Horsburgh to investigate.

9.2 PCSE – The difficulties with Capita were expressed.

9.3 Local Workforce Action Board –The last meeting was held on 15 March 2017 and was attended by Dr Horsburgh.

**10. MISCELLANEOUS**

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

**11. AOB**

11.1 Airedale Model – Professionals have expressed difficulties getting through and poor IT links; Airedale are

aware of the problems and are trying to resolve the issues.

NEXT MEETING**: Friday 5 May 2017, 12:45pm at Brierley Hill Health and Social Care Centre, Orange Room, CCG offices, (second floor).**

Lunch will be provided.