**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

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Dudley LMC website – www. dudleylmc.org

**Minutes 05/07/13**

**PRESENT**: Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Dawes, Dr Johal, Dr Khan, Dr Nancarrow, Dr Shather, Dr Cartwright, Dr Bramble, Dr Collins (Public Health) and Anna Nicholls –Area Team.

**1. APOLOGIES**

Apologies have been received from Dr Singh Sahni (Chairman), Dr Kanhaiya, Dr Plant, Dr Suleman and Dr Handa GPC Black Country rep.

**2. CONFIRMATION OF MINUTES** –

Section 4.5 ECG payments - amended to read, Practices will be paid £5 for performing ECGs, a service for which the hospital has previously charged £23.

The minutes of the meeting held on the 07/06/13 were then confirmed and signed as correct.

Virtual Wards.

Dr Cartwright and Dr Bramble have reviewed the service, with the aim of service improvement to ensure high quality care in the appropriate place. Feedback from health care professionals regarding the current provision has been variable with some reporting that an excellent service is provided for patients, whilst for others the service has been patchier.

There will be a community ward for each locality; a different risk stratification tool which screens codes is to be introduced to identify patients who would benefit from the virtual ward service before their first hospital admission. Multi disciplinary Grand Rounds will facilitate learning in relation to the acutely ill patient.

The role of district nurses and specialist nurses will continue unchanged. In order to provide a rapid response the number of ANPs will be increased, enabling GPs, NHS 111 and the ambulance service to refer patients into the service.

The need for effective communication and management in addition to consistence to provide a collaborative approach to patient centred care to continue to innovate and engage with local clinicians to provide specialist advice in the community is required.

**3. MATTERS ARISING**

3.1 ECG payments - The LMC previously agreed that the £5 which practices will be paid for performing in house ECGs does not reflect the cost of performing the test which is estimated to be approximately £11.30. The lack of involvement of members in the CCG’s decision making process was noted.

In the short term patients will continue to be able to attend the ECG service at RHH if their practice does not perform ECGs.

3.2 Black Country Partnership FT – If any doctor (who is not a CCG board member) is interested in becoming a clinical paediatric champion to provide general advice to improve the development of children’s services please contact Dr Horsburgh.

3.3 Quality Premium – The CCG can potentially earn £1.5 million to spend on patient care development if certain conditions are met, local goals include hypertension, atrial fibrillation and dementia. The LMC previously debated the issue of support to fund the extra clinical time required to achieve the quality premiums. Dr Rathore (Financial Lead, CCG) has expressed the opinion that primary care work contributing to the delivery of quality premium which falls outside of core services/QOF/LES and national DES is to be funded by CCG.

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

4.1 Hazardous waste collection – An additional cost of £18 to register each site seems to have been transferred to General Practice.

**Action:** Anna Nicholls to investigate.

4.2 Referral forms – The proformas were felt to ensure that required information is included in the referral and if appropriate a letter with further relevant details can be attached to the referral form.

4.3 Nominations for Birmingham, Solihull and the Black Country Area Team Performers List Decision Making Panel and Performance Screening Group – The LMC has nominated a number of LMC members to provide local clinical expertise for both panels.

**5.** **CLINICAL COMMISSIONING GROUP**

5.1 WMLETB – Feedback from Dr Johal received: The issue was raised that members have difficulty attending meeting; planning dates of meetings for the year ahead may address the problem. Minutes from meeting 15/05/2013 noted.

5.2 Minor Surgery DES – The Minor Surgery DES has been retained by the AT.

5.3 GP Appraisal – The difficulty of emailing patients forms for patient feedback as part of the appraisal process were discussed previously, GPs are able to pay for analysis of patient feedback if this would assist the process.

**Action:** Dr Horsburgh to contact appraisal lead for information.

5.4 Interface Group – The issues of communication was discussed, including Dudley CCG Email migration. Next group meeting 30/07/2013.

5.5 PMS review – NHS England will be working to review all PMS contracts during 2013/14, currently the Area Teams will not be initiating their own independent reviews.

5.6 Serious Incident reporting arrangements - Lower grade incidents are to be logged and monitored through local in-house incident reporting management procedures. Serious incidents are to be reported to the Birmingham, Solihull and Black Country Area Team within three working days.

5.7 Primary Care Tool – This can be accessed via http://www.primarycare.nhs.uk.

5.8 Members News – CCG Email- All Dudley CCG member practices and their staff to migrate to the new DudleyCCG.nhs.uk email.

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

6.1 Negotiating News for 9 and 29 June received, topics discussed include guidance on conflicts of interest and delayed payments to practices.

6.2 GPC Newsletter – On LMC website, flu immunisation 2013/14 and out of hours issues discussed. See LMC website.

6.3 A Vision for General Practice in the future NHS – Published by the Royal College of General Practitioners, see LMC website.

**7. CORRESPONDENCE FROM THE GPC WEST MIDLANDS / BCLMC Group**

The number of future meetings is to be reduced to two negotiators meetings, a Nuts and Bolts meeting and annual AGM.

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

8.1 Pharmacy Applications – NHS CB has received a no significant change relocation to the immediate vicinity of the proposed New Medical centre, Lowndes Road, Stourbridge by Boots UK Limited 141 Bridgenorth Road, Stourbridge, DY8 3NX.

No significant change relocation to the site of 1 Bradley Road, Stourbridge, DY8 1UZ from 50/51 High Street, Stourbridge, DY8 1DE has been received.

The application 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 9 DJ has been apprived.

8.2 Primary Care Development Committee –The final version of the Primary Care Development Strategy will be presented to the CCG Board 04/07/13. A short pamphlet has been developed to provide a summary for members and patients.

Primary Care Support Teams for the Black Country (formerly known as FHS) has relocated to Jubilee House, Bloxwich House, Walsall.

**9.** **MISCELLANEOUS**

9.1 MTRAC – nil received.

9.2 Walsall LMC News received.

9.3 South Staffordshire Newsletter received.

9.4 Worcestershire LMC Newsletter received.

**10. AOB**

10.1 Occupational Health Services – Due to the lack of provision in Dudley, Dr Hall Assistant Director has informed the LMC that Sandwell may be approached to provide a service.

NEXT MEETING**: Friday 13 September** 2013, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.