**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 02//09/11**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Blackman, Dr Prashara, Dr Shather, Dr Cartwright,

1. **APOLOGIES**

Apologies have been received from Mrs Ranson (Practice Manager Rep) and Ms Shanahan (PCT).

1. **CONFIRMATION OF MINUTES** – The minutes of the meeting held on the 08/07/11 were confirmed and signed as correct.

**PRESENTATION** – The New Medicines Service (NMS), Dudley LPC - Dan Attry and Wyn Wattley.

The NMS is designed to provide early support to patients to maximise the benefits of the medication they have been newly prescribed in one of the following therapy areas: asthma / COPD, type 2 diabetes, antiplatelet / anticoagulation therapy and hypertension. The service will be available from 1st October 2011.

The service is split into three stages. **Patient engagement**- patients may be recruited to the service by the prescriber or opportunistically by the community pharmacist. **Intervention**- this will take place between seven and fourteen days after patient engagement (either face to face or telephone contact). Adherence to medication will be assessed, problems identified and information and support provided. **Follow up** – the pharmacist will follow up with the patient 14 to 21 days after the intervention at which time if there are no unresolved issues the patient will exit the service. See LMC website for presentation.

The LMC thought that patients who were commenced on medications appropriate to the service in hospital may miss out on referral to the service. Audit of the service perhaps in conjunction with primary care will need to be carried out,

**PRESENTATION** - NHS Pathways and Directory of Services – Daren Fradley ( W. Mids. Ambo. Service ) and Derek Hunter( PCT).

The pressures on the ambulance service and A&E departments have been increasing at an unsustainable rate. Many of the patients that dial 999 for an ambulance could be treated more appropriately in primary care. Currently 68% of patients who ring 999 are taken to hospital but only 10-12% need an acute environment.

NHS Pathways enables a specifically designed clinical assessment to be carried out by the trained person answering the call, a clinical skill set and defined timescale will be identified for the patient. At the end of the assessment and if an emergency ambulance response is not required, an automated search is carried out on the integrated web based Directory of services to locate an appropriate service in the patients local area that offers the specific skills needed within the timeframe required. GPs will have access to the Directory enabling the identification of local services.

 This programme has been operational in Stafford since July and there has been reduction in the number of ambulance responses. For further information refer to the Health Economy Information Leaflet by the West Midlands Ambulance Service.

**3. MATTERS ARISING**

**3.1 Pension Workshop** – Laurence Brown, an independent financial advisor from BMA services, will be giving a pension workshop at the October LMC meeting.

**Action:** Dr Horsburgh to invite local GPs to an open session at the next meeting.

**3.2** Shared Business Services – A proposal has been made to develop a commissioning support service for CCGs in the Black Country. Kamara Sharpe together with a team of managers has developed a document to present to the Executive team enabling services to be bought in by the Commissioners.

**Action:** Kamara Sharpe to be invited to discuss the document at a future LMC meeting. Steve Cartwright and Rob Bacon as representatives of the Executive team will be invited to update the LMC at the November LMC meeting.

**3.3** Targeted Medicines Use Reviews – MURs aim to improve a patient’s understanding and use of a medication of medications that they have been taking for a period of time. From 1st October 2011 pharmacies must ensure that at least 50% of the MURs are targeted on patients who are taking “high risk medicines,” have recently been discharged from hospital or have respiratory disease.

**4. CHAIRMAN’S and MEMBER’s COMMUNICATIONS**

**4.1** GPC elections for regional Black Country seat – Dr Sudhir Handa has been elected to serve as GPC representative for the Black Country for three years and has been invited to attend a Dudley LMC meeting.

**4.2** Michael Dalton a founding partner at Moss Grove Surgery and a former Dudley LMC Secretary died earlier this summer.

**4.3** LMC Membership – A query has been raised as to whether a GP working as a salaried GP within the Dudley borough but no longer on the Dudley performers list could continue as a Dudley LMC member. The LMC members agreed that they wished the GP who raised this issue to continue their role on the LMC.

**4.4** BMA Dudley Division - The BMA West Midlands Regional Council is concerned that members who are within inactive Divisions are relatively disenfranchised from representation within the BMA. Dr Sharma is trying to raise interest in a meeting to try and regenerate the Dudley Division.

**4.5** Research Study – Dr Calvert at St Mary’s University College is conducting an online survey to audit the current perception and patient referral services for Clinical Hypnotherapy amongst GPs in the NHS. Please see LMC website for further details.

**4.6** Flu Vaccination LES – Fourteen practices have fallen short of the national target required by Public Health. Two practices have had the flu LES suspended for a year. These practices will have additional support to improve vaccination levels. LMC members raised concerns over the effectiveness of this approach. LMC to monitor outcomes.

**4.7** GP Education – Several local PCTs provide a training half-day for their GPs on a regular basis. The GP surgeries shut and emergency care is provided by the out of hours provider. A similar education programme is to be trialled in Dudley. The educational events run from 5-7pm, Wednesday evenings, (venue to be confirmed) once every 6 weeks. The first one is planned for 14th September 2011 and is a rheumatology event organised by Dr Whallett.

**4.8** Treating relatives – The FHS Functions committee members wishes to highlight to local GPs that they should not treat relatives.

**4.9** Sessional GP representation in the consortia – Sessional GPs are encouraged to be involved in the creation of a clinical leadership team. However, Sessional GPs have not put themselves forward.

**4.10** Change in Out Patient Prescribing - Medication to be commenced urgently at an out patient appointment should be prescribed by the medical practitioner who has seen reviewed the patient. Non urgent prescribing can be initiated in primary care.

**Action:** Dr Cartwright to revise Shared Care protocols with the pharmaceutical team.

**4.11** Champix prescribing – Patients attending Stop Smoking services run by community pharmacists may need to request a prescription for Champix from their GP if the pharmacist is not accredited to prescribe the drug. There are approximately 53 Stop Smoking clinics within the borough and 29 pharmacists accredited to prescribe Champix.

**Action:** Dr Horsburgh to discuss the gap in provision with the PCT and update the LMC at the October meeting.

**5. CONSORTIUM EXECUTIVE BOARD**

**5.1** Electing leaders to Executive Board – Ratification of the elected candidate has yet to be carried out.

 **5.2** Practice Agreement – At the Board on 20/07/2001 the Practice Agreement 2011/12 was approved.

**5.3** GP Brief – Topics discussed in issue number 11 included a pilot for review following stroke, breastfeeding and end of life care in heart failure training details.

**5.4** Developing the NHS Commissioning Board – See LMC website for details.

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

**6.1** Negotiating News for 10th, 16th July, 7th 14th 20th and 29th August received, topics highlighted include central procurement of the seasonal flu vaccine, CQC, Shared Business services and refresher training in taking cervical smears.

**6.2** GPC Newsletter – topics of interest include care pathways for outpatient referrals and emergency indicators. See LMC website.

**6.3** Commissioning Update for GPC July 2011 – Following the pausing, listening, reflecting and then improving exercise, the proposals made by the NHS Futures Forum have largely been accepted by the Government. See LMC website for details.

**6.4** Conflict of interest – The RCGP has published a paper entitled *Managing conflict of interest in clinical commissioning groups.* This paper highlights existing standards and policies that describe how conflicts of interest should be managed and sets out draft principles CCGs might adopt when developing local policies.

**6.5** LMC Secretaries Conference – This will be held on 1st December 2011 at BMA House, London.

**Action:** Dr Horsburgh to attend.

**7. CORRESPONDENCE FROM THE GPC WEST MIDLANDS / BCLMC Group 7.1** GPCWM AGM was held on14/07/2011. A GPCWM website is in the process of being developed, possibly up and running by the end of September.

The next Negotiators meeting will be 10th November 2011 at Birmingham Medical Institute, 36 Harborne Rd, 2.00 -4.00pm. All welcome.

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

**8.1** Pharmacy applications**-** Sandwell PCT has granted an application for change of ownership from RRM Locums Ltd in respect of SK Jalota t/a Hill Top Pharmacy, 1 Pottery road, Oldbury B69 9EX.

**8.2** PEC- Jas Rathore has been appointed as PEC Chairman until April 2012 when the PCT is dissolved.

**8.3** SHA Clusters – Sir Neil McKay has been appointed to the post of chief executive of NHS Midlands and East.

**8.4** MMR vaccination - As a result of a letter circulated by the Health Protection Agency based in Kidderminster the Dudley Public Health Communicable Diseases Team has forwarded a flowchart and a vaccine update special issue regarding the administration of MMR vaccine.

**8.5** Dudley Community One Stop No Scalpel Vasectomy Service – See LMC for exclusion criteria.

**9. MISCELLANEOUS**

**9.1** Walsall LMC Newsletter received.

**9.2** MTRAC – Dabigatran for stroke prevention in patients with atrial fibrillation. Commissioning guidance – in view of the financial implications dabigatran should only be prescribed for those patients with co-morbidities who are adherent to Warfarin monitoring and lifestyle requirements but need frequent co-prescribed medications that interact with Warfarin and affect the patient’s time in therapeutic range.

**9.3** Lyme disease – The James Lind Alliance Lyme disease Priority Setting Partnership is asking GPs to participate in a short survey details at www.LymeDiseaseAction.org.uk/jla

 **10. AOB**

**10.1** Dr Blackman raised the issue of reviewing CRB checks which have not been carried out since the initial check. It was noted that dentists have not received CRB checks and employees within the Mental Health Trust have not retrospectively had CRB checks.

**Action:** Dr Cartwright to investigate.

**10.2** Educational psychologists wished to highlight how they might work with GPs. The two main client groups would be individual children with behavioural and social needs and parents who need support with their parenting skills.

**NEXT MEETING: Friday 7th October 2011, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.**

 **Open Meeting – Pension Workshop 1-2pm**

Lunch will be provided.