**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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**Minutes 07/09/12**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer) Dr Bhardwaj, Dr Dawes, Dr Khan, Dr Kanhaiya, Dr Nancarrow, Dr Suleman, Dr Collins (Public Health) and Anna Nicholls.

**1. APOLOGIES**

Apologies have been received from Dr Hegarty and Dr Plant.

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

06/07/12 were confirmed and signed as correct.

 **PRESENTATION –** Practice Boundaries – Anna Nicholls, Head of Primary Care Development.

 Practices are currently establishing new practice boundaries to help patients who move a short distance outside the current practice boundaries to stay with their existing practice. There will continue to be an overlap of practice catchment areas between practices following the introduction of extended boundaries; however, this should not cause any difficulties. Any patients taken on in the extended boundary have to be offered full GP services including home visiting.

 At the previous LMC meeting the question was raised as to whether difficult to manage patients who move into the outer boundary would be allocated to a practice. Anna Nicholls was able to confirm that these residents tend to get allocated to the nearest GP from their resident address; the introduction of an outer boundary does not change the current resident allocation process. For Temporary Residents full home visiting services only need to be provided for TRs within the original boundary.

 The issues regarding cross over and community services (psychiatric, DNS, midwives etc) existed before the introduction of extended boundaries, Anna Nicholls recommended that practices raise these issues directly with the CCG.

**3. MATTERS ARISING**

3.1 The Primary Care Commissioning Department has sent out a letter to all General Practitioners that clear, accurate legible records need to be kept as per the GMC’s guidance *Good Medical Practice – Providing Good Medical Care.* This letter follows a number of incidences where following a complaint the electronic records of patients have been reviewed and been found to be neither contemporaneous nor robust.

Mentoring and training is currently available for any practitioner who wishes extra support.

3.2 Health Checks – Dr Collins updated the LMC regarding health checks; there does not seem to be any issues related to payment. The results of blood tests performed during health checks performed at pharmacies are automatically sent by the IT system to primary care; the patient is referred to the GP if any clinically significant abnormality is detected.

**Action:** Dr Collins to review the number of patients involved in the pharmacy based health check scheme.

3.3 List Cleansing – Practices are starting to receive letters regarding this, patients who have not been residents for a period of six months will be removed. To date the impact on LMC member’s practices has been negligible; PCOs are required to give practices **six months** written notice before removing patients from the practice list.

3.4 Black Country LETC Reps – The LMC raised the issue of GP representation on the LETC; Dr David Parry will be approached as a potential representative.

3.5 Toolkit for 6-8 week paediatric checks – The public health department has been concerned regarding the lack of specific training for these checks. Although, currently there is no training requirement to maintain good practice an electronic toolkit should be undertaken every three years.

**Action;** Dr Collins to bring toolkit to LMC for review and approval.

3.6 Quality& Engagement LES – Practices will be expected to perform analysis of activity data to identify financial and quality issues. The ‘data checking template’ has been modified; the columns regarding pre admission and post discharge medication remain as this provides information for the HARMS project.

3.7 Sub-dermal implants – Feedback via email from Dr Abu Affan in answer to queries raised at the previous LMC meeting was read out. The medicine subscribing subcommittee has agreed and supports the pilot. The aim is to commence the pilot 1 August for 12 months. GP practices will be able to claim the cost of sub dermal implant rods in the same way as the cost of other contraception.

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

4.1 Kimara Sharpe wished to thank the LMC for their support while she was working for Dudley PCT. The Secretary has written to her thanking her for her support while in office. Paul Maubach has taken on the role of AO.

4.2 QP11 – Requirement for Winter Review – The issue of whether QP11 is economically viable when balanced against the workload had been raised by a local GP. This will be a decision for individual practices, however the reviews could possibly be incorporated into the over 70s checks and at visits to the house bound.

4.3 Methotrexate – The problem with methotrexate prescribing and monitoring was considered at the Halesowen and Quarry Bank locality meeting. A robust system is required whereby GPs are confident that accurate timely results are communicated to primary care. Ideally all that is required is a letter informing the GP that the results are normal and treatment can be continued or that the results are outside the normal reference range and that methotrexate should be stopped.

**Action:** Dr Horsburgh to chase up.

4.4 MMR payment - The first dose of the MMR vaccination programme will be administered prior to discharge from hospital post delivery. Therefore, primary care will be responsible for giving the second dose at the post-natal check. This work will be included in the global sum; no extra payment is available although some claim forms have been submitted.

**Action:** Dr Horsburgh to raise at the GPC negotiators meeting and to liaise with Dr Collins why this policy has been instigated.

4.5 Sick notes- Patients who have been found fit to work but are appealing against the DWP continue to require appointments for further sick notes. Filling in the sick note “until further notice” could do away with the need for several appointments whilst the appeal process takes place.

4.6 Hospital letters – Letters have been sent to primary care using the NHS number as the sole way of identifying the patient. The problem of the practice staff correctly identifying the patient was discussed and the fact that this does not comply with the minimum of three pieces of identifying information noted.

**Action:** DGFT to be informed of this issue.

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

5.1 Election to CCG Board – Election Ballot Booklet and Ballot paper has been circulated to every GP on the Medical Performers List. The deadline for ballot papers to be received back is Thursday 13 September 2012.

5.2 Liability for CCG Officers – Concern has been raised regarding the scope for officers and members of CCGs to incur liabilities as a result of the CCG’s activities. The advice provided is that it is unlikely that members can be individually liable for commissioning decisions or for the actions by the CCG as a statutory entity. BMA guidelines can be viewed on the LMC website.

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

6.1 Negotiating News for 6 and 29 July, 5, 12 and 26 August received, topics discussed included GP Trainees Subcommittee elections, and Hepatitis B immunisation for medical students.

6.2 LES - Dr Laurence Buckman has written an update on the future of the LES. As of April 2013 CCGs and Local Authorities will commission services currently commissioned as LESs. The funding allocation will be transferred to the CCGs and LAs. The NHS Standard Contract will be used to commission these services.

The Nursing Home LES which currently includes nursing and possibly residential homes requires the GP to review the patient every two weeks. This can only be financially viable for the practice if there are at least ten patients in the nursing home.

**Action:** Dr Horsburgh to check the LES criteria.

6.3 Trainee’s Newsletter – Available for viewing on LMC website.

6.4 GPC News – Items discussed include CQC registration and QOF FAQ.

6.5 Revalidation – The BMA has issued an update: all ‘stakeholders’ will be coming together when the UK Revalidation Board meets to receive final reports on readiness to proceed. The Secretary of State for Health is then expected to make a decision on whether revalidation should go ahead on the planned timetable starting in December 2012.

6.6 Negotiating skills courses for LMCs – A number of free places are available on the courses to be held in October in London and in November in Birmingham. See LMC website for details.

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

7.1 West Midlands Regional Council Annual Business Meeting – To be held Wednesday 24 October 2012 at the BMI, 36 Harborne Road, Birmingham. Guest speaker will be Sir Neil McKay, Chief Executive of NHS Midlands and East.

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

8.1 Pharmacy Applications – An application by HST Healthcare Ltd for inclusion in the pharmaceutical list at 249 Halesowen Road, West Midlands B64 6JD has been granted subject to conditions.

 An application by HC Pharmacies for inclusion in the pharmaceutical list at Priest House, Priest Street, Cradley Heath B64 6JN has been granted subject to conditions.

An application by Firstcare UK Ltd for inclusion in the pharmaceutical list in the vicinity of Glebelands Health Centre, St Marks Road, Tipton has also been granted subject to conditions.

Boots UK has applied for a minor relocation from 141 Bridgenorth Road, Wollaston, Stourbridge DY8 3NX to the immediate vicinity of the proposed New Medical Centre, Lowndes Road, Wollaston.

8.2 Primary Care Development – Issues relating to development in primary care premises development are being discussed. The Lye LIFT scheme will be a stand

alone scheme as the proposed urban renewal will not be taking place. Matt Hartland has identified money available for practices to apply for funding grants to bring practices up to CQC standards. The role of the committee and the need for the LMC to be involved in the strategy for primary care premises development was discussed.

8.3 Mental Health – ‘No health without mental health: implementation framework’ noted.

8.4 CQC – A week after the registration process opened approximately 40% have completed the first step of the process.

8.5GMC Child Protection –A booklet *Protecting children and young people – the responsibilities of all doctors* is available from the GMC.

**9.** **MISCELLANEOUS**

9.1 Walsall LMC Newsletters for July and August 2012 received; issues commented on include the Locum GP Handbook published online by the BMA.

9.2 South Staffordshire LMC News received matters discussed include the BMA day of action and the local NHS structure.

9.3 MTRAC – Bicalutamide for the treatment of prostate cancer; MTRAC opinion is that this drug should continue to be initiated by a specialist but that no ESCA is required provided that the initiating specialist specifies who has the responsibility for monitoring LFTs and PSA.

Rivaroxaban for stroke prevention in patients with non-valvular atrial fibrillation has been deemed suitable for prescribing in primary care.

10. **AOB**

10.1 Shingle vaccination – A pilot for high risk patients may commence.

**Action:** Dr Collins to investigate.

NEXT MEETING: Friday 5 October 2012, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.