**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@dudleyccg.nhs.uk**

 Phone 01384 426120 Fax. 01384 895130

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

 **Minutes 05/09/14**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Dawes, Dr Nancarrow, Anna Nicholls (AT), Dr Ahmad (GPC Black Country Rep).

**1. APOLOGIES**

Apologies have been received from Dr Abuaffan (Public Health).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 04/07/14were confirmed and signed as correct.

**3. MATTERS ARISING**

3.1 Urgent Care Centre – The Urgent Care Centre Service specification was circulated in July to the short list of potential providers prior to interview. The need for the LMC to be involved in the tendering process in particular having a voice as to what services will be provided as the specification still seems to lack detail and concerns regarding staffing were again highlighted.

The provision of a separate centre dedicated to mental health services was discussed.

3.2 CCG LES and LIS – The advice of the Contracts Team is that each GP is issued with one NHS Standard contract to cover all the LESs they provide. The contract comprises of 3 documents and two PDF documents. The LMC discussed whether this contract is fit for purpose for this particular activity.

The BMA Standard Contract FAQ is to be sent to Practice Managers.

3.3 Shared Care protocols – Dr Horsburgh is awaiting a list of all current Shared Care protocols. The LMC would

prefer to review any future Shared Care protocols on behalf of local GPs prior to approval.

3.4 Unplanned Admissions Scheme – Dr Cartwright is involved in carrying this project forward. The initial care plans which must be completed by the end of September require a face to face contact with the patient. Electronic templates are available for the process; the patient signs the document and keeps a copy. The three monthly care plan reviews could be carried out by telephone interview. LMC members felt that the care plans need to be shared across the multi disciplinary team for the care plans to have an impact upon patient care.

3.5 Newborn Examination Training – To comply with training requirements GPs must attend a training session once every three years; training is currently funded by the CCG.

**Action:** Dr Horsburgh to circulate the statutory components of an examination of a newborn to LMC members.

3.6 PMS review and MPIG – The Area Team is required to undertake a review of all local PMS contracts, to be completed by March 2016. PMS practices have three options, firstly, to revert to a GMS contract, secondly, to remain on a PMS contract and participate in the PMS review or accept where offered the Area Team’s transitional support. Area Teams can implement short tern support to practices facing a significant impact from the Government’s decision to withdraw the Minimum Practice Income Guarantee (MPIG) over seven years if a specified criterion is met.

See LMC website.

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

4.1 DVLA requests – Patients have been asked to check with their GP that they satisfy the medical standards for driving as part of reapplying for a driving licence. LMC members agreed that the role of the GP is to supply medical information to the DVLA but not to make the decision as to whether an individual patient is medically fit to drive.

**Action:** Dr Horsburgh to write to the DVLA.

4.2 Violent Patients – The team at Jubilee House deal with the violent patients /zero tolerance scheme but unless the practice have reported the incident to the police and have a crime number they will not be accepted onto the scheme. If they have been deregistered for ‘breakdown of relationship’ due to their behaviour then they can register with any practice of their choice.

4.3 Medicine of the Elderly (MoE) – Dr Cartwright and Dr Bramble have circulated an update. MoE are able to undertake a domiciliary visit within two days and within 24 hours for patients that need an urgent consultant and are unable to attend hospital.

4.4 The *Tablet* – Received from Dudley CCG. Updates include New Oral Anticoagulants and updated osteoporosis and vitamin D guidelines.

4.5 Flu vaccination pilot – This is to be piloted by the Area Team across the Black Country.

4.6 Capita Forms – This is not a statutory requirement, the issue has been raised that the current fee does not reflect the time needed to complete.

**Action:** Dr Ahmad to raise issue at the GPC.

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

5.1 Co-commissioning – The CCG will soon have a role in the commissioning of primary care services, which may assist in moving work from secondary to primary care. Dudley CCG is to undertake the highest level of involvement. Ensuring that individual performance / revalidation are not included in co-commissioning remains an ongoing concern to the LMC.

5.2 WM LETB – No recent meetings have taken place. WMLETC have recently discussed hospital seven day working. The LMC debated the role of apprenticeships within primary care for administration staff and the role of the post of physicians assistant.

5.3 Interface Group – The next meeting will be held on Tuesday 9 September.

5.4 *Members News* – This is circulated weekly, the new format seems easier to access and the information is written in a more succinct manner.

5.5 Primary Care Development Committee – The last meeting held was in August; the agenda included support for CQC inspection, and Blue Stream online training.

5.6 Clinical Development Committee – The last meeting was held on 28/08/14; items debated included locality prescribing needs and the social skills training for clients with autistic spectrum disorder at the Glass House, Stourbridge.

5.7 GP Provider Company – A meeting and presentation will be held 25 September 2014 prior to practices signing up to the provider company (joining at a later date will incur a higher joining fee). Ideally all practices should send a representative. The LMC will continue to support all practices whether or not they join the GP provider company and ensure that no Dudley practice is disadvantaged by the process.

5.8 CQC Registered Manager – Information is now available from the LMC for practices who are required to change their registered manager.

5.9 Practice Engagement Scheme – This assists the CCG to deliver its Commissioning Strategy and meet local and national obligations for Quality Premiums. The Practice Engagement Scheme 2014/15 has been distributed to practices.

5.10 Paediatric Asthma Nurse – The role of the asthma nurse has changed from 1 September 2014. Consultation clinics will no longer be offered; however, the nurse will take on an education role and is available to advice GPs and practice nurses who offer paediatric asthma care.

5.11NHS Friends and family test – This tool allows patients to provide feedback on their experience which can be used to improve services. Use of the test is been extended to include GP services by December 2014 and will be part of the revised GMS contract. The CCG (Dan King) will send out practice packs to primary care.

5.12 Text Messaging – MJOG will be commencing the roll out to practices over the coming weeks.

5.13 Clinical Lead Vacancies – A vacancy is available for a GP to act as Clinical Lead for Safeguarding and Quality.

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

6.1 GPC Newsletter – See LMC website, issues raised include CQC guidance on the Disclosure and Barring Service checks in general practice and LMC Conference 2015.

6.2 LMC Secretaries Conference 2014 – To be held at BMA House on Thursday 11 December 2014.

6.3 Black Country BMA – The inaugural meeting is to be held on 15 September 2014. Dr Singh Sahni and Dr Horsburgh to attend.

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

7.1 GPCWM – No update.

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

8.1 Pharmacy Applications – NHS England has received an application for distance selling premises at 2 Malt Mill Lane, Halesowen, B62 8JA.

8.2 Premises Charges – Richard Salmon Assistant Head of Finances is working with Propco and CHP LIFT buildings to gain a better understanding of the 2015/15 Premises charges. Propco will be cancelling all invoices issued this year and practices will receive a credit note.

**9.** **MISCELLANEOUS**

9.1 MTRAC – Commissioning Guidance Summary for DPP-4 inhibitors (Gliptins) has been circulated.

9.2 Worcestershire LMC Newsletter received.

9.3 South Staffordshire Newsletter received.

9.4 Walsall LMC News received.

9.5 GP Training – Forthcoming meetings include anaphylaxis and CPR, making sense of hormones and injecting joints. See LMC website.

**10. AOB**

10.1 iWantGreatCare – This tool for collecting relevant data for the Friends and Family test is currently been offered free for a period of three years.

NEXT MEETING:Friday 3rd October 2014, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.