**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 04/09/15**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Prashara, Dr Ahmad (GPC Black Country rep), Dan King (CCG), Dr Abuaffan (Public Health), Lynn Britton, Jennifer Keates.

**1. APOLOGIES**: Dr Nancarrow, Anna Nicholls (LAT).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 10/07/15have had amendments to apologies and section 6.1.

**PRESENTATION -** Lynn Britton and Jennifer Keates, Care Quality Commission.

A pilot for the new service commenced in July 2015, each CCG now has a named inspector who is responsible for inspecting and regulating services. The link inspector will have a clear picture of the health economy in their CCG area and be able to form good working relationships with the local CCG, LAT, LMC and Healthwatch. The locations of inspections are announced to the CCG each month and the individual practice is informed two weeks before the inspection is due. The inspectors are supportive of GPs and mindful of issues affecting practices such as partner changes.

As much data as possible is gathered prior to an inspection; data analysed includes QOF figures, patient survey results and prescribing rates. The inspection usually lasts for one day; the inspection team can vary in size and skill mix depending on the size of the practice. A number of service users are interviewed as part of the process including patients, local care homes with registered patients and PPG members. Overall, the inspectors use five key lines of enquiry to determine if the service is safe, effective, caring, responsive to people’s needs and is well led. High level feedback is shared with the practice at the end of each inspection; the inspector then gathers notes, evidence and findings from the day together with pre and post inspection information and collates this into a report. Once drafted the report goes through the quality assurance process to check that suggested ratings are accurate and in line with the judgement framework. The draft report when completed is sent to the provider for factual accuracy checks, when the final report is published, the link inspector will notify the CCG. LMC members reiterated the need for primary care to be informed of inspection reports, so that where required corrective measures can be put in place and the LMC can provide supportive mechanisms. All Dudley practices will be inspected by September 2016; the frequency of repeat inspection will be based on a risk assessment and following major changes at the practice such as a change of partner or practice manager.

**Action:** Jennifer Keates to take ‘myth busters’ to the Practice Managers meeting. Dr Horsburgh to organise an opportunity for Jennifer Keates to speak at a GP Education meeting.

**3. MATTERS ARISING**

3.1 Blue Bag charges – Confirmation has taken place that there will be no further charges, this is a national change. Discussions will take place regarding the case for reimbursement of the previous years charges.

3.2 Saltbrook Place – A GP was recently attacked by a service user from Saltbrook Place. Dr Hegarty has written to John Edwards, Chair of Midland Heart regarding concerns which have been brought to the attention of the CCG from practices which have treated patients from Saltbrook Place. The importance of providing a service to the residents of Saltbrook Place has to be balanced in the context of providing a service that is safe and appropriate for patients and practices. In the short term LMC members considered that asking patients to be accompanied by a chaperone to be an appropriate measure.

3.3 MPIG reduction of funds and support – Tower Hamlets has a local agreement whereby if the reduction results in more than £2.80 per patient relief is provided as this a nationally agreed contract Dudley practices may benefit from such support.

**Action:** Dr Horsburgh to investigate if local practices affected.

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

4.1 Primary Care Support Services – NHS England and Capita have signed a contract for the delivery of the administrative support for primary care known as Primary Care Support Services. Contracts and processes will remain unchanged.

4.2 GP Admissions – Difficulties arise for GPs trying to admit patients. GPs should be referred to a single number which will provide the GP with access to the Acute Medical team; GPs can request to speak to a consultant or a registrar between 8am to 9pm seven days a week.

4.3 Choose and Book – There has been an increase in the number of clinics into which GPs can no longer book due to a lack of available appointments including ENT, rheumatology and urology. Difficulties are compounded by problems with EMIS.

4.3 Palliative Care Prescribing – Dr Horsburgh has written to Dr Ritzenthaler, Consultant in Palliative Care, supported by an email from Dr Lucy Martin to raise awareness of concerns from a local GP who has been asked to prescribe high dose Methadone for pain relief to a palliative care patient. As indicated in GMC guidance any GP who is not confident to prescribe to a patient in a situation beyond their competency level should refer the patient back to the overseeing consultant for continued prescribing to the patient.

4.4 Immunisation Team changes – In April 2013 responsibility for the commissioning of immunisation services transferred to NHS England. To support the transition Dudley Public Health Immunisation Team continued to provide some support, however, this role ceased from 01/09/2015. Concern was raised by LMC members that without the training and support previously given, vaccination rates may drop.

4.5 GP Pensions – Dr Horsburgh to send information to Practice Managers.

4.6 Recruitment Crisis – GP leaders have advised the government that its plans to recruit 5 000 new posts and introduce seven day working is undeliverable due to the difficulty in filling GP trainee posts. In the West Midlands only 68% of vacancies have been filled.

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

5.1 QOF suspension and future GP contract – There is a need to suspend the QOF for a six month period to enable practices to engage in debate about the future of General Practice in Dudley and to prepare for the new contractual framework currently being developed. The process should streamline workload and ensure that evidence based medicine is practiced with holistic assessment of patients.

The Primary Care Commissioning Committee of the CCG has approved a suspension for six months commencing 01/10/2015, the QOF opt out is optional. Development of the new framework is subject to consultation with the membership over the next six months, there is a working group of which Dr Horsburgh is a member. However ideally another representative from the LMC should be appointed.

**Action:** Please contact Dr Horsburgh if you are willing to join the working party as a LMC representative.

5.2 Clinical Development Committee – No significant update

5.4 Out of Area Registration – The CCG is responsible for ensuring that primary medical services are made available during core hours to patients who live in Dudley and who are registered as an Out of Area patient. The CCG wishes one member practice from each locality to provide the service as per the Enhanced Service Specification.

5.5 Practice Pharmacy support – This service may impact on reducing practice drug costs and GP workload. CCG is entering a bid for national support to expand the scheme to all Dudley GP practices.

5.6 Free Training – Training and qualifications are available for non clinical practice staff at Dudley College.

**6. PUBLIC HEALTH**

6.1 Pharmacy Flu scheme – From September 2015 adult at-risk patients will be able to access seasonal flu vaccination in participating community pharmacies. The BMA are negotiating a fee for the administrative costs incurred by GP practices for adding details to the practice for data entry.

6.2 Optical Practice Health Checks – Smoking cessation, weight management and alcohol screening are to be offered to customers as part of a pilot devised by Dudley Local Optical Committee and Public Health Dudley. The issue was raised as to the training ophthalmic practitioners have received prior to delivering the health and lifestyle check-ups.

6.3 Health Visiting Services – Antenatal contacts and new birth visits from 01/09/2015 will be undertaken by Health Visiting teams on a resident basis rather than by GP registered population basis.

**7. CORRESPONDENCE FROM THE BMA, RCGP & BCBMA**

7.1 GPC News – Topics debated include CQC inspection. See LMC website.

7.2 BMA Local – The West Midlands Regional Council Business Meeting will be held on 15 October 2015 at the Birmingham Medical Institute.

7.3 Global Sum – As part of the contract negotiations for 2015/16 the GPC and NHS Employers agreed to re-examine the Carr-Hill Formula.

7.4 Consultant Communication – The General Practitioner Committee and the Consultants Committee of the BMA agree that the ultimate responsibility for ensuring that results are acted upon rests with the person requesting the test.

7.5 Vanguard – A listserver has been set up for LMC secretaries and Officers in the vanguard areas for multispeciality community providers and primary and acute care systems.

7.6 Subject Access Requests – Guidance from the BMA entitled Focus on Subject Access for insurance purposes, see LMC website.

7.7 RCGP Midlands Conference – The RCGP Midland Faculty Conference will be held 25 September 2015.

**8.** **CORRESPONDENCE FROM THE GPC WEST MIDLANDS**

8.1 Update – Nil.

8.2 Regional Meeting –Entitled the ‘Future of General Practice’ will be held 9 September 2015.

8.3 Apprentices – A free programme has been put together to provide a holistic clinical based qualification which is fit for practice based on current need.

**Action:** Dr Horsburgh to circulate information to the Practice Manager Association.

8.4 Complaints and Concerns Process – To facilitate the process a weekly information gathering meeting the Professional and Practice Information Gathering Group (PPIGG) will receive relevant information about a concern to understand the context in which it has been made.

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

 9.1 Pharmacy Applications – Nil.

9.2 Fit for Work – GPs can refer their employed patients for a free and independent occupational health assessment if they have been or are likely to be off work for four weeks or more due to illness.

9.3 Keele University Leadership - A two day ‘Clinical Leadership and Management Course for the General Practitioner’ worth 12 CPD credits is to be run in November.

9.4 CMR1 Form – The current form is long and in-depth.

9.5 Premises Costs – All developments and projects are prioritised on the basis of need.

9.6 Rateable Value – In many cases the rateable value of premises has been reduced leading to a reduction in the amount of Non Domestic Rates payable. This has resulted in refunds being issued to the bill payer. See LMC website.

**10. MISCELLANEOUS**

10.1 Walsall LMC News / S Staffs LMC News / Worcestershire LMC News - received.

10.2 Neurology Education – A CPD event will take place 9 September 2015.

10.3 Orthopaedic Training – An Orthopaedic Lecture Evening will take place 14 October 2015 at the Barber Institute of Fine Arts, Birmingham.

**11**. **AOB**

11.1 Vacancy – Three Villages Practice have a vacancy for a salaried GP.

11.2 Motor Co-ordination Pathway - A pathway has been developed for GPs or Paediatricians to refer to physiotherapy or occupational therapy patients with suspected co-ordination difficulties.

NEXT MEETING: **Friday 2nd October 2015**, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.