**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 05/10/12**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Khan, Dr Shather, Dr Suleman, Dr Collins (Public Health), Dr Handa (GPC Black Country rep) and Mrs Jones (Practice Manager rep).

**1. APOLOGIES**

Apologies have been received from Dr Blackman, Dr Nancarrow and Dr Plant.

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

07/09/12 were confirmed and signed as correct.

**PRESENTATION –** Electronic Prescription Service Release 2- Paresh Patel and Andy Prichard.

This aim of this presentation was to raise awareness of the EPS R2 for repeat prescriptions. Almost a billion prescriptions were issued in 2010; approximately 70% of prescriptions are for repeat items. The new process should save money and reduce errors.

Dudley should be able to use this process from 1 February 2013. Every PCT will need to go through the legal process in order to be able to use the system for electronic signatures; the prescriptions are signed electronically by entering the practitioners PIN. The doctor will be able to prescribe six months worth of 28 day prescriptions. The patient will nominate one pharmacy from which the prescription will be collected; patients can find which pharmacies are participating in the R2 scheme from the website NHS Choices. Seven days before the prescription the information will be sent from the spine to the nominated pharmacy to ensure that all items will be ready for collection.

If the patient is exempt from payment for the prescription they will still be required to sign, the system will not be entirely paperless.

**3. MATTERS ARISING**

3.1 Black Country LETC Reps – The LMC raised the issue of GP representation on the LETC at the September LMC meeting; Jas Rathore has agreed to be the representative supported by the LMC.

3.2 Toolkit for 6-8 week paediatric checks – Although, currently there is no training requirement in relation to these checks, to maintain good practice, training by utilising an electronic toolkit should be undertaken every three years. However, the training recommended by the Public Health department is not yet available; therefore alternative toolkits will be investigated.

3.3 MMR payment - Primary care will be responsible for giving the second dose of the MMR vaccination programme at the post-natal check; the first dose having been administered prior to discharge from hospital post delivery. Following discussion at the September LMC meeting and further investigation it can be confirmed that this work will be included in the global sum.

Delivery of influenza vaccination was discussed; the options are to have this done by practice nurses in which case the practice is fully remunerated or to have the district nurses undertake this task in which case 50% of funding goes to the provider.

Future commissioning options of district nursing services were debate.

3.4 Nursing Home LES criteria – Following discussion of this LES at the September LMC meeting at which time it was uncertain whether residential homes were included in this LES, Dr Horsburgh confirmed that this is the case.

3.5 Dudley Respiratory Assessment Service letters - Letters have been sent to primary care using the NHS number as the sole way of identifying the patient, this does not comply with the standard of a minimum of three pieces of identifying information. Mark Hopkins Respiratory Lead is aware of this issue and will rectify the situation.

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

4.1 Health Visitor vaccinations – Currently three Dudley practices have historically had Health Visitors attend the surgery to carry out the childhood immunisation programme, whereas other practices employ practice nurses to carry out vaccinations. Ways of providing an equitable service to all practices was discussed.

**Action:** Dr Horsburgh to feed back to CCG outcome of discussions**.**

4.2 Insulin Passports – This is a patient information booklet and a patient-held record which documents the patient’s current insulin products and enables a safety check for prescribing, dispensing and administration. The insulin passport will complement existing systems for ensuring key information is accessed across healthcare sectors. Although there is no contractual obligation to provide patients with the passport it was felt to be good practice and it is included in the diabetic LES criteria.

4.3 Cameron Fund – This is the only charity exclusively for GPs in difficulties. To raise their profile, they are requesting for their local Trustee to give a short presentation to the LMC.

4.4 Clinical Pathway for the management of cardiovascular risk – This has been sent out to all practitioners.

4.5 Temporary programme of pertussis vaccination of pregnant women – in response to an increase in pertussis activity in the UK this programme aims to vaccinate women to protect their infants before routine immunisation commences at eight weeks of age. The potential indemnity issues surrounding the administration of a drug off license were debated.

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

5.1 Election to CCG Board – Kevin Dawes has been elected as CCG Board member. The remunerated is for one session weekly to allow a doctor to fulfil this role; however, it was acknowledged that the workload could be considerably more.

5.2 CCG approval – The process is moving forward with positive feedback from the SHA assessment visit.

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

6.1 Negotiating News for 8, 16 and 30 September received, topics discussed included incentive schemes proposed by shadow CCGs or PCT clusters to incentivise GP practices to achieve QIPP objectives through a reduction in referrals or prescribing activity. The ethics of these were discussed by the LMC.

6.2 GPC News – Items discussed include NHS111 and CQC registration. See LMC website.

6.3 The GP Earning and Expenses Report 2010/11- For 2010/11 in the UK average net profit was £99,000 for GMS GPs.

6.4Sessional GP Conference – *Redefining Success* to be held on Thursday 11 October 2012.

6.5 LMC Conference feedback – See LMC website for details.

6.6 QOF Quality and Productivity Indicators Report – See LMC website. Locally A/E attendance data seems to be improving. There can be difficulty with falls coding, as this is not often the primary code. Increased referral rates for x-rays and USS noted.

6.7 GPC observers – The GPC has agreed that LMCs should be able to send observers to GPC meetings. Dr Handa felt that this will give the observer an understanding of how the process operates and is a valuable experience. Any GP is able to attend.

6.8 BMA West Midlands Regional Council Annual Business Meeting will be held on Wednesday 24 October at the BMI, 36 Harborne Road, Birmingham. The guest speaker is Sir Neil McKay, Chief Executive of NHS Midlands and East.

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

7.1 General Practitioners Committee West Midlands – Feedback from the September meeting. The GPCWM considers that NHS111 staff should not have the ability to make appointments at GP surgeries, but advise patients to make an appointment with their GP within a specified time. The reconfiguration of pathology services in the West Midlands and the implications for patients, primary care and the work force was discussed.

7.2 Nuts and Bolts – Meeting to be held Thursday 8 November, programme to be announced.

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

8.1 Pharmacy Applications – Notification received from the Litigation Authority re Murrays Healthcare’s application for a minor relocation from 50/51 High Street, Stourbridge to 1 Bradley Road, Stourbridge DY8 1UZ. An Oral Hearing is to be held on Wednesday 31 October before the Committee determines the appeal.

8.2 Primary Care Development – Dr Suleman to update LMC at next meeting.

**9.** **MISCELLANEOUS**

9.1 Walsall LMC News for September 2012 received; issues commented on include the purchase of pulse Oximeters for every substantive doctor.

9.2 South Staffordshire LMC News received matters discussed include partnership agreements and CCGs.

NEXT MEETING: Friday2 November 2012, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.