**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 02/10/15**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Dawes, Dr Kanhaiya, Dr Prashara, Dan King (CCG), Anna Nicholls (LAT), Pauline Smith, Practice Nurse Mentor.

**1. APOLOGIES**: Dr Plant, Dr Nancarrow, Dr Abuaffan (Public Health), Dr Ahmad (GPC Black Country rep).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 04/09/15have had amendments to section 5.1.

**PRESENTATION -** Pauline Smith, Practice Nurse Mentor.

Currently there are three practice nurse mentors who are able to support practice nurses to ensure effective, safe practice, enabling new nurses to access training for core services such as immunisation and smear taking as well as preparing for the process of nurse revalidation which commences in 2016. A practice data base will enable the nurse mentors to highlight where training needs should be prioritised; the budget for training is held by the DPMA. The impact that nurse revalidation on training requirements was also acknowleged.

Concerns regarding changes to support and training for the immunisation programme since NHS England have taken over responsibility for the commissioning of immunisation services as discussed at the September meeting were reiterated.

**3. MATTERS ARISING**

3.1 Blue Bag charges – Dr Gupta is taking part in discussions regarding the case for retrospective refunding of previous charges.

3.2 Saltbrook Place – Work is taking place to develop an action plan to ensure the safety of health care professionals when dealing with potentially aggressive patients. The proposal for a dedicated GP to provide primary care services has not been accepted by the provider Midland Heart. Saltbrook Place staff are to risk stratify service users and to provide a chaperone to accompany those clients deemed to be at risk to healthcare workers.

 LMC members preferred the option of a dedicated GP to provide a safe and appropriate service for staff and patients but whilst the service remains under review the LMC considered that asking patients to be accompanied by a chaperone to be an appropriate measure.

**Action:** Dr Horsburgh to write to the CCG on behalf of the LMC to express concerns.

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

4.1 Motor Co-ordination Pathway –This pathway has been developed jointly between occupational therapy and physiotherapy in order to ensure that children with Development Co-ordination Disorder are assessed by appropriate teams and that there is excellent liaison between the multidisciplinary services. Referrals from GPs or Paediatricians need to state whether the child has been screened for any evidence of underlying intellectual disability, visual impairment or neurological disorder that is affecting movement.

4.2 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, GPs are reporting an increase in the workload associated with even the most basic referral.

**Action:** Dr Horsburgh to write to the CCG to raise awareness of the difficulties associated with the process.

4.3 Immunisation Team changes – Concerns remain that without the training and support previously given, vaccination rates may drop; responsibility for the commissioning of immunisation services transferred to NHS England and staff training and support has ceased from 01/09/2015

4.4 NHS England letter regarding complaints –The Responsible Officer has requested that notification is given of all significant complaints that have either caused actual patient harm or had the potential to do so (classed as “high risk”) and those that have not been resolved by local processes. NHS England are reviewing the process of how complaints and incidents referred to them are managed to ensure a proportional response based on the risk level, practices will manage “low risk” complaints within its own complaints processes.

4.5 Property Service – There has been recent attempts by NHS Property Services to get practices in occupation of their properties, but not yet on formal leases, to sign up to Heads of Terms or similar documentation. However, the

National template lease and supporting Heads of Terms under negotiation have **not** been agreed and so practices are advised **not** to sign any agreements until the national standards are agreed.

4.6 Suspension Payment Process – See LMC website.

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

5.1 Primary Care Commissioning Committee – The membership team have written a QOF suspension scheme and offered to all practices and presented at the August locality meetings.

5.2 QOF suspension and potential future GP contract changes – The QOF is to be suspended 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 QOF opt out is optional; currently 17 practices have signed up to the pilot and test the indicators so far, but have the right to return to the nationally agreed contract if they choose. Practices must continue with the QOF indicators if they have not opted out.

 LMC members discussed the issues surrounding the confusion of the process of a possible move away from a National QOF and the protection provided by a nationally agreed contract. Dr Sahni( Chair ) indicated the risks of moving away from the nationally negotiated GMS contract and assured members that any proposed contract changes would have to be reviewed by the LMC, considered by the BMA legal department, and have to be of sufficient workload advantage and adequately funded as to be suitable for local GPs to sign up to. The LMC could not support any changes to the GMS contract until a final proposal has been received from the CCG and considered in detail. The unrealistic timetable for introduction of the changes by April 2016 was also discussed.

A possible extension to the deadline for signing up to QOF suspension was discussed. Dr Hegarty has sent out an urgent message to GPs to clarify the situation and issues will be discussed at the CCG Clinical Executive meeting on 05/10/2015.

5.3 Clinical Development Committee – Commissioning Intentions 2016/17 and 2017/18 are on the LMC website.

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. One member practice from each locality has now signed up to provide the service as per the Enhanced Service Specification.

5.5 Practice Pharmacy support – The CCG is entering a bid for national support to expand the scheme to all Dudley GP practices.

**6. PUBLIC HEALTH**

6.1 Pharmacy Flu scheme – Community pharmacists can now deliver vaccination to all residents of any residential or nursing home as part of the new national contract for the seasonal flu vaccination project. The LMC is disappointed at the lack of consultation and planning of this service by PHE.

 Government funding is not available for Tamiflu prophylaxis in care homes and GPC has made clear to HMGov that, if required, will need funding.

6.2 Registered Residents related to the provision of Health Visitor services – Public Health are dealing with the cross border issues as they are now the commissioner of the service. Health Visitor reps are attending Locality meetings to explain the new system. The LMC still has concerns as to the potential for vunerable children geting lost in the transfer.

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

7.1 GPC News – The phasing out of seniority payments and how this will be put back into the global sum discussed.

7.2 BMA Local – No copy this month.

7.3 GP Earnings – There has been a reduction in earnings of approximately 3%.

7.4 BMA Report – *Responsible, safe and sustainable: Towards a new future for general practice* has been launched.

7.5 MPIGG – Anna Nicholls has been written to regarding the headroom fund. Dan King raised the point regarding what happens in non delegated areas and that the process needs equality of process nationally. The LMC support an equitable arrangement for all GPs. A response from NHSE is awaited – Dr Horsburgh to chase up.

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

8.1 Regional meeting –Entitled the ‘Future of General Practice’ was held 9 September 2015.

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

 9.1 Pharmacy Applications – Nil.

9.2 GMC Representative – Jan Cooper has been appointed as a Regional Liaison Adviser for the West Midlands.

**10. MISCELLANEOUS**

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

10.2 GP Training – Forthcoming meeting include ‘Mental Health Issues’, ‘Fits, Faints and Funny Turns’ and ‘Are NICE Guidelines Fit for Purpose?’

**11**. **AOB**

11.1 Locality Estates Strategy – This will be shared at locality meeting, Matt Hartland to review options.

11.2 LMC Levy – Although this has been deducted from practices, it has not been paid to the LMC.

**Action:** Dr Horsburgh to ask Phil Cowley to investigate.

NEXT MEETING: **Friday 6 November 2015**, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.