**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 04/11/16**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Bhardwaj, Dr Dawes, Dr Prashara, Dr Ahmad (GPC Black Country rep), Joanne Taylor (CCG).

**1. APOLOGIES**: Dr Mittal (Treasurer), Dr Nancarrow, Dr Plant, Dan King (CCG).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 07/10/16were signed as correct.

**3. MATTERS ARISING**

3.1 Primary Care Development Steering Group (PCDSG) – The work being led by the PCDSG on behalf of the wider collaborative of Dudley GP practices continues with two work streams, the first has responsibility for organising the spending of funding for primary care education and training. Difficulties have arisen with the paramedic home visiting service as the local ambulance services are unable to provide the required staff; an alternative work force is being sought.

The second work stream continues to meet with potential future providers of health care. A procurement interest notice (PIN) is due to be published, once this occurs other interested parties may come forward. A formal negotiating team will then be established to take the process forward. The size of the project means that there could be an alliance between partners to provide the necessary support structure. The need to deliver services effectively within the same budget and a limited profit margin were acknowledged. GPs may be integrated into the MCP model; detail from the government as to how this integration will take place is not yet available. From a GP perspective working collaboratively should reduce workload.

3.2 Personal Independence Payments – Patients have been requesting medical reports from their GP as per instructions in a leaflet produced by DWP presuming these reports are free. Local GPs have reported receiving numerous requests; difficulties also arise with charging patients especially those with limited resources. This is a private matter between patient and doctor, Dr Ahmed suggested charging at the CCG hourly rate of pay for doctors as a reasonable fee.

**Action:** Dr Singh Sahni to forward the leaflet given to a patient to Dr Horsburgh who will raise concerns at national level.

3.3 Firearms advice – The LMC previously discussed the issues surrounding writing a medical report if the patient has an adverse history which would contradict suitability to hold a certificate, but not to confirm a patient’s suitability to hold a firearm certificate. Dr Horsburgh has subsequently drafted a blanket letter for GPs to use to turn down firearm certificate requests however a legal update from the BMA is pending, circulation of letter to GPs will occur following BMA update received.

3.4 CGL Drug and Alcohol services audit – Following the recent audit which highlighted difficulties in the communication between drug and alcohol services and primary care, an EMIS template with which to refer patients into the service, in addition to a third party entry if the patient is prescribed medication in drug services have been developed. A Read code is to be allocated, details can be found in *Member’s News.*

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

4.1 Coombswood Surgery closure – Patients continue to access Halesowen Health Centre for primary care services, although the tenant and landlord have now reached an agreement regarding a new lease the surgery has not yet re-opened as some refurbishment need to be carried out to ensure that the surgery is up to standard.

4.2 Health Centre Charges – Phil Coley continues to attempt to address issues, however as yet there is no resolution, issues relating to VAT remain a difficulty.

4.3 Appraisal – Dr Patel, Responsible Officer has circulated an update in respect of appraisal and revalidation. As per NHSE national policy appraisals are being moved in line with birth month, however there is no requirement to agree to this.

4.4 LPC collaboration on Flu Vaccination Service – Thomas Thomik, Dudley LPC has sent an article regarding the cooperation between the LPC and LMC to improve vaccination uptake.

4.5 Equality Act – A local practice had an issue with a patient who is registered blind complaining that he was unable to have all his communication with the practice by email, he was told this by a new member of the administrative team. This was subsequently rectified and verbal and written apology made to the patient, however he is now asking for compensation. The question as to whether General Practices are recognised as a Public Organisation and therefore must comply with the Equality Act 2010 was debated. However, General Practices must abide by any new legislation and legally not discriminate.

**Action:** Dr Singh Sahni to copy details of the issue to Dr Horsburgh CCG, as other GPs may have similar issues.

4.6 Kings Fund – A newly published document entitled New Care Models – emerging innovations in governance and organisational form has been published by the Kings Fund and can be viewed on the LMC website.

4.7 Disposal of mercury sphygmomanometers – Any old mercury sphygmomanometers need to be disposed of from primary care practices. GP surgeries will be contacted regarding the numbers to be removed which will impact on the cost.

4.8 Registration of patients from elderly care homes – A local GP has expressed concerns that Gower Gardens are requesting visits for non-housebound patients. Dr Horsburgh and Julie Robinson are to meet with Gower Gardens management to discuss the issues, offering a session of GP time on a weekly basis may provide a solution.

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

5.1 The Primary Care Commissioning Committee – The last meeting held on the 21/10/2016 discussed the ongoing issues at Coombswood surgery and the Primary Care extended access during winter scheme, involvement from surgeries is variable. The minutes are available on CCG website.

5.2 Clinical Development Committee – The last meeting was held on 19/10/2016 topics discussed included the Frail Elderly Pathway and the Airedale Telemedicine service. Good feedback has been received regarding the practice based pharmacists programme.

5.3 Sustainability and Transformation Plans – The final draft of the local plan has been circulated. The financial impact of the new Metropolitan Hospital was debated.

5.4 Winter Pressure Scheme – This has been rolled out to practices participating in the long term condition LIS.

**6. PUBLIC HEALTH**

6.1. Update – Future Proof Health are to tender for the integrated adult wellness service.

**7. CORRESPONDENCE FROM THE BMA / RCGP**

7.1 GPC News – See LMC website.

7.2 General Practitioners Defence Fund – The recommendations of the GPC Reform Task Group were presented to the GPC of the BMA including the future membership and governance of the GPDF.

**8.** **CORRESPONDENCE FROM WM RLMC / BMA BC DIVISION**

8.1 West Midlands Regional Council Annual Business Meeting – The last meeting was held on 10/10/2016 at Birmingham Botanical Gardens. Dr Horsburgh will attend the next meeting.

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

9.1 Pharmacy Applications – A new distance selling/wholly internet pharmacy has been established in the Dudley HWB area trading under the name of Medisina Pharma Ltd at Unit 21, Lye Business Centre, DY9 8QH.

9.2 NHS Standard Contract letter template – Letter templates for practice use are available. The LMC is working with the CCG contracts team to ensure these contract standards are adhered to.

**10. MISCELLANEOUS**

10.1 Walsall, S. Staffordshire and Worcester Newsletters- received.

**11. AOB**

11.1 Associate Nurse – Three places are available for Dudley CCG to train Associate Nurses in this pilot scheme

collaborating with Wolverhampton University, candidates must have already achieved NVQ level 3. The level 5

course commences January 2017 and will provide access into nursing.

11.2 Discharge medications – Locally it has been agreed that DGFT will discharge patients on a minimum of 14 days worth of medications, a reduction to 7 days would have a significant impact on primary care workload. Issues of handwritten prescriptions generated by secondary care not having been checked for drug interactions were discussed. Pink scripts should not be used and therefore reported to Dr Gee or Dr Horsburgh to be dealt with.

NEXT MEETING**: Friday 2 December 2016, 12:45pm at Brierley Hill Health and Social Care Centre, Orange Room, CCG offices, (second floor).**

Lunch will be provided.