**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 01/12/17**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Dawes, Dr Kanhaiya, Dr Nancarrow, Mrs Taylor (CCG), Dr Ahmad (GPC Black Country rep).

**1. APOLOGIES**: Dr Plant, Jacqui Jones (Practice Manager rep), Dr Abuaffan (Public Health).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 03/11/17were signed as correct after an amendment was made to 4.2 to reflect the LMC’s support of the merger of Norton Medical Practice and Lion Health on 1 April 2018 with the closure of Norton Practice. The CCG will provide support during the transition period. The lack of public transport to Lion Health was discussed.

**Action:** Dr Horsburgh to write a letter to support the improvement in transport links.

**PRESENTATION:** Richard Green Inspection Manager and Paul Cope Lead Inspector for Dudley, CQC.

Richard Green and Paul Cope attended to update the LMC with the next phase of regulation. The first round of inspections of all GP practices has been completed; more services are rated as good in primary care than any other service which CQC regulates. There will be up to 5 year inspection intervals for good/outstanding practices with 20% of practices inspected per year. Greater emphasis will be placed on relationship management; there will be more proportional action, not only inspection and more timely information gathering regarding a provider’s performance. The workload which will be generated in GP practices to collate information in order to comply with the annual provider information collection (the changes about quality of care provided over the last year) and the annual regulatory review **(**a review of information held by the CQC on a provider) was debated. Concern was raised by the LMC as to the extra workload that this will entail for practices. Other issues discussed included the criteria which constitutes a breach and how this would potentially be managed and the requirement for patients to have a care plan and action plan documented in their notes. See LMC website for slide presentation.

**3. MATTERS ARISING**

3.1 Primary Care Development Steering Group (PCDSG) / MCP Developments – Work on the integration agreement for Partial Integration into the MCP model is progressing, practices will receive a breakdown of the likely financial implications of Partial Integration. There will be an option to return to GMS clause should practices have a change of mind regarding the MCP model.

The process by which practices become Fully Integrated into the MCP model is complicated, as all practices have different work streams generating income and a standard template may not be able to address the individual practices requirements and the process to achieve this will be challenging. The Steering Group are forming a sub group to develop the Fully Integrated model.

Work to establish the organisational form of the MCP continues, a new Foundation Trust (FT) cannot be established in law, therefore, an established FT such as DGOH FT or Birmingham Community FT could be split into two with the original FT in one part and the other part available to provide an empty shell for the MCP model to utilise to establish an independent MCP FT. This is currently been discussed at both boards. The CIC is not considered viable due to the VAT costs and an FT hosted option is not acceptable to the Dudley GPs.

3.2 West Midlands Familial Hypercholesterolemia Service – The WMFH service was launched 01/11/2017. It is expected to identify 1 positive case in 250 patients. There are 5 nurses in the West Midlands who will be conducting clinics in GP surgeries. GPs will refer patients as per the inclusion criteria; clinics and appointments will be organised by the WMFH service and prescriptions will be issued by the GP practice. Dr Ahmad, Regional GPC representative will continue to oversee this service. The LMC raised concerns as to the estimated workload impact on general practice and the long-term sustainability of the service when the British Heart Foundation funding ends. Mrs Taylor pointed out that there is already an established FH service in Dudley and the BHF nurses will support this service.

3.3 DOFH / Long Term Conditions Framework – Most Dudley practices are no longer working to QoF. This has caused problems with the CQC inspection compliance for practices using DOFH. The CCG needs to bench mark practices and requires evidence to demonstrate effective care on a local and national level for CQC. Mrs Taylor is working on establishing the data required for practices to comply with CQC requirements.

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

4.1 Service Level Agreement for Smoking Cessation – Solutions 4 Health will not be extending the primary care service level agreement for Stop Smoking Services into Quarter 4. The new referral form on EMIS web is to be used for referrals into all lifestyle services including provision of stop smoking services. S4H will present the range of services that they now provide at the January LMC meeting.

4.2 DWP requests – Local GPs are reporting an increase in requests and this is a national issue. Dr Ahmad to discuss at GPC level.

4.3 General Data Protection Regulation (GDPR) – This will come into force from 25 May 2018. The GDPR introduces wide-ranging changes to UK data protection legislation; therefore the BMA is taking steps to support compliance by practices and detailed guidance is expected shortly from the GPC.

4.4 Maternity reimbursement claims – The GPC legal team has confirmed with NHSE that practices are legally entitled to full reimbursement up to the prescribed weekly maximum of maternity cover costs for their salaried GPs for up to 26 weeks, this is not limited to eight weeks. If any practices continue to experience difficulties please inform the LMC.

4.5 Minor Surgery – The disparity in levels of payment across the local region was raised again by Dr Kanhaiya. Wolverhampton and Sandwell clinicians are paid as per the Direct Enhanced Service agreement, in Walsall most practices are also reimbursed at this level, however three practices operated under the Any Qualified Provider scheme and these practices have been able to charge higher prices for the services provided; however these special arrangements are due to be decommissioned.

**Action –** Mrs Taylor will discuss the difference in tariff payment for vasectomy between primary and secondary care with Mark Curran – lead commissioner for the CCG.

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

5.1 The Primary Care Commissioning Committee – The last meeting was held on 11 November 2017 - issues discussed included the chaperone policy review in primary care; the CCG Safeguarding team are to draft a policy. Members of the LMC raised concerns as to the viability of applying the GMC chaperoning criteria in day to day practice as the operating of GP clinics would be severely hampered if the code of practice was strictly adhered to.

5.2 Clinical Development Committee – The last meeting was on 22 November 2017- issues discussed included prescribing and medicines management.

5.3 Sustainability and Transformation Partnership – The last meeting was held on 20 November 2017. Dr Mahay (Wolverhampton) attended – feedback awaited.

**6. PUBLIC HEALTH**

6.1 Flu vaccination – The flu vaccination programme has been extended to Social care staff that offer direct patient care, via a DES.

6.2 Measles Update – There has been an increase in the numbers of cases of measles associated with Eastern European communities. As there is a large Romanian population in Lye opportunistic MMR vaccination to all those not vaccinated is therefore advised.

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

7.1 GPC News – Topics discussed included GP at Scale National Conference and LMC’s access to the BMA website.

7.2 LMC Conference - The Conference of England LMCs was held on Friday 10 November 2017 and attended by Dr Singh Sahni.

7.3 QoF review representatives – There is an opportunity to join the commissioner reference group for the review of the Quality and Outcomes Framework. Application contact is Dr Horsburgh.

**8.** **CORRESPONDENCE FROM WM LMCLG / BMA - WMRC**

8.1 WMLMCLG – The last Nuts and Bolts meeting was held on 29 November 2017, Salma Ali spoke about West Midlands STPs and Dr Nigel Watson spoke about working at scale and accountable care systems. Both presentations are available on the LMC website.

8.2 WMRCE – The last meeting was meeting held on 23/11/2017.

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

9.1 Pharmacy Applications – Nil.

9.3 Revalidation Officer Meeting – The last meeting was held on 15/11/2017 attended by Dr Singh Sahni, issues discussed included support for underperforming practices.

**10. MISCELLANEOUS**

10.1 Walsall Newsletter- received.

**11. AOB**

11.1 Nil.

NEXT MEETING**: Friday 5 January 2018, 12:45pm at Brierley Hill Health and Social Care Centre, Orange Room, CCG offices, (second floor).**

Lunch will be provided.