**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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**Minutes 04/01/13**

**PRESENT**: Dr H Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Bhardwaj, Dr Dawes, Dr Khan, Dr Nancarrow, Dr Prashara, Dr Shather, A. Nicholls (BC Cluster Rep), D. McNulty (Public Health) and Dr Lewis, Dr Handa GPC Black Country Rep.

**1. APOLOGIES**

Apologies have been received from Dr Mittal (Treasurer), Dr Blackman, Dr Hegarty, Dr Johal, Dr Kanhaiya, Dr Suleman, Dr Saroufeem, Dr Collins (Public Health) and Mrs Jones (Practice Manager Rep).

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

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

**PRESENTATION –** Alcohol Consultation – Proposed Draft Response, Diane McNulty (Public Health).

The Government is consulting on issues arising from the National Alcohol Strategy published March 2012, including a minimum unit price (mup) for alcohol. The Government is consulting on the introduction of a recommended mup of 45p. However, the Dudley Public Health Department argues that if the intention is to achieve a significant reduction in harm then a higher level than 45p will be needed. There is an estimated health gain of 13.3% at 50p mup as measured by a reduction in alcohol related admissions to hospital, a much greater impact than that achieved by a 45p mup. Dudley has one of the highest national admission rates for alcohol related admissions to hospital, as well as high mortality and morbidity levels. In conjunction with other strategies such as a ban on multi-buy promotions in the off-trade setting, health gains can potentially be greater.

The LMC reiterated support of the proposal of a 50p minimum unit price.

**Action:** Dr Horsburgh to circulate the Alcohol Consultation proposed draft response to LMC members.

**3. MATTERS ARISING**

3.1 Health Visitor vaccinations – The three Dudley practices who previously have had Health Visitors attend the surgery to carry out the childhood immunisation programme are thought to have had this practice withdrawn.

3.2 Responsible Officer – The LMC expressed disappointment in not been involved in the appointment process of the new Responsible Officer. Dr Steve Cartwright the RO overseeing Birmingham and Dr Nick Hall who covers Dudley have been invited to attend the next LMC meeting to facilitate a working partnership.

3.3 Safeguarding – This is part of required training, but is not a GMS contract requirement. Dr Handa reported back to the LMC that level 3 training which is attained by most people is an adequate level.

Practices can discuss any training requirements with Andrew Hindle, Joanne Green or Sonia Clark.

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

4.1 Anti-psychotic Depot Fact Sheet – The discharge of patients protocol has been e-mailed to practitioners but does not as yet seem to be having an impact on practices.

4.2 A proposal has been made to spend non recurrent funding on the purchase of defibrillators for GP surgeries. The LMC discussed the point that some practices have already purchased this equipment and that many practices would prefer an allocation of funds to spend on equipment which would best benefit their patients.

**Action:** Dr Horsburgh to feed back suggestions.

4.3 Dudley Enhanced Services Committee – To ensure that the Public Health LES contracts can be transferred as part of the national transfer scheme to the Local Authority a meeting will be held 14 January 2013, Dr Horsburgh to attend. Practices on boundary areas may have issues with some LES which may or may not exist in a certain boundary area.

4.4 Oral Glucose Tolerance Test (OGTT) – The difference in payment between £400 for an OGGT performed in hospital compared to an offer of £25 for those done in primary care, which does not cover the cost of performing the test.

**Action:** The LMC will write to the CCG in support of a community service but with adequate funding. The level of funding in other areas for this service will be investigated.

4.5 General Practice audit for Dudley CCG – This audit is to be carried out to develop a primary care strategy to develop a model for community services. All practices will be contacted and asked to complete the survey A short term LES will pay £260 per 2, 000 patients to cover the costs involved. The LMC supports the survey to improve services with the assurance that the data will not be used to micro manage practices.

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

5.1Health and Wellbeing Boards update – The LMC wish to have representation on the Board.

**Action:** Dr Horsburgh to approach the Board.

5.2 LNC Reps - The LMC proposed the idea of having an observer representative on the committee, update at next meeting.

5.3 Local Area Teams – The team is moving to St Chads, Hagley Road, Birmingham. Issues need to be resolved regarding the IT systems. Anna Nicholls requested that in order for claims for enhanced services payments to be dealt with in a timely way they are submitted electronically rather than faxed, which may result in a delay. Declaration of QOF claims must be sent by email as fax is unreliable and may result in a delay, no reminder of QOF claim deadlines will be sent out due to staff shortages.

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

6.1 Negotiating News for 9 and 16 December received, topics discussed included the DH proposal for imposition.

6.2 GMS contract – A letter regarding changes can be reviewed on the LMC website.

6.3 GPC Newsletter – Items discussed include CQC registration, locum superannuation and NHS 111 frequently asked questions, see LMC website.

6.4 BMA Local - The first issue of the bulletin received, the aim of the bulletin is to highlight developments on the employment front across England and the impact of NHS changes on BMA members.

6.5 Primary Care Mental Health and Education – Dr Horsburgh has details of courses which include the Advanced Diploma in Primary Care Mental Health which costs £1, 600 or £140 per module.

6.6 Calculating Quality Reporting Service (CQRS) – GPs will need to use the CQRS for QOF and other payments for the 2013/2014 financial year. One place will be available per practice for CQRS training. Registration for training is scheduled to open January 2013 and the first of two phases of training is set to begin in February 2013.

6.7 Revalidation – A summary is available on the LMC website. An open LMC meeting will be arranged to meet the RO to discuss revalidation, appraisal and MSF.

6.8 GP IT – The NHS Commissioning Board has published the ‘Securing Excellence in GP IT Services Operating Model’ see GMC website.

6.9 NHS Pensions – For changes please see LMC website.

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

7.1 Nuts and Bolts –Avoiding conflict of interest discussed- presentation on LMC website November / December.

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

8.1 Pharmacy Applications –No applications received.

8.2 Primary Care Development Committee – LIFT premises development are now the responsibility of the National Commissioning Board (NCB) currently some difficulties are being experienced with the decision making process. The CCG is also supporting non LIFT premises development.

All national DES agreements will be transferred to NCB. The Public Health LES agreements will transfer to the Local Authority. Remaining LES which are currently commissioned by PCT will be transferred to CCG with a recommendation to continue for 6 months whilst reviewed.

Practices are starting to upload summary care records information to the central spine.

The IT Strategy Group has been established. Recommendations have been made to purchase Eclipse and Prescribing+ software to assist practices on prescribing issues.

8.3 NHS 111 – Frequently asked questions can be viewed on the LMC website. Several issues regarding this service were raised by the LMC including the potential increase in A/E attendance, ambulance use, GP attendance and telephone contacts, in addition to the financial implications and how this service will move forward.

8.4 CQC Registration – All practices are now registered with some pending. The fee structure was debated.

**9.** **MISCELLANEOUS**

9.1 MTRAC – Glycopyrronium bromide for maintenance treatment of COPD was noted to be suitable for prescribing in primary care for the maintenance treatment of COPD.

Aclidinium bromide was deemed suitable for prescribing in primary care for the maintenance treatment of COPD.

9.2 Walsall LMC News received.

9.3 South Staffordshire Newsletter received.

9.4 Worcestershire Newsletter received – Issues raised include Shared Care Agreements. A useful scheme used in Coventry was noted whereby all the Shared Care Protocols that are formally agreed are on a website and if a consultant decides to start a patient on one of these drugs they prescribe a months’ supply. A letter is sent to the GP who can agree or refuse to take part in the shared care.

**10. AOB**

10.1 The continuing issue of blood test results been sent to primary care in a timely manner for shared care patients on Methotrexate was raised.

NEXT MEETING: Friday 1 February 2013, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.