**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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 Dudley LMC website – **www. dudleylmc.org**

 **Minutes 09/01/15**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Dawes, Dr Khan, Dr Nancarrow, Dr Pitches (Public Health), Dr Ahmad (GPC Black Country Rep).

**1. APOLOGIES**: Dr Plant, Dr Prashara, Dr Abuaffan (Public Health), Anna Nicholls (AT) and Jacquelyn Horwood (Practice Manager).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 07/11/14were signed as correct.

**PRESENTATION**

Malling Health –Nick Mattick, John Seymour and Shamin Akhtar.

Malling Health is a doctor owned and managed primary and associated / integrated care provider, currently responsible for 45 practices in addition to walk in centres and urgent care in England including GP in A/E departments in hospitals within the West Midlands.

 Malling Health will be the care providers for the new front end Urgent Care Centre (UCC) for Russells Hall Hospital. The recruitment process for Dudley UCC has commenced with adverts placed in appropriate journals such as Pulse and utilising social media such as linkedin. The company aims to establish a core team from the wider West Midlands area which will be supported by local GPs and doctors, in total 70 WTE will be required to provide round the clock cover and a home visiting service. However, it was acknowledged that for the Dudley model which requires a different skill mix in order to direct patients to the appropriate health care professional, recruitment of doctors and nurses with specialist skills for example paediatrics may provide a challenge.

Dudley LMC supports the need for strong clinical leadership and were reassured by the Malling Health team’s assertion that the service will be run by a Medical Director supported by a team of lead GPs. Concerns raised by other LMC members included recruitment difficulties as doctors working for other out of hours providers are able to earn more than a Sessional salaried GP would potentially earn at the Dudley UCC.

As urgent care is becoming a speciality, education is a priority for Malling Health who are exploring different options for provision and links with universities regarding formal education are been established. The LMC would also support paediatric training opportunities for GP trainees in Dudley.

**3. MATTERS ARISING**

3.1 PMS Review- The Area Team is required to undertake a review of all local PMS contracts, to be completed by March 2016, all practices in Dudley are to revert to GMS contracts. The total financial savings of £1.8 million locally is to be ring fenced for the borough to utilise for primary care services. Dr Horsburgh and Dan King are to develop a strategy to achieve this, any ideas regarding how best to reinvest the PMS premium monies for the benefit of local services should be forwarded to Dr Horsburgh.

3.2 CQC Inspection – Guides for preparation for CQC inspections from the RCGP have been circulated to practices, advice includes putting together a 15-20 minute presentation about the practice, evidence such as minutes from meetings needs to be collated.

The RCGP has been commissioned to provide expert peer advice and support for GP practices that enter special measures following CQC inspection.

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

4.1 Patient Choice Scheme and out of area registration – The scheme allows GP practices to register new patients who live outside the practice area, without any obligation to provide home visits or out of hours services when the patient is unable to attend their registered practice. There is no obligation for practices to sign up to the scheme. Guidance is available on the LMC website.

4.2 PPG DES Appeals Panel Meeting – This meeting is to take place on 16/01/15.

4.3 LMC phone line - The LMC no longer has a contact telephone number; therefore it was agreed that a mobile phone will be purchased, details will be circulated in due course.

**Action: Dr Horsburgh to organise purchase.**

A possible change of venue from Atlantic House was discussed but as the current venue is geographically central for most LMC members it was decided to continue the meeting at the current location.

4.4 LMC Levy Payments – Although GP practices have been paying the levy, the LMC has not received payment form NHS England for two quarters, Martin Pardoe is dealing with the problem.

4.5 Cardiovascular disease risk audit – Dr David Pitches, Consultant in Public Health requested access to local information in order for the Public Health department to meet the health needs of the community. Data can be collated as to whether health checks are targeting the correct cohorts, whether risk factors such as hypertension are identified and optimally treated.

**Action: Dr Pitches to discuss possible pilot audit with Dr Dawes and Dr Johnson (IT lead).**

**5.** **CLINICAL COMMISSIONING GROUP / AREA TEAM**

5.1 WM LETB – No recent meetings have taken place.

WMLETC held a meeting December 2014, a Primary Care Leadership programme involving doctors, nurses and practice managers was discussed, and funding was highlighted as a potential obstacle to attendance of the programme.

Integrated Education Strategy – Carol Griffiths from Chantry Development Consulting has undertaken a review of the educational requirements of GP practices on behalf of the Dudley CCG. See LMC website.

5.2 Interface Group – The next meeting is scheduled for the week beginning 12/01/15, feedback at February LMC meeting.

5.3 Co-Commissioning and CCG Constitution – Submission to progress to full co-commissioning status has received verbal approval, requiring minor changes to the CCG Constitution see LMC website for details.

5.4 *Members News* – This is circulated weekly to local GPs.

5.5 Primary Care Development Committee (11/12/2014) –Issues discussed included Productive General Practice (PGP) a service improvement toolkit developed by the NHS institute for innovation and improvement enabling practices to identify ways of improving their working practices.

5.6 Clinical Development Committee (17/11/2014) – Topics debated include the integrated diabetes model of care designed to care for patients with Type 2 DM in primary care.

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

6.1 GPC Newsletters – See LMC website, issues raised include the ‘NHS Five Year Forward View.’

The GPC are currently surveying opinions from GPs from trainees to those who have retired. Dr Ahmad requests that doctors spare the time to complete the survey.

6.2 GPDF levy – This has been paid.

6.3 BMA NHS lease advice – Advice communicated from BMA (GPC) and BMA law is available on the LMC website.

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

7.1 GPCWM – LMCs are to fund the costs of members attending Nuts and Bolts meetings.

**8.** **CORRESPONDENCE** **FROM THE PCT, HOSPITAL TRUSTS, DH, GMC, PUBLIC HEALTH & DMBC**

8.1 Pharmacy Applications – none received.

8.2 Management of Parkinson’s Disease in Primary and Secondary Care for patients with compromised sallow or those patients deemed nil by mouth- Guidelines are in the process of been drawn up.

**Action: Dr Horsburgh to review guidelines on behalf of the LMC.**

**9.** **MISCELLANEOUS**

9.1 MTRAC – No update.

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

**10. AOB**

10.1 GP education meeting followed by the launch of Future Proof Health will be held on 20/01/2015 at 5pm.

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

Lunch will be provided.