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

**Minutes 02/03/12**

**PRESENT**: Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Dawes, Dr Khan, Dr Nancarrow, Dr Prashara, Dr Shather, Dr Collins (Public Health), Mrs Jacqui Jones, (Practice Manager Rep)

1. **APOLOGIES**

Apologies have been received from Dr Singh Sahni (Chairman), Dr Plant, Dr Suleman, Dr Blackman, Dr Saroufeem and Dr Mahfouz.

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

03/02/12 were confirmed and signed as correct.

**3. MATTERS ARISING**

**3.1** Health Checks – Feedback given to Dr Horsburgh from Karen Jackson, Consultant in Public Health was discussed. The health checks delivery model is through a commissioned software application ICAP which allows all data input to go back to the GP clinical system to maintain integrity of patient records. However, Jacqui Jones pointed out that in primary care this data still requires retrieval from ICAP generating work; this issue is still being worked on. Solutions4health are able to offer patient appointments for evenings and weekends.

**Action:** Dr Collins to investigate into the electronic difficulties and to find the number of patients who have health checks in other than general practice.

**3.2** Patient removal guide – This is to be sent out to GPs and Practice Managers (PM) and will be discussed at the next PM meeting. There will continue to be the provision for the immediate removal of violent patients.

**3.3** Triennial Elections – The LMC seeks to renew its membership with a democratic election process. All doctors on the performers list in Dudley are legible to be nominated and vote for candidates.Ballot papers to be sent out to all; closing date is 30th March 2012.

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

**4.1** Dudley Urgent Care Team – The pilot scheme which commenced without consultation with primary care seems to be experiencing difficulties and is being scaled back. Problems experienced by LMC members include difficulty getting through and speaking to a nurse rather than doctor.

**Action:** Dr Horsburgh to invite a member of the DUCT to update LMC with progress.

**4.2** LMC Accounts – Accounts for the year ended 30 September 2011 were discussed and signed as correct.

**4.3** Email – Patient letters are still been sent to non-nhs account email raising issues of patient confidentially. The difficulty of identifying which hospital has sent a letter was also raised. These concerns will be raised at the next PM meeting.

**4.4** Coroner’s fees – Doctors have been paid a fee for preparing a factual report for the Coroner’s service. However, there is no justification under the Coroner’s Rules and Statutes for such payments; the general obligation to co-operate with the Coroner’s investigation is set out in paragraph 69 of the Good Medical Practice issued by the GMC. Therefore, these fees have ceased with immediate effect in some areas. LMC members made the point that doctors would ‘co-operate’ nevertheless generating a report has financial implications.

**4.5** Monitored Dosage System (MDS) – The DGH has been working with Indi Mandair (Community Pharmacist) with regards to discharging MDS patients from Secondary to Primary Care. A six month pilot project will commence April 2012 on wards A2 and C3. All appropriate patients when medically fit for discharge will have an Electronic Discharge Letter sent to the Broadway Pharmacy MDS hub. One month of MDS will be dispensed and delivered to the patient’s home prior to discharge. After discharge the EDL and a form detailing any changes to medications and when a next set of prescriptions are due, will be sent to the GP surgery and Community Pharmacy. The cost of the first month prescription will be borne by the hospital.

LMC members raised the concern of subsequent prescriptions reverting to 7 day prescribing.

**Action:** Dr Horsburgh to look into this matter.

**4.6** Primecare – NHS pathways to out of hours services. Primecare is using a new clinical assessment system, NHS Pathways from 27 February 2012.

**4.7** NICE guidelines for hypertension – Ambulatory BP monitoring is recommended as the method of evidence when making a diagnosis, currently few practices own ABPM equipment. The possibility of the CCGs funding the cost of equipment for use in Primary Care was discussed. However, running costs and analysis remain issues.

**Action:** Dr Horsburgh to discuss with Jas Rathore F&P Clinical Executive.

**5. CONSORTIUM EXECUTIVE BOARD**

**5.1** GP Brief received topics debated include submitting enhanced service claims, chlamydia screening and oesophago-gastric cancer awareness raising and early diagnosis.

**5.2** Kimara Sharpe has been appointed as the Senior Responsible Officer for Dudley CCG. Lynne Allen has taken over the role of Primary Care Lead for the Black Country Cluster.

**5.3** Widening Engagement in Clinically-led Commissioning: Minimising Health Inequalities a conference to be held 6 March2012 at Keele University, Staffordshire, ST5 5BG.

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

**6.1** Negotiating News for 4th 11th 19th and 25th February received, topics discussed included practice lease arrangements. Some practices do not have premise leases but licences to occupy. These licences carry fewer liabilities, but are weaker to defend legally. BMA Law has an arrangement with HBJ Gateley Waring whereby a BMA member seeking property advice would be given preferential rates.

**6.2** LMC Negotiators Roadshow – Dr Laurence Buckman will be meeting local GPs on 15 March 2012 at the Birmingham Institute, Edgbaston, B15 3AF, 7:30 to 9pm.

**6.3** NHS pensions – No recent update.

**6.4** BMA 2012 Elections: Nominations for the election of 17 voting members of the BMA Council closed on 10th February. The commitment will include attending monthly meetings in London.

**6.5** Commissioning Update - The NHS Commissioning Board has produced Commissioning Support FAQ - see LMC website for details.

Dr Buckman has written a list of CCG development key questions. The BMA has produced a document, Key issues: the development of CCGs which is also on the LMC website.

**6.6** BMA Sessional GP Conference – To be held 23 March 2012, BMA House, London, WC1H 9JP. Workshops and presentations will cover pensions, employment rights and career choices.

**6.7** BMA Centenary letter from Laurence Buckman received.

**7. CORRESPONDENCE FROM THE GPC WEST MIDLANDS / BCLMC Group 7.1** Appraisal – The GMC is not supportive of enhanced appraisal The LMC will continue to strive to maintain a voice on the decision making boards.

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

**8.1** Pharmacy applications – Sandwell PCT has received an application for consent for inclusion in the pharmaceutical list at Old Park Lane, Oldbury. (100 hours).

Sandwell PCT has granted an application for change of ownership from JJP Healthcare Ltd in respect of Manichem Ltd t/a Oldbury Pharmacy, 234 Causeway Green Road, Oldbury B68 8LS.

Dudley PCT has received an application from Asda Stores Ltd requesting full consent to open a pharmacy trading for 100 hours per week within the Asda Stores Ltd, High Street, Dudley, DY1 1QS.

Dudley PCT has also received an application from H & I Healthcare Ltd requesting full consent to open a pharmacy trading for 100 hours per week at 20, Albion Street, Brierley Hill DY5 3EE.

**8.2** PEC – The recording of breast feeding status has been included in the PMS targets. The timing of recording this information may be a problem. Baby checks are often performed at 8 weeks post delivery alongside the first immunisation. However, the recording of breast feeding status has to be documented at 6 weeks.

The minor surgery LES is felt to be starting to show value with reduction in hospital activity and increase in GP activity.

PMS review – This has now been completed and results show that there is a great variability in the quality achievements among PMS practices. This in addition to the large variation in capitation paid to practices has led to the proposal that all PMS practices should be paid the same amount per patient with added sums for quality achievement. The expected baseline payment would be approximately £63.21 per patient and the maximum amount available by achieving the highest quality points would be £78.31 per patient. This plan will go to the CCG for approval. Sue Cooper to do presentation to all PMS practices.

Flu LES - The previously poor performing practices have improved. The pharmacy pilot has been able to vaccinate patients who have not received the seasonal immunisation.

Care homes LES – Approval has been given to extend this by adding further ANPs and including more homes.

**8.3** BC Cluster Medical Director News – Dr Narinder Sahota and Dr

Nick Griggs are newly appointed associate medical directors for the cluster with

responsibility for primary care professional standards and performance. There are also

three other Responsible Officers, Dr Amjad Khan, Dr Nick Hall and Dr Tony Blackman.

**8.4** Personal Injury Services – The recent letter from Sir David Nicholson, NHS Chief Executive highlighted the issue of the promoting of personal injury legal services in NHS premises. He states that “such activity in NHS premises, with the implied support of the NHS that it indicates, can undermine the relationship between NHS staff and their patients and therefore should not be supported.”

**8.5** Abortion Act 1967 (As Amended): Termination of Pregnancy. Following recent media coverage, Professor Sally Davies reminds colleagues that sex selection is not one of the lawful grounds for termination. It is illegal for a practitioner to carry out an abortion for that reason alone; unless the certifying practitioners consider that an abortion was justified in relation to a least one of the section 1(1) grounds.

**9. MISCELLANEOUS**

**9.1** Walsall LMC Newsletter received.

**9.2** South Staffordshire LMC News received.

**9.3** MTRAC – Buprenorphine Transdermal Patch for the treatment of chronic non-cancer pain has been deemed suitable for restricted prescription under defined conditions –category B. Fentanyl Transdermal Patch for the treatment of chronic intractable non-cancer pain has also been deemed suitable for restricted prescription under defined conditions –category B.

**10. AOB**

**10.1** Dr Collins informed the LMC that aortic aneurysm screening is due to commence in

April 2012 for over 65 year olds. Upper GI screening to commence in due course.

**NEXT MEETING: Friday 13th April 2012, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.**

Lunch will be provided.