**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

DY9 8EL

**NEW**  E-mail **timothy.horsburgh@dudleyccg.nhs.uk**

Phone 01384 426121 Fax. 01384 895130

Dudley LMC website – www. dudleylmc.org

**Minutes 01/03/13**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Blackman, Dr Bhardwaj, Dr Johal, Dr Kanhaiya, Dr Nancarrow, Dr Suleman, Dr Prashara, Dr Shather, A. Nicholls (LAT Rep),

Dr Bramble, Dr Hall, and Howard Finegan.

**1. APOLOGIES**

Apologies have been received from Dr Dawes, Dr Khan, Dr Plant and Dr Handa.

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

01/02/13 were confirmed and signed as correct.

Howard Finegan (Primary Care Project Manager) attended to discuss the closure of Kate’s Hill EAPC Practice Dudley.

This practice was established as a result of the Dazi report in an area of deprivation and has provided an excellent service to the local population. The fact that the list size at the practice has failed to reach the high contracted levels, resulting in financial difficulties for the provider was reiterated by Howard Finegan. Patients are not allocated to new GPs; however, three local practices have the capacity to increase their own list sizes. Concern was raised regarding how many patients would fail to re-register with a practice.

The possibility of the practice continuing as a GMS/PMS contract was raised but this was not deemed a viable option as there is capacity in the system to absorb the patients into the adjacent practices and the Kate’s Hill model is not viable.

Potential difficulties associated with the project had been known from the start of the project, it was acknowledged that other practices might be in a similar position.

**Action:** Howard Finegan to generate a report on lessons learned from process to be shared with LMC.

**3. MATTERS ARISING**

3.1 Assistant Responsible Officer – Dr Nick Hall attended to facilitate developing a working partnership with the LMC. Dr Hall’s role is liaising between GPs and the GMC. The process of revalidation will be a robust process covering a doctor’s whole scope of practice including unpaid work. By 2015 doctors will need to have 3 validation ready appraisals as well as up to date mandatory training, PDP, patient and colleague MSfeedback and reflections. Doctors who have currently used the Clarity and other toolkits but are transferring to the RCGP toolkit will be able to upload previous data to the RCGP toolkit. Discussions made clear that it is a GP’s own choice which toolkit they use but the NCB would prefer that all local GPs use the RCGP toolkit. Members expressed concern that as a development of appraisal, revalidation should be a supportive educational process and not entirely a performance management/policing arrangement.

The LMC requested that the committee is made aware of any doctors with difficulties in order to offer assistance and support. The LMC would hope many of these issues could be resolved locally rather than them escalating to the GMC. The numbers where remediation may be required are estimated at 20-25 annually, how remediation will be funded or operated is currently not finalised.

3.2 Hearing Aid Services – Although patients may go to providers such as Specsavers who have an active marketing campaign, the initial assessment is in primary care with no funding for the nurse or doctor time, and this seems to becoming a national issue.

3.3 Asthma inhaler use in schools - The emergency ‘reliever’ inhalers have been removed from schools and parents need to obtain a second inhaler from the GP to be kept in school for prn use.

There have been two child asthma deaths in Dudley in recent years; a common feature has been that the children did not attend primary care for an asthma check. The Trust and Community are implementing changes to asthma management, although salbutamol inhalers will always be prescribed, letters should be sent to parents after a third repeat prescription, culminating in a safeguarding letter been sent if six inhaler prescriptions have been requested over a period of time without an asthma review.

Dr Sahni raised the issue of a nurse sending clinical advice regarding a child with asthma and eczema to a school, resulting in the school stopping the child attending school until an Epipen has been prescribed. However, there does not seem to be a clinical need for this treatment.

**Action:** Dr Horsburgh to gain further details from paediatric respiratory nurse to enable informed recommendation to be made.

3.4 Primary Care Strategy Emerging Themes – circulated to LMC members any other areas thought to warrant inclusion to be fed back.

3.5 Blue Badge Scheme – Update from Dr Collins at next meeting.

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

4.1 Summary of current status of general practice from Dr Nigel Watson – see LMC website.

4.2 Review of orchidopexy surgery – To take place as a result of variation in practice highlighted by the Atlas of Variation report 2012. Audit of GP records, with patient consent will be carried out, data will be anonyomised. LMC supported the audit.

4.3 Partnership applications – If a GMS practice wants to take on a partner there is no obligation to provide the PCT with a business plan.

4.4 Delay in CNP appointments – The initial allocation was based on historical data, if the waiting time for appointments has increased to an unacceptable level, extra resources should be allocated. The service gap between urgent and routine care referrals was discussed.

**Action:** Dr Horsburgh to discuss difficulties raised by Dr Bhardwaj with Heidi Davis.

4.5 Safeguarding children reports – The LMC debated the extensive form to be filled out prior to a case conference which may need a face to face consultation in order to complete. This may be reviewed and simplified at a later date.

4.6 LES contracting – Please seen LMC website for options.

4.7 Housing benefits – To review changes to benefits please refer to Dudley Metropolitan Borough website for details.

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

5.1 WMLETB- No feedback.

5.2 Patients joining a practice list –It is reasonable to ask all applicants on joining a practice to be able identify who they are; however, practices are best advised not to have rigid criteria. Asylum seekers will not have passports but should have Home Office forms confirming their status. Many Eastern European nationals will have ID cards rather than passports.

5.3 Non domestic rate bills – For the 2013/2014 financial year should be paid by the Local Area Team of the NCB.

5.4 CQRS- Taking over from QMAS which shuts down mid June and does not have functionality to submit payments. Adobe Connect an online web conference tool, does not need to be installed simply log on. There is no cost for training and no new soft ware needs to be purchased.

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

6.1 Negotiating News for 10 and 17 February received, topics discussed included safeguarding children.

6.2 GPC Newsletter – Items discussed included GP contract imposition, see LMC website.

6.3 BMA local - nil

6.4 RCGP – Anyone involved in GP postgraduate training can apply for a series of awards of between £250 and £1000.

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

No reports

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

8.1 Pharmacy Applications – Sandwell PCT had received an application from Murrays Pharmacy that does not result in significant change to the service provision from Murrays Healthcare 221 Marks Road to Glebefields Health Centre, St Marks Road, Tipton DY4 0UB.

Dudley PCT has received an application for inclusion in the pharmaceutical list for Raylane Ltd, t/a Touch Pharmacy, a wholly mail order or internet-based(distance selling) pharmacy services at 37 Avenue Road, Coseley, West Midlands, WV14 9DJ.

8.2 Primary Care Development Committee – Upgrade of wide screen monitors is taking place.

8.3 GMC - Good practice in prescribing and managing medicines and devices, see LMC website.

**9.** **MISCELLANEOUS**

9.1 MTRAC – No update.

9.2 Walsall LMC News received.

9.3 South Staffordshire Newsletter received.

**10. AOB**

10.1 A letter of thanks will be sent from the LMC to retiring GPs.

10.2 Respite care to be discussed at next LMC meeting.

**Action:** Dr Horsburgh to investigate.

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

Lunch will be provided.