**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 12/04/13**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Prashara, Dr Shather, Dr Suleman, Dr Saroufeem, Dr Collins Public Health and Dr Handa GPC Black Country rep.

**1. APOLOGIES**

Apologies have been received from Dr Johal, Dr Kanhaiya, Dr Nancarrow and Dr Plant.

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

01/03/13 were adjusted to include J. Jones Practice Manager Rep as having sent an apology and signed as correct.

The GMC and Revalidation – Darren Mercieca Regional Liaison Adviser.

The Regional Liaison Service is concerned with embedding standards, the roll out of revalidation, the regional focus for ‘engagement’ and to improve relationships with key interest groups. The philosophy that revalidation is ‘not about catching bad doctors, it’s about making good doctors better’ was emphasised.

The role of the Responsible Officer was discussed; Darren Mercieca explained that the Responsible Officer is trained by the GMC and they work with the Employer Liaison Service. The importance of good local constructive conversations was highlighted.

**Action:** Darren Mercieca to feedback concerns regarding the designated body for Public Health doctors and to send information regarding multi source feedback to the LMC.

**3. MATTERS ARISING**

3.1 Blue Badge Scheme – If patients appeal against the decision made to withdraw their blue badge and social services request medical details, a fee for this work is appropriate. The use of a standardised letter for the patient to give to social services covering payment and consent to be developed.

3.2 Kate’s Hill EAPC Practice Dudley has now closed; other practices funded in a similar way may be affected.

3.3 Referral Pathway to Mental Health Services – If a patient presents with a mild to moderate mental health issue the patient should be given the information to self-refer into the service. If the presenting issue is a moderate to severe health issue then the doctor should send a written referral or ring the service if deemed urgent.

3.4 Respite Care funding – Currently there are less respite care beds available. Issues arise making the decision as to whether patients fit the criteria for requiring medical or social care, which decides as to which budget funds the care. This leads to delays for the patient in accessing the appropriate care.

**Action:** A formal letter will be written to Maggie Venables to express the LMC concerns of funding criteria and bed availability.

3.5 Primary care and depots – Patients are being discharged from secondary mental health services to primary care on depot injections. The numbers involved are insufficient to justify a LES and therefore will be included into the LES ‘basket of services’. Arrangements for DNAs and re referral back into secondary care if a patient’s health deteriorates have not yet been formalised. Patients previously had home visits for depot injections; this service will not be offered to patients who are able to attend the surgery.

3.6 Overseas patients – To be discussed at May LMC meeting.

3.7 Delay in CNP appointments – Difficulties raised by Dr Bhardwaj have been resolved.

3.8 Request from local GP that the LMC develops standard customised letters for local use discussed.

**Action:** Dr Horsburgh to access standard letter if other LMCs will share.

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

4.1 Doctors’ use of social media – Guidance from the GMC comes into effect 22 April 2013. See LMC website.

4.2 Referral to podiatry services – Referral into services is based on the geographical location of the GP rather than the patient address. The issue was discussed when patients wish to be referred to a local service but their GP is not ‘in area.’

4.3 CQC – The CQC has confirmed the fees it will charge providers of primary medical care services for 2013/2014 which will be an average of £500 to £1,000.

4.4 New DES – Four new DESes have been developed which may or may not balance payment into the practice loss from QOF points. CCG will need to contribute to some aspects of the delivery of these DESs.

4.5 NHS 111 – The soft launch has now taken place but many problems have arisen.

4.6 Performers list regulations – Practitioners when suspended by the GMC are removed from the performers list. Concerns were raised by the LMC as to whether a robust system is in place to re - establish GPs onto the performers list if the complaint against them is unsubstantiated.

4.7 Request for medical records of deceased patients – GPs are not responsible when individuals are no longer their patient. The Local Area Team should be contacted to deal with this issue.

**Action:** Dr Horsburgh to obtain GPC recommendations.

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

5.1 Revisions to the Constitution – The LMC reviewed and support the changes to the CCG Constitution.

5.2 Patient removal – GPs are reminded that in order to avoid a breach of contract, practices must adhere to the process agreed by the LMC and PCT (2012) which is simple and compliant with contracts and regulations. Please see LMC website.

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 Complaints procedure from NCB – Please see LMC website for details.

5.5 Contract department move – Please note Anna Nicholls is now based at St Chads Court, Hagley Road, Birmingham – anna.nicholls@nhs.net

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

6.1 Negotiating News for 17 March and 7 April received, topics discussed GP contract imposition guide and that GP are currently not responsible for calling back repeat callers to the NHS 111 service.

6.2 GPC Newsletter – Items debated include premises costs. See LMC website.

6.3 BMA Local – received.

6.4 Locum Employer Pension Contributions –From 1 April 2013, GP practices have taken on the costs of locum employer’s contributions previously paid by PCOs. Locums themselves will be responsible for making the payments to the Area Team at the same time as they pay their employee contributions.

 6.5 Prescribing in General Practice – Guidance from the General Practitioners Committee – Please see LMC website.

6.6 Study leave guidance for GP trainees – National standards on study leave are available in the GMC publication *Generic standards for speciality including GP training.*

6.7 Voluntary Levy 2012 – The GPDF Directors have approved a rebate of approximately 14% of the 2012 levy.

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

7.1 The GPC West Midlands continue to have concerns regarding the long term impact of the reconfiguration of pathology services across the West Midlands.

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

8.1 Pharmacy Applications – Nil received.

8.2 Primary Care Development Committee – Update at next LMC meeting.

8.3 Shared Business Services – Cessation of trading with SHA and PCT with effect from 1 April 2013 may result in slower payment or resolution of issues after this date.

**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 only will be sent from the LMC to retiring GPs. Dr N Welch thanked for his dedicated service to the community of Dudley on his retirement.

NEXT MEETING: Friday 3rd May 2013, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.