**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 01/06/12**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer) Dr Blackman, Dr Dawes, Dr Khan, Dr Prashara, Dr Nancarrow, Dr Shather, Mrs Jacqui Jones (Practice Manager Rep).

**1. APOLOGIES**

Apologies have been received from Dr Saroufeem and Dr Collins (Public Health).

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

04/05/12 were confirmed and signed as correct.

**PRESENTATION** - Phil Griffin and Deborah Howells.

GP practices have received a letter from Dr Cartwright regarding the legal duty which practices have to keep accurate patient lists. A cleansing exercise is to take place over the next few months to achieve this national requirement. Accurate practice lists will enable any money recovered to be ploughed back into patient care. However, there may be financial implications to practices that see their income reduced due a reduction in their list size. The LMC put forward the request that it is informed should this occur. The Functions Team will generate FP69 form which will enable practices to clarify ghost patients on their list. The issue of the increased workload that this will generate was raised by the PM Representative.

PCTs are expected to work collaboratively with practices to establish new practice boundaries, to help patients move a short distance outside the current practice boundaries to stay with their existing practice. Guidance is now available from the Department of Health. Practices will need to update their practice literature and website to reflect new details.

Black Country PCT Cluster representatives will be meeting with practices to discuss outer boundaries with individual practices and expect to reach an agreement by 1 July 2012. Practices will receive scatter maps demonstrating the location of the practices patients. Cross boundary issues for example access to services may occur for patients who live in a different area. A practice is not obliged to take on new patients in the outer boundary with the exception of family members such as babies. If patients in the outer boundary require frequent home visits it may be in the patient’s best interest to have a more local GP.

Practices who wish to make list closures will find this process easier and retain their rights to deliver additional and enhanced services. Practices can have more say over the closure period and re-open the list when it wishes (subject to notice period). “Open but full” is no longer necessary.

The results of the pilot of the Patient Choice scheme for commuters who wish to register with an out of area practice are awaited. Adequate resources will need to be allocated in the event of patients becoming ill and requiring local services. PCT has a duty to provide these services.

**3. MATTERS ARISING**

3.1 Health Checks –The issue of problems with ICAPS was highlighted. Update will be sought from Dr Collins at the next meeting.

3.2 Quality& Engagement LES -. Part A includes remuneration for locality meetings, engagement events and for Practice Managers to attend the Practice Managers Alliance and will be £4, 200 per practice. The remuneration for Part B is £1.06 per patient to cover prescribing, data checking and practice visits. The LMC discussed whether the funding will be sufficient to carry out the work involved. Matt Gamage is to put together a proposal. Feedback for the Practice Managers Association also awaited.

3.3 District Nurse Service – To meet the needs of the expected demographic changes the District Nursing service will provide a generalist nursing service to Dudley GP Registered patients who are temporarily or permanently housebound. The service will be made available within the newly created five CCG localities. The consultation document has been approved by the PEC. The LMC discussed the waiting time for home phlebotomy services.

**Action:** Dr Horsburgh to circulate the consultation document to LMC members and feedback on the main points, any issues or queries should be emailed to Dr Horsburgh.

3.4 Premises – A primary care development committee is in the process of being formalised which will look at various primary care issues including premises. The committee will report to the CCG, Dr Suleman will be asked to raise the question of premise development.

3.5 LES for sub-dermal implant in primary care – Public Health are to carry this forward with a pilot whose aim is to calculate the direct cost and undertake a cost benefit analysis at the agreed tariff of £70 for insertion and £70 for removal.

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

4.1 Industrial Action over changes to the NHS pension scheme – A strike by BMA members is due to take place 21 June 2012. The LMC is a statutory body therefore any GPs putting queries to the LMC regarding industrial action will be advised to seek guidance from their trade union.

**Action**: Dr Horsburgh to update members of any new developments in the run up to the industrial action.

4.2 Professor Mannion – An inaugural lecture hosted by the College of Social Sciences and delivered by Professor Russell Mannion will be held on 28 June at the Barber Theatre of Fine Art, followed by a reception. If you are interested in attending book a place via k.r.wright@bham.ac.uk.

4.3 Dudley Local Optical Committee AGM – LMC members are invited to attend LOC AGM on Monday 18 June 2012 at Beacon Centre for the Blind, Wolverhampton, WV4 6AZ.

4.4 Locum Induction – The LMC has been asked to assist the PCT by working with practices to revise and implement their current induction policies to minimise the risk of mistakes such as those which occurred in Downham Market Health Centre .Dr Steve Cartwright has been involved with the discussions at regional level The LMC will await feedback from Dr Cartwright before deciding whether the LMC supports a locum induction package. The point was raised that there is already an induction package in place for GP registrars’ which could potentially be developed into a standard package.

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

5. 1 Constitution – The constitution is using the structure as per BMA but will still be scrutinised by lawyers and has gone to the Board for approval. The LMC wishes to be informed if any practice is involved in a contractual dispute to offer support.

5.2 CCG News – Issue No.24 received, issues raised include Guidelines for Aesthetic Surgery and Procedures of Limited Clinical Value and CCG visions and values.

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

6.1 Negotiating News for 6, 12 and 20 May received, topics discussed included GP trainee committee, industrial action and QMAS underpayments.

6.2 Revalidation FAQ- Dr Horsburgh attended a meeting with Dr Khan, final details are not yet finalised. In order to support the appraisal and revalidation process locally, the Responsible Officers within the Black Country PCT Cluster have reviewed all toolkits and as a result are recommending the RCGP toolkit from April 2012 as an electronic revalidation system and for appraisal.

6.3 GP Trainee reps – Nominations are now open for regional representatives on the GPC Trainees Subcommittee. Nominations are open to all those on or about to begin a GP training programme. All nominations must be received by the GPC office by 22 June 2012.

6.4 Care Quality Commission (CQC) – The BMA’s GPC has launched revised guidance to assist GPs through registration with the CQC. The new guidance takes into account the new changes to the process and it is intended to help GPS decide if they are compliant with the CQC’s essential standards and provides an explanation of the process and what happens once they are registered. See LMC website for further details.

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

7.1 GPCWM AGM – The AGM was held on 16 May 2012 and was attended by Dr.Singh Sahni.

7.2 Pathology services - The proposal is to reconfigure pathology services in the West Midlands as a ‘hub and spoke.’ LMC members again raised the concern of maintaining the quality of local services and communication with local pathology staff in the case of a query. The possibility of delays to the transfer of blood samples to the lab leading to falsely raised potassium levels was discussed.

7.3 GP Representation on the West Midlands Shadow Local Education Training Board (LETB) - A notice has been sent to GP practices, CCGs and LMCs requesting interest from senior Primary Care Clinicians for two positions on the LETB.

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

8.1 Pharmacy Applications – Sandwell PCT has received a 100 hour exemption from HC Pharmacies Ltd t/a Old Hill Pharmacy for inclusion in the pharmaceutical list at Priest House, Priest Street, Cradley Heath B64 6JN.

Sandwell PCT has received a 100 hour exemption application from HST Healthcare Ltd for inclusion in the pharmaceutical list at 249 Halesowen Road, Cradley Health B64 6JD.

Sandwell PCT received an application from R S Ghateaura, Pharmaunison Ltd at 70-80 Dudley Road West, Tipton for preliminary consent for inclusion in the pharmaceutical list. This application has now been granted.

Sandwell PCT received an application from Mr S R Choomer, Choomer Ltd, at Unity Walk, Tipton for preliminary consent for inclusion in the pharmaceutical list. This application has not been approved.

Dudley FHS Functions Committee has approved an application from Murrays Healthcare for minor relocation from 50/51 High Street, Stourbridge, DY8 1DE to 1 Bradley Road, Stourbridge, DY8 1UZ.

8.2 PEC – Dr Suleman to update at next meeting.

8.3 Warfarin letter - Practitioners have been asked by the Prescribing and Medicines Management Team to identify any patients who are prescribed 1mg and 5mg wafarin tablets in addition to those patients who also take interacting drugs including those which increase the risk of bleeding, inviting high risk patients in for medication review if appropriate. The LMC discussed the implication that INR results are not available on the pathology link and also potential difficulties if they were.

Blood results for patients on methotrexate were also debated and whether these should be carried out in primary or secondary care. The need to establish a shared care protocol was discussed and whether a LES was required.

8.4 Enhanced Mental Health Services (EPCS) – Dudley and Walsall Mental Health partnership has launched the Enhanced Primary Care Service. The service offers a single point of access offering primary care based mental health screening, assessment and interventions. EPCS combines the Primary Care Mental Health Team and the Improving Access to Psychological Therapies Team to provide an integrated service to meet the needs of adults who have mild to moderate mental health problems.

8.5 OGTT LES – A National requirement will be the issuing of an insulin passport to those on insulin. OGTT LES looks to extend the current LES to more practices providing a service closer to home. A second tier LES has been developed for pregnant women. This will initially be performed by Tier 3 practices of the diabetes LES. Other patients will managed by a community service provided by Dudley Group of Hospitals.

**9.** **MISCELLANEOUS**

9.1 Walsall LMC Newsletter received.

NEXT MEETING: Friday 6th July 2012, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.