**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 07/06/13**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Johal, Dr Khan, Dr Nancarrow, Dr Shather, Dr Saroufeem, Dr Suleman and Anna Nicholls LAT.

**1. APOLOGIES**

Apologies have been received from Dr Blackman, Dr Dawes, Dr Plant, Dr Prashara, Dr Handa GPC Black Country rep and Dr N Hall

**2. CONFIRMATION OF MINUTES** – The minutes of the meeting held on the 03/05/13 were confirmed and signed as correct.

**3. MATTERS ARISING**

3.1 Respite Care funding – The LMC previously discussed the difficulties making the decision as to whether patients fit the criteria for requiring medical or social care; which leads to delays for the patient in accessing the appropriate care. Dr Horsburgh wrote to Maggie Venables to discuss the issues, however she has now retired. Therefore, a meeting has been arranged with Brendan Clifford, Assistant Director for Adult Social Care on 30 July 2013 to discuss the issues – any members wishing to raise issues are either free to attend the meeting or e-mail Dr Horsburgh with issues/questions.

3.2 Deceased patient records – Anna Nicholls confirmed that the GMS contract states that ‘the contractor shall send the complete records relating to a patient to the PCT – where a person on the list dies, before the end of the period of 14 days beginning with the date on which it was informed by the PCT or in any other case before the end of one month starting from the date on which it learned of the death or in any case when the patient is no longer registered with the contractor.’

Practices have been threatened with breach notices for failing to return notes in under 14 days. The LMC considers that returning notes within 14 days is the ideal, however, one month is a reasonable request.

Dr Horsburgh will feed this view back to the AT.

3.3 National clinical audits – The Clinical Audit Support Unit will be requesting permission to extract data from primary care clinical systems for a number of different audits. However, concerns were raised by LMC members as to whether this is a one off audit or could more sensitive data be accessed at a later date and the time period that practice information can be accessed. Dr Horsburgh has attempted to clarify the situation but has been unable to find out any details.

3.4 Propco and Premises – The NHS property services is currently in formative stage, therefore no details are available.

3.5 Annual Accounts – Please see LMC website for accounts.

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

4.1 Meningitis C and Pertussis vaccination - The second dose of Meningitis C vaccination currently given at four months will be replaced by a booster dose given in adolescence. The temporary programme of pertussis vaccination is to be continued. For details see LMC website.

4.2 Discretionary Payments – NHS England suggests that in principle Area Teams should honour agreements as they stand currently, until either a single operating model has been agreed or a framework for local determination can be established.

The AT will be informing GPs of who is who in the team.

4.3 CQRS and GPES training – Nationally some Practice Managers have indicated that the training is not sufficiently robust in preparing Practice Managers to use the systems. Locally Sonia Clarke will access training and feedback on the effectiveness of the training.

4.4 Practice Nurse Information – Faye Baille, Director of Nursing and Quality has sought approval to approach individual practices to obtain details such as pin numbers and re-registration dates. Following discussion the LMC has not given approval and Dr Horsburgh will feed this view back to the AT. Independent contractors who employ their own staff are under **no** contractual obligation to provide this information.

4.5 ECG payments –CCGs are developing a new pathway for cardiology, for which patients need to have had an ECG, however, the current service at Russell Hall Hospital (RHH) is to be decommissioned. Practices will be paid £5 for performing ECGs, a service for which the hospital has previously charged £80. Following discussion the LMC agreed that £5 does not reflect the cost of performing the test and this will need further debate and that the decommissioning of the ECG service at RHH is unacceptable until this issue is resolved.

4.6 Quality Premium – The CCG can potentially earn £1.5 million to spend on patient care development if certain conditions are met. Local goals include hypertension, atrial fibrillation and dementia; other goals are to be achieved by secondary care or the wider NHS. Dr Singh Sahni proposed that support should be given to fund the extra clinical time required to achieve the quality premiums; however, this may already be included in QoF.

**Action:** Dr Horsburgh to write to CCG.

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

5.1 WMLETB – Feedback at next meeting.

5.2 Assurance Framework, SOP and Primary Care Strategy – Please see LMC website.

5.3 Minor Surgery DES – The Minor Surgery DES has been released and the opportunity arises to devolve to the CCG. Concerns have been raised that the CCG could subsequently use the monies to commission services from AQ providers and GPs could lose funding. The LMC are currently of the opinion that the DES should stay with the AT.

**Action:** Dr Horsburgh to contact GPC and AT.

5.4 GP Appraisal – The difficulty of emailing patients forms for patient feedback as part of the appraisal process were discussed. Dr N. Hall ( As. RO ) has suggested that the RCGP and Clarity could provide paper copies which could be posted to patients. Alternately email or paper questionnaires can be returned to the practice manager who can act as an independent third party data imputer into the toolkit system – a time – consuming option not supported by the LMC.

5.5 CCG and Area Team Interface Group – The purpose of the group will be for the AT to raise awareness or concerns that they have with practices, so that support can be put in place through the CCG. The LMC has been asked for their input and a LMC member will join the subgroup.

**Action:** Any interested party to contact Dr Horsburgh.

5.6 GP contact details – Jane McGrandies ( AT ) has sent a letter to GPs asking for updated contact details and to supply master copies of GP and Practice Manager signatures to enable practices to send in documents with an electronic signature.

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

6.1 Negotiating News for 12, 18 May and 2 June received, topics discussed include changes to Meningitis C vaccination programme and repeat callers to NHS 111 service.

6.2 Sessional GPs Newsletter – Items debated include elections to the Sessional GPs subcommittee. See LMC website.

6.3 Statement from GPC and NHS England regarding NHS 111 repeat callers –NHS 111 commissioners and providers have a responsibility to ensure repeat callers (3 calls or more in 4 days) and because of potential risk require senior clinical reassessment. There is no contractual obligation for GPs to see these patients.

6.4 Seminars for LMC staff – GPDF has agreed to fund regional seminars on the ‘Single operating framework’ of policies and procedures now used by NHS England.

6.5Weekend cover – Dr Horsburgh to find out if CCG is having discussions regarding this issue. The LMC supports continuation of the 2004 nationally agreed policy.

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

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

8.1 Pharmacy Applications – Change of ownership application for Portway Healthcare Ltd at 2 Bush Road, Netherton, Dudley, West Midlands DY9 0BH.

An application from Murrays Healthcare for relocation from 221 St Marks Road, Tipton to Glebefields Health Centre, St Marks Road DY4 0SN has been approved.

An application offering unforeseen benefits at the former HVC supplies, Bradley Road, Stourbridge , DY8 1UZ has not been approved.

8.2 Primary Care Development Committee – QUIP measures unchanged from last year, update to be circulated soon.

**9.** **MISCELLANEOUS**

9.1 MTRAC – Dapagliflozin for the treatment of type 2 diabetes has been given a Q3 rating. Insulin degludec (Tresiba) has been rated Q4.

9.2 Walsall LMC News received.

9.3 South Staffordshire Newsletter received.

9.4 Worcestershire LMC Newsletter received.

**10. AOB**

10.1 Annual General Meeting of the Cameron Fund – held on 23 May 2012.

10.2 Alerts Cascade – From 1 April 2013, NHS England Area Team took over the responsibility of cascading alerts to primary care contractors.

10.3 Responding to Domestic Abuse: Guidance for General Practices –A document has been circulated providing guidance to general practices to help them respond effectively to patients experiencing domestic abuse. Practices are asked to nominate a member of staff to implement the guidance. The LMC recommends that practices do not respond to this or similar requests until the Interface Group at the CCG is formed to vet these requests.

10.4 A letter of thanks only will be sent from the LMC to retiring GP - Dr Nigel Warrington.

NEXT MEETING: Friday 5 July 2013, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.