**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

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**Minutes 06/07/12**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Bhardwaj, Dr Khan, Dr Nancarrow, Dr Saroufeem, Dr Suleman, Dr Abu Affan (Public Health) and Mrs Jacqui Jones (Practice Manager Rep).

**1. APOLOGIES**

Apologies have been received from Dr Mittal (Treasurer) Dr Dawes, Dr Hegarty, Dr Johal, Dr Kanhaiya, Dr Prashara and Dr Collins (Public Health).

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

01/06/12 were confirmed and signed as correct.

**PRESENTATION** - Sub-dermal implant pilot in primary care, Dr Mayada Abu Affan, Consultant in public health/sexual health.

The aim of the pilot is to estimate the cost of providing sub-dermal implant in primary care over a one year period to inform future commissioning plans by the NCB. The specific objectives include calculating the number of sub-dermal implants provided, calculating the number of early removals and the reason for removal. The wider health economy outcomes include estimating the impact of LES on LARC uptake across the Dudley Health Economy, to see if there will be a reduction in the number of TOPs and to see if there will be a further reduction in unplanned pregnancies.

Twenty nine practices with accredited fitters are invited to participate in the project, service level agreements will be sent to practices. Public health will pay £70 for insertion and £70 for removal. Templates for the minimum data set will be provided.

Slide show from presentation is available for viewing on the LMC website.

**PRESENTATION –** LMC Representative at Local Education Training Councils, Paula Clark, CEO, DGFT.

The vision for the Black Country LETC is ‘To become one of the leading LETCs known for excellence in aligning workforce and service planning with the commissioning and development of innovative education and training offerings which provides the right workforce to meet the health needs of its population today and into the future.’

The requirement for service planning to meet workforce needs was debated, where shortages impact on service delivery, service reconfiguration may be necessary. The dearth of GP representation on the local area team was considered. The idea that doctor training should commence in primary care prior to a career in secondary was mooted by a LMC member.

**Action:** The LMC would prefer there to be GP representation on the LETC, therefore Dr Horsburgh will raise this issue at the Black Country Senate.

**3. MATTERS ARISING**

3.1 Health Checks –The issue of payment problems with ICAPS was again highlighted. Update will be sought from Dr Collins at the next meeting. The issue of the remuneration of LES and DES not covering the cost to the practice of delivering the service was raised.

3.2 Practice boundaries - Practices are currently establishing new practice boundaries to help patients who move a short distance outside the current practice boundaries to stay with their existing practice. GPs are required to provide home visits for patients in the extended boundary who previously lived in the inner boundary. However, there is no obligation to visit new patients who move into the practice outer boundary.

The question was raised as to whether allocated patients who move into the outer boundary would be allocated to a practice and also if a temporary resident in the outer boundary requires an emergency home visit are GPs obliged to provide this service.

**Action:** Dr Horsburgh to seek advice regarding the above concerns from the PCT.

3.3 List Cleansing – Practices are starting to receive letters regarding this, patients who have not been residents for a period of six months will be removed.

3.4 District Nurse Specification – See website for details. The specification appears to include suggestions from the LMC.

3.5 Quality& Engagement LES – Practices will be expected to perform analysis of activity data to identify financial and quality issues. The key area for 2012/13 involves the review of discharge letters against actual activity information received from acute provider. The LMC discussed whether the funding will be sufficient to carry out the work involved.

3.6 Mentorship – The scheme aims to provide someone to discuss opportunities or problems in a non judgmental, confidential environment and is for any GP. It may be offered by PCT where a GP has specific needs for example educational, support through illness or complaints or for a practice with low QoF scores and little clinical leadership. The opportunities for sharing HR resources such as a Practice Manager with exceptional financial skills supporting a practice experiencing difficulties and remuneration for providing this support was debated.

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

4.1Commissioning Quality and Productivity Indicators 2012-13 –The CCG have been working with the PCT to support practices delivering the indicators for 2012-13. Two documents have been developed to support this process, the first a guide setting out practice requirements for delivering the indicators and secondly a template for practices to submit as evidence of achievement. Criteria for the over 75s has changed; this is now for those who have been identified by the practice as being at increased risk of hospital admission over the winter period.

4.2 Dudley Healthy Debate Event – The Council and local NHS are hosting a key event to debate the establishment of a local HealthWatch, a champion for those who use the health and social care services and to develop a Joint Health and Wellbeing Strategy for the Borough. Expert patients may key into this project, reports of poor practice can be forwarded to the CQC if necessary.

**Action:** Please forward any comments to Dr Horsburgh.

4.3 PIP Silicone Breast Implants; Final Report of the Expert Group – The recommendation that any woman with PIP implants who is anxious about the implications for her health should have the opportunity of a specialist consultation and in the light of this consultation decide whether she wants the implants removed remains unaltered. The group’s full report can be seen on the DH website.

4.4 GP profiles on NHS Choices –Every General Practice has a profile on nhs.uk, profiles can provide information including opening hours, services and facilities. A recently published briefing is available describing the practical steps to edit individual practice profiles. The website nhs.uk/gp has further resources to assist in the process. See LMC for further details.

4.5 Physical examination of newborn and at 6-8 weeks – Val Little is looking at standards for these two screening programmes .It has been proposed that practitioners update their examination skills every three years to ensure QA of examination process. The Examination Digital Toolkit is a potential way of demonstrating competency.

**Action:** Dr Horsburgh to distribute toolkit. The LMC will review the toolkit at next meeting and decide whether this way forward is supported.

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

5.1 Constitution – The LMC has achieved very good representation on the CCG and is supporting engagement with practices. The fact that there is no requirement in the constitution to set out how the CCG should deal with ‘under-performing’ members remains an area of concern.

5.2 NHS Commissioning Board (NHSCB) – From 2013 the NSHCB will be established and will be accountable for improving outcomes for patients. The NHS Commissioning Board will be responsible for contract management and for holding practices to account for the quality of the services they provide under their new contracts. The fact that there is a single operating framework for primary care but a wide range of how practices operate was discussed.

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

6.1 Negotiating News for 3 and 24 June received, topics discussed included how remediation for Revalidation will be funded and a reminder that practices should not delay signing off QMAS.

6.2 Revalidation – Summary can be viewed on LMC website.

6.3 Non GMS services – Guidance for GPs entitled Identifying services that should not be provided by GPs as primary medical services has been published by the BMA. As a general rule, GPs are under no obligation to provide care to hospital patients and should not do so under their normal GMS or PMS contracts.

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

7.1 GPC Newsletter received – Issues raised included CCG constitutions, CQC registration, Q&P and the inclusion of visual field checks as part of group 1 and group 2 driving licensing standards for vision.

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

8.1 Pharmacy Applications – Asda Stores LTD, Old Park Lane, Oldbury B69 4PU has been included in the pharmaceutical list on condition it is open for 100 hours per week and provides a range of enhanced services.

8.2 Enhanced Services Committee Meeting - Analysis of the community pharmacy administration of flu vaccination pilot has deemed the project a success with good patient satisfaction. This may now need to go forward to the CCG if a LES is to be created.

**Action:** Dr Suleman to send report to LMC Secretary.

Dudley PMS review is now on hold; according to Sue Cooper this will be done at Black Country PCT Cluster level. Likely review timetable Autumn 2012.

Care Home LES – The remuneration for GPs for the small number of patients involved may make this LES uneconomical unless larger cohorts of patients are registered with one practice. The diabetes LES may also be uneconomical for practices to run at £25 per test.

The Stop Smoking LES also may not be financially viable for practices. Currently finances are available to fund the work, which is mostly done by the PCT and other providers to achieve the targets.

Weekly spreadsheets are to be distributed to practices to enable them to target children who are not up to date in the childhood immunisation programme.

8.3 No decision about me without me - Further consultation on proposals to secure shared decision making published by the DH noted.

**9.** **MISCELLANEOUS**

9.1 Walsall LMC Newsletter received, Serious Case Review findings noted.

9.2South Staffordshire LMC News received matters discussed include CCG constitutions and seasonal flu plan.

9.3 MTRAC – Dabigatran etexilate for stroke prevention in patients with atrial fibrillation is suitable for prescribing in primary care.

10. AOB

10.1 CQC Update – Access to set up accounts noted.

NEXT MEETING: Friday 7th September 2012, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.