**DUDLEY LOCAL MEDICAL COMMITTEE**

**www.dudleylmc.org**

 Dudley LMC

 c/o Dudley CCG

Chairman Dr. Harcharan Singh Sahni 2nd Floor

 Brierley Hill Health Centre Secretary Dr. Tim Horsburgh Venture Way

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 **Minutes 02/09/16**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Nancarrow, Dr Ahmad (GPC Black Country rep), Dr Abuaffan (Public Health), Dr Mann, Jacqueline Horwood (Practice Manager).

**1. APOLOGIES**: Dr Dawes, Dr Kanhaiya, Dr Plant, Dr Prashara, Dan King (CCG), Anna Nicholls (NHSE).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 01/07/16were signed as correct.

**MCP Model Update – Dr S Mann.**

The consultation period will come to an end on 15/09/2016; in the meantime local engagement events are taking place to connect with staff. Public Health and the Local Authority are signed up to the MCP model as are the specialities of respiratory medicine, diabetes and mental health specialities at the DGOH. The recent resignation of the DGOH Chief Executive may herald a change in direction for DGOH.

The contract for April 2017 will ideally be awarded to a MCP provider which will require at least 80% of GPs to be signed up to the model in order to be viable. The issues were raised regarding the right of GPs to reverse any decision made regarding signing up to the MCP model and reverting to the previously held GMS contract. The GPs hold an influential position in the MCP model, which will only form if the GPs agree to move forward. The position of the LMC in ensuring that GPs are aware of their rights was reiterated. The options for individual practices as part of the MCP model include remaining as independent contractors, becoming employees of the MCP or a combination of the two positions.

The National Contract will be available later in September; until it is published the detail of how the MCP model will operate is lacking, including the commissioning role of the CCG within the MCP model. The difficulties when non NHS health providers terminate contracts early due to lack of profits and ensuring that any outcomes can be measured was debated.

**Action:** Dr Mannto be invited to speak to the LMC when more details regarding the process are available.

**3. MATTERS ARISING**

3.1 Future Proof Health – A meeting was held 20 July 2016; however there were insufficient attendees to make any decisions and will be rearranged.

3.2 Primary Care Development Steering Group and Memorandum of Understanding (MOU) – The MOU has been circulated to practices and 30 have signed up to the process. Dr Hughes and Dr Pritchard have been appointed and join the Steering Group which consists of GPs, practice nurses and practice managers.

3.3 Medical Records – Concerns regarding the lack of timely transfer of patient records by CitySprint have previously been raised at both regional and national level. Capita have made assurances that the issues have been resolved, however practices report only a slight improvement.

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

4.1 Lease advice and service support charge recovery – Phil Coley is investigating issues prior to negotiations with the landlords to try to resolve the issues of overcharging for services.

4.2 Coombswood Surgery closure – Patients continue to access Halesowen Health Centre for primary care services, however the tenant and landlord seem to be working towards a resolution. Dr Hearn has requested that a LMC member can attend a meeting with the previous partners for support. If any LMC member is able to undertake this role please contact Dr Horsburgh.

4.3 Industrial Action – The forthcoming industrial action was discussed, a formal response on the issues affecting the junior doctors is currently awaited from the GPC and LMCs are currently not expressing a political view.

4.4 LMC Accounts – The accounts for the year ended 30 September 2015 were signed as correct.

4.5 Court of Protection 3 Forms – The difficulty of a local GP who was not confident to sign a CoP3 form due to the patient’s complex health needs and variable mental capacity was discussed. The LMC recognises that GPs must retain their professional judgement in deciding these matters and that a psychiatrist colleague could be approached for advice in complex cases.

**Action:** Dr Horsburgh to draft a letter to Donna Patel (LA) re these issues.

4.6 Pensions Information – Advice from a NHS pension management service is available on the LMC website.

4.7 Private Referral Charges – The professional and ethical issues surrounding the situation of a patient requesting to be referred to a private consultant for a rapid diagnosis, when the GP would have referred the patient to a NHS consultant were debated. The private consultant may then request that the GP refers the patient back to the NHS for blood tests or scans, the LMC discussed the difficulties of potentially having to act on test results, when they have not undertaken the initial assessment of the patient and understood the decision process leasing to the ordering of tests. Guidance is available from the BMA; however this seems limited in value. GPs are advised to operate within their own clinical judgement.

**5.** **CLINICAL COMMISSIONING GROUP / NHS ENGLAND**

5.1 The Primary Care Commissioning Committee – The last meeting held on the 19/08/2016 discussed the continuing difficulties at Coombswood surgery and initiatives to improve the number of patients accessing online services.

5.2 Clinical Development Committee – The impact of the rising price of generic medicines, paediatric services, PSIAMS and changes to the national funding of nursing home care were reviewed.

5.3 Sustainability and Transformation Plans – A number of STP footprints have previously been agreed and funding via the STP will improve primary care services. The local LMCs will have representatives on the committees; Dr Horsburgh will sit on the sponsor group. WMRLMC has concerns regarding STP funding reaching practices.

**6. PUBLIC HEALTH**

6.1. Update – Commissioned life style services are to be amalgamated into an Integrated Adult Wellness Service within the borough; the framework for procurement will be ready by October 2016. Health checks with extra funding will be cost neutral, Public Health will be working with Future Proof Health.

**7. CORRESPONDENCE FROM THE BMA / RCGP**

7.1 GPC News – See LMC website.

7.2 Urgent Prescription for General Practice -West Midlands Reference Group – The LMC wishes to ensure that any funding filters down to primary care. The GP Resilience programme holds £1.2 million; Dudley CCG has the structure and governance to manage both the GP Forward and Vulnerable Patient schemes and therefore will be in a position to ensure funding is spent in primary care.

7.3 LMC Conference Resolutions Outcomes – See LMC website.

7.4 LMC Secretaries Conference – The 2016 conference will be held on 24/10/2016 at BMA House, London. Dr Horsburgh to attend and feedback.

7.5 General Practitioners Defence Fund – Difficulties have been experienced by LMCs failing to pay the levy in a timely manner.

7.6 Leadership Training – A BMA one day leadership programme is to be held in London – 27th October 2016.

**8.** **CORRESPONDENCE FROM WM RLMC / BMA BC DIVISION**

8.1 West Midlands Regional Local Medical Committee – The AGM will be held on 08/09/2016 at Birmingham Botanical Gardens. Dr Horsburgh has been approached to continue as Chair.

8.2 GP Forward View – Dr Strange (Birmingham LMC) has written regarding a traffic light system for assessing work changes in general practice and whether or not they are compatible with the GP Forward View and how LMCs can hold commissioners of health care to account. The details of a STP workshop are available on the Dudley LMC website.

8.3 Meeting between Dr S. Marwick and Black Country Representatives – The meeting discussed indemnity; the appraisal documentation has been changed to include statement of indemnity. LMCs across the region suggested various amendments to the planned change to appraisal in birth month which were incorporated. The perceived lack of consistency across the patch on the part of appraisers was also debated.

 **9.** **CORRESPONDENCE** **FROM NHS TRUSTS, DH, GMC**

 9.1 Pharmacy Applications – NHSE have approved the following changes: A change of ownership application for Sainsbury’s to Lloyds Pharmacy Ltd, Withymoor Village DY5 3JR. A no significant change relocation to James Pearce House B43 7HH by Walkers Pharmacy Ltd. Change of ownership from T D Pharma Ltd to Knights Chemist Ltd at 178 Stourbridge Road DY1 2ER. Minor relocation of Coopers Pharmacy to 28 Pound Lane B68 8LY. A change of ownership for Lloyds Pharmacy Ltd at Long Lane B65 0JF by Rajja Ltd.

A no significant change relocation to 4 Lowndes Road DY8 3SS by Murrays Healthcare has been refused.

9.2 Resilience Programme in the West Midlands – The document published 19/08/2016 outlines the NHS England West Midlands proposal for the implementation of the GP Resilience Programme. Dudley CCG has asked that the funding be distributed locally.

9.3 Occupational Health Services – NHSE have finalised the specification to standardise Occupational Health Services for Primary Care and includes support for staff who have sustained a needle stick injury.

9.4 Health Education England Newsletter – The September issue of the West Midlands Primary Care Newsletter is available.

**10. MISCELLANEOUS**

10.1 Walsall, S. Staffordshire and Worcester Newsletters- received.

10.2 Location of LMC meetings – This will be debated at the next meeting; the next meeting will also be held at Lion Health Centre.

**11. AOB**

11.1 Personal Independence Payment – Patients approach GPs to fill in the medical conditions section of the form

which can be a lengthy process and is not part of NHS services, the question was raised as to whether a charge for

services should be generated.

**Action:** Dr Horsburgh to investigate

NEXT MEETING**: Friday 7 October 2016, 12:45pm at Lion Health Centre, 2 Lowndes Road, Stourbridge, DY8 3SS.**

Lunch will be provided.