**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 02/12/11**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Dawes, Dr Khan, Dr Mahfouz, Dr Prashara, Dr Shather and Ms Jacqui Jones, (Practice Manager Rep)

1. **APOLOGIES**

Apologies have been received from Dr Blackman, Dr Kanhaiya, Dr Nancarrow and Dr Saroufeem.

1. **CONFIRMATION OF MINUTES** – The minutes of the meeting held on the 04/11/11 were confirmed and signed as correct.

**PRESENTATION:** Paula Clark, Chief Executive and Paul Harrison Medical Director Dudley Group Foundation Trust.

Paula Clark described how communication between secondary and primary care is being made more efficient whilst providing an audit trail by sending clinical letters electronically. Practice managers have been asked to submit a chosen email address; some practices have opened a specific nhs.net “letters” account. How individual practices then deal with their correspondence varies. The logistics of the block setting up letter accounts was discussed. A system needs to be consistent and safe and standardisation of letters would be helpful.

The illegibility of handwritten non urgent requests to GP for prescribing ( pink forms ) following outpatient appointments was discussed. Paul Harrison will investigate the possibility of these being printed and sent to GPs electronically. Paula Clark will remind hospital staff that they are responsible for ensuring that written communication is legible.

An LMC member raised the issue of hospital discharge letters. Although it was acknowledged that these have improved, sometimes GPs are asked to chases results of tests ordered in the out patient clinics. Occasionally GPs are rung with abnormal results of tests they did not order. It was felt that the doctor ordering the test should be responsible for chasing the result and formulating a medical management plan.

The Dudley Group has seen an influx of maternity patients since the closing of maternity services at Sandwell hospital and the transfer of services to City Hospital and how has a predicted 5,200 annual births. Although patients have free choice, whilst maternity services are being developed and midwives recruited, patients geographically close to City Hospital may have to be asked to transfer their care to that hospital.

DGFT has secured the position of provider of vascular services for the Black Country. Although the upper GI cancer surgery team have had good results the catchment area was not large enough to generate enough patient numbers and patients will now have surgery at UBH. Other topics discussed included in-patients who are medically fit for discharge but who are waiting for funded places.

**3. MATTERS ARISING**

**3.1** SUI Criteria – Dr Horsburgh has contacted Donna Dalloway ( PCT ) who will be developing criteria of what types of incidents need to be reported.

**3.2** Improvement Grant – Julie Gunning is developing criteria for improvement grants. This needs to be raised with future commissioners to enable practitioners to know what will be accepted. Ideally the PCT/CCG could have a small grant development fund.

**3.3** Public Health representative – Subsequent to Dr Horsburgh’s discussion with Val Little a member of the Public Health team will be regularly attending the LMC meetings.

**3.4** Rob Bacon andKimara Sharpe will be attending the January 2012 LMC meeting. Commissioning support will be debated; the CCG will be able to allocate back office work to another provider / company which might not necessarily be a NHS provider. The implications of this will be discussed.

**3.5** Health Checks – If patients DNA two appointments, the next step is that they may have a review with a pharmacist. As Mandy Shanahan is not in attendance this will be discussed at a later meeting.

**3.6** Dr Suleman had raised the issue of Scottish Widows recently paying £50 instead of the £94 BMA approved fee for work. The fee of £50 is charged for a print out / photocopy of patient records, however for a large volume of notes the fee may not cover the costs. The question was raised as to whether a solicitor needs to have copies of records sent or just have access to notes.

**Action:** Dr Horsburgh to investigate further.

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

**4.1** NHS 111 – One of the areas of concern of the implementation of NHS 111 is the potential for destabilisation of in and out-of-hours services because call triage will be undertaken by staffs that are not medically trained. If the service is able to access and directly book patients into the GP appointment systems this could impact on work load.

**4.2** CCG funds – The issue of potential misuse of CCG funds in other CCGs was raised. Locally there is a Black Country remuneration committee and pay for GP colleagues involved in CCG work is scrutinised.

**4.3**Ombudsman – A local practice had an incident where the mother of a patient requested an appointment from a receptionist for her daughter that evening at 6pm. She was informed that no appointments were available and that the walk-in centre or A/E department were options. The mother critised the care of her daughter swore and left. The practice wrote asking for an apology and suggesting that if one was not forthcoming the practice would not be able to provide primary care services. The mother complained to the ombudsman who investigated and found for the patient asking the practice to apologise and pay £500. The PCT visited the practice and urged them to comply with the Ombudsman’s findings. No mention was made by the PCT of a possible contractual breech. The case was then brought before a Parliamentary select committee. The PCT fifteen months after the incident seems to suggesting that a contractual breech occurred. The question was debated as if whether if a patient is turned away at 6pm when the surgery is open to 6:30pm this constitutes a breech of contract. The LMC felt that any potential breech should have been dealt with at an earlier date. The concern was also raised of possible increased fines levied at GPs.

**Action:** LMC to meet with PCT/RO to resolve issues and produce advice to practices.

**4.4** Nurse indemnity – Practice nurses require their own indemnity, this will incur an extra cost if a nurse practitioner is added to a group scheme.

**5. CONSORTIUM EXECUTIVE BOARD**

**5.1** GP Brief – David Hegarty thanked all for helping to secure the win of Commissioning Organisation of the Year at the HSJ awards.

**5.2** Practice Agreements – According to Dr Nigel Watson CCGs are expected to work with practices and achieve a high level of clinical engagement. They should be supporting practices and will use support, peer pressure and peer review to improve quality and outcomes of clinical care. The GPC believe it would be inappropriate and a conflict of interest for a CCG to hold practice contracts.

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

**6.1** Negotiating News for 6th and 12th November received, topics highlighted include the training required for fitting contraceptive implants. The RCGP has been working with the FSRH to look at alternative routes for achieving the standard.

**6.2** GPC Newsletter – Received issues raised include CQC registration, NHS reforms and QOF business rules 2011/12. See LMC website for details.

**6.3** NHS Pension day - Impact discussed.

**6.4** QOF – The indicators covering outpatient referrals and emergency admissions remain and to replace the prescribing indicators, a new set of emergency attendance indicators have been introduced (QP12-14).

**6.5** GMS – Highlights include global sum increase from £64.59 to £64.67 – correction factors will be reset reducing the number of practices receiving MPIG. The osteoporosis DES to end 31 March 2012. Retirement of 7 indicators releasing 45 points and a reduction of the value of others releasing 26 points to fund new replacement indicators.

**7. CORRESPONDENCE FROM THE GPC WEST MIDLANDS / BCLMC Group 7.1** “Nuts and Bolts” /LMC Negotiators Meeting - Held on 10/11/11, issues discussed included practices deciding on “fuzzy boundaries” and notional rents which can go down as well as up. The GPC will appeal on behalf of practitioners any decrease.

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

**8.1** Pharmacy applications**-** Dudley PCT has received an application from M I Pharm Ltd requesting Full Consent to open a pharmacy, trading for 100 hours per week at 78 Long Lane, Halesowen B62 9DJ.

**8.2** PEC – Dr Suleman LMC Representation sent apologies for meeting, therefore feedback will be given at next meeting.

**8.3** Pension choices – some members may not receive calculated estimates of their pension as the Pensions Agency has run out of time to provide this information for the rest of their members. The problem has been discussed at GPC national level.

**8.4** LMC role – In a letter to Dr Laurence Buckman, Andrew Lansley states that “…we would therefore very much wish to encourage both the NHS Commissioning Board and CCGs to identify ways in which they can work with LMCs for the greater good”.

**8.5** GMC conflict of interest - According to the GMC some doctors are concerned that the planned changes to commissioning in the NHS in England may lead to more frequent conflicts of interest. They have therefore produced a briefing note which pulls together existing guidance on conflicts of interest.

**9. MISCELLANEOUS**

**9.1** Walsall LMC Newsletter received, main agenda items were: infection prevention and control services for independent healthcare providers and NHS pathways.

**9.2** South Staffordshire LMC received.

**9.3** MTRAC – NICE has advised that Exenatide should be used as second or third line therapy for the treatment of type 2 diabetes in obese patients or in patients in whom insulin therapy would have significant occupational implications or weight loss would benefit other significant co-morbidities. NICE guidance on the once weekly formulation of exenatide is expected in February 2012.

**10. AOB**

**10.1** **Find your 1% campaign** – GPs are being asked to sign up to the campaign and identify patients who are likely to die within the next year and discuss the choices available to them for living at the end of life – to sign up - [www.dyingmatters.org/gp](http://www.dyingmatters.org/gp)

**LMC will support this campaign.**

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

 **Rob Bacon** and **Kimara Sharpe** to attend from the PCT Cluster Board to discuss the Commissioning Support proposals across the Black Country.

Lunch will be provided.