**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

 DY9 8EL

 E-mail **timothy.horsburgh@dgc.nhs.uk**

 Phone 01384 426121 Fax. 01384 895130

Dudley LMC website – www. dudleylmc.org

**Minutes 07/12/12**

**PRESENT**: Dr Singh Sahni (Chairman), Dr T. Horsburgh (Secretary), Dr Mittal (Treasurer), Dr Bhardwaj, Dr Blackman, , Dr Johal, Dr Khan, Dr Kanhaiya, Dr Nancarrow, Dr Shather, Dr Suleman, Dr Collins (Public Health) and Dr Handa GPC Black Country Rep.

**1. APOLOGIES**

Apologies have been received from Dr Dawes and Mrs Jones (Practice Manager rep).

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

02/11/12 were amended to acknowledge Dr Nancarrow’s apology then confirmed and signed as correct.

**3. MATTERS ARISING**

3.1 Health Visitor vaccinations – Currently three Dudley practices have Health Visitors attend the surgery to carry out the childhood immunisation programme as discussed at the November meeting. The CCG is drafting a paper to discuss at board level and feedback will be given at the next meeting.

3.2 Responsible Officer – Dr Steve Cartwright is the RO overseeing Birmingham, the Black Country and Solihull with two deputies including Dr Nick Hall who covers Dudley. A further invitation will be extended to Dr Hall to attend a LMC meeting to facilitate a working partnership as the LMC can offer local knowledge and support.

Dr Horsburgh has attended the GP Performance Review meeting with Anna Nicholls to discuss local difficulties with GPs.

3.3 Managed repeat prescribing systems – Guidance documents have been drafted. Comments raised including adding pharmacy contact number to the pharmacy information on the prescription. If a pharmacy requests a reprint of a lost repeat prescription, as well as checking with the pharmacy as to whether steps have been taken to find the prescription, the Medicines Management Team and if controlled drugs are involved the CD Accountable Officer need to be informed.

The guidance recommends that doctors should ‘ensure that patients have access to information about the doctors and (where known) the employers financial or commercial interests in any pharmacy they are likely to use.’ The idea of a CCG list of GPs with an interest in a pharmacy was mooted. The guidance also recommends that prescriptions collected by community pharmacies should be signed for and a record kept of which prescriptions have been collected including the quantity for each patient.

The potential increase to workload generated by the community pharmacy repeat prescription service was acknowledged.

3.4 PCT Representative – The LMC expressed the hope that a representative will continued to attend LMC meetings, either Anna Nicholls or Andrew Hindle seem to be the most likely to be able to commit.

3.5 Care Home Nurse Practitioner service – Each care home will have a named NP who will be supported by a HCA and Administration Clerk. Due to the numbers of Dudley GP patients in care homes it has been agreed that the nurses will initially focus on the ‘frequent flyers’ and homes with multiple admissions. Any issues can be fed back via the LMC.

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

4.1 Safeguarding – This is part of required training, but is not a GMS contract requirement, but as an employer training may have to be provided for staff. Training can be carried out as e-learning, which may be the easiest option as the PCT has stopped providing this training without cost to the practice.

**Action:** Dr Handa to investigate what constitutes mandatory training /good practice. Dr Horsburgh to discuss the issue with Bal Darmi.

4.2 Anti-psychotic Depot Fact Sheet – This discharge of patients protocol has been e-mailed to practitioners. Patients will require physical and mental health monitoring as part of the mental health QOF, in some areas this is a LES as this was previously carried out by a consultant psychiatrist. However, the Dudley CCG has discussed the local situation and concluded that because of the low numbers this currently not a financial priority; if practices administer depot injections a claim can be make via the QOF system.

4.3 Management of emergency asthma in schools – A letter has been sent to parents of children who are on the school’s asthma register to inform them that the emergency ‘reliever’ inhaler will be removed and that a second inhaler will need to be obtained from the GP to be kept in school for prn use.

4.4 Health Care Applications for continuing health care costs – Potential increase in GP workload following DOH decision to close Continuing Healthcare applications discussed.

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

5.1Health and Wellbeing Boards update – Update at January LMC meeting.

5.2 LNC Reps - The LMC proposed the idea of having an observer representative on the committee.

**Action:** Dr Horsburghto contact Paul Harris to discuss.

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

6.1 Negotiating News for 3, 11 and 25 November and 2 December received, topics discussed included the CMO annual report noting an increase in liver disease and the development by the 111 Clinical Governance Group of scripts for local call handlers.

6.2 LMC Secretaries Conference – The Government’s imposed changes to contract discussed. The implications as highlighted by Laurence Buckman are on the LMC website. Changes to thresholds in QOF in line with the upper quartile of average current achievement will have financial consequences to the average practice.

6.3 GMS Contracts – Although the PMS review was halted when the Cluster was established the financial equalisation of GMS / PMS contracts remains ongoing.

6.4 Rotavirus vaccination programme – The programme should commence summer 2013. The vaccine will be administered orally as drops as part of the existing Childhood Immunisation Programme at two and three months of age.

6.5 GPC News – Items discussed included CCG constitution guidance.

See LMC website.

6.6 Cameron Fund – Annual Christmas Appeal letter noted.

6.7 LMC Conference – To be held on 23 and 24 May 2013.

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

7.1 Nuts and Bolts –Avoiding conflict of interest discussed- presentation on LMC website.

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

8.1 Pharmacy Applications –No significant change relocation to the New Stourbridge Lion Medical Centre (the former Foster, Rastrick & Co Foundry site), Lowndes Lane, Stourbridge, DY8 3SW by Lloyds Pharmacy Limited 35 Worcester Street, Stourbridge, DY8 1A. The PCT will arrange an oral hearing to determine the application.

8.2 Primary Care Development Committee – Feedback at next meeting.

8.3 NHS 111 – Meeting with Derek Hunter on 20 December 2012, LMC representative to attend.

 8.4 Improvement grants – A panel was convened 20 November to discuss bids, practices will be informed of outcomes.

8.5 NHS Dudley was successful in their SoS Direction submission allowing the implementation of EPS R2 to compliant GP Practices from February 2013. The benefit from potential pilot sites in Dudley was discussed.

**9.** **MISCELLANEOUS**

9.1 Walsall LMC News received the pros and cons of working as a GP Chambers was debated.

9.2 South Staffordshire Newsletter received.

**10. AOB**

10.1 Dr Collins raised the issue of the Government consultation on the minimum pricing of a unit of alcohol. The government is suggesting 40p per unit, however, Public Health support 50p per unit as evidence suggest that this pricing will improve the reduction of alcohol use. The LMC confirmed their support of Public Health’s proposal.

10.2 A six month post is available for a GP with a specialist interest in alcohol use. The CCG has a 1-2 session per week post available for a GP to support safeguarding.

NEXT MEETING: Friday 4 January 2013, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided.