**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

Treasurer Dr. Vipin Mittal Brierley Hill

 DY5 1RU

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

 Phone  **07960 130244**

 Dudley LMC website – **www. dudleylmc.org**

 **Minutes 04/12/15**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Mittal, Dr Bhardwaj, Dr Dawes, Dr Nancarrow, Dan King (CCG), Dr Ahmad (GPC Black Country rep), Dr Abuaffan (Public Health), Anna Nicholls (LAT), Jacquelyn Horwood (Practice Manager).

**1. APOLOGIES**: Dr Khan, Dr Plant, Dr Prashara

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 06/11/15were signed as correct.

**PRESENTATION –** John Quinn, Implementation Lead, Patient Online.

Patient Online is an NHS England programme designed to support GP practices to offer and promote online services to patients, including access to records, appointment booking and repeat prescriptions. The Patient Online team is working with the Royal College of GPs to develop guidance and resources such as identity verification, proxy access and practical tools including checklists and forms. This will assist GP practices with the information required in order to get their patients online and fulfil the requirements of the GMS and PMS 2015 contracts.

John Quinn suggested that commencing the programme with a small group of patients and gradually increasing the number participating in the programme is the recommended way of rolling the scheme out to all patients who wish to participate. Coded data includes demographics, immunisation, allergies/adverse reactions, medications and procedures; this must be meaningful to the patient.

 Proxy access enables a patient to allow another person for example a carer or relative to access the service on their behalf with their own password, The RCGP has produced guidance entitled *Online services: Proxy Access Guidance for general practice.* Children participating in the programme could have a parent with proxy access, which needs to be reviewed on an annual basis. Some organisations only allow access from the age of 16 years.

Following the presentation the LMC discussed issues such as the lack of resources to implement the programme, workforce implications, possible difficulties with proxy access and patient confidentially. Potential patient concerns if they review blood test results which are outside the normal reference range but are not clinically significant were also noted. Commencing the programme as a pilot in a small group of practices was discussed.

**3. MATTERS ARISING**

3.1 Saltbrook Place – A meeting took place on 23 November 2015 between the CCG, DMBC and Midland Heart where it was recognised that the majority of patients’ resident at Saltbrook Place will be able to access primary care services without assistance. A small group of clients would be better serviced by review from a GP providing sessional cover at Saltbrook Place before then attending normal GP services. However, this solution raises issues of funding and manpower.

3.2 MPIG practices - The Tower Hamlets headroom funding was discussed at the previous LMC meeting and the key points were reiterated at the December meeting; this was a local incentive scheme not specifically related to the issues of MPIG practices and does not set a precedent for Dudley GPs to receive extra support from the CCG.

3.3 Strike Update – The December strike was cancelled, the next strike date is 13 January 2016.

3.4 LMC levy – Practices may have noticed that levy payments have been inconsistent due to a catch up of fees; these issues have now been rectified.

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

4.1 GP letters of support for DWP – Letters of support regarding incapacity benefits are not part of the NHS contractual work and the LMC felt that patients could be charged for the service.

4.2 CQC fees – The fees may increase four to seven times. The BMA objects to the increase.

4.3 GPC Special Conference – In response to GP concerns regarding the state of general practice and the NHS a special conference will be held in London on Saturday 30 January 2016. Please forward to Dr Horsburgh any ideas for a motion to be discussed at the next LMC meeting for possible submitted to the GPC prior to the conference.

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

5.1 Primary Care Commissioning Committee – Issues discussed included the Accessible Information Standard Plan, all practices are required to be compliant by 31 July 2016, and this will be a legal requirement.

5.2 QOF Suspension and Future GP contract – The aim of this process is to re-circulate money into primary care and reduce the administrative burden on practices, EMIS templates have been developed to support the process. The new contractual framework which reflects local needs is currently being developed. The QOF opt out is optional and practices have the right to return to the nationally agreed contract if they choose. National negotiations are ongoing with the Secretary’s Conference later in December; the LMC will wish to compare all options. The LMC supports the proposal of QOF suspension and a contract adapted to local health needs in principle.

5.3 Clinical Development Committee – The proposed service models for diabetes, mental health and older adult mental health were approved.

**6. PUBLIC HEALTH**

6.1 Birmingham won the child health information system tender. There will be three hubs across the West Midlands; the focus will be on quality data extraction.

6.2 Market stimulation event – To be held on 27 January 2016.

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

7.1 GPC News – Issues debated included the negotiations for 2016/17 and new models of care and GP contracting; see LMC website.

7.2 New Models of Care – The BMA has published guidance entitled *Focus on local implementation* *of new models of care –GP contractual implications.*

7.3 Indemnity Costs – The escalating GP indemnity costs are affecting patient services and contributing to the reduction in GP income.

7.4 Physician Associates – Briefing note for LMCs has been published by the BMA.

**8.** **CORRESPONDENCE FROM THE WM LMC / BMA BC**

8.1 WMLMC – The last meeting took place on 18 November 2015.

8.4 BMA BC meeting – The impact of junior doctor’s industrial action was discussed at the November meeting.

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

 9.1 Pharmacy Applications – NHS England has considered and approved applications for change of ownership for Kates Hill Pharmacy at 1B St Johns Road, Dudley, DY2 7JH. An application for inclusion in the pharmaceutical list at 2 Malt Mill Lane, Halesowen, B62 8JA in respect of distance selling premises has been refused.

**10. MISCELLANEOUS**

10.1 Walsall LMC News / S Staffs LMC News / Worcestershire LMC News - received.

**11**. **AOB**

11.1 Christmas Opening –The usual Out of Hours arrangements can be utilised.

NEXT MEETING: **Friday 8 January 2016**, 12:45pm at Atlantic House, Dudley Rd, Lye, DY9 8EL.

Lunch will be provided