**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 02/12/16**

**PRESENT**: Dr Singh Sahni (Chairman), Dr Horsburgh (Secretary), Dr Dawes, Dr Kanhaiya, Dr Abuaffan (Public Health), Dr Sanikop, Joanne Taylor (CCG), Emily Williams (CCG).

**1. APOLOGIES**: Dr Mittal (Treasurer), Dr Nancarrow, Dr Plant, Dr Prashara, Dr Ahmad (GPC Black Country rep), Dan King (CCG).

**2. CONFIRMATION OF MINUTES**

The minutes of the meeting held on the 04/11/16were signed as correct.

**3. MATTERS ARISING**

3.1 Primary Care Development Steering Group (PCDSG) – A Prior Information Notice (PIN) is due to be published, once this occurs other interested parties may come forward. The LMC aims to support colleagues in the decision process of what is required from a provider. A collaborative meeting for practices is to be held on 05/01/2017. Dr Singh Sahni raised the issue of which GPs may be excluded from the PCDSG board; this includes all provider representatives such as Future Proof Health board members. The steering group Terms of Reference must comply with the legal requirements regarding conflict of interest guidance.

**Action:** A meeting will be arranged for GPs to discuss the issues. Dr Horsburgh to send Terms of Reference to Dr Singh Sahni.

3.2 MCP Developments – The CCG in conjunction with Dudley Council is to shortly seek expressions of interest from providers for the development of a MCP for the delivery of a range of community based health and care services, which need to expand to meet healthcare requirements. In order for the project to succeed GPs need to be signed up to the process 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 service scope can be viewed on the document entitled ‘Overview of MCP role and responsibilities and purpose of PIN.’

3.3 Personal Independence Payments – Patients have been requesting medical reports from their GP as per instructions in a leaflet produced by DWP to provide evidence that will assist their PIP claim.

**Action:** Dr Horsburgh who will raise concerns at national level.

3.4 Firearms advice – The BMA has published new guidance entitled ‘Firearms licencing process: support guide. This guidance takes account of the regulatory obligations on the part of GPs and specifically the requirement to comply with all relevant legislation. This obliges GPs to cooperate with and agree to facilitate statutory processes in which they have a prescribed role or function. However, it is also clear that where a fee for the relevant services has not been provided within the terms of the GMS contract, it may be demanded and that the GP can withhold such services until such time as the fee has been paid. It is not acceptable for GPs to disregard the letter, not inform the police or delay a reply.

LMC discussed the issues including the requirement to assess the patient on a face to face basis and whether this should be done by a psychiatrist, the issues were also discussed at the LMC Secretary’s Conference. The GPC continues to negotiate with the involved parties; the LMC will await the national guidance prior to circulating advice to local GPs.

3.5 Equality Act – No update.

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

4.1 Coombswood Surgery closure – No update, the surgery currently remains closed.

4.2 Health Centre Charges – Phil Coley (CCG Finance) continues to attempt to address issues, however as yet there is no resolution. GPs are advised not to sign and agree to charges without legal advice.

4.3 CQC Fees – CQC are proposing a substantial increase in fees, the BMA are trying to negotiate a concession.

4.4 Rugby Football Union Concussion Guidelines – A recent BMJ article has been published validating the use of GP appointments before players return to rugby after a possible concussion. The BMA oppose this use of GP time.

4.5 Female Genital Mutilation – NHS Digital has issued a Data Provision Notice to mandate the collection of data regarding the treatment of patients with FGM in the NHS.

4.6 Pensions and Tax Information - Kim Dobble from Chase de Vere has been asked to make a presentation on pensions, which will include advice regarding annual allowance and life time allowance.

4.7 Ear Syringing – This service is included in the Basket of Services contract for which practices receive 26p per head. One local practice has stopped performing this procedure after a patient had complications. The LMC recommended the use of a consent form which includes an explanation of risks.

4.8 Community Midwives – Dudley community midwifery postnatal services will continue to visit women at home on the first day of discharge to ensure safeguarding and safe sleep are discussed. Following this, women will be given a choice of attending a postnatal clinic for further care. Women will need to attend a clinic on day 5 for baby PKU testing, however, as community clinics have not as yet been set up, patients are required to attend Russell Hall Hospital, as the only clinic currently available. LMC to raise concerns with DGFT.

4.9 Dementia Services – Dementia is a leading cause of death in the UK, there is a need to increase early diagnosis rates in the local area. The current pathway involves the GP referring the patient to the Memory Assessment Service (MAS) who confirms or rules out diagnosis (there is a 16 week wait at this point). Patients are signposted to appropriate services; early and moderate Alzheimer patients are referred to DMBC and offered treatment with donepezil. Confident GPs can make a diagnosis and commence treatment without referring to MAS. Dr Bramble is organising an education event in January 2017.

4.10 Excluded Patients – Guidance to the process for inclusion into the Excluded Patient Scheme is available on website.

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

5.1 The Primary Care Commissioning Committee – The last meeting held on the 18/11/2016 discussed the GPFV Resilience Programme; funding is devolved to and managed by NHS England. Funding is available to support practices in various ways including practice management support, workforce issues and management and improvement. The minutes are available on CCG website.

5.2 Clinical Development Committee – The last meeting was held on 16/10/2016, topics discussed included the decommissioning of medicines and prescribable products of no or limited clinical value, Clare Huckaby is the lead pharmacist at the CCG. This development will be presented at the locality meeting in the New Year.

5.3 Sustainability and Transformation Plans – Black Country STP formal feedback has been published, the significant financial investment for the Midlands Metropolitan Hospital development is acknowledged.

5.4 Winter Pressure Scheme – Difficulties have arisen affecting EMIS IT which has been escalated to the higher levels at EMIS. Practices have been asked to activate the data sharing agreement on EMIS; however, this action seems to have also activated a virus. Currently, practices which have not activated the data sharing have been instructed to delay doing so, until problem is resolve by EMIS.

5.5 Individual Funding Request (IFR) Information – Practices have been reminded that the CCG cannot hold any correspondence with patient identifiable data, to do so would constitute an Information Governance breach, as they do not provide direct patient care. Clinical letters asking for treatments or IFR should not be addressed to the CCG with patient details attached.

**6. PUBLIC HEALTH**

6.1. Update – The Annual Report *Making Dudley a great place to grow* old is available on the LMC website. Issues addressed include Healthy Aging which aims to build on the population aged 50+ building on their assets, while looking at barriers to healthy aging including social isolation and the infrastructure of the borough such as public transport.

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

7.1 GPC News – See LMC website.

7.2 General Practitioners Defence Fund –Changes have been made to the funding streams, with increased regional funding.

7.3 GPF View Update – CCG Plan – Work has commenced on a draft proposal of how the CCG spends its allocation of funding will be utilised to support training. CCG plan to be tabled for next LMC meeting.

7.4 GP Transformation Board – Julie Robinson (CCG) attended the meeting held on 10/11/2016- summary of issues given to LMC.

7.5 LMC Secretary Conference – feedback – Dr Horsburgh attended the conference held on 24/11/2016 which focused on the GPFV and he is to attend the GPFV National Reference Group in December.

7.6 Practice Staff pension fees – A proposal has been made to instigate an annual fee of £23 for administering the NHS pension scheme for each member of practice staff. LMC objects to the increase in costs.

7.5 Sessional GP’s Newsletter – Received.

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

8.1 Levy Letter – The executive committee wish to increase the levy from 0.328 pence per patient to 0.66 pence per patient. Dudley LMC decided not to agree to this increase.

8.2 GP Trainee Payments – NHS England, Health Education England and GPC met on 09/11/2016 to resolve the issues concerning practices which have not been provided with accurate information in order to pay GP trainees at their practice or have not received reimbursement for GP trainee pay.

8.3 Student Indemnity – All clinical students while they are in general practice placements are covered under the NHS Indemnity arrangements for Clinical Negligence Claims Schemes.

8.4 Leadership Awards – Please forward any nominations.

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

9.1 Pharmacy Applications – NHS England has received a no significant change relocation to Feldon Lane Surgery, B62 9DR by Rajja Ltd t/a M W Phillips Chemists.

There has been a change of ownership of 5 Bean Road, DY2 8TH from Dispharma Retail Ltd trading as Dispharma Chemist to Pharmaco Dudley trading as Dispharma.

9.2 NHS Standard Contract letter template – The standard hospital contract which came into force on 1 April 2016 contains the new requirement to reduce inappropriate bureaucratic workload shift onto GP practices. GPs are asked to use BMA template letters to feedback to providers.

9.3 Prenatal Screening – The Department of Health has announced that it is rolling out a new non-invasive prenatal test for Down’s, Edwards’ and Patau’s syndrome which is safer for women and babies. LMC supports this development.

9.4 Retention of Older Doctors – A paper from NHS England has been published. The proposal is intended to contribute to a range of measures that will help reduce the numbers of GP who leave the profession early. Dr Horsburgh will monitor via GPFV Reference Group.

**10. MISCELLANEOUS**

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

**11. AOB**

11.1 Dr Sanikop raised the issue of participating in Dudley Outcomes for Health Framework. Practices which fail

to comply with the access targets are excluded from participating in the schemes. LMC to raise the matter with

CCG Primary Care Team.

NEXT MEETING**: Friday 6 January 2017, 12:45pm at Brierley Hill Health and Social Care Centre, Orange Room, CCG offices, (second floor).**

Lunch will be provided.