

# CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.32 p.m. on Tuesday, 28 February 2006 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

**Present:**

Dr J P O'Donoghue (Chairman)	Dr W J Beeby	Dr K P Bhandary
Dr A R J Boggis	Dr J T Canning	Mr J Clarke
Dr G Daynes	Dr T A Gjertsen	Dr I A Lone
Dr K Machender	Dr A Ramaswamy	Dr N Rowell
Dr T Sangowawa	Dr M Speight	Dr R Wheeler
Dr C Wilson		

**In attendance:** Mrs C A Knifton : Office Manager, LMC  
Mrs L Corkain : LMC/PCT Liaison Officer, LMC

## 06/02/1 APOLOGIES

Apologies had been received from Dr L Dobson, Dr K Ellenger, Dr A Holmes, Dr T Nadah, Dr J R Nicholas, Dr R Roberts, Dr J R Thornham and Dr S White.

## 06/02/2 MINUTES OF THE MEETING HELD ON 17 January 2006

These had been circulated to members and were **AGREED** as a correct record and duly signed by the Chairman.

## 06/02/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

### 06/02/3.1 Patients being sent to Northallerton for diagnostic investigations Ref Minute 05/09/13.1

“Thank you for your letter of 7 October, expressing your concern regarding Middlesbrough patients being referred to the Friarage Hospital, Northallerton for ultrasound investigation. I do apologies for the delay in responding to the LMC on this.

The background to this is that we had initiated this process as part of a waiting list management plan. The ultrasound service at JCUH had increasing waiting lists (up to 7 weeks) due to maternity leave of ultrasonographers and limited availability of ultrasound rooms. We had introduced measure to limit the impact of these, including additional

evening and weekend ultrasound lists on JCUH site, however, other measures had a lead-time and waiting times continued to grow. As we did not wish to compromise patient care and extend the diagnostic pathway any longer than necessary, patients for non-urgent procedures were offered appointments for our service at the Friarage Hospital during evenings and weekends; evening appointments are primarily given to young patients. Occasional older patients will be offered a weekend appointment.

Although we do try to limit these appointments to patients for whom it would appear from the referral request not to be too great an inconvenience, we also include in the appointment a contact number for the patient if the appointment is unsuitable. Unfortunately, we do not have information on the patients to whom you refer in your letter to revisit the criteria on why they were considered suitable.

However, we have reviewed the information which we send to patients and will now include in this an additional information sheet. This explicitly advises the patient on how to change the appointment to the JCUH site if required. We will also review the criteria on which patient suitability is made for the offer of an appointment at the Friarage Hospital.

I trust that you and your colleagues are happy with these actions and support the initiative of the Trust in reducing our diagnostic times.”

**RECEIVED.**

**06/02/3.2 Insulin Initiation**

Ref Minutes 05/11/18.2 : 06/01/4.3 : Responses from 3 PCTs taken on 17 January

***Response from Dr Liz Chappelow, Middlesbrough GP;***

“With regards to insulin initiation LES. I have met with Anne Greenley to help draw up an LES for MPCT, once we have a draft we are happy with we will be showing it to Martin Phillips (who knew about it and asked me to do something)”

**RECEIVED.**

**06/02/3.3 Essential Services Floor – Allocation of funds to general practice**

Ref Minutes 05/11/4 & 06/01/4.5 : Responses now received from all PCTs

It was **NOTED** that the four PCTs were expecting to meet their enhanced services floors apart from small pockets of money caused by under-performing in some services. A detailed report was tabled.

**06/02/3.4 Consultation on New Primary Care Trust Arrangements**

The results of the consultation with GPs on whether they preferred one or four PCTs were:

<b>Area</b>	<b>One PCT</b>	<b>Four PCTs</b>
Hartlepool	3	5
Langbaurgh	3	40
Middlesbrough	3	1
North Tees	8	14

The Secretary also tabled a resume of the written responses to the consultations; the responses indicated:

- A widespread perception amongst those preferring four PCTs that this was a “no change option”;
- A strong desire from all respondents to have a strong local structure, especially for clinical engagement;
- That as much local autonomy as possible will be essential.

The Secretary informed members that from discussions with Chief Executives of PCTs and the SHA, especially over the past week, the presumption of GPs that four PCTs would be the continuation of the current situation, was incorrect and that, whilst the structure could not be officially predicted, a single management team was likely to emerge whichever option was chosen by the Secretary of State.

In a paper to their Board Meeting to be held later this week, HPCT were making a recommendation for the single PCT option; the Chief Executives of LPCT and MPCT would also be recommending the single PCT option to their Boards.

Irrespective of which option is finally decided upon, Eston GPs will be coterminous with LPCT, having 15,000 patients in the Middlesbrough area and 15,000 patients in the Langbaugh area.

A request for the definition of “autonomy” was sought by members. It was explained that until 2008, funding allocated to the four PCTs must be spent within the borough boundaries whatever the organisation of PCTs, as there was a commitment from the SHA that budgets will be spent within respective PCTs. Funding for Eston would be transferred and may have to be watched carefully.

After discussion, the Committee **RESOLVED UNANIMOUSLY** that:

The LMC supports a single PCT for Teesside but only with strong local autonomy including robust local clinical involvement.

It was **AGREED** that reasons for the choice would be circulated, together with reasons for the result.

### **06/02/3.5 LMC Elections 2006 - Update** Ref Minutes 05/09/6 & 06/01/7

The results of the elections were:

Hartlepool PCT area	4 vacancies	1 nomination received
Langbaugh PCT area	5 vacancies	4 nominations received
Middlesbrough PCT area	10 vacancies	8 nominations received
North Tees PCT area	9 vacancies	8 nominations received

One current member who had not opted for re-election was Dr Bhandary who had been a member of the Board since 1979/1980. On behalf of everyone present he was thanked for his contribution over the years and received a round of applause.

It was **AGREED** that the vacancies would be re-advertised for the four areas.

**06/02/3.6 Pandemic flu**  
Ref Minute 06/01/17.2

***Response from Dr Michael Grandey, Consultant in Communicable Disease Control***

“I am responding on behalf of Dr Ian Holtby, to whom you wrote on 25 January. Could I clarify that myself and Dr Holtby are employees of the Health Protection Agency, and not Tees Shared Services, but I will do my best to answer your query.

As you know, it is the DoH who are leading the national response to influenza pandemic, with the health Protection Agency supporting them in the areas of detection, modelling and surveillance, laboratory diagnosis, provision of information to the public and health professionals, and the provision of expert advice regarding the management of cases, the use of anti-virals and the development and use of pandemic vaccine.

As you say, planning is taking place on a SHA-wide basis. The SHA (supported by the Regional Director of Public Health and the Regional Public Health Group\_ will be specifically responsible for assuming strategic control of incidents that might affect several hospitals (as in the case of pandemic flu).

The details planning resides with individual PCTs, who will be responsible for mobilising and directing the local healthcare resources. They are required to have plans in place, with systems to support other PCTs as necessary.

As far as the HPA is concerned: the County Durham & Tees Valley Health Protection Unit, together with the HPA Regional Health Emergency Planning Team, is assisting the SHA, the PCTs, and other organisations in their planning functions.

You asked about the Emergency Planning Unit. My understanding is that the Cleveland Emergency Planning Unit (which is a Local Authority function) is co-ordinating the Local Authority planning and response to pandemic flu. They are working with ourselves and the four local PCTs, but will come under the aegis of the Cabinet Office rather than the DoH.

Regarding your request for an update to the planning process, the 10 County Durham, Darlington and Tees Valley PCTs have formed a Pandemic Flu Committee (chaired by Dr Tricia Cresswell, Director of Public Health, Durham & Chester le Street PCT). The Committee has produced a (continuously evolving) Influenza pandemic Plan, co-ordinated by Ann Donnan, Director of Unscheduled Care/Planning for the PCTs. I attach a copy of the latest Plan, which lists in Appendix 1 the Committee members. The Plan will give you some idea of where the PCTs are at with regard to planning, but should you have any further specific questions they are best directed to the PCTs, each of which has a Pandemic Influenza Co-ordinator (usually the Director of Public Health).

We (the HPA) are encouraging PCTs (and any other organisation that wishes to do so), to make use of a general awareness-raising session on pandemic flu which we can provide through a 20 to 30 minute presentation. These are currently being delivered to MPCT primary care staff. I would be very glad to attend one of your meetings to share this, at your invitation, though it is important to appreciate that we are not directly responsible for the PCTs' planning.”

***Response from Dr Peter Kelly, Director of Public Health, MPCT***

“In response to your letter regarding the involvement of the Emergency Planning Unit, I can confirm that at their last meeting all of the Tees PCTs (4 DsPH) and the GPA (Dr Grandey) along with senior offices of the local authorities (including 2 Chief Executives) attended to discuss flu pandemic planning. A further meeting is planned for late Feb/early March. I hope this helps. Any further queries, please do not hesitate to contact me or Peter Heywood at MPCT.”

**RECEIVED.**

**06/02/3.7      Community Pharmacy Medicines Review & Prescription Intervention Service  
Ref Minute 06/01/17.4 – Deferred from January LMC meeting**

Under their new contract, pharmacists (with appropriate training) will be reviewing patient medication prescribed by GPs, and receive a fee of £23 for each review. Dr O'Donoghue expressed an interest, saying that disquiet had been expressed at a recent NTPCT Clinical Governance Meeting because GPs had not been aware of this change. Will this have an impact on GP workload in relation to telephone calls or letters from pharmacists?

A Middlesbrough GP cited an instance where a pharmacist had reviewed one of his patient's medication and without having access to the patient's medical records, had stopped some of the medication; the doctor had written to the pharmacist asking him to cease this practice. It just so happened that the particular surgery have a pharmacist working in the practice who reviews patient medication whilst having full access to the patient's records. Jo Linton at MPCT had taken this up, and all the Middlesbrough pharmacists taking part in the scheme have agreed to undergo further training.

The comment was made that a positive point was that pharmacists then had a duty to make an assessment on whether or not a patient needed a dispensing agent for multiple medications, which took the onus away from doctors.

Pharmacists taking part in the scheme have to be approved by the PCT, have to have appropriate facilities (separate room to talk to patients) and have to have undergone appropriate training.

It was **AGREED** that it would be helpful to have a meeting with representatives from the Local Pharmaceutical Committee to discuss this matter further. Attendees would be sought.

**06/02/4      CONSULTANTS SENDING PATIENTS TO GP WITH REQUESTS  
FOR BLOOD TESTS/CHANGES TO MEDICATION, PRIOR TO  
DETAILED LETTER BEING RECEIVED : Complaint from  
Middlesbrough GP**

Mr Clarke commented that this was probably occurring because of a lack of secretarial support for consultants in the Trust. To counteract this, consultants were handwriting requests because it may be three weeks before the letter was actually typed and sent to a surgery

Another aspect of late receipt of typed letters from consultants related to requests to change medication, when the patient had a review meeting with the consultant perhaps only one week after medication had been changed. Why were patients not started on changed medication from the hospital pharmacy?

Mr Clarke **AGREED** to take the matter up with the Trust Senior Medical Committee.

It was suggested that the completed form from the consultant should be given to the patient and for the patient to report to the practice nurse so that the correct test can be done. Payment for the blood tests depended upon which Trust department requested it because some Trust departments funding does not include for investigations. It was pointed out that LPCT did not have an enhanced service for non-GP requested blood tests.

## **06/02/5        REPORTS FROM MEETINGS**

- 06/02/5.1        Primecare Local Clinical Governance Advisory Committee meeting held on Thursday, 5 January and attended by Dr Canning- nothing of great significant was discussed.
- 06/02/5.2        LMC/PCT Liaison Meeting with LPCT held on Wednesday, 25 January. Attendees: Dr Doherty, Mr Childs, Dr O'Donoghue, Dr Canning, Mrs Corkain – entirely about PCT reconfiguration.
- 06/02/5.3        LMC/PCT Liaison Meeting with NTPCT held on Wednesday, 25 January. Attendees: Mrs Willis, Dr Thornham, Mr Nicholson, Mr Prest, Dr O'Donoghue, Dr Canning, Mrs Corkain. – entirely about PCT reconfiguration.
- 06/02/5.4        LMC/PCT Liaison Meeting with MPCT held on Tuesday, 28 February. Attendees: Mrs O'Hanlon, Mr McLeod, Dr Waters, Dr O'Donoghue, Dr Canning, Mrs Corkain – entirely about PCT reconfiguration.
- 06/02/5.5        Meetings with Sharon Mee (for NTPCT) & Ian Ogilvie (for HPCT, NTPCT & MPCT), held on Thursday, 26 January to discuss Violent/Sexually Inappropriate Patients Policy – LMC has produced and distributed to all practices, guidance on violence and how to manage issues of violence, potential violence and sexual harassment.
- 06/02/5.6        NTPCT DPCS Meeting held on 2 February and attended by LMC/PCT Liaison Officer: Primary Care Development Scheme & Walk-in Centres – A number of items were discussed. Action plan for Primary Care Development Scheme to be submitted to DoH before 1 March.

## **06/02/6        REPORTS FROM REPRESENTATIVES**

No reports from representatives had been received.

## **06/02/7        REPORT FROM GPC**

Extracts from GPC meetings held on 20 January and 17 February had been distributed to all GPs by the LMC office.

## 06/02/8 SUPPLEMENTARY AGENDA

### 06/02/8.1 Contract Review

Following the conclusion of negotiations with NHS Employers on the GMS contract review, the GPC had issued guidance to all GPs detailing the changes that had been made to the GMS contract, including the revised QOF guidance and DES specifications in England as from 1 April 2006. No read codes had yet been received.

The Secretary **AGREED** to emphasise that read codes were needed urgently.

### 06/02/8.2 Department of Health white paper on care outside of hospitals

The White Paper, '*Our health, our care, our say: a new direction for community services*' was published on 30 January 2006. The executive summary and a summary as prepared by the GPC secretariat were tabled. The full White Paper can be accessed online at:

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4127453&chk=NXIecj](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4127453&chk=NXIecj)

It was emphasised that continuity of care and caring for families and individuals in the long term, was important and the GPC should be informed that doctors needed to have time to see patients instead of chasing targets.

It was **AGREED** that members would discuss the document further at the next LMC meeting in April.

### 06/02/8.3 Practice based commissioning

DH guidance "PBC: Achieving Universal Coverage" (26 January 2006) was tabled. (This guidance replaces the February 2005 DH guidance "Making PBC a reality: technical guidance".) DES "*Towards practice based commissioning*". The GPC guidance note on the PBC DES will be released very soon, and will be followed by further PBC guidance as PBC develops.

There was still confusion about what is practice based commissioning. PBC is a practice-up approach and it is for practices, not PCTs, to decide which services they use. Available funding can only be accessed by the practice applying for it, not by anyone else applying for it on their behalf, as it may have to be channelled through practice accounts.

### 06/02/8.4 A new deal for welfare: Empowering people to work

*A new deal for welfare: Empowering people to work*, is a recently published Department of Work and Pensions (DWP) consultation document. The central aim of the document is to remove one million people from incapacity benefit by 2010. The government's ideas herald a major change in the way that claimants will be handled,

with general practice playing a substantial role in this. One of the main ideas floated is that of employment advisors sitting in on GP surgeries to offer help and support.

Full details are at:

[http://www.dwp.gov.uk/aboutus/welfarereform/docs/A\\_new\\_deal\\_for\\_welfare-Empowering\\_people\\_to\\_work-Full\\_Document.pdf](http://www.dwp.gov.uk/aboutus/welfarereform/docs/A_new_deal_for_welfare-Empowering_people_to_work-Full_Document.pdf)

Dr Canning explained that the view taken centrally was that GPs were not the appropriate people to decide whether a person should be working or not, as doctors were not proficient at assessing people's work places. The person who should be undertaking appropriate control of workforce attendance is the employer in conjunction with an occupational health adviser.

**06/02/8.5 Acute Services Review – Update**  
Ref Minutes 05/11/5 & 05/07/11.1

Dr Canning had attended Joint Scrutiny Committee of Middlesbrough Council where he had given the views received from GPs. SHA had accepted the findings of the Darzi Report at their meeting in February. There appeared to be no support from the public to the Report, with the changes in status for certain procedures at the Hartlepool and North Tees hospital sites.

A member noted that Guisborough Maternity Unit was also scheduled for closure owing to lack of use.

**06/02/8.6 Middlesbrough Council's Health Scrutiny Panel – Out of Hours Review**

Middlesbrough's Health Scrutiny Panel were holding a review on out of hours services provided for residents of Middlesbrough, MPCT having the statutory role in the provision of such services.

Middlesbrough Council needed to understand limitations to the number of hours people can safely work and will be given background information as to why OOH provision was shifted to an external service. It is not the role of the LMC to make any comment on the services provided or how it is organised. The service must not be allowed to be returned to GPs. What can be provided to the Panel is comments from patients, or concerns about the quality of the service if people are receiving inappropriate advice, treatment or referrals.

The Secretary **AGREED** to write to GPs asking for their views on the service being provided.

**06/02/8.7 Impact of New Dental Contract**

The new dental contract commences on 1 April 2006. There was a lot of disquiet amongst NT GPs at the possibility of patients attending surgery when they could not get an appointment with a dentist. The GPC had issued a guidance document in



December 2005 entitled “*Patients presenting with dental problems: GP responsibilities*”. Patients must be told they have to go to a dentist.

In North Tees:

- non-registered dental patients can ring the PALS Helpline on 0800 052 2863 and they will be given the telephone number of a practice which may be able to see them as an access slot;
- registered dental patients should be able to see their dentist for an emergency appointment within 24 hours and an urgent appointment within 48 hours.

In other areas, patients with dental problems should be advised to ring NHS Direct on 0845 46 47.

As from 1 April it is hoped there will be clarity.

It was **AGREED** it would be helpful to have a meeting with representatives from the Local Dental Committee to discuss this further.

## **06/02/8.8 Bursaries - Update**

Remaining PCRDC funding had been used to finance bursaries within the primary care sector, and had been awarded to:

- £5,000 Christine Clarke  
Newlands Medical Centre, Middlesbrough
- Research project to validate and develop benchmarks for mental health provision in Cleveland
- £5,000 Bev Reilly, Public Health Department  
Newtown Community Resource Centre, Durham Road, Stockton
- Develop a surveillance system for MRSA in the community
- £4,500 Rachel Cassidy, Wolfson Research Institute  
Durham University Queens Campus, Stockton
- Develop a list of patients and provide training for project to look at cardiovascular risk in young adults
- £5,000 Peter Okey, Public Health Department  
Newtown Community Resource Centre, Durham Road, Stockton
- Survey of GPs and nurses into screening and brief intervention relating to alcohol misuse
- £4,390 Heidi Clark, Podiatry Department  
The Gables Clinic, Middlesbrough
- Clinical trial of podiatry approaches in rheumatoid arthritis
- £4,481 Amanda Hallson, Nutrition & Dietetics Department  
Guisborough General Hospital
- Evaluate a community based multi disciplinary obesity service. Fund cost of research assistant for 6m.
- £5,000 Mark Telford, NT PCT, Tower House, Stockton
- 4 HVs to go on detection of post natal depression course at Reading

£33,371 TOTAL

Candidates would receive 80% of the bursary on commencement and the remaining 20% on completion.

**NOTED.**

**06/02/8.10 14% Employers Superannuation on Trainers Grants**

The Secretary informed members that the matter of Trainers not receiving the 14% employer's superannuation had been drawn to the LMC's attention and advice had been sought from the GPC who advised that the deaneries had received this funding. We had written to the deanery asking them to make payments to GPs to reimburse their employer's superannuation contributions, but nothing further had been heard at this point in time.

**06/02/8.11 SHA Pharmacy First Workshop – Wednesday, 22 March 2006**  
12.00 – 4.30 p.m. : Wynyard Rooms, Wynyard Park, Billingham

A representative was sought to attend the workshop; no nominations were received.

**06/02/9 ANY OTHER NOTIFIED BUSINESS**

There was no other notified business.

**06/02/10 RECEIVE ITEMS**

**06/02/10.1 Medical List**

**Applications:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>PCT Area</u></b>
01.02.2006 <i>Salaried GP, 1 session per week</i>	Dr A R Dawson	Drs Gallago & Kamar	HPCT
02.06.2006 <i>Salaried GP</i>	Dr Z Anam	Dr Juhasz	HPCT
01.04.2006 <i>Currently a Salaried GP; to become a Partner.</i>	Dr M C Fernandez Gomez	Dr Machender & Partners	LPCT
01.04.2006 <i>Partner.</i>	Dr R Johnson	Dr Machender & Partners	LPCT
17.02.2006 <i>Salaried GP.</i>	Dr A Kishore	Dr Bolt & Partners	HPCT

01.10.2005 <i>Salaried GP.</i>	Dr F I Zafar	Dr Bolt & Partners	HPCT
01.04.2006 <i>Partner.</i>	Dr D C Obih	Dr Ayre & Partners	HPCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>PCT Area</u></b>
28.02.2006 <i>Resignation</i>	Dr C Schmidt	Drs Gartner & Partners	NTPCT
30.04.2006 <i>Retirement</i>	Dr R B Stoney	Dr Stoney & Partners	HPCT
30.03.2006 <i>Resignation</i>	Dr S Torres Moreno	Dr Chappelow & Partners	MPCT
30.04.2006 <i>Resignation</i>	Dr A Koester	Dr Blakey & Partners	MPCT
30.04.2006 <i>Retirement. Returning as SGP on 2.6.2006.</i>	Dr Z Anam	Dr Juhasz & Anam	HPCT
03.11.2005 <i>Resignation. Was a Flexible Career Start GP.</i>	Dr E A Woodward	Dr Neoh & Partners	NTPCT
31.3.2006 <i>Retirement. Leaving Performers List.</i>	Dr H Leigh	Dr Murphy & Partners	MPCT
07.04.2006 <i>Retiring.</i>	Dr K Machender	Dr Saha & Partner	LPCT

**RECEIVED.**

**06/02/10.2 Report the receipt of:**

GPC News M6 : Friday, 10 February 2006 (available on [www.bma.org.uk](http://www.bma.org.uk))  
 GPC News M7 : Friday, 17 February 2006 (available on [www.bma.org.uk](http://www.bma.org.uk))

**RECEIVED.**

**06/02/10.3 Date and time of next meeting**

Annual Open Meeting - Tuesday, 11 April 2006, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road.

**RECEIVED.**

This being the Chairman's last meeting in post, Dr O'Donoghue was given a vote of thanks for his nine years in post. He thanked members for their services and looked forward to seeing people again at the next LMC meeting.

There being no further business to discuss, the meeting closed at 9.07 p.m.

***Date:***

***Chairman:***