CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 8 January 2008 in the Committee Room, Poole House, Nunthorpe, Middlesbrough

Present:

Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
Dr A Boggis	Dr S Burrows	Dr J T Canning
Dr G Chawla	Dr G Daynes	Dr K Ellenger
Dr T Gjertsen	Dr M Hazarika	Dr A Holmes
Dr A Khan	Dr K Machender	Dr R McMahon
Dr T Nadah	Dr J Nicholas	Dr D Obih
Dr J O'Donoghue	Dr G Rao	Dr A Ramaswamy
Dr N Rowell	Dr T Sangowawa	Dr M Speight
Dr J R Thornham	Dr R Wheeler	Dr D White
Dr C Wilson		

In attendance: Mrs C A Knifton : LMC Manager

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The Chairman warmly congratulated Dr Rachel McMahon on the birth of her son, James, on Christmas Eve, indeed, James was present at the meeting.

Dr Ifti Lone had undergone a further back operation the previous day and best wishes were extended to him for his speedy recovery.

A welcome was extended to three new VTS attendees: Dr G Chawla (VTS Representative), Dr A Khan and Dr G Rao (VTS Observers).

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08/01/1 APOLOGIES

Apologies had been **RECEIVED** from Mr J Clarke, Dr D Donovan, Dr A Gash, Dr I A Lone, and Mr I McFarlane.

08/01/2 MINUTES OF THE MEETING HELD ON 6 November 2007

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

08/01/3 OFFER BY NHS EMPLOYERS TO GPC ON EXTENDED HOURS AND THE SUBSEQUENT GOVERNMENT CONSULTATION

Dr Beeby, the local area GPC representative, gave a PowerPoint presentation summarising recent events. Dr Canning explained that Dr Laurence Buckman, GPC Chairman, had sent out a second letter to all GPs that day with a patient newsletter attached which practices were encouraged to display in their surgeries. As the GPC did not have all GPs email addresses, CLMC would forward it to all GPs in the local Global Address Book the following day.

A lengthy and lively debate followed the presentation.

08/01/4 PROCUREMENT OF NEW PRACTICES

A PCT Procurement Framework had been produced by the DoH supporting the establishment of 100+ new GP practices and 150+ GP-led health centres. Hartlepool had been included in the first round of the process with two practices having expressed an interest and the PCT were now at the stage of choosing the preferred bidder. Redcar & Cleveland had also been named as requiring additional practices.

- Hartlepool PCT have been told they require an additional two new practices which cannot be existing providers taking them on, and a health centre. Practices are list based with 6,000 patients each, the health centre is not meant to have a list of registered patients. This will have a de-stabilising effect on practices, as money follows the patient.
- Redcar & Cleveland require three new practices and a health centre, which will be something like 18-24,000 patients in a population of 130,000. This could be extremely damaging for existing practices.
- Middlesbrough has been told they require two new practices and a health centre.
- North Tees has been told they are to have a health centre (a walk-in centre)

Members felt these impositions were an attack on general practice in relation to a life long career and long term commitment to patients. Patients do not want to change from a GP who gives a good service, they value continuity. Large numbers of patients moving from existing practices may result in practices not being able to offer a wide range of services, or even practice closures. Was patient list size information accurate? Despite doctor recruitment improving in Hartlepool the PCT was still told by the DoH to continue with APMS.

It was **AGREED** that :

- The next LMC meeting, scheduled for Tuesday, 12 February become an Open Meeting for all GPs and be held at the Sporting Lodge Inn (the former Post House) on Low Lane near Stainton in order to discuss extended hours and procurement of new practices and the threat to the future of general practice;
- An Augmented Executive Committee be formed to supplement the Executive Committee (LMC Chairman / Vice Chairman / Secretary)
- The remit of the Committee would be to devise a strategy and, subject to appropriate electronic consultation with the LMC, implement that strategy. A full report will be presented to the March LMC meeting. Membership would be

extended to include one member from each PCT area and the GPC members on the Committee would be invited to contribute, if available. LMC would reimburse attendees for day-time meetings. The Committee nominated:

Hartlepool PCT	Dr D Obih
North Tees PCT	Dr J O'Donoghue
Middlesbrough PCT	Dr A Boggis
Redcar & Cleveland PCT	Dr C Wilson
GPC area representative	Dr W J Beeby
GPC representative	Dr R McMahon
GPC junior doctors representative ..	Dr D White

08/01/5 SOUTH OF TEES INCENTIVE SCHEME - Enhancing primary care services for patients

Middlesbrough/Redcar & Cleveland PCTs have £750,000 to invest this year (approximately £5.20 per patient) through two linked incentive schemes:

- Improve access to services in primary care (additional five hours per week on a Saturday morning); and
- Improve and assure the quality of care provided to patients;

designed to deliver key initial improvements by 31 March 2008 and sustained improvement through to 31 March 2009. A response had been required by 7 January, though the letter had not been sent out until 20 December (despite being dated 14 December).

It was explained that, for example, one practice would have to find 56 new patients with heart disease in order to achieve the target set, and every diabetic must be invited to come in for a check, even if this were inappropriate (e.g. terminally ill). Every target had to be achieved in order to obtain £30,000 and exception reporting has been specifically disallowed.

There was concern that some practices may have signed up to the incentive scheme without understanding fully what they had signed up for.

Practices north of the river had also been offered an incentive for improved access, the hours having to be outside 8.00 a.m. – 6.30 p.m. They had only been given one week to make a decision. The scheme was a pilot not a LES, and information was being gathered from patients using it to ascertain whether or not it was worthwhile running it. It was an imperative the PCT had to do. Four practices in NT were up and running with the scheme.

08/01/6 NHS ILL HEALTH RETIREMENT REVIEW

The Secretary reported that on 22 October 2007, the Department of Health commenced a three month consultation on changes to the ill health retirement and sickness absence procedures in England and Wales. This follows a review by NHS Employers and NHS trade unions which commenced in 2005 at the request of the

Minister of Health. The consultation period will run from 22 October 2007 to 21 January 2008. The effective date for any changes will be 1 April 2008.

The review set out to consider how NHS staff sickness and ill health retirement is managed. Management of sickness absence will be improved by focussing on identifying clear procedures for handling sickness absence, rehabilitation, return to work or redeployment. Ill health retirement proposals include the creation of a two tier arrangement for the determination of ill health retirement benefits recognising that the different levels of benefits should be dependent on the severity of condition and the likelihood of being unable to return to a member's current employment or any regular employment. The consultation can be found at the following link - www.nhsemployers.org/pay-conditions/pay-conditions-502.cfm.

The Committee **AGREED** to respond making the point that there was concern that this may result in costs to practices because numbers employed were small compared to large businesses who could find alternative employment for staff elsewhere within their organisation, which a practice could not.

08/01/7 LOCAL HEALTH COMMUNITY-WIDE IM&T PLAN
Communication from Mike Procter, Director of Teeswide Commissioning Strategy & Procurement / Local Health Community-wide programme Senior Responsible Officer, based at MPCT, Riverside House

"Based on new IM&T planning guidance that has recently been issued, NHS funded organisations are required to nominate a clinical or business lead/senior responsible owner (SRO) to drive forward IM&T enabled business change within your organisations. Your organisation has been identified as fitting the SRO criteria and I would be grateful if you would review the attached templates to assist in the completion of an LHC Wide IM&T Plan. Please would you coordinate with your IM&T colleagues for collation of your information into the overall plan. I would be pleased to receive your completed templates by no later than close of play, Monday 14 January 2008."

No nominations were received with no member being willing to participate in the programme.

08/01/8 ELECTRONIC ONLY REFERRALS

Dr Nicholas explained that "electronic-only referral" to Trusts was SHA driven. He did not feel it was realistic for all referrals to be made electronically at this point in time and some may still need to go via other routes, but the thrust of the move was to try and make use of the investment being made in the electronic system.

It was pointed out that until JCUH could offer named referrals, electronic referrals may not be widely taken up. Named referrals were particularly wanted where a patient had been under a certain consultant previously. Patients should not be disadvantaged in getting an appointment because a paper referral had been made. In relation to a named referral, Dr Nicholas said he had received assurance that if a

referral was made to JCUH or NTUH/HUH and clearly stated there was a preference for a particular clinician, they will try to respect that preference.

08/01/9 EMERGENCY PLANNING
(Mrs Chris Webb, Assistant Director Tees Information Governance)

"Part of local emergency planning (flood, bombs etc) is a need for practices to be able to identify vulnerable patients in an emergency. I have asked PCI to look at setting a report up on each practice system which Practice Managers can run in the event of their catchment area being involved in an emergency so that this vulnerable group can be quickly identified. I wanted to run this past the LMC for approval as an appropriate way to manage this need. There are a list of criteria which identify which type of patient may be classed as vulnerable."

Software would be provided to allow practices to produce a list of vulnerable people who could not, for example, climb on to their roofs to escape flooding. Concerns were expressed regarding confidentiality and keeping the information up to date. Where would responsibility lie if people were missed off the list and died in the disaster? Did all practices record bedridden and vulnerable patients and their carers? How much time would it take for staff to identify this group of people and who would fund the admin time?

It was **AGREED** that Mrs Webb would be informed of the concerns which needed clarifying, and asked what arrangements there are for resourcing this.

08/01/10 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

08/01/10.1 Practice Based Commissioning (Middlesbrough) - Update
Ref Minutes 06/02/8.3 : 06/06/4 : 06/09/7 : 07/06/3.2 : 07/07/3.4 : 07/09/3.4 ; 07/11/5

Dr Rowell had taken on the role of Chairman of the PBC Group and was currently visiting practices to discuss ideas, concerns and expectations. He was wanting practice based commissioning not PCT based commissioning.

08/01/10.2 Communications with practices - Update
Ref Minute 07/11/9

Dr Canning reported that, on the whole, practices appreciated the information being sent to them by the LMC irrespective of whether it was on a set day of the week or on an ad-hoc basis.

08/01/10.3 Local Pharmaceutical Committee representation on the LMC Board
Ref Minute 07/11/11.1

Dr Canning reminded members that at the last meeting they had agreed to give consideration for a pharmaceutical representative to be co-opted on to the Committee.

It was **AGREED** that :

- the nominee of the Local Pharmaceutical Committee be invited to attend if there were relevant prescribing issues on the agenda;
- the Local Dental Committee and Local Ophthalmic Committee be invited to attend if there were prescribing, or other issues relating specifically to them on the agenda.

08/01/10.4 Charities
Ref Minute06/12/10 : 06.12/10.1 : 06/12/10.2 : 06/12/10.3 : 07/01/3.3

08/01/10.4.1 The Cameron Fund & Royal Medical Benevolent Fund

The Secretary reminded members that at the LMC meeting in January 2007, it had been agreed that the annual December donation to the Cameron Fund should increase to £1,500, and the Royal Medical Benevolent Fund should increase to £750, to be reviewed annually. The increase had been calculated using the DDRB Dynamising factor.

It was **AGREED** that the DDRB Dynamising Factor be used for the increase for 2008.

08/01/10.4.2 Sick Doctors Trust, Bristol (Letter from Trust Treasurer)

"I am enclosing a copy of our Annual Report for year ended 31 March 2007. You will see that our income is only from the medical profession and in particular the LMCs. If you have made use of our service for one or more of your medical practitioners, I hope you will realise that we fill a serious gap in the service. We are optimistic that when the new arrangements for a Doctor's Health Programme are introduced our Trust will have a very clear and important role. At this moment in time it is essential we continue to promote our service, which is, of course, totally confidential. I do hope you will ask your LMC to support our cause and you will see from the report, the list of those who have helped us in the last year and I am confident that were you to get in touch with any of them they would confirm the value of our service."

After discussion, where it was pointed out that only six LMCs had supported the charity which dealt mostly with doctors with alcohol problems, and that much of the money seemed to go on advertising, it was **AGREED** that no donation be made to the charity.

08/01/11 TRAVEL VACCINATIONS : TRAVEL CLINIC, JCUH
Email received from member of JCUH

"For the past few years we regularly get travellers sent to our travel clinic for vaccines because their local practice cannot provide them (sometimes even up to 2-3 weeks before travel - usually because their practice nurse is sick/away). The patients would get such vaccines free from their local practice, however, we have to charge them as we cannot claim back fees for service etc. I believe the relevant PCT has an obligation to provide these vaccines in other practices if the patient's practice cannot provide it in time, however, practices (usually Receptionists) normally just send the patient to our travel clinic, rather than try and get them slots at neighbouring practices. I have tried sending out reminders that this should not happen a few times over the years but it is still happening."

Dr Canning explained that most practices have a commitment to provide NHS travel vaccines as an additional service under the same arrangements transferred from the old Red Book rules. In the case of a complaint, what is not clear is what would be considered a "reasonable" amount of notice for a patient to request the vaccination at the practice. It was considered that an appointment requested for the same day or at a set time was not reasonable, but one booked well in advance was. Patients could not be sent to other practices to receive NHS travel vaccinations as only if a practice had opted out of providing such a service must the PCT commission the service from elsewhere.

The Secretary **AGREED** to :

- respond to JCUH;
- explain clearly to practices what is expected of them.

08/01/12 REQUESTS FROM NURSING HOMES FOR HOME VISITS
Query from a North Tees GP

"We are continually getting nursing homes asking for visits when patients are mobile, because I see them walking around the nursing homes. The homes say they do not have transport or staff available to bring them to the surgery. Should nursing homes be reminded annually of the LMC visiting policy for GPs?"

It was **AGREED** that nursing homes be reminded annually of the policy on GP home visits.

08/01/13 CONSULTATION ON PLANS TO BE AN NHS FOUNDATION TRUST
Letter from Chairman & Chief Executive, Tees, Esk and Wear Valleys NHS Trust : Ref Minute 07/09/3.5

"On 1 November 2007 we submitted our application to become a Foundation Trust to the Department of Health and this included a copy of the Trust's integrated business plan for the next five years. Tees. Esk & Wear Valleys NHS Trust is looking forward to an exciting and successful future and to working with staff, local people and partner organisations to achieve its aims. Becoming a Foundation Trust will enable us to build up a strong membership of people who are passionate about mental health, learning disability and substance misuse services. We already have over 1,000 members and are keen to build on that over the coming months and years. If you would like a copy of the summary document or Foundation

Trust membership form, please contact the Communications Department on 01642 516462 or email enquiries@tewv.nhs.uk. You will also find more information on our website www.tewv.nhs.uk."

No comments were forthcoming and the item was **RECEIVED**.

08/01/14 HOSPITAL PRESCRIPTIONS : HOSPITAL PHARMACY, JCUH

Ref Minutes: 07/01/5.1 : 07/02/5.2 : 07/03/3.1 : 07/03/3.1.1 : 07/03/3.1.2 : 07/03/3.1.3 : 07/05/3.3

Letter received from a Redcar & Cleveland GP

"To avoid issuing prescription medication, staff at JCUH are telling patients "you can wait to get this from the hospital pharmacy but it will take until about 8 o'clock tonight" usually followed by "or you can go and get it from your GP straight away"!.

We have had a sudden flurry of patients coming in with the same story. Some of them are wise to the fact that the hospital is using this as a diversionary tactic to avoid paying but still feel the need to come and see us apologetically so they are not left without necessary medication. Have others also seen this new trend?"

It was **NOTED** that the LMC was currently pursuing this with JCUH.

08/01/15 LEGAL SERVICES EXCLUSIVELY FOR LMCs FROM THE BMA

The Secretary explained that BMA Law now offered an extensive range of seminars, priced at £500 plus VAT each, which include:

- Directors Duties and Company Law Reform
- Limited Liability Companies and Structures for LMCs
- Medical Partnership Agreements
- Libel and its Consequences
- Negotiation, Local Disputes and Basic Contract Law for LMCs

but that these services would not be of benefit to practices because they were exclusively LMC focussed services for Committee members. The current Directors & Officers and Professional Indemnity policies already held by CLMC were more than adequate for our needs and there was no need to become a Limited Company.

It was **AGREED** there was no requirement to hold a seminar for Committee members.

08/01/16 REPORTS FROM REPRESENTATIVES

No reports had been received.

08/01/17 REPORTS FROM MEETINGS

08/01/17.1 Dr Canning attended meetings of Middlesbrough Health Scrutiny Panel : 1 October & 19 November 2007 re Life Expectancy in Middlesbrough: Cardio Vascular Disease

Dr Canning reported he had attended these meetings at Middlesbrough Town Hall, a draft report had been received and comments had been submitted for amendment.

08/01/17.2 Dr Canning attended a meeting at North Tees PCT with Chris Webb, Tracey Best and Marie Davis : 12 December 2007 re Prison Records

Dr Canning explained that there was a problem with people going into prison as the prison had no access to their records or necessary factual information. For GPs, the most helpful piece of information from the meeting was that anyone coming out of prison was given a discharge slip detailing all their medication (this did not happen if they were released whilst at the court), but the vast majority of former prisoners should be able to produce this piece of paper and GPs may wish to ask them for it to confirm patients informing them that there had been medication prescribed in prison; 7 days medication was also provided on discharge. Practices can also contact the prison for medical information on former prisoners, and the LMC will obtain relevant telephone numbers and distribute them to practices.

Talks have been ongoing regarding prison health services being able to confirm factual information on prisoners with practices, and how this information could be given to them. People in prison for less than 2 years stay on the GP list and practices will not want their medical records being sent into prison because prisoners are moved around and paperwork does not always move with them, and their prison number may also change when they move to another location. Talks are underway for a summary of the person's records (with their consent) to be sent to the prison, and in certain circumstances further records will be requested and this would be managed by sending them to the PCT for copying, with the PCT providing an appropriate indemnity to practices.

It was **AGREED** that the LMC would obtain prison telephone numbers so that practices can contact personnel to obtain medical information on former prisoners

08/01/18 ANY OTHER NOTIFIED BUSINESS

No other business was notified.

08/01/19 RECEIVE ITEMS

08/01/19.1 Rapid discharge of dying patients – Agreeing a co-ordinated approach North Tees PCT and Hartlepool PCT

The LMC emailed all LMC representatives working in Hartlepool and North Tees seeking a representative to attend a meeting where a "single agreed approach" in achieving "patient choice" to die at home was to be discussed. It was appropriate someone attended from the locality but no-one responded to the LMC email. Four dates had been suggested from 26 November to 14 December; it was not known when the meeting took place.

RECEIVED.

08/01/19.2 Report from GPC

Summary of GPC meeting held on 15 November 2007 was emailed to all GPs and Practice Managers on 19 November 2007. The GPC next meet on 20 December 2007.

RECEIVED.

08/01/19.3 Documents sent to practices since the last LMC Meeting on 6 November 2007

Contact names at Poole House *(9.11.7)*
Mental Health Act : Code of Practice *(13.11.7)*
Report from GPC Meeting held on 15 November 2007 *(19.11.7)*
GPC Commissioning & Service Development Sub-committee Newsletter *(27.11.7)*
National Framework - Pandemic Flu *(27.11.7)*
Change for patients taking controlled drugs abroad *(27.11.7)*
Registering Patients *(11.12.7)*
Communications with practices *(11.12.7)*
Changes to NHS Pension Scheme benefits *(11.12.7)*
Sub-contracted cover for Christmas / New Year *(13.12.7)*
Joint Area Review (for children and young people) – Raising awareness with GPs – Middlesbrough / Redcar & Cleveland *(18.12.7)*
Salaried GP Conference 2008 : "Making the most of being a Salaried GP" *(20.12.7)*
GP trainees subcommittee e-bulletin, December 2007 *(20.12.7)*
GP GMS Contract Negotiations *(20.12.7)*
New Year letter *(3.1.8)*
BMA Junior Members Forum 2008 *(4.1.8)*
BMA advice : Frequently Asked Questions on Pensions *(8.1.8)*
Improvement Foundation's Leadership for Quality Improvement Programme (LQIP) *(8.1.8)*

RECEIVED.

08/01/19.4 Report the receipt of:

GPC News M4 : Friday, 15 November 2007 (*available at www.bma.org.uk*)
GPC News M5 : Friday, 21 December 2007 (*available at www.bma.org.uk*)
Sunderland LMC minutes of meeting held on 16 October 2007
Sunderland LMC minutes of meeting held on 20 November 2007

RECEIVED.

08/01/19.5 Date and time of next meeting

An Open Meeting for all GPs will be held on Tuesday, 12 February 2008, at 7.30 p.m. in the **Maltby Suite, The Sporting Lodge Inn, Low Lane, Nr Stainton Village, Middlesbrough.**

RECEIVED.

There being no further business to discuss, the meeting closed at 9.30 p.m.

Date: ***Chairman:***