



Cleveland Local Medical Committee

Chairman: Dr D Donovan
 Vice Chairman: Dr I Bonavia
 Secretary: Dr J T Canning
 Medical Director/Asst Secretary: Dr J-A Birch
 Development Manager: Ms J Foster
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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 17 January 2012 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

Present:

Dr D Donovan (Chairman)	Dr S H M Arifulla	Dr W J Beeby
Dr M Betterton	Dr J-A Birch	Dr A Bonavia
Dr I Bonavia	Dr S Burrows	Dr J T Canning
Dr G Chawla	Dr G Daynes	Mr S Doyle
Dr K Ellenger	Dr R J Gossow	Dr M Hazarika
Dr H C Lamprecht	Dr A Lasker	Dr R McMahon
Dr R F Roberts	Dr P Singh	Dr M Speight
Dr C Wilson	Mr G Wynn	

In attendance: Ms J Foster : Development Manager
 Ms C A Knifton : Office Manager

12/1/1 APOLOGIES

Apologies had been received from Dr S Byrne, Dr C Harikumar, Dr M Hulyer, Dr R Mudalagiri, Dr H Murray, Dr T Nadah, Dr N Rowell, Dr O Sangowawa, Dr S Singh and Dr S White.

12/1/2 MINUTES OF THE MEETINGS HELD ON 6 December 2011 (previously circulated)

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

12/1/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

12/1/3.1 LMC Elections 2012 – Representatives for each constituency
 Ref Minute 11/12/5

The total number of all GPs (Principal, Salaried, Locum, Registrar, Returner and Retainers) on Tees Performers Lists at 1.1.2012, as notified by NEPCSA was:

Hartlepool	75
Middlesbrough	134
Redcar & Cleveland	111
Stockton	159
TOTAL	479

This equated constituency representation to:

Hartlepool	4
Middlesbrough	7
Redcar & Cleveland	6
Stockton	9
Sub total	26
Pan-Tees sessional/locum GPs	2
GRAND TOTAL	28

It was **AGREED** that, after the elections, any unfilled places would be re-advertised as per the Constitution, and if vacancies still remained those vacancies would be used for co-option of others from the total area, if there was a need.

12/1/4 WALK-IN CENTRES : SAFEGUARDING CHILDREN
Communication from Alex Giles, Designated Nurse Safeguarding Children
NHS Tees

The LMC had been informed that some walk-in centres may have a policy whereby patients can elect not to have their consultation shared with their GP. In respect of children, and other vulnerable people, one had to be concerned in the context of safeguarding. If parents withhold consent, GPs will not have a full picture of what is going on with a child. Where parents are aware of this, they could "hide" their consultations from their GP.

The Secretary reminded members that all APMS practices should produce a clinical report and should contractually provide a copy of that clinical report to the PCT, which is then required, under the APMS Directions, to send a copy of the report to the registered GP of that patient. Whilst good medical practice says one should request the patient's consent to inform their GP and the patient can deny their consent, the contract requires the GP to be informed. The PCT has a duty to monitor the APMS contract, were they in fact doing so?

It was **AGREED** that:

- APMS practices be reminded of their contractual obligations; and
- Alex Giles be informed accordingly

12/1/5 FORMATION OF COMMISSIONING SUPPORT ORGANISATIONS
Communication from the 4 North East Regional GPC reps (John Canning / Bill Beeby / George Rae / Roger Ford) to local CCG Chairs & LMCs

"You will all be aware of the change of stance taken by the BMA Council as a direct result of the publishing of the draft document "Developing Commissioning Support – Towards Service Excellence". This document had also been discussed at the GPC meeting preceding that Council meeting where it also received a hostile reception.

In essence, there is concern that once established, CSOs will be pressured towards seeking partnership working with the private sector and thus the backbone of commissioning support will no longer lie within the NHS body. We share those fears for the future of CSOs in the North East.

Apparently inextricably linked to this are the reports we are getting from some CCG leads that they are being dissuaded from the concept of delivering their own support in favour of large (perhaps even a single large) CSO covering the North East of England. We understand that some CCGs have been told that failing to support such an organisation will delay/impede authorisation. We understand that CCG leads are concerned at this position, and certainly it is inconsistent with the expectations of many GPs around commissioning. There is a real fear that once established, these CSOs will assume control of the whole commissioning process merely by virtue of their size, and leave CCGs as mere clinical advisory bodies, albeit ones that carry the statutory responsibilities.

We are fully aware that this is a complex matter, and that there will be national guidance emerging very soon. However, we believe there is a need for CCG leads and LMCs to meet urgently to discuss the matter and help us inform the national debate. In the meantime we would advise that CCGs do not "sign up" to the business plans which are currently being drawn up for CSOs.

We hope you will agree with us, and our nationally elected leaders, that this is a worrying development. We will try and arrange a meeting at the earliest opportunity to see if we can agree a way forward which ensures that GPs are in the driving seat of commissioning for the future."

In a wide-ranging discussion, members made the following points.

There was great concern that the administrative functions would be outwith the NHS. Already PCT pharmacists were resigning because of uncertainty over job security, and not wanting to be regionally based. Commissioning Support Organisations were only guaranteed NHS status for the next 3 years. CCGs in Tees had already decided upon a North and South split and it was felt that two CCGs would not be large enough to provide sufficient manpower to do the administration work required for their respective area as it all came out of the £25 per head.

Tees CCGs were under considerable pressure to reach a decision by 31 January and some CCGs may feel that a private organisation was the route to go down. North of Tees was keen to use the CSU option, South of Tees was undecided. A meeting with the NE Regional LMC was being arranged and CCGs were asked to defer any decision until after that meeting and not to rush into making a decision in order to meet the North East CSU/SHA deadline. It was felt that decision-making was being led from the top rather than from the bottom up. A Regional CSU Chief Executive and Board would be extremely powerful and where would that leave clinical commissioning? Would a Regional CSU be a support unit or a control unit?

Local CCGs were supposed to express the will of their GP constituents, yet the feeling around the table was that GPs were not aware of the discussions and decision-making taking place. The CCG Executive needed to be accountable for decisions reached without evidence of large scale constituent consultation; there was need for a demographic view from constituents.

Plans for the North & South CCGs had been formulated by PCT staff and they obviously had used the same template because there were typing errors relating to the wrong area contained within them. Were the two plans so similar that there was no need for two CCGs?

It was **AGREED** that the LMC would write to CCG leads expressing deep concern over the speed at which they were being expected to make a decision on CSU status, and the need for a full demographic view from constituents prior to any decision-making.

**12/1/6 NOTICE OF RESIGNATION OF TEWV TRUST REPRESENTATIVE
Letter from Dr Amanda Gash, Consultant Psychiatrist**

"I have enjoyed attending the Local Medical Committee meetings as a representative of Tees, Esk & Wear Valleys NHS Trust. I hope my presence has been of benefit on the few occasions there has been a query or concern relating to mental health services.

I have learnt a great deal about the issues facing General Practitioners in delivery of their services and have enormous respect for their resilience in the face of fundamental reorganisation.

I am going part-time shortly and am resigning from my role with the LMC, leaving you in the capable hands of my friend and colleague Dr Heinrich Lamprecht. Dr Lamprecht is an Old Age Psychiatrist working in the Redcar & Cleveland area."

It was **AGREED** that a letter of thanks be sent to Dr Gash for her services whilst a Board Member. Dr Heinrich Lamprecht was welcomed to his first official Board Meeting, though he had added previously as an Observer.

12/1/7 TEES CALDICOTT GUARDIAN
Ref Minute: 11/09/7 : 11/11/3.2
Communication from Dr J Nicholas who retired on 3 January 2012

"NHS Tees has decided to use Dr Mike Prentice, Gateshead GP and Medical Director/Caldicott Guardian for NHS South of Tyne and Wear to provide Caldicott cover for NHS Tees after my departure at the end of the month (December 2011).

My assumption is that this is a short term arrangement until GPCCs are established in April. I have certainly suggested to the GPCC leads that a local presence would be preferable in the longer term. Keeping LMC informed about changes in how patient information may be shared to provide care or used to support commissioning is important in order to provide GPs confidence that patient information will be dealt with appropriately."

It was **NOTED** that the LMC had received no official notification from the PCT/NEPCSA as to the new Caldicott Guardian, who was only covering the information governance role. It was not known if Dr Prentice would be working within the Tees area or remaining outside the area. The LMC had just circulated an internal advert on behalf of ICT Support Services at NHS Tees seeking a GP to take up the remainder of that role covering clinical engagement. It was not known how the post for Tees Caldicott Guardian had been originally advertised as no-one around the table had seen an advert.

It was **AGREED** the LMC would write to CCGs asking them how they will provide the Tees Caldicott Guardian role in the future, would there be a local recruitment policy, and what information would be circulated.

12/1/8 REPORTS FROM REPRESENTATIVES

No reports had been received.

12/1/9 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 6.12.2011)

8.12.11	Meeting with 2 practices and developers re Practice Premises – John Canning / Janice Foster
12.12.11	Urgent Care Systems Group @ Teesdale House – Janice Foster
13.12.11	JET/CCG Meeting @ Teesdale House – Janice Foster
14.12.11	Commissioning Meeting @ Teesdale House – Janice Foster
9.1.12	Urgent Care Meeting @ Teesdale House – Janice Foster
10.1.12	JET/CCG Meeting @ Teesdale House – Janice Foster
11.1.12	North East Regional LMC Meeting – Danny Donovan / Julie-Anne Birch
17.1.12	JET/CCG Meeting @ Teesdale House – Janice Foster
17.1.12	CCG function & Exec structure meeting @ Teesdale House – Janice Foster

NOTED and **RECEIVED**.

12/1/10 ANY OTHER NOTIFIED BUSINESS

12/1/10.1 Firearms – Shotgun / Firearm Certificates
 (A shotgun or firearm certificate lasts for 5 years before expiry)

It had been suggested by politicians that GPs 'tag' the medical records of people who had a firearm so that appropriate action could be taken should that person attend for relevant medical treatment. The BMA does not support 'tagging' and GPs should not be doing this as it exposes the practice to inappropriate risks.

Following meetings between the BMA and others, including shooters, ACPO and the Home Office, a compromise had been reached whereby when a person was issued with a shotgun or forearm certificate a GP would receive a letter asking if there was any factual information the GP would care to share with the police. At that time, it was stated that the letter itself must not be kept by the GP, however, that stipulation had since been withdrawn because good practice is to keep accurate records of action undertaken as a medical practitioner which includes keeping a record of letters received. There are still issues over consent and should a GP feel it appropriate to breach a patient's confidence, that doctor is advised to seek advice first from an experienced colleague, the LMC or their defence organisation.

The current guidance was presently undergoing revision, and one of the areas of concern was consent. If any GP had any suggestions on how to modify the forms, they were asked to contact the LMC office.

The LMC office had received a report that Cleveland Police were writing to all GPs seeking interim information on those patients who already had a shotgun or firearm certificate. Having spoken to the officer concerned, this proved unfounded and they were following the national guidelines and only seeking information on those patients applying for a shotgun or firearms certificate.

NOTED.

12/1/10.2 GP Pensions

GPs should have received a 'choice' letter on whether to transfer to the 2008 pension scheme or remain in the 1995 scheme. Not all GPs had received personal pension forecast details. Andrew Dearden, immediate past Chairman of the BMA Pension Committee, had given a PowerPoint presentation at an NHS Pension Reform Roadshow in Newcastle on 12 January 2012 and a copy will be emailed to all Tees GPs.

It was vitally important that GPs obtain advice from an appropriately qualified and registered financial adviser on their pension scheme decisions.

NOTED.

12/1/11 RECEIVE ITEMS

12/1/11.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
9.3.12 <i>Partner.</i>	Dr P D Williams	A & B Medical Practice (Dr Banerjee's practice)	S PCT
16.1.12 <i>Salaried GP.</i>	Dr V Dharani	Queens Park Medical Centre	S PCT
30.1.12 <i>Salaried GP.</i>	Dr I R Castella	Martonside Medical Centre	M PCT
3.1.12 <i>Salaried GP (PCT MS)</i>	Dr I T Guy	Marske Medical Centre	R&C PCT
3.1.12 <i>Salaried GP (PCT MS).</i>	Dr T M D Derry	Marske Medical Centre	R&C PCT

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
16.12.11 <i>Resigned. Salaried GP.</i>	Dr R Ramesh	Havelock Grange Practice	H PCT
11.3.12 <i>Retirement. Partner</i>	Dr A Banerjee	Drs Banerjee & Williams (A & B Medical Practice)	S PCT
31.12.11 <i>Retired. Partner.</i>	Dr I R Kirkbride	Queens Park Medical Centre	S PCT
28.12.11 <i>Resigned. Salaried GP.</i>	Dr I T Guy	Fulcrum Medical Practice	M PCT
31.1.12 <i>Resigned. Salaried GP (PCT MS).</i>	Dr I Redolat Castella	Marske Medical Centre	R&C PCT
31.10.11 <i>Resigned. Salaried GP (PCT MS).</i>	Dr W Zijlmans	Marske Medical Centre	R&C PCT

RECEIVED.

12/1/11.2 Change of Practice Telephone Numbers – Manor House Surgery, Normanby

Manor House Surgery (Dr Royal & Partners) has new telephone numbers, with immediate effect:

Surgery: 01642 374788
Fax: 01642 374789

RECEIVED.

12/1/11.3 Closure of Eston Surgery's branch at Jubilee Road Communication from Sarah Clasper, Head of Communication & Engagement, NHS Tees

"This letter is to inform you that on 27 January 2012, the Jubilee Road branch of the Eston Surgery will close.

The Jubilee Road premises are severely out-dated and in need of major renovation and modernisation. These premises unfortunately will not meet the essential standards that the CQC (Care Quality Commission) will expect from GP practices next year.

The Practice and NHS Redcar and Cleveland wish to ensure that awareness is raised of the relocation, its associated benefits and contact details. Information will be on display in the practice waiting areas, in newsletters, and on the website. Comments and suggestions will be welcomed. For your opportunity to comment, there is a suggestion box in the waiting areas, or you can email your comments to the Practice Manager on clairehutchinson@nhs.net

The relocation of local surgeries to Low Grange Health Village was included as part of the Greater Eston Health and Social Care Village formal consultation from 25.07.05 to 31.10.05.

All comments will be collated and included in February's practice newsletter and available on the website www.estonsurgery.co.uk

The benefits to patients from closing Jubilee Road are:

- We will be able to offer **more** appointments with both Doctor and Nursing staff (as our clinical staff are not travelling between branches)
- The modern premises will increase our likelihood of recruiting a new GP for the surgery since Dr Robson's retirement
- We be able to utilise staff more efficiently, and will be able improve our prescription services, by offering repeat dispensing
- We will have safe and accessible surroundings for patients security and comfort
- We will be able to offer more consistent extended access with more clinics running at times to meet patients needs such as over lunch time and offering a safe and reliable and late night opening with onsite pharmacy

Low Grange is a purpose built venue for the provision of Health Care. It offers the practice safe and accessible surroundings which will promote wellbeing for both patients and staff. There is ample free car parking, a pharmacy on site and bus services passing regularly.

The main branch at Low Grange will be open from 8.00 a.m. to 6.00 p.m., and the Eston branch will be open in January from 9.30 a.m. to 1.30 p.m., Monday to Thursday, closing on 27 January 2012. The telephone (01642 511567) and fax (01642 511667) numbers for the surgery will remain the same."

RECEIVED.

**12/1/11.4 GP HEALTH : USAGE OF SERVICES 2010/11
Communication from Dr Leslie Dobson**

GP Health : Usage of Services 2010/11				
	Number of clients		Number of sessions	
	2010/11	2009/10	2010/11	2009/10
Psychiatry	13	10	57	33
New clients	3	*		
Counselling	21	15	201	191
New clients		*		
Psychology Treatment	0	-	0	-
Cognitive Behavioural Therapy	4	2	23	9
Medical Consultations with Occupational Health Dept, North Tees Hosp	2	1	3	-
Medical Consultations with Directors	Approx 15	-	15	-
Mentoring	4	1	4	4

*figures not available at present

RECEIVED.

**12/1/11.5 Letter from Thomas Rea & Sons, Funeral Directors
Communication from Layne Laverick, Branch Manager
Tel: 01642 765681 / 0751 508 2451**

I am writing to introduce you to the local funeral services I represent which include:

- Thomas Rea & Sons Funeral Directors at Thornaby, Ingleby Barwick, Yarm and Stockton.
- Hetherington Funeral Directors at Normanby
- Hilda House Funeral Directors at Coulby Newham
- H W Carter Funeral Directors at Stokesley

I would like to offer your committee a particular service, in the hope of creating a link between ourselves.

Like your members, we are dedicated providers of a necessary service to the community, and care passionately about the quality and range of services that we provide. We are also committed to helping the wider community and to spreading knowledge of the positive nature of our work.

Whilst acknowledging the care and compassion shown by your professionals, it occurred to me that doctors, their staff and staff trainees may welcome a talk from one of our team in order to better understand the full range of services, help and professional guidance available from the funeral profession and particularly from our company. We believe this could benefit not only doctors and their teams, but also indirectly the families of those who have suffered a bereavement. The format of the presentation could vary from relatively informal to formal, covering areas of bereavement law and practical issues such as registration.

A number of our offices already have links with Police trainees who attend our premises either for a short visit or a number of days to gain awareness of our profession. A similar arrangement may well be beneficial to student doctors or receptionists, or indeed anyone from the profession coming into contact with relatives of the deceased.

If you feel that we as a company can in any way provide you as a committee, or indeed any of your members, with a better understanding of the services of our profession, the help and advice available, both of a practical and financial nature, to bereaved families, then please contact me for further discussion on the subject.

If for any reason you feel that there is a better, more practical or direct way for us to offer this service to those within the medical profession who have a desire to understand the funeral profession, then your observations would be most welcome.

RECEIVED.

12/1/11.6 Report the receipt of:

GPC Newsletter 5 – Friday, 16 December 2011 (available on www.bma.org.uk)
NE Regional LMC minutes of meeting held on Wednesday, 5 October 2011
Sunderland LMC's minutes of meeting held on 15 November 2011
County Durham & Darlington LMC's minutes of meeting held on 5 July 2011
County Durham & Darlington LMC's minutes of meeting held on 6 September 2011
County Durham & Darlington LMC's minutes of meeting held on 4 October 2011
County Durham & Darlington LMC's minutes of meeting held on 1 November 2011
County Durham & Darlington LMC's unconfirmed minutes of meeting held on 6 December 2011

RECEIVED.

12/1/11.7 Date and time of next meeting

Tuesday, **20 March 2012** : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR.

RECEIVED.

There being no further business to discuss, the meeting closed at 8.36 p.m.

Date:

Chairman: