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
Office Manager: Ms C A Knifton

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Minutes and report of the meeting of the Cleveland LMC Limited commencing at 7.00 p.m. on Tuesday, 22 January 2013 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 Boggis
Dr I Bonavia	Dr J T Canning	Mrs V Counter
Dr K Ellenger	Dr R J Gossow	Dr I Guy
Dr M Hazarika	Mrs C Hurst	Dr H C Lamprecht
Dr R McMahon	Dr H Murray	Dr O Sangowawa
Dr S Selvan	Dr P Singh	Dr M Speight
Dr D White	Dr C Wilson	

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

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The Chairman thanked everyone for attending the meeting, especially considering the atrocious weather in East Cleveland.

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13/01/1 APOLOGIES

Apologies had been received from Dr S Byrne, Dr G Chawla, Dr R Craven, Dr H El-Sherif, Dr J Hameed, Dr M Hulyer, Dr E K Mansoor, Dr N Miller, Dr R Mudalagiri, Dr T Nadah, Dr R Roberts and Dr N Rowell.

13/01/2 MINUTES OF THE MEETING HELD ON 6 November 2012

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

13/01/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising from previous meetings.

13/01/4 CONTRACT ARRANGEMENTS 2013/14 AND SUBSEQUENT YEARS

Negotiations between the GPC and the four UK governments had taken place on what was happening with the 2013/14 GP contract. Concern centred around workload, quality and funding; also locum superannuation changes. Proposal by England's government was that from 1 April 2013 funding for locum superannuation – presently paid by the PCT – would be

transferred to the practice and the sum of money currently held by PCTs would be pooled and distributed to practices on list size, resulting in heavy users being out-of-pocket and light users being in-pocket. There is also the question of when a locum is a locum and when they should be considered a salaried GP.

Pension changes will mean the employees rate will increase to 13.3% (lower for lower paid members) and up to 7% additional contribution for those buying years plus, for contractors, 14% employers contribution i.e. up to 35% of a GPs pay going on pension payments.
(**Post meeting note**: some of the figures have been clarified).

From 2014 there will be a move to equity of funding between GMS providers, getting rid of MPIG to equalise the funding and a similar movement for PMS so that all practices receive the same funding. Changes to QOF will be implemented – maximum time interval will be 12 months instead of 15 months. Thresholds are changing with the value of QOF points altering. There will be increased workload without funding for blood pressure targets, repetitive questioning for diabetics and a less holistic approach to general practice.

With the funding re-distribution from 2014, it is not possible to predict what the new global sum will be, but there could well be significant destabilisation for some practices. A rough calculation for an average practice with just under 6000 patients shows a potential loss of £31,000 a year – there is an indicator available on the BMA website to enable practices to work their QOF figure out. Practices should get budgets worked out for next year. Is new work going to be cost effective? Practices do not have to take on new work if they consider it is not cost effective.

At present there is a formal consultation on the GMS contract imposition which will close on 26 February. GPs and practices are encouraged to contact the DoH to let them know how the changes will affect your practice. The DoH has not set up a specific email address for responses, but you can use their online contact form, (http://www.info.doh.gov.uk/contactus.nsf/memo?openform) or write to Rt Hon Jeremy Hunt MP, Secretary of State for Health, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS. Inform your MP what you think of the target changes (LMC survey results – below - can be used). Tell your CCG the implications on your ability to commit to them for work they are wanting practices to take on.

CLMC have separate meetings in place with both NT&H CCG and ST CCG Chief Executives and Chairmen at which GPs concerns would be raised.

CLMC would arrange a meeting for all Tees GPs and Practice Managers on Tuesday, 12 February 2013 at Norton Education Centre commencing at 6.30 p.m. at which the new contract arrangements/implications would be discussed. Details would be circulated to all practices.

NOTED.

13/01/4.1 Oral report on CLMC survey in December 2012

The LMC Development Manager had carried out a survey of all Tees GPs and Practice Managers to gather views on the proposed contract changes to give an early indication of people's thoughts and possible impact. The results had shown:

- An overwhelming majority (96%) felt the changes are negative, 1 person was positive
- Whilst 31% said the changes would not impact on their CCG work, some 53% felt their CCG involvement would decrease and some 63% felt their referrals would increase
- In terms of workforce the majority felt the changes would have a negative effect on their ability to recruit and retain staff, both clinical and administrative

- 94% felt they had no capacity to take on more work with the remaining 6% citing only 'some' capacity
- Due to the changes, the majority will retire earlier or are looking to retire earlier if possible and 24% would like to retire earlier but are unable
- There does not appear to be any mass exodus planned immediately but we are looking to lose about 50% of the workforce in the next 10 years with 27% leaving us in less than 5 years time
- The general theme of comments is that the proposals are unworkable, financially crippling, unsustainable and simply impossible. Respondents do not see how they can do what is proposed without putting themselves, their practices, their staff or even their patients at risk
- The tone of many respondents is dejected or resigned to the inevitable but general suggestions on how to respond to this range from strike to one positive suggestion of supporting and speeding the change and everything in between including stopping different elements of work, using CCGs, withdrawing from CCGs and getting patient support.

82 responses had been received which was approximately 17% of the GPs in Tees (6 responses were from PMs); given the early timing of the survey this is considered to be a good response.

NOTED.

13/01/5 NHS REFORMS

Budgets currently held by PCTs will be transferring to the emerging successor bodies on 28 January 2013. Most of the staff are being transferred to their new posts on 28 January but continuing to cover their former job until 31 March although their new manager will decide how much time staff can allocate to their former job. CCGs will become statutory authorities on 1 April 2013. The PCT structure will remain in place until June 2013 to facilitate smooth handover. The NHS Commissioning Board Area Team for Durham, Darlington & Tees will be based in Darlington. CLMC had met with Cameron Ward, Director of NHS Commissioning Board that afternoon and had asked for a staff structure in order to have some idea of who to contact when questions needed answering. A number of changes will be needed to the GP contract such as where it says 'PCT' it will say 'NHS Commissioning Board'. Those on the Performers List will transfer to a National Performers List but will be responsible to a person in the area where they are working, that person will be their Responsible Officer. The payment process to practices is being streamlined and it is not known if there will be interruptions to the supply of money to practices – it was suggested that practices take this into account when budgeting for the next few months.

NOTED.

13/01/6 LACK OF AMBULANCES & LONG WAITING TIMES AT A&E

The matter of lack of ambulances and long waiting times in ambulance queues at A&E facilities was raised once more. It was voiced that one local MP was saying on local radio that GPs should use A&E less and GPs more.

NOTED.

13/01/7 NHS 111 IMPLEMENTATION
Communication from Dr Alex Barlow, Tees Clinical Lead for Implementation of 111

"I am writing on behalf of the local NHS 111 implementation team with regards to the imminent commencement of the NHS 111 service on Teesside (2 April 2013). We have worked with local providers and the national / regional implementation to team to ensure that we meet the minimal national requirements for NHS 111 in Tees.

The scheme has previously been discussed with officers from the LMC but I thought it would be helpful to put a few points together to be presented to the wider group for agreement.

North East ambulance Service (NEAS) will answer all calls to 111 alongside their current response to 999 calls. The majority of calls will be handled by non-clinical handlers using the NHS Pathways IT solution. Based upon the experience in County Durham and Darlington, we estimate that circa 20% of calls will not be suitable or resolved by this pathway and will be transferred to clinical call handlers hosted by NEAS. Each call will result in a disposition which outlines the skills, timescale and symptom group required for further care. This information will be processed through our local Directory of Services (the DoS) and the call handlers will recommend a local service to meet the needs of the patient based upon a ranking order of priority which both Tees CCGs have agreed.

The main service which will receive direct referrals from NHS 111 is the GP OOH service currently delivered by Northern Doctors Urgent Care (NDUC). NHS 111 will be able to book appointments in NDUC facilities or book home visits as necessary. This is a national requirement for the implementation of NHS 111. There will be direct telephone referrals for some community nursing, midwifery and dental services.

GPs will receive an electronic message from NHS 111 regarding each registered patient that is assessed by NHS 111. Our local technical leads are ensuring that these messages can be received by each practice and the practice should ensure that it has an appropriate standard operating procedure to process this information. The information should be received immediately on closure of the NHS 111 call and should therefore be available for reference if the patient contacts the registered GP /practice. We will provide sample operating procedures to help Practices select/modify one to meet their needs.

The NHS 111 service will be signposting patients to a range of urgent services which include accident & emergency departments, walk in centres, minor injuries units, community nursing, midwives, health visitors, genitourinary medical & contraception clinics, dental services, pharmacies, optometrists, social care and registered GP practices. Signposting will recognise the opening hours of the services as reflected in Directory of Service. All providers & commissioners are asked ensure the directory is an accurate reflection of the services they offer / are commissioned to provide.

GPs will be contacted by patients who have been signposted to their registered GP; this responsibility remains with the patient and there is no need for GPs to contact the patient. We have agreed that these patients will be signposted when appropriate if the disposition from NHS Pathways indicates "a speak to GP" at any times scale of 1 hour or longer within the GP opening hours, or "a contact GP" within 6 hours, 24 hours or routine (3 days).

For clarification, "speak to GP" would be anticipated to require a telephone consultation or face to face consultation, whilst "contact GP" would be anticipated to require a face to face consultation - as assessed by the call handler using NHS pathways. The patients will have been assessed as needing primary care assessment with prescribing capability and a symptom group appropriate to general practice. The GP should be able to see the record of any NHS 111 assessment if

required. Experience in Durham and Darlington suggests that this will be about 2 contacts / 1000 patients per week.

There are no new contractual obligations for GPs as a result of the NHS 111 implementation, but GPs are aware that the current contracts do include the requirement to provide essential services within core hours to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency.

GP practices should review any answer message left for patients ringing their surgery when usual call answering service is not available (predominantly out of hours). Ideally the patient should be instructed to hang up and call 111 if their need is less urgent than 999 (i.e. will not wait until the surgery is open). Emergency situations would still be directed to 999. Subsequent calls to NHS 111 will be free (whether from landline or mobile) and traceable if the need arose. Forwarding calls may be possible but may incur a cost to the patient and will only be traceable by NHS 111 to the practice. Sample messages will be available in future correspondence with practices.

Repeat callers have previously been identified as a significant risk within the NHS. The national team has proposed referring all repeat callers to the registered GP. Anybody calling NHS 111 three times in less than 4 days will be identified as a repeat caller. The Tees implementation team have asked for some changes to this process which are being considered regionally and nationally. We propose that NHS 111 will assess the immediate need and refer as appropriate but keep the registered GP informed at the earliest opportunity. In view of the risks associated with these patients and in particular reference to a case (The Publication of the Panel Report for the Serious Untoward Incident Investigation into the Death of Penny Campbell. May 2007 - A report into the death of journalist Penny Campbell who consulted eight doctors over Easter in 2005), GPs are asked to assess the situation as soon as possible and plan any further care as needed. This is estimated to be a very infrequent event to an individual practice but is a particular concern of the national NHS 111 implementation team.

The CCGs will be accountable for the running of NHS 111 locally and suitable governance is being developed with the CCGs and ultimately approved by the national implementation team prior to going live in April. Practitioners from all providers will be able to report significant events and concerns to the local governance team for analysis and review. There will also be a proactive evaluation of patient and practitioner experience of NHS 111 on Tees within the first 3 months of the Service going live.

We are currently editing a 'Your guide to NHS 111. For GPs and practice managers'. A meeting with local managers will be timetabled for early 2013 and each manager will receive a copy of this more comprehensive document.

I ask the LMC to receive this information and share any concerns before our planned go live date of 2 April 2013."

GPs were asked to let the LMC office know if they had any negative/positive experience with NHS 111 once it commenced on 2 April 2013. Practices would have to cease automatically diverting OOH incoming calls to the OOH service, their machine should give a message citing the phone number to call in order to reach the OOH service.

NOTED.

13/01/8 REPORTS FROM REPRESENTATIVES

13/01/8.1 Mini Health Checks within community and workplace settings for those aged 25-39 years on Teesside : Public Health, Redheugh House : Thursday, 10 January 2013 : Debs White / Janice Foster (Ref Minute 12/09/5)

Concerns voiced by GPs at the LMC meeting in September 2012 were raised at the meeting with Public Health. The possible number of patients being referred back to primary care was discussed and Public Health felt that numbers should be very small as they expected to be screening a maximum of 100 people a month with most being referred to stop smoking or diet control screening, not to GPs (patient numbers were disputed by members present). Unfortunately Public Health were wanting to send a long list of results to practices on the people screened. This would have a significant workload impact on practices who simply do not have spare capacity to input the results onto the computer. If Public Health wanted to highlight markers relating to QOF that would be helpful. It was **NOTED** that Public Health were asked to provide a revised feedback form to the LMC but nothing had been received so far, as had nothing on other concerns raised.

The mini health check campaign for 25-39 year olds was a government initiative which Public Health were required to carry out. Problems with the IT software developers was hindering the revised feedback form being produced.

It was **AGREED** that:

- Public Health should be urged to respond quicker to concerns raised (ongoing since September 2012); and
- Dialogue with Public Health needs to continue.

13/01/9 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 06.11.12)

07.11.12	BMA NE Regional Exec Council Meeting @ Chester le Street – Julie Birch
08.11.12	EPS R2 Project Meeting @ Riverside House – Janice Foster
08.11.12	Tees Medicines Management Committee @ Riverside House – Julie Birch
09.11.12	Practice Rent @ Teesdale House – Janice Foster / Audrey Pickstock
23.11.12	Monthly catch-up meeting with Wendy Stephens, NEPCSA @ LMC office – Janice Foster
30.11.12	LMC Secs Conference @ London – John Canning / Julie Birch / Janice Foster
04.12.12	TIUCCN Meeting (NDUC) @ Teesdale House – Janice Foster
14.12.12	EPS R2 Project Meeting @ Riverside House – Janice Foster
08.01.13	ST CCG/LMC Meeting @ NOHV – John Canning / Julie Birch / Janice Foster / Henry Waters
09.01.13	Stockton Practice Managers Development Day – John Canning / Janice Foster
09.01.13	NE Regional LMC Meeting, Washington – Danny Donovan / Julie Birch / Janice Foster
10.01.13	Imms & Vaccs Meeting, Redheugh House – Janice Foster
10.01.13	Mini Health Check Proposals, Redheugh House – Janice Foster / Debs White
21.01.13	EPS R2 Project Meeting @ Riverside House – Janice Foster
22.01.13	CAF forms @ LMC office – John Canning / Janice Foster / Alex Giles

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13/01/10 ANY OTHER NOTIFIED BUSINESS

There was no other business for discussion.

13/01/11 RECEIVE ITEMS

13/01/11.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
01.12.12	Dr A J Mehta	Gladstone House Surgery	H PCT
Partner to become Salaried GP			
22.11.12	Dr M Y S Kukah	Woodbridge Practice	NT PCT
Salaried GP.			
04.01.13	Dr T Nadah	Westbourne Medical Centre	M PCT
Returning following superannuation break.			
04.02.13	Dr J M Lakeman	Borough Road & Nunthorpe MC	M PCT
Returning following superannuation break.			
07.01.13	Dr H Mohammed	Normanby Medical Centre	R&C PCT
Returning following superannuation break.			

Resignations:

Effective Date	Name	Partnership	Practice Area
25.11.12	Dr A K Singh	Wynyard Road PCC	H PCT
Sadly died.			
28.01.13	Dr J Dunstone	Hart Medical Practice	H PCT
Resigned.			
21.03.13	Dr Y Smith	Thornaby & Barwick Medical Group	NT PCT
Resigned. Salaried GP.			
02.01.13	Dr T Nadah	Westbourne Medical Centre	M PCT
Taking superannuation break. Returning 04.01.13.			
31.01.12	Dr J M Lakeman	Borough Road & Nunthorpe MC	M PCT
Taking superannuation break. Returning 04.01.13.			
28.09.12	Dr R Ramesh	Marske Medical Centre	R&C PCT
Resigned. PCT PMS Salaried GP.			
20.12.12	Dr P L Juhasz	Manor House Surgery	R&C PCT
Resignation. Salaried GP.			

04.01.13 Dr H Mohammed Normanby Medical Centre R&C PCT
Taking superannuation break. Returning 07.01.13.

28.3.13 Dr D B Acquilla South Grange Medical Centre R&C PCT
Retiring.

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13/01/11.2 Change of telephone number
Communication from Contractor Services, NEPCSA

Please note the following change of telephone numbers with immediate effect:

Norton Medical Centre Billingham Road Norton Stockton on Tees TS20 2UZ	**Tel: 01642 745350** **Fax: 01642 745358**

Hirsel Medical Centre North Ormesby Health Village 5 Trinity Mews North Ormesby Middlesbrough TS3 6AL	**Tel: 01642 242880** Fax: 01642 251494

The Village Medical Centre 400-404 Linthorpe Road Linthorpe Middlesbrough TS5 6HF	**Tel: 0844 387 8350** **Fax: 0844 387 8370**

Linthorpe Surgery 378 Linthorpe Road Middlesbrough TS5 6HA	**Tel: 01642 856066** Fax: 01642 824094

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13/01/11.3 NHS Tees transition arrangements - Update
Communication from Cameron Ward, Interim Accountable Officer for NHS Tees

"As part of the NHS transition arrangements for the new bodies coming into being in April 2013, I would like to update you on the next stage in the process.

From 1 December I am now the interim Accountable Officer for NHS Tees, taking over from Chris Willis. All current organisational responsibilities remain the same until 1 April 2013 when the new organisations formally come into existence.

The PCTs in Teesside remain the accountable organisations for all their functions even if the day to day management is passed on to a newly forming organisation to deliver. This is necessary to support the development of the new organisations so they are able to be fully operational from 1 April 2013.

The directors within the Durham, Darlington and Tees area team are receiving handovers from NHS Tees and NHS County Durham and Darlington directors so they can begin to take on their new roles. As these arrangements are finalised we will tell you about any changes to who you need to contact in our regular updates.

In the meantime all existing contacts remain the same until you are advised otherwise. Any correspondence requiring the attention of the PCT Cluster's chief executive should be sent for the attention of:

Cameron Ward : Chief Executive Office
NHS Tees
c/o Teesdale House
Westpoint Road
Thornaby
Stockton-on-Tees
TS17 6BL
***Tel:** 01642 745037*
***Fax:** 01642 666701*
***Website:** www.tees.nhs.uk*

Induction meetings continue to be arranged and new members of the area team will be joining existing meetings and groups. Thank you for your contributions to these meetings and making the staff so welcome.

All of the PCT led meetings and groups will continue during the transition process until such time as alternative arrangements are introduced. Stakeholders will be involved in any process where current groups are reviewed to consider what new arrangements are necessary from April.

Staff to support the area team are being recruited and this process will conclude by the end of December. Any remaining vacant posts will be recruited to in January 2013.

During the transition period it will be important to continue to deliver on all national and local targets and standards as well as managing winter pressures and responding to any emergency incidents. PCT and area team staff will be committed to do this so we are in the best place possible for all the new organisations to start in the new financial year."

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13/01/11.4 Report the receipt of:

GPC Newsletter Issue 4 – Friday, 16 November 2012 – available on www.bma.org.uk
GPC Newsletter Issue 5 – Friday, 21 December 2012 – available on www.bma.org.uk
GPC Newsletter Issue 6 – Friday, 18 January 2013 – available on www.bma.org.uk
Sunderland LMC minutes of meeting held on 16 October 2012
North East Regional LMC minutes of meeting held on 3 October 2012

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13/01/11.5 Date and time of next meeting

Tuesday, 12 March 2013 : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR.

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There being no further business to discuss, the meeting closed at 8.25 p.m.

Date: ..... Chairman: .....