

# CLEVELAND LOCAL MEDICAL COMMITTEE

**Dr J T Canning MB, ChB, MRCGP**

**Secretary**

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 17 July 2007 in the Committee Room, Poole House, Nunthorpe, Middlesbrough

**Present:**

Dr R Roberts ( Chairman)	Dr W J Beeby	Dr J-A Birch
Dr J T Canning	Dr D Donovan	Dr K Ellenger
Dr M Hazarika	Dr K Machender	Dr R McMahan
Dr T Nadah	Dr J Nicholas	Dr D Obih
Dr A Ramaswamy	Dr N Rowell	Dr O Sangowawa
Dr M Speight	Dr R J Wheeler	Dr C Wilson

**In attendance:** Mrs C A Knifton : LMC Manager  
Mr I McFarlane : LMC/PCT Liaison Officer

## **07/07/1 APOLOGIES**

Apologies had been received from Dr S Burrows, Dr G Daynes, Dr A Gash, Dr A Holmes, Dr I A Lone, Dr J O'Donoghue and Dr S White.

## **07/07/2 MINUTES OF THE MEETING HELD ON 5 June 2007 (previously circulated)**

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

## **07/07/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS**

### **07/07/3.1 Role of LMC in Teesside area** Ref Minute: 07/06/7.1

A lengthy discussion had taken place at the last LMC meeting on the role of the LMC in the Teesside area. Subsequently the LMC Secretary had advised members that he had put his name forward for election to the chairmanship of the GPC, and if that was unsuccessful and the chairman was elected from among the current negotiators this would result in a vacancy and he had put his name forward for that position too. If he were to be elected chairman of the GPC he would not be able to continue his LMC role; if he were elected to the negotiating team then he would be looking to reduce his LMC commitment with a view to the LMC appointing someone else to assist in the

Secretary's role as part of a succession plan. Having two people sharing the role would allow for overlap and the sharing of different skills. The LMC Chairman, Vice Chairman and Secretary were meeting next week to discuss the outcome of voting at the GPC on Thursday, 19 July. Members would be kept informed.

It was **AGREED** the matter would be discussed again at the September LMC meeting.

**07/07/3.2 Future arrangements for LMC/PCT Liaison Meetings**  
Ref Minute: 07/06/7.2

After discussion, it was **AGREED** that the Chairman continue in post with other members of the LMC being asked to attend Liaison Meetings in her absence. It was **NOTED** that Dr Holmes had expressed an interest.

**07/07/3.3 NHS Choices**  
Ref Minute: 07/06/14.6

At the last meeting, Members had been asked to consider the document and pass comments back to the LMC. It was **NOTED** that no comments had been received.

**07/07/3.4 Practice Based Commissioning – Update**  
Ref Minutes: 06/02/8.3 : 06/06/4: 06/09/7 : 07/06/3.2

***Hartlepool PCT – Dr C Parker***

All practices are fully involved in a Town Wide Commissioning group; we meet every two weeks with typical attendance representing 75% or more of practices and involves GPs, Nurses (Practice and Community) and Practice Managers.

No new services have been commissioned yet, but several changes to existing services have been implemented. One of the earliest to address was dermatology, with an education programme launched including 3 Time Out sessions. This has seen significant reductions to new out patient referrals and financial savings too.

We work in close partnership with the PCT and had identified “overheating” in orthopaedic elective treatment. The solution agreed resulted in an overspend, but significant reduction to waiting times.

Muscular/skeletal services have been expanded to take circa 70% of orthopaedic referrals plus spinal triage. The outcomes of this include reduced out patient referrals and circa £300,000 savings. Waiting times have increased but a recovery plan has been agreed to reduce these to 8 weeks within 3 months.

New services coming online are:

- Uro/Gyn triage based in a community setting – August 2007
- Staff have been appointed to Community Respiratory Service providing COPD and oxygen assessment.
- JCUH have worked closely to develop an ENT clinical assessment and treatment service – August 2007. PCT have provided “hard resources”, JCUH will provide clinical staff. Anticipated case load is 1,000 referrals per annum. Consultants will

triage twice per week for treatment via primary or secondary care – August 2007. Sterilisation costs have been a significant factor in this service but plan shows financial viability with potential £50,000 savings. Spare capacity is available for use in other services and will enhance the financial effectiveness.

Practices have had some concerns around timeliness of data and budgets but these have not been critical. With recent appointments in PCT reconfiguration, we can expect these concerns to be resolved in the very near future.

***North Tees PCT - Dr A Barlow***

I reply in my capacity as chairman of NT commissioning forum. For 2006/07 and 2007/08, all practices in NT have agreed to act together. It has been agreed that all budgets are pooled at this stage. We have developed a programme of work to be completed through the year and rewarded with LES payment based on a practice responding to the agreed plan. This has been led by a steering group which includes a practice manager, Jenny Barrett, John O'Donoghue, Rodger Thornham and myself. John resigned from this group at the end of March 2007 and we have nearly ensured the involvement of another practice manager and two further GPs. We would like nurse involvement but have not been able to identify an appropriate willing person. The PCT has agreed to fund the steering group on top of funding the LES. The steering group meets the PCT managers in a partnership group on a monthly basis.

Practices are generally well engaged in the process so far. During our work so far we have examined current care pathway and tried to stimulate improvements. We have not stimulated the commissioning of any new services.

We enjoy regular contact with the PCT and the PCT have been closely involved in developing our role. Unfortunately, PCT reorganisation has had a major impeding factor on the development of PBC. We need to develop stronger relations with our commissioners and we need reliable information regarding activity and budgets on a regular basis with support for practices in analysing this data.

PBC is a complicated policy with ambitious aims. In NT we have good clinical engagement but have not demonstrated the strength to balance the policies around 'choice' and 'payment by results'.

***Redcar and Cleveland PCT - Dr M Milner***

Two commissioning groups have emerged, one based on 15 practices of Langbaugh PCT and another grouping of Eston Corridor Practices and one Redcar Practice. The 15 practices covering circa 96,000 patients to join together in a Social Enterprise group.

Budgets have now been largely agreed on a "Fair Share" rather than "historical" basis. PCT is holding back some funds to risk manage, and fund prior commitments, for example Stead Community Hospital re-development. PCT has also "earmarked" funds it estimates are necessary to meet the key 18 week target. PCT plans to keep 30% of PBC savings, this is being further discussed.

Practices concerned about 3% uplift on prescribing out turn last year. Recent information suggests an 8% rising in key generic drugs has been agreed leaving significant deficit.

LES has been subject to further debate but is now agreed.

***Middlesbrough PCT - Dr N Rowell***

Practice Based Commissioning has mixed support from practices in the area. A PBC group has been active with a Clinical Executive to coordinate liaison with the PCT. PCT reconfigurations have disrupted progress recently; a number of key appointments are being

confirmed at present following which we hope that working relationships can be developed and progress resumed.

The Middlesbrough Commissioning Group last met on Thursday 28 June. The meeting was well supported with more than 20 practices represented.

One of the items on the Agenda was to discuss the proposed specification from Middlesbrough PCT for the PBC Locally Enhanced Service.

The LES had been circulated for review prior to the meeting and its key features were explained in some detail.

After considerable debate, the LES was considered unsuitable for purpose and unanimously rejected. The clinical executive confirmed this response to the PCT with some suggestions for amendment.

The PCT did not support a request to adopt a LES modelled on the North Tees specification, but have suggested some alterations in line with some of our suggestions.

We await receipt of the new draft LES and will discuss at our next Forum meeting.

Other relevant business has included:

- Progress on a LES for GUM services with an anticipated start date of November 2007.
- A pilot scheme for mental health services.
- A new pathway for consultant assessment on oxygen services

We have a number of projects still being planned including:

- Community based "Echo for Heart Failure". Equipment is available, but no trained user at present.
- Community "palpitations" clinic
- GPwSI in cardiology to support practices and specialist nurses
- Rehabilitation for pulmonary patients

Considerable discussion ensued on the problems Middlesbrough GPs were experiencing in getting an acceptable/workable LES. The LES they rejected contained three targets: achieving financial balance; achieving 18 weeks to treat; achieving 5% reduction in emergency bed days. A revised LES had contained some educational money along with the three targets. This was currently under consideration. GPs would prefer to go along the lines of the NTPCT proposal.

Eston members said they had the same LES proposal as MPCT but the "Eston corridor" had neither met nor agreed any LES. They wanted a budget on an historical basis and to work towards a fair share budget.

It was pointed out that if MPCT fails with PBC and it is taken away from the PCT, it may end up in the private sector and cost a huge amount of money, which would make a mockery of practice based commissioning.

The PBC LES for North Tees was divided into eight sections, like QOF points, where GPs can pick and choose what they do; it is about encouraging clinicians and encouraging discussion.

It was **AGREED** that:

- a letter be written to the MPCT Chairman and if necessary seek a meeting with her;
- contact local MPs.

**07/07/3.5      Review of FHS Contractor Services – Update**

Reference Minutes: 07/01/6 : 07/06/4

Effective from Monday, 2 July 2007, there is a single FHS Contractor Services for the whole of the North East SHA, with work ongoing in relation to the practicalities appertaining to that. It was important that an effective medium of engaging with the 4,395 contactors in the re-formed area was found. The suggestions contained within the LMC letter had been welcomed by the review team.

**NOTED.**

**07/07/4            SHAPING HEALTH CARE FOR THE NEXT DECADE**

It had been announced that Professor Ara Darzi would be leading a review of the NHS and would advise on delivering health care over the next 10 years, with the report being presented by June 2008. The review will involve patients, doctors, nurses and other practitioners and consider how best to continue delivering improvements across the NHS.

**NOTED.**

**07/07/5            INTER-AGENCY PROTOCOL FOR INFORMATION EXCHANGE  
(covering the County Durham, Tees Valley and North Yorkshire area)**

Dr Nicholas advised that the large document had been sent to members for reference purposes only. The document combined various pieces of legislation which govern how information can be shared legitimately between agencies/organisations who are involved in the provision of statutory duties and services, without breaching patient confidentiality. He felt it was useful to have a document to refer to when queries arose concerning sharing of information, and had been put together by a group of people who had a good knowledge of the legal framework, and he commended the document. It was not something practices had to sign up to, and it was up to the respective agency requesting the information to prove their request was in accordance with the protocol and to have already obtained consent from the necessary party.

Dr Canning reminded members that the fundamental principle for GPs and practices was to adhere to “Good Medical Practice” and specific guidance on confidentiality and consent.

**NOTED.**

**07/07/6      PRIMARY    CARE    TRUST    PROFESSIONAL    EXECUTIVE  
COMMITTEES : Fit for the Future**

North Tees/Hartlepool PCTs had set up a joint PEC and appointed a PEC Chairman. The LMC had been involved in the interview process.

Middlesbrough/Redcar & Cleveland PCTs, being reformed PCTs, had appointed their joint PEC Chairman some time ago.

**NOTED.**

**07/07/7      REPORTS FROM REPRESENTATIVES**

**07/07/7.1    LMC Conference 14 – 15 June 2007**

The Annual Conference had been very well supported and those involved were thanked. A vast amount of business had been discussed and voted upon and full details were contained within GPC News M10 –2007 Conference News (*available at [www.bma.org.uk](http://www.bma.org.uk)*) or a copy could be obtained from the LMC office.

**NOTED.**

**07/07/8      REPORTS FROM MEETINGS**

**07/07/8.1    Pandemic Flu Meeting, 4 July 2007 : Attendees - Dr R McMahon, Dr J-A Birch, Dr A Ramaswamy, Dr S Stockley & Dr P Heywood of MPCT**

The team had met for the third time to discuss a Tees-wide Pandemic Flu Plan, with another meeting planned for September. Agreed in principle:

- there will be a LES for writing a plan,
- there should be an educational time-out session as part of the LES money (one person per practice to attend)
- hopeful that all practices will sign up to the plan,
- most of the specification has been worked out but not costed yet,
- most of the work will be done at Practice Manager level with groups working together for a cohesive plan of approximately 15,000+ patients, some leeway depending on geography of areas,
- practices are to work jointly, not write individual plans
- document will be brought to the LMC for consideration

It was hoped that by practices working together this would alleviate problems with staff moving from one practice to another in an emergency, and staff having to encounter working on different computer systems.

**NOTED.**

## **07/07/9 SUPPLEMENTARY AGENDA**

### **07/07/9.1 Consultation on the retirement of a NT PCT single handed GP and the future of that practice**

A single handed practitioner had resigned and NTPCT had contacted the LMC for comments on the options proffered, which were:

- Advertise a vacancy and enter into GMS, PMS or APMS contract;
- Invite interest from existing primary medical services contractors
- Employ a GP and supporting staff using the PCTMS route.

The background to this request and all the implications were discussed fully. It was the opinion of the Small Practices Association that the vacancy should be advertised nationally, (which would not preclude a neighbouring practice submitting a bid but would increase the risk of a non-traditional provider and perhaps reduce the amount of money available to look after the patients).

It was **AGREED** that:

- The vacancy should be advertised nationally, but that the advert should be sent to local practices for information;
- The funding should reflect the current practice funding unless the PCT can identify a need to alter it;
- The LMC/PCT Liaison Officer should work with single handed practitioners in order to make them aware of options available relating to succession and the continuance of the practice (a merger or a partner can be taken on prior to submitting retirement/resignation to the PCT).

### **07/07/9.2 Joint Annual Review of Children's Services (JAR) in Stockton-on-Tees**

The above review will take place later this year. This Government inspection looks at how well local services work together to improve the lives of children and young people. The process involves experts from various National Audit bodies in looking at records held on children across all agencies including PCTs and GP practices.

A list of 100 children is submitted and the Inspectors select 10 children from the list to be reviewed. Families are informed of the inspection and informed consent is collected from the 10 children/parents at this point, to allow the inspectors to view all the records. If consent is declined an alternative selection is made from the list of 100. The inspectors will require a paper copy of the 10 GP records for this review.

The 100 records will be selected in the next few weeks and the 10 records should be known in August. Practices holding patient records for these children will be notified. The paper copies of records will be required for October 2007.

NT Practice Managers have received a formal presentation on the JAR and are aware of this process. The relevant practices will be contacted following selection of the 10 children to inform them of the next steps. Copies of consent will be provided to the relevant practices.

Following inspection, all records will be returned to the practices. The process fully complies with the Data Protection Act 1998 and everyone involved in the process is

contractually obliged to respect confidentiality.

If you require further information on this review please contact Mrs Chris Webb, Assistant Director Tees Information Governance on 01642 666769.

Dr Nicholas informed members that every 3-4 years all localities have to have their children's services reviewed and this year it was NTPCT.

Dr Canning pointed out that medical defence organisations and the LMC advised that original records should not leave the surgery (except in the case of certain agreed circumstances for former miners). It was felt that copies of the records would suffice as opposed to the original records, but who would pay for the photocopying? In the case of the records being computer generated only, a printout would be required. It was felt preferable for the records to be destroyed, once inspected, rather than return them to the surgery for disposal.

**NOTED.**

**07/07/9.3 Tees, Esk and Wear Valleys NHS Trust: Formal consultation on their plans to become an NHS Foundation trust**

The Secretary informed members that this subject would be discussed at the LMC meeting on 11 September and papers would be sent to them for consideration prior to that meeting

**NOTED.**

**07/07/10 ANY OTHER NOTIFIED BUSINESS**

**07/07/10.1 Cleveland LMC website**

The Liaison Officer informed members that Cleveland LMC had purchased a domain [www.clevelandlmc.org.uk](http://www.clevelandlmc.org.uk) and was busy developing a website to cover useful information about the LMC.

A bulletin board was also being developed to enable the LMC to share views, information, and achieve a degree of collective decision making between committee meetings. This was a private members only group within Google and members would need to let the Liaison Officer know they were interested in order to be set up as a member of the group. Communication could be monitored through the website, their preferred email address, or both.

In the meantime, any member wishing to help trial and develop the website or bulletin board (or both) was encouraged to contact the Liaison Officer at the LMC Office (01642 304074), or email [ian.mcfarlane@tees-shs.nhs.uk](mailto:ian.mcfarlane@tees-shs.nhs.uk)

It was **AGREED** that the content of both the website and bulletin board be reviewed at the September LMC meeting and a demonstration given to members.

**07/07/11 RECEIVE ITEMS**

**07/07/11.1 Medical List**

**Applications:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
01.07.07 <i>Partner.</i>	Dr P de Jongh	Dr Awad & Partner	HPCT
01.04.07 <i>Partner. The Glens Medical Centre becomes the branch surgery to Normanby Medical Centre.</i>	Dr H Mohammed	Dr Lone & Partners	R&C PCT
01.07.07 <i>Partner</i>	Dr S Ismail	Dr Lakeman & Partners	MPCT
01.07.07 <i>Salaried GP. Has been at the practice since 1.4.6 – Shared Services only recently notified.</i>	Dr R H Johnson	Arrival Practice	NTPCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
27.07.07 <i>24 hour retirement. Returning 30 July 2007.</i>	Dr F Tunio	Elm Tree Medical Centre	NTPCT

**RECEIVED.**

**07/07/11.2 Report the receipt of:**

GPC News M10 –2007 Conference News (*available at [www.bma.org.uk](http://www.bma.org.uk)*)  
Redcar & Cleveland Children & Young People’s Trust – Plan Review 2006/9  
Sunderland LMC minutes of meeting held on 15 May 2007

**RECEIVED.**

**07/07/11.3 Date and time of next meeting**

Tuesday, 11 September 2007, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road

**RECEIVED.**

There being no further business to discuss, the meeting closed at 8.26 p.m.

***Date:***

***Chairman:***