

# CLEVELAND LOCAL MEDICAL COMMITTEE

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

**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, 15 July 2008 in the Committee Room, Poole House, Nunthorpe, Middlesbrough

**Present:**

Dr R Roberts (Chairman)	Dr W J Beeby	Dr J T Canning
Mr J Clarke	Dr G Daynes	Dr D Donovan
Dr A Gash	Dr T A Gjertsen	Dr I A Lone
Dr K Machender	Dr R McMahan	Dr T Nadah
Dr J R Nicholas	Dr D Obih	Dr A Ramaswamy
Dr N T Rowell	Dr M Speight	Dr J R Thornham
Dr R J Wheeler	Dr S White	Dr C Wilson

**In attendance:** Mrs C A Knifton : LMC Manager

## **08/07/1 APOLOGIES**

Apologies had been **RECEIVED** from Dr J-A Birch, Dr A Boggis, Dr S Burrows, Dr K Ellenger, Dr P Heywood, Dr J O'Donoghue, Dr O Sangowawa, and Dr D White.

## **08/07/2 MINUTES OF THE MEETING HELD ON 3 June 2008**

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

## **08/07/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS**

### **08/07/3.1 Choose & Book Update**

Email received from Caroline Thurlbeck, Performance Manager, NHSE North East, Newcastle and Derek Thompson, SHA Choose & Book Clinical Champion

Ref Minutes: 07/01/4.1 : 07/01/4.2 : 07/01/4.3 : 07/03/3.5 : 07/03/10.2 : 07/05/3.4 : 08/03/3.3.1 : 08/03/3.3.2

“Your email regarding the ‘compulsory use of choose and book for referral’ has been passed through to the SHA by the National Choose and Book team.

The SHA working with the PCTs and Trusts in the North East is committed to the extension of the use of the Choose and Book beyond the current 50% utilisation to 90% for new outpatient bookings.

The lead directors for Choose and Book within the SHA discussed mechanisms to increase utilisation and one of the proposals that was drawn up was a phased approach using auditing and feedback about paper referrals. This would include the audit of paper referrals by receiving trusts and the return of guidance to the originating practices informing them whether the booking could have been made via choose and book.

The discussion went on to consider setting a timescale whereby any paper referrals received after an agreed date, which could have been made via choose and book, would be returned and the practice asked to resubmit them via choose and book.

Following clinical consultation and further discussion, it was agreed that this approach of returning referrals would not be acceptable but that all stages of the approach to increase utilisation up to the return of referrals should be considered by PCTs clusters. It was anticipated that audit would enable a greater understanding of the barriers to full booking via choose and book.

Each of the PCT clusters in the North East has developed a Locally Enhance Service to incentivise improvements in the use of Choose and Book. In support of this a number of PCT clusters in the North East are now undertaking the audit and feedback work in parallel with their ongoing support to practices in the use of choose and book.

There is no SHA wide policy to enforce the use of choose and book but the SHA continues to promote the effective use of the technology to support patients in getting access to the provider of their choice.”

#### **RECEIVED.**

#### **08/07/4            MOMENTUM PATHWAYS TO HEALTHCARE**

Consultation on proposal for new hospital covering Hartlepool, Stockton, parts of Easington and Sedgefield. Document can be found on [www.momentum-consultation.org.uk](http://www.momentum-consultation.org.uk)

Dr Canning will be attending Stockton Council’s Health Select Committee meeting on Monday, 21 July to comment on the proposed new hospital.

Dr Roberts, who is the LMC representative on the Momentum Partnership Panel, voiced concern that the hospital was being built, smaller than usual, based on everything being moved into the community. If changes occurred in the community, what would happen in, say, ten years time when we may find the hospital is not large enough to cope with demand? It was vital that services in the community were in place before facilities were closed at the hospital.

Dr Thornham declared an interest as a Member of the Momentum Board, and said the hospital was not a fait accompli because funding had not yet been agreed. Hospitals doing only what hospitals should do was crucial, and services will be in the community before the new hospital is in place.

Another vital aspect was having transport in place to enable people without cars to travel by bus to the new hospital, without diverting NHS money to provide this facility.

Would the location of this hospital bring about an increased usage of JCUH and Northallerton Hospital for those patients living in the south of the area? All this had to be taken into account.

**Post meeting note:** Hartlepool Borough Council will be holding their Health Select Committee meeting on Friday, 25 July and Monday, 4 August. Dr Canning will be attending on 25 July.

**08/07/5 GP LED HEALTH CENTRES AND NEW PRACTICES**

Four consultation documents entitled "Improving access and choice in primary care services" for Hartlepool PCT, North Tees PCT, Middlesbrough PCT, and Redcar/Cleveland PCT areas

Dr Canning tabled a draft response to the four consultation documents and members were asked not to discuss the details outside of the meeting. The paper was discussed and members would be emailed a copy to enable them to consider the paper further and relay any comments back to the LMC office. A response to the documents has to be submitted by 1 August 2008.

**08/07/6 NORTH EAST VISION DOCUMENT**

Our Vision, Our Future : Our North East NHS : A strategic vision for transforming health and healthcare services within the North East of England

A summary of the document had been emailed to LMC Board Members and comments were invited. One of the aims mentioned in the document was to ensure everyone with a long term condition had a personalised care plan. Was this a GP or nurse function? It would appear that whilst government were attempting to reduce police paperwork, NHS paperwork was set to increase.

**08/07/7 FULL/CLOSED LISTS : POLICY FOR ACCEPTING PATIENTS ON TO THE PRACTICE LIST**

Query received from Karen Hawkins, Commissioning Manager (Tees)

Dr Canning explained that the LMC had sent a document to all Practice Managers in February 2006 outlining the policy for accepting patients/temporary residents on to the practice list. This policy was now being queried by the Commissioning Manager (Tees) with the request that amended guidance be issued in line with contract regulations.

Dr Canning explained that the contract stated that if someone makes an application you have to look at the application and make a judgement on whether or not you wish to accept the application. You can reject the application but not on the grounds of discrimination. You can reject on grounds that you do not have the resources to see any more patients or cannot provide a service for appropriate reason(s). You cannot reject on the grounds of health. It was recommended that all practices have a policy

against which they can make their decision, and the regulations require a record to be kept of rejections; the policy allows the practice to answer any complaint of rejection to be answered against fair laid out criteria.

What about rejecting patients on the grounds of their behaviour? Dr Canning said it was quite reasonable to refuse to accept such patients; this is nothing to do with their health, it is to do with having a duty of care to your staff and other patients to protect them from inappropriate behaviour. In the cases where staff feel threatened, and instant removal is thought necessary, practices must ring the police to say "I am obliged to inform you that (this person) is to be removed from our list with immediate effect because of inappropriate/threatening behaviour towards our staff". You do not need a crime number, you do not need the police to take action, you are merely informing the authorities of your actions, you do not have to pursue the matter any further.

An example was given whereby a hospital psychiatrist would not see a patient without police presence, but PCT refused to allow the practice to remove the patient from their list. The week before there had been a violent incident involving a Primecare doctor and the PCT allowed the patient to be removed from the list. Dr Canning explained that the rules were that it has to be violence against the contractor and the contractor stops work at 6.30 p.m. so if it is OOH it is not a contractor incurring the violence.

**08/07/8            ASSURING QUALITY IN PRIMARY CARE – AMBITION FOR EXCELLENCE**

Letter from south of Tees PCTs to GPs in Middlesbrough & Redcar/Cleveland

It was commented that the incentive scheme was a reproduction of a scheme offered in February which was rejected; it is a LES to QOF. Practices had two weeks in which to decide whether or not to accept the incentive. It was thought that costings would be £2.50 per patient but only if practices achieved a 105% success rate. It was up to individual practices to decide whether or not to accept the LES.

It was **AGREED** the LMC must be consulted on the detail.

**08/07/9            REPORTS FROM REPRESENTATIVES**

**08/07/9.1        Annual Conference of Representatives of LMCs : 12/13 June 2008**

Drs Roberts / Lone / Ramaswamy had attended Conference on behalf of the LMC. One of the many items accepted had been commissioning for OOH coming back to practices. This is not OOH coming back to GPs, but the commissioning of the OOH in finding the right person/organisation to provide the service. Supporting people to get full maternity pay reimbursed from PCTs had also been accepted. Dr Roberts was congratulated on making her first presentation on a motion at Conference.

**08/07/10        REPORTS FROM MEETINGS**

**08/07/10.1 Prevention of CVD – Meeting between Dr Peter Heywood & Dr John Canning : Monday, 14 July 2008**

The initiative will be Tees-wide. Provides an additional 102/105 points achievable for primary prevention on a QOF type arrangement. Money from DoH. There will be a lot of work on identifying people who have not been diagnosed with coronary risk factors. Amongst the four PCTs there is at least a 10 year gap in mortality between the most deprived and least deprived. How successful the initiative will be, nobody knows.

**08/07/11 ANY OTHER NOTIFIED BUSINESS**

**08/07/11.1 Membership of LMC Board – Elections for Membership in April 2009**

The Chairman mentioned that the 3-year term of office for membership would expire in April 2009 and asked members to consider what capacity they would consider being involved in during the next term.

The Vice Chairman explained that both he and the Chairman would like to step down next year and this was a prime time for anyone interested in taking up either of these roles, to shadow them for the next six months so they would have a good idea of what was expected of them. Anyone interested in either of the positions was asked to contact the LMC office.

**08/07/12 RECEIVE ITEMS**

**08/07/12.1 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>
09.06.08 <i>Salaried GP.</i>	Dr R M Emison	Dr Contractor & Partners	NTPCT
01.06.08 <i>Salaried GP (actually joined practice on 1.03.08).</i>	Dr P Nemeth	Dr Dunstone & Partners	HPCT
01.07.08 <i>Partner.</i>	Dr K M Morgan	Dr Inch & Partners	MPCT
01.07.08 <i>SGP. Has been at this practice for some time.</i>	Dr H Trimming	Intrahealth Wynyard Road PCC	H PCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
31.07.08 <i>Retirement</i>	Dr J Blakey	Dr Blakey & Partners	MPCT
30.06.08 <i>Ill health retirement.</i>	Dr S N Gowland	Dr Inch & Partners	MPCT
30.06.08 <i>Resignation.</i>	Dr N J Jacott	Dr Lakeman & Partners	MPCT
05.07.08 <i>SGP. Resigned from Performers List to return to Spain.</i>	Dr N V Jimenez	Dr Brash & Partners	H PCT

**RECEIVED.**

### **08/07/12.2 Change in surname spelling**

There has been a change in the spelling of Dr M Acha de la Presa's surname to Dr M **Atxa** de la Presa. Dr Atxa de la Presa is a Salaried GP at Dr O'Flanagan & Partners, Redcar.

**RECEIVED.**

### **08/07/11.3 Documents sent to GPs and/or Practice Managers since the last meeting on 3 June 2008**

Support Your Surgery Campaign - Number of Signatures on Petition (5.6.8)  
 Cleveland LMC June Minutes (5.6.8)  
 Support Your Surgery Campaign - Please Return Petitions to the BMA TODAY (6.6.8)  
 Cleveland LMC Admin Office - Holiday Arrangements (6.6.8)  
 Advert - Salaried GP, Redcar (6.6.8)  
 GPC Focus on Dynamising Factor - May 2008 (26.6.8)  
 Cleveland Local Medical Committee is moving on Friday, 27 June 2008 (26.6.8)  
 AMENDED LMC contact details - Phone number changed (30.6.8)  
 Use of Patient Database (1.7.8)  
 Advert - Practice Nurse required, Hartlepool (1.7.8)  
 REMINDER: Hazardous Waste Training (3.7.8)  
 Pensions - Ill Health Retirement (8.7.8)  
 Pediacel Briefing from the Department of Health (8.7.8)  
 Directory Services Scams (8.7.8)  
 RCN Colposcopy Nurses Group : RCN Headquarters, Cowdray Hall, London (8.7.8)  
 Vacancy on the LMC Board for a GP in the North Tees PCT area (8.7.8)  
 SRCL - Premises Code Registration 2008 (clinical waste) (9.7.8)  
 Patients with dental problems requesting a GP appointment (15.07.08)  
 Next Stage Review reports and BMA summaries (15.07.08)

**RECEIVED.**

**08/07/11.4 Report the receipt of:**

Sunderland LMC minutes of meeting held on 22 April 2008  
Sunderland LMC minutes of meeting held on 20 May 2008  
GPC News 10 – Conference News 12/13 June 2008 (*available at [www.bma.org.uk](http://www.bma.org.uk)*)

**RECEIVED.**

**08/07/11.5 Date and time of next meeting**

Tuesday, 9 September 2008, at 7.30 p.m. in the Committee Room, Poole House,

**RECEIVED.**

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

***Date:***

***Chairman***