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 Local Medical Committee commencing at 7.02 p.m. on Tuesday, 10 July 2012 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

Present:

Dr D Donovan (Chairman)	Dr S H M Arifulla	Dr M Betterton
Dr J A Birch	Dr A Boggis	Dr I Bonavia
Mrs V Counter	Dr R Craven	Dr H El-Sherif
Dr K Ellenger	Dr R J Gossow	Dr I Guy
Dr M Hulyer	Dr E K Mansoor	Dr R McMahon
Dr N Miller	Dr H Murray	Dr T Nadah
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
Ms A Hume : Designate Chief Officer for ST CCG
Dr A Tahmassebi : GP lead for ST CCG
Ms A Wilson : Designate Chief Officer for H & S-o-T CCG
D M Smith : GP lead for H & S-o-T CCG

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The Chairman welcomed Dr Mansoor, Dr Craven and Dr Guy to their first meeting.
In Dr Canning's absence, Dr Birch would be taking his place.

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12/7/1 CCG CONSTITUTIONS – TEES
Attendees: Ali Wilson / Mike Smith (North) & Amanda Hume / Ali Tahmassebi (South)

The Chairman welcomed the Shadow CCG members to the meeting and invited them to talk on their respective draft CCG Constitutions.

Both draft CCG constitutions were very lengthy (100+ pages each) with slight differences between the two. Both CCGs had produced a flowchart (copies distributed around table) showing where the different layers of governing bodies/sub-committees/members etc sat within each CCG. The Council of Members will have a representative from each practice on it, those representatives are there to represent the patients in the practice not the practice. CCGs want to ensure there is clear transparency in decision making, with clinicians being involved where they can make a positive contribution. Both CCGs are looking to slim their constitutions down prior to them being discussed with practices and, once agreed, a shorter version will be sent to practices for their use though they will have access to the full document if they so wish. The LMC Development Manager has been involved in discussions on the draft constitutions as the CCGs recognised the importance of involving the LMC at the early stages and throughout.

The constitutions will need to go to the NHS Commissioning Board to ascertain if they are fit for purpose and for authorisation. Once the constitutions are in place they cannot be easily

changed and for this reason, the CCGs are wanting to keep the constitutions 'light' and only include things that need to be included. Those things not in the constitutions could perhaps be included in appendices which can be altered as things develop and need changing, without going to the NHS Commissioning Board for approval.

A NT member commented that the constitution seemed to indicate CCGs would not have the right to make decisions that are going to have a financial impact on practices, which was felt important because secondary to primary care shift was having a significant financial impact on practices. Consultant to consultant referrals had also ceased which then took up GP appointments and admin time/costs. Inappropriate and impractical decisions had been imposed without consideration for the impact on primary care. CCG reps explained that they had inherited old commissioning intentions but new ones will be developed through the Council of Members in the future. They assured that money followed the patient and CCGs would have to make sure this happened.

Every practice has to be a member of the Commissioning Group, there is no choice. Practices, collectively, have to feel comfortable with the constitution. The question was asked: if membership is compulsory, why are practices required to apply? Practices have to apply to become a member of the CCG because CCGs have to have some method of safe discharge of responsibility as there will be £360 million of public money in the budget.

CCGs will be commissioning secondary care, however, money will be following workload and if a CCG felt additional services can be commissioned from general practice then that is where it will be commissioned.

The constitution timescale was discussed. Shadow CCGs hope to start discussing the constitution with practices end-July/August. 3 September is the date CCGs will submit their applications for assessment by the NHS Commissioning Board. CCGs will fail in the authorisation process if the constitutions are not virtually finalised by 3 September. All practices do not have to be signed up to the constitutions by 3 September but CCGs have to be able to show they are engaging with practices.

The Chairman thanked Ali Wilson, Mike Smith, Amanda Hume and Ali Tahmassebi for attending the meeting and said the LMC would contact them with comments in the very near future as time was of the essence. They left the meeting at 7.55 p.m.

Further discussion ensued. Key areas of discussion included the need to reflect the balance of duty as a GP with the duty as a member, accountabilities and management, performance management of primary care, and the scale of the financial challenge heightened due to capacity issues. The short timescale was very worrying. The Development Manager was currently going through the constitutions which were largely NHS based, whilst at the same time comparing them to the BMA and Sunderland versions which were much shorter.

A vote was taken and **PASSED** to feed back comments to the CCGs and also to obtain legal advice if so required.

12/7/2 APOLOGIES

Apologies had been received from Dr W J Beeby, Dr S Byrne, Dr J T Canning, Dr G Chawla, Mr S Doyle, Dr J Hameed, Dr C Harikumar, Dr M Hazarika, Dr R Roberts, Dr N Rowell, Dr O Sangowawa and Dr S Selvan.

NOTED.

12/7/3 MINUTES OF THE MEETING HELD ON 15 May 2012 (previously circulated)

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

12/7/4 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

12/7/4.1 Committee Membership – Update report from LMC Returning Officer (Christine Knifton)
Minute Ref: 12/5/6.1

Following the elections earlier in the year, 9 constituency vacancies had remained. Following re-advertising 5 expressions of interest had been received, leaving 4 vacancies. As discussed at the LMC meeting on 15 May, any remaining vacancies would be advertised as Teeswide vacancies to allow any GP across the area to apply for any vacancy. 4 expressions of interest had been received, resulting in a full complement of 28 elected GPs.

NOTED.

12/7/5 WITHDRAWAL OF OOH VERIFICATION OF DEATH SERVICE
Communication from Northern Doctors Urgent Care

"We write to share with you the outcome of a series of recent debates amongst NDUC senior management in relation to the considerable difficulties we are facing in our efforts to preserve a high quality OOH primary care service. You might well be aware that NDUC have been providing the Teesside OOH service with approximately a third less budget than our predecessor Primecare - the hard & cold facts of the strict fiscal imperative under which NDUC are expected to perform to comply with the Tees contract have been considerably aggravated by harshly imposed financial penalties which have been enforced by the Commissioners when we have failed by 1-2% to meet the unreasonably stringent & punishing KPIs with 100% targets. This has now resulted in the funding of the Teesside OOH service being the lowest in the country and consequently we unfortunately have to take radical steps to reduce our expenditure by hundreds of thousands of pounds in order to remain commensurate with budget. I have attached Core Statement Action Plans which adds flesh to the bones of NDUC's current position.

This whole process has entailed a significant scrutiny & revision of the existing provision of care and has inevitably led to us having to make some very hard decisions. We are particularly focussing on a significant reduction in our home visiting rates. The bottom line is that whilst we would dearly wish to continue to make available an efficient and comprehensive OOH primary care facility for the Teesside population which adheres to the highest standards - in order to maintain this goal we cannot allow an attrition of existing service; in providing an urgent & unscheduled care service we have an overriding duty to the living and we must ensure that our resources are allocated according to our contract. **We can confirm that we are not contracted to verify death and we are giving notice of a withdrawal of service of Out of Hours GP verification of death, which will be rescinded from 1st August 2012.**

In taking our decision we have carefully considered General Practitioner Committee Guidance April 1999 (revised June 2009).

Excerpt from General Practitioner Committee Guidance April 1999 (revised June 2009):

'English law:

- *does not require a doctor to confirm death has occurred or that "life is extinct";*
- *does not require a doctor to view the body of a deceased person;*
- *does not require a doctor to report the fact that death has occurred;*

- *does require the doctor who attended the deceased during the last illness to issue a certificate detailing the cause of death.*

...if an "on-call" doctor is on duty, whether in or out of hours, it is unlikely that any useful purpose will be served by that doctor attending the nursing or residential home. In such cases we recommend that the GP advises the home to contact the undertaker if they wish the body to be removed and ensures that the GP with whom the patient was registered is notified as soon as practicable...'

There has been a mechanism in place for a number of years for healthcare professionals including nurses & paramedics to verify expected deaths. When it is recognised that a patient is approaching the end of their life we would strongly encourage GPs to formally invoke the End of Life Care Pathway in order to involve the support of the District Nursing service, maximise opportunities for anticipatory care and highlight that the patient's death will be expected to the OOH nursing service & NEAS.

After 1st August 2012, if NDUC is informed of an expected death, we will pass the details to the District Nursing service. When NDUC receives a report of a sudden collapse/?death we will continue to act swiftly to arrange a 999 emergency ambulance. When we receive a report of an unexpected death we will refer the matter to the Coroner's Office who is represented by the police during the OOH period.

We will continue to undertake appropriate assessments upon establishing a duty of care to the bereaved and to notify all reports of deaths occurring OOH to GP surgeries at 8.00 a.m. the next working day."

A lengthy discussion ensued. NDUC were looking to save money and verifying death was not included in their contract. Bereaved patients will suffer and GPs (not NDUC) will be blamed for the lack of service.

NDUC do not have sufficient doctors on duty and calls are triaged out of the area with no understanding of the geography of Teesside. Patients were being directed to centralised OOH facilities because of the shortage of duty doctors.

The Chairman **AGREED** to write to NEPCSA reminding them this was a major contractual issue and it was important it was resolved in a suitably timely manner. If the problem was not resolved by 1 August and GPs ended up with unreasonable day-time work because it was not dealt with OOH, then the LMC office need to be informed: janice.foster@tees.nhs.uk.

NOTED.

12/7/6 REPORT FROM LMC ANNUAL CONFERENCE : 22/23 May 2012

Attendees: Dr D Donovan / Dr I Bonavia / Dr J Birch / Dr J T Canning / Dr W J Beeby / Ms J Foster

CLMC spoke at Conference on GPs withdrawing from commissioning; registrars having their 4th year properly resourced and being part of their education as opposed to being used as cheap labour; and funding of undergraduate education and training.

NOTED.

12/7/7 REPORT FROM ARM : 25/28 June 2012

Attendees: Dr J T Canning / Dr J Birch

Huge debate on the pension issue following the day of industrial action. It is expected the BMA Council, when they meet on 18 July, should make a decision on the next step. A vote of 'no confidence' in Andrew Lansley was narrowly passed.

NOTED.

17/7/8 HEALTHY LIVING PHARMACY PILOT

Communication from Sadie Hall, Health Living Pharmacy Project Manager, NHS Tees, Redheugh House

"I am a Project Manager with overview of a Pilot which has evolved from the Government White Paper which suggested that Pharmacies needed to be providing a greater expanse of advice and interventions around lifestyle with members of the public. This is been driven locally by Public Health, the Local Pharmaceutical Committee and Local Authority. This advice and offering is already in existence and where those pharmacies who have nominated themselves and been chosen to move forward with becoming a Healthy Living Pharmacy they will be offered increased training and publicity around the various services they provide in order that they can improve the quality of the offerings.

Another key aspect is around communication and engagement with both specialist services and also with local GP practices to ensure that feedback was a two way process with regards to patient information and outcomes. That way more patients will be seen, supported and motivated to change lifestyle issues, concordance, compliance and adherence with medications will improve and optimisation of targeted respiratory medication can be achieved.

The Project Initiation Document is attached for your reference and I am more than happy to meet with the LMC to determine how we can support each other for the benefit of those requiring support in Teesside. Should you require any further information please do not hesitate to get in touch."

Pharmacists will be providing flu vaccinations for 'at risk' groups who do not regularly attend GP practices but not young children / pregnant mothers / over 65s. Discussion took place on how these patients would be identified. Was this a precursor to pharmacists doing all flu injections and practices losing income as a result? This was felt to be an unnecessary duplication of service and, in a time of efficiency savings, resources would be better focussed on unmet need. Was there a possibility of pharmacists visiting housebound patients to give flu injection considering district nursing staff do not want to do this?

NOTED.

12/7/9 REPORT FROM LMC REGULATIONS SUB-COMMITTEE

Deferred until next meeting when the Secretary can present his report.

NOTED.

12/7/10 LMC ANNUAL ACCOUNTS AS AT 31 March 2012

These had been sent to members previously and were **ACCEPTED.**

12/7/11 REPORTS FROM REPRESENTATIVES

12/7/11.1 LMC CQC Event : MTLC : Thursday, 5 July 2012

The PowerPoint presentation and associated paperwork had been put on the LMC website – www.clevelandlmc.org.uk. Practices were reminded that they should formally minute the practice meeting where it was decided which partner would be nominated as the Registered Manager and signing the CQC registration on behalf of all partners in the practice so they have shared responsibility. Everyone cannot be responsible for all the areas so each GP will have to be responsible for some of the areas. It was **AGREED** this information should be inserted into the Weekly Bulletin.

It was **RECOMMENDED** that practices have a properly signed valid Practice Agreement – it was known that some practices did not have a signed Practice Agreement. Practice Agreements can include practice minutes as an alteration to the Agreement so if any decision has been minuted this should be acceptable.

NOTED.

12.7.12 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 15.05.2012)

18.05.12	Urgent Winter Care Debrief @ Teesdale House – Janice Foster
22.05.12/ 23.05.12	LMC Annual Conference @ Liverpool – Danny Donovan / Julie Birch / Iain Bonavia / John Canning / Janice Foster / Bill Beeby
24.05.12	Treatment Room Enhanced Service @ Teesdale House – Janice Foster
25.05.12	Monthly catch-up meeting with NEPCSA @ LMC – Denise Jones / Wendy Stephens / Janice Foster / Christine Knifton
25.05.12	Safeguarding Children Audit Report Meeting @ Teesdale House – Janice Foster
25.05.12	Introductory meeting with Amanda Hume / Henry Waters – John Canning / Janice Foster
29.05.12	EPS R2 Meeting @ Riverside House – John Canning / Janice Foster
30.05.12	Enhanced Service Review Group Meeting @ Teesdale House – Janice Foster
31.05.12	NEPCSA Annual Returns Visit @ Oakfields Practice – Janice Foster
11.06.12	CCG Authorisation Meeting @ Teesdale House – Janice Foster
11.06.12	CCG Elections Meeting @ Teesdale House – Janice Foster
12.06.12	Hartlepool & Stockton CCG Meeting @ Billingham Forum – Janice Foster
13.06.12	Practice Managers' Meeting @ Stockton – Janice Foster
13.06.12	BMA NE Regional Council Meeting @ Lumley Castle – Julie Birch
18.06.12	CCG Update Meeting @ Teesdale House – Janice Foster
18.06.12	CCG Authorisation Meeting @ Teesdale House – Janice Foster
25/28.6.12	ARM @ Bournemouth – John Canning / Julie Birch
25.06.12	CCG Authorisation Meeting @ Teesdale House – Janice Foster
26.06.12	Meeting with NEPCSA re Practice Lists @ Abbey Health Centre – Janice Foster
26.06.12	North/South ICOs & Interim Chairs @ Teesdale House – Janice Foster
27.06.12	Enhanced Service Review Meeting @ Teesdale House – Janice Foster
28.06.12	QOF Steering Group with NEPCSA @ Sunderland – Janice Foster
29.06.12	Interim ST CCG Development Session @ Village Medical Centre – Janice Foster
02.07.12	CCG Authorisation Meeting @ Teesdale House – Janice Foster
04.07.12	NE Regional LMC Meeting @ Washington – Danny Donovan / Julie Birch
05.07.12	LMC CQC Event @ MTLC – John Canning / Julie Birch / Iain Bonavia / Janice Foster / Chris Knifton

NOTED.

12/7/13 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

NOTED.

12/7/14 RECEIVE ITEMS

12/7/14.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
01.07.12 *Salaried GP.*	Dr P A Mathiazhagan	Bankhouse Surgery	H PCT
10.07.12 *Salaried GP.*	Dr D R Viva	McKenzie Group Practice	H PCT
06.04.12 *Partner.*	Dr F K Tunio	Elm Tree Medical Centre	S PCT
01.10.**10** *Change in status from Salaried GP to Partner.*	Dr C V Green	Tennant Street Medical Practice	S PCT
01.09.12 *Salaried GP.*	Dr P P John	Prospect Surgery	M PCT
01.08.12 *Salaried GP. APMS practice.*	Dr I T Guy	Hemlington Medical Centre	M PCT
01.08.12 *Salaried GP. APMS practice.*	Dr I T Guy	Skelton Medical Centre	R&C PCT
08.05.12 *Salaried GP. PCT MS practice.*	Dr D A White	Marske Medical Centre	R&C PCT
12.07.12 *Salaried GP.*	Dr P L Juhasz	Manor House Surgery	R&C PCT

Resignations:

Effective Date	Name	Partnership	Practice Area
31.08.12 *Resigned. Salaried GP.*	Dr P P John	McKenzie Group Practice	H PCT
30.09.12 *Resigned. Salaried GP.*	Dr S K Shinwari	McKenzie Group Practice	H PCT
29.6.12 *Resigned. Salaried GP.*	Dr E J O'Loughlin	Tennant Street Medical Practice	S PCT

31.08.12	Dr M N Quasim	Woodbridge Practice	S PCT
Resignation. Partner.			
31.08.12	Dr P Vaze	Woodbridge Practice	S PCT
Resignation. Salaried GP.			
30.06.12	Dr C Ford	Roseberry Practice	S PCT
Resigned. Salaried GP.			
31.07.12	Dr L E Dunn	Newlands Medical Centre	M PCT
Resigned. Partner.			
14.07.12	Dr H Jesuraj	Coulby Medical Practice	M PCT
Resigned. Partner.			
15.08.12	Dr I T Guy	Marske Medical Centre	R&C PCT
Resignation. Salaried GP.			

RECEIVED.

12/7/14.2 Relocation of GP Surgery – Langbaurgh NHS Medical Centre Communication from NEPCSA Contractor Services

I should be grateful if you would note that the following practice relocated to new surgery premises on 20 February 2012.

Existing Address:	Redcar Primary Care Hospital West Dyke Road Redcar TS10 4NW
New address:	Langbaurgh NHS Medical Centre Coatham Health Village Coatham Road Redcar TS10 1SR Tel: 01642 511722 Fax: 01642 511115

RECEIVED.

12/7/14.3 New surgery telephone number : Westbourne Medical Centre, Middlesbrough Communication from NEPCSA Contractor Services

"NEPCSA has received notification that Dr Adebayo & Partner, Westbourne Medical Centre, North Ormesby Health Village, 7 Trinity Mews, North Ormesby, Middlesbrough TS3 6AL has changed their telephone number with effect from 31 May 2012. The new number is: **Telephone number 01642 277000.** Please note that the fax number remains the same: **Fax number: 01642 281000.** Please amend your records accordingly."

RECEIVED.

12/7/14.4 Report the receipt of:

GPC Newsletter 9 – LMC Conference 22/23 May 2012 – available on www.bma.org.uk
NE Regional LMC minutes of meeting held on 25 April 2012
Durham & Darlington LMC minutes of meeting held on 31 January 2012
Durham & Darlington LMC minutes of meeting held on 6 March 2012
Durham & Darlington LMC minutes of meeting held on 3 April 2012
Durham & Darlington LMC minutes of meeting held on 8 May 2012
Sunderland LMC summary of meeting held on 15 May 2012

RECEIVED.

12/7/14.5 Date and time of next meeting

Tuesday, 11 September 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 8.35 p.m.

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