CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 6 June 2006 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:	Dr R Roberts (Chairman)	Dr W J Beeby	Dr A J Birch
	Dr A R J Boggis	Dr S Burrows	Dr J T Canning
	Mr J Clarke	Dr K Ellenger	Dr A Gash
	Dr T A Gjertsen	Dr A Holmes	Dr I A Lone
	Dr K Machender	Dr R McMahon	Dr D Obih
	Dr J P O'Donoghue	Dr A Ramaswamy	Dr N T Rowell
	Dr M Speight	Dr R Wheeler	Dr C Wilson

In attendance: Mrs C A Knifton : Office Manager, LMC
Mrs L Corkain : LMC/PCT Liaison Officer, LMC

The Chairman welcomed Dr A J Birch (Guisborough), Dr R McMahon (Eston) and Dr D Obih (Hartlepool) to their first meeting as members of the Board.

06/06/1 APOLOGIES

Apologies had been received from Dr G Daynes, Dr T Nadah, Dr J R Nicholas and Dr J R Thornham.

06/06/2 MINUTES OF THE MEETING HELD ON 11 April 2006

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

06/06/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

06/06/3.1 Consultants sending patients to GP with requests for blood tests/changes to medication prior to detailed letter being received from hospital
Ref Minute 06/02/04 : 06/04/4.9

Mr Clarke reported that the matter had been discussed at the Medical Staff Meeting earlier that evening. The most practical solution, and one which will be disseminated

to all doctors in the Trust, was to send the patient a copy of the letter being sent to the GP and then both letters should arrive at the same time so that when the patient attended surgery the details would already be on file. The patient would be told not to approach their GP until they had received their copy of the letter.

NOTED.

06/06/3.2 Clinical Waste Administration Charge - Update
Ref Minute 06/04/15.1

Neither MPCT nor HPCT, who had charged practices an administration fee for the collection of clinical waste, had responded to letters written to them. The matter would be taken up with HPCT at a meeting with them tomorrow, and would be discussed with MPCT as soon as a meeting could be arranged. MPCT had also charged practices who were not included in the clinical waste contract overseen by CLMC.

NOTED.

06/06/3.3 Medical reports for children not attending education (North Tees PCT)
Ref Minute 05/11/8

Update from Jill Iceton, Primary Care Manager, NTPCT (21 April 2006):
"I would like to thank you for your patience in the interim whilst a solution has been sought regarding the provision and payment for medical information on children who are not attending school.

A School Nursing Service Referral, Assessment and Care Intervention Process has been devised and agreed between the Local Authority and NTPCT. It is a clear protocol for School Nurses to follow and will enable the School Nurse to provide the necessary information that is required on children who are not attending school. Therefore, it will not be necessary for the Local Authority Attendance Service to approach the GP directly for information. I hope this is helpful and meets with your approval."

RECEIVED.

06/06/3.4 Update on consultations for proposals on reconfiguration of the Strategic Health Authorities, Primary Care Trusts and Ambulance Service across North East England

It was **NOTED** that the Secretary of State had rejected the SHA's and the Expert Panel's recommendation for a single PCT for Teesside, and had decided on remaining with four PCTs. There will be one SHA and one ambulance trust covering the North East of England. It was **AGREED** that contact would be made with the new Ambulance Trust in order to establish a relationship with the new management structure.

The 10 PCTs for the North East of England will comprise:

PCT	Population
County Durham	497,000
Darlington	99,000
Gateshead	191,000
Hartlepool	90,000
Middlesbrough	139,000
Newcastle	269,000
North Tyneside	191,000
Northumberland Care Trust	311,000
Redcar & Cleveland	138,000
South Tyneside	151,000
Stockton on Tees	186,000
Sunderland Teaching	283,000

Hartlepool, Middlesbrough and Redcar & Cleveland were three of the smallest PCTs in the country, with Hartlepool being the smallest.

PCTs subject to reconfiguration boundary revision (Middlesbrough and Redcar & Cleveland) will need to go through a Chief Executive appointment process, those not subject to reconfiguration will not. The appointment process will be overseen by the new SHA Chief Executive. All PCTs have to make a 15% saving but how did this affect PCTs whose boundaries had changed?

A report had been submitted to the SHA (deadline 5 June 2006) concerning governance arrangements and whether there should be one or four PECs for the Tees area. The existing four PEC Chairmen and LMC Secretary had been unable to meet to discuss the issue prior to the report being submitted. It was pointed out that there had been multiple PCTs with a single PEC in the past so a precedent had already been set.

Members felt that GP PEC membership should be by nomination and election but appreciated they would not be representing GPs they would be representing the PCT whilst on the PEC. GPs were to be encouraged to apply for PEC membership.

06/06/3.5 Funding general practice – Update from 4 PCTs
Ref Minute 06/04/5

The Secretary reminded members of the document which had been considered at the April meeting detailing PCT funding per capita and the further request to PCTs to clarify whether or not the figures included the 107 QOF points.

Hartlepool - figures included QOF points
North Tees - revised figures received
Middlesbrough - figures excluded QOF points
Langbaurgh - figures had included QOF points but revised figures were awaited

The Secretary **AGREED** to produce a revised document once amended figures were received.

06/06/3.6 Honorarium for Vice Chairman

As the Chairman was new to the post, it was **AGREED** that the Vice Chairman should continue with LMC functions when required so to do and receive an honorarium equivalent to 50% of the Chairman's honorarium, with a review taking place in six months time.

06/06/4 PRACTICE BASED COMMISSIONING
Views and experiences of GPs & Practice Managers
Ref Minute 06/02/8.3

The LMC/PCT Liaison Officer had emailed a questionnaire to all GPs and Practice Manager in March asking for their views and experiences to date on PBC, and all responses had been included in the report submitted to members. From the PCTs viewpoint PBC was a good thing, but practices were still experiencing problems.

It was noted that the two PBC groups in the MPCT area had been handed a lengthy template by MPCT which included a clause relating to a 10% reduction in new out patient referrals, which was thought to be totally unacceptable on clinical governance grounds and an infringement of freedom. Participating practices should not agree to this requirement. A copy of the DoH smaller template had been emailed to those practices for completion, and it was hoped practices would refer patients as and when appropriate.

LPCT had PBC groups set up but the 10% reduction in new out patient referrals was not a requirement.

NTPCT practices had agreed to top slice their DES money for those who were going to do something.

Mr Clarke informed members that JCUH was anticipating commencing negotiations in order to become a Foundation Hospital in the next year or so, with a view to obtaining substantial business.

It was felt that there should be more dialogue between consultants and GPs and Mr Clarke agreed that there was insufficient dialogue between them at present.

It was re-affirmed that if practices did not want to commence PBC this year, the PCT could not make them, but if one practice refused when all others agreed, then this would pose problems for the PCT Chief Executive.

It was **AGREED** that

- MPCT practices be advised not to agreed to a 10% reduction in new out patient referrals
- Practices be advised not to use the lengthy template issued by MPCT
- MPCT Chief Executive be asked to put the 10% reduction recommendation through the risk management and clinical governance processes.

06/06/5 **eGFR *(ESTIMATED GLOMERULAR FILTRATION RATE)***

Letter written to Pathology Departments at both Trust Hospitals to ascertain their progress on achieving their aim of routinely reporting eGFR as part of all renal function tests

Response from Dr J Drury, JCUH (15 May 2006):

"We should hear this week which formula and method correction to use. We are ready to report the eGFR I will keep you advise."

Response from Dr K S Frater, NT&HT (3 April 2006):

"Thank you for your letter regarding eGFR, which has been passed to me by Dr Noone. We also understand that there is a desire for us to report eGFR from 1 April, but no official communication has been passed to us by the DoH, which is very disappointing. I believe that some form of advice pack or other distribution will be coming to us, but this may be long after the event.

We have discussed this issue and undertaken preparatory work, including the installation of the previously agreed formula for calculating eGFR. Unfortunately, there has been a late amendment to the formula, relating to standardisation of creatinine measurements. I am not quite sure from where this amendment arose, but perhaps the long awaited advice from the DoH will enlighten us. We have not yet changed the formula, but the difference should, in any event, be fairly small.

It is our intention to report eGFR with every request for creatinine measurement in an adult; this is more straightforward than discretionary requesting. It may be that we will be able to develop this further as time goes by, as there are undoubtedly patients for whom we would not wish to use the eGFR. We also intend to add a comment to the reports indicating those patients for whom the eGFR is inappropriate e.g. amputees. All this should be in place by 1 April or soon after. In addition, we hope to circulate a memo about the introduction of eGFR to all laboratory users and we will post information on the Pathology Intranet site.

The format of our report and comments have been discussed with our local renal physicians. Any construction feedback would be greatly appreciated from the LMC."

It was noted that eGFR results were coming through but concern was voiced at the sensitive screening test which may result in causing patients to worry unnecessarily. It was suggested that it may be useful to have sight of the summary of the report of the original working party (18 pages), the link for which is: www.renal.org/CKDguide/ckd.html

06/06/6 **ANNUAL REPORT FROM REGULATIONS SUB-COMMITTEE**

The Regulations Sub-Committee had been contacted by PCTs twice in 2005/6. Medical examinations had been arranged and there had been nothing specific to pursue.

06/06/7 **REPORT FROM GPC**

It was **NOTED** that updates had been sent to all GPS and Practice Managers on 24 April & 23 May 2006

06/06/8 **REPORTS FROM MEETINGS**

No reports from meetings had been received.

06/06/9 REPORTS FROM REPRESENTATIVES

No reports from representatives had been received.

06/06/10 ANNUAL CONFERENCE OF REPRESENTATIVES OF LMCS

06/06/10.1 Consider Agenda for Conference

No comments were received on the LMC Agenda which had been distributed to GP members for consideration.

06/06/10.2 Consider submission of new business

Dr Canning explained that the LMC had submitted a motion to conference last year on Trainers, part of it had been about facilitating an Association of Trainers. Nothing appears to have happened in the intervening year although attempts have been made to convene a meeting to talk about setting up such a panel. The Association of Course Organisers were dismayed that nothing had transpired.

It was **AGREED** that the following motion be submitted for consideration at the Annual Conference later this month:

That conference

1 notes with concern the absence of any reference in AC1 to action taken on resolution 13(v) of the 2005 conference
2 requires a report from the GPC on action taken on resolution 13(v) of the 2005 conference
3 urges the GPC to act quickly to prevent any alternative structure being established to represent GP trainers.

Discussion then centred on the article "*Doctors to be graded for quality of service*" which had hit the news headlines that day. The Royal College of General Practitioners had proposed a scheme (which had not been discussed by the College Council) whereby every doctors' surgery was to be inspected every three years and awarded Michelin-style stars (1, 2 or 3) so that patients could tell the quality of care offered by their GP. The scheme should be in place by April 2007.

It was **AGREED** that the Secretary would draft a motion and email it to GP Members for their consideration, along the lines of:

That this conference supports evidence based measures of quality in General Practice and:

1 believes that the leaders of the RCGP were wrong to publicise an alternative scheme in advance of its discussion by the College Council
2 does not accept that the system of star ratings recently advanced by the College is evidence based
3 welcomes the opportunity to negotiate on resourced proposals to develop existing evidence based schemes
4 insists that the role of negotiating on contractual issues is that of the GPC.

It was suggested care be taken not to cause a rift between the BMA and the Royal College of General Practitioners.

06/06/10.3 Consider advice to representatives

No advice to representatives on topics was forthcoming.

06/06/10.4 Consider submission of amendments and riders

None were received.

06/06/11 SUPPLEMENTARY AGENDA

06/06/11.1 Non-GMS, PMS, and APMS contracting

A document issued by the DoH last month contained a clause which related to non-GMS practices being expected to provide copies of letters to patients. It was stressed that if this clause was in a practice's PMS contract agreement then the practice had been commissioned to provide this service; if the clause was ***not*** in a practice's PMS agreement they were not funded to provide this service.

Some consultants in JCUH were sending copies of letters to patients. The Mental Health Trust did not send copy letters to paranoid patients. Many patients, when asked if they wanted a copy letter, did not want these letters sending to them.

It was suggested that GPs may wish to ask their patients if they wanted a copy of the letter, rather than automatically sending them one.

06/06/11.2 Update on Tees Valley Condition Management Programme
Report from Jayne Robson, Head of Services Modernisation, HPCT

It was explained that the Condition Management Programme was a process of trying to get patients with long term sickness back to work. The LMC Secretary had been asked to join the Condition Management Programme Project Board scheduled to meet on Wednesday, 5 July.

06/06/12 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

06/06/13 RECEIVE ITEMS

06/06/13.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
03.04.2006 *Partner.*	Dr A Jayalalitha	Dr Nath & Partners	MPCT
18.04.2006 *Partner.*	Dr J A Birch	Dr Hobkirk & Partners	LPCT
06.04.2006 *Partner.*	Dr R Sinha	Dr Gartner & Partners	NTPCT
08.05.2006 *Salaried GP.*	Dr K Machender	Dr Prasad & Partners	MPCT
01.05.2006 *Partner.*	Dr R B Kasper	Dr Chappelow & Partners	MPCT
01.05.2006 *Partner.*	Dr S Sabir	Dr Chappelow & Partners	MPCT
01.05.2006 *Salaried GP.*	Dr N R Joshi	Dr Acquilla & Partners	MPCT
01.05.2006 *Partner.*	Dr M A Ayre	Dr Moody & Partners	HPCT
01.05.2006 *Change in status from Salaried GP to partner.*	Dr R Ramchander	Dr Downs & Partners	HPCT
01.05.2006 *Change in status from Salaried GP to partner.*	Dr E M Schock	Dr Downs & Partners	HPCT
01.05.2006 *Partner. Change in work commitment. Will job-share with Dr Mayes .*	Dr P T McCarthy	Dr Nath & Partners	MPCT
01.06.2006 *Partner.*	Dr P S Mulcrone	Dr Rawlinson & Partners	NTPCT
02.06.2006 *Salaried GP.*	Dr Z Anam	Dr Juhasz	HPCT
01.06.2006 *Salaried GP.*	Dr L A Armstrong	Dr Lasa Gallego & Partners	HPCT

01.06.2006 *Salaried GP.*	Dr A Ahmed	Dr Mohammed	MPCT

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
30.06.2006 *Resignation.*	Dr S H Andelic	Dr Bolt & Partners	HPCT
31.07.2006 *Retirement.*	Dr R A Parkin	Dr Neville-Smith & Partners	LPCT
05.04.2006 *Resignation.*	Dr P D Williams	Arrival Practice, Thornaby	NTPCT
30.06.06 *Resignation.*	Dr M Marshall	Dr Marshall & Partners	MPCT
30.06.2006 *Resignation.*	Dr J M Sturman	Dr Reynolds & Partners	NTPCT
31.08.2006 *Resignation.*	Dr J Dolan	Dr Chappelow & Partners	MPCT
03.07.2006 *Resignation.*	Dr M P Bhandary	Dr Bhandary & Partners	MPCT

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06/06/13.2 Report the receipt of:

GPC News M9 – Friday, 21 April 2006 (*available at www.bma.org.uk*)
GPC News M10 – Friday, 19 May 2006 (*available at www.bma.org.uk*)
GPC Annual Report 2006 – Executive Summary
Minutes of Durham LMC's meeting held on 4 April 2006
Minutes of Sunderland LMC's meeting held on 21 March 2006
Minutes of Sunderland LMC's meeting held on 25 April 2006

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06/06/13.3 Date and time of next meeting

Tuesday, 18 July 2006, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road.

There being no further business to discuss, the meeting closed at 8.30 p.m.

Date: ***Chairman:***