CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 8.17 p.m. on Tuesday, 20 March 2007 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:	Dr R Roberts (Chairman)	Dr W J Beeby	Dr J A Birch
	Dr S Burrows	Dr J T Canning	Dr G Daynes
	Dr D Donovan	Dr K Ellenger	Dr T Gjertsen
	Dr M Hazarika	Dr I A Lone	Dr K Machender
	Dr R McMahon	Dr J Nicholas	Dr D Obih
	Dr J P O'Donoghue	Dr A Ramaswamy	Dr N Rowell
	Dr O Sangowawa	Dr M Speight	Dr J R Thornham
	Dr C Wilson		

In attendance: Mrs C A Knifton : LMC Manager

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The Chairman informed members:

- The LMC had appointed Mr Ian McFarlane as LMC/PCT Liaison Officer and he would be commencing on 9 April 2007 and attending the next LMC meeting on 1 May;
- Mrs Verna Reynolds, Shared Services Contractor Services Manager, was retiring on 30 March and the LMC had organised a presentation to be made to her in thanks for her many years of valued service and co-operation with the LMC.

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07/03/1 APOLOGIES

Apologies had been received from Dr A R J Boggis, Mr J Clarke, Dr A Gash, Dr C Harikumar, Dr A Holmes, Dr N Siddiqui and Dr S White.

07/03/2 MINUTES OF THE MEETING HELD ON 30 JANUARY 2007

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

07/03/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

07/03/3.1 JCUH Out Patient Treatment recommendation form – Update

Ref Minutes 07/01/5.1 & 07/01/5.2

- Professor Bramble had sent a directive to JCUH consultants to cease issuing patients with treatment recommendation forms for immediate commencement/change of medication, but this was taking some time to become effective. Unfortunately junior doctors were still issuing the forms to GPs for urgent medication.
- JCUH's position is that urgent medication should be given at the time of consultation. They cannot give prescriptions for more than two weeks.
- Some practices were receiving forms from hospitals stating "we do not keep this drug in the hospital, please prescribe" and one patient had been told the hospital did not have money for painkillers and to see his doctor.
- Hospital doctors are assuming GPs will prescribe whatever medication is indicated on the form, without GPs having access to full clinical medical information from which to make a calculated decision on what to prescribe.
- Hospital doctors requesting GPs prescribe a strange mix of medication, without GP having the benefit of the background clinical medical information.

Dr Lone **AGREED** to discuss these concerns at a meeting he was attending the following day.

07/03/3.1.1 Requests by hospitals for GP to prescribe longer term

A doctor had received a request from the sleep clinic to prescribe medication to a patient because they were not allowed to give prescriptions for longer than two weeks duration.

07/03/3.1.2 Requests by hospitals for GP to prescribe unlicensed drugs

Some of the drugs indicated on the forms for GPs to prescribe were classed as "unlicensed" drugs and considered to be outwith GPs shared care protocols. GPs should only prescribe medication they feel competent to prescribe/monitor. If a GP prescribes any medication they then become clinically responsibility for that patient.

It was felt that some consultants had a poor concept of the clinical responsibility that passed to the GP when the consultant requested the GP to issue a prescription for "unlicensed" drugs. Perhaps some training in this respect would be beneficial. Dr Canning said that the MTRAC website http://www.keele.ac.uk/schools/pharm/MTRAC/ provided good advice about shared care.

07/03/3.1.3 Educating all hospital junior doctors in the issuing of prescriptions, which medication can be prescribed by whom, sick notes, etc.

It was felt that junior doctors may not be receiving sufficient training in the issuing of prescriptions, sick notes, "amber" and "red" drugs, amongst other things. Many years ago the LMC had been involved in the hospital induction process which had proved beneficial. Volunteers to be involved would be welcomed to cover both north and south of the river, every four months.

It was **AGREED** that :

- the Secretary would write to the Trusts seeking their agreement to this suggestion and once dates were known, LMC volunteers would be sought and an educational format conceived; and
- liaison also to take place with Cleveland VTS.

07/03/3.2 Practice IT Survey – Update
Ref Minute 07/01/13.1

The 45 responses which had been received from 87 practices were tabled. Dr Canning informed members that he had met with the appropriate IT people from the PCTs, but there was no money available. GP Systems of Choice was coming on-line shortly which should provide opportunities for practices to choose an approved system.

07/03/3.2.1 GP IT SLA

Peter Jacques had produced a draft SLA for use between all PCTs and practices and sent it to the LMC for consideration. The document had been sent to four LMC members with an interest in IT, and members agreed this was the best way of moving the document forward.

Comments received included:

- A very authoritative document – not allowed to move equipment around locations including within a practice – PCT will respond within 1 hour and fix within 6 hours which was not good enough in a busy practice
- Looks more like a PCT in-house support document
- Response times need tightening up
- Clause needs adding which stipulates what software cannot be installed in order to avoid disrupting existing programming
- No mention of disabled/visually impaired people using the equipment
- Printer drums and consumables mentioned are often more expensive than a replacement printer

07/03/3.3 Primary Care Development Scheme Funding – Update

Ref Minutes 06/11/3.5 : 06/09/3.2 – Letter sent to all four PCTs asking for a quarterly update on the use of PCDS funds in their areas

NTPCT – Chris Willis:

"We have no problem providing the LMC with our plans for this funding and how much we have spent, and on what on an annual basis. However, the request for quarterly reports seems a little onerous for such a relatively small sum of money. Perhaps we can discuss why the LMC is making such a request at our next Liaison Meeting. Just for information the funding expected for 06/07 has not yet been received by either NTPCT or HPCT."

MPCT – Yvonne Watson:

"Sorry for the delay we are currently reimbursing practices 45% towards advertising costs for employing a GP we are also in the process of delivering some appraisal training and also some mentoring training."

NOTED and RECEIVED.

07/03/3.4 Possibility of LES for Initiation of Warfarin – Update

Ref Minute 06/12/11.4 – Letter sent to all four PCTs regarding possibility of a LES

R&CPCT – Marilyn MacLean:

"I have checked out your suggestion with clinicians in Redcar & Cleveland PCT and received their comments. As I am sure you are aware any new commissioning decisions will be decided once the reconfiguration of the PCTs is complete. I will bring your letter to the attention of the Commissioning Directorate when the management structure and functions have been established."

NTPCT – Jill Harrison:

"As far as I am aware, this is not a major issue within North Tees, and it has not been raised with the PCT by any of the local practices. However, I have discussed it with Tony Roberts, Head of Clinical Effectiveness, to seek his views.

At this point in time NTPCT would be likely to support a proposal for initiation to be provided within primary care where appropriate (taking into account clinical need) and would support the use of a loading dose regimen in younger, lower risk patients, with a slow initiation regimen being preferable for elderly high risk patients, again, based on clinical judgement of the GP.

Unfortunately, due to the current restructuring of PCTs, this is not something that we can consider at the moment, but would anticipate that it will be addressed on a Tees-wide basis once there is some clarity about future arrangements for commissioning of enhanced services."

MPCT – Martin Phillips:

"I write to inform you that MPCT has established a group to evaluate what options are available regarding the initiation of warfarin. When I have more information available I will write again to keep you updated."

It was felt that a South Tees programme would be beneficial with Middlesbrough and Redcar/Cleveland PCTs working jointly together. North Tees and Hartlepool seemed to be doing nothing. It may well be something practices will need to look at in their PBC discussions and practice recovery plan."

07/03/3.5 Commissioning services under Choose & Book
Ref Minute 07/01/4.3

Colin McLeod, Chief Executive, MPCT
"Thank you for your letter regarding services provided by the Woodlands Hospital after you have referred a patient to them via Choose & Book. I am sorry that the patient who needed an MRI scan has been inconvenienced as under current arrangements this should not have happened.

Woodlands Hospital has been commissioned as part of the local "Interim Procurement" to provide additional elective capacity in several clinical specialties to PCTs in County Durham and Tees Valley.

Part of that agreement is that the costs of any necessary diagnostics required for an individual patient are included in the Out Patient NHS tariff rate as prescribed under Payment by Results guidance. This ensures a "level playing field" exists with NHS providers.

This approach has caused some angst for the Independent Sector (IS) Providers as often the costs of imaging investigations are higher than the income recovered from the out patient tariff. However, in the recent contract review meetings it was made clear to all the IS Providers – who are part of the Interim Scheme – that if a patient requires imaging investigations after the provider has accepted a given referral the cost of that investigation is at the providers risk.

I have asked NTPCT (via Elaine Wyllie) – who let the Interim Contract – to formally write to The Woodlands Hospital to remind them of their obligations under the Interim Scheme.

It is within the gift of an IS Provider through its Directory of Service (DOS) to ask for certain investigations to be carried out before a patient is referred for Out Patient appointment. If this is clearly stated in the DOS then the provider is within its rights to refuse to undertake the investigation at its own cost.

I hope this clarifies the situation for you. If not please feel free to liaise with Mick Hatton at MPCT or Elaine Wyllie at NTPCT who can take these matters up directly with the providers concerned."

Elaine Wyllie, Chair of Contract Panel for CDTV Interim Elective Scheme
"I write further to your recent letters to Mrs Chris Willis and Mr Colin McLeod, Chief Executives for North Tees, Hartlepool, Middlesbrough and Redcar & Cleveland PCTs.

Your letter has been passed to me as Chair of the Contract Panel acting on behalf of the commissioning organisations for the County Durham & Tees Valley Interim Elective Scheme.

This scheme established a range of services to be delivered with effect from 1 August 2006. As part of the agreement with the providers within the scheme, services can only be accessed via Choose & Book. It is part of the provider's responsibility to define their services in a way that clearly states any requirements prior to referral i.e. an MRI or other diagnostic test. Should this not be stated within the guidance available as part of the Directory of Services declared by the providers then any diagnostic test is at the discretion, risk and cost of the provider. This is the same situation as operateS within the current arrangements with 'traditional' NHS providers.

In your letter you refer specifically to a GP who had referred a patient to see an ENT consultant at Woodlands Hospital. The patient then required an urgent scan, which required an NHS referral. Without knowing the patient details of this case, I cannot cross-check the

incident to the relevant PCT. However, I am aware of a problem with an ENT referral which was investigated and dealt with by the relevant commissioning organisation. Woodlands Hospital was written to specifically in this instance and reminded of their responsibility as a provider to undertake any diagnostic test as part of a patient's assessment unless stated as a requirement prior to referral by a GP.

Following your query, I have written separately on behalf of the commissioning organisations within the scheme to reinforce this message.

I hope that this allays your concern that providers are being commissioned to provide services that do not appear comparable to that undertaken within 'normal' arrangements. Please do not hesitate to contact me should you have any further queries."

It was **NOTED** that Woodlands Hospital have been told to provide the service for which they were contracted, and that the service can only be accessed using Choose & Book.

07/03/3.6 HPCT Consultation for the procurement of primary medical services
Ref Minute 06/12/11.3

The Secretary reminded members that HPCT have been consulting on their intention to procure:

1. a new GP practice to provide additional substance misuse services based in Whitby Street
2. a new GP practice (approx 4,500 patient list size) to provide essential, additional and enhanced services, with extended opening hours and improved links to children's services, learning disability services and mental health services, in an area of the town that currently does not have as many GPs as required such as Owton. Based in Wynyard Road Primary Care Centre.
3. a new GP practice (approx 4,500 patient list size) to provide essential, additional and enhanced services with extended opening hours, possibly 24 hours per day and act as an urgent care centre for the town, probably based within the A&E area at University Hospital of Hartlepool.

and were asking the questions in relation to:

- the proposals to increase the number of GPs and nurse?
- are the services they are wishing to deliver the right ones? are there others they should be considering?
- the proposed locations?
- what should be the priorities for deciding which provider(s) to choose?

The three public meetings scheduled for 19/20/21 March had been cancelled because of illness.

Dr Roberts (Chairman) expressed an interest as she is a Hartlepool GP and asked that Dr Lone (Vice Chairman) lead the discussions on the proposals.

The LMC want to encourage innovation and high quality of care. There was no mention about funding coming from central government sources, so it will be funded from money already held by HPCT.

There was concern that 9,000 patients split across three sites would be moving from existing practices, and the destabilising effect that will have. Schemes involving Tithebarn, Trinity and Galvani had not been successful, with Trinity and Galvani having closed.

A fourth new practice option had been receiving intense press covering. There was the possibility of a surgery opening in Tesco, and members felt this may attract the "worried well" who do not have strong relationships with their practices – large list size with small workload – culminating in a practice with a small amount of chronic illness which may cause a major shift in workload to the remaining practices. Funding for the "worried well" is low under GMS.

Irrespective of which of the four options was chosen, the repercussions would hit most practices in the town to some extent. A 10% shift in patients may mean some practices running at a loss, amalgamating or moving premises.

It was **AGREED** that the LMC would arrange a meeting for Hartlepool GPs and Practice Managers, led by Ian McFarlane (LMC/PCT Liaison Officer), working with GPs/HPCT in order to achieve what is best for the area. The matter had to be looked at carefully with perhaps the local MP being contacted.

07/03/4 REPORT FROM OPEN MEETING

Minuted separately and distributed to all GPs.

07/03/5 DDRB REPORT 2007

Discussed in the Open Meeting and recorded in those minutes.

07/03/6 ANNUAL CONFERENCE OF REPRESENTATIVES OF LMCs

07/03/6.1 Honorarium and expenses payments for representatives at Conference

It was **AGREED** that the same arrangements as last year should prevail which were:

- £400 per day (tax to be deducted) or the actual costs for an external locum if greater, for the duration of the Conference; and
- £50 out of pocket allowance per day (tax to be deducted) with the expectation that attendees make a significant donation to the GP charity "The Cameron Fund" at the annual dinner.

07/03/6.2 Motions to Conference

That a GMC which is appointed by a government body must receive the majority of its funding from that government.

That the conference condemns the introduction of "stealth taxes" on GP training and instructs GPC to continue its efforts to rectify the position.

That conference is concerned at the low attendance levels for some sections of the agenda in previous years and requires standing orders to be amended so that if the number of representatives present, in the sole opinion of the chairman of conference, falls below half those registered to attend then:

1. a warning shall be given in the areas surrounding conference and after 15 minutes a register of those present should be taken if the attendance has not, in the sole opinion of the chairman, reached one half the representatives registered to attend;
2. expenses should not be paid to those who are absent.

That this conference demands that the GPC requires members of the negotiating team to sign a confidentiality agreement covering their period of office.

That Conference wishes to congratulate the GP recruitment team on developing a system that allowed it effectively to short list from nearly 9000 applicants using the MTAS and hopes that other specialties can benefit from their expertise.
[may be shared with other conferences and the ARM]

That Conference

1. believes that GP pay must continue to be within the remit of the DDRB;
2. requires the BMA to plan a strategy, which should include the option of industrial action, should one or more governments adversely change the remit of the DDRB
[please share with the ARM – part 2 is a BMA action]

That this conference is committed to a UK based "core contract" but believes that continuing the negotiating process with NHS Employers as the main other party is futile and instructs the GPC to:

1. assess the risk to a UK based contract of a move away from this negotiating arrangement;
2. seek to negotiate directly with the Departments of Health on core contractual issues;
3. work with NHS Employers on implementation issues rather than matters of principle

07/03/7 BMA NORTHERN REGIONAL COUNCIL – REVIEW CLMC REPRESENTATION

The Chairman and Vice Chairman are normally the elected members and it was **AGREED** to continue with those representatives, and if they cannot attend, they will arrange for a deputy in their place.

07/03/8 ANNUAL REVIEW OF LMC MILEAGE & ATTENDANCE ALLOWANCE

It was **AGREED** that :

- Attendance Allowance remains at £44.31 nett per hour;
- Mileage remains at 40p per mile (2006/7 rates) as per Inland Revenue rates.

07/03/9 REPORTS FROM REPRESENTATIVES

07/03/9.1 Pandemic Influenza Planning for Home Visiting/Home Care : Wednesday 14 February 2007 : Drs Ramaswamy/McMahon/Birch/Stockley attended

Representatives met with the local Public Health team to work out plans for what would happen when a pandemic flu outbreak occurs. General practice had originally been omitted from the plan. Representatives reported that there would be procedures in place for GPs to avoid much of the fall-out of pandemic flu. Patients should go through a telephone triage system and pick up appropriate medication from elsewhere. Expectation that GPs would pick up the slack with under 24 kilo children and people with secondary complications with flu; not known if this would be done centrally or at the practice. Everything will be policy driven and protocols must be followed. Practices will be encouraged to group together to work out policies on how to work through the flu pandemic.

Dr Canning explained that initially it had been expected that a single meeting would be held with any other communication taking place by email. On that basis, no funding was available from MPCT. It was proposed and **AGREED** that the four representatives receive Attendance Allowance from the LMC for meetings attended.

07/03/10 REPORTS FROM MEETINGS

07/03/10.1 LMC/PCT Liaison Meeting with Middlesbrough/Redcar & Cleveland PCTs : Tuesday, 20 February 2007 : Dr J T Canning & Dr I A Lone : PCT Chief Executive, 2 Chairmen, PEC Chairman

There was continuing re-organisational confusion and Colin McLeod had said he would write to GPs explaining the position, particularly relating to the abandonment of a Primary Care Directorate. That letter had not materialised. The lack of effective IT had also been discussed.

07/03/10.2 StHA Connecting for Health "Choose & Book" : Tuesday, 27 February 2007 : Dr J T Canning attended

The concept of turning off manual referrals had been discussed. A DH spokesperson had said that the DH would not support a move towards rejection of paper referrals.

07/03/10.3 Meeting with Dr J T Canning / Mr Tim Saunders, Head of Commercial and IT Law, Tilly Bailey & Irvine (Solicitors) : Thursday, 8 March 2007 : Forming companies to provide non-compulsory enhanced services

It may be interesting to have Mr Saunders attend one of the proposed LMC seminars to give practices legal advice on forming companies in order to provide non-compulsory enhanced services. He did seem to have some understanding of health law and may be a helpful resource.

Dr Canning explained that GPs cannot charge patients for most things when they are contractors i.e. GMS partnership cannot charge. A company involving other people can charge. That company can also bid under APMS contracts for work it may wish to do coming out of PBC arrangements. That company is then in a position to sell goodwill, which a practice with a list cannot.

07/03/10.4 Lunch with Mrs Patricia Hewitt and Mr David Flory @ former Durham & Dales HQ, Bishop Auckland : Friday, 9 March 2007

Dr Canning and Dr Thornham, together with other GPs and PCT personnel, had lunch with Mrs Hewitt and Mr Flory. It was felt that despite the views expressed, there would be no change in policy.

07/03/11 SUPPLEMENTARY AGENDA

07/03/11.1 Formula Review Group

Dr Canning explained that Friday, 9 February 2007 saw the publication of the long-awaited report from the Formula Review Group "*Review of the General Medical Services global sum formula"*. This had been published for consultation and LMCs were encouraged to read the review and respond. The results of the consultation will help inform discussions between the negotiating parties to determine if, how and when, the report's recommendations should be implemented. The link for the GPC's FAQ document, which provides important contextual information is :
www.bma.org.uk/ap.nsf/Content/Formulaconsultation?OpenDocument&Login
The deadline for responses is Friday, 11 May 2007.

No comments were received on the document.

07/03/12 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

07/03/13 RECEIVE ITEMS

07/03/13.1 Medical List

Applications:

Effective Date	**Name**	**Partnership**	**Practice Area**
02.03.07	Dr W Entwistle	Dr Entwistle & Partner	NTPCT
Returning to work on 2 March 2007 following 24 hour retirement.			
01.04.07	Dr S A Rashid	Dr John & Partners	R&CPCT
Principal.			

01.04.07 Dr S L Wilson Dr Bolt & Partners HPCT
Change in status from SGP to Principal.

01.03.07 Dr R R K Shah Dr Downs & Partners HPCT
Salaried GP.

19.02.07 Dr C M Ford Dr Geoghegan & Partners NTPCT
Salaried GP.

01.04.07 Dr P Woodhouse Dr Hargate & Partners MPCT
Salaried GP.

02.04.07 Dr J K B Patel Dr Patel (SHP) HPCT
Dr Patel will return to the practice on 2.4.2007 following 24 hour retirement.

01.07.07 Dr R S Sagoo Dr Sagoo & Partners NTPCT
Dr Sagoo will return to his full time commitment following 24 hour retirement.

31.05.07 Dr M Hazarika Dr Entwistle & Hazarika NTPCT
Dr Hazarika will return to the practice 2.6.07 following 24 hour retirement.

19.03.07 Dr M Y S Kukah Dr Adebayo & Partners MPCT
Salaried GP.

02.04.07 Dr L J Raeburn Dr Lasa Gallego & Partners HPCT
Salaried GP.

01.04.07 Dr E Hoida Dr Inch & Partners MPCT
Change in status from Salaried GP to Partner.

02.04.07 Dr E A Clarke Dr Tahmassebi & Partners R&CPCT
Salaried GP.

18.06.07 Dr A K Banerjee Dr Banerjee (SHP) NTPCT
Dr Banerjee will return to the practice on 18.6.07 following 24 hour retirement.

01.04.07 Dr L A Armstrong Dr Lasa Gallego & Partners HPCT
Change in status from SGP to Partner.

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
28.02.07	Dr K Boyle	Dr Downs & Partners	HPCT
Resignation – Salaried GP.			
28.02.07	Dr W Entwistle	Dr Entwistle & Partner	NTPCT
24 hour retirement. Returning to work on 2 March 2007.			
31.07.07	Dr C S Cornford	Dr Hargate & Partners	MPCT
Resignation.			

30.3.07	Dr Y N Muddappa	Dr Nath & Partners	MPCT

Retirement.

31.03.07	Dr S H Kamar	Dr Lasa Gallego & Partners	HPCT

Retirement.

31.03.07	Dr D Levan	Dr Chaudhry & Partner	NTPCT

Retirement.

02.04.07	Dr I F John	Dr O'Flanagan & Partners	R&CPCT

Retirement.

02.05.07	Dr D W Hobkirk	Dr Thomas & Partners	R&CPCT

Retirement.

31.03.07	Dr S A Rashid	Dr Tahmassebi & Partners	R&CPCT

Resignation. Salaried GP.

21.03.07	Dr C C Alhan	Dr Adebayo & Partners	MPCT

Resignation.

31.03.07	Dr J K B Patel	Dr Patel (SHP)	HPCT

24 hour retirement. Dr Patel will return to the practice on 2.4.2007.

31.05.07	Dr R S Sagoo	Dr Sagoo & Partners	NTPCT

24 hour retirement. Dr Sagoo will return to his full time commitment wef 1.7.07.

31.05.07	Dr M Hazarika	Dr Entwistle & Hazarika	NTPCT

24 hour retirement. Dr Hazarika will return to the practice 2.6.07.

31.03.07	Dr S H Palczynski	Dr Hargate & Partners	MPCT

Retirement.

15.06.07	Dr A K Banerjee	Dr Banerjee (SHP)	NTPCT

24 hour retirement. Dr Banerjee will return to the practice on 18.6.07.

31.07.07	Dr S M Williams	Dr Smith & Partners	R&CPCT

Retirement.

RECEIVED.

07/03/13.2 Change of name

Dr E B Ackroyd, partner at Dr Neville-Smith's practice, Skelton, has changed her surname to Dr Ackroyd-Parkin.

RECEIVED.

07/03/13.3 Change of telephone numbers

- Dr Lone & Partners have changed their telephone number to 08444 773872.
- Dr Basson & Partners, Thorntree Practice have changed their telephone number to 0845 234 2300.

RECEIVED.

07/03/13.4 The Cameron Fund : Membership of the Council of Management – Letter from Mr D Harris, The Cameron Fund

"The 37th AGM of The Cameron Fund is due to be held on 14 June 2007 during the period of the Annual Conference of Local Medical Committee Representatives, and at the AGM the member of the Council of Management who represents your area – Dr A M Davison Rothbury, Morpeth – will be retiring by rotation. However, the Articles of Association allow a retiring member to stand for re-election and Dr Davison has indicated his willingness to do so.

Dr Davison's re-election to Council will occur automatically unless any additional candidates are put forward from your area. In the latter event, may I take this opportunity to remind you that a nominee must already be a registered member of The Cameron Fund and the proposer must be a registered member also. The nomination must arrive at this office not later than Friday, 18 May 2007, and must be accompanied by a notice in writing, signed by the person to be proposed, indicating his/her willingness to stand for election.

If two or more candidates are nominated, a postal ballot will be held. In this event, ballot papers would be sent out during the week commencing 28 May to all registered members of The Cameron Fund in your area and, as stated in Article 38 of the Articles of Association, it is necessary for them to be returned to reach me not less than two clear working days before the AGM in question. Therefore, the last date that completed ballot papers could be accepted at this office would be Monday, 11 June.

If there should be a ballot, the result will be announced at the AGM."

RECEIVED.

07/03/13.5 Letter from Mr Con Egan, Chief Executive, Tees, Esk & Wear Valleys NHS Trust – Foundation Trust Application

"Following the creation of the Trust in April 2006, I identified the need to develop a five year strategic direction as a key requirement for the new organisation, and shortly before Christmas our strategic direction was agreed by the Trust Board.

Over the next few months we will be sharing that vision for the future with staff, service users and carer groups, and partner organisations, and discussing how we can work together to make it a reality.

The strategic direction identifies a number of issues that will be critical to our future success and aspirations. The Trust Board believes that the opportunities Foundation Trust (FT) status offers will help us achieve those aspirations, and we recently completed an FT diagnostic process with the support of the Strategic Health Authority and external consultancy.

The Trust will be responding to the findings of the diagnostic in the next few weeks, but the process has been helpful. It gave us the opportunity to review the first six months of the new Trust, and helped us to prepare for the next stage of our development when we will implement our strategic direction and achieve FT status as a key part of our vision for the future of the organisation.

Following the diagnostic process our Trust Board is clear in its aspiration for this Trust to achieve FT status by April 2008. This is a challenging but realistic time frame given our current stage of development and the work that still needs to be undertaken.

To maintain the focus upon us achieving FT status we need to formalise the leadership and management arrangements within the Trust. So, I have asked Jim Brydon to become the FT programme Director as a secondment from his current position of Director of Planning, Performance & Information. A number of acting arrangements will be put in place to ensure key areas of work associated with the directorate portfolio are maintained and these will be announced shortly.

In adopting a programme approach to achieving FT status other directors and lead clinicians within the Trust will continue to have significant leadership roles across the FT agenda.

Jim's primary role will be to lead the overall process on behalf of the organisation, both internally and with partner agencies; co-ordinating the work that needs to be undertaken to an agreed programme and integrating this with progress towards the Trust's achieving its strategic direction. This work will include a formal consultation process during the summer around our FT constitution.

It is an extremely challenging and exciting time for us as the new organisation matures and we take forward this strategic agenda. However, I look forward to our continued success through close partnership working with our many colleagues in the local health and social care community. Changes to the senior management arrangements of the Trust will continue to reflect the environment and the challenges the organisation faces over the coming months."

RECEIVED.

07/03/13.6 Report the receipt of:

GPC News M6 – Friday, 16 February 2007 (*available at www.bma.org.uk*)
GPC News M7 – Friday, 16 March 2007 (*available at www.bma.org.uk*)

RECEIVED.

07/03/13.7 Date and time of next meeting

Tuesday, 1 May 2007, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road.

RECEIVED.

ITEM FOR DISCUSSION UNDER PART B **GPs ONLY**

07/03/14 **Promoting the profile of the LMC**
Ref Minute 06/12/14 & 06/12/3.1 & 07/01/15

The paper which had been circulated, was discussed.

Suggestions included arranging meetings with:

- **Registrars** to discuss contractual options; partnership agreements; practice accounts;
- **Practice Managers** to discuss employment of staff/pitfalls/practicalities, VAT and general practice, responding to PCT requests, non-contractual work, non-NHS work, tendering and business cases;
- **GPs** to discuss being a GP in practice in 2007, threats and opportunities in the new NHS, making PBC work for you your practice and your patients, regulation and general practice.

Dr McMahon felt that registrars and salaried/sessional doctors were unrepresented on the Committee and felt that it was something that should be addressed as there were no registrars or sessional colleagues on the Committee.

Dr Canning explained that it had proved difficult to get registrars to attend, despite Cleveland VTS being asked for nominations. Dr Thornham confirmed that registrars were simply not interested in being on the LMC even though they were asked at the start of each year, and suggested this be discussed again when Anne Holmes was present.

Dr Canning clarified that the Constitution allowed for co-option if this was felt necessary. There were currently sessional, GMS and PMS doctors on the Committee, together with a representative from each of the three Trusts and a Director of Public Health. There was no-one who worked exclusively for the OOH organisation. Dr Lone commented that the Primecare Clinical Governance Forum had difficulty getting representatives to attend its own meetings because they were either working on an evening or having a free evening.

The LMC levy was paid by each practice on practice list size, as opposed to each GP, so the LMC covered all doctors working in each practice. The LMC did not have access to the names and addresses of salaried or sessional GPs and it proved very difficult to make contact with them.

Dr Thornham asked what would the relationship be between the LMC and GPs in the new contractual organisations like APMS practices and the private sector? Dr Canning replied that in Derbyshire he understood they paid the levy the same as all the other practices and they are represented.

Post meeting note: *GP membership of the LMC currently consists of 27 elected GPs* (*1 vacancy for Hartlepool) and 1 VTS registrar (vacancy).*

- *GMS contractors 16*
- *PMS contractors 8*
- *Non-contractors 3*
- *Registrar -*

There being no further business to discuss, the meeting closed at 9.28 p.m.

Date: ***Chairman:***