# 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, 25 March 2008 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 G Daynes | Dr D Donovan |
| | Dr K Ellenger | Dr T Gjertsen | Dr P Heywood |
| | Dr A Holmes | Dr I A Lone | Dr K Machender |
| | Dr T Nadah | Dr J Nicholas | Dr D Obih |
| | Dr A Ramaswamy | Dr M Speight | Dr R Wheeler |
| | Dr D White | Dr S White | Dr C Wilson |

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

## 08/03/1 APOLOGIES

Apologies had been **RECEIVED** from Dr A Boggis, Dr S Burrows, Mr J Clarke, Dr R McMahon, Dr J O'Donoghue, Dr N Rowell and Dr J R Thornham.

## 08/03/2 MINUTES OF THE MEETING HELD ON 8 January 2008

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

The Chairman notified members that Ian McFarlane had left the LMC to join the Army in a full-time capacity. The Executive Committee would be reviewing the post and report back at a later date.

## 08/03/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

### 08/03/3.1 Emergency Planning – Update

Ref Minute: 08/01/9

Concerns expressed at the last LMC meeting had been relayed to Chris Webb who had suggested the Emergency Planning Lead meets with Practice Managers Groups to discuss practical aspects. Dr Canning emphasised that practicalities had to be ironed out before the LMC would agree to the proposal.

**08/03/3.2 Requests from nursing homes for GP visits – update**
Ref Minute 08/01/12

The Secretary reported that on 7 February 2008 a letter and copy of LMC guidelines "Home Visits by GPs" had been sent to all nursing/residential homes registered with NE FHSA. Letters have been received from a handful of these homes, containing the following comments:

- I agree with all the points outlined in your letter. However, I need to be able to book appointments in advance in order to arrange appropriate transport and staff/family accompaniment. Frequently I am met with a wait of 5+ days for a routine appointment, but often I am unable to book more urgent appointments on the same day or even the next day. Frequently I am met with "phone tomorrow morning when we will be releasing more emergency appointments". Getting separate consecutive appointments for 3-4 residents with the same doctor is also very difficult.

- We have an elderly lady in her 80's who has been in hospital three times since Christmas, rang surgery to request an appointment and was given 7.40 a.m. (an impossible time for a nursing home resident) or none available for another week. We requested a home visit.

- Some of our residents suffer from dementia or are very confused. Despite a member of staff accompanying the resident to the surgery, when they have to wait an excessive amount of time (as much as 30-40 minutes), it can cause even more confusion and upset to the resident, and in turn upset the other patients in the waiting room.

Dr Canning felt that all the comments were relevant, particularly the first one, and that perhaps it was not always the nursing homes who were at fault.

**08/03/3.3 Choose & Book**
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 Letter from Mrs Chris Willis, Chief Executive, NT & H PCTs emailed to GPs north of the river on 18 February 2008**

*"As you will be aware the roll out of electronic referral using the Choose and Book system (providing the ability to refer patients to hospitals electronically) began in October 2005. Since that time there has been a steady increase in the number of patients now being referred electronically, however this has recently reached a plateau with North Tees and Hartlepool currently achieving about 40% electronic booking, nationally the average is about 45%.*

*I am sure that some of you will be aware that we need to significantly improve our performance. In particular, across the North East we are moving to a situation where electronic referrals will be the normal method for referring NHS patients to hospital. With this in mind the North East Strategic Health Authority has been discussing with all Chief Executives how to move to paperless referrals and it has been agreed that*

*from May 2008, all referrals that can be made electronically must be done using this method.*

*I appreciate that given current usage levels this will be a challenge but, along with the majority of clinicians I have spoken to, I believe the benefits to the patient of a robust efficient electronic choose and book system are benefits worth striving for. We also know that patients value the opportunity to use the systems.*

*I have asked Karen Gater (Director of Planning and Performance) to be the organisational lead for both HPCT and NTPCT. Karen has contributed to discussions across the SHA patch identifying a number of issues to be addressed in order for us to achieve this timetable. We have also identified two Clinical leads (Dr. John Nicholas and Dr. Kai Sanders) who will work with Karen and the SHA to ensure that patient safety is not compromised*

*Karen and her team will be attending a number of meetings in order to brief GPs and Practice Managers on the work being undertaken to achieve this. Karen, accompanied by either Dr R. Thornham (Medical Director) or one of the two GP Champions, plans to meet with individual practices to ensure that all outstanding issues that impede electronic booking are picked up and resolved.*

*In summary I know that the challenge is a demanding one and that there will be some difficulties to overcome to achieve it, but I have confidence that working in partnership with our Acute Trust colleagues we can and will be successful for the benefit of our patients. I also know that the achievement of this will go some way to ensuring that we have a 21st century system for providing access to 21st century health care."*

**08/03/3.3.2 Letter to Chris Willis/Carl Parker/Rodger Thornham from Dr B Posmyk on behalf of Hartlepool GPs**

*"As you are probably aware I am Chair of Hartlepool PBC group.*

*Your letter regarding expected 100% usage of Choose & Book in the near future was recently discussed at a PBC group meeting and it was decided to reply to your letter in view of various issues it raised. However, since this matter is not wholly PBC related it was felt to be inappropriate to write to yourself under the aegis of PBC and therefore I write not in my role as PBC chair, but on behalf of the Hartlepool GP body.*

*We are concerned that there is an expectation that 100% of referrals are done by Choose & Book within a few months when the Choose & Book referral process is demonstrably not 100% reliable, nor indeed 100% available. Additionally there is the problem of inability to make named consultant referrals, the absence of some clinics from the Choose & Book system and the inability to make specific referrals for patients due for follow-up but where their condition has suddenly changed.*

*There is also the extra time needed during a consultation to perform the Choose and Book process which this year was mitigated by the presence of a Choose & Book LES, however this is due to end on 31st March and as yet there is no word of a replacement.*

*This matter was discussed with Rodger Thornham at a recent time out event in*

*Hartlepool and we did point out that as a GP body we are happy to work with the PCT towards a replacement for the Choose & Book LES for the forthcoming financial year.*

*We also pointed out that it would be useful if the PCT could commit itself in writing before the end of March that it intends to have some form of Choose & Book LES for the next financial year. This would help to avoid the situation that happened in this financial year where GPs stopped using Choose & Book in the early part of April because there was no LES in place at the time.*

*In view of the technical problems with Choose & Book, Hartlepool PBC group did come to the decision that it did not want the facility for paper referrals to be turned off for the forthcoming financial year, and for this to be noted in commissioning discussions.*

*We look forward to working with the PCT towards an effective, successful implementation of Choose & Book."*

Dr Canning explained that the letter from Chris Willis had gone to GPs north of the river but contained the phrase "all referrals that <u>can be made</u> electronically must be done using this method". Advice received at the GPC was that the government's Choose & Book team encouraged Choose & Book but the service was <u>not</u> mandatory and it was understood they had contacted the StHA to make the department's view known to them.

Problems with concept of 100% Choose & Book included:

- If card mislaid then C&B cannot be accessed;
- Patient refusing to use an 0845 number in order to make an appointment;
- Delays when using 0845 numbers without using internet
- Cannot access C&B if GP has worked outside 10 hours card usage

It was thought that a LES for Choose & Book was being formulated north of the river, but no details were known. It may be that practices will be expected to keep a record of referrals not done through C&B, partly so practices can justify a claim for the LES, and partly so that additional information is made available to PCTs about why sometimes it is not possible to use C&B (systems not available, IT problems, etc) in order to rectify problems and encourage more use of C&B.

Using C&B means not being able to refer to a named consultant, which means "choice" was being eroded. It was pointed out that Trusts outside of the area allowed named referrals to be made, but not in this area. A member said that if there was a genuine reason for requesting a named clinician, then this was a good reason not to use C&B. Should access to a named clinician be taken up with PBC Groups?

It was noted that as from April 2008 PCTs will no longer be able to restrict choice of services through C&B because services available throughout the country will be shown (always remembering they have to be able to treat people within 18 weeks). Transport will be paid to those eligible to travel to hospital.

The DES for C&B ends on 31 March. The LMC cannot instruct practices on what they should do as from 1 April concerning the use of Choose & Book but can advise that this is not an essential service because it is being funded as a DES.

Dr Canning **AGREED** to:

- send more information to practices following the LMC meeting;
- copy PCTs into any correspondence so they are aware of information being disseminated to practices
- write to each PCT to ask if they are going to do a LES

## 08/03/4 EXTENDED HOURS

### 08/03/4.1 Poll Result

The result of the poll (Option 'A') was known and expected.

### 08/03/4.2 DES

Not yet agreed and unlikely to be agreed for some time. Lawyers have been instructed on how to draw up a DES but this requires a formal legal document to be prepared for the Secretary of State, and discussions were ongoing. It is for practices to decide when/if they take up the DES. There is no obligation on the practice to do the DES, other than to consider taking it on. Practices have to make a decision based on commercial and business arrangements. The LMC had written to PCTs concerning practicalities of extended hours (cost implications, IT support, system providers, transport, access to other services), but no responses received.

Dr Nicholas asked the LMC to write to him as Caldicott Guardian of Tees PCTs because he was responsible for information governance and he would write to the IT commissioners and copy in the CEO's of the PCTs informing them that practices offering extended hours could not be without IT support.

There was confusion over when/if practices should commence the DES, and if they commenced and wanted to withdraw what the consequences would be. There was confusion over what was expected of practices in order to adhere to the requirements of extended hours. With a list size of more than 9000 patients, two doctors will be able to work in parallel with the agreement of the PCT, which should not be unreasonably withheld. Practices have to open 30 minutes per 1000 patients, rounded up to nearest 15 minutes, with a starting time of 6.30 p.m. during the week (not 6.00 p.m.). In extended hours you can do home visits up to 6.30 p.m.

It was **AGREED** that practices be advised about what to do concerning the anticipated letter on DES.

### 08/03/4.3 LES

PCTs may do a bridging LES prior to the instigation of a DES.

### 08/03/4.4 North Ormesby walk in clinic

Without prior consultation with the LMC, MPCT had opened a walk-in clinic at North Ormesby Health Village. The PCT had informed practitioners by letter on the day it opened. It was an 8.00 a.m. – 8.00 p.m. service operated by Primecare, with no registered list of patients. It was suggested that after three months MPCT should be asked how many patients had used the walk-in services during the day.

## 08/03/5 ANNUAL CONFERENCE OF REPRESENTATIVES

### 08/03/5.1 Honorarium and expenses payments for representatives at Conference

It was **AGREED** the arrangements for last year would apply:

- £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.

### 08/03/5.2 Motions to Conference

Deadline for submission of motions to Conference was 14 April. Dr Canning tabled 30 draft motions for consideration.

| | |
|---|---|
| 8 | should state 40% have access to occupational health |
| 14 | should be reduced to five parts or will fail to be discussed |
| 21/22/23 | OOH only applies to emergencies |
| 22 | if you are re-licensed but not re-certified there are those who say you should not be able to prescribe – basically the retired who have kept themselves on the register |
| 24 | needs re-wording – APMS not subject to FOI because they are not a PMS/GMS practice |
| 26 | change wording to "recognised training post" |

Dr Canning **AGREED** to reword draft motions. Members were asked to submit comments on the draft motions to the LMC office by Friday, 4 April via the ListServer. It was noted that motions can be withdrawn once submitted.

## 08/03/6 HARTLEPOOL & NORTH TEES PCTs – DRAFT GP APPRAISAL POLICY

A copy of the document had been emailed to LMC GP members north of the river on 7.3.8 for comment, showing amendments suggested by Dr Canning. No further comments were received at the meeting. Dr Holmes had also been consulted by NT PCT and already submitted comments. It was noted that there would be a mandatory use of www.appraisals.nhs.uk. Members **AGREED** that this was a potential concern given recent data transmission issues.

**08/03/7 DETERMINATION THAT AN AREA IS A CONTROLLED LOCALITY :** Letter from NE FHSA

*"Following receipt of an application from Norchem for full consent to establish a new pharmacy at Unit 2, Middlewarren, Hartlepool, a request has been received from the Cleveland Local Pharmaceutical Committee under Regulation 31(3) for a review of the rurality of this area. For the purposes of the pharmacy regulations, parts of Hartlepool are currently classified as a "controlled" or rural area. As a result of this, (and in accordance with paragraph 31(4) of the NHS Pharmaceutical Regulations 2005), Hartlepool PCT has decided that a review is required. This decision must be taken prior to consideration of the above application."*

Dr Canning explained that the area comprised of Hart Ward, Throston Ward and the adjoining area east of a line conjecting, the junction between Hart Lane and Merlin Way, and the junction between Hart Road and Merlin Way.

It was noted that there were no practices in that area, with Hartlepool practices serving the residents. It could be that an APMS practice may be set up as a dispensing practice in that area. Hartlepool was scheduled to get an extra 2 APMS practices and a walk-in centre and it was not known where they would be situated.

After discussion, it was **AGREED** that the area looked like a rural area and should stay as a controlled area. The LMC will write to NE FHSA objecting to a change of classification.

**08/03/8 IMPROVING THE PATIENT EXPERIENCE IN CLEVELAND**
Letter from Director of Healthcare Policy & Strategy, Assura Group, London

*"I am writing to introduce Assura Group, a major health provider organisation which is playing an increasing role in supporting the modern NHS and to request a meeting to discuss how we can support the development of primary care services in Cleveland LMC.*

*Assura invests in primary health care property, by developing and retaining primary care resource centres, GP surgeries, polyclinics and community hospitals for long-term investment, and is also involved in a number of LIFT schemes. We are currently involved in approximately 150 sites around the country and aim to be one of the UK's largest independent healthcare provider organisations by 2010. We are an expanding care provider, seeking to establish for the long term, in those places that most require servicing.*

*We are in the process of meeting GP leaders both at BMA and LMC level to explain our collaborative provider model. This is proving of particular interest with regard to the Equitable Access in Primary Care procurements that PCTs are undertaking. Many local GPs are finding this initiative very threatening and therefore are asking us to partner with them and enable them to compete and win these bids.*

*The Assura model was established to enable GP groups to become effective provider organisations and to maximise the opportunities offered by the new contract and*

*practice-based commissioning framework. Working in partnership, we support GPs to deliver out-patient and diagnostic services to their communities. We achieve this by forming joint venture partnerships with GPs and locality groups where the GPs become 50% shareholders in a GP Provider Company (GPCo).*

*Throughout the country hundreds of GPs are working with Assura to form provider organisations and deliver community based care closer to their patients. In many communities Assura is offering integrated facilities and support systems which enable GPs to undertake a much wider range of services. Driven by levers including PBC this is putting power in the hands of clinicians and practitioners who understand the needs of their local community and can drive up standards of care for all.*

*I would be very interested to discuss with you how the Assura model could support local primary care services in Cleveland LMC through GPCos. If you were agreeable in principle to a meeting, perhaps you could let me know and I could then be in touch to find a convenient time."*

After much discussion, it was **AGREED** that a meeting be arranged with Assura.

**08/03/9 GP SYSTEMS OF CHOICE – Update**

**08/03/9.1 Letter from General Practitioners Committee**

*"GP Systems of Choice (GPSoC) is the new scheme through which the NHS will fund the provision of GP clinical IT systems in England. It delivers the paragraphs 4.34-4.36 as set out in the 2003 "Blue Book" on the new GMS contract Investing in General Practice.*

*It is important that the details in this communication are brought to the attention of practices and that LMCs are in touch with their local PCTs and SHA IT leads to ensure that GPSoC is being implemented.*

*PCTs are being asked by NHS Connecting for Health (CfH) to include all practices in a GPSoC "call off agreement". There will be no change to the system that the practice uses and this is a technical exercise in order for the PCT to secure the necessary funding for GPSoC and to continue funding their obligations for current practice IT support. GPC considers this to be a sensible and efficient method of proceeding on the basis that GPSoC delivers what the profession asked for in the 2003 negotiations.*

*LMCs are advised to ensure that their PCTs have entered into Call Off Agreements with existing suppliers and that PCTs have included all eligible practices in a Call Off agreement.*

*It could be the case that some practices will not be signed up because their system is not GPSoC Level 2 compliant; the current list of GPSoC compliant systems can be found below. If this is the case, the practice concerned should approach its PCT to discuss its options. These would include checking whether the supplier of the practice's current system is planning to provide a GPSoC Level 2 compliant version*

*or, potentially, to begin the process of migration to a GPSoC Level 2 compliant system.*

*In the event that a practice has taken a business decision not to be involved in GPSoC, the onus would be on the practice concerned to inform the PCT of its decision in writing. Technically, PCTs would still have a responsibility to fund those practices that decline to join up, but there will be increasing pressure to move onto GPSoC, or LSP (Local Service Provider), contracts due to financial pressures and compliance requirements. GPC cannot envisage circumstances in which a practice would take a business decision not to be involved in GPSoC, given that it delivers what the profession asked for in the 2003 negotiations.*

*The PCT-Practice Agreement, which was sent out for consultation recently, has now been approved by GPC, the SHAs and the GP IT system User Group chairs. This Agreement clarifies both PCT and practice responsibilities under GPSoC and is applicable to all practices, whether GMS or PMS, and not just those who wish to move systems. For practices who do not intend to change systems, it clarifies the rights and responsibilities of the PCT and practice. For practices that are intending to change systems it clarifies the process to be followed. It also details the dispute resolution arrangements. The PCT-Practice Agreement is independent of the practice's GMS or PMS contract.*

*The PCT-Practice Agreement will have to be signed by all practices who are signed up to GPSoC. Signing up by PCTs and practices will be undertaken subsequent to PCT sign up to the Call Off Agreement and CfH have set a deadline of the end of April 2008 for practices and PCTs to sign their agreements. Detailed guidance on the PCT-Practice Agreement will be issued shortly.*

*It is important to note that practices are still the data controller under GPSoC.*

*Further information about GPSoC can be found at:*
*www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc*

***Choice of Nationally Accredited Systems***

*4.34 Systems will be accredited against national standards. Each practice will have a guaranteed choice of the number of accredited systems that deliver the required functionality. Such choices will be consistent with local development plans (or their equivalents) and in line with local business cases and service level agreements. From 1 April 2003 every practice in the UK will have the choice of RFA-accredited systems. Practices will not subsequently be expected to exercise this right more frequently than every three years.*

*4.35 As patient care is increasingly delivered across multiple organisations, professions and sectors, the ability to implement nationally specified systems to support these arrangements is regarded as essential.*

*4.36. The GPC, NHS Confederation and Health Departments across the four countries appreciate and value the information held in current practice systems. Future strategies will ensure this information is protected.*

*Each PCT and each GPSoC Framework supplier supplying systems to practices in the PCT will need a Call Off Agreement which governs the local arrangements for the delivery of the supplier's GPSoC compliant system and associated services. Rather than have separate contracts for each practice, all practices that have a GPSoC compliant system from a GPSoC Framework supplier will be included in the same Call Off Agreement. Each practice's specific requirements will be detailed in the Call Off Agreement.*

*GPSoC Level 2 compliance means that the clinical system has the core requirements for a GP Clinical IT System (the updated former RFA), is enabled for Choose & Book, the Spine, the Personal Demographic Service (PDS) and GP2GP Record Transfer. Being enabled for CfH products* ***does not mean that the practice has to be using any or all of these modules.***

*The current list of GPSoC compliant systems and suppliers is can be found at the following link*
*http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/framework/planned*

*Local Service Providers (LSPs) are responsible for delivering IT services at a local level for NHS Connecting for Health and supporting local organisations in delivering the benefits from these. They ensure the integration of existing local systems and, where necessary, implement new systems to ensure that the national applications can be delivered locally, while maintaining common standards. Further details can be found at:*
*http://www.connectingforhealth.nhs.uk/about/howwework/lsps/index_html*

**RECEIVED.**

**08/03/9.2 GP systems for the Future – Event being held on 24 April 2008, The Wynyard Room**

Notification received from Dr John Nicholas & Mike Procter

*"I am writing to invite your lead GP and Practice Manager to an important NHS event 'GP Systems for the Future', which will provide information and raise awareness of what the future holds for GP systems.*

*The event is taking place on Thursday, 24 April 2008 and is being held at The Wynyard Rooms. Both a morning and afternoon session will take place (10.00-1.00 p.m. & 1.00-3.45 p.m.*

*Drinks will be served on arrival and the morning session will close with a plenary question and answer session where you can engage with key players about the issues which matter to you. Lunch will be served and then followed by the afternoon session.*

*The event will discuss clinical benefits and future developments of GP system and will be hosted by Dr John Nicholas – Tees Caldicott Guardian and GP representative on the Tees Healthcare Technology Programme Board.*

*The purpose of the meeting is to explore the benefits of integrated GP systems and progress to date with the Connecting for Health Programme. Local updates will be provided by key local staff. It will be especially helpful in considering future benefits and strategy.*

*To book your place on either the morning or afternoon session you can either: Email: alexis.evans@middlesbroughpct.nhs.uk; or Telephone: Alexis Evans on 01642 354513."*

Dr Nicholas emphasised that the event was to enable people to make informed choices about what they want to do and was open to GPs and Practice Managers north and south of the river.

**08/03/10 REPORTS FROM REPRESENTATIVES**

**08/03/10.1 Report on the formal cessation of the Primary Care Resource & Development Centre : Dr J R Thornham on behalf of the PCRDC Trustees**

The report was deferred until the next LMC meeting when Dr Thornham would be present.

**08/03/10.2 Our NHS, Our Future : Darzi Review : Meetings attended by Dr A Ramaswamy**

Dr Ramaswamy reported he had attended local, regional and national meetings, discussing eight clinical entities set out by the Minister. He felt there was a definite threat to primary care as it exists now, with active involvement of private agencies running primary and secondary care services. The Final Report is to be published in June 2008.

Dr Canning pointed out that a campaign was likely to commence shortly publicising the value of general practice, with a suggestion of contributions from practices and LMCs towards the campaign. If anyone had any thoughts on the matter, particularly about the funding aspect he would welcome your comments.

Dr Heywood said that the Darzi process had helped to put focus on appropriate health and helped PCTs achieve major investment in cardio vascular investment. How this will work out with local LES's has to be negotiated.

**08/03/11 REPORTS FROM MEETINGS**

**08/03/11.1 Tees Public Health Group Meeting held on Thursday, 17.1.2008**

***Clearance notes for food handlers***

*"John Canning asked for this to be raised at the meeting in his absence and Paul Acheson outlined JC's concerns. He asked that it be made clear that it is the responsibility of employers for exclusion from work of their employees and is not part*

*of the role of a GP. He asked that group members take the opportunity to reinforce this message where appropriate. Paul Acheson stated that he agreed that this should not be the role of a GP. If any public health advice was needed in such cases, the HPU would be happy to advise.*

*A further discussion also took place regarding responsibility for collection of clearance specimens where required. Paul Acheson stated that if this was needed for public health purposes, that he felt this should be the role of the EHOs in liaison with the HPU and such assistance would be gratefully received. Where companies had their own more stringent exclusion criteria, that was deemed not to be necessary in public health terms, then any specimen collection was the responsibility of the employer in question."*

**RECEIVED.**

**08/03/11.2 LMC/NT & H PCT Liaison Meeting held on Tuesday, 19 February 2008 : Dr R Roberts & Dr J T Canning : PCT Chairmen/Chief Executive/PEC Chairman/Medical Director/Finance Director/Commissioning Director/ Deputy Director of Health Systems & Estates Development**

Dr Canning informed members that items discussed included: APMS practices and walk-in centres, where they would be located and how they would work in Hartlepool with LMC highlighting their concerns; Choose & Book with LMC expressing desire for referrals to named clinicians; Tees-wide commissioning as opposed to PCT-wide commissioning; PMS contracts – no change at present; Proposed name change to Stockton on Tees teaching PCT.

**08/03/11.3 Working Together in Light of New Primary Care Trust Structures meeting held on Monday, 25 February 2008 : Dr R Roberts / Dr I A Lone / Dr J T Canning : LOD / LPC / LDC : Chris Willis/Ali Wilson/Neil Nicholson/Rodger Thornham/Mike Procter/Karen Gater**

Dr Roberts explained that the LMC had facilitated the meeting on behalf of the LDC / LOC / LPC. Mike Procter was looking at the overall Tees-wide Commissioning structure with who fitted in where and did what.

**08/03/12 SUPPLEMENTARY AGENDA**

**08/03/12.1 Darzi Practices**

There was great concern over new practices designated for Redcar & Cleveland (3 new practices and a health centre), which could be extremely damaging for existing practices. Several Redcar & Cleveland GPs had expressed concern that:

- they felt the LMC had not done enough to oppose these new practices
- they are worried about a lack of communication
- they were suggesting legal action be taken against the PCT on the grounds that:

  - basis used to decide Redcar was in the lower centile was flawed in that nurse practitioner numbers have not been taken into account
  - process as described in a letter from the Chief Medical Officer (Liam Donaldson) has not been followed in deciding how many practices there should be in Redcar & Cleveland
- they are of the opinion that the Committee should start a Judicial Review of the matter
- they are considering withholding the LMC levy payment

There was also concern over the fact that neither the PEC nor Board had been involved in reaching the decision to open four new practices.

Dr Canning explained that a Judicial Review was an extremely expensive process, (£10,000 to be able to initiate the process with Counsel; a Hearing would be many times that figure). Depending on the complexity it would be reasonable to assume £50,000. Who would fund that cost? An individual; a group of practices; the LMC; the GP Defence Fund; GPC? Another source would be the Health Scrutiny Committee at Redcar & Cleveland Council.

The LMC has been concerned about the Darzi proposals from the beginning and had written to the PCTs without success. Dr Canning had also had a meeting with Ashok Kumar who was astonished at the proposal of extra practices and was totally opposed to the scheme.

Dr Canning **AGREED** to:

- Contact the Health Screening Committee for Redcar & Cleveland Council;
- Write to the Treasurer of the GP Defence Fund;
- Hold a meeting for practices to discuss the issues in Redcar & Cleveland.

Dr Heywood commented that there was a paper going to Middlesbrough/Redcar & Cleveland Board tomorrow morning.

Dr Holmes informed members that Tithebarn had been told the PCT was going to open a Darzi practice and close their practice if they did not wish to bid for the proposed health centre. She asked what was to stop other practices having their contract withdrawn?

**08/03/12.2 Pandemic Flu Primary Care Arrangements**

Communication from Simon Stockley, North Tees GP

*"I have been asked by Peter Heywood to help deliver a contingency planning strategy plan for primary care across the whole of Teesside. Part of my role will be to offer practices the opportunity to become actively involved in the planning and to work together to form clusters of practices covering 20-25,000 patients, and agree a plan that they will use to facilitate joint working and cross cover between them. There will be training and support offered, an examplar plan has been prepared which I feel most will want to adapt for their own situation. When completed the practices will be paid a sum of £1,000.*

*The reason for talking to the LMC is to engage your active support for this initiative. The challenge with this kind of planning is that it only becomes valuable when most if not all practices take part in it, and the LMC backing could help us achieve this. I would be grateful for the matter to be discussed at the LMC meeting."*

Dr Heywood explained that he and a number of GPs had been working on a Tees-wide Primary Care Pandemic Continuity Agreement. It was important that practices work in clusters of 20-25,000 patients (depending on geography) in order to share resources, cover extended hours arrangements, etc. Large practices, even if they had 20-25,000 patients, should form a cluster with another practice in order to share resources. It was essential that every practice be part of a cluster, and that every cluster have a cluster plan agreed between the practices involved in that cluster. If one cluster was struggling then it would be able to buddy-up with another cluster in the short term. If things became very serious in a flu pandemic, perhaps co-ordination would go on at PCT level. (Prisons will have their own plan of action). There will be a fee payable to each practice, irrespective of size, because you will be expected to do the same amount of work. The framework document and exemplar plan will go through Practice Managers forums to start work in putting the plans together. Four events will take place to go through the framework document in detail and obtain comments.

Ideas voiced were:

- It would be sensible to propose practices go into specific clusters
- mixed sizes of practices in each cluster
- large practice to be clustered with a smaller practice
- health centres practices to be clustered with practices outside of the building
- practitioners should not be travelling large distances and to areas they do not know

During a flu pandemic outbreak, some services provided by practices would be suspended immediately, however, payments would continue but for a different service. Patients who do not need to be seen will be kept away from practices.

**08/03/12.3 Review of Attendance Allowance wef 1 April 2008**

Members are currently paid £44.31 per hour. It was **AGREED** to leave the payment at this amount, unless the DDRB increased GP payments.

**08/03/13 ANY OTHER NOTIFIED BUSINESS**

No other business was notified.

**08/03/14 RECEIVE ITEMS**

**08/03/14.1 Recent LES & DES (South of the river)**
**Email received from Tony Chahal GP & PEC member**

*"I would be most grateful if you could disseminate the following information to my*

*LMC colleagues and friends.*

*I was disappointed to learn that the LMC were under the impression that the last LES (the part A and part B one that was widely rejected) came before the PEC and was approved .*

*This did not happen.*

*The proposals came in front of the PEC only after they were widely rejected and, it was at this forum that management agreed to liaise with the GP members on the PEC to construct a more reasonable and appropriate set of targets.*

*This meeting has happened and I hope a new and achievable and relevant enhanced service proposal is forthcoming.*

*Although it is not my agenda to represent General Practice on the PEC, I would offer a general practitioners view on all matters discussed (this is after all the only professional viewpoint I have!).*

*It is not my purpose to apologise for past mistakes the PCT may have made but I feel the 'them and us ' strategy will not work for either of us.*

*I look forward to a more mutually beneficial political environment."*

**RECEIVED.**

**08/03/14.2 MILEAGE wef 1.4.2008**

Mileage reimbursement will remain at 40p per mile for 2008/9.

**RECEIVED.**

**08/03/14.3 Medical List**

**Applications:**

| **Effective Date** | **Name** | **Partnership** | **Practice Area** |
|---|---|---|---|
| 19.11.07 *Salaried GP* | Dr R Vijayakumar | Dr Ray | H PCT |
| 01.01.08 *Change in status from Salaried GP to Principal* | Dr R Shah | Dr Downs & Partners | H PCT |
| 02.02.08 *Returning 2.2.8 following 24 hour retirement.* | Dr R N Sinha | Dr O'Byrne & Partner | NT PCT |

| | | | |
|---|---|---|---|
| 04.04.08 | Dr E M Chappelow | Dr Smith & Partners | R&C PCT |
| *Salaried GP* | | | |
| 07.02.08 | Dr J S Kierstan | Dr Downs & Partners | H PCT |
| *Salaried GP* | | | |
| 05.05.08 | Dr J R Thornham | Drs Thornham & Partners | NT PCT |
| *Returning part time following retirement* | | | |
| 06.04.08 | Dr L N Fazluddin | Drs Thornham & Partners | NT PCT |
| *Change in status from Salaried GP to Partner.* | | | |
| 01.04.08 | Dr G V J Fernandez | Drs Inch & Partners | M PCT |
| *Partner* | | | |
| 01.05.08 | Dr A Tahmassebi | Park Avenue Surgery | R&C PCT |
| *Partner. Will also remain as partner with Bentley Medical Practice* | | | |
| 26.03.08 | Dr D B Gowda | Bentley Medical Practice | R&C PCT |
| *Salaried GP.* | | | |
| 01.04.08 | Dr A P Serrano | Dr Contractor & Partners | NT PCT |
| *Change in status from Partner to Salaried GP* | | | |
| 14.04.08 | Dr J Veeramasuneni | Dr Neoh & Partners | NT PCT |
| *Salaried GP.* | | | |

**Resignations:**

| **Effective Date** | **Name** | **Partnership** | **Practice Area** |
|---|---|---|---|
| 31.01.08 | Dr R N Sinha | Dr O'Byrne & Partner | NT PCT |
| *24 hour retirement. Returning 2.2.8* | | | |
| 02.02.08 | Dr J L Moran Ruiz | Dr Smith & Partners | R&C PCT |
| *Resignation – Salaried GP (PCT)* | | | |
| 3.03.08 | Dr S A Chilton | Dr Inch & Partners | M PCT |
| *Retirement* | | | |
| 04.04.08 | Dr A Dunning | Dr Lone & Partners | R&C PCT |
| *Retirement* | | | |
| 31.12.07 | Dr W Saltissi | Dr Juhasz | H PCT |
| *Resignation* | | | |
| 29.02.08 | Dr G L Poynter | Drs Neoh & Partners | NT PCT |
| *Resignation. Salaried GP.* | | | |

| | | | |
|---|---|---|---|
| 06.04.08 | Dr J R Thornham | Drs Thornham & Partners | NT PCT |

*Retiring. Returning part time 5 May 2008*

| | | | |
|---|---|---|---|
| 30.04.08 | Dr J Doherty | Park Avenue Surgery | R&C PCT |

*Retirement*

| | | | |
|---|---|---|---|
| 19.03.08 | Dr E A Clarke | Bentley Medical Practice | R&C PCT |

*Resignation. Salaried GP.*

| | | | |
|---|---|---|---|
| 30.04.08 | Dr A P Serrano | Dr Contactor & Partners | NT PCT |

*Resignation. Returning to Spain permanently.*

| | | | |
|---|---|---|---|
| 11.04.08 | Dr J Veeramasuneni | Dr Hargate & Partners | M PCT |

*Resignation.*

**RECEIVED.**

**08/03/14.4 Practice move**

Dr Neville-Smith & Partners, Skelton Health Centre, Byland Road, Skelton will be moving with effect from Monday, 3 March 2008 to:

Dr Neville-Smith & Partners
Hillside Practice
Windermere Drive
Skelton
Saltburn by the Sea
TS12 2TG

Tel: 01287 650403
Fax: 01287 651547

**RECEIVED.**

**08/03/14.5 Practice change of name**

08/03/14.5.1 Dr Awad's surgery at Hartlepool has had a slight change of address and postcode to:

West View Millennium Surgery
West View Road
Hartlepool TS25 9LJ

08/03/14.5.2 Dr Juhasz's surgery at Hartlepool has had a slight change of practice name, address and postcode to:

Millennium Surgery
West View Road
Hartlepool TS25 9LJ

**RECEIVED.**

**08/03/14.6 Practice new fax number**

Dr Khair & Partners, The Erimus Practice, Middlesbrough have a new fax number : 01642 734972.

**RECEIVED.**

**08/03/14.7 Report from GPC**

Summary of GPC meeting held on 7 February 2008 was emailed to all GPs and Practice Managers on 11 February 2008. The GPC next meet on 20 March 2008 .

Summary of GPC meeting held on 20 March 2008 was emailed to all GPs and Practice Managers on 25 March 008. The GPC next meets on 17 April 2008.

**RECEIVED.**

**08/03/14.8 Documents sent to GPs/Practice Managers since the last LMC Meeting on 8 January 2007:**

Letter from Dr Laurence Buckman, Chairman, GPC : 8 January 2008 *(9.1.8)*
Your General Practice *(9.1.8)*
LMC/Negotiator regional meetings : February/March 2008 *(15.1.8)*
JCUH : Postgraduate lecture series : Epiphany Term *(15.1.8)*
BMA Sessional GPs Subcommittee Winter Newsletter *(15.1.8)*
Salaried GPs BMA conference in Leeds *(15.1.8)*
Contract Negotiations - Update : GP Open Meeting, Tuesday, 12 February 2008 *(15.1.8)*
GPC Guidance : Practice Based Commissioning (2 documents) *(16.1.8)*
Arranging for your doctors' email addresses to be included within the Global Address Book *(16.1.8)*
Contract Negotiations - Update : GP Open Meeting, Tuesday, 12 February 2008 *(28.1.8)*
GPC Guidance for GPs: Managing disputes with PCTs *(29.1.8)*
Quality of care and GP opening hours - Protecting the NHS *(29.1.8)*
Imposed Changes to the GP Contract – GP leader answers members questions *(29.1.8)*
Joint GPC-CSSC Guidance – Improving Care Pathways *(29.1.8)*
GP Health Information Flyer *(29.1.8)*
PowerPoint Presentation of BMA letter for Patients *(30.1.8)*
LMC Newsletter January 2008 *(1.2.8)*
The news - what YOU can do *(5.2.8)*
REVISED: GP Health Information Flyer *(5.2.8)*
Surgery Posters - TRUE OR FALSE *(5.2.8)*
Registering details for GPC communications and poll *(5.2.8)*
Loop-link for reception *(5.2.8)*
Template of letter to adapt and use when contacting your MP *(6.2.8)*
Home visit guidelines being sent to all nursing/residential homes in Teesside area *(6.2.8)*
Contract Options *(8.2.8)*

Report from GPC meeting held on Thursday, 7.2.2008 & Personal Message from John Canning *(11.2.8)*
Advice re audit of practice opening times *(12.2.8)*
QOF factsheet - GPC briefing note *(12.2.8)*
Letter to the Profession from Dr Laurence Buckman : 12 February 2008 *(12.2.8)*
PowerPoint display and Imposition A & B - Handouts from CLMC meeting 12 February 2008 *(13.2.8)*
Standards for Better Health *(13.2.8)*
Cleveland LMC Telephones *(19.2.8)*
GP Trainees subcommittee - Winter Newsletter *(19.2.8)*
Prison contact numbers for sharing records *(19.2.8)*
GP voting papers – Please be alert *(20.2.8)*
Information from GPC regarding GP poll of opinion *(20.2.8)*
RCGP Leadership Programme - 2008-2009 *(26.2.8)*
Admin charges for clinical waste collections *(26.2.8)*
Extended hours : Negotiations : Darzi *(4.3.8)*
Extended Hours : Poll Results *(6.3.8)*
Travel vaccinations *(11.3.8)*
News from GPC meeting 2.3.08 & Local News *(25.3.8)*

**RECEIVED.**

**08/03/14.9 Report the receipt of:**

GPC News M6 : Friday, 8 February 2008 (*available at www.bma.org.uk*)
GPC News M7 : Thursday, 20 March 2008 *(available at www.bma.org.uk)*
Sunderland LMC minutes of meeting held on 18. December 2007
Sunderland LMC minutes of meeting held on 15 January 2008

**RECEIVED.**

**08/03/14.10 Date and time of next meeting**

Tuesday, 29 April 2008, at 7.30 p.m. in the Committee Room at Poole House, Stokesley Road, Nunthorpe.

**RECEIVED.**

There being no further business to discuss, the meeting closed at 9.42 p.m.

***Date:*** ***Chairman***