



# Cleveland Local Medical Committee

Chairman: Dr D Donovan  
Vice Chairman: Dr I Bonavia  
Secretary: Dr J T Canning  
Medical Director/Asst Secretary: Dr J-A Birch  
Development Manager: Ms J Foster  
Office Manager: Ms C A Knifton

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 15 May 2012 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

**Present:**

Dr D Donovan (Chairman)	Dr S H M Arifulla	Dr J-A Birch
Dr I Bonavia	Dr J T Canning	Mrs V Counter
Mr S Doyle	Dr K Ellenger	Dr J Hameed
Dr M Hulyer	Dr H C Lamprecht	Dr R McMahon
Dr R Mudalagiri	Dr R Roberts	Dr O Sangowawa
Dr S Selvan	Dr P Singh	Dr M Speight
Dr D White		

**In attendance:** Ms J Foster : Development Manager  
Mrs C A Knifton : Office Manager

## **12/5/1 RECEIVE MEMBERSHIP OF THE COMMITTEE FOR 2012 - 2015**

Dr Donovan welcomed everyone to the re-constituted Local Medical Committee. Dr Sathish Selvan (Thornaby), Dr Debs White (Tees Locum) and Vanessa Counter (Practice Manager – North) were welcomed as new members and those present introduced themselves.

## **12/5/2 STANDING ORDERS**

### **12/5/2.1 Adopt Standing Orders**

Subject to Para 5 being amended to reflect the revised meeting times, the Standing Orders were **ADOPTED**.

## **12/5/3 CONSTITUTION**

CLMC's Constitution had not been reviewed since 2002 and was now slightly out of date. Proposed amendments should be sent to [christine.knifton@tees.nhs.uk](mailto:christine.knifton@tees.nhs.uk) for consideration. Once it was known which organisation would be recognising the LMC following abolition of PCTs, the document would be presented for consideration.

**AGREED.**

## **12/5/4 ELECTION OF OFFICERS**

**12/5/4.1 Chairman** – Dr D Donovan offered himself for re-election and was appointed unopposed.

**12/5/4.2 Vice Chairman** – Dr I Bonavia offered himself for re-election and was appointed unopposed.

**12/5/4.3 Secretary** – Dr J T Canning offered himself for re-election and was appointed unopposed.

**12/5/4.4 Asst Secretary / Medical Director** – Dr J-A Birch offered herself for re-election and was appointed unopposed.

**AGREED.**

**12/5/5 APOLOGIES**

Apologies had been received from Dr W J Beeby, Dr S Byrne, Dr R J Gossow, Dr C Harikumar, Dr M Hazarika, Dr N Rowell and Dr C Wilson.

**NOTED.**

**12/5/6 REPORT FROM RETURNING OFFICER (Christine Knifton)**

**12/5/6.1 Candidates & Vacancies**

**Hartlepool – 4 posts – 3 vacancies remain**

Dr Rachel Roberts

**Stockton – 9 posts – 2 vacancies remain**

Dr Iain Bonavia

Dr Krysia Ellenger

Dr Mukul Hazarika

Dr Mark Hulyer

Dr Helen Murray

Dr Sathish Selvan

Dr Pawanjit Singh

**Middlesbrough – 7 posts – 2 vacancies remain**

Dr William Beeby

Dr John Canning

Dr Danny Donovan

Dr Rachel McMahon

Dr Nigel Rowell

**Redcar & Cleveland – 6 posts – 1 vacancy remains**

Dr Shahul Hameed Mohammed Arifulla

Dr Julie Birch

Dr Junaid Hameed

Dr Michael Speight

Dr Colin Wilson

**Locum – 2 posts – 1 vacancy remains**

Dr Deborah White

It was **AGREED** the resultant vacancies would be re-advertised, following which any remaining vacancies would be advertised as co-opted members to allow any GP across the area to apply for any vacancy.

## **12/5/7 MINUTES OF THE MEETING HELD ON 20 March 2012**

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

## **12/5/8 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS**

### **12/5/8.1 Motions to Conference – Supplementary Agenda Items Minute Ref: 12/3/5**

One of CLMC's motions about undergraduate education and the funding thereof had been incorporated into a composite motion together with GP training and it was **AGREED** that the following motion be sent to BMA for consideration in order to split the two subjects:

That item 89c be removed from the bracket and debated alone in the same section.  
(89c refers to undergraduate education the rest of the bracketed material, and the lead motion refers to GP Training)

## **12/5/9 LMC CONFERENCE : 22/23 May 2012 in Liverpool**

Members had been sent a copy of the full Agenda, together with an abbreviated version listing CLMC's motions for debate. The Conference promised to be a lively event with topics covering the competency of the Secretary of State and the Prime Minister, the commissioning process and pensions, to mention but a few. If any GP had any views on any of the topics for debate, they were asked to contact [christine.knifton@tees.nhs.uk](mailto:christine.knifton@tees.nhs.uk) in order for full vocal representation to be made on behalf of Tees GPs.

**NOTED.**

## **12/5/10 NE REGIONAL LMC CONSTITUTION Letter from Dr Ken Megson, Regional LMC Secretary**

"Following our discussions at the last Regional LMC meeting, it was very clear that section 2.1 of our Constitution has to be changed. At the present time, section 2.1 does not allow appointed Secretaries, either medical or lay, or other members of LMCs' executive teams to be at the Regional Meeting.

The proposal is that section 2.1 is changed to the following:

### **2.1 Nominations**

Individual LMCs shall normally nominate 3 persons of their executive team. These nominations will be at the absolute discretion of the individual LMC and the LMC reserves the right to substitute their nominations but only from another member of their executive team and after giving notice to the committee.

In addition, we had some discussions about who should have access to the regional LMC listserver, as this is a listserver that whoever posts information on has an understanding of who has access to their posting and to be comfortable with it. It was thought that the only subscribers to the listserver should be those that were entitled to sit around the table at a regional LMC meeting.

I would be grateful for the views of all LMCs on the above two matters as soon as possible so that we can have some definite decisions before the next regional LMC meeting, when they will be ratified."

It was felt important that people who can represent CLMC's views are present at the Regional LMC meetings. Lay people are allowed to speak at the LMC Annual Conference. The executive team for CLMC included Janice Foster and Christine Knifton not just the senior GPs.

After discussion it was **AGREED** that Janice Foster should be a nominated substitute for Regional LMC meetings and have access to the NE Regional ListServer.

## 12/5/11 GP PENSIONS

CLMC Officers / Members are not allowed to give advice to GPs on how to respond to the ballot and must not be seen to be encouraging or being involved in any industrial action of any kind because the LMC do not have the protection of trade union status. If a ballot decision in favour of industrial action were reached and the BMA Council called for some action, the LMC has a role in ensuring that those people who are in contract are contracting safely and informing them about what can and cannot be done as part of normal contractual arrangements, and what would be a reasonable approach to managing a contract. The action the BMA is proposing appears in no way a breach of the contract that GPs have with their PCT. Practices are entitled to manage the contract on a day to day basis, such as providing emergency only services for a day.

A pensions meeting had taken place on Thursday, 10 May at Norton Education Centre with only 4 GPs present. GPs had received notification of a further meeting at the same venue on 15 May but no meeting could be found by the two GPs who had arrived. (**Post meeting note:** *BMA had provided GPs with the wrong venue for the evening and the meeting had taken place at the Postgraduate Centre at North Tees Hospital.*) Concern was also expressed at confusion over a pensions meeting that had been circulated as 11 April but had, in fact, taken place on 12 April resulting in low attendance.

**NOTED.**

## 12/5/11 REPORTS FROM REPRESENTATIVES

No reports had been received.

**NOTED.**

## 12/5/13 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 20.03.2012)

22.3.12	R&C Practice Managers Meeting – Janice Foster
27.3.12	JET/CCG Meeting @ Teesdale House – Janice Foster
29.3.12	NELA Leadership Summit @ Wynyard Rooms – Janice Foster
30.3.12	LMC/NEPCSA monthly catch-up meeting @ LMC – Denise Jones / Wendy Stephens / Janice Foster / Christine Knifton
3.4.12	JET/CCG Meeting @ Teesdale House – Janice Foster
12.4.12	BMA Pensions Event @ NTGH – Iain Bonavia
16.4.12	Urgent Care Meeting @ Teesdale House – Janice Foster
19.4.12	Vaccs & Imms Group @ Redheugh House – Janice Foster
24.4.12	LMC/NEPCSA @ Billingham Health Centre
24.4.12	BMA NE Regional Council Meeting @ Chester le Street – Julie Birch
25.4.12	NE Regional LMC Meeting @ Washington – Julie Birch
27.4.12	LMC/NEPCSA monthly catch-up meeting @ LMC – Denise Jones / Wendy Stephens / Janice Foster / Christine Knifton
30.4.12	Meeting to discuss Hartlepool & Stockton CCGs @ Teesdale House – Janice Foster

**RECEIVED.**

**12/5/14 ANY OTHER NOTIFIED BUSINESS**

**12/5/14.1 CQC Registration**

The GPC's Guidance for GPs entitled 'CQC Registration – What You Need to Know' dated May 2012 had been circulated in CLMC's Weekly Bulletin and was on the CLMC webpage. It takes practices through the various headings where you have to declare compliance or non-compliance, and shows you what compliance looks like for you. Do not purchase CQC packages or documents because these will not help you. Practices will need to prepare for registration.

An area of concern was who the nominated manager / responsible manager should be in a practice because that person becomes legally culpable if things go wrong. Most employed Practice Managers are not the appropriate person to be nominated and a Partner (GP or non-medical), or a number of partners in the practice could be designated, with each person taking on a specific area of responsibility.

CLMC will be organising a Tees-wide CQC meeting for practices in early July 2012 and details will be circulated shortly.

**NOTED.**

**12/5/14.2 LMC Survey on CCG Communication**

Janice Foster had carried out the survey which was now complete with 161 responses from both enthusiastic and dis-interested GPs. The anonymised responses pertaining to each CCG had been sent to the respective CCG leads with no information being shared Tees-wide. Comments expressed included:

- Some felt they were not included in CCG decision-making but wanted to be
- Some were not interested at all
- CCG decision-making process needs to be reviewed in the future
- General view that people were happy at the moment but CCG process needs reviewing
- Majority feel they are not adequately resourced to carry out CCG work in terms of manpower, training, expertise and funding
- Some felt they were not listened to by CCG

LMC will continue to try to work with CCGs to assist them through authorisation and see views expressed in the survey are carried forward. The LMC is the representative body for all GPs, as opposed to the CCG which is a commissioning body. The LMC represents GPs not CCGs.

**NOTED.**

**12/5/14.3 Work shift & QIPP savings**

**12/5/14.3.1 Work shift from secondary to primary care**

Members expressed grave concern at difficulty with managing day to day work as well as being expected to pick up work shifted across from secondary care. PCT do not seem to be listening when amount of work shift is mentioned, seeming to assume that everything can move into primary care without any shift in resources. LMC should encourage people taking on roles in CCGs to be more robust in refusing to shift work across into primary care.

Practices are asked to contact the LMC Development Manager on [janice.foster@tees.nhs.uk](mailto:janice.foster@tees.nhs.uk) to give her details of work-creep in order to keep a record to ascertain specific work streams moving work across into primary care.

**NOTED.**

#### 12/5/14.3.2 Interdepartmental referrals (consultant to consultant)

Consultant to consultant referrals had been stopped at North Tees Hospital with everything being returned to the GP for onward referral. This was creating extra work in primary care.

South Tees had written a policy regarding hospital ongoing care, allowing the consultant to refer as appropriate. Perhaps this was something for North Tees to take on board?

**NOTED.**

#### 12/5/14.3.3 Discharge letters / Who takes responsibility for hospital patient follow-up tests and results following discharge

Following hospital discharge, are GPs expected to chase up results and treat as necessary resulting in the need to contact patients and carry out follow-up treatment? Should consultants be told to do this work themselves? Follow-up is the responsibility of the person who ordered the tests.

Patients being told by hospital to contact their GP to get MRI scan results/ x-ray results. In the absence of particular arrangements GPs are unlikely to be in a position to interpret many results and may expose themselves to risk if assessing them, therefore, GPs should normally decline to give results out and tell patient to contact the relevant hospital department.

Important medical details can be missed in long hospital discharge letters when consultant is recommending ongoing treatment by the GP. South of Tees CCG is attempting to improve the quality of discharge letters and better quality outpatient letters covering what is expected and who is doing what. Consultants should take responsibility themselves for decisions.

The General Medical Council are very clear that GPs should not accept responsibility for prescribing unlicensed drugs unless the GP feels competent to prescribe and monitor the drug. Whoever writes the prescription becomes responsible for the treatment of that patient. GPs with concern over prescription transfer should contact Janice Foster at CLMC on [Janice.foster@tees.nhs.uk](mailto:Janice.foster@tees.nhs.uk).

**NOTED.**

#### 12/5/14.3.4 Lack of follow-up by hospitals after acute emergency medical admissions

Concern was expressed at the lack of hospital follow-up appointments after an acute emergency medical admissions.

**NOTED.**

#### 12/5/14.3.5 Hospital pre-op assessments

Patients receiving letters from JCUH advising them to go for blood tests at the surgery prior to operations instead of the hospital carrying out the tests themselves.

**NOTED.**

#### 12/5/14.4 QOF exception reporting

Practices have received letters from NEPCSA asking for 30% and the remaining 70% of patient details relating to exception reporting with a very short turn around time. This was felt to be unreasonable both in terms of the amount of information requested and the short turn around time – which has since been extended since CLMC became involved. The volume of data requested is not in accordance with the SFE. The Development Manager had a meeting with NEPCSA at Sunderland earlier today and work was continuing. She was hoping to update practices by the end of the week.

Clinical Advisers for NEPCSA were insisting on the quantity of data requested, stating other areas had no problem providing this data. County Durham, Darlington and North Tyne had been providing the full amount of data in previous years without complaint which makes it harder for CLMC to try and reduce the figure.

It may be that one or two practices will have to go to appeal with the backing of the GPC in order to attempt to reduce the amount of information NEPCSA were demanding.

**NOTED.**

#### 12/5/14.5 Registering of patients following practice closure in Billingham

A doctor in Billingham was retiring and the practice was closing with a list size of 1400 patients who were being encouraged to register with other practices nearby. One practice had taken on 300 patients and were going to have a problem summarising the records in the 6 weeks allowed.

The Secretary **AGREED** to investigate if, in these special circumstances, there was a let-out clause on the time for summarising the records, and he would check and let the doctor know.

**AGREED.**

#### 12/5/15 RECEIVE ITEMS

##### 12/5/15.1 Medical List

###### Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
4.4.12 <i>GP Returner.</i>	Dr A J Thomas	Bank House Surgery	H PCT
4.7.12 <i>Returning after taking superannuation break in service.</i>	Dr J Harley	Woodlands Medical Centre	S PCT
1.8.12 <i>Change in status from Salaried GP to Partner.</i>	Dr K Lingutla	Park Lane Surgery	S PCT
14.5.12 <i>Partner.</i>	Dr P Brotton	Woodlands Surgery	M PCT
1.5.12 <i>Partner.</i>	Dr E Hoida	Newlands Medical Practice	M PCT

10.4.12 <i>Salaried GP.</i>	Dr K Wolf	The Cambridge Medical Group	M PCT
3.5.12 <i>Salaried GP.</i>	Dr G Hodgson	Normanby Medical Centre	R&C PCT
1.11.11 <i>Change in status from Salaried GP to Partner.</i>	Dr A D Threadgold	The Coatham Surgery	R&C PCT
26.5.12 <i>Salaried GP.</i>	Dr R Ramesh	Marske Medical Centre	R&C PCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
30.6.12 <i>Resigned. Partner.</i>	Dr R Shah	Bankhouse Surgery	H PCT
30.6.12 <i>Retirement. Practice list being dispersed.</i>	Dr M Choudhury	Dr M Choudhury SHP	S PCT
7.4.12 <i>Salaried GP. Salaried GP.</i>	Dr H Jafari	Thornaby & Barwick Medical Group	S PCT
5.4.12 <i>Retired. Partner.</i>	Dr F K Tunio	Elm Tree Medical Centre	S PCT
31.7.12 <i>Retirement. Partner.</i>	Dr R P Reynolds	Park Lane Surgery	S PCT
2.7.12 <i>Taking superannuation break in service. Returning 4.7.12.</i>	Dr J Harley	Woodlands Medical Centre	S PCT
26.3.12 <i>Resigned. Salaried GP.</i>	Dr P Woodhouse	Newlands Medical Centre	M PCT
31.3.12 <i>Resigned. Partner.</i>	Dr P Hendrie	Woodlands Surgery	M PCT
20.3.12 <i>Resigned. Salaried GP.</i>	Dr A Farzam	Prospect Surgery	M PCT
31.5.12 <i>Retirement. Partner.</i>	Dr K M Barker	The Green House Surgery	R&C PCT

**RECEIVED.**

**12/5/15.2 Notification of practice closure  
Communication from Contractor Services, NEPCSA Gosforth**

"I should be grateful if you would please note that the following surgery will close with effect from 30 June 2012, following the retirement of the single handed GP:



Dr M Choudhury  
The Health Centre  
Queensway  
Billingham  
Stockton on Tees TS23 2LA

The practice list is being dispersed.”

**RECEIVED.**

**12/5/15.3 Change of contract: The Birchtree Surgery, Stockton  
Communication from Contractor Services, NEPCSA Gosforth**

“Please note the following changes relating to The Birchtree Surgery, The Health Centre, Lawson Street, Stockton on Tees TS18 1HU.

The PMS contract held by Dr R B Olding ends on 31 March 2012. From 1 April 2012 this practice will be operated under an APMS contract held by Counted4 Community Interest Company and will be called:

Lawson Street Practice  
The Health Centre  
Lawson Street  
Stockton on Tees  
TS18 1HU  
Tel: 01643 633561

The practice will initially be operated with locum GPs.”

**RECEIVED.**

**12/5/15.4 Report the receipt of:**

GPC Newsletter 8 – Friday, 20 April 2012 – available on [www.bma.org.uk](http://www.bma.org.uk)  
Sunderland LMC’s minutes of meeting held on 6 March 2012  
BMA North East Regional Council minutes of meeting held on 9 February 2012

**RECEIVED.**

**12/5/15.5 Date and time of next meeting**

Tuesday, 10 July 2012 : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR.

**RECEIVED.**

There being no further business to discuss, the meeting closed at 8.05 p.m.

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