



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 Cleveland LMC Limited commencing at 7.00 p.m. on Tuesday, 7 May 2013 at The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.

Present:

Dr I Bonavia (Chairman)	Dr S H M Arifulla	Dr W J Beeby
Dr M Betterton	Dr J-A Birch	Dr J T Canning
Mrs V Counter	Dr R Craven	Dr K Ellenger
Dr J Gossow	Dr I Guy	Dr J Hameed
Dr M Hazarika	Dr M Hulyer	Mrs C Hirst
Dr R McMahon	Dr R Mudalagiri	Dr H Murray
Dr B Posmyk	Dr O Sangowawa	Dr S Selvan
Dr P Singh	Dr M Speight	Dr C Wilson

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

The Secretary, Dr Canning, explained he was chairing the meeting prior to the election of a new Chairman

Dr Rachel Roberts had got married on 6 May 2013 and everyone wished her every happiness for the future

13/05/01 RESIGNATION OF LMC CHAIRMAN

Because of ill health the Chairman felt he was no longer able to fulfil his duties and had, regretfully, tendered his resignation. He will continue to remain an elected GP member on the Committee.

13/05/02 ELECTION OF LMC CHAIRMAN

Members had been invited to self nominate or nominate other members of the Committee. Only one nomination for the vacancy has been received, in the name of Dr Iain Bonavia.

Dr Bonavia was duly **ELECTED** as Chairman.

It was **AGREED** that the position of Vice Chairman would be determined at the next LMC meeting.

13/05/03 APOLOGIES

Apologies had been **RECEIVED** from Dr A Boggis, Dr S Byrne, Dr G Chawla, Dr D Donovan, Dr H El-Sherif, Dr M Guy, Dr C Harikumar, Mrs A Hume, Dr H Lamprecht, Dr E Mansoor, Dr N Miller, Dr R Roberts, Dr N Rowell, Dr H Waters, Dr D White and Ms A Wilson.

13/05/04 CHAIRMAN'S WELCOME

Dr Bonavia paid tribute to Dr Donovan for his time as Chairman and hoped to see him at a future meeting very soon. Dr Donovan had passed on his good wishes to the new Chairman and to Board Members.

As the meeting was taking place for the first time at Stockton Riverside College, the Chairman pointed out the Health & Safety procedures which had been circulated with the Agenda and commented that if a fire alarm went off it was more than likely not a fire drill at this time of day.

The Chairman commented that this was the first meeting of the LMC since NHS re-organisation on 1 April 2013, and members were asked to welcome non-voting/co-opted attendees Dr Mike Guy, Medical Director, Area Team; Dr Henry Waters, Chairman ST CCG (his deputy will be Amanda Hume, Chief Officer ST CCG); Dr Boleslaw (Poz) Posmyk, Chairman H&S CCG (his deputy will be Ali Wilson, Chief Officer H&S CCG). Apologies had been received from Dr Guy, Ms Wilson, Dr Waters and Mrs Hume. Dr James Gossow, Responsible Officer, Area Team, and Dr Toks Sangowawa, Public Health, continued as non-voting/co-opted attendees at the meeting.

NOTED.

13/05/05 MINUTES OF THE MEETING HELD ON 12 March 2013

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

13/05/06 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising from previous meetings.

13/05/07 LMC CONFERENCE 2013

13/05/07.1 Motions submitted to Conference

Motions, as approved by members via email, are attached as Appendix 1.

RECEIVED.

13/05/07.2 Consideration of Agenda for Conference

Members had been sent the document for consideration, but it was **NOTED** that no comments were received.

13/05/07.3 Consideration of matters for submission for inclusion in the Conference Supplementary Agenda

After discussion it was **AGREED** that:

- Motion 14 – a Rider would be added concerning 111.
- Motion 17 – would be opposed.
- Motion 18 – would be opposed.

13/05/08 NHS REFORMS

The Secretary explained this was an opportunity for Committee Members to make comments on the changeover that occurred on 1 April 2013 and to list any items they wished the LMC to pursue on their behalf.

- Numerous numbers of email accounts failed on 1 April 2013 considering how far in advance admin staff were aware of the changeover and that (most) people had notified them which CCG they would be with.
- Changes to QOF every year.
- Concern was expressed over lack of fine detail in relation to enhanced services.
- Restrictions on on-line booking DES if you have more than one site, patient can book but doesn't know which site they are booked at.
- Work creep:
 - Members appreciated the weekly list circulated by the Development Manager and felt it empowered GPs to resist work creep.
 - LMC were asked to circulate to practices a full updated list clarifying work creep requests being received and whether or not it was considered normal general practice to undertake the work.
 - It was requested that the list be put on the LMC website for easy reference.
 - The list should be circulated to local Trusts informing them this was secondary care work and would not be undertaken by primary care.

The H&S CCG Chairman said it would be useful to have sight of the list to negotiate transfer of work and funding and that the CCG would contractually manage the acute trust if there was a totally inappropriate shift of work. Some services were being shifted into other provider arenas as opposed to primary care; CCG had to be aware of procurement and competition rules.

- The H&S CCG Chairman informed the Committee that as a result of NHS reforms there was a change to occupational health for primary care. The Area Team had confirmed that NHS England would only provide occupational health services to general practitioners where there was a performance issue. Other occupational health services were not being funded. CCGs may be able to commission occupational health on behalf of practices but with an external funding source coming to the group of CCGs. This can be done because CCGs are a commissioning organisation.

The Secretary stated that occupational health funding had been available previously but seemed to have been lost in the Reforms. Irrespective of what was happening locally, this matter should be taken to the LMC Conference and it was **AGREED** that a formal motion would be submitted to Conference.

GP Health services had disappeared and it was not known how GP Health was attracting funding because until March 2013 it was funded by the local PCTs. The Secretary **AGREED** that the LMC would investigate.

NOTED.

13/05/09 REVIEW OF ATTENDANCE ALLOWANCE & MILEAGE wef 1 April 2013

Members are currently paid £45.00 per hour Attendance Allowance (Tax and NICs to be deducted) with increases linked to DDRB increases. The DDRB recommended a 3.4% uplift but government has stated a 1.32% increase. After discussion it was **AGREED** that an increase of 1.32% would apply to Attendance Allowance. Mileage would remain at 45p per mile in line with Inland Revenue.

NOTED.

13/05/10 NHS 111 IMPLEMENTATION 1 April 2013

13/05/10.1 111 introduction

Dr James Gossow had become Regional Lead for 111 following the previous incumbent moving posts. Dr Gossow explained that 111 was commissioned by the CCGs, the provider organisation was NEAS with NDUC being the sub-contractor. He sought constructive views from the LMC in order to review the service and possibly bring about change.

Comments included:

- Too much irrelevant information was contained in the letter being received from NDUC.
- Practices only want to receive information on people admitted to hospital
- GPs do not need to be informed that a patient rang 111 about a dental problem
- Why was triage being carried out by unqualified staff instead of qualified medical staff
- There needs to be someone present who can give clinical input
- A professional clinician will not need to go through lengthy algorithms to reach a decision
- Illogical that a national service was being commissioned locally
- There should be targets in the contract so that figures do not go above what was happening previously

It was **NOTED** that CLMC was willing to work with Dr Gossow to assist in his review.

13/05/10.2 111 seeking pilot practices for direct data entry

ST Urgent Care Group were seeking practices using Vision & EMIS IT systems to pilot schemes on data transmission being entered directly into GP systems to save printing and scanning (SystemOne pilot practice already identified). It was **AGREED** that practices should not proceed to have data entered directly into their systems until the information received was relevant and concise.

13/05/10.3 111 Repeat callers

This region was still insisting that practices contact repeat callers to 111. If a patient makes 3 calls within 48 hours to 111 then 111 will contact the practice and speak to a receptionist/nurse/GP and give them the patient information and responsibility then passes from

111 to the practice to contact the patient within one hour. They maintain this is the regional position and will not change stance until notified by the national team that the system has changed to onus on the patient to contact the practice. CLMC has already contacted the GPC to take forward with NHS England.

The LMC **AGREED:**

- to take this up with Peter Heywood (locally) and Nicholas Reed (nationally); and
- to inform practices that they are not mandated in their contract to phone a patient back within one hour

NOTED.

13/05/11 NATIONAL MMR CATCH-UP CAMPAIGN - Update

A national enhanced service had been released across the country. Tees was already in the middle of an outbreak control campaign being managed through schools. The decision was taken not to release the full national enhanced service in its entirety for Tees because of the school campaign already in place and due to finish in June 2013. A decision will be taken in June as to whether or not to roll out the national enhanced service.

It was commented that the schools immunisation campaign in Eaglescliffe had resulted in one practice receiving about 400 calls from parents requesting immunisation status and dates. It was concluded that the consent letter sent out by Public Health could have been better worded with the dates and immunisation status pulled off their computer system and the information contained within the letters.

NOTED.

13/05/12 PERFORMANCE GROUPS

Communication from NE Regional LMC Secretary

"There are now two Performance Groups that we have to have LMC representatives on. The LMC representative is now a core, voting member and has to be present for the group to be quorate. It is therefore essential that we have enough volunteers to service these two groups.

The groups meet on a Tuesday afternoon; one is the Performance Screening Group (PSG) and the other the Performer's List Decision Panel (PLDP). They meet on a monthly basis and last for about 2 hours, but could go on longer. At the present time, Anji Curry and myself are members of these two groups but clearly we cannot guarantee to be present at every meeting and therefore need some support with a number of deputies available.

It is essential that we have a group of GPs that gain experience by attending these meetings. In addition, names are required for emergency panels for suspensions etc., and these are on an ad hoc basis due to the timeframe that the regulations allow.

These sessions are remunerated by the Area Team at £275 per session; we are in the process of finalising how these payments are made.

I would be grateful for as many names as possible so we can share this essential work out across the LMCs."

It was **NOTED** that both Dr Canning and Dr Birch had advised NE Regional LMC of their availability provided they were given sufficient notice.

13/05/13 GP APPOINTMENT DEMAND & INCREASE IN WORKLOAD

ST Urgent Care Group had raised the possibility of CLMC collating data to share with CCGs or to work with CCGs in obtaining this information from practices.

After much discussion, it was **AGREED** that the item be deferred until the next LMC meeting when a representative from ST CCG could be present to speak on the topic.

13/05/14 CONSULTANTS WANTING TO BOOK APPOINTMENTS WITH GPs FOR PATIENTS ON DISCHARGE

ST Urgent Care Group had asked CLMC to discuss:

- Giving consultants direct access to GP appointments to book in a follow-up appointment for patients after an acute episode e.g. heart failure; looking at building this on the back of the remote access DES; and
- Feasibility of LMC leading a piece of work with CCG to explore if that is possible.

Following a debate, it was **AGREED** that the item be deferred until the next LMC meeting when a representative from ST CCG could be present to speak on the topic.

13/05/15 VOLUNTARY LEVY 2012 – GENERAL PRACTITIONERS DEFENCE FUND Communication from Dr J Canning, GPDF Treasurer

"The current economic climate is difficult, and GPs face increased costs from a falling income, but despite this fiscal gloom I am pleased to report that the GPDF Directors have approved a rebate of approximately 14% of the 2012 levy.

We are able to do this for a number of reasons, including the prompt receipt of levies, and the reduction in the amounts outstanding at the end of the year. More significantly, the GPDF and BMA have reviewed the arrangements between us to more accurately reflect the Association's commitment to maintaining equity between branches of practice.

I am authorised to arrange a rebate to your LMC amounting to 13.69% of the 2012 levy.

I will arrange for a calculation of the rebate for your LMC and will set that sum against the 2013 levy. Naturally, as soon as I have calculated the figures I shall write to you setting out the position according to our records."

It was **NOTED** that the revised GP Defence Fund levy will be £27,932.76 for 2013.

13/05/16 REPORTS FROM REPRESENTATIVES

There were no reports from representatives.

13/05/17 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 12.03.13)

14.03.13	Business Continuity Seminar, Wynyard Rooms – Janice Foster
19.03.13	EPS Board Meeting, Riverside House – Janice Foster
20.03.13	Stockton Practice Managers Meeting, Oakwood Centre – Janice Foster

26.03.13	NHS Tees 111 Clinical Governance Meeting, Teesdale House – Janice Foster
27.03.13	ST Urgent Care Workstream, NOHV – Janice Foster
28.03.13	Meeting with CQC, Holiday Inn, Washington – Julie Birch / Janice Foster
03.04.13	Sue Metcalfe, DD&T AT Director of Commissioning, CLMC office – John Canning / Janice Foster
09.04.13	LMC / ST CCG Liaison Meeting, NOHV – Julie Birch / Janice Foster
18.04.13	Meeting with Graham Earl @ Billingham Health Centre – Janice Foster
19.04.13	Meeting with Julie Bailey ST CCG @ LMC office – Janice Foster
23.04.13	LMC Exec Meeting @ LMC office – John Canning / Iain Bonavia / Julie Birch / Janice Foster / Chris Knifton
24.04.13	NE Regional LMC meeting @ Holiday Inn, Washington – Janice Foster / Julie Birch
01.05.13	Tees 111 Clinical Gov Group @ Teesdale House – Janice Foster
01.05.13	ST CCG Urgent Care Workstream @ NOHV – Janice Foster
07.05.13	DDT AT Denise Jones & Wendy Stephens catch-up @ LMC – John Canning / Janice Foster
07.05.13	Glenn Carroll, Intrahealth @ LMC – John Canning / Janice Foster

It was **NOTED** that there was a marked lack of liaison meetings with the H&S CCG Chairman / Chief Officer and the LMC, and Dr Posmyk said he would contact his PA to arrange dates.

13/05/18 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

13/05/19 RECEIVE ITEMS

13/05/19.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
08.04.13	Dr J S Kierstan	Bankhouse Surgery	H CCG
	<i>Change in contractor status from Salaried GP to Partner.</i>		
07.05.13	Dr K S Tailor	Tennant Street Medical Practice	S CCG
	<i>Salaried GP.</i>		
01.04.13	Dr H Waters	Village Medical Centre	M CCG
	<i>Change in status from Partner to Salaried GP.</i>		
01.04.13	Dr N B Miller	Crossfell Medical Centre	M CCG
	<i>Change in status from Salaried GP to Partner.</i>		
10.04.13	Dr R A Liddle	Marske Medical Centre	R&C CCG
	<i>Salaried GP.</i>		

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
30.06.13 <i>Retirement. Partner.</i>	Dr P Pagni	McKenzie Group Practice	H CCG
26.07.13 <i>Resigned. Partner.</i>	Dr M G Naisby	Tennant Street Medical Practice	S CCG
05.05.13 <i>Resigned. Salaried GP.</i>	Dr K Wolf	Cambridge Medical Group	M CCG

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**13/05/19.2 Change of GP Practice Name
Communication from NEPCSA Contractor Services**

GPs at Practice:	Dr S K Hazle Dr M C Peverley
Surgery Address:	The Health Centre, Victoria Road, Hartlepool TS26 8DB
New Practice Name:	Journee Medical Practice
Effective Date of Change:	8 th April 2013

RECEIVED.

**13/05/19.3 Change of telephone number : McKenzie House Surgery
Communication from NEPCSA Contractor Services**

Practice Name:	McKenzie House Surgery
Surgery Address:	McKenzie House, 17 Kendal Road, Hartlepool TS25 1QU
Telephone Number:	01429 230000
Fax Number:	01429 297713
Effective date of new number(s):	26/03/13

RECEIVED.

13/05/19.4 Report the receipt of:

GPC Newsletter Issue 8 – Friday, 22 March 2013 – available on www.bma.org.uk
GPC Newsletter Issue 9 – Friday, 19 April 2013 – available on www.bma.org.uk
Sunderland LMC minutes of meeting held on 19 February 2013
Sunderland LMC minutes of meeting held on 19 March 2013
North East Regional LMC minutes of meeting held on 9 January 2013
BMA North East Regional Council minutes of meeting held on 12 February 2013
Royal Medical Benevolent Fund Newsletter – Spring 2013 – available on www.rmbf.org

RECEIVED.

13/05/19.5 Date and time of next meeting

**Tuesday, 9 July 2013 : 7.00 p.m. : The Maureen Taylor Conference Suite, Stockton
Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.**

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There being no further business to discuss, the meeting closed at 8.32 p.m.

Date: Chairman:

MOTIONS SUBMITTED TO CONFERENCE

- 1 That the Agenda Committee should devote a substantial amount of time, ideally not less than 2 sessions, to informed debate and discussion on the role and organisation of GPs and general practice over the next decade.
- 2 That Conference should not be asked to debate uncontroversial matters to enable them to be included in the Policy Book, rather the Agenda Committee should use A and AR designations to motions even more liberally than in recent years.
- 3 That this conference welcomes the introduction of the new state funded health and work assessment and advisory service and urges GPC to ensure that GPs:
 - (a) Are only asked to provide brief factual data
 - (b) Do not have a role in determining who enters the scheme
 - (c) Workload is, at worst, no greater than under current arrangements
- 4 That conference notes the government's proposal to introduce a single tier state retirement pension from 2017 which includes an increase in Employers NIC of 3.4% of pay and mandates the GPC to ensure that this cost to GP practices is reimbursed.
- 5 That conference demands that there is no reduction in the NHS Pension entitlement as a result of the introduction of the Single Tier Pension.
- 6 That conference insists that there is no increase in employee contribution rates as a result of the introduction of the Single Tier Pension.
- 7 That conference insists that there is no increase in employer contribution rates as a result of the introduction of the Single Tier Pension.
- 8 That conference believes that the preferred way of funding the additional costs to employers of the Single Tier Pension is a commensurate reduction in Employers Pension Contributions
- 9 That this conference believes that "turning 10 minutes into 1 minute"
 - (a) is ill conceived
 - (b) turns people into diseases
 - (c) must be resisted in the interest of professional practice and patient care
- 10 That this conference is saddened that the RCGP has allowed itself to be associated with "turning 10 minutes into 1 minute".
- 11 That this conference notes that Mr Hunt believes that the NHS should learn from Easy Jet, we believe that patients deserve better.
- 12 That this conference condemns the government for punishing those prudent enough to save for their retirement.
- 13 That conference insists that any redirection of resources from GP Practices under the government's plans for equitable funding must stay within General Practice for use in providing Primary Medical Services.
- 14 That this conference is gravely concerned that there will be insufficient time to appoint and train sufficient Medical Examiners for the new certification process to be introduced in April 2014.
- 15 That this conference is gravely concerned that additional and unnecessary distress will be caused to relatives of the bereaved unless the new death certification process is further deferred.
- 16 That this conference notes that a new State Pension is to be introduced and that the 'Contracted Out Rebate', currently 3.4% of salary, is to be abolished and:
 - (a) Insists that the GPC recognises and quantifies, the consequential loss to GP profits

- (b) Requires the GPC to negotiate appropriate additional funding to compensate practices for the additional costs
- 17 That this conference welcomes the recent Strategy Review by CQC on its function and purpose and urges it to concentrate further on areas of high risk and allow general practice to flourish.
- 18 That this conference believes that a Chief Inspector of Primary care:
- (a) Is unnecessary
 - (b) Represents an additional, unwarranted, and unjustified misuse of public funds
 - (c) Will take even more doctors' time away from patient care
 - (d) Should not be appointed
- 19 That this conference asserts that if the government do establish a Chief Inspector of Primary Care this should only be by consensus about the role and after careful and proper consultation with all interested parties including patients and doctors.
- 20 That this conference believes that the potential for data extraction as a consequence of CQRS is has serious implications for patients control of their data and urges the GPC to seek firm assurances that any patient identifiable data will be subject obtained only with properly informed consent
- 21 That the GPC must ensure that the Data Principles (particularly items 2 and 8) and Informed Consent apply to data extraction under CQRS or any other scheme to extract data from patients GP records.
- 22 That this conference asserts that workload must be matched by resources.
- 23 That this conference asserts that 10 minutes should become 15 then 20 minutes not 1 minute.
- 24 That this conference believes that all doctors aspiring to a CCT must have a the equivalent of no less than one year's full time postgraduate experience in NHS General Practice.
- 25 That this conference believes that if the SoS really believes that General Practice is important he should visit at least as many GP practices as he does other providers of NHS care.
- 26 That this conference regrets that the GP workforce is burnt out and is saddened that it no longer provides a beacon for young doctors aspiring to a career caring for patients and urges the GPC to plan for the future of general practice.
- 27 That this conference believes that holistic patient orientated care is the key to improvement in outcomes and urges the government to move from Guidelines, Targets and Protocols to Patients.
- 28 That this conference believes that choice of provider requires unnecessary spare capacity which can no longer be afforded.
- 29 That this conference is disappointed that the funding for Undergraduate Education in General Practice is still uncertain, under the new LETB process, and feels that we should redouble our efforts to:
- (a) Maintain funding at least at current real term levels
 - (b) Ring fence funding for use in general practice
 - (c) Increase funding to reflect increased teaching in general practice where it can be introduced