



Cleveland Local Medical Committee

Chairman: Dr D Donovan
Vice Chairman: Dr K Jaiswal
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 7.03 p.m. on Tuesday, 5 April 2011 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

Present:

Dr J-A Birch (Chairman)	Dr W J Beeby	Dr M Betterton
Dr I Bonavia	Dr S Burrows	Dr J T Canning
Dr G Chawla	Dr K Ellenger	Dr R J Gossow
Dr J Hameed	Dr M Hazarika	Dr K Jaiswal
Dr R Mudalagiri	Dr H Murray	Dr T Nadah
Dr V Nanda	Dr R Roberts	Dr M Speight
Dr C Wilson		

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

11/1/1 CHAIRMAN'S INTRODUCTORY REMARKS

Dr Birch explained that she was chairing the meeting because Dr Donovan (Chairman) was currently on holiday, and Dr Jaiswal (Vice Chairman) had tendered her resignation as she was shortly to move out of the area. In the meantime, Dr Jaiswal would be remaining as an elected Hartlepool GP on the Board. Nominations would be sought for Vice Chairman for an election to be held at the next LMC meeting.

11/4/2 APOLOGIES

Apologies had been received from Dr A Bonavia, Dr S Byrne, Dr G Daynes, Dr D Donovan, Mr S Doyle, Dr A Gash, Dr M Hulyer, Dr N Jaiswal, Dr M Pritchard, Dr N Rowell, Dr O Sangowawa, Dr S Singh, Dr S White and Mr G Wynn.

11/4/3 MINUTES OF THE MEETINGS HELD ON 1 March 2011

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

11/4/4 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

11/4/4.1 Limited Company Status – Update

Ref Minute 11/1/2 : 11/3/3.1

The Secretary explained that a draft set of Memorandum & Articles of Association had been received relating to a limited by guarantee company status of the LMC. The LMC Executive would be looking at the number of Board members required, specific duties and purpose of the company. It was **AGREED** formal recommendations would be presented at the next LMC Board Meeting in May.

11/4/5 HEALTH & SOCIAL CARE BILL

11/4/5.1 Report from BMA Special Representative Meeting : 15 March 2011

Dr Canning and Dr Beeby had attended the SRM meeting which had been well structured and timetabled. Balloting on key votes had been by electronic voting thus avoiding using the show of card system. The outcome was to continue the process of critical engagement.

Interestingly, the government had now announced a 'pause' in proceedings during which it will hold another consultation where it has said it will "listen this time".

NOTED.

11/4/5.2 Local update

The Development Manager reported that the LMC was continuing to support all of the emerging consortia. Eston / Middlesbrough / Hartlepool / Langbaugh had all achieved Pathfinder status. Stockton was still debating whether or not to go for Pathfinder status. Elections taking place across all the consortia. By end April/beginning May all elected boards will be in place for each consortia. The leadership group of all the local consortia meet on a monthly basis, and will meet again on 13 April. Working closely with the PCT.

NOTED.

11/4/6 MOTIONS TO LMC CONFERENCE – deadline 11 April 2011

Possible motions for Conference were discussed.

That this conference believes that continuity and integration of care for individual patients should be the fundamental basis on which any NHS reform is based.

That this conference believes that continuity of record is no substitute for continuity of care

That this conference supports the principle of clinician led commissioning which:

- a) Involves all primary care doctors
- b) Involves all secondary care doctors
- c) Is properly rewarded and resourced
- d) Preserves continuity of care for patients

That this conference believes that care must be based on need not want.

That this conference believes that removing practice boundaries is incompatible with the provision of personalised holistic general practice

That this conference notes that many of the more skilled PCT staff have already left and insists that GPCCs must not be burdened with the cost of managing staff inappropriately transferred from PCTs.

That this conference believes that organisations managing performance of individuals and contractors on behalf of the NCB must:

- a) work in a consistent and structured manner
- b) be independent of the GPCC concerned
- c) properly resourced and individuals adequately trained for the work they undertake
- d) be performance managed by the NCB to ensure consistent practice across the country

That this conference insists that any expulsion from a GPCC or loss of contract must be subject to appeal to an independent body

That this conference insists that education and training must be provided by central funding and subject to central oversight and monitoring.

That this conference insists that AWP/AQP providers must be fully committed to undertake training, education and professional development which is subject to central oversight and monitoring

That this conference believes that GPCCs need involvement of public health doctors to enable them to function effectively.

That this conference believes that education and training of doctors must be configured to reflect new patterns of care.

That this conference believes that removing practice boundaries is incompatible with the provision of personalised holistic general practice.

That this conference notes that the government has moved from AWP to AQP, but insists that this is no substitute for integrated planned care for individual patients.

That this conference believes that organisations managing performance of individuals and contractors on behalf of the NCB must:

- a) Work in a consistent and structured manner
- b) Be independent of the GPCC concerned
- c) Properly resourced and individuals adequately trained for the work they undertake
- d) Be performance managed by the NCB to ensure consistent practice across the country
- e) Work in collaboration with their Local Representative Committees

That this conference urges the GPC to seek the views of GPs on the substance and arrangements for the proposed new GP contract.

That this conference believes that the introduction of a new contractual framework in 2013:

- a) Will not allow adequate time for proper negotiation, approval and introduction
- b) Is inappropriate given the other changes to the NHS in England planned for April 2013
- c) Should be deferred until at least April 2014

That this conference insists that education and training must be provided by central funding and subject to central oversight and monitoring.

That this conference insists that AWP/AQP providers must be fully committed to undertake training, education and professional development which is subject to central oversight and monitoring.

That this conference insists that existing pension contributions must not be devalued and existing benefits and existing terms should be preserved up to the point of any planned changes.

That this conference does not believe that extending the pension age beyond 65 will be in the interest of the NHS.

That this conference insists that in any revision of the pension scheme the arrangements for retirement on health grounds must be no less beneficial than the current arrangements.

That this conference notes that the government proposes that the discount on NIC is abolished when the new unified pension is introduced and requires the GPC to negotiate resources to practices to compensate for this additional cost. (Note: Employers receive a rebate of 3.7% of NIC for those enrolled in the NHS Pension Scheme.)

That this conference believes that income derived from providing services to NHS patients should be pensionable within the NHS scheme.

That this conference believes that GPs who have provided NHS services to NHS patients following procurement exercises must have their income considered as pensionable within the NHS scheme.

That this conference believes that when NHS contracts transfer to contractors outside the NHS pension scheme the pensions of existing contractors who act as subcontractors to the scheme should have their right to pension the profit in the NHS scheme protected.

That this conference insists that the Violent Patient Scheme DES and associated Regulations should be renegotiated to include proper protection for GPs and their staff when:

- a) The incident occurred outside the patients registered practice (e.g. Walk-in Centre or Out of Hours)
- b) Other NHS providers have put in place mechanisms to protect their staff from a particular patient
- c) When it is not reasonable to see other members of the household or family without the subject of the VPS being present

That this conference asserts that budgets must not be held at practice level, other than on an indicative basis, as the variability in the needs of an individual practice's patients from year to year is too great for safe practice.

That this conference believes that when consortia become statutory bodies it will be inappropriate for the membership of the consortium board to include:

- a) Officers of LMCs
- b) Directors of bodies corporate qualified to undertake NHS work, other than primary medical services

That this conference suggests to the government that if they really believe in "A Big Society" they should address the reluctance of many citizens to take some responsibility for their own health, and in particular management of self limiting illness.

That this conference believes that any new single contract model for primary medical services must:

- a) Be a UK contract and not time limited
- b) Recognise that list based continuity of care is the essence of successful UK general practice, and encourage GPs to commit to that model
- c) Provide the resources required, including for premises and staff, for a defined level of service
- d) be accompanied by an adequate protection scheme to safeguard provision of good patient care
- e) not result in any overall loss of practice based funding.

That this conference believes that all Prescribers should be accountable for their actions, and notes with dismay the failure of DH and Connecting for Health to progress work towards achieving this, despite a solution being known and agreed.

That this conference urges the GPC to negotiate with the DWP so that nurse practitioners and other registered health practitioners working in general practice should be able to issue Med3s.

It was **AGREED** the motions be submitted to the LMC Agenda Committee for consideration.

11/4/7 REVIEW OF ATTENDANCE ALLOWANCE & MILEAGE wef 1 April 2011

Members are currently paid £44.98 per hour Attendance Allowance (Tax and NICS to be deducted) with allowances being linked to DDRB increase, and 40p per mile Inland Revenue rate. In the recent Budget, mileage will increase to 45p per mile effective from 6 April 2011.

After discussion it was **AGREED** that:

- Attendance Allowance be rounded to £45 per hour with effect from 6 April 2011
- Mileage be increased to 45p per mile effective from 6 April 2011

11/4/8 WALK-IN CENTRES / DARZI PRACTICES – 5 year contracts

The LMC had recently be made aware that in Middlesbrough some practices may be advising their patients to use walk-in centres or Darzi practices instead of seeing the patients themselves when their surgeries were full. This was causing concern with other practices who were making strenuous efforts to cope with their own very busy surgeries.

Concern was also raised at the poor standard of medical records practices receive from walk-in centres/Darzi practices.

At Hartlepool the PCT was already looking at which practices patients appeared to be over-using the walk-in centres in their area.

It was **AGREED** that the LMC would:

- Seek information on the usage of walk-in centres/Darzi practices for the May LMC meeting
- Send out information to practices reminding them of their contractual obligation to provide a service between 8.00 a.m. – 6.00 p.m. and not direct patients to walk-in centres/Darzi practices

11/4/9 OUT OF HOURS SERVICES (Northern Doctors Urgent Care)

Concern was expressed that it appeared that Langbaugh patients did not seem to be getting an appropriate service from Northern Doctors. Some centres were not manned by a doctor but by a nurse. Patients either wait at the office to be seen en masse by a doctor or are directed to Middlesbrough to see a doctor (does this result in two payments to Northern Doctors?). Other Langbaugh patients use walk-in centres instead of waiting, or go straight to A&E.

A doctor who worked at a Darzi practice at weekends confirmed that Primecare had in the past directed patients to that Darzi practice instead of seeing the patients themselves.

It was felt that there may be a number of patients being sent to A&E rather than being seen by Northern Doctors.

NOTED.

11/4/10 REPORTS FROM REPRESENTATIVES

No reports from representatives had been received.

11/4/11 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 1.3.2011)

3.3.11	Urgent Care Meeting : Easter planning @ MPCT – Janice Foster
8.3.11	SCR Board @ Teesdale House – Janice Foster
9.3.11	Choose & Book User Group @ NOHV – Janice Foster
9.3.11	Middlesbrough Health Scrutiny Panel @ Middlesbrough Town Hall re Middlesbrough Pathfinder application – Janice Foster / Vaishali Nanda
9.3.11	Local Commissioning Leadership Group @ Park Surgery – Janice Foster / Julie Birch
10.3.11	Media Training @ BMA House, London – Julie Birch

15.3.11	PCT Exec meeting – GPCC @ Riverside House – Janice Foster
15.3.11	Special Representatives Meeting @ London – John Canning
18.3.11	Urgent Care Meeting @ Teesdale House – Janice Foster
18.3.11	Meeting with Tom Blenkinsopp MP @ Guisborough – Julie Birch
21.3.11	Middlesbrough Health Scrutiny Panel @ Middlesbrough Town Hall re Implications for Middlesbrough of the reforms outlined in the Health & Social Care Bill – John Canning
22.3.11	Hartlepool PBC meeting @ Mandale House – Janice Foster
24.3.11	Alison Oliver of Crutes re GPCCs @ LMC – Janice Foster
24.3.11	Initial meeting with NEPCSA Contractor Services : Denise Jones & Helen Metcalfe @ LMC – John Canning / Janice Foster / Christine Knifton
29.3.11	Pathfinder lunch with Sir John Oldham & Workshop @ Durham – Janice Foster
30.3.11	Alignment of PCT functions to GPCC @ Teesdale House – Janice Foster / Julie Birch
30.3.11	LMC/GPC Negotiator Meeting @ Washington – Danny Donovan / Janice Foster
4.4.11	Hartlepool GPCC Steering Group, One Life Hartlepool – Janice Foster
4.4.11	BMA NE Regional Council meeting @ Washington – Julie Birch
5.4.11	LMC Board Meeting @ Norton Education Centre

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11/4/12 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

11/4/13 RECEIVE ITEMS

11/4/13.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
1.3.11 <i>Salaried GP.</i>	Dr D P Sunkavalli	Chadwick Practice	H PCT
1.4.11 <i>Salaried GP. APMS.</i>	Dr G R P Dougal	Fens Medical Centre	H PCT
1.4.11 <i>Salaried GP.</i>	Dr L S Bonthu	Crossfell Health Centre	M PCT

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
25.6.11 <i>Resigned. Salaried GP.</i>	Dr R Ramesh	Thornaby & Barwick Medical Group	S PCT
1.6.11 <i>Retirement. Partner.</i>	Dr D W Herbert	The Cambridge Medical Group	M PCT
1.7.11 <i>Retirement. Partner.</i>	Dr A M Townend	Discovery Practice	M PCT

13.5.11 Dr S A Sadieq South Grange Medical Centre R&C PCT
Resigned. Salaried GP. PMS practice.

31.3.11 Dr E K Mansoor Normanby Medical Centre R&C PCT
Resigned. Salaried GP.

RECEIVED.

11/4/13.2 Report the receipt of:

GPC Newsletter 7 – Friday, 18 March 2011 – available on www.bma.org.uk
Minutes of LMC NE Regional Committee meeting held on 12.1.11
Minutes of BMA NE Regional Council meeting held on 16.2.11
Minutes of Co Durham & Darlington LMCs meeting held on 2.11.10
Minutes of Co Durham & Darlington LMCs meeting held on 7.12.10
Minutes of Co Durham & Darlington LMCs meeting held on 25.1.11
Minutes of Sunderland LMCs meeting held on 15.2.11

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11/4/13.3 Date and time of next meeting

Tuesday, 24 May 2011 : 7.00 p.m. : Norton Education Centre, Junction Road, Norton,
Stockton on Tees TS20 1PR.

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There being no further business to discuss, the meeting closed at 8.18 p.m.

Date:

Chairman: