

CLEVELAND LOCAL MEDICAL COMMITTEE

Dr J T Canning MB, ChB, MRCGP

Secretary

Tel: 01642 737744

Fax: 01642 737745

Email: christine.knifton@middlesbroughpct.nhs.uk

Second Floor

320 Linthorpe Road

Middlesbrough

TS1 3QY

Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 13 July 2010 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:

Dr D Donovan (Chairman)	Dr W J Beeby	Dr J-A Birch
Dr A Bonavia	Dr I Bonavia	Dr S Byrne
Dr J T Canning	Dr K Ellenger	Dr T Gjertsen
Dr J Gossow	Dr J Hameed	Dr M Hazarika
Dr M Hulyer	Dr K Jaiswal	Dr I A Lone
Dr R McMahon	Dr V Nanda	Dr M Pritchard
Dr R Roberts	Dr N Rowell	Dr O Sangowawa
Dr M Speight	Dr D White	Dr S White
Dr C Wilson	Mr G Wynn	

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

The Chairman welcomed Dr James Gossow, Joint PEC Chair, and Dr Ifti Lone, Acting Tees Medical Director, to the meeting.

10/07/1 APOLOGIES

Apologies had been **RECEIVED** from Dr M Betterton, Dr S Burrows, Dr G Chawla, Dr G Daynes, Mr S Doyle, Dr A Gash, Dr P Heywood, Dr H Murray, Dr T Nadah, Dr D Obih, Dr C Parker and Dr S Singh.

10/07/2 MINUTES OF THE MEETING HELD ON 25 May 2010

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

10/07/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

**10/07/3.1 Determination of Rurality – Wynyard, Stockton PCT
Executive Group Meeting held on 14.1.2010 : Minute 15
Communication from NE FHSA**

“I am writing to advise you as to the outcome of the meeting which took place on 13 May 2010 with regard to the status of Wynyard and its surrounding areas under the provisions of Regulation 31 of the NHS (Pharmaceutical Services) Regulations 2005.

I must advise that following consideration, the Wynyard area has been determined “Rural” in nature and that the current designation as a Controlled Locality should, therefore, remain in place. The relevant report of the PCT’s decision-making meeting is given in the Tees Pharmacy Panel minutes of meeting held on 13.5.2010.

In accordance with the requirements of Regulation 31 (12), I am required to advise you that you have a right of appeal in respect of this decision. Any appeal must be made in writing and be submitted by 11 July to: NHS Litigation Authority, The Family Health Services Appeal Unit, 30 Victoria Avenue, Harrogate HG1 5PR.”

The Secretary reported that the LMC had not appealed against this decision, but suspected other parties will. **NOTED.**

**10/07/3.2 Cancer Tertiary Referrals (Independent Sector)
Communication from Anita Murray, Contract Manager, Procurement &
Contract Management/Acute, NHS Tees
Ref Minute: 10/03/4.2**

“I promised to keep you all updated on the matter of the Independent Sector referring cancer 2 week wait rule. I have just received information that the NE Cancer Network intend to comply with the guidance set out in the publication “Going Further on Cancer Waits” v6.7 from the National Cancer Action Team:

3.1.43 Can Independent Sector providers refer patients under the two week wait rule?

Independent Sector providers cannot refer patients under the two week wait rule at present.”

RECEIVED.

10/07/3.3 Revalidation

10/07/3.3.1 Revalidation Consultation – Supporting LMCs

Ref Minute 05/05/4

Communication from Mrs Glyn Bosson, Medical Directorate Manager

“Thank you for your email of 4 June 2010. I have now had an opportunity to discuss the issues you raised with Dr Lone, who as you will know, has returned to the PCT temporarily as Medical Director and I would like to make the following points, in response:

- It is well known now that the new Government wishes to delay Revalidation by at least another year. As such, the Revalidation Steering Group which is the group driving implementation of Revalidation, is trying not to make assumptions, but is trying to take a pro-active approach to developing systems and procedures that will be required to revalidate GPs. It still seems that the delivery of Revalidation will be through appraisal and supporting information – a position that does not seem to have changed over the last 2/3 years.
- The letter which you (and other GPs) received was a personalised letter because it contained details personal to you about your appraisal allocation. However, I did use the letter as an opportunity to present information to GPs on the current position, which was done in good faith based on what we knew at the time and because it is clear from telephone calls that I receive from GPs, there is still much confusion and lack of understanding both about appraisal processes and Revalidation.
- We have received information that Revalidation will be delayed but we do wish to continue trying to encourage our GPs in using systems, such as the Toolkit, so that when Revalidation details are clearer, everyone will be ‘singing from the same hymn sheet’.
- I have used the Contractor’s Chronicle to convey information in the past and agree it is a vehicle to disseminate generic information, but I am unsure how widely it is read, so my letter was first and foremost an opportunistic moment to ensure GPs were up to date, at the same time as presenting individualised information about GPs’ 2010/11 appraisal allocation.
- When we talk to our GPs and appraisers, we do make it very clear that Revalidation is very fluid and that nothing is fixed in stone and actively recommend that GPs do not embark on patient questionnaires and MSF as the tools are not yet decided.

I hope this clarifies the position and seeks to reassure you that our preparation for Revalidation tries not to make assumptions.”

The Secretary explained the LMC had received the response after writing to the PCT following individual letters being sent to all GPs on their 2010/11 appraisal, which made assumptions about the nature of revalidation which were, as yet, inappropriate to make. The revalidation pilot scheme is to run for another year, and appraisees should not feel pressured into doing things they may not feel they have to do.

NOTED.

10/07/3.3.2 Appraisals/Revalidation

Communication from Middlesbrough Appraiser

“I currently work as an appraiser for the Tees PCTs. Up until now appraisal has been very much a formative affair. I have seen new documentation which appears to reduce or remove

any formative element of the appraisal process and reduce it to a tick box exercise of when did you last do CPR training, child protection training, etc.

I believe the profession should be very concerned at this loss of the formative appraisal process and I wonder what the LMC position is on this?

I do fully support the need for revalidation and the importance of quality managing primary care but I really feel this should be kept as a separate process, which could be managed centrally, by centrally held databases to which we could supply evidence of completion of necessary training, and would/could also remind us when training became due (particularly with the variable requirements, for example, clinical audits twice every 5 years, CPR and anaphylaxis update every 18 months, child protection every 3 years, etc, etc).

I really feel we need to fight at the highest levels to maintain the hard won formative appraisal process, and not allow it to be corrupted into a much less meaningful tick box exercise to satisfy a bureaucratic process. What are the Committee's views?"

Discussion centred on the fact that appraisal has become a summative instead of a formative process. There will be a certain number of tick boxes to make sure every aspect of the appraisal is covered. Form 4 is sent to the PCT.

GPs must prepare themselves for revalidation in a year's time, and the PCT will hold roadshows to enable GPs to understand the process. It was thought Responsible Officers will be unable to sign off revalidation without sight of Form 4.

NOTED.

**10/07/4 EQUITY AND EXCELLENCE: LIBERATING THE NHS
White Paper published 12 July 2010.**

The Secretary briefly went through the salient points (*attached*) in the White Paper.

GP contracts will be held by the regional body. Nothing was happening at the moment with the local PMS contract review. It was vitally important that the best experienced people were recruited to handle commissioning – before private organisations employed them. What will happen to properties the PCTs are sub-leasing to practices? Who do practices contact to discuss getting new premises that are urgently needed? What is going to happen to IT systems currently provided/maintained by PCT?

Coincidentally, LMC representatives had met with PCT executives the previous evening when the White Paper had been released. It had been agreed that it was important for a good working relationship to be maintained between the PCT/LMC. The LMC/GPs only had one chance to get these changes right; if it goes wrong but we have tried that is better than getting it wrong without trying. The LMC need to take the lead and encourage GPs to take things forward and work together. This is also a wonderful opportunity to work with secondary care to provide good services.

LMC/PCT AGREED to arrange a seminar with GPs/PCT/other interested people on the afternoon/early evening of Thursday, 9 September to which GPs (minimum of one

per practice) and Practice Managers would be invited. Various options will be looked at, together with how they will work and can be developed. GPs with drive and enthusiasm will be needed to take things forward. PBC leads would be contacted. Important not to recreate the PCT structure because this had failed. Practices will have to work together to form consortia; not being part of a consortium is **not** an option – practices will be allocated to a consortium if not already in one.

NOTE: *GPs and Practice Managers are asked to put the afternoon of Thursday, 9 September into their diaries and attend this very important seminar. Further details will be released nearer the time.*

10/07/5 LMC CONFERENCE 2010
Ref Minutes: 10/03/9 & 10/05/10

Members who had attended **REPORTED** it had been an interesting and positive Conference, with the Vice Chairman proposing a motion for the first time.

10//07/6 LMC INCORPORATION (Limited Company status)

The LMC Chairman/Vice Chairman/Secretary/Development Manager had met Shane Baker, BMA Legal Adviser on Wednesday, 9 June 2010 prior to the LMC Conference. LMCs were established by local GPs for the purpose of representing themselves and are recognised under the NHS Act by the local PCT(s) concerned. At the moment CLMC has unlimited liability as an unincorporated body, which means that all Board Members could potentially face litigation following a contentious decision reached or advice given. In future, the LMC will have a statutory body and a non-statutory body which is an incorporated body that manages things at risk. CLMC would become a statutory body, and a company limited by guarantee. Members would become a member of that company limited by guarantee by becoming a member of the LMC.

Becoming a statutory body and company limited by guarantee would mean having an LMC meeting and formal board meeting at the same time. An AGM would be held because it was the appropriate thing to do, but it is not a statutory requirement as it related to a PLC. The statutory levy can be collected from practices by the unincorporated body, however, CLMC has never had a statutory levy so it is possible for LMC incorporated to collect the levy.

Some transactions will become VAT-able, and further information will be obtained on this. Accounts would need to be registered with Companies House.

There were two routes to becoming a company limited by guarantee:

- Use Hempsons or Lockharts who would be charging at commercial rates; or
- Use BMA Law who have a good track record of providing this legal service to LMCs on a not-for-profit basis at a charge estimated to be £1,000 - £1,500.

The Secretary **COMMENDED** becoming a company limited by guarantee and a vote of affirmation was taken with no-one voting against the decision.

It was **AGREED** that more information would be brought to the September LMC meeting and Shanee Baker would be asked to come and talk to members.

10/07/7 CLMC ANNUAL ACCOUNTS as at 31.3.2010

The accounts showed that, although a small loss had been incurred, the LMC was solvent but not as well off as in the past. Consideration would need to be given later in the year on adjusting the levy which had not been increased since December 2006.

The accounts were formally **ACCEPTED**.

10/07/8 NE FHSA MATTERS

10/07/8.1 Performers List Review

The Report and appendices in relation to the Performers List Review had been sent to members prior to the meeting. In this area, being monitored on a regional basis seemed to be working well. Nothing in the report appeared contentious other than how to prove your identity and if you have to present in person. It was not known how staffing arrangements at NEFHSA would affect how the Performers List was run. Would the Performer List stay on a regional basis or national basis? GP contracts will be held by the Commissioning Board on behalf of the Secretary of State.

One of the recommendations of the Review is that they will cleanse the Performers List on a monthly basis. This raised the issue that non-principals tend to move around and forget to inform the FHSA of their current place of residence which means there is the risk of them being removed from the Performers List when they do not respond to FHSA correspondence.

It was **AGREED** the LMC would:

- write to GPs reminding them of their contractual responsibilities to keep the FHSA informed of their place of residence; and
- write to practices reminding them to pass information to locums they employ, and to check on-line if non-principals are on the Performers List

10/07/8.2 Superannuation

The LMC had been notified by a local GP that there were delays with NE FHSA informing the Pensions Agency about the Superannuation Profit Certificates provided in February this year for 2008/9. The LMC contacted NE FHSA requesting an update on the current situation regarding earnings certificates and any delays which are still occurring. FHSA will check the situation and let the LMC know as soon as they are able.

NOTED.

**10/07/9 GPC SESSIONAL GPs REPRESENTATION:
WORKING GROUP REPORT**

The document, previously circulated to Members, looked at the representation of sessional GPs at BMA, GPC and LMC level. Were sessional doctors adequately represented on the LMC? Were sessional situations properly addressed at meetings? Should the LMC be providing specific services for sessional doctors?

The LMC represents all doctors working within the NHS (already has two sessional GPs, two VTS reps and a number of APMS linked members on the Board) and is able to co-opt members to the Board. It was pointed out that the Board was already quite large (39 members/co-opted members) and it would be difficult getting a room large enough to accommodate everyone if they all attended. It is important everyone is represented and we may need to re-assess how many people are on the Board and where they come from. By the end of March 2013 PCTs will not exist. It is the PCTs who give the LMCs their status and boundaries. It is not known where LMCs will fit in the future and the Constitution may need to be revised at that time; now was not the right time to be changing the Constitution.

There was extreme difficulty making contact with all sessional GPs. At one time the LMC had an arrangement with the former Tees Health Authority / Shared Services that everyone who joined the Performers List was sent an LMC letter asking if they wished to be represented by the LMC and to return a completed form to the LMC with their contact details. NE FHSA continue to send these letters out but no recent request had been made for further copies of the letter and form or reimbursement of postage. (*Post meeting note: NE FHSA sending out the letter and form but since September 2009 to date, only 8 completed forms had been received at the LMC. A number of staff deal with applications and it could be that not all staff are sending out the letter, which is not included in the Application Pack.*)

The Development Manager advised that the Global Address List maintained by MPCT IT was used to send out emails and whenever GPs not on the Global List contacted the LMC office requesting receipt of information, the LMC added their name to an additional list of recipients. The website was available to **all** GPs and Practice Managers; Practice Managers were routinely asked to cascade emails to **all** GPs in the practice. There was no need for a separate section on the website for sessional GPs as any information received relating to sessional GPs was already on the website. Both the Secretary and Development Manager had recently attended a training session at the Vocational Training Scheme to inform trainees about the LMC. The practice levy covered **all** GPs working in that practice, so sessional GPs were actively included within the LMC.

NOTED.

**10/07/10 MAP OF MEDICINE – Briefing for GPs
Communication from Anne Greenley, Assistant Director Service Reviews**

Map of Medicine is a tool for achieving clinical consensus throughout the healthcare community covering 28 medical specialties and over 340 pathways, and provides

current, evidence-based clinical knowledge from authoritative sources being constantly reviewed and updated.

The Chairman and Secretary had met with Anne Greenley where she briefed them on where MoM was going; access was the key area. Hartlepool had been using it in relation to Momentum.

NOTED.

10/07/11 TALL SHIPS, HARTLEPOOL – Saturday/Monday : 7-10 August 2010

Practices in Hartlepool and the immediate surrounding areas must have a robust plan in place to cope with home visits and staff/doctors getting to/from work whilst the Tall Ships event is taking place. Doctors stuck in traffic jams could result in lack of GP availability at the surgery.

Post meeting note: Practices to do their own home visits within walking distance, triage calls, and call on practices to swap home visits only when absolutely urgent. Primecare cars might be used on Monday and Tuesday, manned by local GPs, to undertake house calls. No answer received from PCT to query regarding faxing prescriptions to pharmacies over the four days with hard copies being received later. The Headland would be completely cut off by the police.

**10/07/12 PAPERLESS REPORTING FROM PATHOLOGY TO PRIMARY CARE – SOUTH OF THE RIVER
Communication from Prof R G Wilson, Medical Director, JCUH**

“As you know, for some time, the majority of practices have relied entirely on electronic result transfer into their systems. Software in our laboratory monitors receipt acknowledgements at the GP surgery so it is possible to identify who is receiving results this way. I have been informed that until recently there were only three practices, south of the river, that were not compatible with this system and now I am led to believe that these too can receive results this way.

It is our intention, therefore, to switch to paperless reporting for south of the river on 15 July. Any practice that still wanted to receive paper results could, of course, do so but my understanding is that for the vast majority of practices, this would not, in fact, introduce any change.

Can I ask if you can foresee any problems with this and, if so, please let me know as soon as possible? If you cannot foresee any problems, I would be grateful if you could either inform practices or please let me know that you are happy for me to do so. I am most grateful for your assistance in this.”

Discussion took place concerning hospital beds south of the river where results went to the ward and if the practice wanted a copy they went on line to request one.

It was **NOTED** that paperless pathology results would commence on 15 July 2010.

10/07/13 NEGOTIATING SKILLS FOR LMCs : Thursday, 7 October 2010
Venue: BMA House, Tavistock Square, London WC1H 9JP

Due to the recent success of the two one-day “Introduction to Negotiating Skills for LMCs” courses held earlier this year, (Leeds event on 26 May attended by LMC Chairman & Development Manager), BMA have announced a third date. There is no registration fee to attend the course but attendees will need to meet the eligibility criteria, and any travel, accommodation and locum costs incurred whilst attending.

NOTED.

10/07/14 CHANGE OF MEETING DATE

To accommodate half term the meeting originally set for 26 October had been moved to 2 November. Members were asked to amend their diaries accordingly.

NOTED.

10/07/15 REPORTS FROM REPRESENTATIVES

10/07/15.1 Summary Care Records : 8 & 12 July : Rachel McMahon & Development Manager

First wave of GP uploads scheduled for next week. Second wave is scheduled for the end of August. Number of poorly attended drop-in sessions held to inform the public – not publicised because of DoH purdah restrictions. JCUH A&E propose only 10 senior nurses have Smartcard access – too difficult for (junior) doctors to have updated Smartcards. Although motions passed at LMC Conference and ARM to the contrary, PCT are keen to continue with uploads. They have asked for a joint PCT/LMC statement in support of the continued process. No statement had so far been agreed.

RECEIVED.

**10/07/16 MEETINGS ATTENDED BY LMC EXECUTIVE GROUP/
DEVELOPMENT MANAGER**

- 3.6.10 - Emergency Care Meeting @ LMC – John Canning / Janice Foster / Martin Phillips
- 3.6.10 - SCR progress @ Riverside House – John Canning / Janice Foster / John Nicholas & Others
- 3.6.10 - QIPP referral pathway management @ Riverside House – John Canning / Janice Foster / Mick Hutton
- 8.6.10 – Suicide & Undetermined deaths protocol @ LMC – John Canning / Janice Foster / David Robinson
- 14.6.10 – Choose & Book @ Riverside House – Janice Foster

- 14.6.10 – Service Specifications @ Poole House – Julie Birch / John Canning / Janice Foster / Sue White / Alison Bonavia / Don Obih / Graham Daynes
- 18.6.10 & 9.7.10 - Unplanned Care Group @ Tower House – Janice Foster
- 23.6.10 - Map of Medicine meeting @ Martonside Medical Practice – Danny Donovan / John Canning
- 2.7.10 – Tees Local Health Community @ Teesdale House – Janice Foster
- 6.7.10 – LMC/PCT Liaison Meeting @ Poole House – Danny Donovan / John Canning / Janice Foster
- 7.7.10 - North East Regional LMC @ Boldon – Julie Birch / John Canning
- 7 & 8.7.10 – Negotiation Training @ Wynyard Rooms
- 8.7.10 – Joint SHA/LMC Meeting @ Newcastle – Julie Birch / John Canning
- 12.7.10 – LMC/PCT Compact Meeting @ Judges

RECEIVED.

10/07/17 ANY OTHER NOTIFIED BUSINESS

10/07/17.1 JCUH Medical Admissions

LMC office had been notified about JCUH medical admissions being routed through consultants. No consultation had taken place with either the PBC Group or LMC.

It was **AGREED** the LMC would take this up with JCUH.

10/07/17.1 North East Regional LMC – Seeking two doctors across the northern region to sit on the Northern Deanery Standing Education Board

Two doctors from across the northern region were sought to be nominated by the NE Regional LMC to sit on the Northern Deanery Standing Education Board which manages training and education in the region. The Board meets twice a year for about two hours. If anyone was interested in being nominated, please contact the LMC office.

NOTED.

10/07/18 RECEIVE ITEMS

10/07/18.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
18.2.10	Dr B V Mohan	Dr Awad West View Millennium Surgery	H PCT
<i>Change in status from Salaried GP to Locum GP.</i>			

1.6.10	Dr G R R Bethapudi	Hartlepool NHS Healthcare Centre	H PCT
	<i>Change in status from Salaried GP to PCT Salaried GP. APMS practice.</i>		
1.6.10	Dr M W Mascarenhas	Dr Ray Gladstone House Surgery	H PCT
	<i>Salaried GP.</i>		
1.6.10	Dr A K Karn	Dr Khair & Partners The Erimus Practice	M PCT
	<i>Salaried GP.</i>		
1.4.10	Dr S Shenoy	Dr Prasad & Partners Kings Medical Centre	M PCT
	<i>Change in status from locum to Partner.</i>		
17.7.10	Dr C C Alhan	Hemlington Medical Centre	M PCT
	<i>Salaried GP. APMS practice.</i>		
26.7.10	Dr S Peddinti	Park End Medical Centre	M PCT
	<i>Salaried GP. APMS practice.</i>		
26.7.10	Dr S Peddinti	Skelton Medical Centre	R&C PCT
	<i>Salaried GP. APMS practice.</i>		
26.4.10	Dr S H Mohammed Arifulla	Dr Saha & Partners Zetland Medical Practice	R&C PCT
	<i>Salaried GP.</i>		

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
28.6.10	Dr K Ahuya	Dr Ray Gladstone House Surgery	H PCT
	<i>Resignation. Salaried GP.</i>		
13.8.10	Dr M Kalia	Dr Ray Gladstone House Surgery	H PCT
	<i>Resignation. Salaried GP.</i>		
6.8.10	Dr M L Elder	Queens Park Medical Centre	NT PCT
	<i>Resignation. Partner. Pooled practice list.</i>		
1.12.10	Dr K V O'Byrne	The Dovecot Surgery	NT PCT
	<i>Retirement.</i>		
23.7.10	Dr A Patwardhan	Newlands Medical Centre	M PCT
	<i>Resignation. Salaried GP.</i>		

31.7.10 Dr P M Newman The Linthorpe Surgery M PCT
Resignation. Partner. Pooled practice list.

30.6.10 Dr J R Joshi Dr Acquilla R&C PCT
South Grange Medical Centre
Retirement. Salaried GP.

RECEIVED.

10/07/18.2 The Cambridge Medical Group and the Woodlands and Acklam Road Surgeries, Middlesbrough : Communication from Paul Frank, Associate Director of Communication and Engagement

“The Cambridge Medical Group and the Woodlands and Acklam Road Surgeries, Middlesbrough are proposing to relocate to new, modern premises on the site of Acklam Hall, Hall Drive, Acklam, Middlesbrough.

The Cambridge Medical Group, 10a Cambridge Road, is located over two floors at the front of Carter Bequest Primary Care Hospital. The existing practice accommodation, built in 1920 is cramped, outdated and has no potential for any further expansion.

The Woodlands Surgery is located at 6 Woodlands Road and practices from a converted detached residential property built in approximately 1880. The practice also has a branch surgery at 283 Acklam Road.

The current condition of each of the practices is tired, restrictive of service development and not conducive to the delivery of modern primary care services.

The proposal is for a joint development between The Cambridge Medical Group and the Woodlands and Acklam Road Surgeries, to design and build a new purpose built premises, with the option of integration with complementary services, on the site of Acklam Hall, Hall Drive, Acklam, in the west of Middlesbrough.

The proposed redevelopment would result in a new, purpose-built modern building designed to meet the needs of primary care provision into the 21st century. This will increase and enhance facilities available to patients and staff, improve access for the disabled and allow the devolvement of a wider range of services into the future.

Although moving to a central location, the practices will retain their separate identities serving their own patients as before.

The new building design is accessible for people with disabilities, and has provision for improved car parking facilities and secure cycle storage area.

It is anticipated that the construction programme could begin in early 2011 with completion expected in early Spring 2012. Whilst the construction work takes place the practices will continue to provide services from their current locations. The development will not impact upon wider service delivery at Carter Bequest Primary Care Hospital.

From Monday 05 July to Sunday 03 October 2010 there will be a Formal Consultation on the proposal with the opportunity to comment on the proposals, and we would welcome your views on:

- What you think of the proposed new building?
- Do you have any suggestions for the new building?

- Do you have any concerns about the new building or relocation?

Information, including plans for the building, will be on display in the practices and you may wish to attend a drop in session or public meeting as follows;

- Drop-in session, Cambridge Medical Group, Tuesday 20 July 2010, 5.30pm - 8pm
- Drop-in session, The Woodlands Surgery, Thursday 22 July 2010, 6pm - 8pm
- Drop-in session, The Acklam Road Surgery, Thursday 29 July 2010, 6pm - 8pm
- Public Meeting, St Barnabas Church Hall, Thursday 19 August 2010, 6pm - 8pm
- Public Meeting, Acklam Hall, Wednesday 15 September 2010, 6pm - 8pm

Views can also be submitted in writing to the Cambridge Medical Group, 10a Cambridge Road, Middlesbrough, TS5 5NN or the Woodlands Surgery, 6 Woodlands Road, Middlesbrough TS1 3BE.

Comments or questions can be raised by calling Cambridge Medical Group on 01642 851177 or Woodlands Surgery on 01642 247982. Comments can also be posted in the suggestion box or handed in at reception in each of the surgery waiting areas.

After Sunday 03 October, all the views received will be analysed and a report will be produced which will be made available.”

RECEIVED.

10/07/18.3 Report the receipt of:

GPC News 10 2009-2010 – Conference News – available on www.bma.org.uk
Minutes of Sunderland LMC’s meeting held on 18 May 2010
Durham LMC Minutes of Meeting held on 2 March 2010
Durham LMC Minutes of Meeting held on 6 April 2010
Durham LMC Minutes of Meeting held on 4 May 2010
North East Regional LMC Minutes of meeting held on 21 April 2010
Redcar & Cleveland Carers Strategy 2009/14

RECEIVED.

10/07/18.4 Date and time of next meeting

Tuesday, 14 September, at 7.30 p.m. in the Committee Room, Poole House.

RECEIVED.

There being no further business to discuss, the meeting closed at 9.30 p.m.

Date:

Chairman: