



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

Second Floor
320 Linthorpe Road
Middlesbrough
TS1 3QY

Tel: 01642 737744
Fax: 01642 737745

LMC office email: christine.knifton@middlesbroughpct.nhs.uk

Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 1 March 2011 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

Present:

Dr D Donovan (Chairman)	Dr W Beeby	Dr J-A Birch
Dr A Bonavia	Dr I Bonavia	Dr S Burrows
Dr G Chawla	Mr S Doyle	Dr K Ellenger
Dr M Hazarika	Dr K Jaiswal	Dr I Lone
Dr H Murray	Dr R Roberts	Dr S Singh
Dr M Speight	Dr S White	Dr C Wilson
Mr G Wynn		

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

11/3/1 APOLOGIES

Apologies had been received from Dr S H M Arifulla, Dr M Betterton, Dr S Byrne, Dr J T Canning, Dr G Daynes, Dr A Gash, Dr R Gossow, Dr J Hameed, Dr M Hulyer, Dr N Jaiswal, Dr R Mudalagiri, Dr T Nadah, Dr V Nanda, Dr M Pritchard, Dr N Rowell and Dr O Sangowawa.

11/3/2 MINUTES OF THE MEETINGS HELD ON 11 January 2011 & 7 February 2011

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

11/3/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

11/3/3.1 Limited Company Status Ref Minute 11/1/2 Consider Report from the Secretary

The LMC received a presentation from BMA Law at its last normal meeting on 11 January 2011. The presentation outlined the advantage and consequences of moving to a corporate structure. There are essentially two options, a company limited by shares and a company limited by guarantee.

Discussion centred on:

- The protection afforded to the members and officers of the LMC by incorporation was a significant advantage;
- The complexity of shareholding and their transfer relating to limited by shares;
- The option of a company limited by guarantee offered the protection required without the risks;

- That whilst the members of the company might encompass all GPs in the LMCs area, with their consent, this would lead to a significant workload in managing the company register;
- That the members of the company should be the GP voting members of the LMC who will then elect a Board of Directors.

The committee **RESOLVED** unanimously:

- to establish a company, limited by guarantee;
- that the members of the company should be the voting GP members of the LMC;
- that the company would elect a board of directors from amongst its members and LMC staff.

11/3/3.2 Referrals to hospital without face to face GP contact – Mental Health Crisis Team

Ref Minute 11/1/8 Communication from Dr A Gash, TEWV

"I have spoken with the service manager for all the crisis teams across the Trust regarding the issue of GPs seeing patients before referral.

She gave me 2 scenarios:

- 1) *Where a GP has been caring for a patient for a few days and the patient's presentation continues to escalate, she is clear that there is no need to see them again before referral because all organic illnesses have been ruled out and a mental health problem is the issue (which is our department).*
- 2) *Where a patient has been mentally ill in the past and appears to be ill again it is important that they see the GP at least once to rule out physical illness as a cause of symptoms.*

The request for a risk assessment first is nonsense, although any awareness we have of danger to others should be shared. For me that is a 2-way street.

The above comes from a number of deaths in the acute hospital and the mental health hospitals, where each discipline is good at its own territory but fails to see the cause of symptoms as belonging to the other discipline. For example palpitations were wrongly thought in a Mental Health Unit to be a sign of anxiety when the patient had atrial fibrillation.

I hope that clarifies matters, but please come back to me if further clarification is needed."

RECEIVED.

11/3/4 SEXUAL HEALTH CONTRACT UPDATE & DISCUSSION

Graham Wynn declared an interest, as a member of Stockton LLP.

Practices should have received a copy of all the sexual health sub-contracts. Following legal advice obtained from the BMA, the amendments to the final sub-contracts were felt to be as good as it was possible for the LMC to achieve on behalf of practices considering the head contract had already been agreed/signed between the PCT and Assura prior to the LMC consultation. The LMC had raised five outstanding queries with Assura and were given to understand no response would be received to them.

Two key areas of concern were:

- Information sharing with a non-NHS body (Assura). Legal advice is that you do not share information with a non-NHS body without patient consent. Practices should be aware of this when signing the contract.

- Private activity and whether it is pensionable and where it sits with pensions for staff. LMC advice based on pension regulations, old SFA arrangements and 10% private work rule is that it is not pensionable/superannuable for GP principals; for all other employees of the practice (including salaried GPs) it is pensionable.

Practices must now, individually, choose whether they wish to take up the sub-contracting arrangements with Assura, making an informed decision based on all the information that has been provided. The LMC Development Manager will continue to support practices throughout this process.

Mr Wynn was surprised the LMC had not received a response to the five outstanding queries. His practice also had concerns over patient confidentiality and were in ongoing discussions. He asked that the queries be sent to him in the hope of obtaining answers for the LMC.

If patients refuse to give consent for their information to be shared with a non-NHS body, would this result in the practice not being paid for services they were providing? It was explained that Assura required this information because practices were sub-contracting the work from Assura not the PCT, and for payment and audit purposes patient identifiable information was required. Could the NHS patient number / EMIS number / unique patient identifier code be used instead of easily identifiable information? It was felt that seeking patient consent for identifiable information to be forwarded to a non-NHS body may well deter people from seeking chlamydia screening or coil insertion.

Janice Foster was thanked for her efforts and time in trying to assist practices with the sexual health sub-contracts. Janice said she was more than happy to meet with Assura and the PCT to try and find a solution to avoid sharing patient identifiable information with a non-NHS body. Janice **AGREED** to send the five outstanding queries to Mr Wynn and felt that if Assura could tie up any of these loose ends it would assist practices in their understanding and decision-making and, dependent on the response, may have a positive impact on sub-contract uptake.

11/3/5 CRB / ISA CHECKS – Update from Janice Foster

CRB checks – GPs, clinicians, HCA's and nurses are required to have an enhanced CRB check. There is no contractual requirement for all staff (including receptionists) to have a CRB check and we are not aware of any funding available or being offered through the PCT for this.

ISA checks - Practices do have a duty to ensure that any staff they employ are not included on the 'barred list' held by the Independent Safeguarding Authority (ISA). This list is separate from CRB and you can comply with this duty by enquiring directly to ISA. To do this you will need to write to ISA (The Independent Safeguarding Authority, PO Box 181, Darlington DL1 9FA) outlining your "legitimate interest" in that person i.e. details of the person you are looking to employ and the role you are looking to employ them in, and asking if there is, currently, a known reason why this employment would not be appropriate in the view of ISA. The turnaround time will depend on whether ISA hold any information on that person and you do need to bear this in mind when recruiting. There is no fee involved with an ISA check.

Since October 2009, employers have had a duty to report any concerns (activities illegal or harmful [or if there is a risk of harm] to vulnerable adults or children) about employees to ISA who will then investigate and decide whether or not the person should go on the barred list.

Anyone appointing new staff should contact the ISA office in Darlington to ensure they are not on the "barred list", and if there are concerns over a member of staff since their last CRB check it may be wise to carry out an ISA check on them also.

Janice **AGREED** to:

- Put another reminder on the Weekly Bulletin about CRB checks and ISA checks; and
- Query with NE PCSA what ISA checks they carry out on GPs and Registrars.

11/3/6 COMMISSIONING SUPPORT UNIT (CSU)

Discussion had taken place with the PCT/GPCCs around the support the PCT are going to give to GPCCs. GPCCs have been asked to give some indication and decide on whether they would like to see the Commissioning Support Unit as a private company, a social enterprise, or as part of the local authority. The CSU would directly support, and be commissioned by, GPCCs either locally or regionally. It was important that an indication of the preferred option was given as soon as possible to enable the PCT to offer clear opportunities to staff in a bid to retain the relevant expertise and knowledge that may otherwise be lost to the NHS. Retention of good PCT staff in the CSU would avoid staff being TUPEd across into consortia.

This topic will be discussed at the next JET meeting of NHS Tees when it was hoped a decision would be reached.

NOTED.

11/3/7 REGIONAL LMC/NEGOTIATORS MEETINGS (Open to all GPs) Wednesday, 30 March 2011 : 7.00 – 9.00 p.m. The Holiday Inn Washington, Newcastle NE37 1LB

The purpose of the LMC roadshow is to provide an opportunity for the negotiator (Beth McCarron-Nash) to give an update on current issues and to give GPs the chance to have their questions answered. The meeting will provide an opportunity to discuss with the negotiator the issues arising from the government's Health & Social Care Bill, as well as other issues affecting general practice and negotiations in 2011. Any GP interested in attending should contact Maxine Allan at Gateshead & South Tyneside LMC on 0191 414 8962 / gstlmc@tiscali.co.uk.

By the time the regional meeting takes place, the outcome of the Special Representatives Meeting in London on 15 March will be known, as should details of the annual contract negotiations. Dr Donovan will be attending the meeting and will report back.

NOTED.

11/3/8 GP DEFENCE FUND LIMITED : GPDF Levy 2011 Correspondence from GPDF Treasurer, BMA House, London

"At its December 2010 meeting, the board of the GPDF approved its budget for 2011. The board is fortunate to have amongst their number three LMC secretaries, an LMC chairman and an LMC treasurer. As a result, discussions and decisions are firmly rooted in a proper understanding of the issues you face, as well as the challenges at a national level now facing all of us as a profession, and which we must confront in the coming year.

In particular we recognise the various pressures on practice profitability whilst, at the same time, we contemplate the unprecedented challenges that flow from the English White Paper, which will inevitably impact on the other nations.

Because of its assessment of the challenges inherent in the tasks that lie ahead, the board, in developing the budget, made careful provision for an increased level of costs that will undoubtedly flow from the changes and the GPC's need to react to them.

For the first time in many years the board concluded that, in order to meet its budgeted level of expenditure in 2011, an inflation-linked increase was appropriate, and so the per capita rate for the 2011 levy has been set at 5.75 pence per patient, up from 5.55 pence in 2010. At the same time, and with an eye to financial prudence in a year that is likely to demand an even more intensive level of medico-political activity, the board concluded that it would not be in the long-term interest of the contributing levy payers to process a rebate on the 2010 levy. I am constantly reminded that budgeting is an art, not a science, but my fellow directors and I wish to assure you that this increase is required in order to enable the fund to support its ongoing work defending and representing the interests of all General Practitioners throughout the UK, especially in the current climate.

You will shortly receive notice of the amount we calculate your LMC's share of the levy will be for 2011.

As you know, the levy is due at the start of the year and so, on behalf of the board and our many colleagues in the UK, I must take this opportunity to thank those LMCs that pay promptly.

If, for whatever reason your LMC is unable to do so I ask you to let me know as soon as possible and, in any event, I ask you to consider the impact that delaying payment may have upon the activities of the GPC and the future wellbeing of colleagues."

An invoice had subsequently been received from the GP Defence Fund for £33,200 in respect of the 2011 levy.

The CLMC levy had been increased at the beginning of the year to take into account anticipated increases in the national levy.

NOTED.

11/3/9 REPORTS FROM REPRESENTATIVES

No reports had been received.

11/3/10 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 11.1.2011)

12.1.11	NE Regional LMC Meeting, Washington – Danny Donovan
13.1.11	Paul Frank @ LMC re GPCC organisational development – John Canning / Janice Foster
13.1.11	Hospital referral policy meeting @ LMC – Michelle Waugh / Louise Johnson, / Janice Foster
13.1.11	Middlesbrough GPCC meeting @ One Life – John Canning / Julie Birch / Janice Foster
13.1.11	GP Commissioning catch-up meeting @ LMC – Martin Phillips / Julie Birch / Janice Foster
13.1.11	Sexual Health Contract meeting with MRCCS @ Langbaurgh House – Julie Birch / Janice Foster
19.1.11	GP commissioning : Building the future @ Belmont – Janice Foster / John Canning
21.1.11	Urgent Care Meeting @ Tower House – Janice Foster
27/28.1.11	111 - Accelerated Solutions Environment Event – Developing the '111' service @ Newcastle – Janice Foster
7.2.11	GP Open Meeting & LMC Extraordinary Meeting @ Marton Country Club – 61 GPs/Practice Managers attended / Janice Foster / Christine Knifton

8.2.11	Summary Care Records meeting @ Tower House – Janice Foster
9.2.11	Middlesbrough Pathfinder Development Day @ TAD Centre – Janice Foster
11.1.11	Sexual Health Contract meeting @ LMC – Janice Foster / Julie Birch / Komal Jaiswal
14.2.11	QIPP Programme Board @ Teesdale House – John Canning
15.2.11	PCT Exec meeting – GPCC @ Riverside House – Janice Foster / Martin Phillips / others
16.2.11	Regional Pathfinder Development Programme : Workshop 2 @ Durham – Janice Foster + panel members
16.2.11	BMA NE Regional Council @ Washington – Danny Donovan / Julie Birch
18.2.11	Urgent Care Meeting @ Tower House – Janice Foster
23.2.11	GPCC catch-up meeting with Martin Phillips @ MPCT – Janice Foster / Julie Birch
24.2.11	NHS Direct : Meeting with Helen Cole @ NTGH – Janice Foster
24.2.11	Middlesbrough Practice Managers Meeting – Janice Foster

NOTED.

11/3/11 ANY OTHER NOTIFIED BUSINESS

11/3/11.1 Tees Medical Director

Dr Lone pointed out that his term of office as Tees Medical Director ended on 31 March 2011 and Dr James Gossow had been appointed as Tees Medical Adviser and would be attending future LMC meetings in that capacity. This would be Dr Lone's last LMC meeting as Tees Medical Director and he was warmly thanked for the many years he had spent on the LMC Board in a number of different capacities.

11/3/12 RECEIVE ITEMS

11/3/12.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
1.2.11 <i>Salaried GP.</i>	Dr D P Sunkavalli	Gladstone House Surgery	H PCT
28.2.11 <i>Salaried GP. APMS practice.</i>	Dr O Y Adewumi	Fens Medical Practice	H PCT
4.2.11 <i>Salaried GP. APMS practices.</i>	Dr S Peddinti	The Viewley Centre, Hemlington Park End Clinic, Middlesbrough Skelton Practice, Skelton	M PCT M PCT R&C PCT
1.2.11 <i>Partner.</i>	Dr S H M Arifulla	South Grange Medical Centre	R&C PCT
1.4.11 <i>Salaried GP.</i>	Dr S Peddinti	South Grange Medical Centre	R&C PCT
8.2.11 <i>Salaried GP.</i>	Dr B J Coapes	South Grange Medical Practice	R&C PCT

1.3.11 Dr T Goh The Garth Surgery R&C PCT
Partner.

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
31.1.11 <i>Resigned. Salaried GP.</i>	Dr D P Sunkavalli	Chadwick Practice	H PCT
28.2.11 <i>Resigned. Salaried GP.</i>	Dr D P Sunkavalli	Gladstone House Surgery	H PCT
31.12.10 <i>Resigned. Salaried GP.</i>	Dr I S Haider	Stockton NHS Healthcare Centre	S PCT
1.5.11 <i>Retirement. Partner.</i>	Dr R Mukhopadhyay	Hirsel Medical Centre	M PCT
24.3.11 <i>Resigned. Salaried GP. APMS practices.</i>	Dr S Peddinti	The Viewley Centre, Hemlington Park End Clinic, Middlesbrough Skelton Practice, Skelton	M PCT M PCT R&C PCT
31.3.11 <i>Resigned. Salaried GP.</i>	Dr S H M Arifulla	Zetland Medical Practice	R&C PCT
28.2.11 <i>Resigned. Partner.</i>	Dr T Goh	South Grange Medical Practice	R&C PCT

RECEIVED.

11/3/12.2 Change in practice telephone number : Hirsel Medical Centre

With effect from 1 March 2011 the telephone number for Hirsel Medical Centre will be 0844 875 5099.

RECEIVED.

**11/3/12.3 Introducing Sexual Health Teesside
Communication from Assura Stockton LLP**

"Assura Stockton LLP has been awarded the contract to provide sexual health services in the Teesside area, from 1 February 2011, after a competitive tendering process led by NHS Tees. Assura Stockton is a partnership between seven local GP practices and leading healthcare provider Assura Medical.

Sexual Health Teesside offers confidential, immediate advice, testing and treatment on contraception and sexual health. The service is located from four main nurse-led locations: One Life Hartlepool, North Ormesby Health Village, Lawson Street Health Centre & Redcar Primary Care Hospital. In addition there are a number of additional locations based in the community such as GP practices, pharmacies, community organisations and schools that will offer a range of extended opening hours.

Both walk-in and pre-booked appointments with consultants are available to all patients free of charge as it is an NHS service. Call: 0333 000 0014 or visit www.sexualhealthteesside.nhs.uk

If you would like further information or to speak to someone about Sexual Health Teesside, please do not hesitate to contact me – Marian Pearson, Service Manager – on 01642 220037, or email me on marian.pearson@assuramedical.co.uk."

RECEIVED.

**11/3/12.4 Crisis Resolution & Home Treatment Team Event
Communication from Chairman, TEWV Trust, Darlington**

"Would you like to know more about the support available in times of crisis for individuals who suffer from mental ill health? Would you like to have a say in how our crisis service could be improved?"

As part of our ongoing programme to involve the public and organisations such as yourself I would like to invite you or any representatives or members from your organisation to the following:

Event: Crisis Resolution and Home Treatment Team Event
Date/Time: Wednesday, 9 March 2011 : 2.00 pm — 4.00 pm
(refreshments and registration from 1.30 pm)
Venue: Middlesbrough Teaching and Learning Centre,
Tranmere Avenue, Middlesbrough, TS3 8PB

The aim of the event is to advise attendees of the current provision of the Crisis Resolution and Home Treatment Team to service users in Middlesbrough and Redcar and Cleveland and for Middlesbrough LINK and MIND to specifically report on findings from a review they have undertaken within their area in terms of crisis support for mental ill health.

To help the Trust further develop the service, we intend to hold a short workshop to seek the views of attendees on the present provision of services and where it is felt the Trust can still improve on its delivery of care in terms of crisis support.

The Crisis Resolution and Home Treatment Team service provides an extremely important role in providing support and assistance to those individuals who may experience a crisis situation in terms of their mental health whilst at home. The support may be helping someone to resolve the crisis or on the basis of providing more intensive support or even facilitating admission to hospital where required.

There will be ample opportunity for you to ask questions and to raise any issues with local Governors, any of the speakers present, and about the Trust's services in general. The event is open for anyone to attend, so please feel free to circulate around your organisation.

If you would like to book places please contact: Zoe Spence on telephone number 01325 552312 / Email: ft.membershiptewv.nhs.uk / Fax: 01325 552225."

RECEIVED.

**11/3/12.5 Commitment to improving services
Communication from Sandra Good, Commercial Director, Northumberland,
Tyne & Wear NHS Foundation Trust, St Nicholas Hospital, Gosforth**

"As part of Northumberland, Tyne and Wear NHS Foundation Trust's commitment to improving services; with effect from the January 2011 we are introducing Customer Relationship Management (CRM) to our range of supporting activities.

The role of the Customer Relationship Manager is to:

- *Listen to your concerns, issues, ideas etc and feed them back to the relevant department so they can be addressed*

- *Help address the stigma experienced by individuals and their families touched by mental health problems or disabilities*
- *Provide consistent messages about the Trust and its Services*
- *Act as an ambassador for the Trust*
- *Visit specific customers/commissioners twice yearly*

In general Customer Relationship Managers will be selected from a range of Senior Clinicians (Consultant Psychiatrists, Consultant Nurses, Psychologists and Consultant AHPs), Operational Directors and Executives supported by other staff as required, together with a CRM forum.

Your Customer Relationship Manager will be Dr. Suresh Joseph, Medical Director supported by Dr. Gillian Fairfield, Chief Executive, Gary O'Hare, Director of Nursing and Operations and Caroline Wild, Head of Partnerships.

Customer Relationship Managers will not be able to agree contacts or variations to services outwith the normal contracting round or in the absence of Commissioning Team colleagues, but they will feed your issues to the Team so they can be addressed as appropriate.

We will keep a log of all the issues raised and how they have been resolved; using the information to develop a greater understanding of customer needs and wants so we can continually improve our services.

Over the next few weeks your nominated Customer Relationship Manager will contact you to make arrangements to meet with yourself and senior colleagues to listen to your views, ideas, concerns and share with you some key messages about our services.

We trust that you will find the approach of value in enhancing our existing relationships to maximise the benefits to service users and their carers.

If you have any queries or would like further information about Customer Relationship Management please contact Steve Brooks, Head of the Commercial Support Unit on 0191 223 2838 or steve.brooks@ntw.nhs.uk."

RECEIVED.

11/3/12.6 Report the receipt of:

Sunderland LMC's minutes of meeting held on 16.11.2010
 Sunderland LMC's minutes of meeting held on 18.1.2011
 BMA North East Regional Council minutes of meeting held on 25.11.2010
 GPC Newsletter No. 6 – Friday, 18 February 2011 – available on www.bma.org.uk

RECEIVED.

11/3/12.7 Date and time of next meeting

Tuesday, 5 April 2011 : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR. Open Meeting to which all GPs are invited to attend.

RECEIVED.

There being no further business to discuss, the meeting closed at 8.50 p.m.

Date:

Chairman: