



Cleveland Local Medical Committee

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

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.02 p.m. on Tuesday, 24 May 2011 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

Present:

Dr J-A Birch (Chairman)	Dr S H Arifulla	Dr W J Beeby
Dr M Betterton	Dr A Bonavia	Dr I Bonavia
Dr S Burrows	Dr J T Canning	Dr G Chawla
Dr G Daynes	Mr S Doyle	Dr K Ellenger
Dr R J Gossow	Dr J Hameed	Dr M Hazarika
Dr R Mudalagiri	Dr H Murray	Dr N Rowell
Dr O Sangowawa	Dr M Speight	Dr S White
Dr C Wilson		

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

Dr Birch explained she was chairing the meeting in Dr Donovan's absence as he was currently unwell.

Dr Shahul Hameed Mohammed Arifulla from Eston was welcomed to the Committee, as a member for the Redcar & Cleveland constituency.

11/5/1 APOLOGIES

Apologies had been received from Dr S Byrne, Dr D Donovan, Dr M Hulyer, Dr T Nadah, Dr V Nanda, Dr M Pritchard, Dr R Roberts, Dr S Singh and Dr G Wynn

11/5/2 MINUTES OF THE MEETINGS HELD ON 5 April 2011

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

11/5/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

11/5/3.1 Limited Company Status : Articles of Association Ref Minute 11/1/2 : 11/3/3 : 11/4/4.1 Consider Articles of Association

Members had been sent a copy of the draft Articles of Association. It was **PROPOSED** and **SECONDED** that the document be **ACCEPTED**. Arrangements would now be put in hand with BMA Law to establish CLMC as a Limited Company

11/5/4 LMC VICE CHAIRMAN

Following requests for expressions of interest in the Vice Chairman vacancy from those GPs north of the river to ensure geographic balance of the Board, Dr Iain Bonavia was nominated. It was duly **PROPOSED** and **ACCEPTED** that Dr Bonavia be elected as Vice Chairman and he was congratulated on his success.

11/5/5 RESIGNATIONS RECEIVED

11/5/5.1 Hartlepool

Dr Komal Jaiswal, Hartlepool GP representative – effective from June 2011

11/5/5.2 North Tees

Dr Mark Pritchard, North Tees GP representative – effective from July 2011

It was **AGREED** that the resultant vacancies would be advertised in the respective PCT areas.

11/5/6 CLMC ANNUAL ACCOUNTS as at 31.3.2011

The annual accounts were **RECEIVED** and would be signed off for the year. Attempts would be made to find an account which secured a better return on capital.

11/5/7 SEXUAL HEALTH CONTRACT

Concerns had been raised by a Middlesbrough practice that a patient had attended an Assura chlamydia clinic and received a positive test result. The practice subsequently received a fax from Assura informing them the patient would prefer to be treated at the practice. The practice had not signed up for the sexual health contract so the treatment would have implications on their prescribing budget. This had happened on other occasions, but not since April. Other members confirmed this had also happened at their practices.

Concern was also raised by a member about a clinical issue which appeared to be a potential Serious Incident and should be raised with Assura by the practice.

Other clinical concerns were also raised including concerns about diagnosis.

The LMC Development Manager had spoken to MPCT who were contacting Assura to ensure patients were not being signposted to practices to receive treatment. Unless a practice has signed with Assura to provide the sexual health contract, patients should not have the choice of treatment within their practice though practices can provide this treatment – unfunded – at their discretion. Statistics on the number of tests carried out at Assura where patients choose to go back to their practice or elsewhere for treatment had been requested by the LMC through the PCT.

It was **AGREED** that:

- Practices should inform the LMC office if Assura was sending patients to practices for treatment so that further action could be taken;
- Practices should inform the LMC of clinical concerns in the new arrangements;
- The Development Manager would contact Assura to ensure patients were not being directed to their practices for treatment;
- The Development Manager would follow-up obtaining statistics on testing/place of treatment;
- The Development Manager would include an article in the Weekly Bulletin about this and other service changes.

11/5/8 HEALTH & SOCIAL CARE ACT AND NHS REFORMS

The government was currently on a 'pause and listening exercise'. The LMC were leading on-going engagement with Tees GPCCs and the next meeting would take place in June. The LMC had not made a formal contribution to the 'listening exercise' which concluded on 31 May and GPs were encouraged to use the email address nhsfutureforum@dh.gsi.gov.uk to submit their views on the Bill.

Tees PCTs now had a Tees Consolidated Board, were changing staff structures locally, as well as relocating from various offices to a more central accommodation.

NOTED.

11/5/9 LMC CONFERENCE AGENDA

Advice was sought from members regarding possible motions CLMC representatives may get a chance to speak and vote on at Conference.

Motion 370 – Rider proposed to include element of CLMC's motion

Motion 358 – To vote against this motion

Motion 390 – To vote against this motion

AGREED.

11/5/10 SUMMARY CARE RECORDS – PROPOSED DRAFT LETTER TO GPs Communication from Dr John Nicholas, Clinical Lead Tees LHC Informatics Board

CLMC had been asked to be a co-signatory on the letter. Queries members raised included:

- Access to records at hospital interface / logging in and requirement for smartcard – junior doctors do not have smartcards, would this result in a smartcard being left in computer and the possibility of inappropriate access to records? LMC had raised questions regarding security at the SCR Panel and these concerns had been acknowledged. SCR Panel currently awaiting STFT revised Information Governance and Business Model following identified need to revisit procedure for primary contact / who sets up initial relationship;
- Is there any way that when someone accesses a patient's records, a simultaneous message is flagged up at another location? STFT had commenced viewing of SCRs (SCRa). LMC has requested, through the SCR Panel, that practices are notified how many of their practice SCRs are accessed on a weekly basis;
- Patients lack of understanding that if they had not opted-out, their records would be automatically uploaded because of the presumed consent;
- Who is responsible for accuracy of details (only medication and allergies) being used – GP2GP does not always transfer data accurately? Assurances around data security and accuracy sought.

It was **AGREED** that these and other queries would be raised with Dr Nicholas and answers brought back to the LMC, once received.

11/5/11 GP REFERENCE GROUP

North Tees & Hartlepool Foundation Trust's Primary Care Adviser, Carl Parker, is looking for, ideally, a mix of 10+ GPs / Practice Managers from each commissioning group that can be used to source opinion on a multitude of issues particularly pertinent to general practice. This will be a "virtual group" corresponding by email with no face to face meetings envisaged; to be reviewed after 6-12 months to see if other primary care representatives organisations should be involved. Current workstreams Carl is involved with include: emergency care :

residential/nursing home admissions : IM&T : production of high quality & timely discharge summaries. Volunteers should contact Carl Parker direct on carl.parker@nth.nhs.uk.

As an initial item, Carl is particularly interested to know if anyone has any issues around pathology, x-ray and discharge summaries North of the river.

NOTED.

11/5/12 THE BIRCHTREE PRACTICE, STOCKTON (Violent Patients/Drug Abuse)

The current contractor providing this service is retiring and resigning from the contract. NE PCSA / NHS Tees had consulted the LMC on how the service should proceed. North Tees GP representatives had been contacted and the overwhelming response was that the service should continue as a PMS/APMS type contract and practices should not be expected to take on the work themselves under a LES. Martin Phillips had informed NE PCSA:

The option to disperse patients is not an option for the local health system. I would recommend that any detailed work on such an option is discontinued and effort focussed on the 'real' option of:

- (a) Procure a primary care specialist practice plus Violent Patient Scheme*
- (b) Procure integrated primary care specialist practice [including Violent Patient Scheme] and drug treatment services.*
- (c) Interim provision by either existing specialist practice [Fulcrum or Wynyard Road] pending a more structured service.*

It was **NOTED** that the Violent Patient Scheme only applied to the person causing the problem, not their carers or family members which could/did cause a problem. Also the Violent Patient Scheme only applied to incidents relating to list based general practice and it did not cover incidents occurring in hospitals, out of hours, walk-in centres or community services including district nurses. This needed to be addressed.

It was not known if there was still a Violent Patient Scheme in Redcar & Cleveland and it was **AGREED** this would be raised with NEPCSA when LMC officers met with them on Thursday.

11/5/13 MEDICINES ELEMENTS OF QOF Communication from NHS Tees Assistant Director : Medicines Management

"I have been meeting with my equivalent in other clusters and the SHA pharmacy lead to look at revised QOF for 2011/12 and in particular indicators QP1 to QP5.

Overall responsibility for QOF now sits with the PCSA so we have been discussing with them a proposed approach to these indicators. The key issue being that the guidance suggests that targets must be set using national percentile information which is readily available for the recently published Quality and Productivity Comparators by the NHS Business Services Authority.

We should shortly have the data as detailed in the paper and we would like to start distributing this to practices but wanted to give the LMC an opportunity to review the proposal - so this information is being sent to the LMC in each cluster.

One further amendment that we would like to agree across the North East is that in relation to targets involving antibiotics we do not feel as per QOF guidance that performance from quarter 4 11/12 should be compared against a baseline of quarter 3 10/11 - we would like to propose that we compare quarter 4 11/12 against quarter 4 10/11 (there can be a variation quarter to quarter in antibiotic data).

We will continue to approach medicines 6 and 10 as in previous years with practice pharmacists agreeing these with individual practices.

I would be grateful if you could advise how you wish to handle this on Tees – we are under considerable pressure from practices and GPCC's to provide them with data to get started on in light of timescales etc."

A communication had also been received from Denise Jones, Head of GP Contracts & Commissioning @ NE PCSA, Sunderland on the same topic.

It was **AGREED** that comparisons should be against the same quarter in the previous year i.e. quarter 4 11/12 against quarter 4 10/11.

PCT were proposing the following principles apply:

- 1) PCOs to provide all practices across the NE with nationally comparable data against agreed list of comparators by 27th May 2011
- 2) Practices to select 3 improvement areas from the agreed regional list
- 3) Practices must select areas for improvement where practice performance is below 75th centile nationally. QOF guidance (page 164) requires practices to focus on individual areas which are significant throughout the year and which offer the greatest opportunity for improved clinical effectiveness or productivity savings or both when compared to similar practices
- 4) If three areas where practice performance is below 75th centile cannot be identified, practices may select areas to maintain performance above 75th centile in agreement with PCO as confirmed by the correspondence with NHS Employers below:
- 5) Three improvement areas must be different to those selected against medicines management 6 and 10 QOF indicators.
- 6) Selected improvement areas must be different from those identified for prescribing incentive schemes (if applicable)
- 7) The approach to peer review will be agreed locally in consultation with newly established GPCCs

Discussion ensued on what 'peer review' meant; would that peer group need to have the same three improvement areas or could they choose different ones and obtain comments/ideas from others in the group on their chosen areas of improvement? The Medical Director was attending a Medicines Management meeting with all Tees GPCC leads and would discuss this with them.

NOTED.

Post meeting note: Further review of the documentation and other information has given rise to concern over the proposed use of the 55th centile as a lower marker rather than 20% below the 75th centile. Item 7 above also appears to be more prescriptive than the SFE and joint guidance. These matters have been taken up with the PCT and further guidance to practices will follow.

11/5/14 ANNUAL REPORT FROM CLMC REGULATIONS SUB-COMMITTEE

CLMC Regulations Sub-Committee dealt with formal action required in terms of any GP performance or health issues. No formal decisions had been taken in the past year but a variety of support and advice had been given to individuals.

NOTED.

11/5/15 REPORTS FROM REPRESENTATIVES

No reports had been received.

NOTED.

11/5/16 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 5.4.2011)

6.4.11	M GPCC Time-out @ TAD Centre – Janice Foster
6.4.11	NE Regional LMC @ Holiday Inn, Washington – Julie Birch
8.4.11	Meeting on CAF forms @ Alma House, Stockton – Janice Foster
12.4.11	Summary Care Records @ Riverside House – Janice Foster
13.4.11	LMC/PCT catch-up meeting @ LMC – Janice Foster / Julie Birch / Martin Phillips
13.4.11	Local Commissioning Leadership Group @ LMC – Janice Foster / Julie Birch
20.4.11	PCT Non-Directors Exec Meeting @ Riverside House – Janice Foster
5.5.11	North East clinical health informatics forum @ St James' Park, Newcastle – Janice Foster
6.5.11	Telecon with Martin Phillips re QOF / NEPCSA – Janice Foster
9.5.11	Catch-up meeting with NHS Tees Interim Chief Executive @ The Endeavour Practice – John Canning / Julie Birch / Janice Foster
10.5.11	PCT Exec Meeting : GPCC @ Riverside House – Janice Foster
12.5.11	LMC Executive Group Meeting @ LMC – Danny Donovan, Julie Birch, Janice Foster, Chris Knifton, John Canning (via phone for 2 items)
16.5.11	SHA/LMC Meeting @ Newburn – Danny Donovan / Julie Birch
18.5.11	Summary Care Records @ Riverside House – Janice Foster
20.5.11	Urgent Care Meeting @ Teesdale House – Janice Foster

RECEIVED.

11/5/17 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

11/5/18 RECEIVE ITEMS**11/5/18.1 Medical List****Applications:**

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
1.5.11 <i>Salaried GP.</i>	Dr Y Smith	Thornaby & Barwick Medical Group	S PCT
28.7.11 <i>Returning to work after 24 hours retirement.</i>	Dr R P Reynolds	Park Lane Surgery, Stillington	S PCT
2.6.11 <i>Partner.</i>	Dr A M Paddick	Cambridge Medical Group	M PCT
6.12.10 <i>Salaried GP. APMS practice.</i>	Dr S A Sadieq	Eston Grange NHS Healthcare Centre	R&C PCT

4.1.11	Dr M F Cheyne <i>Salaried GP. APMS practice.</i>	Eston Grange NHS Healthcare Centre	R&C PCT
4.1.11	Dr S Anjum <i>Salaried GP. APMS practice.</i>	Eston Grange NHS Healthcare Centre	R&C PCT
16.4.11	Dr A Majupuria <i>Returning to work after 24 hours retirement.</i>	Normanby Medical Centre	R&C PCT
9.6.11	Dr M A Islam <i>Returning to work after 24 hours retirement.</i>	Rainbow Surgery	R&C PCT
18.5.11	Dr A D Threadgold <i>Salaried GP.</i>	The Coatham Surgery	R&C PCT

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
13.7.11 <i>Resigned. Salaried GP.</i>	Dr I G Vega	McKenzie House Surgery	H PCT
20.5.11 <i>Resigned. Salaried GP.</i>	Dr S R Cutler	McKenzie House Surgery	H PCT
3.6.11 <i>Resigned. Partner.</i>	Dr K Jaiswal	Havelock Grange Practice	H PCT
28.7.11 <i>Taking 24 hours retirement; returning on 1.8.11.</i>	Dr R P Reynolds	Park Lane Surgery, Stillington	S PCT
30.4.11 <i>Resigned. Partner. Staying on Middlesbrough Performers List to work in the area pending commencing with a Middlesbrough practice.</i>	Dr V Nanda	Prospect Surgery	M PCT
30.6.11 <i>Resigned. Partner.</i>	Dr A C Heywood	Prospect Surgery	M PCT
14.4.11 <i>Taking 24 hours retirement; returning on 16.4.11.</i>	Dr A Majupuria	Normanby Medical Centre	R&C PCT
5.8.11 <i>Resigned. Partner.</i>	Dr J Datta	Albert House Clinic	R&C PCT
9.6.11 <i>Retiring for 24 hours. Returning 11.6.11.</i>	Dr M A Islam	Rainbow Surgery	R&C PCT

RECEIVED.

11/5/18.2 LMC office accommodation, 320 Linthorpe Road

The office agreement expires on 27 July 2011. Landlord has agreed to extend for a further 15 months on a rolling one month contract. Discussions are taking place with Durham University, Stockton Campus on the possibility of office accommodation becoming available late 2012, once new wing has been built which will house Tees Valley Vocational Training Scheme.

RECEIVED.

11/5/18.3 Report the receipt of:

GPC Newsletter 8 – Thursday, 21 April 2011 - available on www.bma.org.uk
GPC Newsletter 9 – Friday, 20 May 2011 – available on www.bma.org.uk
Minutes of Co Durham & Darlington LMCs meeting held on 1 March 2011
Minutes of Sunderland LMC's meeting held on 15 March 2011
Minutes of Sunderland LMC's meeting held on 12 April 2011

RECEIVED.

11/5/18.4 Date and time of next meeting

Tuesday, 5 July 2011 : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton
on Tees TS20 1PR.

RECEIVED.

There being no further business to discuss, the meeting closed at 8.07 p.m.

Date:

Chairman: