

CLEVELAND LOCAL MEDICAL COMMITTEE

Dr J T Canning MB, ChB, MRCP

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, 25 May 2010 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:

Dr D Donovan (Chairman)	Dr M Betterton	Dr J-A Birch
Dr A Bonavia	Dr I Bonavia	Dr S Burrows
Dr J T Canning	Dr G Chawla	Mr S Doyle
Dr K Ellenger	Dr T Gjertsen	Dr K Jaiswal
Dr H Murray	Dr T Nadah	Dr V Nanda
Dr M Pritchard	Dr R Roberts	Dr S Singh
Dr M Speight	Dr C Wilson	Mr G Wynn

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

The Chairman welcomed two new members, Dr Komal Jaiswal (Hartlepool) and Dr Ian Bonavia (Stockton), to their first Committee meeting.

The Chairman congratulated Mrs Christine Knifton on her recent birthday; Members echoed the sentiment with applause.

10/05/1 APOLOGIES

Apologies had been **RECEIVED** from Dr W J Beeby, Dr S Byrne, Dr G Daynes, Dr J Hameed, Dr M Hazarika, Dr P Heywood, Dr M Hulyer, Dr R McMahon, Dr D Obih, Dr O Sangowawa, Dr D White and Dr S White.

10/05/2 MINUTES OF THE MEETING HELD ON 16 March 2010

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

10/05/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising.

**05/05/4 REVALIDATION CONSULTATION – SUPPORTING LMCs
Communication from General Medical Council**

“As you may be aware, on Monday, 1 March 2010 the General Medical Council (GMC) launched a consultation on its proposals for how revalidation will work in practice.

On Wednesday, 31 March we launched a consultation toolkit to help local groups of doctors – including Local Medical Committees – have their say on our plans. An invitation from our Chair of Council, Professor Peter Rubin, to use the toolkit and contribute your views to the consultation has been sent to LMCs.

The toolkit, which is web-based, can be found at www.gmc-uk.org/thewayahead/toolkit. From these pages of our website, you can find out more information about our consultation and download our consultation document. If you have a question about the toolkit, please email thewayahead@gmc-uk.org.

We hope you find the toolkit helpful and we look forward to receiving your views on our proposals. We do want to hear from as many doctors as possible. The feedback we receive as part of this consultation will help us develop our plans for revalidation further.”

The item was **RECEIVED**.

It was **NOTED** that it was still not known how the system would work in practice or what the requirements would be. Tees PCTs had recently issued a letter to GPs on appraisal for 2010/11 stating “... *this will meet the requirements of revalidation*” and it was **AGREED** they should be informed the requirements were, as yet, unknown.

**10/05/5 SUMMARY CARE RECORDS:
BMA/NHSE JOINT STATEMENT ON SCR ROLL OUT : 4 May 2010**

“CfH and BMA have agreed that the upload of information to the summary care record should only take place in any practice once the practice and the PCT agree that patients have been adequately informed about the process and properly enabled to opt out should they wish. Practices must be fully supported and informed to upload data. Practices and PCTs must be satisfied that data are of an appropriate quality for sharing.

This will apply both to areas which were working to implement the SCR prior to the ‘accelerated roll out’ but have yet to upload patient data, as well as those practices in areas deemed to be “accelerated” and this status should not preclude uploads where agreement about adequate information has been reached.

CfH have agreed that they will continue to work with stakeholders including the BMA to improve the nationally available examples and templates for PCTs and practices to support public awareness, and practice and professional involvement. They have also agreed that the BMA and CfH will work jointly on what, within the constraints of current policy, constitutes an appropriate local campaign of public and professional awareness and practice support, in order to assist practices and PCTs in making decisions on whether local arrangements for public and professional information is sufficient.

SHAs are expected to ensure that their PCTs understand and implement appropriate communications arrangements.”

RECEIVED.

It was **NOTED** that Tees had not breached the above decision as nothing had been rolled out in terms of records. Prior to the election SHA's had rushed to implement SCR but PCTs had been instructed not to proceed until the new government's policy was known. If patients have notified practices they do not want to be included in the SCR rollout, practices should be coding those patients' computer records accordingly.

**10/05/6 CONSTITUTION: NORTH EAST REGIONAL LMC
Communication from NE Regional LMC Secretary**

“You will recall that we discussed the draft Constitution for the North East Regional Local Medical Committee at our last meeting, and that the amendments suggested were agreed.

Please find attached a copy of the final document. As required, formal adoption of this Constitution should be recorded in the minutes of individual LMCs and a copy forwarded to the North East Regional LMC office.”

The Regional Constitution was **FORMALLY ACCEPTED**.

10/05/7 GP HEALTH – USAGE OF SERVICES 2008/9

	Number of clients		Number of sessions	
	01/07/07-30/06/08	01/07/08-30/06/09	01/07/07-30/06/08	01/07/08-30/06/09
Psychiatry	17	10	45	33
New clients	4	*		
Counselling	8	15	127	191
New clients	5	*		
Psychology Treatment	1	-	5	-
Cognitive Behavioural Therapy	-	2	-	9
Staff Counselling	5	*	17	*
New clients	8			
Medical Consultations with Occ Health Dept, North Tees Hospital	2	1	-	-
Medical Consultations with Directors	Approx 15	-	15	-
Mentoring	-	1	-	4

*figures not available at present

RECEIVED.

Members and practices were asked to contact the LMC office if they had any issues / comments concerning GP Health they would like taking forward on their behalf. GP Health was still being funded by the PCTs and all those who sought assistance were treated on an anonymous basis.

Dr Christine English, who had provided occupational health assistance for GP Health, retired at the end of March 2010 and it was **AGREED** a letter of thanks should be sent to her for her support to primary care colleagues. It was **NOTED** that there were differences in occupational health services across the patch and the Secretary understood that there may be more synergy in the future.

10/05/8 ANNUAL REPORT : LMC REGULATIONS SUB-COMMITTEE

Dr Canning explained that, when required, the Officers of the Committee met to discuss matters which required sensitive handling in relation to work colleagues. In the last twelve months there had been no requirement for the Regulations Sub-Committee to meet.

NOTED.

10/05/9 ANNUAL CONFERENCE

Members had been sent an electronic Agenda document and Dr Canning drew their attention TO the motions by Cleveland LMC which had either been listed for debate or included in brackets. Motions listed for debate were: 147, 297, 381, 445, 479, 507, 512, 517, and 518; two motions, 593 and 603 had been accepted as policy without debate. Six further motions had been placed in Part II and, therefore, scheduled for debate. A request for any of the unscheduled motions to be moved to Part I is unlikely to succeed.

The LMC considered the following motions for inclusion in the Supplementary Agenda as New Business.

That this conference welcomes the Governments announcement on 24 May 2010 that there would be no cuts in spending by the Department of Health and that internal departmental savings will be reinvested in front line services in those departments and urges the Secretary of State to ensure that such savings must include ending the wasteful local re-negotiation of PMS Agreements with its associated waste of GP and management time and excessive costs on external legal advice.

That this conference welcomes the Governments announcement on 24 May 2010 that there would be no cuts in spending by the Department of Health and that internal departmental savings will be reinvested in front line services and urges the Secretary of State to ensure that such savings include ending the wasteful duplication of regulations for GPs and practices.

That this conference insists that the Ministry of Justice does not seek to delay the introduction of the reformed coronial service as part of its requirement to meet the £325m savings announced on 24 May.

The Committee was invited to submit the following amendments and riders for inclusion in the Supplementary Agenda

That in motion 179(i) “should” be deleted and replaced by “must”.

Rider to 179(iv) “funded by the PCO”.

Rider to 198(iii) “and destroy the fundamental principle underlying the success of British General Practice”.

That in motion 482 Part (ii) renumbered Part (iii) and that new Part (ii) is added “(ii) concerned that many researchers appear to be unaware of the role of the National Information Governance Board for Health and Social Care (NIGB) and S251 of the NHS Act 2006 and requires all requests for data to be accompanied by a statement of consent by the subject or the arrangements under S251”.

After discussion, the motions and amendments were **AGREED** and would be submitted to Conference.

Members were asked to email the LMC office (christine.knifton@middlesbroughpct.nhs.uk) with any comments / thoughts / ideas on CLMC motions going to conference, particularly, examples of how the Freedom of Information Act does not work, together with hard facts to assist the representatives when the motions were debated at Conference.

It was **NOTED** that CLMC would be contacting the newly elected local MPs to discuss subjects such as practices commissioning OOHs (and dealing with the budgets involved), extended working hours, providing routine appointments on a weekend or Sundays as well as during the week, amongst other issues. It was vital that OOH care was not handed back to practices.

10/05/10 REPORTS FROM MEETINGS

10/05/10.1 Service Specifications – Meeting between LMC/PCT representatives @ Poole House - Wednesday, 31 March 2010 & Monday, 24 May 2010

A very constructive meeting had taken place with PCT and LMC representatives and further meetings should follow. GPs had not realised how different the systems were across the patch and felt that the level of detail had been beneficial. Chris Willis is very keen for the PCT / LMC to work more closely together and the Committee was determined to see that this would continue in the future.

**10/05/10.2 North East Regional BMA Council Meeting @ Quality Hotel, Boldon–
Wednesday, 14 April 2010 : LMC Chairman & Vice Chairman**

Ian Dalton had given an update on the SHA's vision for the future; BMA motions had been proposed for the ARM meeting in June, together with an election for ARM representatives; and the BMA NE Regional Council Constitution had been discussed.

**10/05/10.3 North East Regional LMC Meeting @ Quality Hotel, Boldon –
Wednesday, 21 April 2010 : LMC Chairman**

Relationships between other LMCs/PCTs in the Region did not appear as positive as in the Cleveland area. The NE Regional LMC Constitution had been discussed which incorporated amendments suggested by CLMC Secretary and was to be sent to all LMCs for ratification.

**10/05/10.4 Vaccinations & Immunisations National Support Team meeting @
Norton Education Centre – Wednesday, 5 May 2010 : LMC Chairman**

Various workshops had taken place covering: seasonal flu / commissioners / health protection unit / under 5's / hospital trusts / informatics team and data analysis / partner:key stakeholders / school nurses / providers community. The opportunity to raise the issue of dissolution of primary health care teams was taken.

**10/05/10.5 Winter Health Protection Plan/Seasonal Planning @ St James' Park,
Newcastle on Wednesday, 5 May 2010 : LMC Secretary & Development
Manager**

The event looked at the lessons learnt from implementation this winter and the implications for next year's planning.

**10/05/10.6 QIPP Project Board @ Poole House – Monday, 10 May 2010 : Chief
Executives & Financial Directors of NHS Tees / NTHT / JCUH / TEWV /
NEAS / LMC Secretary**

It was important to reiterate that services could not be moved from secondary care to primary care without first having the infrastructure in place; GPs did not admit patients to hospital without good cause.

**10/05/10.7 Preparing for the Future @ Marriott Hotel, Gosforth Park – Thursday,
13 May 2010 : LMC Chairman / Vice Chairman / Secretary /
Development Manager**

Subjects covered were: Quality/Practice Accreditation (Cynthia Bower), Federation of General Practice (Chaand Nagpaul), Revalidation (Mike Pringle) followed by breakout groups.

CQC wanted to make registration as easy and realistic as possible. The message put forward on Federations was 'unite or die'; practices needed to co-operate and work with each other in order to keep costs down (e.g. no need for numerous payroll systems when one could cover a large number of practices / no need for numerous part time nurses when one could be shared amongst practices thus keeping costs down / GPs sharing expertise at above practice levels). Patients wanted continuity of care and generally wanted small practices, and working together could provide that service. Long term planning and long term contracts were the aim. The Secretary reminded members that there were risks in informal Federation arrangements ranging from VAT to disputes over resources and that advice and professional assistance should be obtained. The LMC cannot provide detailed advice but is able to signpost practices about risks and sources of advice and assistance.

10/5/10.8 Urgent Care in General Practice Workshop @ Thistle Hotel, Middlesbrough - Thursday, 13 May 2010

This meeting had clashed with the "Preparing for the Future" meeting in Newcastle so no LMC Executive members had been present. Following the Primary Care Foundation led workshop, the contents of which had not been well received by many present, Martin Phillips had sent a letter to GPs seeking "*to work constructively together in the interest of securing the best clinical care that we can deliver for patients*". The LMC had emailed Martin to let him know they were interested in being involved in future discussions on the subject.

10/05/10.9 Unplanned Care Board @ Tower House – Friday, 14 May 2010 : PCT / NEAS / Primecare / NHS Direct / TEWV / NTHT / JCUH / Local Authorities / LMC Development Manager

Primary Care Foundation led this meeting with two presentations of their research findings and subsequent recommendations. The information had previously been shared at the Urgent Care Workshop (13 May) but was edited slightly to reflect the different audience (secondary care / NEAS). When questioned on some details the presenters were unable to provide convincing Tees evidence to support some of their more controversial statements. There is still a great deal of work to take place on this.

There was acknowledgement that the workshop held on 13 May had not been well received, that the best approach had not been taken, and that it needed reconsideration. The PCT expressed a desire to try to rectify the situation and rebuild relationships by working closely with the LMC and GPs. LMC recognise the importance of seizing this opportunity for the best interests of all parties. It was accepted that closer, positive liaison is important. In achieving this, representatives with interests in particular topics will be sought to attend future meetings alongside the LMC Development Manager to ensure that the voice of general practice is fully recognised and considered, as it is neither practical nor beneficial to have the same representatives attend all meetings all of the time.

10/05/10.10 Bi-monthly meeting with Sue Greaves, Assistant Director of Primary & Community Care @ LMC offices – Tuesday, 18 May 2010 : LMC Secretary / Development Manager

The PCT wanted to work more closely with the LMC and to this end it had been suggested a joint PCT/LMC event be organised for practices to attend in order to discuss how primary care on Teesside would face the future in order to thrive. A date in September had been suggested.

10/05/11 REPORTS FROM REPRESENTATIVES

No reports had been received.

**10/05/12 MEDICAL DIRECTOR – UPDATE
Communication from Chris Willis, Chief Executive, NHS Tees**

“This went to vacancy control at the end of April and agreed to go out for a sessional appointment for 11.5 months – I need to review the job description and get it circulated. This is all because of the management cost reductions we will have to make – we aren’t recruiting anyone for more than 11.5 months. We have temporary arrangements in place.”

Members **AGREED** that employing someone for 11.5 months did not provide the continuity or stability that this post requires nor was it likely to produce someone who had the confidence of the profession locally as general practice moved into revalidation and Responsible Officers being appointed. It was felt that it might be appropriate for the PEC Chairs (on a job share basis) to be invited to attend LMC meetings to try and provide that continuity. However, if Ifti Lone were to be re-appointed as Medical Adviser for the PCTs, as has been intimated, then it may be more appropriate to offer to one of the three the opportunity to attend LMC Board Meetings.

**10/05/13 CHOOSE & BOOK
Communication from Chris McEwan, Assistant Director - Health Systems Development, NHS Middlesbrough / NHS Redcar & Cleveland**

“It was useful to meet you on Tuesday, 11 May during which we discussed the current situation regarding Choose and Book (09/10) and the future for a scheme for 10/11.

To recap, we will be paying the 60p for those Practices that qualify. As I explained, this is on the basis of those practices that were able to refer 95% of referrals electronically using the Choose and Book System. We are unable to pay the 40p and I have written today to Practices to inform them of that. However, the resource that was earmarked for 09/10 has been carried forward into 10/11 and that along with resource for 10/11 creates a pool which, as I explained, we would wish to support the rolling out of electronic referrals.

In addition to us developing a scheme of some form, we are also working with the SHA around a benefits realisation model for Choose and Book. Keen to understand what we are missing to help us achieve higher targets. Returning to the need to enable electronic referrals, it would be useful if we could work with the LMC on a scheme that would meet all of our needs. I was very taken by your comments about the need to enable Trusts to send

information electronically. Clearly, this would create efficiencies within practices which they could then deploy in to other duties.

It would be useful if you could please raise this at the next LMC meeting with a view to getting a couple of willing volunteers who can work with ourselves over the next 6-8 weeks to roll something out into the local health economy.

Thanks again for having the discussion with me and I do look forward to working with the LMC to take this agenda forward.”

Members discussed the fact that practices used C&B because of the current LES. At the end of the financial year funding would cease and it was wondered how many practices would continue to use C&B, or only use C&B when convenient with anything awkward being done by letter or phone. It had been suggested to the PCT that to encourage C&B use, the PCT should produce recurring resources (not necessarily financial) such as eliminating receiving paper that is scanned, filed and shredded, which could be received electronically thus liberating resources for the practice.

NOTED.

10/05/14 ANY OTHER NOTIFIED BUSINESS

There was no other business.

10/05/15 RECEIVE ITEMS

10/05/15.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
3.5.10 <i>Returning from 24 hour retirement.</i>	Dr J M Longwill	Dr Longwill & Partners	NT PCT
1.4.10 <i>Salaried GP.</i>	Dr Y Smith	Dr Neoh & Partners	NT PCT
1.4.10 <i>Change in status from Salaried GP to Partner.</i>	Dr M Godavarti	Dr Nath & Partners	M PCT
1.6.10 <i>Salaried GP.</i>	Dr M N Vijayakumar	Dr Nath & Partners	M PCT
13.5.10 <i>Changed status from Salaried GP to Locum GP.</i>	Dr M Shafiq	Resolution Health Centre	M PCT

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
31.3.10 <i>Resigned. Salaried GP. APMS practice.</i>	Dr H Koriem	Hartlepool NHS Health Care Centre	H PCT
1.5.10 <i>Taking 24 hour retirement. Returning on 3.5.2010.</i>	Dr J M Longwill	Dr Longwill & Partners	NT PCT
31.3.10 <i>Retired.</i>	Dr R S Sagoo	Dr Sagoo & Partners	NT PCT
30.4.10 <i>Resignation. Salaried GP. APMS practice.</i>	Dr M Sharjeel	Hemlington NHS Medical Centre	M PCT
30.4.10 <i>Resignation. Salaried GP.</i>	Dr D C Fox	Dr Saha & Partners	R&C PCT
30.4.10 <i>Resignation. Salaried GP.</i>	Dr D B Gowda	Dr Tahmassebi & Partners	R&C PCT

RECEIVED.

10/05/15.2 Changes of Address : Low Grange Health Village Communication from Contractor Services Officer, NE FHSA, Durham

Normanby Medical Centre/The Glens Medical Centre

With effect from Saturday, 24 April (*changed from 17 April*) 2010, Normanby Medical Centre, currently located on 502 Normanby Road (Dr Lone & Partners) will move premises and be resident at:

Low Grange Health Village
Normanby Road, South Bank
Middlesbrough TS6 6TD
Tel: 0844 477 3872
Fax: 01642 466723

The Glens Medical Centre, Trunk Road, Eston, Middlesbrough TS6 9QG will be closing and moving to the same address as above and be known as Normanby Medical Centre.

Albert House Clinic

With effect from Monday, 26 April 2010, Albert House Clinic, currently located at 101 Normanby Road, (Dr Bhattacharyya & Partners) will move premises and be resident at:

Low Grange Health Village
Normanby Road, South Bank
Middlesbrough TS6 6TD
Tel: 01642 466776 / 453049
Fax: 01642 464343

Eston Grange NHS Health Care Centre (APMS practice)

With effect from 19 April 2010, Eston Grange NHS Health Care Centre (currently located at Queen Street, South Bank) will move to permanent accommodation at:

Low Grange Health Village
Normanby Road, South Bank
Middlesbrough TS6 6TD
Tel: 0300 123 0730 / 0300 123 0732

RECEIVED.

10/05/15.3 Low Grange Health Village – Transfer of Services Communication from Malcolm Brydon, Capital Investment Manager Health Systems Development

“As you will be aware, following the Greater Eston Health and Social Care Village formal consultation in 2005, the development of the new Low Grange Health Village (LGHV) has been underway. Construction work has been ongoing on land adjacent to the Trunk Road and Normanby Road since September 2008.

Practice completion was achieved on 26 March 2010, four days ahead of programme, with the facility expected to be operational from end April 2010. The development will include:

- Eston Grange NHS Health Care Centre, open at LGHV from 19 April 2010
- Albert House Clinic (Dr Bhattacharyya), open at LGHV from 26 April 2010
- Normanby Medical Centre (Dr Lone), open at LGHV from 26 April 2010
- Fulcrum Branch Practice, open at LGHV from 26 April 2010
- Lloyds Pharmacy, open at LGHV from 12 April 2010

Accompanying the above services, provision has been made for the Greater Eston Integrated Health and Social Care Team, a new Dental and Ophthalmology service and a Library. The new Health Village is easily accessible by car and public transport and includes free car parking.

Communication with patients

All patients registered with the GP practices currently located at Albert House, Eston Grange NHS Health Centre, Fulcrum Medical Practice and Normanby Medical Centre will receive a letter, including details of the relocation and confirmation that contact telephone numbers and other services will remain the same. Contact numbers are as follows:

Albert House Clinic	01642 466776
Eston Grange NHS Health Centre	0300 1230730
Fulcrum Medical Practice	01642 508508
Normanby Medical Centre	0844 773872

Information will also be available in the local press, in the Evening Gazette Health Supplement, and online at www.redcarandcleveland.nhs.uk.

Low Grange Health Village

The address for Low Grange Health Village is as follows:

Low Grange Health Village
Normanby Road, South Bank
Middlesbrough TS6 6TD

Telephone number: 01642 511500

Questions or Concerns?

If you have any questions or concerns regarding the new location for services, please contact the Client Relations Team as follows:

- Client Relations Team, FREEPOST NEA 9906, Middlesbrough TS2 1BR
- Freephone 9.00 a.m. – 5.00 p.m. : 0800 013 0500 (Option 5)
- Email: clientrelationsteeswide@nhs.net
- Text: 07700 380000”

RECEIVED.

**10/05/15.4 New premises – One Life Hartlepool
Communication from Contractor Services officer, NE FHSA**

“*Havelock Grange Surgeries*, Hartlepool will be moving on 10 May. The current surgeries on 22 Grange Road and in The Health Centre will close; the branch surgery on Earlsferry Road will remain open.

Their new address will be:

Havelock Grange Practice
One Life Hartlepool
Park Road
Hartlepool TS24 7PW
Tel: 01429 272000 (one telephone number only)

Their branch surgery at Brierton Medical Centre, Earlsferry Road, Hartlepool TS25 4AZ will have the following phone and fax numbers:

Tel: 01429 270234
Fax: 01429 287092

Dr Downs & Partners, Bank House Surgery, The Health Centre, Hartlepool will move into One Life Hartlepool on 17 May. The telephone number will be: 01429 274800 (currently in use for appointments).

Dr Brash & Partners, Chadwick House Surgery, 127 York Road, Hartlepool will move into One Life Hartlepool on 24 May. They will change their practice name to Chadwick Practice.”

RECEIVED.

**10/05/15.5 Temporary Accommodation
Communication from Contractor Services Officer, NE FHSA**

“Dr Wood & Partners, The Linthorpe Surgery, 378 Linthorpe Road, moved into temporary accommodation on 29 March 2010. They expect to move back to their new building, on their original site, around November 2010. The temporary address is:

Dr Wood & Partners
The Linthorpe Surgery
St Barnabas Church Car Park
1A St Barnabas Road
Linthorpe, Middlesbrough TS5 6JR

Telephone and fax numbers remain the same and their post has been redirected with Royal Mail.”

RECEIVED.

**10/06/15.6 Pooled Lists
Communication from Contractor Services Officer, NE FHSA**

Please note that with effect from:

- 1 April 2010, Riverside Medical Practice, Stockton, will have a Pooled List
- 20 April 2010, Kingsway Medical Centre, Billingham, will have a Pooled List

RECEIVED.

10/06/15.7 Report the receipt of:

GPC News 7 – Friday, 19 March 2010 – available on www.bma.org.uk
GPC News 8 – Friday, 16 April 2010 – available on www.bma.org.uk
GPC News 9 – Friday, 21 May 2010 – available on www.bma.org.uk
Co Durham & Darlington LMC minutes of meeting held on 1 December 2009
Co Durham & Darlington LMC minutes of meeting held on 2 February 2010
Sunderland LMC minutes of meeting held on 23 February 2010
Sunderland LMC minutes of meeting held on 16 March 2010
Sunderland LMC minutes of meeting held on 20 April 2010

RECEIVED.

**10/05/15.8 NEFHSA RELOCATING wef Monday, 17 May 2010
Notification from NEFHSA, Appleton House, Durham**

“Delivery of all statutory Family Health Services functions on behalf of the PCTs in Darlington, Durham, Gateshead, Hartlepool, Middlesbrough, Newcastle, North Tyneside, Northumberland, Redcar & Cleveland, South Tyneside, Stockton on Tees and Sunderland.

The Agency’s South Offices are relocating from Appleton House, Durham and Poole House, Middlesbrough to: The Old Exchange, Barnard Street, Darlington, County Durham DL3 7DR during the week commencing Monday, 17 May 2010. Please note that the Agency’s South Office switchboard number will change to 01325 553000. Office hours are from 9.00 a.m. – 5.00 p.m., Monday to Friday.

Business will operate as normal from The Old Exchange from 9.00 a.m. on Monday, 24 May 2010. Should you have any problems contacting departments during the week commencing Monday, 17 May 2010, please contact the Agency’s North office on 0191 219 6200.”

RECEIVED.

10/05/15.9 Date and time of next meeting

Tuesday, 13 July 2010, at 7.30 p.m. in the Committee Room, Poole House.

RECEIVED.

There being no further business to discuss, the meeting closed at 8.25 p.m.

Date:

Chairman: