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

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

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.32 p.m. on Tuesday, 2 November 2010 at the Marton Hotel & Country Club, Marton, Middlesbrough.

Present:			
	Dr D Donovan (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr A Bonavia	Dr S Burrows	Dr J T Canning
	Mr S Doyle	Dr K Ellenger	Dr J Gossow
	Dr I A Lone	Dr R McMahon	Dr H Murray
	Dr V Nanda	Dr C Parker	Dr M Pritchard
	Dr R Roberts	Dr N Rowell	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

10/11/1 APOLOGIES

Apologies had been **RECEIVED** from Dr M Betterton, Dr I Bonavia, Dr S Byrne, Dr G Daynes, Dr T Gjertsen, Dr J Hameed, Dr P Heywood, Dr M Hulyer, Dr K Jaiswal, Dr T Nadah, Dr D Obih, Dr O Sangowawa, Dr S Singh and Dr D White.

10/11/2 MINUTES OF THE MEETING HELD ON 14 September 2010

Amendment to Minute 10/09/15: Dr Debs White had been co-opted to the LMC Board because she was the member of the GPC nominated by BMA Junior Doctors Committee; her term of office on that Committee expired on Saturday, 25 September when she will cease to be a member of the GPC, although her duration on the VTS Scheme would continue until December 2010. With the cessation of her BMA commitments, her place on the LMC Board also expired.

Subject to the amendment being made, the minutes were **AGREED** as a correct record and duly signed by the Chairman.

10/11/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

10/11/3.1 JCUH routing medical admissions via on-call consultant Ref Minute 10/07/17.1 Communication from Prof R G Wilson, Medical Director, JCUH

"You kindly wrote to me a short while ago about some of the difficulties you were having when requested to telephone referrals to the Acute Admissions Unit. I have discussed this internally with Vincent Connolly the Chief of Acute Medicine. Vincent tells me that internally this has proved very successful and that on a number of occasions alternative means have been found to manage patients and that overall the number of admissions has been reduced. In addition to this, I am told that the PCT is very keen that we should pursue this in future. Vincent's suggestion, therefore, is that we should proceed with this within the next couple of

weeks but I felt that I should write to you just as a matter of courtesy to let you know this was happening and, of course, I would be happy to discuss the situation with you should the need arise."

This course of action had been mentioned at Urgent Care meetings attended by the LMC Secretary and Development Manager. It can work well provided you are able to contact the consultant to discuss the case. It was noted that North Tees doctors were unhappy with the proposals, and that seeing patients earlier in the day did not work in practice. A random audit of 100 admissions at JCUH concluded that 75% of them had not been admitted by their GP and were inappropriate admissions by OOH, Darzi practices and A&E.

If the hospital refuses to admit a patient following a request from a GP, then it was vitally important that good contemporaneous notes were kept of the discussion with the patient and the hospital consultant because the GP remains liable for the health of that patient until they are admitted to hospital. Keep fuller notes than normal with the name of the person giving you the advice, and the condition of the patient at that time. An inexperienced GP may be swayed into not admitting a patient by someone they feel is superior to them, but it is the GP who will receive the complaint if anything goes wrong. Complaints can take up to 5 years to be heard at the GMC.

NOTED.

10/11/3.2 Consultation on draft interim PCT management structures
Ref Minute 10/09/4.1
Response from Neil Nicholson, Acting Chief Executive, NHS Tees

"Thank you for the comments from the Cleveland LMC in relation to the proposed interim management structures for NHS Tees. I would like to assure you that these comments were carefully considered by the NHS Tees joint management team when refining our interim management structure.

As you stated in your e-mail, this interim structure is an important phase in our preparation for the proposed changes to the NHS, and in particular the way in which health services will be commissioned in the future.

The challenge, as you will appreciate, is to be able to still deliver on the current requirements to improve the quality and productivity of local health services, whilst preparing for new, as yet unknown, commissioning arrangements.

We believe that this interim structure provides us with the platform from which to develop and meet these new ways of working; and more importantly with the opportunity to work closely with the proposed new commissioning consortia to understand their needs as we move forward with this agenda.

I would like to respond to each question raised, in turn:

The LMC is concerned as to whether the arrangements for GP contracting are robust and able to withstand further loss of corporate memory and specialist knowledge.

Our objective in putting the structure together was to focus on 3 key areas:

1. *Delivery of statutory duties*
2. *Delivery of QIPP*
3. *Developing GP commissioning*

We believe they are as robust as they can be given the resource available.

In relation to the retention of corporate memory, the PCTs have been reviewing their Business Continuity Plans with this in mind. To address similar issues in the transition period we have appointed a Transition Director over the next 6 months.

Arrangements for medical advice (e.g. Performers Lists and performance) are vague and are unlikely to have the confidence of this profession, are the other LRCs being consulted?

The arrangements in respect of this will primarily be with the Once North East model which will provide resilience in this area on a regional basis. Local links will be maintained through the Corporate Affairs Directorate. Obviously, as with all new arrangements, this model will be assessed and reviewed in relation to its success with key stakeholders, including the LMC.

What will 'primary care development managers' do?

Primary care development managers will work alongside practices and nascent commissioning consortia to ensure support is provided to the development of new arrangements and to primary care generally.

The majority of specialist primary care support, potentially, moving out of Tees will be a great loss of local input and knowledge

The interim arrangements are designed to provide contracting support although we do acknowledge that through re-organisation people currently carrying out these roles may be different. A number of efforts are being made to mitigate the loss of local knowledge including handover arrangements, shadowing and extension of some interim arrangements to enable individuals with specialist knowledge to complete work.

Is the Life Store still value for money?

The staff in the Life Store are exempt from Management Costs and so were not part of this phase of savings. There has been initial discussion in relation to their potential role in assisting new commissioners with their proposed responsibilities on providing more information to patients and ensuring commissioned services are shaped by a strengthened public voice. The existing premises and the role of the staff will be considered during these interim arrangements, as these requirements become clearer.

The structure appears very top heavy. This is a large potential burden for the TUPE to GP commissioning. An example is the large number of Band 8 roles, 69.7 WTE at an approximate cost of £3.5 million (with a further 3.6 WTE at approx £184k as part of the ONCE structure)

In developing this interim structure there has been a significant reduction in senior management roles and the decision to retain or redevelop these senior roles was made in relation to functions and services that are still required. Whilst the arrangements for future Commissioning organizations are still only proposals, it would be difficult to comment on specifics such as responsibility for existing organisations, TUPE etc.

The informatics/IT department appears to be stripped down dramatically, in terms of actual support, raising concerns as to the long term and practical support available to practices. There already appears to be resource issues within IT impacting on practice business and lack of practical support in areas such as smart cards and PCI would be extremely detrimental in the short and longer term. With current staffing levels this department is only achieving a 35% performance against a 90% target SLA for priority 1 calls and a 48% performance against an 80% target SLA for priority 2 calls. Indeed, current performance falls short against all but 1 of the target SLAs. Surely this department cannot withstand such a huge cut in resource without even further deterioration in, what practices regard, a primary operational function. Many IT roles appear as 'fixed term programme funded' causing concern as to the lifespan of these roles and long term succession.

By comparison to other clusters Tees has always run a very lean IT service, and that is still the case following the management cost reductions.

The IT service is a mix of core posts and fixed term posts which allow the service the flexibility to respond to project demands. This model, which has been running for a number of years is planned, as demand dictates, as a rolling programme, with projects and roles extended accordingly.

It is always the aim of the Head of IT to deliver the best service within the available resources and this remains so. I am encouraged by the opportunities provided by recent investments in COIN, web-based solutions to support this aim.

There does not appear to be a structured commissioning team, following a logical commissioning pathway that would naturally align with and assist shadowing consortia to ensure success of the Tees health economy in the long term and a smooth transition to GP commissioning.

Following feedback received during consultation the Commissioning and System Development structures were amended to provide locality, north and south and pan-Tees support. Funding that was initially earmarked for Director posts was utilised to provide more Commissioning managers posts designed to support localities and new commissioning models.

Martin Phillips, Director of Commissioning and System Development (South), is the NHS Tees lead for Developing GP Consortia and in this role already working with your organisation in ensuring GPs are leading, involved and supported in the transition to new arrangements including shadowing arrangements, where appropriate.

I do hope the responses I have provided answer the queries you have raised. On behalf of NHS Tees I would like to thank you for your interest and your on-going involvement as we develop and prepare for new commissioning arrangements that will secure effective and efficient local health services for our communities."

RECEIVED.

10/11/3.3 CLMC Structure
Ref Minute 10/09/4.2

10/11/3.3.1 Ratification of new structure

At the LMC meeting in September, discussion had taken place about the changing role of the LMC. The workload of the LMC Executive had risen because of issues around the White Paper, whilst the LMC Secretary wished to reduce his commitment in order to pursue other areas of work. At that meeting it had been proposed that a new Executive comprise:

Designation	Current commitment	Future commitment
Chairman	1 session a week	1 session a week
Vice Chairman	1 session a week	1 session a week
Secretary	4 sessions a week	2 sessions a week
Assistant Secretary/ Medical Director	Nil	2 sessions a week

The new structure was **RATIFIED** by Board Members to become effective as of 1 October 2010.

It was **PROPOSED** and **AGREED** that Dr Donovan remained as Chairman, Dr Birch move to become Assistant Secretary/Medical Director, Dr Canning remain as Secretary with reduced commitment, leaving a Vice Chairman vacancy. Dr Birch had been carrying out extra duties throughout October whilst Dr Canning had reduced his commitment.

Dr Birch confirmed her commitment to the Assistant Secretary/Medical Director post and looked forward to taking on more responsibility together with the lead in GP Commissioning alongside the Development Manager

10/11/3.3.2 Vice Chairman vacancy

Two candidates had submitted their names for the Vice Chairman vacancy. A secret ballot was taken amongst the 15 elected GPs present and Dr Komalta Jaiswal was elected.

Dr Jaiswal was currently on holiday but would be informed of the decision.

NOTED.

10/11/3.3.3 Resignations

10/11/3.3.3.1 Dr Peter Heywood, Locality Director of Public Health (Middlesbrough Council & NHS Middlesbrough) had submitted his resignation from the LMC Board. Dr Toks Sangowawa will remain as the Public Health representative.

10/11/3.3.3.2 Dr Tom Gjertsen, elected GP member for Redcar/Saltburn/Marske had submitted his retirement from the LMC Board. He was an LMC member on the Condition Management Programme and the Choose & Book User Group; nominations for these groups are sought.

The resignations were **ACCEPTED** and letters of thanks would be sent. No names were forthcoming for membership of the Condition Management Programme and the Choose & Book User Group.

10/11/4 REVIEW OF LEVY ARRANGEMENTS
Ref Minute: 10/09/4.2

It was explained that the LMC levy had not been increased since 2006 and the office was currently running at a loss which could not be sustained for any long period of time. Members felt that all practices should support the running of the LMC especially at this time of huge change.

Members discussed the spreadsheet tabled and it was **PROPOSED** and **SECONDED** and **UNANIMOUSLY AGREED** that the levy should increase to 42p per patient per annum and practices/NEFHSA would be notified accordingly.

10/11/5 WHITE PAPER UPDATE – Julie Birch / Janice Foster

They had both met with PBC leads. All the commissioning groups were looking at their future role and size though no legislation had so far been issued. Intrahealth at Hartlepool were looking to work as one group over the whole of the north east. Hartlepool practices were currently still debating their options. Stockton GPs were having meetings to establish some representation. Langbaurgh already had a strong commissioning group and were moving forward as a pathfinder pilot. Middlesbrough GPs were holding their meeting on 11 November. Eston had voted to be part of the South Tees consortia, but would be happy to work with Langbaurgh and will review their decision once terms are known.

There will be a second LMC/PCT GP Commissioning Meeting on Thursday, 18 November : 1.00 – 4.00 p.m. : Wynyard Rooms, and every practice was encouraged to attend this meeting. Janice Foster was happy to do follow-up meetings at practices, or 1:1 meetings at those practices unable to have a representative present on 18 November in order to have everyone's views going forward.

GPs/Practice Managers should email christine.knifton@middlesbroughpct.nhs.uk to book a place.

PCT staff should email jackie.lancaster@middlesbroughpct.nhs.uk to book a place with Martin Phillips overseeing PCT registration.

10/11/6 PHARMACEUTICAL NEEDS ASSESSMENT
Ref Minute 10/09/20.3

NHS Tees sent a letter to all GP practices across Tees on 19 October directing them to the Tees website in order that they can make comments on the PNA consultation for their relevant area; the three dispensing practices across Tees have been sent a paper copy for their area. The consultation period will last for 60 days.

No specific comments were received from members on any of the four PNA consultation documents.

NOTED.

10/11/7 NHS TEES EXECUTIVE TEAM APPOINTMENTS – INTERIM MANAGEMENT ARRANGEMENTS
Communication from the four Chairmen of Tees PCTs

"As you are aware the four primary care organisations of NHS Tees are currently undergoing a re-organisation in order to realise 50% management cost savings and provide interim management arrangements for the commissioning of local health services. As part of this process the appointment of our Executive Team has now been completed.

Stephen Childs, former Managing Director of Middlesbrough, Redcar and Cleveland Community Services (MRCCS), has now been appointed as Interim Chief Executive for NHS Tees. This temporary appointment has been made to provide dedicated support during Chris Willis's absence.

Stephen, who has over 18 years experience in the NHS, has managed community services in Redcar and Cleveland since 2002 and has led the new Middlesbrough, Redcar and Cleveland Community Services since 2006. He will take up his new position on Monday 25th October 2010 until February 2011. His role will be to help lead NHS Tees in the development of their interim management arrangements to support proposed new commissioning arrangements.

Neil Nicholson has been appointed as the Executive Director of Finance. This post now has responsibility for a range of functions including; estates, informatics, contracting, procurement, business intelligence, planning and performance management. Neil also has a joint role as Finance and Performance Lead for NHS North East and will share his time between both posts.

Peter Kelly, is the Executive Director of Public Health for NHS Tees. He also has a joint role as Regional Director of Public Health for NHS North East where he will be working with colleagues to establish the future arrangements with local authorities.

Celia Weldon has been appointed as the Director of Corporate Affairs. This function incorporates quality improvement and patient safety, human resources and workforce planning, governance, board and committee services and communications and engagement.

Ali Wilson has been appointed as Director of Commissioning and System Development, North of Tees whilst Martin Phillips is the Director of Commissioning and System Development, South of Tees and will take the lead on developing new GP Commissioning arrangements. These roles are responsible for a range of commissioning and system development functions

including, children, adults, planned care, unplanned care, primary care, mental health and learning disabilities, continuing and complex care and medicines management.

The Directors will formally take up their new posts on 1 December 2010, whilst the Interim Chief Executive will commence his role from 25 October 2010.

I do hope this information proves useful to you and your colleagues as we progress towards our new interim management arrangements. We will ensure that finalised structures are communicated to you in due course.

In the meantime may we take this opportunity to thank you for your comments and feedback during the consultation process and for your on-going interest and support as we continue to develop these new arrangements."

Drs Donovan & Birch had already met with Stephen Childs; Dr Canning would be meeting with him shortly. Mr Childs had accepted an invitation to attend a forthcoming LMC Board meeting and it was hoped a strong working relationship could be established for the future.

NOTED.

10/11/8 SERVICES PROVIDED BY NEFHSA REGISTRATION & DESPATCH TEAM Communication from Helen Lumley, Chief Operating Officer, & Kath Angus, Head of Performance and Contracting, NEFHSA

"We know that you are all aware that, as a result of management cost reductions, the staffing resources available to NEFHSA have been significantly reduced.

We are writing to inform you that with effect from Monday 18 October the following changes will be implemented in the services provided by the Registration Department at NEFHSA.

- *A4 records will no longer be converted to Lloyd George format for those practices that do not at present accept A4 notes.*
- *Repairs to torn and damaged records will no longer be carried out. Instead these records will be sent in a separate envelope to ensure that any loose documents are enclosed with the relevant patient's record.*

The Agency appreciates that this change is a reduction in the standard and level of service that we have provided in the past. However we are aware that other Agencies and PCTs that send us records do not carry out these tasks and in order to ensure that other important work can be achieved with the reduced resources, eg links transactions, we have regretfully decided that we can no longer carry out this work.

We are also aware that discussions have taken place between Kath Angus, Head of Performance and Contracting and Carol Wilson, Performance Manager regarding potential changes to the courier services that were formerly carried out on our behalf by North East Ambulance Service for North and South of Tyne. It is likely that we will reduce to a weekly collection as at present a high proportion of bags come back to the Agency empty. This will ensure more effective use of scarce resources and separate systems will be implemented to ensure that clinically urgent and urgent records are transmitted within timescales. We had agreed an implementation date of early 2011, however it is likely that this may need to be implemented earlier. We may also need to make changes to current routes in Durham, Darlington and Teesside to increase the efficiency of these collections. Once routes have been finalised we will inform LMCs and practices of the implementation dates

We hope that you will bear with us during these changes which will ensure that we give the best possible service that we can with the reduced resources available to us."

RECEIVED.

10/11/9 USE OF MEDICINES IN CARE HOMES FOR OLDER PEOPLE
Communication from NHS Tees Medical Director

The document is a proposed Tees-wide GP guidance for use of medicines in care homes.

Whilst it was felt the document contained a lot of common sense and nothing controversial, queries were raised in relation to:

- "*Practices should have clear audit trails to cover prescription request and collection*". It was explained that prescriptions sometimes got 'lost' and it was necessary for practices to have a mechanism in place to log who collects the prescription and the date. A Member in a practice with 12,500 patients already had such a system in place which worked well. Another Member used such a system for nursing homes and chemist collections.
- Review of medication in nursing homes should not merely be the role of the GP/practice, but the elderly care team, pharmacist, etc.

The Tees Medical Director **AGREED** amend the document.

10/11/10 NORTH EAST OF ENGLAND ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING PROGRAMME : Commencement date December 2010
Communication from Prof Gerard Stansby, Clinical Director, Queen Elizabeth Hospital, Gateshead

"Ruptured abdominal aortic aneurysm deaths account for 2.1% of all deaths in men aged 65 and over. The mortality rate from rupture is high, with nearly a third dying in the community before reaching hospital. Of those who undergo AAA emergency surgery, the post operative mortality rate is around 50% (case fatality after rupture 82%) compared to a post-operative mortality rate in high quality vascular services of 3-8% following planned surgery.

The NHS Abdominal Aortic Aneurysm Screen Programme (NAAASP) commenced phased roll-out across England in April 2009. The aim of the Programme is to reduce deaths from abdominal aortic aneurysms through early detection. Gateshead Health NHS Foundation Trust was successful earlier this year in being awarded the tender for the provision of the North East of England Abdominal Aortic Aneurysm (AAA) Screening Programme. The Clinical Director of the Screening Programme is Professor Gerard Stansby based at the Freeman Hospital, Newcastle.

Screening staff are based at Gateshead Health NHS Foundation Trust and consist of a team of four screening technicians plus:

- ***Professor Gerard Stansby, Clinical Director***
  0191 213 7204 gerard.stansby@nuth.nhs.uk
- ***Dr Colin Nice, Consultant Radiologist***
  0191 445 3604 colin.nice@ghnt.nhs.uk
- ***Jeanette Bowes, Assistant Divisional Manager for Screening Services***
  0191 445 2549 jeanette.bowes@ghnt.nhs.uk
- ***Tracy Gilchrist, Screening Coordinator***
  0191 445 2549 tracy.gilchrist@ghnt.nhs.uk
- ***Najma Rashid, Lead Ultrasonographer***
  0191 445 2549 najma.rashid@ghnt.nhs.uk

It is hoped to commence screening in Teesside in December 2010 with full roll out to all of the screening area to be made by April 2011.

*The programme will screen **men** aged 65 years of age from a target population of 2,680,990 within the North East including PCT's in Northumberland, North of Tyne, Durham and Darlington, Hartlepool, Middlesbrough and North Tees, Redcar & Cleveland, Gateshead, Sunderland and South Tyneside as well as from selected GP's from Hambleton & Richmondshire. The programme is currently working with PCT's to identify suitable screening locations.*

An ultrasound scan of the abdomen is used to detect AAAs. The scan is carried out by a screener who is specially trained to work within the NHS AAA Screening Programme. The scan itself is quick, painless and non-invasive and results are given verbally and in writing to all men immediately after the scan. A letter giving the results is also sent to the man's GP.

There are three possible results from the scan:

- ***Normal result:*** *The aorta has a diameter of less than 3 cm. No aneurysm has been detected. The man will be informed of his result and will not require any further scans*

- ***Small aneurysm:*** *The aorta is slightly enlarged and has a diameter of between 3 and 5.4 cm. Men with a small aneurysm will be invited to have follow-up scans to monitor the size of the aneurysm. If the aorta is:*

  - *Between **3 and 4.4 cm** a follow-up scan will be offered in a year*
  - *Between **4.5 and 5.4 cm** a follow-up scan will be offered in three months*

- ***Large aneurysm:*** *The aorta has a diameter of over 5.5 cm. Men with a large aneurysm will be referred promptly to a consultant vascular surgeon to discuss treatment.*

Referral will usually be to the nearest appropriate locally agreed vascular unit however if the man or GP would like to request referral to an alternative unit this can be arranged via the screening coordinator.

It is estimated that approximately 18,445 men will be screened in the first year of screening, leading to approximately 108 referrals to the vascular surgeons of patients with aneurysms greater than 5.5 cms in size.

As well as ultrasound scanning for detection of aneurysms a range of health information will be provided to those who attend, including recommendations for risk factor reduction such as smoking cessation and blood pressure control. We welcome any enquires about the service and will be grateful for any help in getting the service up and running. We will be working closely with the NECVN and AAA QiP to keep you all informed of progress.

For further information regarding AAA Screening please contact:

Tracy Gilchrist, AAA Screening Coordinator on 0191 445 2549 / tracy.gilchrist@ghnt.nhs.uk, or visit http://aaa.screening.nhs.uk."

It was **NOTED** that:

- The services available at JCUH were the same as those provided in Newcastle
- The service was a one-off screening for men at 65
- Sites for the screening were being identified across the patch

10/11/11 'LET'S GET MOVING' CAMPAIGN (North Tees only)
(Physical activity care pathway for North Tees PCT patients)
Communication from Claire Spence, Health Improvement Specialist, Public Health

"There wouldn't be anything additional expected from the GP and their practices. The practices are already aware of the Health Trainer service and refer patients to the service. The Health Trainers are building on their current expertise in supporting patients to increase their activity levels by delivering the 'Let's Get Moving' pathway.

There is a need for the practices to be aware of the additional service the Health Trainers will be providing for their patients so that the patient is informed of what they can expect when seeing their Health Trainer. Kath Bullock currently supports the CVD Healthy Heart Check programme in Stockton and has agreed to discuss the extension of the Health Trainer

programme to include the 'Let's Get Moving' pathway with each individual GP practice team in more detail.

Additionally, some patients who are referred to the Active Health (exercise on prescription) could be referred to the Health Trainer Service for support on being more active, therefore once the referral criteria for both the Active Health and the 'Let's Get Moving' pathway has been agreed by those delivering the service, this will be communicated to the practices so that they all have clear referral criteria for both services and the patient is referred to the most appropriate."

RECEIVED. Details of the scheme had also appeared in Edition 46 of Contractors' Chronicles dated 28.10.10.

10/11/12 REPORTS FROM REPRESENTATIVES

No reports from representatives had been received.

10/11/13 MEETINGS ATTENDED BY LMC SENIOR OFFICERS

	Date	Meeting @ Attendees
10/11/13.1	15.9.10	BMA North East Regional Council, Boldon – Julie Birch
10/11/13.2	15.9.10	E-discharge meeting, Riverside House – Janice Foster
10/11/13.3	15.9.10	White Paper consultation, SHA Newcastle – Janice Foster
10/11/13.4	17.9.10	Urgent Care, Tower House – Janice Foster
10/11/13.5	17.9.10	GP Commissioning/Designing a system for the future, Durham – Danny Donovan / Julie Birch / Janice Foster
10/11/13.6	22.9.10	PBC meeting, Hartlepool – Janice Foster
10/11/13.7	22.9.10	Urgent Care in Primary Care, Lawson Street – John Canning / Janice Foster
10/11/13.8	23.9.10	GP Commissioning, Riverside House – John Canning / Janice Foster / Martin Phillips
10/11/13.9	29.9.10	C&B User Group Meeting, Riverside House – Janice Foster
10/11/13.10	29.9.10	LMC/Negotiator Roadshow, Boldon – Janice Foster
10/11/13.11	6.10.10	North East Regional LMC, Boldon – Danny Donovan
10/11/13.12	11.10.10	QIPP Programme Board, Teesdale House – John Canning
10/11/13.13	14.10.10	PBC meeting, Hartlepool – Janice Foster
10/11/13.14	15.10.10	Unplanned Care Board, Tower House – Janice Foster
10/11/13.15	20.10.10	PBC meeting, Stockton – Janice Foster
10/11/13.16	21.10.10	Commissioning meeting with Martin Phillips, LMC office – Janice Foster
10/11/13.17	21.10.10	PBC leads/LMC Meeting, Eaglescliffe Health Centre – Janice Foster
10/11/13.18	22.10.10	Fit for Work Pilot Strategy Group, Lion Court, Wynyard – Janice Foster
10/11/13.19	2.11.10	Complaints Handling by the NHS, Newcastle – John Canning / Janice Foster

RECEIVED.

10/11/14 ANY OTHER NOTIFIED BUSINESS

10/11/14.1 Out of Hours Contractor : Northern Doctors Urgent Care Ltd

The new OOH provider commenced in Hartlepool on 1 November 2010 and will commence for Stockton / Middlesbrough / Redcar & Cleveland on 1 February 2011. A new contract start time of 6.30 p.m. is scheduled to commence on 1 February 2011 and Northern Doctors should be contacting all practices individually to negotiate with them whether the service commences at 6.30 p.m., or at 6.00 p.m. for an agreed fee.

Historically in 2004 the LMC/PCTs came to an arrangement for a 6.00 p.m. start for OOH services with a special contract between the PCT and practices for the 6.00 – 6.30 p.m. period,

which is the current situation. Some PCTs charged for that service, some PCTs did not. That sub-contract will expire on 1 February 2011. The PCT had not notified practices that as from 1 February 2011 the commencement time for OOH services would be 6.30 p.m. not 6.00 p.m. It was felt that practices should be given a specific notice period by the PCT for that contract expiry, and none had so far been given.

NOTED.

10/11/14.2 Venue for next LMC Meeting & Revised commencement time

Shanee Baker the BMA Legal Adviser would be attending the next LMC meeting on 7 December to talk about incorporation; Stephen Childs would also be attending the meeting, though not expected to be able to arrive until 8.00 / 8.30 p.m. because of meeting commitments in Newcastle.

Because of the background noise throughout the meeting at Marton Country Club, it was **AGREED** that:

- The venue be moved to Norton Education Centre
- The meeting be brought forward to 7.00 – 9.00 p.m. at Norton Education Centre so that cost penalties for a late finish were not incurred

10/11/15 RECEIVE ITEMS

10/11/15.1 Medical List

Applications:

Effective Date	**Name**	**Partnership**	**Practice Area**
31.8.10	Dr K Boyle	Dr Gallagher & Boyle	H PCT
Resignation. Partner.			
1.11.10	Dr P Komati	Chadwick Practice	H PCT
Salaried GP.			
1.11.10	Dr L C Neoh	Thornaby & Barwick Medical Group	NT PCT
Returning to practice following one month's retirement. Partner.			
2.10.10	Dr R Chatterjee	Hirsel Medical Centre	M PCT
Returning to practice following 24 hour retirement. Partner.			
1.10.10	Dr M L Milner	Resolution Health Centre	M PCT
Salaried GP.			
June 2008	Dr E C Severn	Marske Medical Centre	R&C PCT
Salaried GP.			
4.5.10	Dr K Mahmood	Marske Medical Centre	R&C PCT
Salaried GP.			
1.10.10	Dr T Goh	South Grange Medical Centre	R&C PCT
Change in status from Salaried GP to Partner.			
1.11.10	Dr H El-Sherif	Manor House Surgery	R&C PCT
Salaried GP.			

Resignations:

Effective Date	Name	Partnership	Practice Area
31.10.10	Dr M W Mascarenhas	Gladstone House Surgery	H PCT
Salaried GP.			
30.9.10	Dr A J Mehta	McKenzie House	H PCT
Resignation. Salaried GP.			
30.9.10	Dr L C Neoh	Thornaby & Barwick Medical Group	NT PCT
One month retirement. Returning to practice 1.11.10. Partner.			
30.9.10	Dr R Chatterjee	Hirsel Medical Centre	M PCT
24 hour retirement. Returning to practice 2.10.10. Partner.			
30.9.10	Dr M Fernandez del Vale	Zetland Medical Practice	R&C PCT
Resignation. Salaried GP.			
15.10.10	Dr J Hutton	South Grange Medical Centre	R&C PCT
Resignation. Salaried GP.			

RECEIVED.

10/11/15.2 Pooled Lists
Communication from Contractor Services Officer, NE FHSA

10/11/15.2.1 "Please note that with effect from 30 September 2010, Borough Road & Nunthorpe Medical Group will have a Pooled List."

10/11/15.2.2 "Please note that with effect from 30 November 2010 The Dovecot Surgery will have a Pooled List."

RECEIVED.

10/11/15.3 ACCESS TO MENTAL HEALTH SERVICES FOR THE BLACK, MINORITY & ETHNIC COMMUNITIES ON TEESSIDE
Extracts from communication from Paul Frank, Assistant Director of Communication & Engagement *(Full version can be obtained from LMC office*)

"I am writing to inform you of the decision NHS Tees has made not to re-commission Community Development Workers (CDWs) and of our actions and future plans to ensure access to mental health services and promote mental health and wellbeing amongst the Black, Minority & Ethnic (BME) communities on Teesside.

We understand that members of the BME communities will have concerns about the loss of CDWs and would like to reassure you that we have robust plans in place to ensure that all elements of the CDWs role are delivered in other ways. The CDWs will continue in their current role until March 2011.

Since the establishment of CDWs in 2005 there have been important changes to equality and diversity legislation. This includes the Equality Act 2010 which simplifies existing equality and anti-discrimination legislation. The Act came into force on 1.10.2010 and will be implemented in stages. Through the Equality Act, there is a new integrated Public Sector Equality Duty, which will come into force from April 2011. This requires all public bodies, including PCTs and NHS Foundations Trusts to tackle discrimination and promote equality on all the key diversity strands, including race.

NHS Tees is working with Tees, Esk & Wear Valleys NHS Foundation Trust to ensure that their requirements of this new duty are fulfilled. This will include ensuring diversity monitoring of service users, and that actions are taken to address barriers to accessing services and to promote uptake by under-represented groups.

Local mental health services have also taken a positive step forward with the establishment of 'Tees: Time to Talk' from October 2009. This service enables people with mild to moderate anxiety and depression to access CBT, amongst other therapies, and the option of self referral removes some of the traditional boundaries people experience when trying to access services. The service can be contacted directly on 01642 221910.

CDWs have engaged with the BME community and recorded views about barriers to accessing services and interventions. As part of their exit strategy, the outgoing provider of CDWs (Middlesbrough & Stockton MIND), will supply this report to NHS Tees to ensure that opinions are taken on board and, where possible, acted upon. Our response to these comments will follow."

RECEIVED.

10/11/15.4 Report the receipt of:

GPC News 2 – Friday, 17 September 2010 – available on www.bma.org.uk
GPC News 3 – Friday, 22 October 2010. Available on www.bma.org.uk
Sunderland LMC minutes of meeting held on 15 June 2010

RECEIVED.

10/11/15.5 Date and time of next meeting

Tuesday, 7 December 2010 : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR.

There being no further business to discuss, the meeting closed at 8.49 p.m.

Date: *Chairman:*