



# 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  
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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 20 September 2011 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

**Present:**

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

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

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Dr Bonavia was chairing the meeting in the absence of Dr Donovan who was on annual leave.

The Chairman welcomed Dr Rachel McMahon to the meeting following her election to the Committee for the Middlesbrough area.

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## 11/09/1 APOLOGIES

Apologies had been received from Dr S Byrne, Dr D Donovan, Dr A Gash, Dr R J Gossow, Dr C Harikumar, Dr M Hulyer, Dr R Mudalagiri, Dr P Singh, Dr S Singh and Mr G Wynn.

## 11/09/2 MINUTES OF THE MEETINGS HELD ON 5 July 2011 (previously circulated)

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

## 11/09/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

### 11/09/3.1 LMC Meeting Dates

The meeting currently scheduled for Tuesday, 18 October will now be held on Tuesday, 1 November to make a better balance of time to the final meeting of 2011 which will be Tuesday, 6 December 2011.

**NOTED.**

### **11/09/3.2 List of Meeting Dates for 2012**

A full list of meetings in 2012 cannot be arranged until the arrangements for submission of motions to the 2012 LMC Conference is in place. 2012 is an election year for all CLMC representatives, so the first meeting has been arranged for 17 January 2012 in order to determine the representation of constituencies.

**NOTED.**

### **11/09/4 LIMITED COMPANY STATUS: ARTICLES OF ASSOCIATION Ref Minute 11/1/2 : 11/3/3 : 11/4/4.1 :11/5/3.1**

There will be 6 Directors: Chairman – Dr Danny Donovan / Vice Chairman – Dr Iain Bonavia / Secretary – Dr John Canning / Medical Director – Dr Julie-Anne Birch / 2 others.

Consideration was given to the selection of the remaining two GP members and Dr G Chawla and Dr R McMahon put their names forward and their appointment was **AGREED**.

### **11/09/5 111 SERVICE SPECIFICATION**

The service specification is currently out to tender. LMC was not consulted on the specification requirements despite Anne Greenley being asked by Stephen Childs to let the LMC have sight of the document for comment.

The 111 service will be procured by NHS Tees prior to CCGs taking over. When NHS Direct ceases, 111 will commence; there was no new money for this service. The GPC felt that pilot schemes had not been evaluated very well and no consideration had been given to the impact on general practice. The evaluation had indicated a reduction in people attending A&E / hospital admissions but not where they had been directed for treatment (back to GP for same day appointment?). Non-clinically qualified personnel were triaging calls and prioritising them.

It was **AGREED** that Anne Greenley be invited to attend the November LMC meeting to discuss 111.

### **11/09/6 RESIGNATION RECEIVED**

Dr Nikhil Jaiswal, GP representative for Hartlepool is relocating and leaves his current post on 11.9.11 and has, therefore, submitted his resignation. The vacancy will be advertised in the Hartlepool area.

**NOTED.**

### **11/09/7 TEES CALDICOTT GUARDIAN**

Dr John Nicholas will be retiring from general practice in December 2011 and will be relinquishing his role as Tees Caldicott Guardian. It was **AGREED** that a letter of thanks be sent to Dr Nicholas for his efforts over the years.

It was not known who the new appointee would be / if they had any knowledge of general practice / how they were appointed / if the post would be Tees-based. It was **AGREED** that enquiries would be made to ascertain these facts.

Dr Sangowawa explained that because of the situation last year with the huge demand for vaccine and problems obtaining extra supplies, this year DoH had set targets for the "at risk" groups (patients over 65 and pregnant women) and was seeking confirmation from NHS Tees that practices had obtained sufficient vaccine supplies to cover the target and demand. NHS Tees was not able to give DoH this assurance, which was causing concern.

It was pointed out that practices were reluctant to order large supplies of vaccine in case they were left with surpluses at the end of the season, the cost of which comes out of practice income. What was the possibility of an indemnification from the PCT whereby practices purchase vaccine to cover 65% of the target and any surplus stocks were at no cost to the practice?

A further complication was vaccinating housebound patients who were not already being seen by District Nurses, who were refusing to visit and vaccinate housebound patients not already seen by them. Practice Nurses were not insured to drive to patients homes to vaccinate them. Dr Sangowawa said consideration was being given to forming a group of immunisers or community nursing groups to carry out this work. It was not known how they would be funded.

Members wanted to know why practices had received supplies of flu promotional flags, T-shirts and stickers, and concern was raised at the needless amount of money this must have cost the NHS. It was felt more appropriate for this money to have been spent on vaccinating housebound patients or on something more innovative to get people to attend the surgery.

At the moment assurances were being given that there were sufficient stocks of flu vaccine but what happens if it is sold off to large organisations to vaccinate their staff / sold to pharmacies to sell to customers / sold overseas?

It was suggested NHS Tees inform DoH that NHS Tees can give an assurance that practices have ordered what they believe is necessary and that practices are assured that they are able to increase supply because that has been promised to them by government, so that practices can go to the suppliers when extra supplies are needed. Practices have been given an assurance there is sufficient vaccine in the system when they need it, and that is why they do not want to put themselves at risk of over-ordering at this time.

The LMC Secretary had discussed with Martin Phillips the question of immunising staff. The PCT has an obligation to supply GPs and their staff with a complete occupational health service so they should be able to get vaccination from the Occupational Health Department. Dr Sangowawa **AGREED** to take this up with Martin Phillips and various options include those shown below.

#### **Immunising Staff:**

- **Immunising your own staff against flu:** GPs should not put staff under pressure to be vaccinated but if staff ask – with mutual consent – GPs may do so; there are no GMC rules to say you cannot. You cannot reclaim cost of vaccine from the NHS using the PA system of reclaiming from PPD. The LMC Secretary had suggested to Martin Phillips that GPs receive an immunisation fee as if they had immunised an 'at risk' person and cost of PPD vaccine.
- **Staff going to their own GP to seek flu immunisation:** GPs do not undertake occupational health vaccinations for their own patients but there are practical arrangements why this service may be undertaken for other GP staff.
- **Purchase service from pharmacies:** GPs can purchase the service from (amongst others) Tesco or Boots for their staff. Martin Phillips thinking about this.
- **Doctors being immunised:** It is between you, your practice and your partners.

**11/09/9 COMMUNITY PHARMACY CONTRACTUAL FRAMEWORK – SERVICE DEVELOPMENTS**

**Joint communication from GPC Chairman / NHS Employers Lead Negotiator / Pharmaceutical Services Negotiating Committee Chief Executive**

*"We have published information for GP practices about the introduction of the New Medicine Service (NMS) and nationally targeted Medicines Use Reviews (MURs) in community pharmacy in England. These services will be implemented from 1 October 2011. To support the implementation of the changes NHS Employers is working with SHAs to hold regional planning events in September. Further information about the events is detailed below.*

*The NMS and targeted MURs are designed to lead to improved health outcomes for patients, support better utilisation of community pharmacy expertise and resource, and provide value for money for the NHS, contributing to the Quality, Innovation, Productivity and Prevention (QIPP) programme. The changes should ensure that patients are able to use their medicines more effectively and they should be less likely to present to their GP with medicines-related problems.*

*As part of delivering the NMS, pharmacy contractors or their representatives must contact local GP practices about the service. LMCs and LPCs have a key role to play to make sure this process runs as smoothly as possible as it will be important for community pharmacies to discuss the NMS and targeted MURs with local GP practices in order to ensure that patients can get the most benefit from the new services.*

*We would encourage LPCs and LMCs to facilitate these discussions locally so that practices are not inundated with requests for meetings with local pharmacies.*

***SHA regional planning events***

*The purpose of the events is to:*

- ensure that PCTs, Secondary Care Trusts, community pharmacists and GPs all understand the new community pharmacy services*
- ensure that PCTs, GPs, community pharmacists and Secondary Care Trusts work together and plan how services will be implemented locally*
- ensure that all risks and issues related to successful implementation are identified*
- ensure that all stakeholders understand their roles and responsibilities in making these services (and in particular the New Medicine Service) a success*
- plan for local events to happen at PCT level to ensure local engagement.*

*SHA Pharmaceutical Advisers are working with PCTs to ensure that there is good engagement from both GP and pharmacy representatives.*

*The provisional date for the North East event is Tuesday, 27 September 2011.*

*For further information please contact your SHA Pharmaceutical Adviser."*

LMC senior officers were meeting with the LPC and other Representative Committees next week. Janice Foster had already had a meeting with Greg Burke, LPC Development Officer, to discuss the Framework implications and a joint LMC/LPC letter to practices had been proposed. John Canning / Bill Beeby had also met with the Pharmaceutical Services Negotiating Committee and NHS Employers on behalf of GPC.

Dr Beeby briefly outlined the background to the Framework and requested that if any patient contacts the surgery having been told by a pharmacist to 'make an appointment to see your GP' please contact him on [bill.beeby@nhs.net](mailto:bill.beeby@nhs.net) with details.

**11/09/10 BRIBERY ACT 2010 – came into force on 1 July 2011**

The Bribery Act / The Fraud Act / Proceeds of Crime Act are very significant pieces of legislation for businesses. Bribery does not have to result in financial gain for anyone and fraud does not have to result in anyone gaining/losing money. It is recommended that partners discuss this legislation with their financial and legal advisers and have a policy in place to manage situations ranging from receipt of gifts / money / luncheons / favours.

The LMC Secretary was attending a briefing session in October and hoped to be able to produce a draft policy thereafter.

**NOTED.**

**11/09/11 CONTRACTUAL ARRANGEMENTS**

The LMC Secretary and Development Manager had met NEPCSA representatives earlier that day at the LMC office. A number of subjects had been covered, in particular:

**GMS contracts:**

Across the patch, any practice where neither they nor the PCT has a copy of the contract, or where the practice has been found to be significantly out of date with Statutory Instrument variations, has been issued with a new GMS contract.

**PMS contracts:**

NEPCSA has tried to work out if practices have a PMS agreement. Some practices across the patch (not in Tees) haven't had a contract issued since 2000. In other areas some practices only have their initial contract with no updates. Those practices will be receiving copies of updated Statutory changes. There are 3 practices in Tees who do not have a contract and they are getting a new contract which has been sent to CLMC to assess.

**List size adjustments:**

Not list cleansing but list adjustments when patients move from one practice to another. Different ways of making the adjustments across the patch is causing some problems. Some practices gain money when list increases but do not lose money when list decreases. Variations are between 1-10% threshold up and down. Paper going to Operational Management Group looking at the options and variations being managed on the weighted GMS list. Any adjustments need to be with the agreement of the practice and for some this could be a substantial loss (so practices will not agree to adjustments). In Middlesbrough, baseline includes premises which makes it even more complicated.

**NOTED.**

**11/09/12 HEALTH & SOCIAL CARE BILL – Update on commissioning and other activity**

Amended Bill had passed through the Commons into House of Lords. Locally, CCG groups have been meeting regularly and will work as four separate CCGs becoming statutory authorities in April 2013 but to work as closely as possible as a Federation to share admin costs. Two federations or just one has not been decided. PCT scoping costs to help CCGs decide. North Yorkshire CCG and Hambleton CCG use James Cooke and may join Federation.

Concern about what form the Commissioning Support Unit will take. Tees CCGs do not want a CSU covering all of North East. Richard Barker / Cameron Ward had assured Dr Birch no decision had been made and they were looking at all the options though one CSU was most viable option. An event is being held on 18 October which CCG members can attend to scope CSU further. A CSU based in the south of the region covering Tees / Durham / Hambleton / Richmond / Whitby may be large enough to be economically viable.

All CCGs were working on commissioning intentions for next year to be presented to the PCT. GPs needed to be watchful as more and more duties were being transferred to primary care by admin staff without any resources for enhanced services being allocated to the work. A Virtual Ward in Stockton and south of the river can involve a lot of extra work which is not included in the core contract. Some people are very enthusiastic but others will not have the capacity to take on this work. When commissioning intentions are being discussed at CCG meetings, GPs are urged to consider how they are being resourced. GPs should not take on any extra work without appropriate funding. Taking on additional work entails having to work longer hours or employ extra staff from a continually reducing income.

**NOTED.**

**11/09/13      REPORTS FROM REPRESENTATIVES**

No reports had been received from representatives.

**NOTED.**

**11/09/14      MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 5.7.2011)**

22.7.11	Meeting with Martin Phillips re OOH provider @ Endeavour Practice – John Canning / Janice Foster
12.7.11	JET/GPCC meeting @ Wynyard Rooms – Janice Foster
12.7.11	Meeting of LMC Regulations Sub-Committee – John Canning / Danny Donovan / Julie Birch
13.7.11	Choose & Book @ Riverside House – Janice Foster
13.7.11	NE Regional LMC Meeting @ Washington – Danny Donovan / Julie Birch
14.7.11	GPCC Leads Meeting @ Teesdale House – Julie Birch / Janice Foster
15.7.11	Urgent Care Meeting @ Riverside House – Janice Foster
25.7.11	Personal Health Budgets @ Teesdale House – Janice Foster
27.7.11	Choose & Book @ Riverside House – Janice Foster
27.7.11	Sarah Shepherd & Kath Taylor @ LMC – Janice Foster
28.7.11	CQC event @ Woodlands Hospital – Janice Foster
3.8.11	CCG meeting @ Teesdale House – Janice Foster
9.8.11	CCG/Tees Exec Meeting @ Teesdale House – Janice Foster
9.8.11	SCR meeting @ Riverside House – Janice Foster
11.8.11	Virtual Ward Pilot meeting with Richard Harrety @ Teesdale House– Janice Foster
16.8.11	Violent Patient Spec meeting with Wendy Stephens & Helen Metcalfe @ LMC – Janice Foster
19.8.11	Urgent Care meeting @ Teesdale House – Janice Foster
6.9.11	Meeting with Greg Burke re LPC community pharmacy @ LMC – Janice Foster
7.9.11	CCG/PCT commissioning meeting @ Teesdale House – Janice Foster
8.9.11	Meeting to Progress Primary Care Escalation Plans @ Riverside House – Janice Foster / Martin Phillips
8.9.11	Tees Medicine Management Committee @ Riverside House – Julie Birch
13.9.11	PCT Exec/GPCC meeting @ Riverside House – Janice Foster
13.9.11	Summary Care Record meeting @ Riverside House – Janice Foster
20.9.11	Liaison Meeting with NEPCSA representatives : LMC – John Canning / Janice Foster / Christine Knifton / Denise Jones / Hannah Herron

**NOTED.**

**11/09/15      ANY OTHER NOTIFIED BUSINESS**

No other business was received.

**11/09/16 RECEIVE ITEMS****11/09/16.1 Medical List****Applications:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
11.8.11 <i>Salaried GP.</i>	Dr J McKenzie	Havelock Grange Practice	H PCT
3.8.11 <i>Salaried GP. APMS practice.</i>	Dr G Umashankar	The Fens Medical Centre	H PCT
14.11.11 <i>Salaried GP.</i>	Dr H H El-Sherif	McKenzie Group Practice	H PCT
1.8.11 <i>Change in status from Salaried GP to Partner.</i>	Dr P Hyde	Victoria Medical Practice	H PCT
1.9.11 <i>Partner.</i>	Dr H V Lumburu	The Roseberry Practice	S PCT
10.8.11 <i>Salaried GP.</i>	Dr K Lingutla	Park Lane Surgery	S PCT
1.8.11 <i>Salaried GP. APMS practice.</i>	Dr M T Johnson	Park End Medical Centre	M PCT
20.6.11 <i>Salaried GP. APMS practice.</i>	Dr H Al-Khayatt Omran	Park End Medical Centre	M PCT
19.9.11 <i>Salaried GP. APMS practice.</i>	Dr C Alhan	Park End Medical Centre	M PCT
1.8.11 <i>Salaried GP. APMS practice.</i>	Dr M Johnson	Hemlington Medical Centre	M PCT
20.6.11 <i>Salaried GP. APMS practice.</i>	Dr H Al-Khayatt Omran	Hemlington Medical Centre	M PCT
19.9.11 <i>Salaried GP. APMS practice.</i>	Dr C Alhan	Hemlington Medical Centre	M PCT
15.8.11 <i>Salaried GP.</i>	Dr P Balakrishnan	Hirsel Medical Centre	M PCT
22.8.11 <i>Partner.</i>	Dr K Mahmood	Prospect Surgery	M PCT
3.8.11 <i>Salaried GP.</i>	Dr K Senior	The Linthorpe Surgery	M PCT
1.6.11 <i>Salaried GP.</i>	Dr J Schmidt	Park Avenue Surgery	R&C PCT
5.9.11 <i>Salaried GP.</i>	Dr N Simpson	The Manor House Surgery	R&C PCT

6.7.11	Dr D Atkinson <i>Salaried GP. APMS practice.</i>	Langbaugh NHS Medical Centre	R&C PCT
1.8.11	Dr M T Johnson <i>Salaried GP. APMS practice.</i>	Skelton Medical Practice	R&C PCT
19.9.11	Dr C Alhan <i>Salaried GP. APMS practice.</i>	Skelton Medical Practice	R&C PCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
9.10.11 <i>Retired. Partner.</i>	Dr P J W Bolt	McKenzie Group Practice	H PCT
9.9.11 <i>Resigned. Salaried GP.</i>	Dr A Kant	McKenzie Group Practice	H PCT
11.9.11 <i>Resigned. Salaried GP.</i>	Dr N Jaiswal	McKenzie Group Practice	H PCT
30.9.11 <i>Resigned. Partner.</i>	Dr A P Downs	Bank House Surgery	H PCT
29.7.11 <i>Resigned. Partner.</i>	Dr M Pritchard	The Roseberry Practice	S PCT
31.8.11 <i>Resigned. Salaried GP.</i>	Dr H V Lumburu	Woodbridge Practice	S PCT
25.5.11 <i>Resigned. Salaried GP.</i>	Dr P Juhasz	Arrival Practice	S PCT
30.6.11 <i>Resigned. Salaried GP. APMS practice.</i>	Dr M Milner	Resolution Health Centre	M PCT
13.7.11 <i>Resigned. Salaried GP. APMS practice.</i>	Dr E B Akroyd-Parkin	Hemlington Medical Centre	M PCT
26.9.11 <i>Resigned. Salaried GP. APMS practice.</i>	Dr H Al-Khayatt Omran	Hemlington Medical Centre	M PCT
13.7.11 <i>Resigned. Salaried GP. APMS practice.</i>	Dr E B Akroyd-Parkin	Park End Clinic	M PCT
26.9.11 <i>Resigned. Salaried GP. APMS practice.</i>	Dr H Al-Khayatt Omran	Park End Clinic	M PCT
31.7.11 <i>Resigned. Salaried GP.</i>	Dr V Singh	The Linthorpe Practice	M PCT
2.10.11 <i>Resigned. Partner.</i>	Dr C J Ditchburn	Cambridge Medical Group	M PCT
26.9.11 <i>Resigned. Salaried GP. APMS practice.</i>	Dr H Al-Khayatt Omran	Skelton Practice	R&C PCT



29.7.11	Dr K Mahmood	Marske Medical Centre	R&C PCT
<i>Resigned. Salaried GP.</i>			
2.9.11	Dr H El-Sherif	Manor House Surgery	R&C PCT
<i>Resigned. Salaried GP.</i>			

**RECEIVED.**

**11/09/16.2 Practices moving to new premises  
Communication received from Marsh House Medical Centre / The Roseberry Practice / Dr S Rasool**

*"On Monday, 26 September 2011, Marsh House Medical Centre / The Roseberry Practice / Dr S Rasool will be opening in new premises. Their new address will be:*

*Abbey Health Centre  
Finchale Avenue  
Billingham  
Stockton on Tees TS23 2DG*

*All three practices will remain separate and their telephone numbers will remain unchanged.*

*Their practice teams will remain unchanged and will continue to offer current health and medical services as self contained practices but in an environment that is modern and appropriate for the health care needs of the patients."*

**RECEIVED.**

**11/09/16.3 Temporary relocation of Health Visiting Team**

**11/09/16.3.1 Communication from Elisabeth Taylor, Facilities Manager, R&C PCT  
(Letter dated 27.7.11)**

*"On behalf of NHS Redcar & Cleveland, I would like to inform you of a temporary change to the delivery of the Health Visiting Service within the Guisborough area.*

*Due to the demolition of the Kings Base, Chaloner Primary School, a decision has been made to temporarily relocate the Health Visiting team based at Guisborough Children's Centre, which is adjacent to the school. This is to ensure the health and safety of clients and staff.*

*The following temporary arrangements have been put in place and will commence with effect from 1 August 2011 for approximately a 5-week period whilst the demolition of the school takes place.*

*The Health Visiting team will be based at: Hillside Medical Practice, Windermere Drive, Skelton, Saltburn TS12 2TG : Tel: 01287 655000 / 655001 & Fax: 01287 651547*

*Due to this essential relocation, the normal service provision will be reduced for a short time. There will be one clinic per week and this will be held at the Day Hospital, Guisborough Primary Care Hospital, every Thursday afternoon from 2.15 – 4.15 p.m. Development sessions will continue as normal during this time, however, these will be carried out in the client's home and not within the Children's Centre.*

*I will contact you again to confirm when the normal service provision is resumed, but would like to reassure you that we do not anticipate disruption for an extended period.*

*If you have any queries, please do not hesitate to contact me at Teesdale House (01642 666700). Alternatively you may write to the Health Visiting Service at: Health Visiting &*

