



# Cleveland Local Medical Committee

Chairman: Dr D Donovan  
Vice Chairman: Dr J-A Birch  
Secretary: Dr J T Canning  
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 7.30 p.m. on Tuesday, 14 September 2010 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

**Present:**

Dr D Donovan (Chairman)	Dr W J Beeby	Dr M Betterton
Dr J-A Birch	Dr A Bonavia	Dr I Bonavia
Dr J T Canning	Dr G Daynes	Dr K Ellenger
Dr T Gjertsen	Dr J Gossow	Dr J Hameed
Dr M Hulyer	Dr K Jaiswal	Dr I A Lone
Dr R McMahon	Dr H Murray	Dr D Obih
Dr M Pritchard	Dr N Rowell	Dr O Sangowawa
Dr M Speight	Dr D White	Dr S White
Mr G Wynn		

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

## 10/09/1 APOLOGIES

Apologies had been **RECEIVED** from Dr S Burrows, Dr S Byrne, Mr S Doyle, Dr A Gash, Dr M Hazarika, Dr T Nadah, Dr R Roberts, Dr S Singh and Dr C Wilson.

## 10/09/2 MINUTES OF THE MEETING HELD ON 13 July 2010

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

## 10/09/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

### 10/09/3.1 LMC Incorporation (Limited Company status) Ref Minute: 10/07/6

Shanee Baker, BMA Legal Adviser, will attend our LMC meeting on 7 December to discuss LMC limited company status.

**NOTED.**

**10/09/3.2 Superannuation – Update**  
**Update from Alan Fisher, NEFHSA**  
**Ref Minute: 10/07/8.2**

“I have spoken with my Finance Manager and with my Pensions Team and would report that all certificates provided for the last financial year of 2008/2009 have been processed and Pensions Agency records updated. We are aware of a few cases where certificates have not been presented yet but I believe that they are more relevant in the North than the South and we are in communication with those individuals.

If there are still concerns with your members on this I would appreciate further details or direct contact from any individual to resolve the issues.”

**NOTED.**

**10/09/4 PCT STRUCTURE / PERCEIVED LMC STRUCTURE**

**10/09/4.1 PCT Structure**

A draft interim NHS Tees management structure showed that there would be seven directorates: Director of Finance / Director of Public Health / Director of Corporate Affairs / 4 Locality Directors. The LMC had not been consulted as they are not employees, however, it was hoped a commitment could be obtained that the structure would be able to work with the new GP consortia as they develop.

ONCE North East (integrated primary care and FHSA) has also issued a proposed structure with future hosting arrangements for services hosted by one (presumed to be south of Tyne) PCT but providing services to all PCTs, possibly located at Darlington or Gosforth which is where NE FHSA currently have offices. It is hoped that there will be appropriate consultations on any changes.

Concern was expressed at:

- top heavy directorates and the possibility of huge TUPE costs when PCT staff are transferred to the new GP commissioning groups, irrespective of the fact that they may not be needed;
- IM&T structure - reduced to one member of staff locally, what happened if/when they left;
- GP appraisals – person who designed the programme may soon be leaving. North and south appraisals were only just amalgamating, what happens when work is moved to Newcastle?
- Medical Director – one for the whole of the North East, without local knowledge;
- Complaints – will be dealt with out of the area.

**10/09/4.2 Perceived LMC Structure**

The LMC role was changing, becoming more involved in commissioning and negotiating changes for the profession. As part of succession planning, it was proposed that the Secretary reduce his commitment from 4 to 2 sessions a week; the Vice Chairman increase her commitment to 2 sessions a week, and a GP from north of Tees (to balance the geography of the Executive) be sought to join the Executive Committee.

The succession planning was **AGREED** and a proposal would be emailed to members within the next 10 days in order to ratify this formally at the next LMC meeting.

The Committee were reminded that the levy, which has remained static for four years, requires review to stabilise the Committee's financial stability.

## **10/09/5 WHITE PAPER – LIBERATING THE NHS**

### **10/09/5.1 GPC Statement: The principles of GP commissioning – Liberating the NHS**

The aspirational document concentrated on the role of patients and doctors, and the principles of good medical practice. Statutory duties were also included in GP commissioning (examples: statutory enquiries into the mentally ill who offend, emergency planning, etc).

Discussion ensued, and funding was of great concern with figures of £16.7m being currently received by NHS Tees, with just £6m due to be received by consortia (of which £2m was for Public Health). The Health Protection Agency was going to be absorbed into Local Authorities; what happened if there was a swine flu outbreak this winter? At this point in time, it was anticipated there would be no NHS Tees deficit transferring to the consortia.

### **10/09/5.2 GP Commissioning Event : Implications of the White Paper Thursday, 9 September 2010 : 1.00 – 6.00 p.m.**

The event was well attended. Those practices who did not attend will be contacted by the LMC Development Manager to arrange a 1:1 meeting. During the workshops, there seemed to be more positivity from PCT personnel than from general practice. The LMC Chairman had summed up the main points gleaned from the feedback sheets of all the workshop groups, and it was hoped that once the feedback sheets had been typed, views could be assimilated. It was vitally important that the LMC questionnaire be completed and returned to the LMC office so that we were aware of grassroots views.

Proportion of income will be based on ability to 'balance the books' which may have an impact on patient referrals. It was felt it was not ethical to have income dependent on outcomes. Practices would be expected to police other practices in the consortia, and poor performing practices were not always easily identifiable.

The size of the consortia was still unknown. What boundaries would look like was still unknown (local authority boundaries / traditional boundaries / health economy area). Without proper backfill funding it will not be easy for GPs to be involved in consortia.

It was **AGREED** a joint approach between LMC/PBC should be made to other LMC Secretaries at the fringes of our area to ascertain their views on boundaries.

**10/09/5.3 NHS Alliance/RCGP White Paper Event, Wetherby : Tuesday, 14.9.10 : John Canning / Janice Foster**

When questioned about costs involved with TUPE-ing PCT staff over to consortia, no answer was forthcoming.

**NOTED.**

**10/09/5.4 Next Steps**

Neil Nicholson had already had various meetings with PBC leads and various practice groups to discuss consortia. It was suggested there should be a meeting which the LMC facilitates with PBC leads and this was **AGREED**.

It was **AGREED** a joint approach between LMC/PBC should be made to other LMC Secretaries at the fringes of our area to ascertain their views on boundaries.

**10/09/6 LMC/NEGOTIATORS REGIONAL MEETING  
Wednesday, 29 September 2010 : 7.00 – 9.00 p.m.  
Quality Hotel, Witney Way, Boldon Business Park, Boldon NE35 9PE**

Dr Chaand Nagpaul will be the GPC Negotiator attending the meeting on 29 September in Boldon. This event is open to all GPs, but it is important that anyone proposing to attend should contact Maxine Allan on 0191 414 89562 / email [gstlmc@tiscali.co.uk](mailto:gstlmc@tiscali.co.uk) so that she is aware of who will be attending.

**NOTED.**

**10/09/7 OOH CONTRACT**

The provider of the new 5-year OOH contract has not been officially announced and is still subject to legal challenge. Provision of service between 6.00 – 6.30 p.m. is still being discussed. Currently this is sub-contracted by all practices in Tees to the PCT who have a block contract with Primecare. The new contractor will have an individual contract with each practice, rather than a block contract. If practices do not wish to take out an individual contract then there is the option to do the work themselves. Costs for the 6.00 – 6.30 p.m. service with the preferred provider over the five years will be broken down across all GP practices by list size and then contracts held with each practice :

Year 1	£15,986
Year 2	£16,486
Year 3	£16,986
Year 4	£17,486
Year 5	£17,986

APMS practices are currently contracted to work to 6.30 p.m.

**ACCEPTED**, after discussion, as the only reasonable solution.

**10/09/8 C&B LES - Update**

The LES was approved at the PCT Joint Executive Team meeting and will be offered to practices in the near future.

**NOTED.**

**10/09/9 CONTACT WITH LOCAL MPs**

The Secretary had written to all the MPs elected at the May General Election. Of the six MPs, only two sat in the last Parliament. The BMA has, for a number of years, invited MPs to visit local surgeries.

The following is a summary of activity; those involved, if present at the meeting, will be able to provide further details.

- **Iain Wright MP (Labour – Hartlepool)** – ~~Meeting in London with Dr Canning on 15.9.10~~ Meeting being re-arranged.
- **Alex Cunningham MP (Labour – Stockton North)** – Meeting in London with Dr Canning on 22.7.10
- **Alex Cunningham MP (Labour – Stockton North)** – Meeting at Marsh House Surgery on 24.9.10
- **James Wharton MP (Conservative – Stockton South)** – Meeting in London with Dr Canning on 22.7.10
- **Sir Stuart Bell MP (Labour – Middlesbrough)** - No request for meeting or visit to practice received
- **Tom Blenkinsop MP (Labour – Middlesbrough South & East Cleveland)** – Meeting at constituency office in Guisborough with Dr R McMahon on 4.8.10
- **Tom Blenkinsop MP (Labour – Middlesbrough South & East Cleveland)** – Meeting at Parkway Medical Centre on 17.9.10
- **Ian Swales MP (Lib Dem - Redcar)** – Practice visit(s) currently being arranged; details not known yet

It was felt that none of the MPs were enthusiastic in supporting general practice.

**NOTED.**

**10/09/10 CIAMS (Commissioners Investment & Asset Management Strategy)  
Malcolm Brydon, PCT Estates Manager (South)/Janice Foster, LMC  
Development Manager**

**Details:**

As part of CIAMS (Commissioners Investment and Asset Management Strategy) the PCT needs to carry out an audit of all estates from which it commissions services – this includes PCT owned estate and third party owned estates.

This audit has been requested by DoH (earlier in the year) and is taking place nation wide. There has been mixed response across the country in terms of the approach the PCTs have taken and how onerous it is on practices.

Tees PCTs are proposing a fair and considered approach to the audit. In South Tees they have already completed 60 – 65% of the audits. We are currently awaiting an update on completion percentage from North Tees.

Tees PCTs appreciate that some reluctance of the remaining practices may be due to concerns around how intrusive the audit will be to the working day, what information is being taken by the PCTs and how much work is involved by the practice. They would like to reassure practices that they are keeping practice input to a minimum and will carry out the majority of the work themselves – through a contracted company. They will also advise of any information noted.

Tees PCTs propose writing to all practices who have not yet undertaken an audit to explain what is required to complete the audit:

- Visit by the PCT/contracted company to look round, collate a potted audit, take 4 – 5 pictures
- Up to 30 minutes of the practice manager's time to answer a few questions during the audit
- Practices to provide a few additional items e.g. latest electric bill

In recognition of practice time pressures, the PCTs will suggest a window of one week from which practices can select the most convenient time for the audit to take place to minimise disruption to the working day.

**Benefits:**

The audit could, potentially, highlight areas of the estate that require improvement and could add weight to any practice request for support in premise improvements. The audit will also help inform and ensure that any future investment, taking into account tightened budgets, are directed in the most appropriate place.

The audit findings will be available to GP consortia and will allow them to understand the estate that they are 'inheriting' so they can identify what they have to work with to inform any decision making process regarding structures and delivery of services.

**Recommendation/proposal:**

Tees PCTs are looking for LMC support in writing to practices to request they allow the PCTs to complete a CIAMS audit within their practice. Joint signatory on a jointly approved letter is the ideal.

Taking into account the considerations that Tees PCT have made in understanding practice reluctance and concerns, the proposed approach outlined above and the potential benefit of the audit to GP consortia/commissioning in the future, *a joint PCT LMC letter in September appears reasonable.*

It was commented that the PCT wanted details of units of usage for gas and electricity, but did not need to see the actual bill. Presumably they worked out an efficiency rating on the building. The practice will be provided with a copy of the report produced.

It was **AGREED** that a joint PCT/LMC letter to all practices would be useful.

**10/09/11 SINGLE POINT OF ACCESS/111 – GP rep sought**

Single Point of Access/111 telephone number is an initiative that the coalition government is keen to implement and this looks set to be developed in Tees early 2011. The PCT are consulting the LMC on this work and the LMC sit on an Urgent Care Group where Single Point of Access (SPA) is discussed.

A GP Board member was sought to sit on the 111/Single Point of Access group the PCT are setting up. The LMC Development Manager will be on the group but **a GP representative** from the LMC is also required. The PCT were asked about payment for GP time and once a response is received to that and a few more details the information will be forwarded to the nominee.

It was **AGREED** that Dr Vaishali Nanda be approached to represent the LMC.

**10/09/12 IMMUNISATION STRATEGY TASK GROUP – GP rep sought  
Communication from Wendy Francis, Tees Public Health Directorate**

“Following the NST visit for immunisations and the last Children Strategic Delivery Group it was agreed that we need to convene a task and finish group to develop the immunisation strategy to address some of the recommendations. The LMC Development Manager will be on the group but **a GP representative** is requested from the LMC to attend the Immunisation Strategy Task Group (NST). We are looking at the **first Thursday of every month at 2.00 pm - 3.30 pm.**”

It was **NOTED** that Dr Seema Singh had expressed an interest in sitting on the Group, and the PCT would be so informed.

**10/09/13 END OF LIFE CARE : Health Scrutiny Panel for Middlesbrough Council  
Middlesbrough GP rep sought**

The Health Scrutiny Panel for Middlesbrough Council are currently investigating the topic of End of Life Care and how Middlesbrough approaches it, and are keen to get a perspective from general practice. They are meeting on Wednesday, 6 October at 4.00 p.m. in Middlesbrough Town Hall and **a Middlesbrough nominee is sought to attend on behalf of the LMC.**

Dr Danny Donovan **AGREED** to attend the meeting on the LMC’s behalf.

**10/09/14 IT INFORMATION GOVERNANCE (IG)**  
**Communication from Dr J Nicholas, Caldicott Guardian, NHS Tees**

“Information governance (IG) ensures necessary safeguards for, and appropriate use of, patient and personal information. Maintaining a high standard in IG is a priority for all general practices. You will also be aware that an IG toolkit has been made available for practices so that they can document the measures in place in the practice to support good IG.

Completion and submission of the IG toolkit is not a mandatory or contractual requirement for practices. However the process of completing the toolkit can help to highlight areas where improvements could be made. In addition it does provide strong evidence of compliance with IG recommendations.

In future practices will face the prospect of reaccreditation. A satisfactory level of IG will be a requirement. It is quite likely that completion and submission of the IG toolkit will provide the evidence that a practice maintains a satisfactory level of IG.

It is therefore strongly recommended that all practices complete and submit the IG toolkit on an annual basis. This recommendation has the support of Cleveland LMC. If you require further information or guidance please contact: Liane Cotterill, Information Governance Manager, NHS Tees, Riverside House, 18 High Force Road, Middlesbrough TS2 1RH : Tel: 01642 352397 : Mobile: 07900 900126.”

**RECEIVED.**

**10/09/15 VTS REPRESENTATION ON LMC BOARD**

Girish Chawla, VTS rep on the LMC Board, had completed the VTS scheme and now held a contractor post, so would not be attending any further LMC Board meetings. Debs White is still on the VTS scheme until December but is co-opted to the LMC Board because she is the BMA Junior Doctors’ Committee representative on GPC.

Debs informed members that her 3-year tenure on the BMA Junior Doctors’ Committee will end in December, when her VTS term concludes.

It was **AGREED** that the Tees Valley VTS scheme be approached to provide another VTS representative for the LMC Board.

**10/09/16 ARRANGEMENTS FOR FUTURE LMC MEETINGS**

From the end of September 2010, Poole House will no longer be available for meetings. The LMC has enjoyed being able to hold meetings free of charge (excluding refreshments) at the venue for the last 14 years. We now must find a location large enough to hold 30 people (full Board complement is 39). This will inevitably result in charges for room hire (and refreshments). Average room hire seems to be £120 + refreshments.

After discussion, it was **AGREED** that sponsorship would not be sought and that the LMC would pay for the meeting costs.



## **10/09/17      REPORTS FROM REPRESENTATIVES**

None had been received.

## **10/09/18      MEETINGS ATTENDED BY LMC SENIOR OFFICERS**

- 10/09/18.1      BMA North East Regional Council, Quality Hotel, Boldon : Wednesday 14.7.10 : Danny Donovan**
- 10/09/18.2      Primary Care Management of the Urgent Care System, Lawson Street Medical Centre : Thursday, 15.7.10 : Janice Foster**
- 10/09/18.3      NHS White Paper, LMC office : Wednesday, 21.7.10 : Martin Phillips / John Canning**
- 10/09/18.4      C&B Users Group, Riverside House : Wednesday, 21.7.10 : Janice Foster**
- 10/09/18.5      PBC/North Tees Commissioning, Norton Education Centre : 21.7.10 : Janice Foster**
- 10/09/18.6      Fit for Work Pilot Strategy Group, Wynyard : Friday, 23.7.10 : Janice Foster**
- 10/09/18.7      Allocation of Violent Patients, LMC office : Tuesday, 27.7.10 : Karen Hawkins / Gloria Taylor / John Canning / Janice Foster**
- 10/09/18.8      NHS Alliance PBC NE Regional Event, The Durham Centre, Durham : Tuesday, 27.7.10 : Janice Foster**
- 10/09/18.9      CIAMS, LMC office : Thursday, 9.8.10 : Malcolm Brydon / Janice Foster**
- 10/09/18.10      Performers List Review, NE FHSA Gosforth : Thursday, 12.8.10 : Janice Foster**
- 10/09/18.11      LRCs AGM, Poole House : Tuesday, 7.9.10 – John Canning / Janice Foster**
- 10/09/18.12      Web filtering policy implementation & Exception request process, MPCT : Friday, 10.9.10 : Janice Foster**

**NOTED.**

## **10/09/19      ANY OTHER NOTIFIED BUSINESS**

- 10/09/19.1      Map of Medicine**  
Ref Minute 10/07/10

Various concerns had been raised when Map of Medicine had been discussed at the last LMC meeting and Dr Gossow (Joint PEC Chair) had taken the queries up with Anne Greenley, and obtained the following answers/information:

- **Complex logging in system requiring time/passwords:** MoM are working on a desk top icon which should only require password to be entered as a one off and then access should be one click and in
- **Problems accessing MOM with smart cards:** If this is when accessing Tees view then this is currently logged as an issue and has been escalated to CSC (IT provider)
- **Problems accessing for doctors working in a peripatetic nature:** Access can be through Athens which is probably best in this case

- MoM are working on a communications plan to ensure all these FAQs can be addressed and communicated out; need to have ongoing 2-way communication.
- Discussion has taken place regarding a training session/education/awareness type event where we can go through access issues live and look at some of the pathways which we have been working on.

Dr Gossow was thanked for following up members' concerns.

## 10/09/20 RECEIVE ITEMS

### 10/09/20.1 Medical List

#### Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
5.7.10 <i>Salaried GP.</i>	Dr G R P Dougal <i>APMS practice.</i>	The Fens Medical Centre	H PCT
5.7.10 <i>Salaried GP.</i>	Dr A A B El Malak <i>APMS practice.</i>	The Fens Medical Centre	H PCT
1.9.10 <i>Salaried GP.</i>	Dr P P John	McKenzie Group Practice	H PCT
1.9.10 <i>Salaried GP (also works at Norton Medical Centre)</i>	Dr C M Worth	Arrival Practice	NT PCT
4.8.10 <i>Salaried GP.</i>	Dr M T Hornstra	Tennant Street Medical Practice	NT PCT
2.8.10 <i>Salaried GP</i>	Dr I Haider <i>APMS practice.</i>	Stockton NHS Health Care Centre	NT PCT
1.9.10 <i>Salaried GP.</i>	Dr R Ramesh	Thornaby & Barwick Medical Group	NT PCT
1.9.10 <i>Salaried GP.</i>	Dr R J Dobson	Thornaby & Barwick Medical Group	NT PCT
1.9.10 <i>Partner.</i>	Dr S A Rahman	Queens Park Medical Centre	NT PCT
1.8.10 <i>Salaried GP.</i>	Dr J Sabate Villaret <i>APMS practice.</i>	Resolution Health Centre	M PCT
14.9.10 <i>Salaried GP</i>	Dr V Singh	The Linthorpe Surgery	M PCT

3.9.10	Dr H M F Connelly	Borough Road & Nunthorpe Medical Group	M PCT
<i>Partner. Returning to work following 24 hour retirement.</i>			
4.8.10	Dr N Jaiswal	South Grange Medical Centre	R&C PCT
<i>Salaried GP.</i>			
9.8.10	Dr G Chawla	The Green House Surgery	R&C PCT
<i>Partner.</i>			
1.9.10	Dr M O Myint	Zetland Medical Practice	R&C PCT
<i>Salaried GP.</i>			
21.9.10	Dr P R Allan	Zetland Medical Practice	R&C PCT
<i>Salaried GP.</i>			
1.9.10	Dr P P K Chatterjee	The Eston Surgery	R&C PCT
<i>Salaried GP</i>			
20.9.10	Dr S N Akowuah	Hillside Practice	R&C PCT
<i>Partner</i>			
13.9.10	Dr B Kozhikunnath-Madhaven	The Garth Surgery	R&C PCT
<i>Salaried GP</i>			

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
1.12.10	Dr K P O'Byrne	The Dovecot Surgery	NT PCT
<i>Retiring. Principal.</i>			
30.9.10	Dr S M Buckle	Thornaby & Barwick Medical Group	NT PCT
<i>Resignation. Principal.</i>			
31.8.10	Dr S A Revadi	Woodbridge Practice	NT PCT
<i>Salaried GP.</i>			
1.9.10	Dr H M F Connelly	Borough Road & Nunthorpe Medical Group	M PCT
<i>24 hour retirement. Partner. Returning 3.9.10.</i>			
23.7.10	Dr R Neville-Smith	Hillside Practice	R&C PCT
<i>Retirement. Principal.</i>			

30.7.10 <i>Resignation.</i>	Dr L Fairbairn <i>Salaried GP.</i>	The Garth Surgery	R&C PCT
21.10.10 <i>Resignation.</i>	Dr C O McKeown <i>Principal.</i>	The Manor House Surgery	R&C PCT
20.8.10 <i>Resignation.</i>	Dr D C Ingledew <i>Salaried GP.</i>	The Saltscar Surgery	R&C PCT
16.11.10 <i>Salaried GP.</i>	Dr A E Hill	Zetland Medical Practice	R&C PCT
29.2.10 <i>Salaried GP.</i>	Dr S Fall	Marske Medical Centre	R&C PCT

**RECEIVED.**

**10/09/20.2 Pooled Lists  
Communication from Contractor Services Officer, NE FHSA**

“Please note that with effect from 1 August 2010, Hillside Practice, Windermere Drive, Skelton will have a Pooled List.”

**RECEIVED.**

**10/09/20.3 Pharmaceutical Needs Assessment – Opportunity to contribute views on pharmaceutical services provision  
Communication from Sue Weatherhead, Prescribing Adviser, Governance Lead**

“Unfortunately the consultation date has been delayed, and I apologise for any inconvenience. I can now confirm that consultation will start on Friday, 24 September, for a period of 60 days.”

**RECEIVED.**

**10/09/20.4 New Hospital (Wynyard Development) Announcement**

On 17 June 2010, the government announced that the funding for the new hospital in Wynyard had been withdrawn. It is understood that work will continue on delivering the wider Momentum Programme with North Tees and Hartlepool NHS Foundation Trust to ensure NHS Tees provides the people of Hartlepool and Stockton with the best possible access to healthcare.

**RECEIVED.**

**10/09/20.5 Determination of Rurality – Wynyard, Stockton PCT**  
**Communication from Appeal Officer, FHS Appeal Unit, Harrogate**  
Ref Minutes: 10/07/3.1 : Exec Mins 14.1.10 Item 15 : 08/03/7 : 08/09/17.2 :  
08/12/18.4

“Following receipt of an application for inclusion in the pharmaceutical list at The Stables, Wynyard Village, the PCT considered and determined whether Wynyard was rural in character, in accordance with Regulation 31(2) of the NHS (Pharmaceutical Services) Regulations 2005 (as amended). The PCT’s decision letter of 11 June 2010 stated that the Wynyard area had been determined “rural” in nature and that the current designation as a Controlled Locality should therefore remain in place. Consideration was given to an appeal launched by the Local Pharmaceutical Committee. After due consideration, the Pharmacy Appeal Committee appointed by the FHS Appeal Unit determined to **dismiss** the appeal.”

**RECEIVED.**

**10/09/20.6 GP Appraisal**  
**Communication from Dr Hilton Dixon, Exec Director of Clinical Quality,**  
**NHS Co Durham & Darlington**

“I am writing in my capacity as Chair of the PCO Primary Care Medical Revalidation Reference Group in relation to GPs who fail to participate in appraisal.

Following consultation with revalidation leads and PCO Medical Directors it has been agreed that:

- where doctors fail to participate in appraisal and are not exempt for valid reasons, eg sickness or maternity leave, the matter will be referred to the PCO’s Professional Performance Advisory Group (PAG), and consideration given as to whether formal referral should be made to a panel to consider removal of their name from the Medical Performers List,
- whilst cases will be considered on an individual basis, failure to undertake two consecutive appraisals without valid reason will result in automatic referral to a PAG.

We are aware that this process has been followed in other PCTs and will only occur if the PCT is satisfied that repeated efforts have been made to engage the doctor and the doctor has either refused or failed to engage in this process.

The PCT would seek removal from the Medical Performers List as a last resort.

Participation in appraisal is part of the assurance PCTs must provide to the public that they may have confidence in their GPs and failure to engage in appraisal must be addressed in order to provide this assurance.”

**RECEIVED.**

**10/09/20.7 Report the receipt of:**

GPC News 1 – Friday, 16 July 2010 – available on [www.bma.org.uk](http://www.bma.org.uk)  
Primecare Local Clinical Governance Board Meeting held on 1 July 2010  
Hartlepool PCT Annual Report 2009/2010  
Stockton-on-Tees PCT Annual Report 2009/2010  
NEAS Annual Report 2009/10  
Royal Medical Benevolent Fund : Annual Review 2009-2010 ([www.rmbf.org](http://www.rmbf.org))  
Royal Medical Benevolent Fund Newsletter : Summer 2010 ([www.rmbf.org](http://www.rmbf.org))

**RECEIVED.**

**10/09/20.8 Date and time of next meeting**

Tuesday, **2 November**, at 7.30 p.m. : *Venue to be confirmed.*

**RECEIVED.**

There being no further business to discuss, the meeting closed at 8.42 p.m.

***Date:***

***Chairman:***