CLEVELAND LOCAL MEDICAL COMMITTEE

Dr J T Canning MB, ChB, MRCGP
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, 2 December 2008 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:	Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr A Boggis	Dr A Bonavia	Dr S Burrows
	Dr J T Canning	Dr G Chawla	Mr J Clarke
	Dr D Donovan	Dr K Ellenger	Dr T Gjertsen
	Dr M Hazarika	Dr I A Lone	Dr K Machender
	Dr R McMahon	Dr D Obih	Dr J O'Donoghue
	Dr A Ramaswamy	Dr N Rowell	Dr M Speight
	Dr J R Thornham	Dr S White	Dr C Wilson

In attendance: Mrs C A Knifton : LMC Manager

08/12/1 APOLOGIES

Apologies had been **RECEIVED** from Dr G Daynes, Dr C Harikumar, Dr P Heywood, Dr T Nadah, Dr T Sangowawa, Dr R J Wheeler and Dr D White.

08/12/2 MINUTES OF THE MEETING HELD ON 9 September 2008

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

08/12/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

No matters arising other than those covered elsewhere in the Minutes.

08/12/4 PMS REVIEW FOR TEES PRACTICES

Chris Sharpe, Assistant Director of Finance (Teeswide) based at Riverside House, would be sending a letter to PMS practices informing them about a forthcoming review of their contract, but the exact date of distribution was not known at this time.

Dr Thornham explained that reviews were taking place throughout the SHA area and was something PCTs should have undertaken annually as a matter of course, but

failed to do, to ensure they were getting value for money. PCTs will be commissioning and contracting much more carefully and effectively for all providers of care, including general practice. The challenge for general practice was to demonstrate high quality. Practices were not to assume they were being criticised as data shows PMS practices provided excellent services as do GMS practices.

It was pointed out that inequitable funding between PMS and GMS was a continuing source of irritation for practices, and funding differences had made it difficult for GMS practices to improve existing services.

NOTED.

08/12/5 APPOINTMENT OF LMC DEVELOPMENT MANAGER

After a stringent selection process led by the Shepherd Taylor Partnership, the LMC's external advisers, Janice Foster had been appointed to the revised role and would commence on Wednesday, 14 January 2009 (the day after the January LMC meeting). Enquiries would be made to see if she could attend the January meeting.

NOTED.

08/12/6 QOF

08/12/6.1 QOF Consultation

On 30 October, consultation commenced on the QOF and transfer of the assessment of new and current indicators to NICE. The deadline for comments to be received at DH was 2 February 2009. Members had been sent a copy of the consultation document.

- One of the suggested changes was that there should be local instead of national QOFs; in which case what would happen to local enhanced schemes for the delivery of local priorities?
- If local QOFs, what happened when a patient moved from one area to another with different QOF targets, meaning points cannot be transferred?
- What happened in large urban areas where a practice may be in contract with more than one PCT, would it become a postcode lottery?
- Would this put more financial pressure on to practices? If something was not included in the LES would it be put into QOF?
- It was felt NICE was not truly independent as it could be dictated to by the government or have pressure exerted on it by consultation/pressure groups. NICE do not request information from the BMA but got it from the RCGP.
- Danger of people no longer involved clinically making decisions for general practice
- Concern at possibility of losing evidence based QOF

Dr Beeby **THANKED** members for their comments which he would feed back into the system.

08/12/6.2 QOF practice visits for 2008/9

Communication received from Marilyn MacLean, Commercial Manager
"A random selection of 10% of practices per PCT will be selected for a visit. These will hopefully take place sometime in January 2009, as by then the PCT will have access to QMAS once all the clinical systems have been updated. The normal notice periods, etc, will be given to those practices selected.

At the year end, with the current focus on access, we would like evidence of PE2 and PE6 from all practices."

RECEIVED.

08/12/6.2.1 Extract from QOF section of SFE relating to the evidence for PE2 and PE6:

PE 2.2 Written evidence
Practices should provide evidence that the survey has been undertaken including the date and methodology (Grade A).

PE 6.2 Written evidence
Practices should submit a copy of their action plan, with evidence that some change has been achieved e.g. through patient report or by demonstrating a positive change in the patient survey (Grade A).

Note: Grade A evidence is "to be submitted in advance of a visit."

Dr Canning explained that PE2 evidence related to the practice's patient survey. PE6 evidence was to create an action plan and develop it. Saying you have done it and how is one thing, but giving the PCT raw results is something practices do not need to do. There is a national arrangement about what is shared.

NOTED.

08/12/6.3 QOF and square rooting

The Secretary explained that the method for calculating prevalence in the QOF was changing. From April 2009 the upper cut-off was being abolished, meaning that those with high prevalences would receive increased reward. From 1 April 2010 the lower 5% cut-off which protects those with low prevalence, would be removed, therefore, those practices with relatively small numbers of patients with particular conditions would find that the income stream from those domains was likely to fall.

The BMA Health Policy & Income Research Unit, together with an LMC Secretary from the south east, had produced a spreadsheet on which practices can estimate their losses and gains. A copy of the spreadsheet had been sent to all local Practice Managers to assist them in their financial and business planning and asking for their co-operation in letting the LMC have details of the effect on their practice. Given the high prevalence locally of many of the conditions in the QOF, it was expected that a number of practices would be gainers in this move but it is impossible, without this

data, to estimate whether or not there would be any significant losers. From information received so far, it was about a 50/50 split. What the Secretary was interested in knowing was if there were significant losers and what could be done to protect them.

NOTED.

08/12/7 WALK-IN CLINICS & APMS CONSULTATION COSTS

Ref Minute 08/09/12.1 – LMC wrote to FOI Managers north and south of the river requesting information. Response received from Liane Cotterill covering all PCTs

Liane Cotterill, Information governance Manager - South

"Further to your recent request for information to be provided under the terms of the Freedom of Information Act (2000), please find below the response from the Tees PCTs; Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton on Tees. Please note this response includes the response to the same request you sent Tracey Best for Hartlepool PCT and Stockton on Tees Teaching PCT.

- The cost of advertising any walk in centre in the PCT areas of Middlesbrough, Redcar & Cleveland, Hartlepool and Stockton on Tees Teaching Trust.

- The cost of the recent consultation on new practices and health centres including costs of advertisements for the Middlesbrough PCT, Redcar & Cleveland PCT, Hartlepool PCT and Stockton on Tees Teaching Trust PCT areas.

We have a GP Access Service based at North Ormesby Health Village which was advertised earlier this year. I have attached a breakdown for you of costs for advertising the GP Access Service. There are no walk-in centres in the Hartlepool area.

Improving Access and Choice in Primary Care Services Consultation

Total cost of consultation (Tees-wide) = **£ 131,342.20**

Of this,

Total cost of advertising = **£ 32,217.87** (£9,716.62 PCT expenditure; £22, 501.25 Proportion expenditure). Of the Proportion figure £16,273.75 was spent south of Tees.

Advertising space placed by PML.

Date	Invoice	£	£ inc VAT	Description
30/6	1066	13,850.00	16,273.75	Redcar & Cleveland Herald & Post wrap
30/6	1066	3,450.00	4,053.75	Stockton Billingham Herald & Post full page advert
30/6	1066	1,850.00	2,173.75	Hartlepool Star full page advert

I trust this is satisfactory however please contact me should you require further assistance."

After discussion it was **AGREED** that the Secretary would request a breakdown of the remainder of the money.

08/12/8 NORTH ORMESBY WALK-IN CLINIC
Ref: 08/03/4.4 : Ref Minute 08/09/12.1

The Secretary explained that the LMC had written to Liane Cotterill, FOI Manager South of Tees requesting the number of patients seen at the North Ormesby Walk In Clinic since its inception, and the cost by month and been informed "we do not hold this information separately". However, monthly spreadsheets had been received showing the date and time of every user of the clinic which required some sorting out. If anyone wanted to look at the information they were asked to contact the LMC office.

NOTED.

08/12/9 PRIMARY / SECONDARY CARE INTERFACE

08/12/9.1 Hospitals refusing to refer patients inter-departmentally

Dr Canning reported that practices had informed him of instances where patients attending independent or Trust hospitals, who needed referring to another specialty, had been delayed receiving treatment because the hospital had written to the GP requesting the GP make the referral. In one case it had meant the 2 week rule had been missed.

It was noted that some areas had set up, through Practice Based Commissioning, a policy prohibiting internal referrals, though there were exceptions. However, it would appear that not all GPs and consultants are aware of these policies or the procedures to be followed.

Dr Lone commented that he had a meeting with Prof Mike Bramble at JCUH a few weeks ago about confusion over inter-department referrals. Former LPCT had told JCUH that all referrals had to be via the GP. MPCT did not have a policy. Policies Prof Bramble had were all different. The Commissioning Departments have a list of conditions that can be referred inter-departmentally.

Other incidents related to DNAs when the hospital letter had been sent to the wrong address, the hospital refuses to make another appointment and the patient is sent back to their GP to commence referral all over again. Incorrect addresses on hospital databases go through to the Spine which affects GP addresses.

PBC has stopped clinician to clinician dialogue. C&B does not allow GPs to refer to a named consultant.

Dr Thornham informed members about PBC hospital interface groups with PBC representation at both JCUH and NTUH, that could be contacted about the concerns raised. Over the next few months there will be an attempt to get clinical engagement back into PBC and he encouraged GPs to join groups in order to effect change. Concerning C&B, he said it was the Trusts who were stopping the use of named consultants because it made it easier for those booking appointments. Mr Clarke

emphasised that lack of named consultants was an administrative issue and nothing to do with consultants.

At NTUH, Rheumatology had stopped taking bloods without prior notification to practices, merely telling patients to go to their practice. Was this something which needed to be looked at by NT PBC Group? A near patient testing enhanced service contract was in place and was based on numbers.

NOTED.

08/12/9.2 Out patient treatment recommendation forms
Ref: 07/01/5.2

The LMC had received reports that the forms were being used to request GPs prescribe antibiotics, and that patients were being told that consultants were no longer allowed to prescribe in Out Patients and everything had to go to the GP, or that it would be quicker to get it from their GP.

Mr Clarke ascertained that the Out Patient Treatment Recommendation forms were used only at JCUH, had been designed by Mike Bramble and were not intended to replace prescriptions for acute antibiotics needed within the next 24 hours. It would appear that Out Patient pharmacists had misunderstood the form and thought consultants should not be prescribing anything. He suggested GPs write/phone/email the specific consultant/consult team regarding their mis-use of the forms. The Chairman felt that they should write to Mike Bramble.

The forms were also being used to ask GPs to start a patient on a regime of medication because the hospital was not allowed to prescribe it. Other patients tried to make appointments in order to get medication because none had been prescribed by the hospital, and other patients arrive for treatment without the GP having any knowledge of the hospital appointment or clinical information to hand.

Mr Clarke had looked into JCUH asking GPs to prescribe Red / Amber / Green drugs and the hospital pharmacist felt that this was something the PCT had been looking into. He queried why the matter of Red / Amber / Green drugs was not a national issue. At the Hospital Drugs & Therapeutics Committee, (which has GP representation on it), he again raised the issue, and had been told it was currently under review, as was shared care. The Chairman commented that shared care should be agreed with GPs before implementation by the hospital.

NOTED.

08/12/9.3 Medications on Discharge – Warfarin

A member reported that some practice patients had been in hospital for Warfarin management where the hospital continued to monitor the patient but did not inform the GP, and upon discharge did not always prescribe anything so the patient left with nothing and had to attend surgery to get a prescription. The department concerned had suggested, following a complaint from the doctor, that a group be established to

look at this. Another GP mentioned the other extreme where dosing was not taking place and patients were not being monitored.

Dr Lone said that Angela Wood at JCUH had been trying to sort this out for some considerable time and had issued a protocol for a LES, a copy of which could be obtained from her for reference. The Risk Management Department at JCUH should be informed of every incident.

It was **AGREED** that better communication via PBC or other arrangements was required.

08/12/10 GP APPRAISAL FUNDING FOR LOCUMS : 2009

MPCT had informed the LMC that they will not be paying locum GPs an appraisal fee next year. Previously the PCT had paid locums a sessional rate for the time spent on appraisal. In future locums should set fees so they have sufficient income to pay for their own appraisal. No PCTs will be paying locums for appraisal as from 2009. Appraisers will continue to be paid.

This will be a particular problem for sessional doctors working out of hours (Primecare), and for any doctor working for independent organisations.

NOTED.

08/12/11 LMC ELECTIONS 2009

The LMC election to elect the full Committee is due in 2009. The new Committee will take office on 1 April 2009.

It was **AGREED** that:

(a) Mrs C A Knifton be appointed as the Returning Officer

(b) Constituencies should be:

Hartlepool

Langbaurgh with a minimum of one from each of
Redcar/Saltburn/Marske
Brotton/Loftus/Guisborough
Eston

Middlesbrough

North Tees with a minimum of one each from
Stockton/Norton/Stillington
Billingham
Thornaby/Yarm/Eaglescliffe

(c) Representation for each constituency be determined after 1.1.2009
Once elected Committee is known, look at contractual arrangements and if necessary co-opt members on to under-represented groups.

(d) The election timetable be adopted as:

2 December	Constituencies, if any, defined
9 December	Warning to constituents also seeking names of sessional GPs
13 January	Constituency representation determined
4 February	Election Notice and Nomination forms sent out by email
27 February	Nominations close
4 March	Ballot papers sent out by email
27 March	Election Day: ballot closes 9.00 a.m.
7 April	1st meeting of new Committee

08/12/12 LMC CONFERENCE, THURSDAY/FRIDAY, 11/12 JUNE 2009

Three representatives were sought to attend the LMC Annual Conference, Logan Hall, London. Normally this was the Chairman, Secretary and Vice Chairman, however, Dr Canning would be attending via another Committee and it was **AGREED** that the Chairman, Vice Chairman and Dr R McMahon would attend.

08/12/13 LMC MEMBERS & STATUS
Ref Minute: 08/06/8

The Secretary reported that at the June meeting it had been agreed that once the North Tees vacancy had been filled, members would be asked which contractual status they were, to ensure all levels of contractual status were represented. The Board was represented by:

GMS practices	17	
PMS practices	8	
PCT PMS practices	1	
Principals	25	
Non Principal (SGP)	1	
Registrars	2	(not included in practice numbers shown above)

NOTED.

08/12/14 DECLARATION OF INTEREST
Ref Minute: 08/09/12.5

Secretary's note: Following the LMC meeting in September, PCT Chief Executives north and south of the river were contacted to request precise details of the arrangements that the PCTs operated to ensure that there were no conflicts of interest in its advisory and contracting mechanisms.

08/12/14.1 Julie Bailey, Head of Corporate & Committee Services M PCT/RC PCT

"Please find attached a copy of the Board's Register of Interest that was presented to the Boards in September. This will be updated shortly due to new appointments so please let me know if you require a revised copy. The Tees Strategy & Procurement Board is also developing a Register, so please let me know if you would like a copy of this when it is presented to its Board."

08/12/14.2 Celia Weldon, Assistant Chief Executive, HPCT/StPCT

"I have now had a chance to explore this a little bit further on Chris Willis' behalf and would like to set out the arrangements.

The role of the clinical advisers to the PCTs is largely around the provision of professional advice and leadership to promote high standards of care and the ongoing development of clinical practice.

The clinical advisers are engaged through the Stockton tPCT and H PCT Medical Directorate and participate in various governance strands across the PCTs. Procurement is a completely separate function and is carried out on a Teeswide basis by the Directorate of Strategic Commissioning & Procurement, and locally through the Health Systems Development Directorate and the Locality Directors of Public Health.

The clinical advisers are required to complete a Declaration of Interests form and to indicate where they consider there may be a conflict. This would then be considered as each case arises and the appropriate measures put in place.

As part of our move towards World Class Commissioning, we are reviewing our governance arrangements and how best to involve clinicians in commissioning. The distinction between the role and involvement of clinicians in a commissioning forum and those involved in advisory roles will be key to ensuring robust governance arrangements are in place and avoiding conflicts on interest.

I hope that this answers your query and would be happy to discuss the arrangements further if you require."

NOTED.

08/12/15 REPORTS FROM REPRESENTATIVES

No reports had been received.

08/12/16 REPORTS FROM MEETINGS

08/12/16.1 APMS open meetings held on 4 November 2008 at The Wynyard Rooms & 11 November 2008 at The Lecture Theatre, Poole House

A number of GPs and Practice Managers had attended both meetings and had the opportunity to express their views on a variety of subjects not just APMS. The key issue GPs need to pursue is to promote themselves.

NOTED.

08/12/16.2 Meeting at SHA held on 25 November 2008

The Chairman reported that it had transpired this was a quarterly meeting for northern region LMCs, to which Cleveland LMC had not been invited previously but would be invited in future with the next meeting being in February 2009. Chris Willis gave a presentation on Agenda for Change and World Class Commissioning; PMS reviews were discussed and discussion took place on what was happening in various areas. It had been a useful meeting.

NOTED.

08/12/17 ANY OTHER NOTIFIED BUSINESS

08/12/17.1 Medical Capacity Act

The Secretary had arranged for a speaker to come to Teesside on Tuesday, 27 January to talk about the Medical Capacity Act. Details would be circulated on the venue and time at a later date.

NOTED.

08/12/18 RECEIVE ITEMS

08/12/18.1 Medical List

Applications:

Effective Date	**Name**	**Partnership**	**Practice Area**
01.10.08 *Salaried GP*	Dr A M Lasker	Dr Davidson & Partners	R&C PCT
15.12.08 *Change in status from Salaried GP to Partner*	Dr R K Khapra	Dr Nath & Partners	M PCT
01.04.09 *Partner*	Dr P Hendrie	Dr Murphy & Partners	M PCT
07.12.08 *Returning after 24 hour retirement.*	Dr D B Acquilla	Dr Acquilla & Partners	R&C PCT
30.11.08 *Returning after 24 hour retirement.*	Dr B Contractor	Dr Contractor & Partners	NT PCT
15.12.08 *Salaried GP*	Dr S H Khan	Dr Nath & Partners	M PCT

03.01.09	Dr S Khair	Dr Khair & Partners	M PCT

Returning to work following 24 hour retirement

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
31.3.08	Dr S L Wilson	Dr Bolt & Partners	H PCT

Resigned.

28.08.08	Dr E M Chappelow	Dr Smith & Partners	R&C PCT

Resigned. Salaried GP.

28.11.08	Dr K M Morgan	Dr Inch & Partners	M PCT

Resignation

12.12.08	Dr E Peron Castilla	Dr Neoh & Partners	NT PCT

Resignation.

05.12.08	Dr D B Acquilla	Dr Acquilla & Partners	R&C PCT

24 hour retirement.

28.11.08	Dr B Contractor	Dr Contractor & Partners	NT PCT

24 hour retirement.

31.12.08	Dr S Gupta	Dr Gupta & Partners	H PCT

Retirement

01.01.09	Dr A Rawlinson	Dr Rawlinson & Partners	NT PCT

Retirement

01.01.09	Dr W S M Orr	Dr Rawlinson & Partners	NT PCT

Retirement

23.01.09	Dr L J Raeburn	Dr Lasa Gallego & Partners	H PCT

Resignation

27.01.09	Dr L A Armstrong	Dr Lasa Gallego & Partners	H PCT

Resignation

01.01.09	Dr S Khair	Dr Khair & Partners	M PCT

24 hour retirement. Returning 03.01.09

RECEIVED.

08/12/18.2 Momentum: Pathways to Healthcare – Next Steps
Ref Minutes: 08/06/15.1 : 08/07/4 : 08/09/11.2 : 08/09/11.3

Letter from Momentum Programme Managers

"You will have heard that the NHS Joint Committee approved the consultation outcomes regarding Momentum: Pathways to Healthcare. This covered service provision closer to home, new community facilities and the agreement of a site for a new hospital.

This is fantastic news and a credit to everyone who has been involved.

The consultation has taken a considerable amount of time and capacity, in addition, work has been progressing at a pace in the two capital projects included in the Momentum Programme i.e. the new hospital as well as community facilities. Now is the time when we need to move up a gear and refocus back on to the service changes that we discussed as part of the service remodelling work. After all, if this doesn't get taken forward the capital projects will be undermined.

Therefore, we are writing to you to set out the exciting next steps that we will be coordinating and working with you on. These are:

1. **Identifying the individual Business Change projects**
   A large number of Business Change projects and pathway development areas were identified from the service redesign work as well as the work to develop the new hospital and new community facilities. These projects have been captured in an initial list.

2. **Ensuring that the project list is comprehensive**
   We need to work with you to make sure that this list of potential projects has captured all of the things that need doing, is the best way to group the work and maximise the benefits of the work already going on. Once the list is finalised we can start to prioritise the projects appropriately.

3. **Prioritising the work**
   As you will appreciate, a lot needs to be done and put in place before the new hospital and community facilities can be opened, but some things need to be done earlier than others. This is a chance to help set the agenda and make sure we are doing the first things first.

   Once the priorities for action have been agreed we will be able to pull together a longer term plan that will get us from where we are now to where we need to be in the future.

4. **Scoping and planning each of the projects**
   Each project will be different and have individual requirements but we are intending to take a systematic approach to the development of the project work. This will aim to support and enable the widest range of engagement with people on the ground as well appropriate use of existing groups, mechanisms, external support and expertise.

5. **Doing them!**
   It goes without saying that a great deal of work is needed over the next few years if we are to be successful and this work needs to be done in close liaison across the whole healthcare system.

If you would like to get further information about the next steps and possible approach, please do not hesitate to contact us via the Momentum Programme Office on 01642 383234 or Stockton on Tees Teaching PCT on 01642 666775.

We are intending to provide regular updates as we get on with the work as well as keeping in

touch via the Momentum website. We are also intending to produce an update of the Momentum programme plan that details the scope, timetable and approach to this work by the end of the year.

This is an exciting time and great opportunity to move things forward. We look forward to working with you on taking forward the next steps of the work and implementing the next stage of the Momentum: Pathways to Healthcare Programme."

RECEIVED.

08/12/18.3 Momentum: Pathways to Healthcare – Consultation
Ref Minutes: 08/06/15.1 : 08/07/4 : 08/09/11.2 : 08/09/11.3

Extract of letter from Carole Langrick, Director of Strategic Development/Deputy Chief Executive
"As part of the planning application process we invite public comments about the proposed new hospital, the location of which will be Site A, Wynyard Business Park. Representatives acting for the Trust will be available at each exhibition to answer questions about the planning process, technical work undertaken and the proposed new hospital.

You are invited to come along and view the exhibition at the following venues:

Hartlepool Leisure Centre – Tuesday, 2.12.8 and Monday, 5.1.9
Stockton Swallow Hotel – Thursday, 11.12.8 and Tuesday, 13.1.9
Sedgefield Parish Hall – Thursday, 4.12.8 and Thursday, 15.1.9
Peterlee Leisure Centre – Tuesday, 9.12.8 and Wednesday, 7.1.9

All sessions will take place at the above venues from 12.00 noon to 8.00 p.m.

Wynyard Rooms – Unstaffed display from Tuesday, 2.12.8 to Friday, 16.l.9
Wynyard Rooms – Staffed sessions on Wednesday, 3.12.8 (10.00 a.m. to 2.00 p.m.) and Monday, 12.1.9 (10.00 a.m. to 2.00 p.m.)

Booklets containing exhibition material and contact details will also be available in local libraries in the area and will be available from the Momentum website, www.momentum-consultation.org.uk.

We are intending to provide regular updates as we get on with the work as well as keeping in touch via the Momentum website. We are also intending to produce an update of the Momentum programme plan that details the scope, timetable and approach to this work by the end of the year. If you have any queries regarding the Momentum: Pathways to Healthcare programme, please contact the Momentum Team on 01642 383234."

RECEIVED.

08/12/18.4 Determination that an area is/is not a controlled locality : Hartlepool
Ref Minute 08/03/7 : 08/09/17.2

Letter from Contractor Administration Team Leader, NE FHSA, Poole House
"Further to my letter of 23 May 2008, I am writing to advise the outcome of the recent consultation regarding those areas within Hartlepool PCT currently classified as being Controlled Localities.

In accordance with Regulation 31(2) of the NHS (Pharmaceutical Services) Regulations 2005, the PCT may at any time consider and determine whether or not an area is rural in nature.

Following the recent consultation carried out in accordance with the requirements of Regulation 31(5), the PCT Pharmacy Panel at its meeting on 18 August 2008 considered that the area of Hartlepool should no longer be determined as being rural in character. In reaching this decision, the panel were mindful of the following factors:

- The local environment
- Employment patterns
- Size of community
- Overall population density
- Transportation
- Responses received as part of the consultation process

In accordance with Regulation 32(1)(a) you have a right of appeal against this decision which should be made in writing containing a concise statement of the grounds of appeal and be sent to the NHS Litigation Authority by 11 October 2008."

RECEIVED.

08/12/18.5 Annual Charity Appeals

08/12/18.5.1 The Cameron Fund

The Cameron Fund is the only charity which solely assists general practitioners and is grateful for the support it regularly receives from LMCs. Since its creation in 1970 the Fund has assisted over 1,000 GPs, former GPs and their families, many of whom have been referred to the Fund by LMC Officers. If you wish to refer a potential beneficiary, please contact David Harris, Chief Executive on secretary@cameronfund.org,uk or telephone 0207 388 0796. Individual donations from GPs are gratefully received.

08/12/18.5.2 Royal Medical Benevolent Fund

I write to you on behalf of those doctors and their families who unexpectedly have fallen on hard times. Those who work for the Fund are al too aware that tragedy can strike unexpectedly not least to younger members of the profession and their families. Please consider making a donation to this Appeal. The Fund exists solely to support colleagues and their dependants who are in financial need and our funding comes only from fellow doctors and their families. In order to make a donation, contact Peter Bowen-Simpkins on 0208 540 9194 or email www.rmbf.org.

RECEIVED.

08/12/18.6 Dates of future LMC meetings 2008/9

2 December 2008	2 June 2009
13 January 2009	14 July 2009
17 February 2009	8 September 2009
7 April 2009	3 November 2009

RECEIVED.

08/12/18.7 Report the receipt of:

GPC News M2 – Friday, 19 September 2008 (*available at www.bma.org.uk*)
GPC News M3 – Friday, 17 October 2008 (*available at www.bma.org.uk*)
GPC News M4 – Friday, 21 November 2008 (*available at www.bma.org.uk*)
Minutes of Durham & Darlington LMC meeting held on 2 September 2008
Minutes of Sunderland LMC meeting held on 17 June 2008
Minutes of Sunderland LMC meeting held on 16 September 2008
Sunderland LMC's minutes of meeting held on 21 October 2008

RECEIVED.

08/12/18.8 Documents sent to GPs and/or Practice Managers since the last meeting on 9 September 2008

Cleveland LMC September Board Minutes (16.9.8)
GP Health information flyer - September 2008 (16.9.8)
Termination of Pregnancy Forms (HSA 1) (16.9.8)
Sessional GPs Summer Newsletter 2008 (16.9.8)
Meetings to discuss imposition of new APMS practices and health centres (17.9.8)
Various matters (17.9.8)
Email from Laurence Buckman, Chairman of GPC : Support Your Surgery Campaign (19.9.8)
British International Doctors Association: North East Division celebrates NHS 60th Birthday at JCUH postgraduate centre, M'bro on 01/11/08 (23.9.8)
REMINDER: Cleveland Local Medical Committee - change of address/phone number/email address (23.9.8)
IMPORTANT: Contents of Clinical Waste Sacks (23.9.8)
Support Your Surgery campaign : Some useful contact details (23.9.8)
Support Your Surgery Campaign - Council Overview & Scrutiny Committee addresses (23.9.8)
Extract from GPC meeting held on 18 September 2008 (25.9.8)
GPC document: Focus on - Extended Access 2008/09 – update (30.9.8)
Clinical Waste List (30.9.8)
Survey of GP practices in association with Healthcare Commission pilot study (30.9.8)
Adverts: GPs required for - Coulby Newham : Berwick Hills : NOHV x 2 (7.10.8)
Vacancy - GP Tutor : Redcar & Cleveland/Northern Deanery (7.10.8)
Advert - Practice Manager, Kings Medical Centre, NOHV (7.10.8)
Advert - Practice Manager, General Medical Centre, Hartlepool (7.10.8)
Advert - Development Manager, Cleveland Local Medical Committee (7.10.8)
REMINDER: Meetings to discuss imposition of new APMS practices and health centres : 4.11.8 & 11.11.8 (24.10.8)
GPC guidance note: "Focus on... How your practice is funded" (28.10.8)
REMINDER - Tuesday, 4 November : 7.00 - 8.30 p.m. The Wynyard Rooms (former Samsung Centre) (3.11.8)
Advert: Full-time partner – Hartlepool (4.11.8)
Advert: Salaried GP – Thornaby (4.11.8)
Updated standard letters: Hep B & Short-term Medical Certification requests (11.11.8)
REMINDER: OPEN MEETING TONIGHT: New APMS Practices/Health Centres / Any other item (11.11.8)
GPC Guidance: Focus on - Dynamising Factor : November 2008 (25.11.8)
GPC Guidance: A review of the NHS Next Stage Review final reports (25.11.8)

QOF prevalence - spreadsheet calculator (27.11.8) – Practice Managers only
Adverts: SGP - Guisborough : SGP - Loftus : Temp Practice Nurse - North Ormesby (2.12.8)
Advert: Temporary Practice Nurse, Stockton (2.12.8)

RECEIVED.

08/12/18.9 Date and time of next meeting

Tuesday, 13 January 2009, at 7.30 p.m. in the Committee Room, Poole House.

RECEIVED.

There being no further business to discuss, the meeting closed at 9.10 p.m.

Date: ***Chairman***