

CLEVELAND LOCAL MEDICAL COMMITTEE

Dr J T Canning MB, ChB, MRCP

Secretary

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 17 February 2009 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:

Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
Dr A Bonavia	Dr S Burrows	Dr J T Canning
Dr G Chawla	Mr J Clarke	Dr G Daynes
Dr D Donovan	Dr K Ellenger	Dr T Gjertsen
Dr M Hazarika	Dr I A Lone	Dr K Machender
Dr R McMahan	Dr T Nadah	Dr J Nicholas
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: Ms J Foster : Development Manager
Mrs C A Knifton : Office Manager

The Chairman introduced Janice Foster, the LMC's Development Manager. Janice will be contacting members in the future to introduce herself.

The Chairman reminded members that elections were currently underway, with a new Board to be in place for the April meeting. Both the Chairman and Vice Chairman were stepping down after their 3-year tenure and two current members had expressed an interest in taking up those roles; any other members who were interested in either of the roles should contact the LMC office by Friday, 27 February 2009. The Chairman also pointed out that she will be on maternity leave as from 1 April and this would be her last meeting.

09/02/1 APOLOGIES

Apologies had been **RECEIVED** from Dr P Heywood, Dr T Sangowawa, Dr R J Wheeler and Dr D White.

09/02/2 MINUTES OF THE MEETING HELD ON 2 December 2008

Amendment to Item 08/12/18.1 – Medical List – Resignations: Dr E Peron Castilla had worked for Dr Nath & Partners not Dr Neoh & Partners.

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

09/02/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising.

09/02/4 PMS REVIEW
Ref Minute: 08/12/4

Several PCTs including Suffolk, Coventry and Northumberland had all undergone PMS reviews, with a termination letter being sent out. Since then a judgement in the Appeal Court concerning the termination of a PDS (dental) contract in Birmingham had 'found against' the PCT, in that the termination clause in the PDS contract was not enforceable. The PDS clause was written in the same way as the PMS clause.

The LMC has arranged to have a meeting with PMS practices in the Lecture Theatre at Poole House at 6.30 p.m. on Monday, 23 February. Attendance was being limited to one person per practice, with any spare places allocated to a maximum of two on a first come first served basis (room licensed to hold 70 people). It was suggested practices act on a Teeswide basis as opposed to regionally or singly. The Secretary suggested that the aim of the meeting should be to establish a Leadership Group of 8 people (one per PCT area plus four others) together with the LMC, to facilitate ease in arranging further meetings.

The Secretary had met with Sue Greaves and Elaine Wyllie from MPCT that morning. Elaine Wyllie is leading the project with Sue Greaves as Project Manager. The PMS Review was being managed through the Tees Strategy & Procurement Board across the Tees. The termination clause had been included in the letter following legal advice obtained by MPCT to avoid seeking significant variations to practices' PMS contracts. Hartlepool PCT had not used the Lockhart PMS Contract, whereas the other three PCTs had, so there was a wide variation in contract terms.

All PMS (not APMS or PCT MS) practices have the right to revert to GMS contracts but will only be guaranteed payments under the SFE, i.e. global sum without top-up payments relating to previous funding. However John Hutton's letter to all PMS doctors said they will be treated equitably, and Sustaining Innovation through PMS states PCTs will be able to give practices the equivalent of an MPIG under Section 28Y (S 96 NHS Act 2006) but this would be a negotiated figure.

Under the PMS agreement, practices had a duty to complete the questionnaire attached to the notice of termination letter; the detail of how the service is provided is less relevant information than the final column.

The Committee **AGREED** that :

- the LMC supports the establishment of a leadership group;
- the options for practices would be discussed at the meeting on 23 February; and

- the Secretary would issue guidance to PMS practices on how to respond to the letter and questionnaire.

09/02/5 QOF CHANGES 2009 ONWARDS

Letter from Colin McLeod, Chief Executive, MPCT / RCPCT

“Further to your recent email regarding the impact of amendments of the QOF on general practice I asked the Tees Strategy & Procurement Board to consider what support, if any, it wished to provide to those practices that lose income under the revised arrangements.

The Board considered this matter at its meeting on 9 February and decided that there were no compelling reasons to divert from the national model as negotiated with the profession.

The Board did, however, recognise that there would be gainers and losers under the revised model and would be willing to support an arrangement where those practices gaining funding would provide financial support to those losing funding. The Board considered that this would be a discussion the LMC could facilitate with the PCT providing appropriate administrative support if such a model was adopted as long as the overall payment in each PCT was not increased as a direct consequence of such an agreement.

I would be grateful if you could advise me if this is a route the LMC will be discussing with practices.”

Members found the suggestion contained in the third paragraph: *“those practices gaining funding would provide financial support to those losing funding”* unacceptable and it was **AGREED** the Secretary would take the matter further with the PCT.

09/02/6 ENSURING MORE CLINICAL INPUT INTO DEVELOPMENT OF IT SYSTEMS IN TEESSIDE BETWEEN PRIMARY/SECONDARY CARE

Dr Nicholas is a member of the Tees IT Technology Board covering the 4 PCTs and local Trusts, trying to develop a common strategy on how technology can be best developed in the area to support primary and secondary care. He has been asked to form a Clinical Strategy Group to supply clinical input to the Board, and asked the LMC to consider how they wanted to be represented on the Group. Dr Nicholas was asked if the post was funded and what would be the time commitment, but neither topic had been considered as yet, though he commented that on occasion in the past the LMC had funded attendance to other meetings when it was felt necessary.

Dr Chawla, the VTS representative, expressed an interest as he was currently working in a hospital and coming into contact with the hospital discharge process and electronic documents.

Members were asked to contact the LMC office if they would like to be on the Clinical Strategy Group.

09/02/7

NHS NUMBERS PILOT : PUBLIC AWARENESS CAMPAIGN

Letter to stakeholders from Prof Peter Kelly, Executive Director of Public Health

"I am writing to inform you about an NHS Number public awareness campaign the four Tees Primary Care Trusts are running with the Department of Health and NHS Connecting for Health. The key objectives of the pilot are:

- To capture the level of accuracy of patient demographic information as held on the local Primary Care database (National Health Applications and Infrastructure services (NHAIS))*
- To capture the level of awareness of NHS Number prior to any intervention*
- To test whether a direct marketing mail out at PCT level is a suitable methodology for ensuring that the public know their NHS Number, know the importance of keeping it safe and being able to access it should the need arise and know the importance of keeping their personal demographic information up to date and accurate*
- To test the proactive response from the public to call a hotline, or return a tear off slip if their personal demographics detailed in the letter are inaccurate*

A project team has been drawn together (as listed on the enclosure with this letter). At the time of writing the pilot mailshot to the general public in the Tees PCTs area will start on Monday 16th February. There is a likelihood that this pilot may impact on hospital staff and other primary or secondary care services, for example, when people present for healthcare with their NHS Number. Staff should be prepared for the public to use their NHS Number when accessing health care, and that they may be asked how to respond to the mailshot. The letter they receive will have a hotline number on it and/or a tear off slip for return in a pre-paid envelope enclosed and they should be asked to use these ways of feeding back. The findings of the project will be available on completion via local and national websites by the end of April 2009.

If you have any questions or would like to suggest a Contact Lead for your organisation, please feel free to contact one of the project team members."

The Secretary reminded members that some of the letters would be delivered to out of date addresses and practices needed to be aware of this and able to deal with queries patients raised.

09/02/8

DEMENTIA REVIEW MEETING

26 March 2009 : 10.00 a.m. @ Middlesbrough Town Hall

Communication received from the Middlesbrough Health Scrutiny Panel

"As you may know, there is presently a piece of work ongoing in Middlesbrough, to look into local dementia services.

So far, the Panel has heard from the regional director of commissioning for mental health services, the PCT's and local authority's commissioning arm on the new national strategy and how services are commissioned presently and how they could be commissioned in the future.

The Panel has heard and considered a lot of information, which places General Practice very much at the fulcrum of efforts to develop and build upon the way dementia is approached. As Secretary to the CLMC, the Panel was very keen to seek your views on how services for people with dementia, and their carers, can improve. Specifically, the Panel would be interested in seeking your views on the following questions.

- Q. From the perspective of a GP, how are local services for people with dementia performing?*
- Q. The Panel has heard of the utmost importance of an early dementia diagnosis and it is clear that GPs have a huge role to play in that. In the view of the LMC, do GPs feel sufficiently trained to spot the signs of dementia?*
- Q. Following a diagnosis of Dementia, do you feel that the patient's journey through services is sufficiently smooth? Are there improvements to be made to the patient's journey? If so, what would they be?*
- Q. Aside from the medical model that the NHS understandably works to when dealing with people with Dementia, are there any 'softer' services, that could be provided by non NHS parties, that you feel dementia patients would benefit from?*
- Q. As GPs, how would the CLMC like to see commissioning for dementia services develop in the next 3 to 5 years?*
- Q. Does the CLMC have any views on how carers of those with dementia are, and could be, treated?*

The Members would be grateful if you could address the above questions, in a succinct paper. I would be grateful if you could let me know whether you could do this and let me know whether you would be able to attend the meeting as marked above. Should you be willing to provide a paper, I would be grateful if you could send it to me by the close of business on 17th March, so it may go out with the Panel papers.

As ever I would ask you to note that the Panel's meetings, and its associated papers, are within the public domain and are often reported on by the local media. Should you have any questions, please feel free to get in touch."

The GPC (Dr Beeby was the local rep concerned) and Middlesbrough PBC group had been asked to respond to exactly the same questions. The Secretary asked for a copy of their responses to take into account when making the LMC's response. It was felt important to respond to the Health Scrutiny Panel, with whom the LMC had a good working relationship.

It was **NOTED** that the Secretary was unable to attend the meeting scheduled for 26 March and any Member able to attend and speak on the LMC's behalf was asked to contact the LMC office.

09/02/9 CHARITIES: The Cameron Fund & Royal Medical Benevolent Fund

At the LMC meeting in January 2008 it was agreed that the GP pensions Dynamising Factor be used to increase the two annual charitable donations. No increase had been given for 2008 as the DF had been 1%. The Committee **AGREED** that the Dynamising Factor continue to be used.

09/02/10 TEES CHILD DEATH OVERVIEW PANEL RECOMMENDATION Letter from Dr Martin Ward Platt, Interim Chair, Tees CDOP

“You may be aware that statutory child death review functions were implemented in England on 1 April 2008. It is the function of the Child Death Overview Panel to identify any matters of concern affecting the safety and welfare of children throughout Tees, identify any cases giving rise to the need for further investigations or a Serious Case Review, and to consider any wider public health or safety concerns. But it is also an important function of the CDOP to identify and highlight aspects of good practice and systems that demonstrate a particularly high standard of care. It is in this latter context that I am writing.

During a Tees CDOP meeting on 14 November 2008, we identified a case in which a mother contacted her GP surgery for telephone advice on the deteriorating health of her child. The mother was able to speak directly with a GP to discuss her child’s symptoms and advice was given. We understood that the provision of this direct access to medical advice, which is clearly a vital and valuable resource, was a particular system that this practice had put in place. We felt that this high standard was to be commended, and that we should recommend, through the PCT, that practices without such a system should give consideration to introducing one.

The CDOP members would be grateful if you could pass on this identification of good practice to your practices and their staff.”

The Secretary asked Members if they had any experience of the Overview Panel (none had) because it investigates all deaths of people under 18 and purports to have the power to see the whole of the clinical records. The GMC expects doctors to keep records confidential after death, and the Access to Health Records Act also expects doctors to keep records confidential after death. There is guidance currently being written between the RCGP and GPC. The Secretary **AGREED** to seek advice.

09/02/11 DIABETIC EYE SCREENING
Communication from a Middlesbrough GP

“An issue has become apparent regarding retinal screening, in that retinal photography is the only accepted form of screening because of its consistency and the ability to compare previous results with your current picture. In the past, many patients have attended their opticians for screening for diabetic eye conditions. I would not wish to criticise the work done in the past to care for their diabetic patients, but in the present time it might not be regarded as "best practice" to undertake such examinations knowing that retinal photography is much better. The problem really comes because patients believe that they have had screening for their diabetic eye condition and then failed to attend for the retinal photography because it is not necessary.

A case today arrived on my desk illustrating the point perfectly. He already has a problem title of "diabetic retinopathy" because he did attend for photography which has demonstrated background retinopathy in one eye. The report from Specsavers opticians indicates that no diabetic retinopathy is present in either eye, but also comments that the pupils were not dilated to perform this examination.

My proposal is that we formally liaise with the opticians to seek their agreement to not perform "diabetic checks" but to insist that patients participate in retinal photography. I realise that they may continue to look at the fundi for other reasons, but not to give false reassurance.”

Dr Beeby declared his interest and said that patients wrongly assumed they did not have to attend for retinal photography once they had undergone a diabetic eye test at the opticians. Retinal photography was consistent, reproducible and can be taken

over a number of years to detect change, whereas diabetic screening did not always reveal the true extent of the problem.

It was felt patients were loyal to their optician and may refuse to go for retinal screening at another location. East Cleveland GPs commented that opticians in Guisborough correctly undertook retinal screening.

Mr Clarke said he would speak to Mamdouh El-Naggar, Ophthalmic Consultant, at JCUH, but agreed with Dr Beeby's suggestion of liaising with the Local Optical Committee to seek a cessation of opticians performing diabetic checks. He felt that these tests should only be performed by someone seeing 500+ patients a year, using approved digital software/photography in order to produce good quality images.

It was **AGREED** that this subject would be raised with the Local Optical Committee when the LMC next met with them.

09/02/12 IT PRACTICE GPSoC AGREEMENT

The Secretary had met with Peter Jacques to discuss the draft agreement. He felt the agreement looked reasonable but would look at it again. One of the disadvantages with GPSoC and this agreement is that it is only valid for practices that are NHS bodies for the purpose of the contract. The dispute resolution process does not work for practices that are not NHS bodies for the primary GMS/PMS contracts. Most PMS practices will be considered as NHS bodies. He did not feel that there is any advantage in signing the agreement. At some stage the LMC/IT will need to jointly write to practices informing them they may need to seek variation of their GMS/PMS contract in order to engage in signing the agreement.

Cover for practices working extended hours (perhaps 7.00 a.m. – 8.00 p.m. : 5 days a week) had not yet been finalised although it may be Tees-wide with on-call arrangements being shared with secondary care.

09/02/13 PSYCHIATRIC REFERRALS Proposed new referral form for Tees, Esk & Wear Valleys NHS Trust

The 2-page draft referral form was discussed. It was noted that the clinical details section was the smallest part of the form and there was no "do not know" box alongside the "Mandatory Risk Information" section, and if a GP ticked the wrong box it could result in that GP being responsible if referral does not take place.

It was **AGREED** that the Secretary would contact Helen Oatway, (Psychiatrist, Guisborough General) to discuss the form.

09/02/14 ASSESSMENT CENTRE OPENING IN MIDDLESBROUGH Communication from Jane Robertson, UK Biobank

“I am writing to you on behalf of UK Biobank to tell you a bit about the project and to see if Cleveland Local Medical Committee would be interested in some further information, as we will be opening an assessment centre for the project in Middlesbrough in April 09.

UK Biobank is one of the most detailed medical research projects ever undertaken. You may have read about the initiative in the press, or heard about it on the radio or television.

This visionary medical project will follow the lives of 500,000 people aged 40-69 to build an unparalleled resource to allow scientists to find out more about curing life threatening, painful and debilitating illnesses such as cancer, heart disease, diabetes, stroke, dementia, arthritis and depression. Researchers believe UK Biobank will provide an extraordinarily important resource for scientists for many years to come.

Like being a blood donor, those who take part in UK Biobank may not be helped directly – but, it will give future generations a much better chance of living free of diseases that disable and kill.

This major undertaking, to improve the health of future generations, is funded by the Department of Health, Medical Research Council, Scottish Government, Wellcome Trust (the country’s biggest medical research charity), Welsh Assembly Government and the Northwest Regional Development Agency. This project is hosted by Manchester University and has the support of the NHS.

Taking part is voluntary, and recruitment is by invitation only, with letters to participants inviting them to take part in UK Biobank being mailed out gradually. It is likely that most people aged 40-69 living within about a 20-mile radius of Middlesbrough will receive invites to attend the assessment centre which opens in April 2009.

In addition to the information above, I can put some information in the post to you, or alternatively you can find out more on our website: www.ukbiobank.ac.uk. If your members would be interested in hearing more about this project, our Chief Scientific Officer Tim Sprosen would be very willing to give a talk - perhaps at one of the LMC meetings. I look forward to hearing from you about this, and please let me know if you would like some further information.”

RECEIVED.

**09/02/15 HAVELOCK PRACTICE & GRANGE HOUSE SURGERY MERGER,
HARTLEPOOL**

Letter from Head of Patient Experience, Riverside House

“This letter is to formally inform you that the Havelock Practice and Grange House Surgery have approached HPCT with a proposal to merge contracts as from 1 April 2009.

The combined practice will work as one to deliver services into the future and we believe that the merger will result in a number of benefits for patients, including:

- *Greater stability and continuity of care*
- *Increased availability of appointments*
- *Wider range of services*
- *Choice of location for appointments*

Patients will continue to be registered with their current GP and will continue to be able to visit their surgery as normal for appointments and other services. However, they will have the additional option of visiting the alternative practice at Health Centre, Victoria Road;

Grange House, Grange Road, or Brierton Medical Centre, Earlsferry Road, if that is more convenient.

Between Monday, 9 February and Friday, 23 March 2009 there is the opportunity to ask any questions about the merger and share your thoughts and ideas for us to consider.

During this time, information will be on display in the practices and on the website www.freespace.virgin.net/p.mc_gowan/home.htm. Alternatively, for further information or to discuss any particular issues with regards to the merger, please contact Cynthia Neil, Practice Manager, Havelock practice on 01429 272000 or Michelle Martin, Practice Manager, Grange House Surgery on 01429 272679.”

The Chairman declared an interest. All patients had been notified. The communication was **RECEIVED**.

09/02/16 CLEVELAND LMC ‘GP CONFERENCE’

The Secretary proposed that CLMC should organise a local GP educational event with national and local speakers, to take place in late autumn of 2009, when there will be a much better understanding of the nature and operation of practice accreditation and registration, as well as revalidation. He suggest that the meeting be in two sessions for a whole day, with the option to attend either or both on a free standing basis, that there is a registration fee, and that sponsorship is sought (accountants / financial advisers / lawyers may be interested). The programme should include a ‘keynote’ speech from the Chairman of GPC, if available, followed by items of revalidation/appraisal and registration of practices; the second session would be more practice management based to include items of partnership law, accounting practice and employment law.

It was **AGREED** that the LMC should proceed with the event and seek sponsorship.

09/02/17 GP REFERRAL INCENTIVE SCHEMES GPC guidance for GPs and LMCs

RECEIVED.

09/02/18 ADVERTS FOR NEW APMS PRACTICE STAFF

On a monthly basis, CLMC circulates any vacancy adverts received from practices for GPs, nurses, etc. The Secretary asked if this facility should be extended to the new APMS practices, some of which were GP-led? He explained that the LMC was currently funded by all practices in the area and hoped that this would continue to be the case.

It was **AGREED** that on the basis of APMS practices paying the levy to the LMC, they would have access to the advertising facility.

The question of the amount of levy to be paid by APMS practices was discussed. Practices currently pay 35p per patient per annum. It was **AGREED** that for the first

year APMS practices should pay based on 1,000 patients, to be reconsidered thereafter.

09/02/19 ADVERTISING CAMPAIGN – NEW APMS PRACTICE

Concern was expressed at the wording of the advert on local radio for the Resolution Practice, leading some doctors to believe it may be being partly funded by the PCT. The newspaper advert lists the other APMS practices. APMS practices are not covered by the Freedom of Information Act, and any information would have to be obtained from the PCT.

It was **AGREED** that the LMC would make enquiries via the PCT.

09/02/20 REPORTS FROM REPRESENTATIVES

There were no reports from representatives.

09/02/21 REPORTS FROM MEETINGS

09/02/21.1 LMC/PCT Liaison Meeting between Dr Canning / Dr Lone / Janice Foster & Colin McLeod / Neil Nicholson (deputising for Chris Willis) / Rodger Thornham : Monday, 26 January 2009

There had been a general discussion on a variety of topics. It was a positive meeting with the PCTs looking to have bi-monthly Monday lunch time meetings with the LMC.

09/02/22 ANY OTHER NOTIFIED BUSINESS

Ifti Lone's letter of resignation, following completion of his 3-year tenure as Vice Chairman, had been circulated to all Members. A letter of resignation had also been received from John O'Donoghue. Both had been members of the Committee for many years in various roles, and thanks were given to them for their services.

Rachel Roberts would be stepping down at the end of the meeting following her 3-years as Chairman, and she was also thanked for her services. She would be remaining on the Committee as a Board Member following the birth of her child.

Because of the number of people leaving the Committee having served for such long periods of time, and not applying for re-election, the Secretary and Chairman had discussed having a dinner to mark those members leaving. If a national speaker was to attend the proposed GP Conference in autumn, it was felt this would be an opportune time to have the meal and elicit the services of the national speaker to speak at that meal. The dinner would be paid for by attendees, not from LMC funding.

It was **AGREED** this was a splendid suggestion.

09/02/23 RECEIVE ITEMS**09/02/23.1 Medical List****Applications:**

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
21.11.08 <i>Partner</i>	Dr E Z George	Dr Entwistle & Partners	S PCT
02.01.09 <i>Partner</i>	Dr Z Barron	Dr Rawlinson & Partners	S PCT
26.01.09 <i>Returning after 24 hour retirement.</i>	Dr R C Prasad	Dr Prasad & Partners	M PCT
19.01.09 <i>Salaried GP</i>	Dr K L L Soe	Dr Lasa Gallago & Partners	H PCT
16.02.09 <i>Partner</i>	Dr K Boyle	Dr Gallagher & Partners	H PCT
1.01.09 <i>Salaried GP</i>	Dr M Shafiq	Resolution to Health 11 Trinity Mews, NOHV	M PCT
2.02.09 <i>Locum GP</i>	Dr L J Raeburn	Dr Koh & Partners	H PCT
1.02.09 <i>Partner</i>	Dr D R Banner-Martin	Dr Inch & Partners	M PCT
2.02.09 <i>Salaried GP</i>	Dr L L Fairbairn	Dr Smith & Partners	R&C PCT
8.01.09 <i>Salaried GP</i>	Dr B Claritas	Dr Davidson & Partners	R&C PCT
8.4.9 <i>Returning to work following 24 hour retirement</i>	Dr R A Horne	Dr Thornham & Partners	S PCT
7.4.9 <i>Job share with Dr Horne</i>	Dr R Y Litster	Dr Thornham & Partners	S PCT
19.4.9 <i>Returning to work following 24 hour retirement</i>	Dr I S Basson	Dr Basson & Partners	M PCT
12.10.9 <i>Returning to work following 24 hour retirement</i>	Dr R Smith	Dr Basson & Partners	M PCT
02.3.9	Dr I P Pemmasani	Dr Contractor & Partners	S PCT

Salaried GP

02.3.9 <i>Salaried GP</i>	Dr H V Lumburu	Dr Contractor & Partners	S PCT
02.3.9 <i>Salaried GP</i>	Dr S R Revadi	Dr Contractor & Partners	S PCT
02.3.9 <i>Salaried GP</i>	Dr P Vaze	Dr Contractor & Partners	S PCT

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
31.12.08 <i>Resignation.</i>	Dr A M Lasker <i>Salaried GP.</i>	Dr Davidson & Partners	R&C PCT
22.01.09 <i>24 hour retirement.</i>	Dr R C Prasad <i>Returning 26.01.09</i>	Dr Prasad & Partners	M PCT
30.01.09 <i>Salaried GP</i>	Dr D R Bannar-Martin	Dr Contractor & Partners	S PCT
31.12.08 <i>Partner</i>	Dr A Calabro	Dr Lone & Partners	R&C PCT
27.01.09 <i>Resignation</i>	Dr P L Juhasz	Millennium Surgery	H PCT
6.4.9 <i>24 hour retirement</i>	Dr R A Horne	Dr Thornham & Partners	S PCT
31.3.9 <i>Retirement</i>	Dr C T Ankcorn	Dr Murphy & Partners	M PCT
17.4.9 <i>24 hour retirement</i>	Dr I S Basson	Dr Basson & Partners	M PCT
10.10.9 <i>24 hour retirement</i>	Dr R Smith	Dr Basson & Partners	M PCT

RECEIVED.

09/02/23.2 New APMS Practice wef 1 January 2009

Resolution to Health
11 Trinity Mews
North Ormesby

Middlesbrough TS3 6AL
Tel: 0330 123 9501

RECEIVED.

09/02/23.3 GPC Roadshow : Wednesday, 25 March 2009

The next GPC Roadshow will take place on:

Date: Wednesday, 25 March 2009
Time: 7.00 – 9.00 p.m. : Tea/Coffee available
Venue: Holiday Inn, Washington
Tyne & Wear NE37 1LB (Just off A1M at Junction 64)
Tel: 0870 400 9084
Speaker: Dr Richard Vautrey (one of the GPC negotiators)

RECEIVED.

09/02/23.4 Report the receipt of:

Durham & Darlington LMC's minutes of meeting held on 7 October 2008
Durham & Darlington LMC's minutes of meeting held on 4 November 2008
Sunderland LMC's minutes of meeting held on 18 November 2008
Sunderland LMC's minutes of meeting held on 16 December 2008
Sick Doctors Trust Annual Report 2008
GPC News 5 – Friday, 19 December 2008 – available on www.bma.org.uk

RECEIVED.

09/02/23.5 Documents sent to GPs and/or Practice Managers since the last meeting on 2 December 2008

GP trainees subcommittee e-bulletin : December 2008 (9.12.8) – Prac Mgrs only
Report from SRCL of needle stick injury (9.12.8) – Prac Mgrs only
Recruitment and selection of NCAS assessors in general practice (16.12.8) – Prac Mgrs only
Forthcoming LMC Elections for 2009 (16.12.8)
Unconfirmed Cleveland LMC Minutes of meeting held on 2 December 2008 (16.12.8)
Cleveland LMC office closure over Christmas period (19.12.8)
British Medical Acupuncture Society - acupuncture training courses (6.1.09)
– Prac Mgrs only
WARNING: Novachannel medical directory (6.1.09)
Focus on...The Dynamising Factor – November 2008 (6.1.09)
Changes to the cremation regulations in England and Wales (6.1.09)
The Claire Wand Fund (6.1.09)
Advert: Salaried GP - Fixed 12 month contract – Marske (6.1.09)
Freedom of Information Act (FOIA) Practice Publication Schemes (6.1.09)
Advert - Practice Nurse : Albert House Clinic (6.1.09)
BMA Meeting : Mental Capacity Act : Marton Country Club : Tuesday, 27.1.09 (13.1.09)
Various items of interest for GPs and Practice Managers (13.1.09)

Updated standard letters: Requests for short term medical certificates - Employers & Students (20.1.09)
Focus on... seniority payments - updated January 2009 (27.1.09)
Warning regarding use of redirection services (28.1.09)
Requests for medical certificates for SCUBA diving (pupils with asthma) (3.2.09)
Advert - Locum for GP maternity leave – Hartlepool (3.2.09)
Advert – Arrival Practice, Stockton – Salaried GP (3.2.09)
Advert : Staff for Assura @ Hardwick, Stockton & central Hartlepool (3.2.09)
February 2009 Drug Tariff (4.2.09)
Cleveland Local Medical Committee Elections : 2009/2012 (4.2.09)
Review of PMS Contracts (10.2.9)

RECEIVED.

09/02/23.6 Date and time of next meeting

Tuesday, 7 April 2009, at 7.30 p.m. in the Committee Room, Poole House.

The Annual Open Meeting to which all GPs are invited will also take place on Tuesday, 7 April 2009 at 7.15 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: