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, 16 February 2010 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:	Dr D Donovan (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr A Bonavia	Dr S Burrows	Dr J T Canning
	Dr G Chawla	Dr G Daynes	Mr S Doyle
	Dr A Gash	Dr T Gjertsen	Dr M Hazarika
	Dr M Hulyer	Dr R McMahon	Dr H Murray
	Dr T Nadah	Dr D Obih	Dr M Pritchard
	Dr A Ramaswamy	Dr D White	Dr S White
	Dr C Wilson	Mr G Wynn	

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

10/02/1 APOLOGIES

Apologies had been **RECEIVED** from Dr M Betterton, Dr S Byrne, Dr K Ellenger, Dr J Hameed, Dr P Heywood, Dr V Nanda, Dr R Roberts, Dr N Rowell, Dr O Sangowawa, Dr S Singh, Dr M Speight, and Dr J R Thornham.

10/02/2 MINUTES OF MEETINGS

10/02/2.1 LMC Board Meeting held on 3 November 2009

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

10/02/2.2 Executive Group Meeting held on 14 January 2010

These had been circulated to Members and the following amendments had been requested:

- **Item 3.3 – APMS Practices**: Skelton Medical Centre is a GP Practice, and Eston Grange is a GP-led Health Centre;
- **Item 20.3 – Langbaurgh Medical Centre**: Dr Hulyer should have been designated as “Lead Clinician” not “Salaried GP”.

NOTED.

10/02/03 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS: Executive Group Meeting held on 14 January 2010

Item 4 – Draft Teeswide GP Appraisal Policy: A member sought clarification regarding the 360 degree appraisals, specifically whether these are fit for purpose for locum GPs and/or GPs working in OOH/walk-in settings.

The Secretary and Development Manager had attended a meeting on 11 February with the Medical Director and other PCT Managers to discuss GP appraisal. The advice at present was not to attempt 360 degree appraisals as it was not known how they would work or what the outcome would be.

10/02/4 PCT CHOOSE & BOOK USER GROUP

The Choose & Book User Groups would like to invite a GP member of the LMC Board to sit on their Teeswide C&B User Group, which meets monthly at Riverside House, MPCT. The meetings are generally held on the 3rd Friday of each month from 09.30 to 11.00 a.m.. The representation includes two practice managers, performance manager, contracting manager, C&B administrator, service reform manager, appointments department manager STHFT, C&B lead NTHFT, two facilitators and data analyst. Reimbursement will be at the PCT rate.

Dr T Gjertsen **AGREED** to be nominated to represent the LMC on this Group and the PCT would be so informed.

10/02/5 LMC CONFERENCE, THURSDAY/FRIDAY, 10/11 JUNE 2010

Three representatives were sought to attend the LMC Annual Conference, Logan Hall, London. Normally this would be the Chairman, Vice Chairman and Secretary, however, Dr Canning will be attending via the GPC so another representative, (perhaps someone who had not previously attended Conference), was sought. The LMC Development Manager will be attending as an Observer.

Dr Chawla was very interested in attending as was Dr McMahon. It was **AGREED** they would each attend one day of Conference, and BMA House would be so informed. Dr Chawla to attend on the Thursday; Dr McMahon to attend on the Friday.

10/02/6 COMMUNITY SERVICES SEPARATING FROM PCT PROVIDER ARM

The Secretary explained that SHA's had until the end of February to formulate plans as to how PCTs were going to divest themselves of their provider arm. There were several options:

- Social enterprise – high risk and issue for staff pensions
- Local Authority – Local Authorities are not particularly interested in this

- Acute/Mental Health Foundation Trust – merging with one of the Trusts
- Community Foundation Trust – unlikely as too small
- PCT provider allowed to continue – possibly losing commissioning to another PCT
- Private sector

MRCCS had received permission from the PCTs to become a Foundation Trust, but it was now doubtful whether the SHA would allow this to proceed to fruition.

The various options were discussed in full. It was felt there could be a conflict of interest if the service was taken over by Acute Trusts. The Mental Health Trust, covering an area larger than Tees, would be better placed to provide continuing support and services. Current community services arrangements north of Tees were purely short term whilst the commissioning process was being carried out. The new arrangements should cover both north and south of the river, with all future contracts being Tees-wide. The formation of Federations was muted but discounted because of the Companies Act 2006 and problems associated with directorships and conflict of interest.

It was **NOTED** that a meeting was scheduled to take place on Monday, 22 February with Celia Weldon and Neil Nicholson (in Chris Willis' absence) at which the LMC Secretary and Development Manager would be present, when the matter would be discussed.

10/02/7 PRIMARY COMMUNITY CARE STRATEGY FOR TEES
Communication from Ali Wilson, Director of Health Systems & Estates Development

"Further to our email communication last week please find attached the Regional Framework for Primary and Community Care Strategy and a summary of priority areas for our local strategy, for inclusion in your LMC meeting.

If members could please note the content which has been developed as a result of the accelerated learning event attended by John Canning in early 2009 'A practice survey of communication needs' and the result of a major listening exercise carried out by Dominic Slowie to better understand the views and experience of practices.

We are now working on localising the framework to develop a Tees primary and community strategy that we have called "Towards Excellence in Primary and Community Care – a strategy for delivery".

We are keen that our document should be set out for shared vision for primary and community care and a strategy for delivery of this vision over the next 5 years. It is intended to provide a framework that enables primary and community care to continuously and consistently improve to deliver 'excellence'.

It will inform future commission decisions and will articulate how primary and community services will support a delivery of world class commissioning aspirations articulated in the Tees strategy.

The strategy is likely to include the following themes:

1) How the PCTs work with providers to stimulate a diverse market so that we can improve accessibility, drive up standards and eradicate unwarranted variation in practice.
2) It will articulate how we engage clinicians and develop our relationship so they provide a leadership for service improvement.
3) How we can develop and improve practice based commissioning.
4) A development of technologies to support service improvement, communication and information sharing.
5) Provide an environment where innovation can flourish including supporting leadership development, education, training and research.
6) The methods and behaviour required to deliver the strategy.
7) How we facilitate more care closer to home.
8) How we support the development of new business models for the delivery of primary and community care.

I would appreciate if members could provide comments on these areas and identify any areas not covered that we should include.

I should be very pleased to discuss this further with John or any other LMC members at their convenience and please note that when the local strategy is drafted it will be circulated for further comments.

We are also planning some engagement events which will take place in April in order to consider the implementation of the strategy."

Members were asked to let the LMC office have comments on the 26-page document by 9.00 a.m. on Friday, 26 February (christine.knifton@middlesbroughpct.nhs.uk).

It was **AGREED** that:

- Ali Wilson be invited to the LMC meeting scheduled for March;
- Members nominated to attend the April events (taking into account not all would be available to attend on the designated day) were: Danny Donovan / Julie-Anne Birch / John Canning / Rachel McMahon / Colin Wilson / Graham Daynes / Mark Hulyer / Don Obih and Janice Foster.

10/02/8 SERVICE SPECIFICATIONS

The PCT wish to review and consolidate the service specifications for enhanced services. At present there are four different specifications for the four PCTs with variations for the 'Eston corridor' which moved from one PCT to another. The review gives the opportunity of re-assessing the specifications from the GP aspect. The PCTs' are proposing that a group of 8 (4 from the PCT and 4 from the LMC) should be established to work through the current specifications commencing with a 3 hour evening meeting on Wednesday, 31 March commencing at 5.30 p.m. in the Committee Room, Poole House. Light refreshments will be provided. PCT members will be :

Sue Greaves – Assistant Director of Primary & Community Care
Chris McEwan – Assistant Director – Health Systems Development
Tony Bullock – Contract Manager
Carl Parker – PEC Chairman

It was **AGREED** the LMC would nominate four members, with alternates :

Danny Donovan – Chairman & Middlesbrough GP
Julie-Anne Birch – Vice Chairman & Guisborough GP
John Canning – Secretary & Middlesbrough GP
Janice Foster – Development Manager
Bill Beeby – Middlesbrough GP
Don Obih – Hartlepool GP
Graham Daynes – North Tees GP
Alison Bonavia – North Tees GP
Sue White – Middlesbrough GP
Stephen Doyle – Practice Manager rep south of Tees
Graham Wynn – Practice Manager rep north of Tees

10/02/9 LMC/PCT RELATIONSHIPS

The LMC held a productive meeting with senior members of the PCTs' management on 9 December 2009. The LMC's attention is drawn to the following:

- That a bi-monthly meeting be established between PCT and LMC Senior Officers.
- That a formal agreement between the PCTs' and LMC be drawn up based initially on the model seen by the LMC at a previous meeting (14 July 2009). Subsequent discussions between the Secretary and Chief Executive have suggested that this is discussed at a workshop with a facilitator at which LMC Officers and senior PCT staff would take part. Arrangements are in hand to establish this event.
- H1N1 vaccinations for children 6 months <5 years – PCT to work with LMC re LES and assessment of the implications as per regional agreement.
- The PCT had offered to facilitate joint training in negotiations for LMC Officers and senior members, using a well respected trainer. It will be held over 2 consecutive days. The LMC was invited to nominate four members in addition to the Officers and Development Manager.

It was **AGREED** that the following members would be nominated to attend the **2-day** negotiations course: Danny Donovan / Julie-Anne Birch / John Canning / Janice Foster / Bill Beeby / Girish Chawla / Rachel McMahon / Stephen Doyle / Graham Wynn, and the PCT would be informed.

10/02/10 COIN PROJECT (Community of Interest Network Project)
Communication from Paul Almond, COIN Project Manager, NHS Tees

"Introduction to COIN
The Community of Interest Network (COIN) is a high speed wide area IT network that will replace the current N3 links in all buildings in Tees with high speed next generation networking. Below we explain why this is being done and how this benefits practices and patients.

What are the Objectives of the COIN?
Currently the IT Network Infrastructures that supports the Trusts and PCT's estates extends over a wide geographical area and is currently served by isolated networks and a number of service providers. The current IT network configurations are expensive and do not meet current and future requirements to support strategic transformational business change and the

NHS modernisation agenda. The implementation of the COIN will provide a "fit for future" network by improving operational efficiency, reduced costs and enabling users to access new technologies whilst supporting flexible working.

What are the Benefits of COIN?
The COIN provides the opportunity to introduce and develop new services required to support organisational strategy. The successful delivery of the COIN will provide the following benefits:

- Faster Network Connections.
- Improved network and data security.
- Joined up network infrastructure enabling clinicians and clinical teams to access systems and information at any health site across the locality.
- Increased network resilience - every site in the COIN will have a resilient connection.
- A network capable of supporting patient records, diagnostic images, electronic prescriptions, data hosting, telemedicine, VOIP and other National and Local applications.

What are the COIN Implementation Timescales?
The initial project planning and implementation has commenced and currently covers the connection of approximately 120 sites across the Trusts' and PCTs' . It is envisaged that these sites will be linked to the COIN by the end of 2010.

During the implementation of the COIN network it will be essential for engineers to make site visits. Sites will be contacted to discuss arrangements a minimum of 3 working days prior to a visit by an engineer."

The Committee **WELCOMED** the initiative.

10/02/11 RESIGNATION

Dr Thornham, Medical Director Tees was unable to attend the meeting and had proffered his resignation to the Board following his retirement from the medical profession, together with sending the following message:

"Can I take the opportunity to thank you for all your help and commitment over the years to the LMC and the GP community. It has been a privilege to be an LMC member, and more recently to be co-opted. I think our LMC has the rare quality of combining the ability to do what is best for GPs, with the ability to recognise what is best for the service and for patients. I trust that if the PCTs see fit to replace me, the LMC will be able to engage positively with my successor."

In his absence, Dr Thornham was thanked for his many years of support to the LMC, and best wishes would be sent to him in his forthcoming retirement.

It was noted that both Medical Directors had now retired from the posts and that the LMC was not aware of any Job Description or advert having been placed. It was felt vital that a Medical Director was in place and it was **AGREED** that the Chief Executive be approached to ascertain what was in the pipeline and if the LMC would be consulted about a Job Description and appointment.

10/02/12 SUMMARY CARE RECORDS
Update from Dr Rachel McMahon, LMC representative on SCR Board

"The SCR Board met on 9 February. The public information programme is starting now. Letters are being sent out on 15/16 February to all patients, and there will be radio advertising. Practices should have received a letter from myself (Rachel McMahon) and John Nicholas regarding the next steps.

At the end of the information programme, the upload will start gradually. There may be a delay for practices using EMIS for technical reasons.

The agreed clinical priority areas for enhancement of the summary care record are: End of Life : Mental Health : Diabetes and Red/Amber drugs. At this stage, there are no definite plans about what action will be suggested in these areas.

The SCR Board next meets on 9 March."

Concern was raised at the expectation of letters being returned as "not delivered" from patients addresses and the consequent removal from lists by NEFHSA. Patients will have to formally "opt out" of SCR, otherwise their consent for "opting in" is presumed to have been received.

NOTED.

10/02/13 CONSEQUENCES OF NEW GOS CONTRACTS
Communication from Local Optometrist Committee Secretary

"Optometrists have recently had it reconfirmed that as part of our renegotiated GOS contracts, we are obliged to inform the GP of our findings every time we test a glaucoma or diabetes sufferer. That is unless we have a local agreement with our LMC that we do not really need to. Diabetics we can understand, although with the DRSS screening most patients, there could be an argument for 2-yearly rather than annual sight tests. Informing GPs every time we see a glaucoma sufferer would, we feel, generate far too much fairly unnecessary paperwork. The views of the LMC are sought please."

Discussion ensued around:

- Only tell GPs what they need to know
- Only contact GPs if there is something of significance
- Some patients will attend the optician but not attend a clinic for formal screening
- Results for those patients who do not attend formal screening should be sent to GP by optician
- Can opticians refer directly for glaucoma?

The Secretary **AGREED** to contact the LOC Secretary with pertinent points from the discussion.

10/02/14 CHANGES TO PERFORMERS LIST APPLICATION FORMS Communication from Chief Operating Officer, NE FHSA

"Following a rapid process improvement workshop we have made some changes to the documentation that we send to GP applicants to the Performers Lists.

Our hope is that the application form is now presented in a much more user friendly format and that the guidance that accompanies the application form provides easy and relevant information to facilitate completion of the form.

I would be very grateful for some constructive feedback on the format of the new paperwork and any suggestions that you could make for improvement would be gratefully received. We hope to have these forms ready for the new intake of registrars this year."

It was **NOTED** that the levy indicated in the forms related to County Durham LMC and was different to that of Cleveland LMC. Helen Lumley will ensure the forms are representative of the respective areas, because some areas also had a statutory levy and all areas had different arrangements for levy payments. It was **AGREED** that Helen be notified of CLMC's levy arrangements.

10/02/15 THE VACCINATION & IMMUNISATION NATIONAL SUPPORT TEAM : Communication from NHS Tees Public

"The Vaccination and Immunisation National Support Team (VINST) will be visiting our area (the whole of Teesside) on 5, 6 and 7 May 2010. Their remit is to support improving the immunisation uptake to help deliver the public health, Public Service Agreements, local targets and vital signs. As you can imagine it is important there is a partnership approach locally to be successful in achieving our immunisation targets, therefore we are inviting all partners who have a vested interest in vaccination and immunisations

The purpose of the visit is to identify opportunities and provide support to enable us in the delivery of the immunisation targets. This support visit from VINST takes the form of a local visit by a team of experienced practitioners to look at the processes, policies, strategies and also the opportunity to speak to individuals who can influence the immunisation rates on Teesside.

At the end of the visit a report of the findings will be presented to us on the morning of 7 May 2010 along with suggestions and offers of further facilitation and support. It is therefore crucial that we engage with the relevant people from primary care such as, practice managers, GPs and practice nurses who have a vested interest in the immunisations across Teesside. The plan is that on Wednesday 5 May 2010 we ensure that we have the relevant individuals to participate in the group discussions about immunisations.

We will welcome your suggestion on how we identify and invite the most appropriate individuals from primary care who can represent the practices across Teesside. Ideally we would like a cross section of individuals from each PCT locality.

Prior to the visit we have to supply documentation relevant to vaccination and immunisation – does primary care have any policies, procedures or action plans that can be forwarded to us for submission?

A copy of the paperwork from the previsit we had on Friday 29 January 2010 is attached but some of this is subject to amendment. **The above information is required by Friday 19**

February 2010. Please accept my apology for the quick turnround but it is vital I am able to get invitation letters out to all who will be involved to get the dates in their diaries."

It was **AGREED** that the LMC Chairman would attend the meeting on Wednesday, 5 May, as mentioned in the communication. Tees Public Health would be so informed.

10/02/16 UPDATING THE "INTER AGENCY PROTOCOL FOR THE RAPID RESPONSE TO UNEXPECTED DEATHS IN CHILDHOOD"
Communication from Alex Giles : Tees Designated Nurse Safeguarding Children

"The above protocol is to be updated by Tees Child Death Overview Panel to reflect changes to the policy and legislative landscape since it was written in August 2008 and especially to include the lessons we have learnt in the last 18 months about improving our practice in responding to unexpected child deaths.

The Child Death Overview Panel should be very grateful to receive comments from you for improving the document.

It would be particularly useful to have your comments about the roles and responsibilities re unexpected child deaths of your particular discipline/department and whether you think these are sufficiently clear within the document. Please suggest any amendments you think are necessary.

Also especially useful would be comments from those professionals who have attended local case discussions on how these could be improved.

Weblink to document (78 pages) is: :
http://www.redcar-cleveland.gov.uk/acpc.nsf/447A707EF6D01A38802574C800463D96/$File/Inter-agency%20Protocol%20for%20Rapid%20Response%20to%20Unexpected%20deaths%20in%20Childhood.pdf

The document was felt to be **ACCEPTABLE**. Queries were raised by the Committee where GPs had been asked to attend meetings regarding unexpected deaths relating to children under 18. In both instances it was felt that their attendance had been an inappropriate use of their time.

Practices were asked to inform the LMC office of any other mis-use of GPs time when asked to attend such meetings (christine.knifton@middlesbroughpct.nhs.uk).

10/02/17 COLLABORATION WITH THE NATIONAL AUDIT OF FALLS & BONE HEALTH IN OLDER PEOPLE
Communication from Royal College of Physicians

"The National Audit of Falls & Bone Health in Older People is part of the national clinical audit programme, funded by the DoH and commissioned by the Health Quality Improvement Partnership. It is performed by the Clinical Effectiveness & Evaluation Unit at the Royal College of Physicians, London under the guidance of a multi-professional steering committee. They have been instrumental in highlighting areas of clinical practice where

improvements in the organisation and delivery of care would benefit from change and have driven many local and national initiatives in this disease area.

The audit has had a limited impact on primary care to date and this has largely been due to the difficulty in following the patient pathway from secondary care. For instance, one of the standards refers to the delivery of secondary fracture prevention at three months following a fragility or low trauma fracture, in line with guidance in NICE Technology Appraisal 161. This also aligns to Directed Enhanced Services in England and Northern Ireland.

It is planned that the next round of the national audit will take place between September and December 2010. Trust audit departments will be contacting practices about a small number of patients (approximately 60 per acute Hospital Trust) who have presented to trauma departments during this period. It is anticipated that the amount of information sought from each practice will be relatively small and we hope that all relevant practices will wish to participate, if asked.

Although it will be necessary to link up information on an individual patient basis, only aggregated anonymous data will be submitted in returns to the CEEU. Individual patient or practice level data will not be identifiable. We wanted to reassure any practices that might be contacted by local audit teams well in advance, and we have a letter from the National Information Governance Board confirming that this planned activity is in line with the usual safeguards under data protection regulations.

It may be helpful if some notice of the contents of this circular is included in one of your bulletins to local general practitioners. PCT chief executives have been sent an invitation to participate letter. At a later date, PCT clinical governance leads and Caldicott guardians will also be circulated. If you have any questions with regards to this audit please do not hesitate to contact Jan Husk or Brenda Welbeck on 0203 075 1347/1511 or email: fbhop@rcplondon.ac.uk."

RECEIVED.

10/02/18 REPORTS FROM REPRESENTATIVES

None had been received.

10/02/19 REPORTS FROM MEETINGS

10/02/19.1 Report of telephone discussion between Carl Parker, PEC Chairman and the LMC Secretary : Tuesday, 9 February 2010

Carl Parker had discussed issues relating to C&B and the amount of money being set aside when C&B only had a 60% uptake. Carl had suggested turning off paper referrals over the next two years. The Secretary had informed him this would not be the most effective way of achieving better use of C&B, and that perhaps sorting out ongoing problems with C&B would assist, together with the benefit of electronic-in to match electronic-out.

The lack of named referrals was another problem with C&B and both acute trusts had been contacted. JCUH had responded with "*changing to named referrals will involve a process of engagement and training for a significant number of staff and at the*

moment I cannot provide you with a timetable". Nothing had so far been received from NTHT.

The Development Manager added that at a QIPP meeting she had attended recently, C&B had been mentioned by Carl Parker and other attendees and she had advised them that paper referrals could not simply be stopped in order to make people use C&B, and that ongoing problems needed sorting out and training was needed for those practices experiencing difficulties.

NOTED.

10/02/20 LMC MEETING DATES FOR 2010

7.30 – 9.30 p.m. : Committee Room, Poole House

12 January 2010
16 February
16 March
25 May
13 July
14 September
26 October
7 December

NOTED.

10/02/21 ANY OTHER NOTIFIED BUSINESS

10/02/21.1 Foreign students eligible for NHS services

Problems were arising again with foreign students attending courses lasting more than 6 months at Teesside University who are registering with Middlesbrough practices, together with their families who may not have been immunised or undergone smears, and who are then requesting enhanced services on the NHS. Funding for practice prescriptions stays with the practice, costs for treatment goes to the PCT. Unless practices have closed lists they cannot turn these people away without being able to give them – in writing – a reason which must not discriminate on grounds of race, creed, colour, sexual orientation or health.

It was **AGREED** to take up this matter with the PCT as to how practices should deal with transient people who are not full time/long term residents.

10/02/22 RECEIVE ITEMS

10/02/22.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
1.2.10	Dr K Sander	Hartfield Medical Practice	H PCT
Salaried GP. APMS practice.			
2.2.10	Dr K Sander	Wynyard Road PC Centre	H PCT
Salaried GP. APMS practice.			
22.2.10	Dr D P Sunkavalli	Dr Brash & Partners	H PCT
Salaried GP.			
18.2.2010	Dr B V Mohan	West View Millennium Surgery	H PCT
Change in classification from Salaried GP to Locum.			
1.2.10	Dr A A B El Malak	Melrose Surgery, Billingham	SPCT
Salaried GP.			
1.1.10	Dr R Vijayakumar	Dr Boggis & Partners	MPCT
Salaried GP			
1.5.10	Dr V Nanda	Dr Heywood & Partners	M PCT
Partner.			
6.2.10	Dr M Sharjeel	Hemlington Medical Centre	M PCT
Salaried GP. APMS practice.			
22.3.10	Dr A Mullenheim	Dr Neville-Smith & Partners	R&C PCT
Partner.			

Resignations:

Effective Date	Name	Partnership	Practice Area
29.1.10	Dr K Sander	Dr Ray	H PCT
Resigned. Salaried GP.			
4.1.10	Dr E K Mansoor	Dr Brash & Partners	H PCT
Resigned. Salaried GP.			
5.3.10	Dr T F Poyner	Dr Poyner & Partners	SPCT
Retirement.			

2.4.10 *Retirement.*	Dr A Ramaswamy	Dr Ramaswamy & Partner	SPCT
28.2.10 *Resigned.*	Dr R Y Litster	Dr Thornham & Partners	S PCT
31.3.10 *Retirement.*	Dr J R Thornham	Dr Thornham & Partners	S PCT
18.4.10 *Resigned.*	Dr V Nanda	Dr Khair & Partners	M PCT
30.7.10 *Resigned.*	Dr S L Woolder	Dr Davidson & Partners	R&C PCT

RECEIVED.

10/02/22.2 Report the receipt of:

Sunderland LMC's minutes of meeting held on 17 November 2009

RECEIVED.

10/02/22.3 Date and time of next meeting

Tuesday, **16 March** 2010, at 7.30 p.m. in the Committee Room, Poole House.

RECEIVED.

There being no further business to discuss, the meeting closed at 8.52 p.m.

Date: ***Chairman:***