

# CLEVELAND LOCAL MEDICAL COMMITTEE

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Notes of the Executive Group of the Cleveland Local Medical Committee commencing at 2.00 p.m. on Thursday, 14 January 2010 in the LMC offices at 320 Linthorpe Road, Middlesbrough.

**Present:** Dr D Donovan – Chairman  
Dr J-A Birch – Vice Chairman  
Dr J T Canning – Secretary

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

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Extreme weather conditions had caused the LMC Board Meeting scheduled for 12 January 2010 to be cancelled. The Executive Group met to discuss the Board Agenda items.

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## 1 APOLOGIES

None.

## 2 MINUTES OF THE LMC BOARD MEETING HELD ON 3 November 2009

**DEFERRED** to LMC Board Meeting on 16 February 2010.

## 3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

### 3.1 List Cleansing

**Ref Minute 09/11/10**

**Response from Helen Lumley, Chief Operating Officer, NE FHSA, Newcastle**

“I refer to your e-mail of 19<sup>th</sup> November 2009 regarding the removal of patients from practice lists as a result of list cleansing, please accept my apology for the delay in replying as we awaited some additional information from practices and our own Information Department.

The Agency believes that a national NHS Number Awareness pilot project approved by the 4 local Primary Care Trusts was the main factor that led to the high volumes of removals resulting from returned undelivered mail.

As you are aware the 4 Primary Care Trusts in the Teesside area agreed to be a pilot site for a Department of Health NHS Number Awareness project as a part of the 'flu preparedness programme'. This pilot involved sending a letter to every resident, registered with a General Practitioner (approximately 570,600) in the Teesside area. The letters were sent out over a period of approximately 2 weeks from 25<sup>th</sup> February 2009. There were no other data cleansing exercises undertaken during this period.

As you can appreciate a significant number of letters were returned as undelivered by Royal Mail. Between 26/09/2009 and 30/10/2009 there have been 3,958 deductions with the FP69 status of NHS Number Pilot Gone Away. Between 12/12/2009 and 18/03/2010, there are 382 patients still waiting to be deducted with the FP69 status of NHS Number Pilot Gone Away.

For returned mail, the normal procedure outlined in statutory instruments SI2004/291 and SI2004/627 was followed resulting in a marker being put onto the patient's record. Details of those patients where undelivered mail had been returned were sent to the relevant GP practices electronically via GP links. At the end of 6 months, unless amended addresses were received or the practice confirmed that the patients were still resident at the addresses, the patients were removed automatically by our system.

In addition to the requirements of the regulations the Agency sends a spreadsheet as a reminder to each practice detailing all the patients that are due to be removed as whereabouts unknown in the next month. This reminds practice staff that action is required to prevent the patients being removed and is an additional service provided by the Agency.

The Agency can give complete assurance that no vulnerable patient groups were targeted, the letters went to all residents in the area. We appreciate that more disadvantaged patients may not inform practices of a change of demographic details however this group tends to attend surgery more frequently therefore practice staff are aware they are still around and can take the appropriate action to prevent removal.

The Agency's approach to list cleansing follows national best practice guidelines and deals with the groups that are most subject to change. The Agency normally undertakes an over 100 year age check annually, a check on patients arrived from abroad 12 months ago including ex-patriots and people living in residential institutes. In the past year only the over 100 year age check has been carried out because of staff shortages.

I hope that this information has addressed some of the concerns of you and your colleagues. If you require further information please do not hesitate to contact us again."

It was **AGREED** that list cleansing was a normal process. Problems may have arisen when Tees patients had been sent a letter regarding their NHS number as part of a national pilot for informing patients of the number which was anticipated to be required as part of the response to a flu crisis. This may have resulted in letters being returned to the PCTs who subsequently removed the patients. There was an ongoing problem with people in shared accommodation, or those who did not have English as their first language.

**3.2 Data Extractions – Middlesbrough GP practices**  
**Ref Minute 09/07/13**  
**Response from David Simpson, Tees Strategic Intelligence Directorate, Teesdale House**

Following the LMC's meeting in July 2009 David Simpson had been asked to clarify:

- What data is being extracted from practices
- By what authority data is being extracted
- Arrangements in place to obtain consent or, if this is not appropriate, the reason for such a decision being made

His response was considered and it was **AGREED** :

- The data extractions were not unreasonable as long as they were being done for population statistics and healthcare planning;
- Practice Managers are not always informed of the data to be extracted and have to ask the IT member – there should be some exchange of paperwork stating what data is to be extracted and when the IT member will be attending;
- The originator of the query be contacted to ascertain if they were happy with the response or had any further questions.

### 3.3 APMS Practices – Update Ref Minute: 09/09/11.4

All APMS practices are now open and the updated details are:

Scheme No	PCT	Practice/Health Centre	Provider
1	Hartlepool	GP led Health Centre	Assura Hartlepool LLP: Hartlepool NHS Healthcare Centre Commenced 1.5.2009
2	Hartlepool	GP Practice	Gatehouse Health: The Fens Medical Centre Commenced 1.6.2009
3	Hartlepool	GP Practice	Intrahealth: Hartfields Medical Practice Commenced 1.5.2009
4	Stockton on Tees Teaching	GP led Health Centre	Assura Stockton LLP: Stockton NHS Healthcare Centre Commenced 1.4.2009
5	Middlesbrough	GP led Health Centre	Care Integration Partnership: Resolution Health Centre Commenced 1.1.2009
6	Middlesbrough	GP Practice	Bondcare: Park End Medical Centre Commenced 1.9.2009
7	Middlesbrough	GP Practice	Bondcare: Hemlington NHS Medical Centre Commenced 21.12.2009
8	Redcar & Cleveland	GP Practice	Bondcare: Skelton Medical Centre Commenced 1.7.2009

9	Redcar & Cleveland	GP-led Health Centre	Teesside Community Care: Eston Grange NHS Healthcare Centre Commenced 1.4.2009
10	Redcar & Cleveland	GP Practice	Assura: Langbaugh Medical Centre Commenced 14.12.2009

All APMS practices had signed a working agreement with the LMC. All APMS practices, with the exception of Bondcare, were GP-led (Bondcare formerly were associated with care homes).

The Group discussed the management of relationships with both practices and individual practitioners and discussion centred around the possible benefits in risk management of the LMC becoming a Corporate entity, most likely as a Limited Company. It was **AGREED** this be pursued further at the LMC Conference in June with Shanee Baker, the BMA lawyer.

#### **4 DRAFT TEESWIDE GP APPRAISAL POLICY**

It was felt that the document was not too controversial bringing the north and south of the river together with one policy. It was noted that:

- there was more quality control of the appraiser than previously used south the river;
- there was a mandatory use of the toolkit;
- appraisals to take place in the appraisee's birthday quarter;
- a 360° appraisal take place.

It was **AGREED** that:

- all GPs should be encouraged to use the toolkit and the PCT should be educating GPs in its use and ensuring appraisers are competent with methodology;
- the PCT be informed of the concerns raised.

#### **5 COMMISSIONING INTENTIONS – QIPP LINKS : PATIENT PATHWAYS & ELECTIVE DEMAND**

**Communication from Mick Hatton, Project Lead, MPCT**

“As you are all aware the NHS financial environment from 2011/12 will become significantly more stringent! This means that 2010/11 will very much need to be a planning and preparation year to equip the Local Health Economy for the harsher times ahead. The QIPP (Quality, Innovation, Productivity and Prevention) agenda is being used to drive increased productivity and efficiency across all NHS organisations.

In reductionist terms one could argue that demand management of elective and non-elective activity is the *Sine qua non* of the QIPP agenda – although of course even I might argue with myself over that as it over simplifies the existing technical/organisational system of health care delivery!

However it is inescapable that a balance between ‘choice’ and ‘control’ of activity into individual services will have to be found that will allow for the future funding in the system to be targeted and used to its best effect.

One element of the local Commissioning intentions that links into QIPP is the management of demand into Elective services. There are still many examples in the Tees PCT’s of activity being referred into the local Acute providers that could be managed in another clinical setting outside of secondary care.

The question is what do we need to do to ensure we arrive at the rhetorical Valhalla of managing the majority of patients in a “Right service Right place Right time” way?

To that end I attach a paper to stimulate a debate (and hopefully gain consensus) on the topic of strengthening the use of elective referral pathways that are always led by a Clinical Assessment Service, coupled with trying to standardise that approach across the Tees patch.

A wide range of views already exists on how to achieve the “three R’s” and much work is already taking place to try and influence elective demand but whatever the approach I think any demand management mechanism needs to achieve the following objectives;

- Referral assessment by a ‘clinical specialist’ so that patients can be signposted to a “Right Service”
- Provide advice/treatment for patients who do require a “sub-acute” intervention – in a “Right Place”
- Allow GP/Other referrers to maintain referral responsibility for cases that clearly need Acute intervention while giving them confidence that the use of any CAS service adds clinical value for the patient
- Rewards secondary care for managing cases that require an Acute intervention while placing responsibility on them to only manage those patient types
- Places responsibility on Referrers to undertake the clinical work they are capable of doing.
- Pro-actively performance manages the referral activity to increase understanding and identify opportunities for adjusting the referral flow.
- Provide greater Value for Money than the existing service/treatment pathway

I am sure you may wish to add other objectives onto this list. The next step would be debate this paper and its suggested approach in one of the next Commissioning Intentions - Clinical Reference Group meetings with the intention of seeking an Agreement in Principle on how to progress the issue - but I have also included the relevant PEC Chairs and Medical Directors so that a wider consideration/input can be achieved.

In the meantime I would be pleased to receive (and collate) any feedback you may have on the attached briefing paper. Alternate suggestions on how tighter control of Elective referral demand might be achieved would be equally welcome!”

The Secretary had voiced concerns to the PCT that this is not patient centred but treats people as ‘cases of disease’ and is a further move away from a general practice approach to a GP services approach. Also that the removal of access will need to be taken through a formal consultation under the NHS Act.

LMC members are sought to sit on the panel and the PCT will reimburse at PCT normal rate for time away from the surgery. A meeting has been arranged for Thursday, 4 February 2010 commencing at 1.00 – 5.00 p.m. at a venue to be confirmed.

The paper was discussed. It was felt the official route for discussion was via PBC. Concern was voiced that the PCT may be after apparent approval from the LMC. The commonest reasons for a complaint were refusal to admit/refusal to refer. If the PCT propose to withdraw a service they have to follow a formal process of consultation with Scrutiny Committees and the general public.

Dr Donovan indicated he was willing to be the LMC representative on the PCT panel, but could not attend the meeting on 4 February. The Development Manager would deputise in his absence. It was **AGREED** the PCT would be so informed.

## **6 CANCER TERTIARY REFERRALS**

### **Communication received from Anita Murray, Contract Manager, Procurement & Contract Management (Acute Services), MPCT Riverside House**

“In relation to cancer referrals; as you are aware currently patients are referred back to the GP and then referred onto the Trusts. We have approached the cancer network to approve a variation in the pathway so that the IS can refer directly into the Trusts and not refer back to the GP.

In light of the recent changes to the 2ww rules allowing referrals to not just be made by GPs the network has agreed the variation. The network will produce a checklist of risk areas and governance issues and will test with IS providers to ensure that they are happy referring into secondary care. This will be a Tees-wide approach and I will keep you informed of progress.”

**NOTED.** It was **AGREED** to review in 6 weeks.

## **7 CORRECT USE OF CHOOSE & BOOK GUIDANCE**

### **Document produced by DH and BMA**

The document was discussed. In Section 6 : Page 14 it states that where providers offer named referrals on paper-based referrals they should do so on electronic-based referrals. The provision of a named consultant was available informally south of Tees with C&B. The problem was felt to be with the Trust not the PCT.

Named referrals with C&B had been raised with the PCTs and it was **AGREED** the LMC will pursue this where it is not available.

## **8 PCT CHOOSE & BOOK USER GROUP**

The Choose & Book User Group 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 3<sup>rd</sup> Friday of each month from 9.30 to 11.00 p.m. The representation includes 2 practice managers, performance manager, contracting manager, C&B administrator, service reform manager, appointments department manager STHFT, C&B lead NTHFT, 2 facilitators and data analyst. Reimbursement will be at the PCT rate.

**DEFERRED** to LMC Board Meeting on 16 February 2010. It was felt a GP with an interest in IT would be more suited to this user group.

**9 TALL SHIPS, HARTLEPOOL – Saturday/Monday : 7-10 August 2010**

The Tall Ships Race is coming into Hartlepool 7-10 August 2010. Practices need to consider the impact that the sheer number of visitors to Hartlepool (anticipated 250,000) may have on practices i.e. visitors attending surgery, doctors / pharmacies / staff getting to work through potentially large volumes of traffic.

**NOTED.**

**10 LMC CONFERENCE, THURSDAY/FRIDAY, 10/11 JUNE 2010**

Three representatives 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 another Committee. The LMC Development Manager will be attending as an Observer.

It was **AGREED** that:

- the LMC Chairman and Vice Chairman would attend;
- a third candidate will be sought at the next LMC Meeting on 16 February

**11 LMC/NEGOTIATOR MEETINGS : MARCH 2010**  
**Communication from Dr Laurence Buckman, Chairman of GPC**

“The purpose of the LMC road shows is to provide an opportunity for the negotiators to give an update on current issues and to give you the chance to have your questions answered. The next series of meetings will take place in March 2010, and in the north east these are:

Tuesday, 23 March 2010 : 7.00 – 9.00 p.m.  
Quality Hotel, Junction A19/A194  
Witney Way, Boldon  
Near Sunderland NE35 9PE

Tuesday, 16 March 2010 : 6.30 – 9.00 p.m.  
Village Hotel & Leisure Club  
186 Otley Road  
Headingley  
Leeds LS16 5PR

The meetings will provide an opportunity to look at the issues facing the profession in light of the impending general election and to consider areas that could potentially be up for negotiation in the coming year. It would be very helpful for the GPC negotiators to receive notification of any questions and particular issues prior to the meetings to be addressed to Sue Love by email on [slove@bma.org.uk](mailto:slove@bma.org.uk) or by fax on 0207 383 6406.”

To allow LMC members to attend the Roadshow in Newcastle, it was **AGREED** that the LMC Meeting scheduled for 23 March be moved to 16 March.

## 12 LMC MEETING DATES FOR 2010

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

12 January 2010  
16 February  
~~23 March~~ 16 March  
25 May  
13 July  
14 September  
26 October  
7 December

The revised dates were **AGREED**.

## 13 RESIGNATIONS

- 13.1 Ifiti Lone, Medical Director (south) had relinquished his LMC Board membership as from 31 December 2009, having resigned as Medical Director (south). Rodger Thornham had taken over responsibility for the post of Medical Director Tees-wide until 31 March 2010 when a replacement should be in position.
- 13.2 Iain Marley, representative for Practice Managers (South of the river) had resigned from the LMC Board as from 10 December 2009, having taken up a post as Tees Clinical Budgets Project Manager based at MPCT. Stephen Doyle, Practice Manager for Park Surgery, Middlesbrough had been appointed in his place.

**NOTED.**

## 14 PREMISES SURVEY

The LMC had recently been informed by a practice that they had received less than one full day's notice of a visit by the PCT under the Commissioners Investment and Asset Management Strategy (CIAMS).

Under Para 89 of the GMS Regulations and similar arrangements under PMS, the PCT does have the right to undertake inspections such as this but there must be *reasonable notice* and there is a right to LMC observers being present. The practice must allow persons authorised in writing by the PCT to enter and inspect the practice premises at any reasonable time, but there must be reasonable notice of the intended entry.

Such inspections were also carried out at pharmacists and dental practices.

After discussion, it was **AGREED** that practices may wish to consider a *reasonable notice* period to be of 2 weeks or more, particularly at busy times, although obviously if it is mutually convenient, a shorter period is quite acceptable.

**15 DETERMINATION OF RURALITY – WYNYARD, STOCKTON PCT  
Communication from NEFHSA Contractor Services**

“Following an application from Mr Zulfiar Rafiq to establish a new pharmacy at The Stables, Wynyard, SPCT has decided to review the rurality of the area before the application can be determined.

Wynyard lies within HPCT and SPCT. The whole of HPCT was declared non-rural in 2008, however, Wynyard and the surrounding area within SPCT is currently classed as rural.

In accordance with Para 31 of the NHS Pharmaceutical Regulations 2005, SPCT has decided that a review is required, as SPCT is aware that the area of Wynyard has changed significantly since the original determination. SPCT proposes that Wynyard and the surrounding area becomes non-rural.

Before making the determination and in accordance with Para 31(5) of the NHS Pharmaceutical Regulations, you may make representations to me in writing within 30 days of the date of this letter (written on 22.12.09).

When all comments have been made, the relevant information will be collated and passed on to SPCT in order that they may determine the matter. Once a decision is made you will be informed of the decision and you will have the right of appeal.”

There was currently one dispensing practice on the fringes of the SPCT area. A classification of non-rurality could mean a practice in Wynyard would be eligible to dispense.

It was **AGREED** :

- that non-rurality for the SPCT area be opposed;
- to discuss the map with the PCT to ascertain whether non-rurality related to the whole of the area or whether just part of it would change

**16 SOUTH GRANGE MEDICAL CENTRE & THE ESTON SURGERY :  
NOTIFICATION OF MERGER  
Communication from Paul Frank, Assoc Dir of Communication & Engagement**

“This letter is to inform you that South Grange Medical Centre and The Eston Surgery have approached NHS Redcar and Cleveland with a proposal to merge contracts and deliver medical services from one site from 01 April 2010. The merger will give a wider range of services and greater choice to the practice population and will ensure a larger more sustainable practice.

As you may be aware, South Grange Medical Centre delivers services from the Trunk Road, Eston with a current list size of 6,228 patients. The Eston Surgery delivers services from 10–12 Jubilee Road, Eston, and 75–77 Bolckow Road, Grangetown with a current list size of 3,176 patients.

The merger was approved by the Tees Strategy and Procurement Board on 04 August 2009 and it is proposed that the practices will merge with effect from 01 April 2010. All three sites will remain in use over the next 6 months, following which it is intended that The Eston Surgery will vacate their premises and both practices will work from South Grange Medical Centre. The combined Practice would then work as one to deliver services for a total list of 9,404 patients.

Currently the Glens Medical Practice is housed in temporary accommodation within the car park of the South Grange Medical Centre, this Practice will relocate to the new Low Grange Health Village in March and the car park area will be reinstated for use by staff and patients of the merged practices.

The practices perceive several benefits as a result of this merger, these include:

- Greater stability and continuity of care for the current patients of both Practices
- Increased availability of appointments
- Improved choice of healthcare professionals for patients
- Wider range of services
- Improved disabled access
- Opportunity to increase GP specialist interest

Patients would have access to the full range of health care professionals and services of both former Practices combined. The patients of The Eston Surgery will also benefit from the relocation of their GP Practice into more modern and accessible health care facilities.

The relocation of The Eston Surgery to the Low Grange Health Village was included as part of the Greater Eston Health and Social Care Village formal consultation from 25.07.05 to 31.10.05. This new proposal, to relocate to South Grange Medical Centre, has additional benefits to patients in becoming part of a larger Practice whilst reducing the distance between the existing and new sites.

The Practices and NHS Redcar and Cleveland wish to ensure that awareness is raised of the merger and the relocation, associated benefits and new contact details. From 05 January to 25 February 2010 there is also an opportunity to comment on the proposal, and we would welcome your views on:

- What do you think of the proposed merger and plans to deliver services for all patients from South Grange Medical Centre?
- Do you have any suggestions for the enlarged Practice?
- Do you have any questions or concerns?

Information will be on display in the Practices and on the website [www.southgrangemedical.co.uk](http://www.southgrangemedical.co.uk) You may also wish to attend one of the drop-in sessions which are taking place at 4.30 p.m. as follows:

- Drop-in session 08 February 2010 at South Grange Medical Centre
- Drop-in session 09 February 2010 at Jubilee Road
- Drop-in session 10 February 2010 at Bolckow Road

Comments can also be posted in the Suggestion Box in the Practices' waiting areas and views can also be submitted in writing to:

- South Grange Medical Practice, Trunk Road, Eston, Middlesbrough, TS6 9QG
- The Eston Surgery, 10-12 Jubilee Road, Middlesbrough, Cleveland, TS6 9ER
- Patient Experience Teesside, Freepost NEA 9906, Middlesbrough, TS2 1BR.

After 25 February 2010, all the views received will be analysed and a report will be produced which will be made available."

It was **AGREED** that the LMC would support the merger.

## 17 REPORTS FROM REPRESENTATIVES

### 17.1 Tees Summary Care Record Project Board – Report received from Rachel McMahon (LMC representative on the SCR Project Board)

“This was an open meeting to inform interested parties about the proposed implementation of the Summary Care Record (SCR) next year. It has high level PCT support and I am sure that it will go ahead as planned in 2010. There were a wide range of individuals from the PCTs and Acute Trusts, as well as GP's and practice managers. There was also input from members of the national team with responsibility for implementation of this project.

Much of the information provided was duplication of the reports we received at the last LMC meeting. The acute care sector are very much in favour of the SCR going ahead. GP's and practice managers were more cautious, with particular concerns about the possible workload issues and the issues around consent to view the record.

We were given the impression that in pilot areas, GP's found the project so wonderful that they were happily enriching records with additional information without the provision of any additional resources. I felt there was an implication that we would do the same.

Further to this meeting I was invited to represent the views of the LMC on the SCR project board, which I have accepted. The board plans to meet monthly, with the first meeting to be held at lunchtime on 12th January. I will give a verbal update at the LMC meeting in the evening.”

Discussion ensued on Summary Care Records and it was noted that patients can opt out of being on the system at this stage, and again later if they so choose.

A draft PCT letter which was to be sent to all GPs was discussed and **APPROVED**.

## 18 REPORTS FROM MEETINGS

### 18.1 Personal Health Budgets meeting, Middlesbrough MPCT : 18 December 2009 : Report from LMC Development Manager

Project going live in April 2010 with a pilot of 160 people in the area. A panel may be formed to make decisions on whether funding is/is not approved per patient. The GP clinician would be Carl Parker not the patient's actual GP, and this was felt by the Executive Group to be the correct course of action. It was felt that if a patient on the scheme sought advice from their own GP, no advice should be given as this may cause conflict.

Questions from GPs were sought so that the PCT could formulate a FAQs for GPs and it was **AGREED** that the PCT be asked to let the LMC discuss the FAQs prior to its distribution to ensure GPs were not being asked to do anything they were not competent to do.

## 19 ANY OTHER NOTIFIED BUSINESS

### 19.1 Pharmacists issuing red card to patients for immediate GP appointment (Guisborough)

It was noted that unidentified pharmacist(s) had commenced issuing 'red cards' to patients they felt required an immediate doctor appointment. Patients were attending surgery and presuming they could obtain an immediate appointment ahead of pre-booked appointments. Enquiries would be made and information relayed to the LMC office.

## 20 RECEIVED ITEMS

### 20.1 Medical List

#### Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
1.1.10 <i>Partner</i>	Dr M Vijayakumar	Dr Longwill & Partners	SPCT
1.1.10 <i>Currently Salaried GP. Change in status to Partner wef 1.1.10.</i>	Dr J Veeramasuneni	Dr Neoh & Partners	SPCT
1.1.10 <i>Salaried GP. Change in status to Partner wef 1.4.10.</i>	Dr R Vijayakumar	Dr Boggis & Partners	MPCT
11.1.10 <i>Salaried GP. APMS practice.</i>	Dr S Khan	Hemlington Medical Centre	MPCT
12.1.10 <i>Salaried GP. APMS practice.</i>	Dr E Ackroyd	Hemlington Medical Centre	MPCT
30.11.9 <i>Partner</i>	Dr L J Raeburn	Dr Stocking & Partners	R&C PCT
7.11.9 <i>Salaried GP. APMS practice.</i>	Dr K Shanmugam	Skelton Medical Centre & Park End Medical Centre	R&C PCT
5.1.10 <i>Salaried GP. Will continue working at Dr Brash &amp; Partners, HPCT.</i>	Dr E K Mansoor	Dr Lone & Partners	R&C PCT
16.12.9 <i>PCT Salaried GP.</i>	Dr D Peacock	Dr Acquilla & Partners	R&C PCT
18.1.10 <i>Salaried GP.</i>	Dr J Schmidt	Dr Tahmassebi & Partners	R&C PCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
11.11.9 <i>Salaried GP. Resignation.</i>	Dr R Vijayakumar	Dr Ray & Partners	HPCT
5.3.10 <i>Retirement.</i>	Dr T F Poyner	Dr Poyner & Partners	SPCT
2.4.10 <i>Retirement.</i>	Dr A Ramaswamy	Riverside Medical Practice	SPCT
15.1.10 <i>Resigned. APMS practice.</i>	Dr J Schmidt	Stockton NHS Health Care Centre	SPCT
12.2.10 <i>Resigned. APMS practice.</i>	Dr D P Sunkavalli	Stockton NHS Healthcare Centre	SPCT
31.1.10 <i>Resigned</i>	Dr R B Kasper	Dr Heywood & Partners	MPCT
15.1.10 <i>Locum.</i>	Dr S K Baddam	Dr Beeby & Partners	MPCT
30.10.9 <i>Retirement.</i>	Dr T W Baxter	Dr Baxter & Partner	R&C PCT
31.10.9 <i>Resigned.</i>	Dr E B Ackroyd-Parkin	Dr Neville-Smith & Partners	R&C PCT
31.12.9 <i>Retired.</i>	Dr N C Jayakrishna	Dr Lone & Partners	R&C PCT
30.7.10 <i>Resigned.</i>	Dr S L Woolder	Dr Davidson & Partners	R&C PCT
31.8.09 <i>Salaried GP.</i>	Dr A K Karn	Dr Stocking & Partners	R&C PCT

**RECEIVED.**

**20.2 New addresses – Redcar practices**  
**Notifications from NE FHSA Contractor Services, Appleton House**

**20.2.1 Rainbow Surgery, Redcar**

With effect from 12th December 2009, Dr Islam's premises at The Health Centre, Coatham Road, Redcar will be moving to:

Rainbow Surgery  
Redcar Primary Care Hospital  
West Dyke Road  
Redcar TS10 4NW

The telephone and fax numbers remain the same. Tel no: 01642 475222 / Fax no: 01642 477751

**20.2.2 Bentley Medical Practice, Redcar**

With effect from 11th December 2009, Dr Tahmassebi's premises at The Health Centre, Coatham Road, Redcar will be moving to:

Bentley Medical Practice  
Redcar Primary Care Hospital  
West Dyke Road  
Redcar TS10 4NW

The telephone and fax numbers remain the same. Tel no: 01642 482647 / Fax no: 01642 498885

**RECEIVED.**

**20.3 Langbaugh Medical Centre – APMS Practice**  
**Notification from NEFHSA Contractor Services Officer**

Please note there will be a new Darzi practice opening with effect from Monday, 14 December 2009, the details are as follows:

Langbaugh Medical Centre (Assura Stockton LLP)  
Redcar Primary Care Hospital  
West Dyke Road  
Redcar TS10 4NW  
Tel: 01642 511722

There will be a pooled list for the patients.

Dr M C G Hulyer will be working there as Lead Clinician.

**RECEIVED.**

## **20.4 Hemlington NHS Medical Centre – APMS Practice Notification from Contract Manager, MPCT Riverside House**

This practice will open on Monday, 21 December 2009, the details are as follows:

Hemlington NHS Medical Centre (Bondcare Limited)  
Viewley Centre (Temporary portakabin)  
Hemlington  
Middlesbrough TS8 9JH  
Tel: 01642 514350

The opening hours for Hemlington Medical Centre are:

Monday:	7.30 am - 7.00 pm
Tuesday	8.00 am - 8.00 pm
Wednesday	8.00 am - 7.00 pm
Thursday:	8.00 am - 8.00 pm
Friday:	8.00 am - 8.00 pm
Saturday:	1.00 pm - 5.00 pm

Currently not open Sundays or Bank Holidays, opening times likely to change on a weekly basis due to demand.

Dr S M Feldman will be working as a Salaried GP. Alison Somers will be the Practice Manager.

**RECEIVED.**

## **20.5 Redcar Primary Care Hospital – Transfer of Services Notification from Martin Phillips, Director : Health Systems Development**

“I write to update you on progress with bringing the new Redcar Primary Care Hospital into use and to specifically let you know the timelines for the transfer of existing services to the new premises.

The construction of the new Redcar Primary Care Hospital was completed, as planned on Tuesday, 10 November 2009. Existing services will begin transfer to the new Primary Care Hospital on 4 December with the hospital expected to be fully operational by 13 January 2010. In the future we aim to further develop the range of services available, in line with the Strategy commitments to care closer to home and to improving accessibility and choice.

The new Primary Care Hospital is innovative in both design and technology providing modern, user friendly and state of the art facilities for general practice, community services, outpatients and elderly care. The site further benefits from the provision of an onsite pharmacy and clinical areas, purpose-built for the provision of specialist care, and supporting therapies.

The new Primary Care Hospital is easily accessible by car and public transport and includes a café and nearly 200 secure free car parking spaces.

### Timelines

Arrangements have been put in place for existing services to transfer as follows:

- Audiology Services – Close 10 December – open 15 December 2009

- Physiotherapy Services – Close 4 December – open 7 December 2009
- Podiatry Services – Close 4 December – open 7 December 2009
- Ravenscar Surgery – Close 4 December - open 7 December 2009
- The Greenhouse Surgery – Close 4 December – Open 7 December 2009
- Bentley Medical Practice – Close 11 December – open 14 December 2009
- Rainbow Surgery – Close 11 December – open 14 December 2009
- All other services currently provided from Redcar Health Centre – Close 11 December – open 14 December 2009
- Services currently provided from Stead Primary Care Hospital will transfer week commencing 11 January 2010 with all clinics provided from Redcar Primary Care Hospital by 13 January 2010.

#### Communication with Patients

All patients registered with the GP practices currently located at the Redcar Health Centre, that is: Ravenscar Surgery, The Greenhouse Surgery, Bentley Medical Practice, and the Rainbow Surgery will receive a letter including details of the relocation and confirmation that contact telephone numbers and other services will remain the same.

All current patients at Redcar Health Centre and Stead Primary Care Hospital will receive a letter with details of the relocation; posters, flyers, etc, are also being used to communicate the transfer. Information will also be available in the local press, in the Evening Gazette Health Supplement and online at [www.redcarandcleveland.nhs.uk](http://www.redcarandcleveland.nhs.uk).

#### Redcar Primary Care Hospital

The address for Redcar Primary Care Hospital is as follows:

Redcar Primary Care Hospital  
West Dyke Road  
Redcar TS10 4NW  
Tel: 01642 511000

All patients are to report to Reception on arrival.”

**RECEIVED.**

## **20.6 The Cameron Fund : The GPs’ own charity (Annual Christmas Appeal) Letter from Vice Chairman and Deputy Treasurer**

“We would like to thank the LMC and its constituent GPs for their continuing support over the past year. During the year over 70 new requests for help were received by the Cameron Fund – the GPs’ own charity. These referrals were received either directly from the doctor concerned, from a referral made by their LMC secretariat, or from other sympathetic organisations. We are delighted to report that in the last year, the Cameron Fund was able to help 110 beneficiaries by providing assistance to the value of £209,520.

With the ever increasing calls upon our resources and as Christmas approaches, we are again seeking your help so we may continue to be in a position to provide sympathetic support for those of our colleagues who find themselves in either financial or medical distress. The Fund tries to make Christmas for its beneficiaries a little bit special with a seasonal gift. However, the work of the Fund needs to continue year round and particularly in the current economic climate the ever increasing calls upon the Funds’ resources mean we need your financial

support more than ever. We write now asking the LMC and constituent GPs to consider giving generously to the Fund this Christmas.

We would like to remind you that the LMC or any of your colleagues or their dependants, who may be in need of help from The Cameron Fund, should contact Jane Cope (Tel: 0207 388 0796 or email [janecope@cameronfund.org.uk](mailto:janecope@cameronfund.org.uk)). We thank you in advance for any financial support that your GPs or LMC may be able to give to The Cameron Fund. Our charity only supports GPs and their dependants.”

**RECEIVED.**

**20.7 Report the receipt of:**

Durham & Darlington LMC’s minutes of meeting held on 6 October 2009  
Durham & Darlington LMC’s minutes of meeting held on 3 November 2009  
Sunderland LMC’s minutes of meeting held on 20 October 2009  
GPC News 4 – Friday, 20 November 2009 – available on [www.bma.org.uk](http://www.bma.org.uk)  
GPC News 5 – Friday, 18 December 2009 – available on [www.bma.org.uk](http://www.bma.org.uk)

**RECEIVED.**

**20.8 Date and time of next meeting**

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

**RECEIVED.**

**The meeting closed at 3.10 p.m.**