

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 7.32 p.m. on Tuesday, 14 July 2009 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:

Dr D Donovan (Chairman)	Dr W J Beeby	Dr M Betterton
Dr J-A Birch	Dr J T Canning	Dr G Daynes
Dr K Ellenger	Dr T Gjertsen	Dr J Hameed
Dr P Heywood	Dr M Hulyer	Dr I A Lone
Dr K Machender	Mr I Marley	Dr R McMahon
Dr T Nadah	Dr V Nanda	Dr A Ramaswamy
Dr R Roberts	Dr J R Thornham	Dr D White
Dr C Wilson	Mr G Wynn	

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

The Chairman welcomed first-time attendees, both doctors and Practice Managers, to the meeting, together with Rachel Roberts who was attending her first meeting since having baby Nicholas.

09/07/1 APOLOGIES

Apologies had been **RECEIVED** from Dr A Bonavia, Dr S Burrows, Dr S Byrne, Dr G Chawla, Dr A Gash, Dr C Harikumar, Dr H Murray, Dr D Obih, Dr M Pritchard, Dr T Sangowawa and Dr S White.

09/07/2 MINUTES OF THE MEETING HELD ON 2 June 2009

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

09/07/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

09/07/3.1 Report from Returning Officer - Update
Ref Minute: 09/04/6.1

- GP members are:

Dr Mark Hulyer Representative for Stockton PCT area
Dr Junaid Hameed Representative for Redcar & Cleveland PCT area
Dr Tom Gjertsen Representative for Redcar & Cleveland PCT area

- Co-opted members are:

Mr Graham Wynn Practice Manager, north of Tees
Mr Iain Marley Practice Manager, south of Tees
Dr Rodger Thornham Medical Director, north of Tees
Dr Ifti Lone Medical Director, south of Tees
Dr Steve Byrne South Tees Hospitals NHS Trust
Dr Peter Heywood/ Shared representation for Public Health
Dr Toks Sangowawa

Two vacancies still existed for the Hartlepool PCT area despite repeated requests for nominations. All other areas had the full complement of GP representation. Any GP in the Hartlepool area who was interested in becoming a Board Member was asked to contact Christine Knifton at christine.knifton@middlesbroughpct.nhs.uk or 01642 737744.

RECEIVED.

09/07/4 SWINE FLU – Update
Dr Peter Heywood, Locality Director of Public Health, Middlesbrough Council & NHS Middlesbrough

Dr Heywood informed members:

- Anne Moore and Peter Kelly were joint Flu Directors with Peter Heywood giving support regarding clinical advice across the four PCTs
- Moved from containment to mitigation phase: treatment only; clinical judgement on use of prophylaxis in some cases and for everyone pregnant, under 5, over 65, and those at high risk
- National Flu Line will be coming on-line shortly (not known when); NHS Direct is struggling with demand for information
- If patient has suspected flu the process will be they will telephone and go through an algorithm and told whether or not they have flu, given a unique reference number and asked to give this number to a “flu friend” to go to an Antiviral Collection Point (ACP) with some identification, and the ACP via a web-based system will have the unique reference number and issue Tamiflu to “flu friend”. Intention is to direct as many people away from practices as possible (it was not known if web-based system would notify patient’s GP they had been issued with

Tamiflu, in order to avoid multiple doses being issued to patient). GP voucher system may get round multiple doses

- HPA guidance was needed on patients seeking multiple doses of prophylaxis having been in contact with multiple cases of suspected swine flu over the next few months
- Primecare and 11 Trinity Mews at North Ormesby Health Village are open as ACPs on a 24 hour basis, currently seeing about 200 people a day. Faxes for collection are going to Primecare. Other ACPs will open when required, followed by further ACPs when demand significantly increases.
- A protocol has been distributed to practices by email only, and faxed reminders. Trying to keep information being distributed to a minimum, but if more information is wanted, please let Public Health Directorate know.
- FP10s are being used but Authorisation Vouchers will be distributed end July/early August. Vouchers will be distributed via normal distribution system during next 2 weeks. Exact date of Voucher commencement not known.
- Separate Voucher for children under 1 and over 1 and they will replace FP10s. Children under 1 should be visited and clinically assessed and weighed; children over 1 will be assessed by age group unless child is obviously under-weight or over-weight then age group is adequate for dosage.
- For under 1's there is a limited quantity of Tamiflu solution, for other children they will be told how to break open the capsule – solution is only for children under 1.
- Expecting H1N1 some time in August with second wave expected in the autumn. 30 million doses (courses) have been obtained but everyone needs two doses. It is expected there will be 1 million patient contacts across Tees. Dr Tricia Cresswell is taking lead for vaccination programme across the region.
- Personal protective equipment should have been received by practices. Future supplies likely to be procured regionally.
- Clinical assessment tools are on the DH website. Pulse Oximeters will be distributed (Simon Stockley to be asked to produce protocol).
- Helpline Advice Centre in PCT offices for feedback or comments from practices.
- Meeting will be arranged within the next couple of weeks for lead clinician and Practice Manager from each cluster to have an update and advice on what will need to be done at a later stage when second wave arrives

Comments/concerns raised were:

- FP10 can be produced on the computer and put on the patient's notes; this will not happen with Vouchers
- In other areas GPs have been asked to make sure FP10 is not valid by putting some kind of annotation on it
- High incidence of side effects with Tamiflu
- Message needs to be got out that people should not come down to the surgery
- Some employers are asking for "free from infection" notes, this request must be refused. Practices asked to supply employers' names to LMC.
- To take into account GPs on holiday it was suggested update bulletins should incorporate previous information so that everyone is up to date with information – collect everything together as extractable zip file to the Desktop and put everything into one folder; every time one document was updated it would update everything

- It has yet to be decided when clusters will go “live”, or when the normal contract arrangements will terminate
- All new APMS practices will need to be incorporated into existing flu clusters and Peter Heywood said he would take this matter forward.

09/07/5 IM & T MATTERS

09/07/5.1 Ensuring more clinical input into development of IT systems in Teesside between primary/secondary care

Ref Minute: 09/02/6 : 09/04/8.4

Dr Nicholas had formed a Tees IT Technology Board covering the 4 PCTs and local Trusts to try and develop a common strategy on how technology can be best developed in the area to support primary and secondary care. An elected GP was sought to sit on the group to represent the LMC.

Dr R McMahon offered to be nominated to the Group and Dr Nicholas would be duly informed.

09/07/5.2 Removal of flimsy discharge summaries : JCUH & Friarage Hospital wef 1.7.2009

The Secretary explained that whilst the withdrawal of flimsy discharge summaries at JCUH and Friarage Hospital had been discussed by the Trust with south of Tees Practice Managers some months time ago, it had not been discussed with the LMC. E-discharge notification had commenced, with the exception of maternity who currently provide a computer generated summary from the maternity systems.

Depending on the computer system in surgeries, e-discharge could mean going into a website, downloading, printing, scanning and shredding the discharge summary. The process had not taken into account how it would affect all practices.

It was pointed out that:

- e-discharge notifications made finding the clinically relevant information very difficult
- no-one from general practice appeared to have had any input into the final outcome of the data
- there was no distinction between diagnosis which was historical or recent
- one practice had noticed that an electronic discharge had been received, and a couple of weeks later the information had changed – without the practice being advised.
- another practice had received three e-discharge summaries for the same person with different amounts of information, without the practice being told which was the genuine or final discharge and the final medication to be issued
- another practice had 2 C-Diff deaths but nothing was shown on the e-discharge summaries
- these are training issues for junior doctors who are completing the e-discharge summaries, culminating in governance issues

Flimsy discharge summaries are still being issued north of Tees. The LMC would like south of Tees practices to notify them of problems they are experiencing with e-discharge summaries.

It was **AGREED** the Secretary would take up these matters with the Clinical Director at JCUH.

09/07/6 QUALITY & OUTCOMES FRAMEWORK

09/07/6.1 Prevalence Arrangements from 2009/10

In the 2009/10 negotiations, NHS Employers agreed with the General Practitioners Committee that the prevalence arrangements used to determine QOF payments should be amended over the current and next financial year, initially, to remove the square routing component of the original arrangements, and from 1.4.2010, to use true prevalence to determine QOF payments.

The Secretary had taken this matter up with the Chief Executives of the four PCTs and this has been taken to the Tees Strategy & Procurement Board on two occasions. Initially, the LMC was told that as this was the result of national arrangements, no local arrangements could be put in place. In the light of a letter from NHS Employers and the GPC on 8 April 2009 this matter was again discussed at the Tees Strategy and Procurement Board on 13 May and 10 June. The outcome, as notified to the LMC by Colin McLeod, was :

“The Tees Strategy and Procurement Board gave further consideration to the request for transitional support for those practices adversely affected by changes to the QOF methodology.

The Board considered the following factors:

- 1 Impact of changes to QOF*
- 2 Impact of the increase to the Global Sum and consequent impact on MPIG*
- 3 Impact of the uplift to enhanced services*

The Board received a detailed analysis by practice identifying the impact of each of the above factors and determined that transitional support would not be offered given the relatively minor negative impact at an individual practice level.”

RECEIVED.

09/07/6.2 QOF results for patients experience indicators PE7 and PE8 : 2008/9

The Secretary suspected a number of practices will have put in notices of appeal to the PCT in relation to their QOF results. Following a telephone conversation with Sue Greaves from MPCT, an email had been received confirming the principles for considering PE7 and PE8:

- *Practices with scores that fall outside of the 7% confidence interval will be considered*
- *We will compare the practice's 07/08 score with their 08/09 score and those that have decreased will be considered*
- *Where there has been a decrease of at least 10% (considered to be "significant") the practice will be asked to provide clear evidence that they routinely provide arrangements that consistently offer 48 hour and advanced booking access, backed up by evidence from patient participation groups or local surveys. (This evidence must be clear and auditable to demonstrate that decisions reached are fair and justified).*
- *Where the above are satisfied the PCT will fund practices to the level of their 07/08 score.*

Because of holiday commitments, no response would be available from MPCT until w/c 20 July.

The LMC does not know what the impact is on practices for the area, despite asking the PCT for figures; the request was refused because of confidentiality.

It was explained that if practices went through the appeal process and were unsuccessful with the PCT, other avenues of appeal were available. It was pointed out that the onus was on practices to provide the evidence when appealing.

09/07/7 ANNUAL REPORT FROM LMC REGULATIONS SUB-COMMITTEE

No meetings have been held in the preceding twelve months. The Regulations Sub-Committee consisted of the Chairman, Vice Chairman and Secretary and the Officers met to discuss issues reported to them in order to take appropriate action.

NOTED.

09/07/8 CLMC REPRESENTATIVES AT BMA NORTH EAST REGIONAL COUNCIL MEETINGS (2 representatives nominated by CLMC, formerly Chairman & Vice Chairman)

It was **AGREED** that the Chairman and Vice Chairman would be the nominated representatives for this forum.

09/07/9 APMS

09/07/9.1 Levy for new APMS practices Ref Minute: 09/02/18

At the LMC meeting on 17 February 2009 the question of the amount of levy to be paid by APMS practices was discussed and it was agreed that for the first year APMS practices should pay based on 1,000 patients (£350 p.a.), to be reconsidered thereafter.

The Secretary **PROPOSED** that the former decision be amended to allowing APMS practices to have the first quarter free of charge and thereafter the levy would be based on list size at 35p per patient per annum. APMS practices to be invited to join LMC.

The proposal was **AGREED**.

09/07/9.2 Relationships between practices

Are GMS/PMS practices behaving responsibly towards APMS practices?

Are APMS practices behaving responsibly towards GMS/PMS practices?

The Secretary pointed out that practices, whether they are GMS/PMS or APMS, have a duty to behave responsibly towards each other because in the end the patient may be disadvantaged and the profession's reputation tarnished. Patients have a right to change doctors and equally the right not to change doctors, and to attend walk-in clinics without being pressurised into changing doctors. If there is any specific evidence or allegations of such behaviour, the LMC should be notified and the Regulations Sub-Committee would consider the matter.

NOTED.

09/07/10 INTRODUCTION OF NEW REFERRAL AND CHLAMYDIA SCREENING PATHWAY – TOP

Letter distributed by JCUH to Middlesbrough / Redcar & Cleveland GPs

The Secretary confirmed the situation had been discussed with the GP on the working group. The GP had not wanted the two phrases shown in red on the letter and form but had been over-ruled. It was confirmed that anyone pregnant and referred requesting information on termination will not be turned away because the doctor had not signed Form A.

Members felt it was up to the person undertaking the procedure at the hospital to discuss the procedure, risk of procedure and obtain consent from the patient, not up to the GP. Contraception should be discussed by the GP in order to avoid an unwanted pregnancy and chlamydia screening should also be discussed.

The Pregnancy Advisory Service at JCUH is to be nurse led.

A North Tees GP said he used JCUH services and he knew nothing about the new pathway.

It was **AGREED** that the Vice Chairman, Dr Julie-Anne Birch, would take up the matter with JCUH.

09/07/11 PMS UPDATE

The Development Manager gave a summary of events to the Board. A weekly bulletin is sent to all PMS practices and a bulletin will be going to all GMS practices shortly to keep them informed.

09/07/12 CONTINUATION OF TREATMENT OF TERMINALLY ILL PATIENTS

The Secretary explained that a patient had been discharged from a hospice to a nursing home not far outside of their existing practice's area. The patient's practice had refused to visit and questions raised were:

- Is there any guidance for hospices around ideally transferring this patient to a suitable establishment nearer his GP
- Should this patient be registered with a new practice immediately so they have access to the medical records
- Should there be some guidance on continuation of treatment of terminally ill patients with their own practice that knows them

Practices were allowed to see patients outside of their area if they so wished and continuation of care would be seen as fostering goodwill with the public. Relatives may have requested the patient be placed in a particular nursing home. Registering the patient with a new practice would enable access to the records.

Dr Thornham said hospices may not understand the implications of a patient going to a particular nursing home. There is a Teeswide End of Life Planning Group and this is the sort of issue that should be included in end of life care planning so it is clear where someone is going to go and what the options are and who is going to look after them.

It was **AGREED** that practices be reminded that they can continue to care for patients when they move out of their area, if they so wish.

**09/07/13 DATA EXTRACTIONS – MIDDLESBROUGH PRACTICES
Letter from Middlesbrough GP**

“We are concerned at the amount of data that MPCT seem to be taking from our clinical system to meet our LDP requirements, audit and other requirements. Areas of this data such as childhood immunisations, retinal screening are available to the PCT from other sources i.e. QMAS and Shared Services.

Does the LMC offer any guidance on the levels of data that we should expect to provide as there appears to be no written confirmation of what data is extracted, although there is always the assurance that it is not patient identifiable.”

StPCT had issued practices with a document stating what they were extracting.

The Secretary said the LMC had no guidance to offer, and it was **AGREED** the Secretary would enquire about what was being taken and for what it was being used.

09/07/14 OSTEOPOROSIS DES
Letter from Middlesbrough GP

“We discussed the Osteoporosis DES at our Practitioner Group Meeting last night and were unanimously of the opinion that the diagnosis of a fragility fracture should be made by the clinician making the diagnosis – i.e. generally that is the hospital consultant or casualty doctor responsible for diagnosing and managing the patient. We agreed it was virtually impossible for a primary care doctor to make the diagnosis of a fragility fracture from the limited and inaccurate information we receive from hospitals and our attempts to satisfactorily comply with the DES on osteoporosis are inevitably going to be floored because of data quality issues.

Can the LMC work with the PBC Group to encourage better diagnostic practices in hospital and appropriate coding of fragility fractures, together with recognition of those people that need DXA scanning and implementation of appropriate osteoporosis management in those at highest risk. I would be grateful for the Committee’s thoughts and comments on this.”

After discussion, it was **AGREED** the Secretary would raise the matter with the PBC Group.

09/07/15 CONSULTATION ON FOUNDATION TRUST STATUS BY THE
NORTH EAST AMBULANCE SERVICE
Letter from Tony Dell, Chairman, NEAS

“There are currently 120 NHS Foundation Trusts in the country and the NEAS is aiming to become one of the first ambulance trusts to achieve Foundation status.

At the NEAS we are very proud of our achievements which have been recognised by the independent health watchdog as the best performing ambulance service in the country. Yet, while we have been working on our plans for Foundation Trust status over the past 18 months, we believe that the process we have undertaken has already shown us how we can become even better.

We believe that becoming a Foundation Trust is the best way for us to fulfil our exciting plans for an integrated healthcare system and improved emergency and urgent care and transport in the North East of England for our patients, our staff, our partners and the general public. Quite simply, we want to ensure that our services make a difference to the people of the North East.

We also believe that it is the best way for many more people with an interest in health services, first aid and volunteering to get involved and influence future plans. Maybe that could be you?

I have enclosed a copy of our consultation document which describes what a Foundation Trust is, how it will work and why we believe this is the right move for us. From 5 June to 28 August we will be consulting with our patients, carers, staff, partners and members of the public about our plans and ideas. Throughout this document there are a number of questions and we would welcome your views.

We are also attending public meetings to discuss our plans. Many of these meetings will be with local authority organised forums and community committees where we hope we can engage with as many people as possible. We are also holding a number of our own

meetings, which are listed on Page 23 of the consultation document, but we are also happy to come to any other meetings which you may be planning. If you would like us to attend, please contact Sahdia Hassen on 0191 430 2007 or email sahdia.hassen@neas.nhs.uk.

We think this is a wonderful opportunity for local people and local services. We hope you agree.”

Dr Thornham stated NEAS going for Foundation Trust status was controversial because they had not met their targets for StPCT who were in discussions with North Tyneside PCT about the commissioning of the service.

NOTED.

09/07/16 REPORTS FROM REPRESENTATIVES

09/07/16.1 Annual Conference of Representatives of LMCs – 11/12 June 2009

An interesting conference. A good debate had taken place on prevalence, and the LMC's motions on appraisal and members/non-members of the College.

09/07/16.2 Wednesday, 24 June – Joint Regional GPC/RCGP Meeting – Gosforth – Dr Canning

It had been suggested that the Royal College of General Practitioners Northern Faculty be invited to the meeting. Thinking about a joint road show to promote quality issues and Dr Canning had been asked, together with the Durham LMC Secretary, to do a presentation about the Care Quality Commission and the practice accreditation process.

09/07/16.3 Wednesday, 1 July – Regional LMC Meeting – Gosforth – Dr Birch

Now that Cleveland and Durham had joined the group, it had been renamed North East Regional LMC, with the venue also being changed to the Quality Hotel at Boldon. Meeting had strong opinions that Royal College should not send representatives to the SHA because they were not elected but be invited to attend to speak on specific items only. Discussed PMS review which is happening in Durham and Darlington and has already been done in Northumberland.

09/07/17 REPORTS FROM MEETINGS

09/07/17.1 Wednesday, 24 June – Meeting at Queens Campus, Durham University – Dr Canning & Prof T Blackman/Prof P Hungin

Prof Hungin had not been able to attend the meeting. Prof Blackman outlined plans to build a facility for research on the North Shore of the Tees and enquired if CLMC would be interested in joining them in about 18 months time, together with VTS and other medical and research groups. There was also the opportunity to hold meetings at the facility, which would be more centrally based for the LMC. Members **AGREED** this could be an interesting opportunity.

Dr Thornham explained that Durham University had also spoken to all the Acute Trusts and all the PCTs. There was a big capital development programme for GP training funded by the DH and most of the funding in the North East was targeted at Tees and Durham so they will be writing to practices shortly for expressions of interest. Agreement from PCTs that they will fund new trainers whilst funding lasts. The building will also house research and development unit. Greg Rubin is the Chair of General Practice and will work with practices and PCTs to look at the research allocated. It is hoped the facility will house a local comprehensive research network where part of the work is research in primary care to invite practices to become research practices; recruit patients for trials.

09/07/17.2 Thursday, 25 June – Meeting with Anne Greenley, Asst Director for Service Reform at Riverside House – Dr Canning re MAP of Medicine

The project was a means whereby information can be shared electronically between everyone in order to have access to a range of resources through one interface including all the latest patient pathways. Already available in System1.

09/07/17.3 Monday, 29 June - “Our Plans : Our Partners” – Wynyard Park – Dr Donovan & Dr Birch

Interesting meeting. Less money, more services, PCTs have to encourage and foster competition between services, competition in commissioning.

**09/07/18 LOOK AFTER OUR NHS CAMPAIGN
Communication from Hamish Meldrum, Chair, BMA Council**

“Since Look after our NHS was launched on 1 June 2009, we have received a constant stream of emails supporting our Principles for an NHS which is **publicly funded, publicly provided and publicly accountable**, as well as examples of how NHS market reforms are affecting doctors.

We need to ensure that the campaign's message and calls to action are reaching all doctors, and encourage them to support the campaign. They can do this is by providing local case studies of how market reforms are affecting them. For example, we would be interested to hear doctors' views on:

- The impact of Darzi centres on local GP practices in their area
- How ISTCs are integrating with local NHS services
- Has the care of the long-term, chronically ill been affected by private providers?

I would therefore formally ask that you:

- Ensure that the campaign is put on the agenda of all your forthcoming meetings
- Encourage your members to visit the campaign website at www.lookafterournhs.org.uk and provide examples of how NHS market reforms are affecting them...
- ... and encourage them to register their support for our 8 Key Principles at www.lookafterournhs.org.uk

If you need any information packs for meetings, please contact Helen Wright on 0207 383 6317, or email h.wright@bma.org.uk.”

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09/07/19 INTRODUCING THE LICENCE TO PRACTISE IN 2009
Letter from GMC

“I am writing to confirm that we will introduce the licence to practise on 16 November 2009. From this date any doctor wishing to practise medicine in the UK will, **by law**, need to hold both registration and a licence to practise.

Earlier this year we launched our campaign – Licensing: it’s time to decide – and since then more than half of all doctors have told us their licensing decision. Over the next few weeks I will be writing to those doctors who have not yet responded, asking them to tell us **before 14 August 2009**, whether they will require a licence.

To help doctors make their decision, we have launched our *Licensing help* website at www.gmc-uk.org/licensinghelp. More information about licensing is available on our website at www.gmc-uk.org/licensing and if you have any questions about licensing, please email licensing@gmc-uk.org.”

The Secretary emphasised that if a doctor forgot to inform the GMC, the fallback was that the doctor was automatically licensed.

NOTED.

09/07/20 ANY OTHER NOTIFIED BUSINESS

There was no other business to discuss.

09/07/21 RECEIVE ITEMS

09/07/21.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
5.5.09 Salaried GP.	Dr A Karn	Dr Stocking & Partners	R&C PCT
1.7.09 Partner.	Dr J Dolan	Dr Lakeman & Partners	M PCT
2.6.9 Salaried GP – APMS.	Dr Y S Hameed	Hartfields Medical Practice	H PCT

1.8.9	Dr R McMahon	Skelton Medical Centre	R&C PCT
Salaried GP – APMS.			
1.7.9	Dr L J Raeburn	Dr Koh & Partners	H PCT
Change in status from locum to Salaried GP.			
1.5.9	Dr P P Goran	Intrahealth Wynyard Road & Intrahealth Secure Patient Unit	H PCT
Salaried GP – APMS.			

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
31.7.9	Dr R McMahon	Dr Robson & McMahon	R&C PCT
Resignation			

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**09/07/21.2 Woodside Surgery, Loftus
Letter from Paul Frank, Asst Director of Communication & Engagement**

“As you may be aware, a formal consultation took place from 17 March and 15 June 2008 as to the proposed relocation of Woodside Surgery, Loftus, to new premises on the Westfield Estate.

At the meeting on 23 March 2009, the Redcar & Cleveland PCT agreed to defer a decision on the development of Woodside Surgery, and made a commitment to review this decision within the next 12 months.

We will contact you again when there is an update on the development from the Board.”

RECEIVED.

**09/07/21.3 Improving Access and Choice in Primary Care Services – Equitable Access to Primary Medical Care Programme
Letter from Paul Frank, Assistant Director of Communication & Engagement (PCTs)**

“With effect from 1 July 2009 the following APMS Health Centre, provided by Bondcare, will open:

Skelton Medical Centre
Byland Road
Skelton
Saltburn by the Sea TS12 2NN
Tel: 01287 284246

Skelton Medical Centre will provide GP practice services for registered patients and a nurse-led minor ailment community service for patients who wish to remain with their own GP. Open 7 days a week. Dr R McMahon will be joining the practice.”

RECEIVED.

**09/07/21.4 Community Pharmacy Minor Ailments Scheme – Hartlepool
Letter from Paul Frank, Assistant Director of Communication & Engagement
(PCTs)**

“Further to my letter of 29 December 2008, inviting you to participate in the involvement activity with regards to the Community Pharmacy Minor Ailments Scheme, I now have pleasure in enclosing a copy of the Report of the Involvement Activity. If you contributed your views during January 2009, may I take this opportunity to thank you personally for your input.

As outlined in the Report, NHS Hartlepool took the decision to decommission the scheme with effect from 8 May 2009. However, patients who are exempt from the NHS prescription charges can continue to access medicines through their registered GP practice or through the new GP-led Health Centre on Victoria Road which is open from 8.00 a.m. to 8.00 p.m., 7 days a week.”

Note: Copy of Report available from (christine.knifton@middlesbroughpct.nhs.uk) at LMC office, upon request.

RECEIVED.

09/07/21.5 Report the receipt of:

Durham & Darlington LMC’s minutes of meeting held on 2 December 2008
Durham & Darlington LMC’s minutes of meeting held on 3 February 2009
Durham & Darlington LMC’s minutes of meeting held on 3 March 2009
Durham & Darlington LMC’s minutes of meeting held on 7 April 2009
Durham & Darlington LMC’s minutes of meeting held on 5 May 2009
Sunderland LMC’s minutes of meeting held on Tuesday, 19 May 2009
GPC News 10 – Conference News 11/12 June 2009 – available on www.bma.org.uk

RECEIVED.

09/07/21.6 Date and time of next meeting

Tuesday, 8 September 2009, at 7.30 p.m. in the Committee Room, Poole House.

RECEIVED.