CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.55 p.m. on Tuesday, 16 March 2010 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 S Burrows	Dr J T Canning
Dr G Daynes	Mr S Doyle	Dr K Ellenger
Dr J Hameed	Dr M Hazarika	Dr M Hulyer
Dr R McMahon	Dr H Murray	Dr M Pritchard
Dr A Ramaswamy	Dr N Rowell	Dr S Singh
Dr M Speight	Dr D White	Dr C Wilson
Mr G Wynn		

In attendance: Ms J Foster : Development Manager
Mrs C A Knifton : Office Manager
Ms A Wilson : Director of Health Systems & Estates Department (first item only)

10/03/1 DEVELOPMENT OF THE PRIMARY & COMMUNITY CARE STRATEGY FOR TEES – Update from Ms A Wilson, Director of Health Systems & Estates Department
Ref Minute 10/02/7

The Chairman welcomed Ms Wilson to the meeting and invited her to talk on the Development of the Primary & Community Care Strategy for Tees.

Ms Wilson tabled copies of her presentation (attached) which provided the context for the development of the local strategy including the Regional Primary Care Framework. The Strategy aims to set out a shared vision for primary and community care and identify how the PCT would wish to work with primary care including how communication and relationships could be improved. The SHA is very keen that the Strategy reflects some of the issues the Regional Framework has identified, particularly as this was developed in response to significant consultation with primary care. The Strategy would need to be consistent with QIPP (being spearheaded by Colin McLeod at NE SHA level) which Ms Wilson considered an opportunity for the development of primary and community care. This would mean looking at ways to be more efficient and productive and for primary and community care to do things differently, addressing the balance of investment between the acute sector and primary and community care.

Concern was voiced at:

- QIPP money not going into secondary care and who would be taking responsibility for telling patients, for example, they could not get a second opinion for certain treatments; someone must take responsibility for finding what is going to be cut out of secondary care.
- How long will QIPP initiative last, following on from so many other initiatives?
- The comment on Page 6 of the presentation "*Eliminate unexplained variation in practice and outcome*" would be better re-worded to "investigate" or "work towards" rather than "eliminate".
- Moving services from secondary to primary care is difficult when un-resourced or inadequately resourced; there did not appear to be a commitment in the Strategy of the PCT working towards proper resourcing.
- Expansion in GP workforce will be required to do this extra work in surgery time – return of "Golden Hellos" ?
- Patients are becoming more demanding for "wants" rather than "needs; too many being seen with minor ailments
- QIPP is critical of GP referrals yet hospitals admit patients because of the financial benefits, and A&E see them because they are quick to treat and financially viable.
- Professional development and the development of the market were key elements of the Strategy.
- Government policy dictated that MRCCS could not proceed to Foundation Trust status.
- There was a morale issue within primary care in that GPs would not be getting a pay increase this year, yet staff would expect a pay increase, resulting in a pay cut for GPs.

Ms Wilson acknowledged everything mentioned. A QIPP Programme Board had been developed which included all the Chief Executives of the organisations in this cluster, including Acute Trust Chief Executives, and projects had to be signed off by commissioners and providers. It was queried who represented GP providers on the QIPP Programme Board to which all Chief Executives and other providers were involved; advice needed to be sought from GPs who were general specialists not GPs who had a special interest. Ms Wilson did not know if there was a general practice clinician on the Board and would check and let the LMC office know.

It was acknowledged that there would be a need to inform and educate patients into the use of services as they change and it was recognised that where additional care was to take place in primary care and the community, that this would need to be appropriately resourced. An important part of the Strategy would be to ensure that the primary and community 'market' was developed in order to be able to respond to the needs of the future and that there is as much emphasis on doing things differently as on expecting primary care to take on an ever-increasing workload.

Ms Wilson thanked members for their comments, both negative and positive, and asked that she be contacted should anyone have further comments to make. As soon as her report was drafted she would circulate it for comment.

Ms Wilson was thanked for her presentation and left the meeting.

10/03/2 APOLOGIES

Apologies had been **RECEIVED** from Dr A Bonavia, Dr S Byrne, Dr G Chawla, Dr A Gash, Dr T Gjertsen, Dr P Heywood, Dr T Nadah, Dr V Nanda, Dr D Obih, Dr R Roberts, Dr O Sangowawa and Dr S White.

10/03/3 MINUTES OF MEETINGS held on 16 February 2010

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

10/03/4 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

10/03/4.1 Summary Care Records – Update
Ref Minute: 10/02/12

Letters had gone out to all patients in the Tees area and practices will start to receive emails concerning patients who had asked for their records to be withheld from the SCR scheme. Practices would need to put a read code on those patients' records. It was noted that those patients who had put their opt-out form into the envelope included with their letter, would result in the opt-out form being destroyed because that mailing address only dealt with requests for additional information. This had been taken up with the Tees SCR Team, but no remedial action had been forthcoming. There was no way of knowing how many people had done this or how many people thought they had opted-out but whose records would be included in the SCR scheme.

Rachel McMahon is on the SCR Panel as the LMC representative to feed comments back. She queried how far GPs were involved in policing opting–out regarding:

- Patients who do not have capacity to make opt-out decision and how will that decision be made and checked? Had this been given consideration?
- What was the age of consent concerning opting-out?

Another member queried what about patients opting out of SCR for children with child protection issues.

The Secretary **AGREED:**

- To obtain answers to the questions raised; and
- To draft a motion for Conference (see below).

10/03/4.2 Cancer Tertiary Referrals
Exec Group Minutes 14.1.2010 : Item 6

Anita Murray, Contract Manager, Tees NHS
"The network has advised that they are suspending any move towards local protocols until after the publication of national guidance which is due to be released soon. I will however follow developments closely and keep you informed"

RECEIVED.

10/03/4.3 Correct use of Choose & Book – Named Referrals
Exec Group Minutes 14.1.2010 : Item 7

Simon Pleydell, Chief Executive, South Tees Hospitals NHS Foundation Trust
"Thank you for your letter of 28 January 2010. There are a number of work streams currently underway in the Trust to support the introduction of named referrals. Staff are reviewing the processes around referral management to ensure that the required changes are introduced as quickly and effectively as possible. I understand that the intention is to phase the introduction and that there will be discussions with the PCT and GPs to agree which specialties are their priority.

As you can appreciate, 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. However, if you wish to discuss this in more detail please do not hesitate to contact Sarah Danielli, the Choose & Book Lead, or Joanne Dewar, the Director of Information. Both will be happy to advise."

Alan Foster, Chief Executive, North Tees & Hartlepool NHS Foundation Trust
"Thank you for your recent correspondence concerning referrals to named clinicians at North Tees and Hartlepool Foundation Trust.

As you will be aware we currently manage named referrals on Choose & Book by requesting that the GP states clearly the name of the clinician in the body of the referral letter. GPs have access to the Choose & Book directory of services on the service selection guidance, which details when clinicians hold clinics to aid in the selection of the correct clinic day/time for the clinician they require. The booking team will if necessary re-book the patient into the requested clinic.

We appreciate that this is not the simplest process but it does allow GPs to refer to named Consultants as required. The Trust is currently looking at balancing the process of named referrals with the significant task and additional resource required to issue "Smartcards" to each Consultant this along with a reconfiguration of all Directors of Service is being considered.

I hope this clarifies the situation and reassures you that we are taking the referral of patients to named Consultants very seriously, however, there is not a quick and/or easy solution; in the meantime we have developed a referral system which does allow GPs to access named Consultants as required.

If you would like to discuss further or require clarification, please do not hesitate to contact Julie Gillon, Director of Clinical Services & Compliance on 01642 624368."

RECEIVED.

10/03/4.4 Consequences of new GOS contracts
Communication from Julie Breen, Secretary, Local Optometrist Committee

"We agree entirely with your points. As a profession we want to provide relevant and timely information and not waste anyone's time. Of course changes requiring the GP's attention would be fed back, and we would recommend those diabetics who do not attend DRSS for whatever reason, be dilated and a report sent to the GP.

Would it be possible to have in writing that the LMC only require reports for diabetics who do not attend DRSS or have developed a condition requiring referral and glaucoma patients who require early referral back to their consultant? It's just that the PPV visits will require to see letters sent for all diabetic and glaucoma patients unless we have a letter from the LMC. The FHSA have said they would be happy for us not to send letters only if the LMC officially approve.

On the subject of enhanced services, we are just about to launch an ocular hypertensive referral refinement scheme. This is not at present direct referral, but it could be if the GPs would like it to be!

We are proposing an OHT monitoring scheme and a post cataract surgery scheme, as well as an overhaul of the direct cataract referral scheme. A pathway for screening children's vision has just been proposed. We are trying to get both a low vision and red eye scheme Teeswide. We have embryonic ideas for specialists in screening vision for patients with learning disabilities. If the LMC have ideas of what we could do for the GPs we would be happy to discuss them."

After discussion, it was **AGREED** that members were:

- in favour of direct referrals for the ocular hypertensive referral refinement scheme;
- in favour of direct cataract referrals;
- supportive of everything else.

10/03/4.5 Tees Medical Director
Ref Minute 10/02/11
Response from NHS Tees Chief Executive

"Thanks for your query. I am committed to the post of Medical Director but given the current uncertainty regarding management arrangements and cost reductions I am not proceeding to an immediate replacement. I am looking at how we can cover Rodger's responsibilities on an interim basis. I will confirm the details to you in the next week."

No further details had been received from the Chief Executive. It was not considered the best way forward to use Medical Directors from other areas in the Region and the Secretary **AGREED** to take up the matter once more with NHS Tees Chief Executive.

10/03/5 COMMUNITY SERVICES SEPARATING FROM PCT PROVIDER ARM - Update
Ref Minute 10/02/6

The Secretary and Development Manager had attended a meeting with the PCT on 22 February where it had been made very clear that vertical integration with the Acute Trust was not the preferred option of the LMC. North Tees was currently a ring fenced arrangement with the intention to review the provision for April 2011.

NOTED.

10/03/6 ANNUAL CONFERENCE OF REPRESENTATIVES of LMCs: Thursday/Friday, 10/11 JUNE 2010

10/03/6.1 Honorarium and expenses payments for representatives at Conference

The Committee was asked to consider payments to representatives, which last year had been:

(a) £400 per day (subject to PAYE) or the actual costs for an external locum if greater, for the duration of attendance; and

(b) £50 out of pocket allowance per day (subject to PAYE) with the expectation that attendees make a significant donation to the GP charity "The Cameron Fund" at the annual dinner

It was **AGREED** that there should be no increase.

10/03/6.2 Attendees at Annual Conference

Attendees at Annual Conference will be:

Dr D Donovan	Thursday / Friday, 10/11 June 2010
Dr J-A Birch	Thursday / Friday, 10/11 June 2010
Ms J Foster (Observer)	Thursday, 10 June
Dr G Chawla	Thursday, 10 June
Dr R McMahon	Friday, 11 June

NOTED.

10/03/7 CHOICE OF GP PRACTICE
DH Consultation on how to enable people to register with the GP practice of their choice

The DH launched a consultation process on 4 March which will close on 28 May 2010. Core to this proposal is the idea that practice boundaries are removed to allow unrestricted patient movement. The link to the documentation is: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_113437.

Nothing had yet been agreed, yet patients were already contacting practices outside of their area to try and register with them. When someone lived in, say, Newcastle / Leeds but worked and was registered in the Tees area, how would a request for a home visit be handled? Does patient forego a home visit? Are visits undertaken by a local PCT? Is practice responsible for supervising visits out of the area and paying an organisation to undertake them? Does a practice local to patient's home provide INT – what about funding for INT? Is patient funding split between practice near home and practice near work? What about terminally ill patients and continuity of care?

The Secretary **AGREED** to draft some motions for Conference, for consideration later in the Agenda.

10/03/8 NHS MANAGERS DEMAND POWER TO FIRE GPs
Article from Health Service Journal

The article stated that managers were calling for the power to 'fire' GPs and to get rid of small practices to make the huge spending cuts needed in coming years through QIPP.

The article was **NOTED**.

10/03/9 MOTIONS TO CONFERENCE

Draft motions to Conference were tabled for consideration. After discussion it was **RESOLVED** that the following motions (subject to final agreement by email) were to be submitted to the 2010 Conference of Representatives of LMCs:

- That conference believes that a practice must have a means of responding to individual patient's posting comments on NHS Choices.
- That conference insists that practices should have a reasonable opportunity to address any comments submitted for posting on NHS Choices before they are posted.
- That conference believes that formal, proper, open and transparent procedures must be used in any breach, termination or remedial notice to primary care providers.
- That conference believes that any practice facing breach or remedial notices should be given all reasonable opportunities, including appropriate resources, to effect remedies before termination is considered.
- That conference believes that registered homes should provide appropriate equipment for GPs to use when visiting patients with HCAIs.
- That conference welcomes the fact that the Code of Practice on Infection Prevention and Control and associated guidance will be reviewed for its suitability for General Practice but demands that any aspect which will apply to General Practice must be based on evidence, and be appropriate for the surgery setting.
- That conference urges the Audit Commission to effect an urgent review into the value for money of Darzi Centres and new practices.
- That conference insists that the new MCCD should be properly resourced, including for any additional medical time, from public funds.
- That conference insists that doctors completing Part 1 of the new MCCD should be properly remunerated from public funds.
- That conference is dismayed that there has been no progress in including APMS providers into the provisions of the FOI to ensure equity with GMS and PMS providers and instructs the GPC to address this issue with urgency.
- That conference believes that management and business skills must be taught and suitably assessed as part of training for General Practitioners.
- That conference opposes the view that GPs should be responsible for commissioning OOH services.
- That conference has no confidence in the ability of the NHS to maintain proper security of IT data.
- That conference insists that all letters sent informing patients of the SCR should include an opt-out form and return envelope.

- That conference believes that visiting registered patients is, and must remain, a fundamental element of UK general practice.
- That conference, in the light of proposals for altering the concept of practice areas, insists that patients requiring Immediately Necessary or Emergency Treatment should result in the NHS funding an item of service fee:
  (1) at a level which differentiates between surgery and domiciliary consultations;
  (2) at a level which is commensurate with fees at Walk-In Centres;
  (3) not funded by the patient's registered general practitioner.
- That conference believes that practices retain the right to maintain practice boundaries and restrict patient lists to those residing within that boundary.

10/03/10 CHILD HEALTH ISSUES

A number of important initiatives concerning children's health are to be published over the coming weeks by the Department for Children, Schools and Families. These will be implemented locally and it is important that the voice of local GPs is part of this process. It was **AGREED** that a GP with an interest in child health issues would be appointed to represent the LMC in future discussions with PCTs and Local Authorities, as and when the need arises.

10/03/11 REVIEW OF ATTENDANCE ALLOWANCE & MILEAGE wef 1 April 2010

Members are currently paid £44.98 per hour Attendance Allowance (Tax and NICS to be deducted) and 40p per mile Inland Revenue Rate.

The Committee **AGREED** to a pay freeze.

10/03/12 REPORTS FROM REPRESENTATIVES

None had been received.

10/03/13 REPORTS FROM MEETINGS

10/03/13.1 Home Office "Vetting & Barring" seminar held on Monday, 1 March 2010 – Dr J T Canning

More aspects of the Vetting and Barring Scheme are coming closer to commencement and GPs and nurses will have to be registered with the Independent Safeguarding Authority in the near future. There are various responsibilities as an employer. Review likely to happen as to whether or not administrative staff and non-nursing staff will be in this.

NOTED.

10/03/13.2 Regional LMC/NE SHA meeting held on Monday, 15 March 2010 – Dr D Donovan & Dr J T Canning

CLMC seemed to have a better relationship with local PCTs than other LMCs in the region. Colin McLeod is driving forward QIPP in the region.

NOTED.

10/03/14 RESIGNATION / RETIREMENT
Communication from Dr A Ramaswamy, NT PCT area representative

"This will be my last meeting at the LMC. I have had the privilege of being a member for the last ten years. I thank all the past and present members of the LMC for the way the meetings are conducted and problems discussed. When I hear stories about other LMCs around the country, we can be proud of the way we conduct ourselves in a civilised manner discussing important issues concerning primary care and building up relationships with various organisations in the area.

We are fortunate to have John Canning as our Secretary and I congratulate him for the work he has been doing, on our behalf in Teesside. We are indeed privileged to have two members of our LMC representing the UK doctors in the GPC with John and Bill (Beeby). I hope to see John, as the Chairman of GPC in the near future.

I also wish to thank Christine for doing a wonderful job over the years running the LMC office and keeping us right with her communications and during the meetings.

There are challenging times ahead for primary care with probably more reforms and new contracts; I wish you all the best of luck. Keep up the good work!"

The Chairman thanked Ram for his kind letter and thanked him for his ten years on the Committee and very long commitment to his practice in Stockton. He was wished a very happy and long retirement and the Committee showed its appreciation with a round of applause.

10/03/15 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

10/03/16 RECEIVE ITEMS

10/03/16.1 Medical List

Applications:

Effective Date	**Name**	**Partnership**	**Practice Area**
8.4.10	Dr C Parkash	Dr Brash & Partners	H PCT

Returning from 24 hour retirement.

1.4.10	Dr K Jaiswal	Dr Moody & Partners	H PCT
Change in status from Salaried GP to Partner.			
1.3.10	Dr Z Rashid	Dr Elder & Partners	NT PCT
Partner			
4.5.10	Dr Y G Soni	Riverside Medical Practice	NT PCT
Partner			
1.1.10	Dr M J Brown	Dr Waters & Partners	M PCT
Change in status from Salaried GP to Partner.			
1.5.10	Dr V Nanda	Dr Heywood & Partners	M PCT
Partner			
1.4.10	Dr R Vijayakumar	Dr Boggis & Partners	M PCT
Currently Salaried GP, changing status to Partner.			
1.2.10	Dr F I Zafar	Resolution Health Centre	M PCT
Salaried GP – APMS practice			
1.2.10	Dr E K Mansoor	Resolution Health Centre	M PCT
Salaried GP – APMS practice			
23.2.10	Dr D Peacock	Dr Foster & Partners	M PCT
Salaried GP.			
7.1.10	Dr E B Ackroyd-Parkin	Park End Medical Centre	M PCT
Change in status from locum to Salaried GP. APMS practice.			
7.1.10	Dr E B Ackroyd-Parkin	Skelton Medical Centre	R&C PCT
Change in status from locum to Salaried GP. APMS practice.			
1.4.10	Dr A Mullenheim	Dr Neville-Smith & Partners	R&C PCT
Locum at practice wef 15.2.10. Partner wef 1.4.10 (date changed from 22.3.10).			

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
31.1.10	Dr F I Zafar	Dr Bolt & Partners	H PCT
Resigned. Salaried GP.			
6.4.10	Dr C Parkash	Dr Brash & Partners	H PCT
24 hour retirement. Returning on 8.4.10.			
31.3.10	Dr J R Thornham	Dr Thornham & Partners	NT PCT
Retirement.			

2.4.10	Dr A Ramaswamy	Dr Ramaswamy & Partner	NT PCT
Retirement.			
18.4.10	Dr V Nanda	Dr Khair & Partners	M PCT
Resigned.			
30.7.10	Dr S L Woolder	Dr Davidson & Partners	R&C PCT
Resigned.			
17.2.10	Dr D Peacock	South Grange Medical Centre	R&C PCT
Resigned. Salaried GP.			
12.3.10	Dr R Kanagaraj	Dr Saha & Partners	R&C PCT
Resigned. Salaried GP.			

RECEIVED.

10/03/16.2 BMA Charities
Communication from Marian Flint, Clerk to the Trustees, BMA House

"I am writing to draw your attention to two charitable funds which might be able to help your members. You or your colleagues may know of a doctor who could benefit.

The Dain Fund
This Fund helps with the educational costs of doctors' children in certain situations. It assists families who are experiencing an unforeseen financial crisis following an unexpected life event such as involuntary unemployment, family breakdown or the serious illness of one of the parents. In every case the family must be in receipt of its maximum entitlement of State benefits. The Fund can help children who are in the state or private education systems or who are at university. Only short term help is available for assistance with school fees.

The Earnshaw Bequest
This Fund gives one-off grants for terminal/palliative care to current or retired doctors and their dependants who are in financial need. The trustees are happy to consider applications for grants for the following, although the list is not exhaustive:

- Night sitter services
- Respite breaks for carers
- Holiday break for patient and family
- Personal care
- Domestic help with shopping, cooking, laundry or cleaning

Please do not hesitate to contact me if you have any queries or would like to discuss a possible referral. Marian Flint : Email mflint@bma.org.uk : Tel. 0207 383 6142."

RECEIVED.

10/03/16.3 Report the receipt of:

GPC Newsletter Issue 6 – Friday, 19 February 2010 (available on www.bma.org.uk)

RECEIVED.

10/03/16.4 Date and time of next meeting

Tuesday, **25 May** 2010, at 7.30 p.m. in the Committee Room, Poole House.

There being no further business to discuss, the meeting closed at 9.18 p.m.

Date: ***Chairman:***