CLEVELAND LOCAL MEDICAL COMMITTEE

Dr J T Canning MB, ChB, MRCGP
Secretary
Tel: 01642 737744
Fax: 01642 737745
Email: *christine.knifton@middlesbroughpct.nhs.uk*

Second Floor
320 Linthorpe Road
Middlesbrough
TS1 3QY

Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.36 p.m. on Tuesday, 3 November 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 A Bonavia	Dr S Burrows
	Dr S Byrne	Dr J T Canning	Dr G Chawla
	Dr G Daynes	Dr K Ellenger	Dr T Gjertsen
	Dr J Hameed	Dr M Hulyer	Dr I A Lone
	Mr I Marley	Dr R McMahon	Dr V Nanda
	Dr M Pritchard	Dr A Ramaswamy	Dr R Roberts
	Dr N Rowell	Dr S Singh	Dr M Speight
	Dr J R Thornham	Dr D White	Dr C Wilson
	Mr G Wynn		

In attendance: Mrs C Willis : Chief Executive, NHS Tees - Item 1 only
Mr N Nicholson : Acting Teeswide Director of Finance – Item 1 only
Dr J Nicholas – Item 8 only
Ms J Foster : Development Manager
Mrs C A Knifton : Office Manager

****

Dr Stephen Byrne the representative for JCUH, and Dr Seema Singh,
a new representative for Middlesbrough
were welcomed to their first LMC Board Meeting as Committee Members.

****

09/11/1 CHIEF EXECUTIVE, NHS TEES

The Chairman welcomed Chris Willis and Neil Nicholson to the meeting and congratulated Chris on her recent appointment as Chief Executive NHS Tees (covering all four PCT areas).

Chris thanked Members for their congratulations and explained that when the PCT Chief Executives had met with LMC Officers in September, they had agreed that the successful candidate for the new post would attend the next LMC Board Meeting; she wanted to work with the LMC and seriously improve clinical engagement. Chris was

meeting the two PEC Chairs tomorrow and the two Medical Directors next week. Community care was of particular interest and needed to be developed across Teesside. Chris explained there was a huge amount of work currently taking place, and would be more than happy to attend another LMC Board Meeting once things were more definite. Chris wanted to talk specifically about QIPP (quality, innovation, productivity, prevention) and asked Neil to talk on the subject.

Neil tabled handouts of a confidential presentation prepared by McKinsey & Company, (a global management consulting firm), outlining the potential achievement from a QIPP programme. Members were asked to treat the information as confidential and it was not to be disseminated amongst non-Members.

NHS Tees were looking for a 15 – 20% efficiency through QIPP in the next two years (£200 million on Teesside and £1 billion across the North East) because no growth money would be forthcoming from government. Chief Executives on Teesside would be meeting next week to commence a process of engagement and to formulate plans. Areas to be looked at included: admin, procurement, acute beds, mental health beds, admission rates, referral rates, GPs per weighted population and quality of service, community care spend/staff, long term condition management, shift in care out of hospital settings, getting better value for money, improved productivity in acute care / improved GP productivity / improved community care productivity / improved mental health productivity / improved dental productivity. It was emphasised that if efficiencies were not made, the area would run out of money.

Comments made by Members following the presentation were:

- Unhappy about comments on QOF; this is a voluntary scheme to resource and reward implementation of evidence based practice and should not be used as a performance management tool. There is an implication that low QOF scores equate with a poor practice. If a GP/practice decides not to participate in QOF they do not have to.
- Do not confuse high prescribing with bad prescribing; high referrals with bad referrals.
- Poor service from Mental Health and Community Services; good service from JCUH.
- Much of secondary care behaviour is geared towards income generation – inability of primary care to get urgent out-patient appointment so admit patient to acute admissions unit who promptly discharged them and arranged an urgent appointment the next day with relevant consultant.
- Promises by politicians that all patients will be seen in secondary care in 18 weeks or to access anywhere in the country to get the procedure carried out has raised patients expectations; people not going to be able to access the level of service they have been led to believe they could have.
- Clinical engagement with primary care will be difficult because GPs are too busy seeing patients and doing admin.
- Clumsy assumptions in the Report purporting to get the North East Region down to lowest quartile nationally.
- A&E has no incentive to dissuade people from attending for minor or self limiting ailments, as they were able to fund their high quality major trauma care through such ‘income generation’.

- Certain primary care contractors depend on patients with minor or self limiting ailments in order to receive a fee per visit, promoting a lack of self medication and an expectation to receive the same kind of service as those with acute ailments.
- A GP had patients choosing to attend Nuffield for GI care where consultant could not undertake appropriate scan and they were referred to JCUH. If tariff and target applied to Nuffield then Nuffield would have to sub-contract to JCUH and pay the relevant tariff.
- Rebuttal of inference primary care is making unnecessary referrals.
- Report refers to "whole time equivalents" but these days it is not known what GPs work designations are, because no record is kept.
- The commonest cause of complaints by patients is failure by a GP to admit / refer which can result in the GP having to attend a Performance Review.
- GPs in the North East rarely make private referrals compared with GPs in, say, South Central who refer up to a quarter of their patients privately.
- Efficiency emphasis is on referrals and admissions. Majority of referrals are said to be made by GPs. Primecare/walk-in centres cover patients for a bigger percentage in the day than GPs; patients dial 999 and walk into A&E so policing appropriateness of admissions will be very difficult. OOH do not have access to GP records and prefer to admit rather than make a wrong diagnosis. A lot of admissions are not made by GPs. Very difficult to ascertain who admitted patient from information on the discharge summary.
- What can be done about inefficiencies with Darzi/OOH centres all being open at the same time? Darzi centres/practices were centrally driven and not needed.

Neil commented that as Darzi contracts expire they will be looked at in detail to see if they are needed.

The Chairman concluded by saying the LMC wanted to be involved in the QIPP programme, even though some of the comments had been negative, and voicing concern at the possible destabilisation of general hospitals – if too much of the strategy was implemented the hospitals would not be there.

Chris Willis agreed that the PCT will keep in touch with the LMC. She and Neil were thanked for attending, and left the room.

09/11/2 APOLOGIES

Apologies had been **RECEIVED** from Dr A Gash, Dr C Harikumar, Dr M Hazarika, Dr H Murray, Dr T Nadah, Dr D Obih, Dr O Sangowawa and Dr S White.

09/11/3 MINUTES OF THE MEETING HELD ON 8 September 2009

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

09/11/4 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

09/11/4.1 Continuation of treatment of terminally ill patients – Update
Letters sent to Butterwick Hospice / Hartlepool & District Hospice / Teesside Hospice / JCUH Medical Director / NT&H Hospital Medical Director
Ref Minute: 09/07/12

- **Response from Butterwick Hospice :**

"As promised we discussed your letter of 4th September at our Multi Disciplinary annual general meeting this morning. The issue was also raised by Prof. Pugh. The meeting was well represented by clinical teams from within the Hospice, PCT and NHS establishment, and there was general consensus that it is important to remind families to consider the implications of continuity when selecting nursing and care home provision. However, as I stated previously we are not able to directly influence choice of provider which must remain the decision of the patient and their family, based on where they feel their needs are best met. We will ensure that all staff involved in supporting patients through the transition into residential care are aware of the issue and ensure that this information is shared with families. Hope this is helpful but please do not hesitate to contact me if I can be of any further assistance."

- **Response from Teesside Hospice:**

"May I assure you that consideration is given to the desirability of continuity of general practice care for patients discharged from Teesside Hospice to the care of another organisation. In 2008/9 a total of 5 patients were discharged from Teesside Hospice to a nursing home. As you may be aware we are unable to influence the choice of nursing home for a patient but ensure they and their family are supported in this decision with the provision of information from our Social Worker and often after consideration of continuing care provision has been addressed at a PCT meeting. I hope this information has been useful and I, or Dr Lucy Roth (Consultant in Palliative Medicine), would be happy to discuss this matter further with you at your convenience."

- **Response from Hartlepool & District Hospice:**

"Thank you for your letter dated 4 September 2009 regarding the continuity of care of patients discharged from hospital or hospice. I am sure you are aware that we are unable to influence the choice of nursing home for a patient but ensure they and their family are supported in this decision with the provision of information from our Social Worker and often after consideration of continuing care provision has been addressed at an MDT meeting. May I reassure you that thought is given to a number of issues when patients are discharged from Hartlepool & District Hospice to the care of another organisation. This includes considering the continuity of general practice care. I would be happy to discuss this matter further with you at your convenience should you require any further information."

- **Response from Dr Peter Gill, Medical Director, NT&H Foundation Trust**

"I presented your letter and the issues that you raised to the End of Life Pathway Team. I am glad to say that the issue raised a very positive response with recognition that it is important. Although the team is unable to refer patients to specific care homes, they will be discussing the matter of continuity of care when such transfers are under consideration. I believe that the team has contacted you directly."

RECEIVED.

09/11/4.2 Violent Patients
Ref Minute 09/09/10.2
Update from Dr Amanda Gash, TEWV NHS Trust & LMC Board Member

"I was asked to find out more about the Mental Health Trust and the Acute Trust's policy for informing GPs of violent patients. During my searches I have come across the name of a gentleman who is responsible for coordinating the information to all of Tees and Tyneside's PCT's and is therefore responsible for our GPs. November is 'security awareness month'. His name is Ian Ogilvie on 0191 333 6388 and email ian.ogilvie@nhs.net."

RECEIVED.

09/11/5 UPDATES

09/11/5.1 Flu Pandemic

H1N1:
Practices will be expected to offer to vaccinate their own "frontline" staff.. Housebound patients will be vaccinated by community nursing staff. Patients who have already had medication via the National Pandemic Flu Line will not be eligible for a further authorisation of anti-virals through this route if they become ill again, they will be directed to general practice. There is a high false positive rate (88%) for those who have already been treated with anti-virals. There is a suggestion that if secondary care services were experiencing staffing shortages they may be unable to accept referrals and this would be shifted into primary care.

Most practices had received their flu allocations. A question had arisen about egg allergy and the Baxter vaccine was to be used for those people who were genuinely allergic. Simon Stockley had suggested the Baxter vaccinations be carried out at a limited number of practices, say, four across the four PCT areas, to use the vaccine more efficiently because it is multi-use and has to be used within 3 hours not 24 hours.

After discussion it was **AGREED** that :

- Egg allergic patients should be vaccinated in one place in each PCT area;
- One practice in each PCT area to be sought;
- Practices would have to identify the patients and write to them asking them to contact the nominated practice in the area who was dealing with egg allergy patients The practice will get £5.25. Nominated practice will be required to have method in place for demographic area and payment path.

Escalation Plan:
The Escalation Plan was about when to initiate cluster groups and at what level. There would be three levels: Green (practice coping with normal workload and flu related illnesses), Amber (practice has exhausted normal capacity), Red (unable to continue to provide safe services to its patients). It was anticipated that not all practices across Teesside would be under the same pressure. Some will be badly hit,

whilst others not so badly hit. The plan would turn clusters on and off in areas as required.

NOTED.

09/11/5.2 PE7 & PE8

The PCT had analysed those practices outside the statistical norms and will be writing to a small number of practices that will be getting some extra money. Practices not receiving those letters may wish to go on to a formal review through with the FHS Appeal Unit in Harrogate. It was **AGREED** that practices wanting to take this route should contact the LMC office for further advice.

09/11/5.3 PMS Review
Ref Minute: 09/07/11 : 09/09/3.2

Nothing new to report. GP Steering Group was meeting with the PCT shortly.

NOTED.

09/11/6 DECLARATIONS OF INTEREST
Ref Minute: 08/09/12.2

Declarations of Interest had been received from all members. Members were reminded that they had a responsibility to keep the LMC office informed of changes in the companies/organisational circumstances shown on their Declarations of Interest.

After discussion it was **AGREED** that the Declarations should not be distributed to other members of the Committee for their information, but would be available upon request.

09/11/7 THE HEALTH VISITING SERVICE AND IMMUNISATIONS
Letter to Colin McLeod, R&C PCT from Langbaurgh PBC Group

"Practices in Redcar, East Cleveland and Guisborough met at our PBC meeting on Thursday and discussed the PCT letter regarding the health visiting service and childhood immunisations. Practices wish their concerns to be expressed to the PCT as set out in this letter and seek to meet up with you to resolve the issues identified.

It must firstly be emphasised that there was a great deal of **anger caused entirely by the PCT acting without consultation.** This is all the more shocking taking into account that the PCT is looking to manage local issues (child protection, health visitors, childhood immunisations) that are very much a part of general practice services. We are all very disappointed with the PCT seeking to change a long-standing service simply through writing a letter. All practices believe that consultation on such issues is essential particularly where there are longstanding arrangements in place that appear to be working well.

Having approached PCT managers we understand that the rationale behind the letter is that there is a short term issue with the capacity of the health visiting service being able to meet

child protection requirements, partly as a result of staff vacancies and partly as a result of changes in the system of child protection reporting. We understand that such requirements are extremely important alongside the importance of maintaining childhood immunisations. It is a direct practice responsibility to perform childhood vaccinations and immunisations as set out in the Direct Enhanced Service which all practices have signed up to. This agreement sets out that "**Work done by employed or attached staff at the direction of a practice as part of NHS general practice will be treated as being performed by the practice."** Indeed for more than twenty years and as reflected in the Direct Enhanced Service signed up to in 2004 health visitors have carried out immunisations for many practices in Redcar, East Cleveland and Guisborough. For the PCT to **unilaterally change contract terms by withdrawal of this service without arranging alternative methods of delivery is not acceptable.**

The practices are therefore:

- Seeking to put in place alternative arrangements through their employed practice staff as a temporary measure
- Making a complaint to the FHS Appeals Authority for breach of a longstanding arrangement that can be considered to be a legal obligation of the PCT
- Seeking involvement in the review of the health visiting service through Practice Based Commissioning.

It should also be noted that there is also a strong case for health visitors to immunise based on the Glasgow report and it is anticipated that such consideration properly forms part of the health visiting review. Practices strongly believe that this move will have a detrimental impact on our ability to effectively identify and manage vulnerable children and families through removing opportunities for informal communication with Health Visitors and by fragmenting the primary care team, as has already happened in Middlesbrough to a large extent. In short this undermines our ability to comprehensively monitor children's welfare and safety.

If the PCT had approached the practices and raised the issues faced by the health visiting service there could have been an agreed approach to this issue. All practices hope that this can still be achieved."

After discussion it was **AGREED** that:

- The LMC was <u>not</u> supportive of practices having a service withdrawn from them;
- There had been no discussion with the LMC prior to this service withdrawal (discussing it with GPs is not discussing it with the LMC);
- The Secretary would pursue with the PCT.

09/11/8 ELECTRONIC RECORDS DEVELOPMENT PROGRESS

Business cases taken to Tees Technology Board in August 2009 were Tees Electronic Discharge Project & Summary Care Record

09/11.8.1 Summary Care Record

Dr Nicholas explained that the SCR is intended to be an electronic document that contains pertinent medical information (current/repeat medications and allergies) to support care particularly in situations where other records are not available e.g. OOH, A&E, hospital pharmacy staff, community staff. It will be able to be accessed by anyone working in the NHS, subject to patient consent. All NHS services will ultimately be able to upload information to the record. The project was anticipated to

go 'live' on Teesside next summer. It required no change to the GP systems. Patients can opt out of having a record, and are required to give consent for their record to be viewed. Dr Nicholas hoped that there was potential to use shared diabetes care and end of life care. The application has been developed and does not cost anything to the local community. Vast majority of the cost is in the public information campaign, at approximately £75 per head of population in the patch. Public needs to be fully consulted on opt-out. Workload for practices is minimal with approximately 20 patients per GP anticipated to want to opt-out; this will require a code to be placed on their record in the system, although this may change in the next stage. PCT will have Helplines and people available to speak to patients to discuss questions or concerns about SCR.

There is an event on 3 December at the Wynyard Rooms in three sessions, repeated morning / afternoon / evening and GPs/practice staff/hospital staff are invited to attend.

NOTED.

09/11.8.2 Tees Electronic Discharge Project

Dr Nicholas explained that the project was going to run parallel with the Summary Care Record. Electronic discharge was not working too well north of the river, and he was not aware of how it ran south of the river; was there any benefit in looking at convergence of the two systems? Perceived problems were:

- Hospital clinicians involved in producing discharge documents
- Concerns about the content and display format of discharge information
- Differing delivery methods in the two Trusts
- Lack of uptake of electronic discharge solution by GP practices
- Problems for practices processing incoming discharge documents
- Increased GP practice workload if both paper and electronic discharges are received

The system could have advantages for patients in terms of making better use of out patients appointments, and preventing unnecessary admissions.

A member commented that it was difficult to find out diagnosis, medication and procedures that had happened with patients, and a lot of practices attached the discharge summary to the clinical records and mistakes can happen. Felt it had been designed by a computer programmer without clinical input.

NOTED.

Dr Nicholas was thanked for his input and left the meeting.

09/11/9 AUDIT OF E-DISCHARGE LETTERS
Letter from Medical Director, south of Tees

"Following the introduction of e-discharge letters I have recently had a meeting with Professor Mike Bramble and highlighted some of the problems we have been having with the e-letters. These included misdiagnosis, lack of information regarding procedures carried out during hospital admission, incorrect admission and discharge dates, etc. Following the meeting we agreed that there would be an audit carried out on discharge letters from each clinical directorate and it was also agreed that GPs would participate in the audit. A form would be sent with the discharge letters which were being audited by the Clinical Directors and it would be appreciated if GPs would complete the audit form which would not take more than a couple of minutes of their time.

As this audit will involve patients from both north and south of the Tees, I would be grateful if you could bring this to the attention of GPs at the next LMC meeting or inform them via your weekly News Bulletin."

Dr Lone explained that consultants are not responsible for discharge letters which are completed by junior doctors, they are only responsible for the care of the patient. It was very important that accurate and full information was included in discharge letters. Prof Bramble had taken this up with his clinical directors in order that they could review this process.

NOTED.

09/11/10 LIST CLEANSING

A practice had contacted the LMC office to express concern at patients being removed from their List by the PCT under the FP69 system (PCTs contact multi occupation households, or those whose mail is returned to the PCT, etc). If no response is received to the FP69, the patient is removed from the practice's List. Members deemed this to be potentially discriminatory particularly for patients who lived in disadvantaged areas or may not have English as their first language. It is only when a patient tries to make an appointment to see a doctor to find they have to re-register and the practice has not received payment for some time, that this comes to light.

It was **AGREED** the LMC would take this up with NE FHSA to ascertain how the system works and what their policy is on discrimination.

09/11/11 PROVISION OF GP HOME VISITS PILOT - PRIMECARE
Email sent to all Practice Managers by Anne Jackson, Primecare Operations North

"We have received an increasing number of requests recently for the provision of in-hours GP Home Visits on behalf of and contracted by local practices.

Until now we have been unable to provide an in hours face to face service however I am pleased to announce that our current recruitment drive to provide 24/7 GPs will enable us to develop the pilot in early 2010.

We want to employ the right people both in number and specialist skills and need your help to do so. Your comments will assist the design and extent of the service across the community to GP practices, Health Centres, practice clusters or groups, PBC clusters and PCT areas.

As an active local stakeholder it would be helpful if you could provide me with your thoughts in respect of this service development. I would be grateful if you would send your comments including whether you would be interested in accessing the service as of early 2010, to the following e-mail address:- razia.ilyas@primecare.uk.net."

The LMC had contacted Anne Jackson concerning contractual issues for practices about sub-contracting which would require permission from the PCT. The response had been that Primecare were only trying to ascertain what amount of interest there was having been asked by a number of practices whether it was something they could offer; they were identifying interest in principle only, prior to having a strategic discussion..

The use of Primecare during the day was discussed, some of the comments made being:

- This could be the final chapter in holistic general practice care
- There would be a lack of continuity of care for patients by the GP
- GPs needs to retain home visits in-hours
- A contractor can only sub-contract a clinical element of the GP contract to someone who is not a contractor, with the permission of the PCT
- Single handed practitioners/small practices might want to look at this arrangement in order to free up their time during the day
- Darzi practices have shift doctors; it is difficult to factor in home visits as well as run a walk-in clinic, so they may find this arrangement attractive
- This may result in inappropriate admissions between Primecare and A&E

The Primecare OOH contract was due to be reviewed in September 2010.

It was **AGREED** that the LMC would take this matter forward.

09/11/12 DATES OF FUTURE MEETINGS

The Secretary explained that LMC meetings were formulated around the date of the Annual Conference in June, which had not been finalised yet. The next LMC meeting would take place on 12 January 2010 with the Agenda going out on 5 January following the Christmas break. Dates would be notified as soon as the Annual Conference date was confirmed.

NOTED.

09/11/13 REPORTS FROM REPRESENTATIVES

09/11/13.1 Reports from Flu representatives

Flu report had been covered under Item 09/11/5.1.

09/11/14 REPORTS FROM MEETINGS

09/11/14.1 NHS Health & Wellbeing Review : Newcastle Marriott Hotel : Monday, 21 September 2009 - LMC Secretary

The Secretary had attended this meeting, which had been addressed by Dame Carol Black, National Director for Health & Work,. It was made clear that the health service was probably one of the worst employers at getting people back to work.

NOTED.

09/11/14.2 Winter Health Protection/Seasonal (Winter) Planning : St James' Park, Newcastle : Wednesday, 23 September 2009 - LMC Secretary & Development Manager

The DoH Emergency Planning Team had visited Tees just prior to the event and looked at emergencies and emergency admissions in the area, without speaking to any GPs. The Team's opinion was that GPs are not available when people are ill and they send patients into hospital. Dr Canning, together with another GP attendee, emphasised that GPs cannot always see someone immediately and do not send patients to hospital for no good reason.

NOTED.

09/11/15 ANY OTHER NOTIFIED BUSINESS

09/11/15 LMC Conference : 24 November 2009
2.30 – 6.30 p.m. : Middlesbrough Football Stadium

GPs and Practice Managers are reminded that the LMC is holding a Conference on the afternoon of 24 November at Middlesbrough Football Stadium. Dr Laurence Buckman, Chairman of the GPC would be talking on general practice, with Shanee Baker who is a barrister and the BMA lawyer, speaking on partnerships and the importance of having a practice agreement. John Canning will talk about revalidation / practice accreditation and the role of the Care Quality Commission. All subjects were of vital importance to all practices and GPs and Practice Managers were urged to attend. **Contact: christine.knifton@middlesbroughpct.nhs.uk to reserve a place.**

NOTED.

09/11/16 RECEIVE ITEMS

09/11/16.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
3.8.9 *Salaried GP*	Dr K Ahuja	Gladstone House Surgery	HPCT
1.10.9 *Salaried GP.*	Dr B Mohan	West View Millennium Surgery	HPCT
26.10.9 *Change from Salaried GP to Partner.*	Dr P Nemeth	Dr Dunstone & Partners	HPCT
26.10.9 *Change from Salaried GP to Partner.*	Dr K L Soe	Dr Dunstone & Partners	HPCT
22.9.9 *5 sessions a week.*	Dr K Snowden	Holme House Prison	SPCT
22.9.9 *3 sessions a week.*	Dr R Kanagaraj	Holme House Prison	SPCT
5.10.9 *7 sessions a week.*	Dr M Fernandez Del Velle	Holme House Prison	SPCT
17.7.9 *Partner*	Dr F Zafar	Dr Tunio & Partner	SPCT
22.10.9 *Salaried GP.*	Dr D Garg	Dr Harley & Partners	SPCT
19.10.9 *Salaried GP.*	Dr E J Ross	Dr McGowan & Partners	SPCT
1.11.9 *Partner*	Dr C J Waddle	Dr Poyner & Partners	SPCT
19.10.9 *Salaried GP.*	Dr G Ramachandran	Dr Mukhopadhyay & Partner	MPCT
23.11.9 *Returning to work following 24 hour retirement.*	Dr H Waters	Dr Waters & Partners	MPCT
2.11.9 *Locum GP. APMS practices.*	Dr E B Ackroyd-Parkin	Skelton Medical Centre & Park End Medical Centre	R&C PCT MPCT

2.11.9	Dr S H Khan	Skelton Medical Centre & Park End Medical Centre	R&C PCT
Salaried GP. APMS practices.			
7.11.9	Dr K Shanmugam	Skelton Medical Centre Park End Medical Centre	R&C PCT
Salaried GP. APMS practices.			
5.10.9	Dr M Fernandez Del Velle	Dr Saha & Partners	R&C PCT
Salaried GP.			
1.9.**8**	Dr J Hameed	Dr Lone & Partners	R&C PCT
Partner.			

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
31.12.9	Dr C P Gartner	Dr Gartner & Partners	SPCT
Retirement.			
2.4.10	Dr A Ramaswamy	Dr Ramaswamy & Partner	SPCT
Retirement			
21.10.9	Dr R A Douglass	Dr Douglass & Partners	SPCT
Retirement.			
13.10.9	Dr Y G Soni	Dr McGowan & Partners	SPCT
Salaried GP			
29.5.9	Dr B Gali Pla	Dr Waters & Partners	MPCT
Resigned. Salaried GP.			
28.8.9	Dr P Fernandez Morral	Dr Waters & Partners	MPCT
Resigned. Salaried GP.			
21.11.9	Dr H Waters	Dr Waters & Partners	MPCT
24 hour retirement.			
31.12.9	Dr P T McCarthy	Dr Nath & Partners	MPCT
Partner			
13.11.9	Dr R McMahon	Skelton Medical Centre	R&C PCT
Resigned. APMS – Bondcare.			
13.11.9	Dr R McMahon	Park End Medical Centre	MPCT
Resigned. APMS – Bondcare.			

31.**3**.9 Dr N Roberts Marske Medical Centre R&C PCT
Retired. Salaried GP.

31.**7**.9 Dr S Kane-Toddhall Dr Stocking & Partners R&C PCT
Resigned – moved abroad. Partner.

RECEIVED.

09/11/16.2 Practice Mergers
Notifications received from NE FHSA Contractor Services, Appleton House

09/11/16.2.1 North Tees PCT area

"Please note the following practices will merge with effect from 28th September 2009:

Dr Contractor & Partners	Dr S Chaudhry
Woodbridge Practice	Barley Fields Medical Centre
The Health Centre	30 Myton Road
Trenchard Avenue	Ingleby Barwick
Thornaby	Stockton on Tees

The Woodbridge site will be the main surgery and the Barley Fields site will become a branch surgery, both sites will therefore come under one practice code. A pooled list have been set up for the patients from both sites. All GP details at Dr Contractors practice will remain the same, however, it will be necessary to transfer Dr Chaudhry to the Woodbridge site "

09/11/16.2.2 Hartlepool PCT area

"Please note with effect from 26th October 2009 Dr Dunstone's Practice at Hart Lodge Hartlepool will merge with Dr Lasa Gallego at The General Medical Centre, Surgery lane Hartlepool.

This will mean Dr Lasa Gallego's surgery will become the main surgery and Dr Dunstone's will close completely. The surgery name will also change from 'The General Medical Centre' to '**Hart Medical Practice**'. The telephone number will be: **01429 282600**. A pooled list has been set up for the patients

Dr Dunstone will be the senior partner, with Dr Lasa Gallego, Dr Johnston, Dr Nemeth & Dr Soe. All GPs will transfer to the one site. The Practice Manager will be Mrs Dorothy Wright."

RECEIVED.

09/11/16.3 Updated address
Notification from NE FHSA Contractor Services, Appleton House

"Wynyard Road PC Centre has asked for the practice address to be updated as follows, everything else remains the same."

Wynyard Road Primary Care Centre
Hartlepool
TS25 3DQ

RECEIVED.

09/11/16.4 Redcar practices – new addresses – Effective from 7 December 2009 Notification from NE FHSA Contractor Services, Appleton House

With effect from 7 December 2009, the following GP practices currently in Redcar Health Centre are moving into the new hospital, details as follows:

Drs Davidson & Partners
The Green House Surgery
Redcar Primary Care Hospital
West Dyke Road
Redcar
TS10 4NW
The telephone and fax numbers remain the same.
Tel no: 01642 475157 : Fax no: 01642 470885

Drs Baxter & Boyd
Ravenscar Surgery
Redcar Primary Care Hospital
West Dyke Road
Redcar
TS10 4NW
Tel & Fax numbers remain the same.
Tel no: 01642 759090 : Fax no: 01642 759099

RECEIVED.

09/11/16.5 Report the receipt of:

Durham & Darlington LMC's minutes of meeting held on 1 September 2009
Sunderland LMC minutes of meeting held on 16 June 2009
Minutes of Sunderland LMC's meeting held on 15 September 2009
GPC News 2 – Friday, 18 September 2009 – available on *www.bma.org.uk*
GPC News 3 – Friday, 16 October 2009 – available on *www.bma.org.uk*

RECEIVED.

09/11/16.6 Royal Medical Benevolent Fund – Christmas Appeal 2009 Dame D Hine, President

"In my first Annual Appeal as President of the Royal Medical Benevolent Fund I want to express my thanks to Sir Barry Jackson, who stood down last year after six years as President and whose Appeals have been widely read and have resulted in generous donations to the Fund during that time.

I have every hope and expectation that you will be equally responsive to the Newsletter Appeal this year. The Fund is very grateful for the contributions from readers who know about and support the Fund's work. As Barry anticipated when he encouraged me to become President, I was surprised to find that this is still of vital importance to a section of the medical profession whose numbers are increasing rather than diminishing and which we expect will grow in the difficult financial times we are all now experiencing.

It was a real shock to me to learn how many doctors and their families are leading lives of quiet desperation as a result of accident, illness, career crisis or other major problems. This shock was lessened only by learning more about the Fund's range of activities, from financial assistance and professional money advice, to information and emotional support from skilled staff and volunteers, providing a confidential and compassionate safety net for colleagues in times of great difficulty.

At this time of year we are all conscious of our own family responsibilities, and the care and support that the Fund gives to the families of doctors who are in need as an integral part of our work.

As part of the wider professional "family" of medicine, please consider seriously making a donation to help us continue our vital work and accept my sincere thanks and warm best wishes to you and your family for a truly Happy Christmas.

To make a contribution to the Fund's work please use the secure online donation page at www.rmbf.org."

RECEIVED.

09/11/16.7 'MY NHS' Website launch 15 October 2009
Letter from Paul Frank, Ass Director of Communication & Engagement

"NHS Tees is officially launching MY NHS a new way for local people to get involved and keep up to date with the local NHS; alongside this we will also be launching our new website. NHS Tees wants to make sure that local people are involved in the decisions we make about the health services we design, buy and manage.

We are encouraging everyone to get involved in MY NHS and have their say on issues that matter to them. It is free to join and it is up to the individual how much they get involved. MY NHS gives local people the opportunity to influence local health services and give their views in a variety of ways, including completing surveys, taking part in consultations, attending events and providing feedback. MY NHS will also provide information about NHS services, allow people to keep up to date with local developments, find out about local events and access tools and information to help manage their own health and well being.

I would be grateful for any assistance you could provide with cascading the MY NHS information by email, at any groups that you facilitate/attend or by advising us of any groups that may require specific activity tailored to their needs.

You can sign up to MY NHS in a variety of ways. Join online at www.tees.nhs.uk or contact us free by freephone on 0800 013 0500 or complete a registration form and post to MY NHS, Freepost NEA9906, Middlesbrough TS2 1BR. Registration forms are available to download or complete online. Should you require more information or wish to discuss this issue further, please contact Phillipa Woodhouse, Public Participation Officer, on 01642 352832 or email phillipa.woodhouse@middlesbroughpct.nhs.uk.

Visit www.tees.nhs.uk and get connected! Or to access local sites direct visit:

www.hartlepool.nhs.uk
www.middlesbrough.nhs.uk
www.redcarandcleveland.nhs.uk
www.stockton-on-tees.nhs.uk "

RECEIVED.

09/11/16.8 West Acklam Clinic, Birtley Avenue, Middlesbrough
Letter from Paul Frank, Ass Director of Communication & Engagement,

"As you may be aware, West Acklam Clinic, Birtley Avenue, Middlesbrough TS5 8LA currently provides podiatry services and Contraception and Sexual Health (CASH) services for the people of Middlesbrough. The building has been in need of refurbishment for some time in order to bring the premises up to the standards expected of modern NHS facilities, and in order to enable the range of services provided to be expanded.

To this end, Middlesbrough, Redcar & Cleveland Community Services, the owners of West Acklam Clinic and current service providers, have agreed to temporarily close the clinic with effect from 30 October 2009 to enable refurbishment to take place. It is anticipated that the refurbished building would be able to reopen in April 2010.

During October, current podiatry and Contraception and Sexual Health (CASH) services users will be advised about the relocation and of alternative clinic venues whilst the premises is refurbished. For podiatry service users, alternative venues for treatment are the One Life Centre, Cleveland Health Centre and North Ormesby Health Village. The full range of CASH services are available from North Ormesby Health Village."

RECEIVED.

09/11/16.9 Date and time of next meeting

Tuesday, 12 January 2010, at 7.30 p.m. in the Committee Room, Poole House.

RECEIVED.

There being no further business to discuss, the meeting closed at 9.05 p.m.

Date: ***Chairman:***