CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 7 November 2006 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:	Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr A R J Boggis	Dr J T Canning	Mr J Clarke
	Dr D Donovan	Dr K Ellenger	Dr M Hazarika
	Dr A Holmes	Dr I A Lone	Dr K Machender
	Dr R McMahon	Dr T Nadah	Dr D Obih
	Dr N T Rowell	Dr N Siddiqui	Dr M Speight
	Dr J R Thornham	Dr R J Wheeler	Dr S White
	Dr C Wilson		

06/11/1 APOLOGIES

Apologies had been received from Dr S Burrows, Dr G Daynes, Dr T Gjertsen, Dr C Harikumar, Dr J Nicholas, Dr J O'Donoghue, Dr A Ramaswamy, Dr T Sangowawa and Mrs C Knifton.

06/11/2 MINUTES OF THE MEETING HELD ON 12 September 2006

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

06/11/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

06/11/3.1 PCT re-configuration - Update
Ref Minutes: 06/02/3.4 : 06/04/4.1 : 06/06/3.4 :06/09/05

The Secretary introduced a report, which had been tabled, summarising the concerns of doctors in the area of the former Langbaurgh PCT and giving an indication of possible actions which could be undertaken. Dr Speight reported concern in the former Langbaurgh PCT area which he believed was at the grass routes level rather than the "usual voices". Concerns included a fear of a lack of clinical engagement, and a perception that the new PCT would be "run from Middlesbrough". GPs in the area believed that the non-executives had been put in an impossible position; they were given no alternative proposals and told that if the joint PEC and other governance arrangements were not in place, the PCT would be 'handed back to the StHA'. Dr McMahon remarked that she had not been told before the meeting that it

would be taking place; she was generally unhappy at the lack of information and there was a feeling that doctors in the Eston area were "being played off" against Langbaurgh GPs.

During discussion, the following points were made:

- That any attempted reversal will cost and cause delay
- There was a need for some functions to be at a Tees-wide level such as public health
- The letter from Duncan Selbie (DoH Director General, Commissioning), which was appended to the tabled report was discussed and noted that Middlesbrough and Redcar & Cleveland PCTs are considered to be new PCTs and that, therefore, the arrangements for PECs were not in themselves inappropriate
- North Tees & Hartlepool do not have merged PECs at the present but will be working closely together, the intention is to move towards a single PEC depending on the outcome of the national PEC review
- Local clinical engagement should be principally via PBC groups, though it was felt that in Langbaurgh a block had been put on PBC groups activity
- If a PEC was not appointed as soon as possible, there would be no opportunity to provide the checks and balances on executive power
- There was a need to look to the future

In conclusion the Committee felt that formal action was inappropriate as this would not achieve any different outcome but would delay implementation of a properly functioning PEC. The Committee was critical of the lack of openness which had been a feature of the discussions south of the river, which was at considerable variance to the way that discussions on governance had been approached north of the river.

The Committee expressed a commitment to working with the new PCTs and hoped for a much more open method of working in the future.

06/11/3.2 Report by the Chief Medical Officer "Good doctors, safer patients" – Update
Ref Minutes: 06/09/4 : 06/07/14.1

Following the open meeting held at the Sporting Lodge, Stainton on 3 October 2006, which had been attended by GPs, hospital doctors and trainee doctors, the Secretary was preparing a response to the consultation on the CMOs proposals, for submission to the DoH.

NOTED.

06/11/3.3 LMC/PCT Liaison Officer vacancy - Update
Ref Minute: 06/07/4 : 06/09/6

The Chairman and Secretary gave a summary of the current situation. The Committee expressed some concern that whilst it may be necessary to appoint a Liaison Officer, much of the LMC's knowledge base was concentrated in one

individual and that once the Liaison Officer was in place a review of arrangements for medical advice and support should be undertaken.

RESOLVED to proceed to appoint a Liaison Officer.

06/11/3.4 Ambulance Booking - Update
Ref Minute 06/09/12

The Secretary reported that out of 87 practices the following responses had been received:

4 practices	No
1 practice	Understands there is a LES in place but has not received any payment for it (Hartlepool)
37 practices	Yes

A number of practices saying "yes" had suggested that a LES be put in place. This had been the subject of recent discussion on the LMC ListServer, where the consensus feeling was that this was inappropriate as it still placed the burden on practices.

No response had been received from any of the PCTs north/south of the river to a letter sent to them on 19 September advising that arrangements be put in hand for ambulance bookings to be undertaken by the Ambulance Trust. The Ambulance Trust had advised that they had been in contact with the Teesside PCTs and believed that the deadline of 31 March 2007 would allow a sufficient period of time for the matter to be resolved to the satisfaction of all concerned.

After a discussion of the difficulties, the Committee believed that it was appropriate for three months notice to be given as soon as possible by those practices wishing to opt out of booking ambulance services.

The Secretary reported on a meeting he had held at the Ambulance Trust offices on Wednesday, 1 November, at which it was reported that a successful scheme for ambulance booking operated on behalf of Northumberland PCT.

Post meeting note: HPCT has a LES which includes a component for the ambulance booking service. Each practice receives £140/£150 per 1,000 patients; this is paid 6-monthly, the latest payment being made on 27 October. Practice Managers were informed at a recent meeting that HPCT would be agreeable to practices giving appropriate notice of withdrawal from providing the service, however, they would lose their 6-monthly payment for ordering ambulances.

06/11/3.5 Primary Care Development Schemes (formerly Golden Hello Scheme)
Ref Minute 06/09/3.2 : Update from PCTs

Jill Harrison, North Tees PCT
"NTPCT's position is as follows:

- *No funding was spent in 2005/6, the funding was carried forward to 2006/7. This has resulted in three year's funding (approximately £164,000) being available over two years – 2006/7 and 2007/8.*

- *The PCT's proposals for use of this funding include a GP Sabbatical Scheme (£55,000 over the two years), Protected Learning and Support for Newly Qualified GPs (£104,000 over the two years) and small one off training courses for GPs (including intensive communication skills and PDP training for GP appraisers) which will use the remaining funding. The two large schemes will be in place from December/January."*

Yvonne Watson, Middlesbrough PCT
"As you are aware the PCDS Workshop was held at Seaham Hall on Friday, 4 November 2005, during the workshop we were informed that we had to submit an action plan for approval to the StHA by 1 March 2006. This was completed within the timeframe requested but the allocation for 2005/6 was not received into MPCT until mid-March 2006 and it was too late to put any schemes in place before the end of the financial year.

With regard to the 2006/7 allocation of £75,000 for PCDS monies, we have not received this to date despite monthly follow-up with the Workforce Development Directorate and StHA on numerous occasions requesting the funding as soon as possible.

As soon as the 2006/7 monies are received we feel the following, which were included in our submitted plan, are priority and we are looking to develop a mentorship programme to reimburse GPs and this will incorporate GPs returning to practice, newly qualified GPs, Nurses, Nurse Practitioners and ECPs, support GPs to undertake highlighted courses within their PDPs which have been agreed by appraisers (e.g. minor surgery, contraception), support GPs who train/re-train to become GP appraisers, work with practices to advertise practice vacancies and finally assist GPs where there are performance issues and these will be carried forward into 2007/8."

Marilyn MacLean, Redcar & Cleveland PCT
"Attached is information which we have also sent to the SHA. With regard to spends in 2006/7 and 2007/8 we have yet to receive an allocation from the SHA."

Carol Johnson, Hartlepool PCT
"Here is the submission I gave to the SHA about use of funding for last year. This year we are working to develop proposals that fit with the "Fairness and Equity" developments that will support practices in Hartlepool over the next two years."

The responses were **RECEIVED** although concern was expressed that money was recorded as being used in Redcar & Cleveland PCT for Practice Based Commissioning. The Secretary **AGREED** to seek clarification of this. The Committee also asked for quarterly updates on the use of this funding.

06/11/3.6 Funding in General Practice
Ref Minute 06/06/3.5 & 06/04/5 & 06/09/8
Extract from communication received from a GP

"As a matter of urgency the LMC should work towards practices with less than £60 per weighted patient obtaining an immediate uplift to their global sums. Extra funding should, in fact, be a priority for all practices with less than £65 per weighted patient. This is particularly pertinent since the vast majority of these practices achieve very good clinical outcomes for their patients, provide good access to their services at present but risk being de-stabilised, particularly if external competition in the form of APMS practices is forced on a PCT."

The Committee discussed practice funding and expressed concern as to the variability.

Following questions as to how PCTs could provide extra funding, the Secretary reported that Section 28(Y) of the NHS Act 1997 was available to them to provide support, including financial support, to practices, however, it would seem PCTs are unwilling to use this as a means of providing equitable funding.

06/11/3.7 Urological Services – Regional Spinal Cord Injury Centre, JCUH

Ref Minute 06/09/19.2 – Letters written to Chief Executives of the four PCTs asking them to bear in mind the LMC's deliberations over acute services reconfiguration.

Dr Jonathan Berry, GP Commissioning Lead, NTCPT

"Reference your letter of 19 September, with regards to the above, as you are aware a review of urological services is currently taking place. This has come about in part as a result of the Acute Services Review and Darzi. I attend the steering group meeting on behalf of NTPCT and other PCTs have been contacted to check that they are happy for me to do so on their behalf also.

It would be simplistic to say that this is a complex and multi faceted issue. There is a general support for service transfer at Chief Executive level across organisations at this time.

For the LMC to receive one view, though the factual elements received from Professor Greenough are not being challenged, and base an 'LMC' viewpoint on the whole issue on this ("the LMC … are broadly in support of the points he makes") could be misconstrued as the LMC having a viewpoint on the issue without being in possession of all the facts from all parties involved, and before any consultation has taken place around any proposed changes, if indeed there will be any.

I do not know your view on what role the LMC has when being lobbied by parties around issues like this but the weight of the LMC for or against any issue is not to be taken lightly (you will be glad to hear!) and could be used to effect.

Please bear this in mind in your work on this matter."

NOTED.

06/11/4 ROLES & RESPONSIBILITIES OF LMC OFFICERS AND MEMBERS

Members welcomed the Roles & Responsibilities document but requested a further opportunity for comment. The Secretary undertook to have the document circulated once more and expressed the hope that this would be approved at the next meeting of the Committee.

06/11/5 LMC CONFERENCE, THURSDAY/FRIDAY, 14/15 JUNE 2007

Three representatives were sought to attend LMC Annual Conference, Logan Hall, London. Normally the Chairman, Secretary and Vice Chairman attend.

The Secretary explained that Dr Beeby, Dr McMahon and Dr Canning were already attending the Conference in connection with their membership of the GPC. The

Committee nominated Dr Roberts, Dr Lone and Dr Ramaswamy to be the CLMC representatives at Conference.

06/11/6 CLMC MEETING DATES FOR 2007

Committee Room, Poole House : Tuesday : 7.30 p.m.

30 January	17 July
20 March	11 September
1 May	6 November
5 June	18 December

RECEIVED.

06/11/7 JCUH TRUST PROGRAMME BOARD – CHOOSE & BOOK
Request for LMC GP representatives

Dr Beeby, Dr Birch and Dr Nicholas kindly agreed to be nominated to the board, and Kevin Ryott at JCUH would be advised accordingly.

06/11/8 NTPCT – NEW NEIGHBOURHOOD RENEWAL PROJECT: CARDIO VASCULAR DISEASE/CANCER
(Mrs Elaine Morris, NTPCT Project Manager)

Health Equity Audits show that there are higher rates of Coronary Heart Disease and some cancers in the Stockton area compared with National averages. (National compendium of health statistics: www.nchod.nhs.uk)

This project sets out to re-address the balance by targeting three specific groups within the Neighbourhood Renewal area:-

i. Non-hypertensive patients aged between 45 - 74 who have no record of having had their BP's checked within the last 5 years.

ii. Non-hypertensive patients WITH a BP reading within the last 5 years- to screen for potential risk of cardio vascular disease.

iii. All patients of all ages diagnosed as hypertensive. Key clinical data will be extracted, analysed and presented to the practices to support their work on secondary prevention. Support to extract the data is available or practices can claim remuneration for the completed work.

The identified patients in Groups 2 & 3 will be offered BP checks, healthy lifestyle information, cancer awareness and for some further screening to identify those most at risk of coronary heart disease. If required patients will be invited to attend further visits at the clinical sessions or be advised of the most appropriate follow-on care for them.

The project will take the health checks sessions and advice to the people by providing open access as well as invitations to attend sessions held in a variety of community

setting including clubs, community centres etc. Evidence suggests that patients in these groups are less likely to present for screening or health advice and it is anticipated that the project will attract greater numbers of patients by using these venues.

NOTED.

06/11/9 QOF VISITS 2006/7

Richard Harrety, Hartlepool PCT
QOF visits - *On the whole the process for the QOF visits for Hartlepool remain unchanged. The number of visits have been reduced from 16 practices to 8. However all practices still have to submit required evidence such as Grade A documentation (collected in electronic format) and the anonymised assessor reports generated by the Apollo software. And all practices will be included in the Random counter fraud check selection process.*

In addition practices will be assessed against the standards for better health framework and assurance of contract provision along side the QOF standards as several areas overlap and it was felt that this would reduce the overall impact on practice time to validate in one visit rather than three.

I enclose a copy of our QOF process for your records, if you have any further questions regarding the visits, please do not hesitate to contact me on 01429 285779.

Marilyn MacLean, Redcar & Cleveland PCT
QOF visits *– will take place in each practice starting approximately in November. The slightly later start is to ensure that the clinical systems in the practice have had the necessary software available.*

Liz Hegarty, North Tees PCT
QOF visits *– The original QOF framework guidance stated that the annual QOF review has three purposes:*

(1) to review the contractor's current achievement and to provide the PCT with an assessment of likely achievement by 31 March;
(2) to confirm that data collection and quality (and hence any payments made on the basis of this data) are accurate;
(3) to discuss the contractor's aspiration for the following year.

The visit is, therefore, both summative and formative and both aspects are of equal important. However, the guidance also stated: the approach should be light touch.

PCTs can decrease the frequency of visits to each contractor where:

- *Achievement has been consistently close (within 5%) to predicted aspiration or previous year's achievement*
- *There are no concerns about fraud or performance*
- *There have been no major changes to the practice or staffing*
- *The contractor engages with the process and has a track record of achievement against other nationally recognised or locally agreed quality schemes.*

PCTs may decide to increase the frequency of visits where:

- *The contractor has significantly underachieved, compared to its aspiration or previous year's achievement*
- *There are suspicions of fraud*
- *There are widespread concerns about poor clinical performance*

- *There have been a large number of patient complaints about the contractor.*

The proposal for undertaking clinical indicator visits in 2006/7:
- *The Head of Healthcare Governance will identify 50% practices*
- *Visits will be undertaken between October and December 2006*
- *Practices will be asked to provide specific Clinical Indicator protocols*

The visit will involve review of patient notes:
- *Evidence of how decisions to exclude patients were made*
- *Audit trail within the practice of who excluded that patient*
- *Where exception codes have been used, links made in clinical records*

The visits will be undertaken by:
- *PCT manager*
- *Clinical assessor (who has undergone additional training with PCT managers)*

Where required, the practice will be given an action plan to reach by the year-end.

Comparative practice data will be used as a best practice example for the practice to achieve.

Any practice that has an outlier for exception reporting will receive a visit.

All the data will be shared at Clinical Governance leads

A benchmarking exercise will be undertaken with another PCT.

Yvonne Watson, Middlesbrough PCT
***QOF visits** – The QOF visits will commence as soon as the QMAS system is repaired, therefore, we are planning them commencing in November 2006.*

The Secretary **REPORTED** that following his meeting with MPCT Chief Executive & Chairman on 17 October, it had been confirmed that, despite rumours to the contrary, doctors would be involved in the visits by the PCT although on occasions other health professionals may also be involved, as appropriate, such as when discussing prescribing management. The PCT were not convinced at the role of the lay person in these visits. It was also understood that visits would not be undertaken at all practices this year.

06/11/10 APPRAISAL SYSTEM/PAYMENT FOR 2006/7

Richard Harrety, Hartlepool PCT
***Appraisal** - In order to ensure General Practitioners registered on the Performers List (excluding registrars) for Hartlepool Primary Care Trust receive a timely appraisal the Audit and Clinical Governance Officer of the PCT assigns a qualified GP Appraiser to appraise a GP. There are currently 7 GP Appraisers, all of whom are practicing GP's. Training to become an appraiser is delivered by a specialist external organisation and funded by the PCT; in addition to this annual refresher training is also provided for existing appraisers. A maximum of 12 Appraisees are assigned to each Appraiser and suggested appraisal dates are circulated to both parties in order to stagger the appraisals throughout the year. Ultimately dates are finalised by the Appraiser and Appraisee. Once appraisals are completed a Personal Development Plan is agreed between Appraisee and Appraiser and forwarded to the GP Appraisal Lead, a GP experienced in appraisal and professional development.*

Appraisals are now monitored by utilising the Online NHS Appraisal Toolkit which assists the Audit and Clinical Governance Officer in tracking the progress of the appraisal process.

The current remuneration available for appraisers is as follows:-

Annual Salary (paid monthly)	*£5163.36*
Fee for conducting each appraisal	*£85.00*

Non-salaried GP's belonging to a PMS practice can claim £309.67 to compensate for locum cover and preparation time.

GP's who belong to a GMS practice receive their payment for locum cover and preparation time as part of the global sum payment paid annually to these practices.

A sum of £4000.00 has been allocated for the training of GP Appraisers.

A sum of £ 200.00 has been allocated for quarterly meeting costs to ensure appraisers are informed and current in there practices.

Marilyn MacLean, Redcar & Cleveland PCT

***Appraisal** - The system for appraisals in Langbaurgh remains unchanged in the current financial year. The remuneration for both appraiser and appraisee has been uplifted by 2.2% in line with Pay Circular (M&D) Recommendations for Salaried GPs:*
Appraisers - £462.45 Appraisee - £269.80

Liz Hegarty, North Tees PCT

***Appraisal** :*

- *All GPs are advised/reminded of appraisal requirements every year, GPs new to list included as they join*
- *Letters copied to Practice Manages to ensure all GPs covered*
- *Appraisers currently paid about £446 + 14% for superannuation per appraisal completed; annual increase in line with global uplift (usually 3.225%)*
- *Appraisers also resourced to attend regular learning set (50% education and 50% administrative), send representatives to PIMD annual conference, and for other specific learning as needs identified*
- *Appraisers freely access GP tutors for support if needed*
- *Our appraisal process has been reviewed by RPIMD in the last year and was found to be of very high standard*

Yvonne Watson, Middlesbrough PCT

***Appraisal** – MPCT reimburses GP appraisers £588 for each appraisal and with regard to reimbursement for appraisees the funding is within their practices baseline contract. MPCT also appraises locum GPs that are on its Performers List along with any employed salaried GPs and these are reimbursed £279.*

With regard to the reconfiguration of Middlesbrough & R&C PCTs on 1 October 2006 it has been agreed that MPCT will appraise any GPs within the Eston corridor that are due for an appraisal before 30 March 2007. Thereafter, the GPs within the Eston corridor will be transferred to the new R&C PCT's Performers List.

RECEIVED.

06/11/11 CHILD PROTECTION

06/11/11.1 Training

The Secretary advised members that although it may be good practice to undertake training in child protection, contrary to rumour, this was not mandatory for either GPs or practice staff. Practices will, doubtless, wish to assess the training needs for individuals against the outcome of appraisal and performance reviews.

NOTED and **RECEIVED.**

06/11/11.2 Amended GP child protection forms

The Secretary reported that, following consultation, revised proformas and documentation were being produced.

NOTED.

06/11/12 GENERAL PRACTITIONERS & FORENSIC MEDICAL EXAMINATIONS (Patients being instructed by Police to attend GP to have injuries recorded)
Ref Minute: 06/01/11
Letter from Sergeant Susan Knights, Cleveland Police, Middlesbrough

"With reference to your letter received regarding the above topic, this is to inform you that a "message to all" has been circulated to all personnel within Cleveland Police via the force's intranet, on 12 July 2006. The message contained information reminding officers that when an injury is sufficient enough to provide medical evidence, they are to send patients to A&E Departments in order that statements can be obtained at a later date if required, rather than this responsibility lying with GPs.

Since the message was posted, we have not been made aware of any further reports of patients attending their GPs. I hope this meets your requirements."

There was some discussion on the potential mis-use of A & E services by police directing victims there for forensic-type examination and documentation. Members expressed concern that this was not an appropriate use of NHS services, but it was felt that initially this should be dealt with through PBC groups rather than by the LMC.

06/11/13 COLLABORATIVE ARRANGEMENTS - Update
Ref Minute 06/04/15.2

The Secretary reported that definitive legal advice had been received which ruled that LMCs cannot discuss these fees with PCTs. Fees are to be set by the practitioners performing the service. As these duties are not part of a contract under Regulations or Directions the arrangements do not comprise an NHS contract, and practitioners may both apply the Late Payment of Commercial Debts (Interest) Act 1998, at current rates 12.75% p.a., and use the courts to obtain the money, although the interest rate is only 8% p.a.

GPs had received notification from both NT PCT and M PCT with very similar text giving details of a Tees-wide PCT policy. The Secretary explained that this policy was not in line with the DDRB recommendation and **AGREED** to write to practices to advise them of further action they may wish to take.

06/11/14 BMA LAW WEBSITE

Letter from BMA Law, BMA House, Tavistock Square, London WC1H 9JP
Membership costs £200 + VAT per annum. More substantial work is £115 per hour + VAT

BMA Law is a service designed solely to meet the business needs of LMCs. The service is provided by lawyers Jonathan Waters and Shanee Baker from the BMA, offering high quality legal advice and drafting in the following areas:

- *Commercial/corporate law*
- *Employment law*
- *Data protection*
- *Freedom of Information*
- *Information technology (contracts)*
- *Management and advice on matters of a litigious nature including negotiations and settlements of disputes, internal governance and constitutional matters*
- *Internal supply contracts and tenders*

A new service is establishing limited liability companies in order for LMCs to manage and reduce risk, plus registration and filing of new companies at Companies House.

NOTED. The decision was taken not to apply for the BMA legal service.

06/11/15 REPORTS FROM REPRESENTATIVES

No reports had been received.

06/11/16 REPORTS FROM MEETINGS

06/11/16.1 Meeting with Ambulance Service representatives on Wednesday, 1 November 2006: Dr J T Canning : Colin Cessford, George Marley & Les Mullen

- **Pronouncing life extinct**: Ambulance service was surprised that Tees ambulance teams were not pronouncing life extinct and would pursue this through their systems.
- **NEAS Pathway Pilot**: Ambulance service would not be passing requests by fax and email to doctors for medical intervention, but this would be used as a back-up system. Those calling the ambulance service, where it was deemed inappropriate for the ambulance service to be involved, would be directed to ring the surgery. The few vulnerable patients would be followed up by the ambulance service ringing the surgery directly.
- **Ambulance Booking**: Already done for Northumberland and seems to work very well; would be keen on establishing this but it is a PCT responsibility.

- **GP representation**: Dr Canning is the GP representative on the Advisory Board but attendance will depend on date of meeting and other ongoing commitments.

06/11/17 SUPPLEMENTARY AGENDA

06/11/17.1 QOF Prevalence

Concern had been expressed by members of the committee on the effect of unusual practices on QOF prevalence calculations. This has been raised with the GPC who responded. *'Despite the other problems we're having with negotiations this year, it is likely that prevalence is going to be discussed this year, but it goes without saying that there won't be an instant answer or solution to these issues.'*

NOTED.

06/11/17.2 Rurality review of Guisborough - Update
Ref Minute 06/07/13.1

The Local Pharmaceutical Committee had requested a formal review following the submission of an application for a new pharmacy. The Secretary drew members attention to his proposal that the 'urban' area of Guisborough on the tabled map should be reclassified as not controlled (i.e. not rural). Consultation had also taken place with the North Yorkshire LMC.

The Committee **SUPPORTED** the proposed change of designation.

06/11/18 ANY OTHER NOTIFIED BUSINESS

06/11/18.1 HM Revenue & Customs

The Secretary:

- reported that a settlement had been reached with HM Revenue & Customs and a rebate of £6,200 was expected to be received shortly;
- advised members to seek taxation advice from their accountants on the NT code and deferment of NICs (if paid).

06/11/18.2 New speed limits on parts of Stokesley Road

Members were advised that the area around Nunthorpe was restricted to a 40 mph speed limit.

06/11/19 RECEIVE ITEMS

06/11/19.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
01.09.06 *Salaried GP.*	Dr K Boyle	Dr Downs & Partners	H PCT
19.09.06 *Salaried GP.*	Dr P L Greenaway	Dr McGowan & Partners	NT PCT
11.08.06 *Locum GP.*	Dr C S Cornford	Fulcrum Medical Practice LLP	M PCT
11.08.06 *Salaried GP.*	Dr H Jesuraj	Dr Acquilla & Partners	M PCT
16.10.06 *Partner.*	Dr E B Ackroyd	Dr Neville-Smith & Partners	R&C PCT
01.10.06 *Partner.*	Dr W Saltissi	Dr Juhasz & Anam	H PCT
01.09.06 *Partner.*	Dr J Datta	Dr Bhattacharyya & Partners	R&C PCT
11.09.06 *Partner.*	Dr V Parajulie	Dr Beeby & Partners	M PCT
16.10.06 *Partner.*	Dr A Calabro	Dr Lone & Partners	R&C PCT

Resignations:

Effective Date	Name	Partnership	Practice Area
30.09.06	Dr T A J Swaidah	Dr Lone & Partners	R&C PCT

RECEIVED.

06/11/19.2 Report from GPC

Summary of GPC meetings held on 21 September & 19 October 2006 were emailed to all GPs and Practice Managers on 26 September & 24 October 2006 respectively. The GPC next meet on 16 November 2006.

NOTED.

06/11/19.3 Report the receipt of:

GPC News M2 – Friday, 22 September 2006 (*available at www.bma.org.uk*)
GPC News M3 – Friday, 20 October 2006 (*available at www.bma.org.uk*)
Sunderland LMC minutes of meeting held on 18 July 2006
Sunderland LMC minutes of meeting held on 19 September 2006
Royal Medical Benevolent Fund – Newsletter : Autumn 2006

NOTED.

06/11/19.4 Date and time of next meeting

Tuesday, 12 December 2006, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road.

NOTED.

There being no further business to discuss, the meeting closed at 9.27 p.m.

Date: ***Chairman:***