

# CLEVELAND LOCAL MEDICAL COMMITTEE

**Dr J T Canning MB, ChB, MRCGP**

**Secretary**

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.32 p.m. on Tuesday, 6 November 2007 in the Committee Room, Poole House, Nunthorpe, Middlesbrough

<b>Present:</b>	Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr S Burrows	Dr J T Canning	Dr D Donovan
	Dr K Ellenger	Dr A Gash	Dr T Gjertsen
	Dr M Hazarika	Dr A Holmes	Dr I A Lone
	Dr K Machender	Dr R McMahan	Dr D Obih
	Dr J O'Donoghue	Dr N Rowell	Dr T Sangowawa
	Dr N Siddiqui	Dr J R Thornham	Dr R J Wheeler
	Dr D White	Dr S White	Dr C Wilson

**In attendance:** Mrs C A Knifton : LMC Manager  
Mr I McFarlane : LMC PCT Liaison Officer

The Chairman informed members that Dr Herbert (Bert) Kay who had been LMC Chairman between 1983-1986 had died last week. Dr Nigel Rowell (who had replaced Bert at the Endeavour Practice many years ago) gave a short eulogy and members stood in a minute's silence as a mark of respect.

## **07/11/1 APOLOGIES**

Apologies had been received from Dr A R J Boggis, Dr T Nadah, Dr A Ramaswamy and Dr M Speight.

## **07/11/2 MINUTES OF THE MEETING HELD ON 11 September 2007**

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

## **07/11/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS**

### **07/11/3.1 Draft Tees Commissioning SLA : Provision of ICT services to primary care**

Ref Minutes: 07/03/3.2.1 & 07/05/3.1

The Secretary reported that the LMC had written to Peter Jacques on 31 May 2007 suggesting a review of the SLA in September 2007. Our letter was not acknowledged and nothing more had been heard until yesterday when MPCT requested a meeting to develop a next generation SLA and improve service on an ongoing basis. A meeting was yet to be arranged and members would be kept informed.

**NOTED.**

**07/11/3.2 GP involvement in Foundation Programme Teaching at JCUH**

Ref Minutes: 07/03/3.1.3 & 07/09/3.1

Mr Jeremy Twigg, Foundation Programme Tutor, JCUH had confirmed that the programme had not yet been planned for next year, and commitment would be based around GP availability.

Dr D Donovan, Dr N Rowell and Dr A Holmes put their names forward, and Mr Twigg would be notified accordingly.

**07/11/4 VTS REPRESENTATION ON THE LMC**

**07/11/4.1** The Secretary proposed that Dr Debs White, who is a first year vocational trainee on the Tees Valley Scheme, be co-opted to membership of the Committee, as she is a member of the BMA Junior Doctors Committee and has been elected by that Committee to represent junior doctors on the GPC.

It was proposed and **AGREED** that Dr White be co-opted as a member of the LMC.

**07/11/4.2** VTS had nominated one representative, Dr Girish Chawla (Trainer: Dr Derek McGlade) to be a Member of the LMC, and three others who would like to be Observers on the LMC: Dr Rahul Kalla (Trainer: Dr James Gossow), Dr Akhtar Khan (Trainer: Dr Liz Budge) and Dr Girish Rao (Trainer: Dr Dave Anderson).

It was **AGREED** that there would be one VTS Member and three VTS Observers.

**07/11/5 PRACTICE BASED COMMISSIONING - UPDATE**

Ref Minutes 06/02/8.3 : 06/06/4 : 06/09/7 : 07/06/3.2 : 07/07/3.4 : 07/09/3.4

The Liaison Officer tabled an update report and briefly went over the areas of Eston Corridor, Hartlepool, Middlesbrough, North Tees and Redcar & Cleveland.

**Hartlepool** – slow but steady progress, with all practices involved. Collaboration with NT PCT PBC group on use of input from Improvement Foundation has worked well.

**North Tees** – Good progress being made with plans being developed for financial year 2007/8 including an objective review and potential consequential update of the LES.

**Eston Corridor** - were keen to ensure effective foundations were laid and agreements reached.

**Middlesbrough** – PCT Chief Executive had raised some concerns over lack of engagement by practices and had asked for LMC support. LMC will be holding a meeting tomorrow evening for all Middlesbrough practices when the PCT Chief Executive will be present to explain the importance of PBC and encourage involvement, then to answer answers, after which he will leave and practices will debate the way forward.

**Redcar & Cleveland** – Social Enterprise status has not yet been completed but work continues towards achieving this; practices recently asked to donate three months of their money to pay for it. Good progress being made with sound PCT support. Details of PBC savings have been provided to practices.

It was commented that had Middlesbrough been offered the North Tees LES it would have been accepted. Why had StHA allowed this situation to happen? Eston practices were concerned they would be seen at letting Middlesbrough practices down.

The Secretary reminded Members that the LMC's role was to represent all GPs and advise them of the advantages and disadvantages of being involved in PBC, rather than pushing a particular solution.

#### **07/11/6 “OUR NHS OUR FUTURE” Interim report by Lord Darzi**

The Secretary explained that an email had been sent to all GPs/Practice Managers on 5 October 2007, summarising the report and inviting comments which were:

- Choose & Book and obligation to use it
- What about funding for weekend and evening surgeries and lack of services available at those times i.e. no bloods, no nurse, no consultant/secretary available, C&B not available out of hours, availability of chemists
- Cannot see it will improve things in Stockton / Hartlepool
- The establishment of new practices is a good idea but will recruitment of doctors, staff and patients be possible?
- Ensure practices are established on a level playing field concerning funding and accommodation
- Do not think anyone would be interested in doing OOH at all

The Report, which was looking at the London area and polyclinics, had been discussed at the Northern Regional Council Meeting in Newcastle. It was felt a substantial amount of work would have to be undertaken before the Report was rolled out across the country.

**07/11/7**            **CHANGES TO NHS PENSION SCHEME BENEFITS**  
(Copy of PowerPoint presentation attached)

The Secretary explained that neither he nor the LMC were able to provide personal financial advice. The pension scheme changes had been finalised and agreed between unions and management. There will be two pension schemes with effect from 1.4.08. People joining the scheme from 1.4.08 will join the new pension scheme with a final pension of 60ths rather than 80ths, but no fixed lump sum. There will be an opportunity for existing members to transfer to the new scheme between July 2009 and June 2010. Added years will remain exactly as they are for doctors who have taken them, but added years cannot be taken out after 1.4.08, however, there will be at least one year in which you can buy added years from 1.4.08 – 31.3.09, but, applications to buy added years during this period must be received by the NHS Pension Agency by 31.3.08. There is going to be a review of ill health retirement with a view to reducing ill health retirement and encouraging those on ill health retirement to return to work within their capabilities.

The Secretary **AGREED** to email GPs and Practice Managers with information on the changes; an insert should be in pay slips shortly. Anyone wanting to obtain a pension forecast or details of the added years scheme can contact Amy Houlston at Poole House on 01642 304088 (works Mon, Wed & Thu 8:30-1:30 and Tuesday 8:30-4:30; does not work on a Friday) or go online using [www.nhspa.gov.uk](http://www.nhspa.gov.uk). Details of the revised pension scheme are on [www.bma.org.uk](http://www.bma.org.uk).

**07/11/8**            **PROPOSALS FOR AMBULANCE CONTACT CENTRES IN THE NORTH EAST OF ENGLAND**

The document, which can be downloaded on [www.neambulance.nhs.uk](http://www.neambulance.nhs.uk), was discussed. The Secretary explained that the Ambulance Service wanted to centralise. It was felt that if the service was fast, efficient and safe, the location was unimportant.

**07/11/9**            **COMMUNICATIONS WITH PRACTICES**

The Secretary asked Members how often they wanted to receive information on current topics, and in what format: by email daily (when it was received at the LMC office), or weekly, or weekly summaries with web links to further information, or in newsletter format. The LMC Manager had spoken to some Practice Managers and the majority of them had said they preferred to receive items daily rather than weekly.

It was **AGREED** the a trial weekly mailing be established, with comments sought about the arrangement.

**07/11/10**          **REPORTS FROM REPRESENTATIVES**

**07/11/10.1**        **NT Adult Integrated Services : Consultation meetings held on 3 & 30 October – Report from Dr J O'Donoghue**

Dr O'Donoghue had attended on 30 October as the LMC representative. The planned

change was for the service to be geographically based, as opposed to being based on the GP community which would have a profound effect on practices who may have patients in 2 – 3 areas with district nurses from those 2 – 3 areas. Practices were concerned about losing the ability to communicate with district nurses. However, it was felt that the decision had already been made and they were merely going through the consultation process.

Other members felt that the PCT was merely streamlining the services because this service was already in place in Hartlepool. January 2008 will see the development of teams and the defined structures. Feedback was requested in the New Year, once the service was in operation, as to how the service was working.

## **07/11/10.2 NE Strategic Health Authority Darzi's NHS Next Stage Review – Report from Dr A Ramaswamy**

Dr Ramaswamy was on the “Staying Healthy” working group and his report was tabled. He thanked members for comments they had sent him via the Google ListServer. Members were reminded they can register for inclusion on the Google ListServer by contacting Ian McFarlane at the LMC office on 01642 304074.

## **07/11/11 REPORTS FROM MEETINGS**

### **07/11/11.1 LRCs liaison meeting with LMC : Monday, 17 September 2007 (Local Dental / Ophthalmic / Pharmaceutical / Medical Committees)**

- There is a need for LRCs to work together because we are all contractors. One way to do this was to meet the new NE FHSA and also meet as a body with the PCT Chief Executives.
- Pharmacists have a problem with the sticky residue left by adhesive labels on prescriptions. Some practices were using coloured marker pens, but pharmacists were also having problems with this method. Practices were asked not to stick any labels or use marker pens on the actual prescription side of the form, these methods could be used on the other side of the prescription. It may be worthwhile practices speaking to their regular pharmacist to see how this problem could be overcome.
- It would be helpful if surgeries could give plenty of notice to pharmacies when intending to change their hours.
- Some practices were directing patients to use a certain pharmacy for repeat prescriptions. Practices should avoid doing this and treat all pharmacies impartially.
- The Dental Committee had expressed concern at not being able to get passed reception staff when requesting to speak to a doctor about clinical matters concerning a patient. Practices were asked to be more helpful/accessible to fellow contractors.
- In some areas, there is a representative from the Pharmaceutical Committee on the LMC Board. It was **AGREED** this be discussed at a later meeting.

**07/11/11.2 LMC liaison meeting with M / R&C PCTs : Tuesday, 23 October 2007 :**  
Dr Lone : Dr Beeby : Mr McFarlane : PCT Chief Executive, Chairmen and PEC Chair

- Regularity of meetings with LMC representatives
- Access – GP Patient Survey results for Middlesbrough and Redcar & Cleveland looked poor and practices who had failed in more than one part of the access would be looked at. PCT may undertake a local survey on access.
- PMS – No plans in foreseeable future to initiate changes to PMS contracts.
- Stamp Duty Land Tax – Practices developing new health facilities will be responsible for stamp duty land tax (may be £30,000). Leaseholders will not be responsible for stamp duty land tax.
- PBC – Resulted in the LMC holding a meeting on Wednesday evening at which Colin McLeod will be present to discuss developments.

**07/11/11.3 LRCs liaison meeting with NE FHSA : Monday, 29 October 2007**  
(Local Dental / Ophthalmic / Pharmaceutical / Medical Committees & NE FHSA)

- Contact details of Poole House staff and job responsibilities – list to be emailed to LRCs and LMC practices.
- Collection of statutory levy – LMC collections were running smoothly. Other LRCs had been experiencing difficulties at times.
- Payment of enhanced services – NE FHSA paid whatever amount PCTs instructed them to pay. All LRCs were paid different amounts for different services.
- Clinical waste collection – Was there scope within NE FHSA to have a specialist department to look at clinical waste as the regulations were becoming increasingly complicated?
- Postal strikes affecting CRB checks and contract applications – Backlog still exists at Royal Mail following postal strike. Problems with people coming on the performers list, joining training scheme or moving from another part of the country because applicants cannot use existing CRB check. People moving between hospital Trusts in training posts will require new CRB checks. This will cause problems with new recruits if there is a back log. It was **AGREED** that the Secretary would pursue this with the GPC.

The Secretary emphasised that if a GP was moving Performers Lists, they should not resign from one List before applying to a new List; a PCT could not remove a GP from their List whilst an application was in place. A number of PCTs were removing GPs from their Lists if they had not worked in that area for a year.

Some PCTs were requesting practices check identity documents or see two utility bills when making new patient registrations, or change of name. It was **AGREED** that the Secretary would issue some guidance to practices.

**07/11/12 CLMC MEETING DATES FOR 2008**

The Secretary explained that he was unavailable for the December LMC meeting; the Committee was offered the option of deferment of that meeting or keeping it.



We have just embarked on the planned care project and are approaching it by inviting participation from clinicians to be involved in specific workstreams. Our aim is to ensure that we have small groups that work through a structured process with outputs at various stages. These outputs we then want to test out through various already existing groups and take comment and feedback back into the working groups. By taking this approach we are recognising that there are many ways of involvement, not just by direct participation with a very heavy time commitment in round table meetings, and that we need to utilise as far as possible groups and routes that are already set up and operational which have direct relevance and linkages to the redesign of services now and in the future.

Your points in relation to the relevance of the outputs from the projects to GPs in South Tees who have patients living in the north of Tees area and who receive care from community or acute services in the north of Tees was well made. It was an area that we had not addressed in relation to the mechanics of that two way flow of information. I will ensure that we explicitly review our mechanisms to address this area in addition to your kind offer of being a conduit to assist in the process.

This is a long process and we are only just at the beginning and I would like to thank you for your input and look forward to working with you throughout the next stages of the development of services and facilities.”

**RECEIVED.**

**07/11/15.2 Improving Patients Experiences of Care: 18 weeks**

Letter sent to GPs south of the river by M/R&C PCT

“You will no doubt be aware of the national commitment that patients should experience no more than 18 weeks from their referral by you to the onset of their treatment with a Consultant. Accordingly the PCT is working closely with hospitals to facilitate matters and we would wish to continue to engage fully with PBC Groups. The South of Tees PCTs PEC has nominated a local clinical lead for 18 weeks who is James Gossow of the practice at Zetland Medical Centre. James can be contacted at [james.gossow@nhs.net](mailto:james.gossow@nhs.net)

Within the north east PCTs have engaged to go further faster and set ourselves the ambitious challenge of achieving this nine months early in April 2008. This means that any patient referred by you after 27<sup>th</sup> October 2007 will be expecting to commence treatment by the end of March 2008.

All of the local hospitals are working to achieve 18 weeks for patients and North Tees Health Trust is committed to its delivery. There are a number of particular challenges for South Tees Hospitals Trust; these include ENT, plastic surgery, dermatology, neurosurgery, orthopaedics, oral surgery and urology. As always it will be helpful to be clear of the reason for any referral together now with the additional expectation of patients as to when they should be seen by.

As we progress we will continue to update you through PEC and direct communication. If you have any queries or concern please do not hesitate to contact us.”

**RECEIVED.**



### 07/11/15.3 Cameron Fund Christmas Appeal

Letter from John Rocyn-Jones, Vice Chairman of the Cameron Fund

“The Cameron fund exists for the support of GPs and their families particularly when they fall upon hard or distressing times which may have resulted from death of illness.

Once again, as we approach this Christmas season, we are again asking that all GPs consider the needs of those who are less fortunate than ourselves.

During the course of 2006, the Cameron Fund provided grants of £157,525 and loans of £40,000 to 45 beneficiaries who had approached us seeking assistance. At Christmas, we distributed cheques totalling £7,960 to those beneficiaries and their families.

The Trustees hope that your LMC will be able to consider our request for financial support, as your Fund prepares to distribute the Christmas cheques to those in need. Donations are needed to augment our investment income and to ensure that the Fund continues to assist as many beneficiaries as possible.

On behalf of your Cameron Fund may I take this opportunity to thank your LMC and your constituent GPs for their continuing support.

We would also welcome information about any of your constituents, colleagues or their families who may be in need of assistance from the Fund and this may be undertaken by phoning 0207 388 0796 or by email to [janecope@cameronfund.org.uk](mailto:janecope@cameronfund.org.uk). Further information is to be found on our website, [www.cameronfund.org.uk](http://www.cameronfund.org.uk).

On behalf of your Cameron Fund may I take this opportunity to wish both you and all the members of your LMC and its constituent GPs all the very best for the forthcoming Christmas and for a very happy, healthy and prosperous New Year.

Finally, I must thank you in advance for any support or assistance that your LMC and its individual constituents may be able to give to the Fund.”

**RECEIVED.**

### 07/11/15.4 Medical List

#### Applications:

	<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
R	10.09.07	Dr M Acha de la Presa <i>Salaried GP.</i>	Dr O’Flanagan & Partners	R&C PCT
R	10.11.07	Dr C McKeown <i>Returning following 24 hour retirement.</i>	Dr McKeown & Partners	R&C PCT

## Resignations:

	<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
R	30.09.07 <i>Resignation.</i>	Dr R Y Litster	Dr Contractor & Partners	NT PCT
R	08.11.07 <i>24 hour retirement. Returning 10.11.07.</i>	Dr C McKeown	Dr McKeown & Partners	R&C PCT
R	16.11.07 <i>Resignation.</i>	Dr R R Fisher <i>Salaried GP.</i>	Fulcrum Medical Practice	MPCT
R	30.09.07 <i>Resignation.</i>	Dr S Ismail <i>Reverted to locum status.</i>	Drs Lakeman & Partners	MPCT

## **RECEIVED.**

### **07/11/15.5 Report from GPC**

Summary of GPC meeting held on 20 September 2007 was emailed to all GPs and Practice Managers on 2 October 2007. The GPC next meet on 18 October 2007.

## **RECEIVED.**

### **07/11/15.6 Documents sent to practices since the last LMC Meeting on 11 September 2007:**

GP Systems of Choice (GPSoc) website: [www.connectingforhealth.co.uk/gpsoc](http://www.connectingforhealth.co.uk/gpsoc)  
Drug Misuse Course Scotland 2008  
Family Doctor Association  
Personal Demographic Service Elearning & Spine Elearning – UPDATE  
Clinical Waste - Update Letters (non-Trust owned properties)  
Report from GPC Meeting held on 20 September 2007  
GPC Guidance for GPs: Mental Capacity Act - Questions & Answers  
GPC guidance: Focus on Community Hospital GPs  
BMA Partnership Drafting Service  
GPC-CCSC guidance - Improving communication, the exchange of information and patient care  
Darzi Review  
Evening/weekend flu clinics - Media enquiry  
Personal Demographics Service - A guide for general practice  
Focus on - Salaried GPs – Revised October 2007  
Single use disposable instruments - Metal & Plastic  
BMA partnership drafting service  
Letter from the DoH to all practices on this year's GP Patient Survey  
GP Patient Survey 2008

## **RECEIVED.**

**07/11/15.7 Report the receipt of:**

GPC News M2 : Friday, 21 September 2007 (*available at [www.bma.org.uk](http://www.bma.org.uk)*)

GPC News M3 : Friday, 19 October 2007 (*available at [www.bma.org.uk](http://www.bma.org.uk)*)

Sunderland LMC's minutes of meeting held on 18 September 2007

Proposals for ambulance contact centres in the North East of England (*available at [www.neambulance.nhs.uk](http://www.neambulance.nhs.uk)*)

**RECEIVED.**

**07/11/15.8 Date and time of next meeting**

Tuesday, 8 January 2008, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road

**RECEIVED.**

There being no further business to discuss, the meeting closed at 8.47 p.m.

***Date:***

***Chairman:***