



Cleveland Local Medical Committee

Chairman: Dr I Bonavia
Vice Chairman/ Medical Director/Asst Secretary: Dr J-A Birch
Secretary: Dr J T Canning
Chief Executive: Ms J Foster
Office Manager: Ms C A Knifton

First Floor
Yarm Medical Centre
Worsall Road
Yarm
Stockton-on-Tees
TS15 9DD

LMC office email: christine.knifton@tees.nhs.uk
Web: www.clevelandlmc.org.uk

Tel: 01642 745811
Fax: 01642 745812

Minutes and report of Cleveland LMC Limited commencing at 7.10 p.m. on Tuesday, 18 November 2014 at The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.

Present:

| | | |
|-------------------------|-------------------|------------------|
| Dr I Bonavia (Chairman) | Dr S H M Arifulla | Dr W J Beeby |
| Dr M Betterton | Dr J A Birch | Dr A Boggis |
| Dr G Chawla | Mrs V Counter | Dr R Craven |
| Dr H El-Sherif | Dr K Ellenger | Dr J Hameed |
| Dr M Hazarika | Dr M Hulyer | Dr H C Lamprecht |
| Dr E K Mansoor | Dr R McMahon | Dr H Murray |
| Dr B Posmyk | Dr R F Roberts | Dr S Selvan |
| Dr P Singh | Dr J Walker | Dr H Waters |
| Dr C Wilson | | |

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

The Chairman welcomed Dr Janet Walker, incoming Chair of ST CCG, and thanked Dr Henry Waters, the outgoing Chair of ST CCG, for his contribution to LMC meetings, as this would be his last meeting.

14/11/1 APOLOGIES

Apologies had been **RECEIVED** from Dr J T Canning, Dr J Gossow, Dr I Guy, Mrs C Hurst, Dr N Miller, Dr T Nadah, Dr O Sangowawa, Dr R Singh, Dr A Thornley and Dr D White.

14/11/2 MINUTES OF THE MEETING HELD ON 16 September 2014

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

14/11/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

14/11/3.1 GP Health Minute Ref. 14/09/5

It was **AGREED** that this item should be discussed 'below the line' with GP elected members only, at the end of the meeting.

14/11/4 PMS UPDATE

There had been a pause while national teams looked at advice on how Area Teams should move forward. The DDT Area Team had sent a letter out about the national guidance. If practices choose to have a PMS review and then elect to become GMS, they will get a tapered change in funding over 4 years whereas originally the Area Team had said practices would move immediately from PMS to GMS.

The North East Regional LMC had agreed they would negotiate with the Area Team for all LMCs in the North East Region; the AT were proposing a 4 year funding transition period without a PMS review. However, Durham & Darlington / Cleveland LMCs had met with the AT last week and put forward concerns that the AT's 4 year funding transition proposal (without a PMS review) was no better than having a PMS review and receiving 4 years transitional funding. If the AT want practices to opt to GMS without a PMS review they should come up with a better offer than 4 years transitional funding – Cleveland had negotiated 6 years transition ahead of the pause. NER LMC were trying to get 7 years transition but negotiations were still ongoing. The case was also being made for changes to commence in 2016 as it was too late to commence in April 2015.

It was pointed out that some PMS practices may find it beneficial to switch to GMS now because their PMS funding is where GMS practices have reached. PMS practices will be allowed to move to GMS at any time.

3-year contracts was mentioned, but this related to co-commissioning which may result in time limited contracts. At the present time there is no suggestion that PMS or GMS contracts will be time limited. APMS contracts remain time limited. Regional negotiations were taking place but CLMC had always said they would then look to local negotiations to try and enhance thus further to get the best possible outcome in this area reflecting our relationship with the AT / CCG / practices which may differ from other LMCs in the North East. If CLMC is not comfortable with what is offered they will attempt to re-negotiate. CCGs will not be able to change the GP core contract when issuing co-commissioning contracts. CLMC will work with the CCGs with regard to the changes and re-allocation of funding / services, be this through co-commissioning or other avenues.

NOTED.

14/11/5 APMS PRACTICES UPDATE

Hemlington Medical Centre's APMS contract expires on 6 December 2014 and Langbaugh Medical Centre's APMS contract expires on 14 December 2014. Both have been granted extensions to their contracts to enable the AT to complete a further review of the services. Letters had been sent to practices (dated 17 November) to enable them to express an interest in applying for these contracts (at £99 per patient) with a deadline of 20 November and the contract being awarded w/c 24 November.

Other APMS contracts will be expiring shortly and CLMC are awaiting the outcome of the consultation and official notification from the AT as to whether / how these contracts will continue.

NOTED.

14/11/6 SOUTH TEES BED BUREAU

Doctors were experiencing very lengthy waits on the telephone before being able to actually speak to someone at ST Bed Bureau in order to admit a patient. Also, Bed Bureau staff should not have the right to question a doctor's decision to admit a patient, or ask how long they can wait before admission. Janice Foster & Julie Birch had met with Susan Watson (Director of Systems Integration @ JCUH) on 6 November to discuss ideas for improving admissions / discharges / communications. Were there sufficient beds? Did Bed Bureau have sufficient staff to process the calls?

These problems had been brought to the attention of ST CCG and their Commissioning Manager was currently looking into the situation. ST CCG Chairman said he would bring these concerns to the attention of JCUH.

North Tees did not seem to have this problem as they did not operate a Bed Bureau, rather doctors 'bleep' the Bed Manager and they organise the admission. However, North Tees hospital did ask doctors if the patient they wanted to admit had lived in this country for more than 12 months – surely the hospital should ask the patient that, not the doctor? It was felt North Tees should extend bed admissions to other specialties.

There followed a lengthy discussion about difficulties with patient transport, including ambulances, in both ST and NT. Since some services had moved from Hartlepool to North Tees hospital the Trust was becoming reticent about transporting patients from Hartlepool to North Tees which was felt unfair to the population. Also, even with emergencies, doctors were being asked if patient could take a taxi instead of an ambulance. H&T CCG Chairman said that if the patient needed an ambulance they would get an ambulance; there was also availability of transport support for people who were financially disadvantaged. Where it is totally inappropriate for someone to be asked to take a taxi the incident should be reported via SIRMS so patterns of behaviour can be discussed via Contracting.

Doctors phoning Newcastle for an ambulance was also a lengthy procedure and even urgent requests could take 40 minutes before the ambulance arrived.

CLMC Chief Executive **AGREED** to contact Susan Watson again to see if lessons could be learnt from how North Tees hospitals operated their bed admissions. CLMC Chief Executive **AGREED** to raise the issue of disconnection in patient transport with the appropriate commissioners.

NOTED.

14/11/7 DATES OF LMC MEETINGS FOR 2015

Tuesday : 7.00 p.m. : The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby TS17 6FB

13 January
10 March .. Committee Annual Open Meeting
12 May
14 July
15 September .. Limited Company AGM
17 November

NOTED.

14/11/8 REPORTS FROM REPRESENTATIVES

No reports from representatives received.

NOTED.

14/11/9 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 16.09.14)

| | |
|----------|---|
| 17.09.14 | Urgent Care Meeting @ ST CCG NOHV – Janice Foster |
| 18.09.14 | Integration Programme Board @ ST CCG NOHV – Julie Birch |
| 01.10.14 | Tees 111 Clinical Gov Meeting @ Teesdale House – Janice Foster |
| 01.10.14 | NER LMC meeting @ Holiday Inn, Washington – Janice Foster / Julie Birch |
| 02.10.14 | Tees Flu Group Meeting @ Stockton – Janice Foster |
| 02.10.14 | Craig Blair, ST CCG – Update via teleconference – Janice Foster |
| 06.10.14 | BMA NE Regional Council ABM @ Holiday Inn Washington – Julie Birch |
| 08.10.14 | Winter Plan Table Top Exercise @ Ramside Hall – Janice Foster |
| 09.10.14 | Medical Assurance Group @ Area Team Darlington – Janice Foster / Julie Birch |
| 15.10.14 | Urgent Care Meeting @ ST CCG NOHV – Janice Foster |
| 16.10.14 | Integration Programme Board @ ST CCG, NOHV – Janice Foster |
| 23.10.14 | Hempson’s Seminar (Duty of Candour & Fundamental Standards of Care) @ Newcastle – Janice Foster |
| 24.10.14 | Rachel McKenna, NECS re ORC Primary Care Plans @ CLMC – Janice Foster |
| 03.11.14 | Healthwatch, Redcar @ Dormanstown – Janice Foster |
| 04.11.14 | Systems Resilience Group @ H&S CCG, Billingham – Janice Foster |
| 05.11.14 | DDT Immunisation Board Meeting @ AT Darlington – Janice Foster |
| 06.11.14 | Tees Flu Group @ Redheugh House – Janice Foster |
| 06.11.14 | Future of CLMC @ LMC office – John Canning / Iain Bonavia / Julie Birch |
| 06.11.14 | Susan Watson, Director of Systems Integration JCUH re systems integration @ CLMC office – Janice Foster / Julie Birch |
| 13.11.14 | LMC/DDT Liaison Meeting @ Darlington – Julie Birch |

NOTED.

14/11/10 ANY OTHER NOTIFIED BUSINESS

14/11/10.1 CQC Intelligent Monitoring Data on GP Practices

CQC had published the Intelligent Monitoring Data on GP Practices so it was readily available to the media and public. They also issued a press release to bring this to the attention of the media, who had been contacting practices identified as Priority 1 to discuss their rating in the report. The CLMC Chief Executive was stressing to practices that this was a pre-inspection report pulled together from raw data and CQC themselves highlighted that this is not an assumption of quality, rather raw indicators to assist them in prioritising visits and highlighting areas to practices that they may wish to focus upon before the CQC inspection. The report has nothing to do with quality because CQC have not inspected many of these practices under the new regime, it is purely to do with ranking the priority of CQC visits.

Discussion took place as to whether this publicity generated by CQC was fair and appropriate. Concerns were raised as to the damage that this could cause GP practices as individual small businesses and the unnecessary stress this could cause patients who may feel concerned about their practice when, following inspection, it may be found that there are no quality concerns. If practices

want any help or advice they should contact the CLMC Chief Executive, Janice Foster, on 01642 745813 / janice.foster@tees.nhs.uk.

Discussion evolved to the Quality Assurance Framework which was operated by NHS England and this was also being utilised to assess quality in practice, though it may use different indicators to those utilised by CQC. This was a nationally imposed Quality Assurance Framework using data from a number of sources, some of which was recognised to be out of date and / or inaccurate. DDT AT has developed a Medical Assurance Group on which CLMC and the CCGs sit. This group has shaped the national framework into a regional framework consisting of the most meaningful indicators and measures possible. It was recognised that the final Quality Assurance Framework practices would receive was far from ideal but was the best possible negotiated outcome within the parameters available. CLMC was clear that it does not support this national approach but would continue to work proactively with CCGs and AT assisting with the process in the interests of practices and increasing quality for patients wherever possible.

H&S CCG Chairman said practices should look at where CQC rating ranks with quality assurance rating. Letters should be coming out from the Area Team shortly to enable this. CLMC had been present at CCG meetings when quality markers had been discussed and had been very helpful in suggesting what markers should be used in order to produce something meaningful.

ST CCG Chairman explained that various letters will be issued to practices. The details would be included within the initial documentation practices would receive shortly from the AT. In one of the letters, practices may be asked to produce an Action Plan within a dictated timescale. NECS support is available for this, and NECS would produce the plan, where possible. H&S CCG Chairman advised that if NECS are not doing this, then the CCG should be informed.

NOTED.

14/11/11 RECEIVE ITEMS

14/11/11.1 Medical List

Applications:

| <u>Effective Date</u> | <u>Name</u> | <u>Partnership</u> | <u>Practice Area</u> |
|---------------------------------------|--------------------|----------------------------------|-----------------------------|
| 01.09.14 <i>Salaried GP. APMS.</i> | Dr Z Waqar-Uddin | Hartlepool NHS Healthcare Centre | Hartlepool |
| 01.05.14 <i>Salaried GP.</i> | Dr S J Maredia | Tennant Street Medical Practice | Stockton |
| 01.11.14 <i>Salaried GP.</i> | Dr S Gandhi | Tennant Street Medical Practice | Stockton |
| 03.11.14 <i>Salaried GP.</i> | Dr Y H Mhando | Woodbridge Practice | Stockton |
| 03.11.14 <i>Salaried GP.</i> | Dr D I G Pocock | Martonside Medical Centre | Middlesbrough |
| 15.09.14 <i>Salaried GP.</i> | Dr S N Akowuah | The Endeavour Practice | Middlesbrough |

| | | | |
|---------------------------------------|------------------|------------------------------|---------------|
| 06.10.14 <i>Salaried GP.</i> | Dr C C Davidson | Village Medical Centre | Middlesbrough |
| 10.11.14 <i>Salaried GP.</i> | Dr Z Yasmeen | Manor House Surgery | Langbaugh |
| 01.09.14 <i>Salaried GP. APMS.</i> | Dr Z Waqar-Uddin | Langbaugh NHS Medical Centre | Langbaugh |

Resignations:

| <u>Effective Date</u> | <u>Name</u> | <u>Partnership</u> | <u>Practice Area</u> |
|---|----------------------|--------------------------------|-----------------------------|
| 31.10.14 <i>Partner. Resigned.</i> | Dr A J Muirhead | Bankhouse Surgery | Hartlepool |
| 01.12.14 <i>Salaried GP. Resigned.</i> | Dr A H Raja | Victoria Medical Practice | Hartlepool |
| 31.12.14 <i>Partner. Resigned.</i> | Dr A K Terli | The Roseberry Practice | Stockton |
| 31.10.14 <i>Salaried GP. Resigned.</i> | Dr D Pocock | Woodbridge Practice | Stockton |
| 31.12.14 <i>Partner. Resigned.</i> | Dr P B M Burch | Woodbridge Practice | Stockton |
| 30.09.14 <i>Salaried GP. APMS. Resigned.</i> | Dr J Sabate-Villaret | Stockton NHS Healthcare Centre | Stockton |
| 18.11.14 <i>Salaried GP. Retired.</i> | Dr J H Waters | The Village Medical Centre | Middlesbrough |
| 17.10.14 <i>Salaried GP. Resigned.</i> | Dr S Gandhi | Bentley Medical Practice | Langbaugh |

RECEIVED.

14/11/11.2 Report the receipt of:

GPC Newsletter 6 – Thursday, 2 October 2014 - available on www.bma.org.uk
 GPC Newsletter 7 – Friday, 17 October 2014 - available on www.bma.org.uk
 GPC Newsletter 8 – Friday, 31 October 2014 - available on www.bma.org.uk
 Royal Medical Benevolent Fund Newsletter – Autumn 2014

RECEIVED.

14/11/11.3 Date and time of next meeting

**Tuesday, 13 January 2015 : 7.00 p.m. : The Maureen Taylor Conference Suite, Stockton
Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.**

RECEIVED.

Co-opted members left the meeting at 8.00 p.m.