



# Cleveland Local Medical Committee

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

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 1 November 2011 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

**Present:**

Dr D Donovan (Chairman)	Dr S H M Arifulla	Dr J-A Birch
Dr S Burrows	Dr J T Canning	Dr G Chawla
Dr G Daynes	Dr K Ellenger	Dr A Gash
Dr R McMahon	Dr H Murray	Dr T Nadah
Dr R Roberts	Dr N Rowell	Dr O Sangowawa
Dr P Singh	Dr M Speight	Dr S White
Dr C Wilson		

**In attendance:**

- Ms J Foster : Development Manager
- Ms C A Knifton : Office Manager
- Dr R Selvan : Observer (Thornaby & Barwick Medical Practice)
- Dr H C Lamprecht : Observer Tees, Esk & Wear Valley Foundation Trust)
- Ms A Greenley : Assistant Director for Commissioning & Systems  
 Development for NHS Tees – first item only

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Dr Selvan and Dr Lamprecht were welcomed to the meeting as Observers

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## 11/11/1 APOLOGIES

Apologies had been received from Dr W J Beeby, Dr M Betterton, Dr A Bonavia, Dr I Bonavia, Dr S Byrne, Mr S Doyle, Dr J Gossow, Dr J Hameed, Dr C Harikumar, Dr M Hazarika, Dr M Hulyer, Dr A Lasker, Dr R Mudalagiri, Dr S Singh, Dr D White, and Mr G Wynn.

## 11/11/2 MINUTES OF THE MEETINGS HELD ON 20 September 2011 (previously circulated)

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

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

**11/11/3.1 111 Service Specification update**  
**Ref Minute: 11/09/5**  
**Anne Greenley, Assistant Director for Commissioning & System Development for NHS Tees (working with R&C CCG)**

The Chairman welcomed Anne Greenley, the lead for 111 across Tees, to the meeting and invited her to talk about the impending 111 Service across Tees.

Anne explained that 111 will be the single point of access number for urgent care and will replace NHS Direct across the North East. The 111 number for urgent care was announced in the Operating Framework to be implemented across the whole of the country by April 2013. Any area that does not procure the service by that date will have the service compulsorily provided through their existing NHS Direct provider. A single formal procurement has been undertaken for the North East although there will be a 2-phased approach to implementation. County Durham & Darlington was a national pilot site and will go live on September 2012, with South of Tyne & Wear. NHS Tees & NHS North of Tyne will go live on April 2013. The service specification is based on the national service specification with input from DoH and informed by local pilot experience. The CCGs and urgent care leads locally have been consulted upon the development of the specification. Clinical leads and subject matter experts have been involved in the development of the specification and the procurement process. Should anyone want a copy of the service specification, they are asked to contact the LMC office on [christine.knifton@middlesbroughpct.nhs.uk](mailto:christine.knifton@middlesbroughpct.nhs.uk). There will be a dedicated Project team in place with support for 111 linking into the PCO.

The 111 service is seen as a way of simplifying access to urgent care to avoid patients having to ring more than one telephone number; the patient will be given either advice or passed to a clinician and triaged – the clinician may not be a doctor. There was concern nationally at the concept of no second triage should the patient be told to contact their practice to see their GP. It was felt that clinician triage was going to be critical. It was noted that one of the pilots in London was commencing to directly book GP appointments and patients may see this as a way of jumping the queue or avoiding using 0844 numbers. Anne felt that the 111 system should be looking at where to direct patients who urgently needed care such as an Urgent Care Centre or A&E, signposting patients to the right place first time. In the Durham pilot, following an initial increase in attendances at Urgent Care Centres or A&E, evidence had shown a reduction in attendances but it was not known where treatment had been received and this was something which would be followed up. Patients should still contact their practice in-hours to obtain advice and reassurance, this is not to detract from general medical care.

Anne conceded there were a number of questions she was unable to answer at this point in time as the only evidence is based on the pilots, but the advantage of not going live until April 2013 was that lessons would have been learnt from those areas who were already operating the 111 system. Tees was going to work with their stakeholders and all the different professionals / social care / vulnerable groups, etc in order to redesign and shape the urgent care services prior to going live.

Anne was thanked for her attendance, especially as it was her 25<sup>th</sup> Wedding Anniversary.

### **11/11/3.2 Tees Caldicott Guardian (Dr Nicholas retiring 3 January 2012)**

**Ref Minute: 11/09/7**

**Response from Dr J Nicholas, Caldicott Guardian**

*"Celia Weldon is head of the PCT directorate in which Information Governance sits. In her absence a meeting was set up with Jackie White her deputy for 13 October at which future arrangements were to be discussed.*

*As with almost everything else details of future Information Governance and Caldicott arrangements are unclear at present. Longer term it may be that CCGs will be able to decide at what level these functions will sit. My assumption is that cost may rule out providing Information Governance at single CCG level. In Tees it would seem perverse if as part of cutting down the cost bureaucracy we increased the number of Caldicott Guardians! It might be feasible for Information Governance/ Caldicott Guardian to sit at a level higher than Tees but as I retire in December the PCT will need to appointment a Caldicott Guardian if only on a short term basis until the longer term requirements are clear.*

*The only person who has so far indicated an interest is a GP by background. I will certainly advise that the future Caldicott Guardian does need that background."*

The position of Caldicott Guardian was due to be discussed at a Board Meeting at Teesdale House where it was hoped that the chosen candidate would be a GP.

**NOTED.**

**11/11/4      WORK SHIFTING FROM SECONDARY TO PRIMARY CARE WITHOUT  
RECOURSE TO FUNDING**

Concern was raised that despite Laurence Buckman's letter to the profession saying LMC's were centrally placed in engaging with CCGs, it would appear that was not happening within the Tees area. NHS Tees had been very proactive in involving CLMC in the JET/CCG Board Meetings. However, although CLMC had been heavily involved at the inception of CCGs, once their Executive Committees had been formed, the LMC had been sidelined. Significant issues were now starting to arise with the prospect of work moving from secondary care into primary care without any associated funding; resources must follow any transfer of work. Large practices may be willing and able to undertake the unresourced work, but smaller practices may not have the staff, facilities or expertise. Was there a truly democratic process taking place within CCGs, with input from grassroots GPs not just the enthusiasts? CLMC needs to know what CCGs are doing, what the commissioning intentions are, and to be consulted where work is moving from secondary care to primary care. In this way, the LMC may be able to assist before problems escalate. Members attention was drawn to the letter from Andrew Lansley the Secretary of State, to Laurence Buckman on the role of LMCs, an extract of which was included in GPC Newsletter No. 3, which members found helpful and appropriate and advised that it should be drawn to the attention of the CCGs and the Chief Executive of NHS Tees.

It was still not known if there would be 4 CCGs or 1 CCG with four locality groups across Tees. Whatever the configuration, the LMC proposes to negotiate a working arrangement with them as had happened previously with the PCTs, PCGs and the Health Authority. Constituents were already coming to the LMC looking for answers. Practices were facing another year without any increased funding together with falling profits and should not be expected to take on more work without resources. Extra work means working harder or taking on more staff. Practices must be encouraged to speak out at CCG meetings because silence is taken as consent to take on extra work.

It was important to remember that receiving short term funding for taking on extra services may leave the practice still being expected to perform that service once the funding ceases. Core general practice work is about people who are ill or believe themselves to be ill or require terminal care and chronic disease management in the manner determined by the practice in consultation with the patient. A GP can refer to other services, if those services do not exist the duty of care does not always fall back on to the GP especially if that care is beyond their competence.

It had recently been publicised that £40m was being cut from North Tees secondary care budget for work shifting into primary care / alternative services / community services. Where was the money going to be invested?

It was **AGREED:**

- that the LMC Position Statement under discussion was a sound document for the LMC and CCGs. It would be used to develop a Framework
- that the Chairman, on behalf of the Committee, would write to the four CCGs and the Chief Executive of NHS Tees
- that practices should contact the LMC office if situations arose which threatened to overwhelm / destabilise the practice

**11/11/5 ANNUAL LMC CONFERENCE 2012**

**11/11/5.1 Tuesday/Wednesday, 22/23 May 2012  
BT Convention Centre, Kings Dock, Liverpool**

Three representatives are allotted to attend the LMC Annual Conference, on behalf of Cleveland LMC. Dr Canning will be attending the Conference in another capacity. It was **AGREED** that attendees should be the Chairman, Vice Chairman and Assistant Secretary/Medical Director. The LMC Development Manager would be attending as an Observer.

**11/11/5.2 Honorarium and expenses payments for representatives at Conference**

The Committee **AGREED** to make the same payments as last year to representatives, which will be:

- (a) £400 per day (subject to PAYE) or the actual cost of an external locum if greater, for the duration of attendance (locum invoice to be submitted to LMC office for payment); and
- (b) £50 out of pocket allowance per day (subject to PAYE if no receipts obtained); taxi payments to be taken out of this allowance. There is an expectation that attendees make a significant donation out of the allowance to the GP charity "The Cameron Fund" at the annual dinner.

**11/11/6 LMC MEETING DATES FOR 2012**

Tuesday evening : 7.00 – 9.00 p.m.  
Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR

17 January 2012  
20 March – Open Meeting                      Last meeting of current Committee  
15 May    First meeting of newly elected Committee  
10 July  
11 September  
6 November  
8 January 2013

**NOTED and RECEIVED.**

**11/11/7 REPORTS FROM REPRESENTATIVES**

No reports had been received from representatives.

**11/11/8 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 20.9.2011)**

21.9.11	Fuel planning @ LMC – Janice Foster / Sally Johnson
27.9.11	SHA NPS Event @ Sunderland – Janice Foster
28.9.11	"Building a Better Future Together" @ Durham Marriott – John Canning / Janice Foster
29.9.11	Local Representative Committees AGM @ Marton Pharmacy – Danny Donovan / Iain Bonavia / John Canning / Julie Birch / Janice Foster / Chris Knifton
4.10.11	JET/CCG @ Teesdale House – Janice Foster
5.10.11	NE Regional LMC @ Washington – Danny Donovan / Julie Birch
6.10.11	Children who are not brought for hospital appointments @ Teesdale House – John Canning / Alex Giles / Lindsey Robertson / Mark Telford / Santosh Gupta
6.10.11	Middlesbrough Pathfinder Clinical Commissioning Group Forum @ TAD Centre – John Canning

6.10.11	C & B @ TAD Centre – John Canning / Janice Foster / Chris McEwan
10.10.11	Catch-up Meeting @ Endeavour Practice – John Canning / Janice Foster / Stephen Childs
11.10.11	PCT Exec/CCG Meeting @ Riverside House – Janice Foster
11.10.11	BMA NE Regional Council @ Washington – Danny Donovan / Julie Birch
13.10.11	Tees Meds Management Committee @ Riverside House – Julie Birch
17.10.11	Urgent Care meeting @ Teesdale House – Janice Foster
17.10.11	NHS Pensions Event @ The Wynyard Rooms - Danny Donovan / Iain Bonavia / John Canning / Julie Birch / Janice Foster / Chris Knifton
18.10.11	JET/CCG meeting @ Teesdale House – Janice Foster
19.10.11	PCT/CCG meeting @ Teesdale House – Janice Foster
1.11.11	JET/CCG meeting @ Teesdale House – Janice foster

Clarification was sought concerning the meeting held on 6 October – Children who DNA hospital appointments. It was explained that there may be child protection issues, where concerns will be flagged up by the hospital and raised with the practice and comments requested, or the practice may call the patient in. This meeting particularly related to North Tees & Hartlepool but the same procedure was to be discussed south of the river to make it Teeswide.

**NOTED.**

**11/11/9 ANY OTHER NOTIFIED BUSINESS**

**11/11/9.1 Hartlepool GP representative resignation**

Dr Debs White would be leaving her current locum work in Hartlepool and moving to Middlesbrough so this would have been her last meeting. Unfortunately, she was ill and not able to attend but was thanked for her contribution to discussions.

**NOTED.**

**11/11/9.2 NE Regional LMC / RCGP event : Tuesday, 29 November 2011  
1.00 – 5.00 p.m. : Marriott Hotel, Gosforth Park**

CLMC and other northern LMCs had contributed sponsorship to the educational event entitled "General Practice – Beyond the Cottage Industry". Dr Laurence Buckman, GPC Chairman / Prof Steve Field, Chair, NHS Future Forum / Dr Di Jelley, Clinical Adviser for GP Appraisal & Revalidation were speaking at the event. Anyone interested in attending should contact Maxine Allan on [gstlmc@tiscali.co.uk](mailto:gstlmc@tiscali.co.uk).

**NOTED.**

**11/11/10 RECEIVE ITEMS**

**11/11/10.1 Medical List**

**Applications:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
1.11.11 <i>Salaried GP.</i>	Dr R Rameshi	Havelock Grange Practice	H PCT
1.10.11 <i>Partner.</i>	Dr E K Mansoor	Elm Tree Surgery	S PCT

3.10.11 <i>Partner.</i>	Dr C J Ditchburn	Norton Medical Centre	S PCT
8.11.11 <i>Salaried GP.</i>	Dr H Jafari	Thornaby & Barwick Medical Group	S PCT
12.9.11 <i>Salaried GP.</i>	Dr A C Heywood	The Linthorpe Surgery	M PCT
1.11.11 <i>Partner.</i>	Dr H Z Godfrey	Cambridge Medical Group	M PCT
7.11.11 <i>Salaried GP.</i>	Dr F N Khalid	Cambridge Medical Group	M PT
1.7.11 <i>Change in status from Salaried GP to Partner.</i>	Dr P P K Chatterjee	The Eston Surgery	R&C PCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
3.1.12 <i>Retirement. Partner.</i>	Dr J Nicholas	Queens Park Medical Centre	S PCT
16.1.12 <i>Retirement. Partner.</i>	Dr E M Budge	Queens Park Medical Centre	S PCT
31.12.10 <i>Salaried GP.</i>	Dr M T Hornstra	Tennant Street Medical Practice	S PCT
21.12.11 <i>Salaried GP.</i>	Dr R J Dobson	Thornaby & Barwick Medical Group	SPCT
31.10.11 <i>Retirement. Partner.</i>	Dr N J Robson	The Eston Practice	R&C PCT

**RECEIVED.**

**11/11/10.2 Royal Medical Benevolent Fund : President's Appeal 2011  
Communication from Dame Hine, President of RMBF**

*"I am writing in this, our 175<sup>th</sup> anniversary year, to invite you to celebrate with us 175 years of the provision of help to doctors and their families at times of serious need. We know that this, our traditional role, is respected and valued by the profession, especially for the integrity and compassion with which our staff administer our funds.*

*Despite our great are, however, we are neither backward looking nor complacent, and are developing a raft of new initiatives. The most exciting and topical of these is our proposal to extend our help to medical students who find themselves in exceptional and unexpected financial hardship where this would jeopardise their chances of completing their course to the point of qualification.*

*Of course, this requires us to raise more money to combine both our established and our new services to the profession. I noted in last year's appeal that there are around 220,000 doctors on the medical register. If each of these were to celebrate our 175<sup>th</sup> Anniversary by a donation of £100 we would be able to extend our services to all the eligible, often tragic, applications that we receive.*

*Please consider giving us a special donation this year or supporting us as a regular donor and I ask you to be as generous as possible. Contact details are Tel: 0208 540 9194 / Email: [enquiries@rmbf.org](mailto:enquiries@rmbf.org).*"

**RECEIVED.**

**11/11/10.3 Report the receipt of:**

GPC Newsletter 3 – Friday, 20 October 2011 (available on [www.bma.org.uk](http://www.bma.org.uk))  
Minutes of NE Regional LMC meeting held on 13 July 2011  
Minutes of BMA NE Regional Council meeting held on 22 June 2011  
Sunderland LMC minutes of meeting held on 20 September 2011

**RECEIVED.**

**11/11/10.4 Date and time of next meeting**

Tuesday, **6 December 2011** : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR.

There being no further business to discuss, the meeting closed at 8.00 p.m.

Date:

Chairman: