



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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Brief note of the Annual Open Meeting of the Cleveland Local Medical Committee commencing at 7.02 p.m. on Tuesday, 12 March 2013 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

Present:

Dr I Bonavia (Chairman)	Dr S H M Arifulla	Dr M Betterton
Dr J-A Birch	Dr A Boggis	Dr J T Canning
Dr G Chawla	Dr R Cheema	Mrs V Counter
Dr R Craven	Dr H El-Sherif	Dr K Ellenger
Dr R J Gossow	Dr J Hameed	Dr M Hulyer
Mrs C Hurst	Dr E K Mansoor	Dr R McMahon
Dr N Miller	Dr H Murray	Dr T Nadah
Dr R Roberts	Dr S Selvan	Dr P Singh
Dr R Singh	Dr M Speight	Dr C Wilson

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

Dr Bonavia explained that he was the LMC Vice Chairman
and was sitting in for Dr Donovan, the Chairman, who was indisposed

ANNUAL OPEN MEETING

The Chairman formally opened the meeting and welcomed Dr Rukhsana Cheema and Dr Rashpal Singh to the meeting.

The Secretary explained that a number of changes were imminent:

- CCGs would be coming on line as of 1 April
- Practices are obliged to be a member of a CCG
- Increases to pension contributions for less benefits
- Taxation changes for pensions
- 2017 staff pay bill will increase by c3.4% when Opted Out rebate on employer NICs will cease for staff in the NHS pension scheme
- Regulations have been laid to change the contract on 1 April; if practice is suspended by CQC contract can be suspended not necessarily terminated
- DDRB likely to increase some of the funding going into practices but it will depend on where the funding is put.

CLMC are holding an afternoon event on Thursday, 25 April 2013 at MTLC for GPs and Practice Managers entitled "Ensure You Protect Your Practice for the Future".

Concern was raised over CQRS (Calculating Quality Reporting Services) which replaces QMAS. What would happen to the information practices entered onto the CQRS database and what about patient confidentiality? The information extracted by CQRS could be used to set up services elsewhere. There was a rumour that read codes may be wanted for every consultation which would make it identifiable. It was **AGREED** that a motion be put to Conference on confidentiality.

Concern was raised over what was expected from general practice in terms of workload without adequate resourcing; changes to QOF and the potential reduction in income and the need to look at costs involved in providing services.

It was not known in detail what was happening to MPIG when it was redistributed; would some be siphoned off and put into something else or go into the Treasury? No-one knows what the figures are nationally for PMS practices. Seniority payments were put into many PMS contracts and may be taken out. A PMS practice can transfer to become a GMS practice and gain the security of not having their contract terminated by notice. PMS practices should be looking at the funding involved when transferring from a PMS to GMS contract.

It was felt primary care doctors had a lower status than hospital doctors. Money was being put into hospitals but none into primary care; primary care was expected to take on more and more secondary care without funding. Hospital doctors had no understanding of what happened in primary care and it was **AGREED** all trainee doctors should undergo compulsory general practice training.

Primary care is seeing an increased ageing population and more complex cases and should be resourced and remunerated appropriately and given the time required to see their patients.

It was noted that although Mr Hunt had taken up his role some time ago, he did not appear to have visited many practices to see and understand how they operated.

The Secretary **AGREED** to formulate motions to Conference based on:

- Data protection
- Workload, money and resources
- Consultation times of 20 minutes (from 10 minutes) and not 1 minute as had been suggested by government
- One year compulsory general practice for all people completing VTS
- If primary care is so important why has Mr Hunt not been a regular visitor to practices
- GP workforce is burnt out
- Recruitment – not attractive
- Patients not guidelines or protocols
- Government policy of choice; duplication of services which increases costs which we cannot afford (choice of provider and choice of consultant)

The meeting concluded at 7.45 p.m. and non-Committee GPs were invited to remain for the Committee Meeting which followed the Open Meeting; both took up the offer.