



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

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Brief note of the Annual Open Meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 10 March 2015 at Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR.

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 J T Canning	Dr G Chawla	Dr A Cooke
Mrs V Counter	Dr R Craven	Mr S Donlan
Dr H El-Sherif	Dr K Ellenger	Dr S Gandhi
Dr J Hameed	Dr M Hulyer	Dr E Mansoor
Dr R McMahon	Dr N Miller	Dr J Murray
Dr T Nadah	Dr B Posmyk	Dr R Roberts
Dr S Selvan	Dr P Singh	Dr R Singh
Dr M Speight	Dr J Walker	

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

The Chairman welcomed Jacqueline Jameson to her first meeting as CLMC's Office Administrator. The Secretary explained that Christine, who had been with CLMC for nearly 23 years, would be retiring on 9 April, and she was warmly thanked for her services to CLMC and presented with a bouquet and a show of appreciation by all present.

ANNUAL OPEN MEETING

The Chairman formally opened the meeting and welcomed members and guests to the Annual Open Meeting.

The Secretary asked members for their views on general practice, and a lengthy discussion ensued on federating.

A steering group had been set up for Stockton and Hartlepool practices to look at ways of working and the way forward, and it was up to practices to come up with ideas (federation / cooperative / limited company) and working together. The steering group were looking to gather information on what other areas were doing, and to present various options to practices, possibly recruiting a Project Manager to help with facilitation. It was envisaged that a pan-Tees scheme may not be workable. If they moved forward it was perceived CLMC would be asked for assistance. So far CLMC had not been involved in any of the Hartlepool & Stockton discussions.

It was suggested federating would allow practices to share back-room staff, thus may reduce costs, and may provide the opportunity for GPs to pursue special interests rather than full time general practice. This may also help with recruitment/retention of GPs. It was felt CLMC as an unbiased/neutral body could assist in moving federating forward.

Concerns were expressed at:

- how long doctors would be able to remain as independent contractors, as possible future changes in legislation may see all GPs working as salaried doctors
- lack of continuity of care for patients
- break down of general practice

It was suggested that working more collaboratively with primary/secondary care could alleviate a lot of waste i.e. consultant to consultant referrals which have to go via a GP / hospitals not prescribing medication. The whole system needs to be examined, not just primary care. Vast quantities of money were being wasted on IT systems that did not work / APMS practices / continual contract changes.

If practices worked together to provide 7-day working, how would MDOs react to practices working collaboratively across the patch? Would it be considered out of hours work? It could result in massive increases in indemnity payments.

Federating means many different things to many people. Practices working together may / may not lead to larger partnerships. Establishing a provider company would facilitate the ability to bid for contracts with CCGs. Whatever format, dedicated time and resource is required and, ordinarily, a dedicated individual / member of staff to drive this forward and manage the process / organisation.

Suggestions for motions were sought at the end of the discussion to put forward to the forthcoming LMC Annual Conference and included:

- Problems with recruitment
- Consideration around contractor status and how LMC would protect contractors if felt appropriate
- Protect continuing care for patients
- Access is a big issue for the future – politicians do not understand the importance of access
- Patients should not be able to request over the counter medications on prescription to avoid inappropriate patient consultations
- Look at introducing small charge for GP consultations in an attempt to stem demand
- Practice lists and capacity management – safeguarding practices against regulations and thus giving GPs the ability to manage their lists and manage patient safety.

The Secretary **AGREED** to circulate motions once formulated with a 7-day turnaround for approval as the deadline for receipt in London was later this month.

The meeting concluded at 7.55 p.m. and non-Committee GPs were invited to remain for the CLMC Limited meeting which followed the Open Meeting, which they did.