

# CLEVELAND LOCAL MEDICAL COMMITTEE

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Brief note of the Annual Open Meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 16 March 2010 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

**Present:**

Dr D Donovan (Chairman)	Dr W J Beeby	Dr M Betterton
Dr J-A Birch	Dr A Boggis	Dr S Burrows
Dr J T Canning	Dr G Daynes	Mr S Doyle
Dr K Ellenger	Dr J Hameed	Dr M Hazarika
Dr M Hulyer	Dr R McMahan	Dr H Murray
Dr J Nicholas	Dr M Pritchard	Dr A Ramaswamy
Dr N Rowell	Dr S Singh	Dr M Speight
Dr D White	Dr C Wilson	Mr G Wynn

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

## ANNUAL OPEN MEETING

The Chairman welcomed Drs Boggis and Nicholas to the Open Meeting.

### Current medico-political climate

**PMS Review:** The local PMS review was currently on hold pending local PCT re-organisation and the forthcoming election. There had been a change to the termination clause in Paragraph 100 resulting in a six month minimum period of notice rather the present period in the contract. Legal advice indicated that this change did not affect the Crouch Judgement.

**APMS practices:** The comment was made that the success of Darzi practices seemed to be measured on the number of people they were seeing rather than the appropriateness of the consultation. Footfall had far exceeded expectations but was this a case of “wants” being met rather than “needs”? NE SHA had insisted APMS practices be instigated in the area, irrespective of local opposition, and NHS Tees will be reviewing all APMS contracts at the end of the agreement period.

PCT had refused to divulge, under Freedom of Information Act, how much APMS practices receive per consultation for walk-in patients. GMS/PMS practices have to provide such information under FOI but APMS practices do not. It was suggested the Information Commissioner be contacted.

**Out of Hours:** It is not proposed that the provision of OOH be put back to GPs. It was suggested that practices should not become involved in the commissioning of OOH services

as this may become problematic with restrictive OOH funding becoming part of the practice budget and OOH costs will only accelerate in the future. Quality specifications had changed since GPs provided the OOH service and practices may not be able to comply with all the requirements. Practice commissioning would result in the practice, rather than the PCT, being blamed for any complaints.

**Collapse of online Appraisal Toolkit:** The appraisal toolkit had been taken offline following perceived threat of hacking into confidential information. Following investigation and improvement, the toolkit was now back online, but slow at peak times.

**Summary Care Records:** The Tees SCR Team felt SCR had high security arrangements though nothing was 100% secure. Role separation means should a patient attend A&E a clerk will create a legitimate relationship between the unit and the patient and that allows clinicians to access the SCR; you have to have two people working in a team to authorise access. When this system is bypassed an “alert” is triggered requiring investigation.

### **Any Other Business**

There was no other business notified.

The Open Meeting closed at 7.55 p.m. and the attending GPs were invited to remain for the LMC meeting itself.