

CLEVELAND LOCAL MEDICAL COMMITTEE

Dr J T Canning MB, ChB, MRCGP

Secretary

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 11 September 2007 in the Committee Room, Poole House, Nunthorpe, Middlesbrough

Present:

Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
Dr A R J Boggis	Dr S Burrows	Dr J T Canning
Dr G Daynes	Dr D Donovan	Dr K Ellenger
Dr M Hazarika	Dr K Machender	Dr T Nadah
Dr D Obih	Dr J P O'Donoghue	Dr A Ramaswamy
Dr T Sangowawa	Dr M Speight	Dr S White
Dr C Wilson		

In attendance: Mrs C A Knifton : LMC Manager
Mr I McFarlane : LMC/PCT Liaison Officer

07/09/1 APOLOGIES

Apologies had been received from Mr J Clarke, Dr A Gash, Dr T Gjertsen, Dr C Harikumar, Dr A Holmes, Dr N Rowell, Dr N Siddiqui and Dr J R Thornham.

07/09/2 MINUTES OF THE MEETING HELD ON 17 July 2007

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

07/09/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

07/09/3.1 Educating all hospital junior doctors in the issuing of prescriptions, which medication can be prescribed by whom, sick notes, etc Ref Minute: 07/03/3.1.3

The Secretary explained that he had written to Trusts north and south of the river seeking their agreement for LMC input into their induction course for hospital doctors.

NT&HT had indicated that their induction programme had no space for a GP to attend to speak to junior hospital doctors and asked for an itemised list to be submitted so topics can be addressed by an appropriate person already on the programme.

STHT have embraced the suggestion of a GP in attendance and have suggested it would take 4 sessions of perhaps 30-60 minutes to cover all 90+ junior hospital doctors. Nominees were sought but without commitment dates/times no names were forthcoming. It was **AGREED** the LMC Manager obtain this information from STHT and email it to LMC members. If no attendance fee was forthcoming from STHT then the LMC attendance allowance/mileage would be paid to those nominated GPs.

07/09/3.2 Local IM&T Plan for Tees Local Health Communities

Ref Minute: 07/05/4

Colin McLeod, Chief Executive, Middlesbrough and Redcar & Cleveland PCTs

“I can confirm that practices in all four Tees PCTs will be given a choice of primary care IT system. This is evident by the fact that new systems are being implemented across Teesside and no single system is being forced on practices.

I can however confirm that the TPP system is being actively promoted by PCTs as it is the only system currently financially supported under the national Connecting for Health programme. Subject of course to the system meeting the needs of clinicians, implementing this system increases functionality regarding connections to other centrally developed systems and releases significant amounts of funding into the local NHS for reinvestment in other services. PCTs will take into account the affordability of investment when considering requests from practices. I hope this clarifies the position.”

The Secretary advised members that the GP Systems of Choice (GPSoc) website was now available on www.connectingforhealth.co.uk/gpsoc, and that practices should not feel under pressure to change to something they were not happy with.

07/09/3.3 Role of LMC in Teesside area

Ref Minute: 07/06/7.1 : 07/07/3.1

The Chairman explained that the LMC Secretary had not been successful in his bid for chairmanship of the GPC or membership of the GPC negotiating team, but would still be looking to alter his LMC commitment.

07/09/3.4 Practice Based Commissioning – Update

Ref Minutes: 06/02/8.3 : 06/06/4: 06/09/7 : 07/06/3.2 : 07/07/3.4

The LMC/PCT Liaison Officer reported that Middlesbrough GPs had accepted a revised LES; there was nothing else to report.

07/09/3.5 Tees, Esk and Wear Valleys NHS Trust: Formal consultation on their plans to become an NHS Foundation Trust

Ref Minute 07/07/9.3

The consultation document was **RECEIVED**.

07/09/3.6 Cleveland LMC websites
Ref Minute 07/07/10.1 : Website and ListServer to be reviewed

07/09/3.6.1 LMC Webpage

The LMC/PCT Liaison Officer gave a demonstration, on the computer, of the LMC website www.clevelandlmc.org.uk which was still under construction, and showed members how to access the site itself. Anyone would be able to access this webpage and no password was required. It contained headings:

- About Us – which listed LMC members and their interests, with links to practice websites
- Constitution – contained a link to the Constitution document
- Meetings – would contain links to Agendas and Minutes
- Current issues – On-line bulletin board; Terms & Conditions of Use; Google ListServer
- LMC guidance – links to guidance on current topics of interest
- Contact us – Address with telephone details and map

Members were asked to contact the LMC/PCT Liaison Officer if they wanted to add any personal information in the “About Us” link.

The website is designed to be informative and flexible. Any suggestions for improvement or development are always welcomed.

07/09/3.6.2 LMC ListServer

Work was also progressing on an LMC ListServer (not available when “Googled”) which was demonstrated, and which was open to LMC members. A second ListServer was being developed for all GPs and Practice Managers in the area. Postings to the ListServer could be accessed via emails received and also online by password protected log-on. The ListServer would be used to post questions and seek advice with responses coming from any/all those signed up for the discussion group, with all members being able to see every response. Members would be asked to adhere to conditions to prevent abuse or defamation. Any GP or Practice Manager wishing to be included on the ListServer was asked to contact Ian McFarlane on 01642 304074 or ian.mcfarlane@tees-shs.nhs.uk and confirm the email address they wished to use for the set up.

07/09/4 PMS CONTRACT REVIEW

Letters received from Chief Executives of H/NT PCTs and M/R&C PCTs

“At a recent meeting of the Medical Directors and PEC Chairs North East network it was agreed that PCTs should write out to LMCs to set out the approach being taken to PMS contract reviews. This work has already commenced in the North of Tyne area.

As you know, Personal Medical Services (PMS) contracts, agreed locally between the practice and the PCT (and in some cases with predecessor organisations), were designed to encourage local flexibility and innovation and to provide a focus on local population needs;

the benefit that PMS contracts have provided and the valuable contribution that primary care makes to the NHS is recognised.

In 2005, *Commissioning a Patient Led NHS* placed responsibilities on PCTs, as commissioners of primary care services to ensure that services are appropriately identified, commissioned and performance managed. In addition, Paragraph 3.31 of the White Paper *“Our health, our care, our say”* stated:

“We will also undertake a fundamental review of the financial arrangements for the 40 per cent of practices on local PMS contracts. Many have developed innovative services”.

As a result, PCTs as part of their commissioning responsibilities, together with their respective strategic health authorities are conducting a review of PMS contracts to ensure that the quality and the value that the PMS contracts provide to patients is maintained. We felt that it would be helpful to let you know the local approach. PCT Clusters in the North East and the SHA have established a Steering Group to ensure that there will be consistent approach across the region to reviewing PMS contracts.

This will include the following:

- Development of common principles for the review of contracts to ensure a consistent approach across the north east
- Determination of a common definition of “value” in contracts
- Agreement of a standard methodology across north east to assess best value from PMS contracts
- Review of quality and value for money in service provision from PMS contracts
- Agreement to a performance management framework to enhance the overall quality, safety and value the contracts deliver
- Agree a common approach to negotiation of contracts

It has been agreed that in all stages of the PMS review, the commissioner will abide by the underlying principles of:

- Openness and transparency
- Equity and consistency
- Value for money and financial probity
- Recognition of the diversity of the population within the locality
- Ensuring that there is no duplication of payment within primary care services
- Ensuring practices receive appropriate funding for services for which they are commissioned and are providing to the minimum standard as stated in their contract
- Acknowledging that there may be differences in the standards required of practices depending on the demographics of the population served
- A minimum standard of the nGMS contract will apply
- To enhance overall performance, the commissioner will introduce a performance management framework. The practice’s performance with other matters such as referral rates, patient attendance at A&E and prescribing expenditure will be considered within this overall framework as an indicator of effective use of available resources.

The timing of the implementation of the review is a matter for local PCTs to determine based on local circumstances. We hope this information is useful for LMCs and to picking this up in discussion in the weeks and months ahead.”

The Secretary wanted members to be aware about events in Suffolk and Northumberland and, sometime ago, Coventry. The approach taken, north of the river, was better than that taken by Suffolk and Northumberland. South of the river, it had not been possible to arrange a meeting with the Middlesbrough/Redcar & Cleveland PCT Chief Executive because work commitments meant the meeting kept being cancelled. If anyone had any comments they wished feeding back to any of the PCTs, please contact the LMC office on 01642 304052 or christine.knifton@tees-shs.nhs.uk

A member sought clarification about changing status. The Secretary reminded members that any PMS practice can transfer to GMS status, but this may not prove a viable option as there was no formal arrangement, although John Hutton, the then Health Minister, did inform PMS practices at the time of the adoption of nGMS that a fair method would be designed. A PCT is entitled to agree to an MPIG equivalent to fund the transfer but members expressed grave concern that this could be easily withdrawn in subsequent years. The Secretary said the PMS Review was a high priority with the GPC Negotiating Team because 40% of GPs in England were PMS. He recommended practices do nothing before taking advice and talking to the LMC and working with other PMS practices in their area.

07/09/5 PCT LETTERS SENT TO ALL GPs re ORTHOPAEDICS UPDATE

PCTs had sent letters to Middlesbrough/Redcar & Cleveland GPs on 27 July, and Hartlepool/North Tees GPs on 2 August, concerning proposed solutions to pressure of referrals for orthopaedics north and south of the river.

South of the river the referrals were being triaged and, if rejected, were returned to the practice who had to initiate another referral. One of the advantages of using C&B is the ability to actually see the appointment on the computer.

It was commented this was also happening south of the river in gastroenterology.

North of the river, practices were receiving a letter from the Trust saying there were no appointments available on C&B and requesting they post/fax a paper copy to the Trust and patient will be put on waiting list and C&B option cancelled. By doing this, it appears that the appointment has been cancelled by the practice or patient, not the hospital.

A north of river GP commented that:

- his patients are not being allowed true choice because they want to go to NTH or JCUH and are prepared to wait, but the system does not allow them to wait longer than 18 weeks;
- his practice has been unable to access C&B so initiated referrals by letter which are then rejected, yet if they used C&B they would be able to get an appointment;
- JCUH appointments are not available and get bounced back;
- the illogicality of C&B locally and centrally should be sorted out with patients being allowed true choice and being allowed to wait longer for their hospital of choice.

The Secretary **AGREED** to pursue the issue.

**07/09/6 SUMMARY OF RESULTS OF GP PATIENT ACCESS SURVEY
2006/2007**

The LMC had circulated a summary of the GP patient access survey to members. The full details had been circulated to practices by the LMC on 24 July, together with a GPC suggested leaflet.

The figures were discussed and it looked as if 4 out of 790 wanted Saturday opening, 5 out of 790 wanted changes to opening hours, with 17 out of 790 wanting evening opening. There was a satisfaction rate of 90%.

07/09/7 REPEAT PRESCRIPTIONS

The Secretary explained that the LMC had received representation from the Local Pharmaceutical Committee who are concerned that some surgeries have boxes for use by patients, where repeat prescriptions can be directed to particular pharmacies.

The Secretary had drafted the following statement for consideration by the Committee as a joint statement to be sent out following agreement with the LPC. The matter will be further discussed at a joint Local Representative Committee meeting on Monday, 17 September.

We have received representations from the Local Pharmaceutical Committee which represents pharmacists in your area that some practices have dedicated repeat prescription request boxes which means that the scrips will be sent to a particular pharmacy.

There is no formal restriction in Regulations about patient choice for prescriptions, but there is an expectation that it will be given and the LMC suggests that the presence of boxes such as these may be misconstrued, especially if there is any commercial relationship between the pharmacy(ies) and the practice.

The LPC have also expressed concern that repeat prescription forms sometimes contain the name of a particular pharmacy, and suggest that this is inappropriate.

After general discussion, it was **AGREED** that this be discussed further with the LPC at the meeting on Monday evening, 17 September.

**07/09/8 GMC CONSULTATION DOCUMENT: "PERSONAL BELIEFS &
MEDICAL PRACTICE"**

The Secretary explained that the GMC was producing a statement on "Personal Beliefs & Medical Practice" and was presently consulting on the document. It was felt the document did not contain anything new but was well worded and very clear.

RECEIVED.

07/09/9 PRIMARY CARE POLICY ISSUES

The Secretary informed members that the document had come from Durham LMC and looked to have originated at the North East SHA. The purpose of the paper was for PCT Chief Executives to consider the principal current issues facing primary care and to advise on the completeness of the list and priorities for each action.

The document was briefly discussed with no comments being received.

A local GP involved in prison healthcare asked who was responsible for commissioning care for, and maintaining the quality of provision for, the prison population? As the prison population was growing, there was a risk that this group of patients will experience an increasing gap in what is offered compared to the rest of the population.

No-one was able to provide an answer to the question, but it was **AGREED** an answer would be obtained.

07/09/10 GPC ADVICE: GP INVOLVEMENT WITH THE HEALTH SCREEN CLINIC (Emailed to Practice Managers on 15 August 2007)

“The GPC is aware that a company called Health Screen Clinic has been targeting practices in different regions with regard to its screening services. The company involves the practice by paying a fee to rent space at the weekend to carry out in particular Abdominal Aortic Aneurysm screening. It also involves the practice in sending out letters to the target group of patients, on practice headed paper, inviting them to take up this private screening service.

The GPC would like to ask LMCs to warn all practices in their area of the significant risks they take should they involve themselves with this company and its current business model. GPC are aware that some practices are signing contracts with this company without seeking advice from the LMC first.

1. The practices could be deemed in breach of their GMS or PMS contract for breaking regulation 24 in relation to fees and charges, as they are receiving an indirect fee for their involvement in letting this private company screen their patients. The level of involvement in the company’s operations and the payment of a fee for rent, means that this goes beyond any allowance to rent practice space to an individual practitioner or company as permitted in the Premises Directions.
2. The practices are in breach of the Data Protection Act. They hold patient data as part of their NHS contract. It was never intended, and patients are not aware or indeed have consented to their personal data being utilised for the purpose of advertising private services.
3. The practices could be deemed to be in breach of the GMC’s Good Medical Practice (probity guidance) and therefore may be open to ‘fitness to practice’ procedures.

The company, Health Screen Clinic, has most recently targeted practices in the Beds and Herts LMC area. They told the CE of the respective LMC that they have a letter from Andrew Young, Senior Policy Executive in which the GPC said that what the company was doing was permitted under GMS Regulations. GPC would like to clarify this for LMCs.

A letter was written from a GPC Senior Policy Executive in response to a query from an LMC. The letter was not addressed to the company, nor was it written in relation to a specific query from the company. The letter was addressed to the LMC and the professionals within it who have a strong background understanding of the regulatory and professional issues that GPs face.

The LMC subsequently advised one of their constituent practices, who chose not to involve themselves with the company. The company asked the practice why they wouldn't get involved and in the end the practice passed the letter on to the company. The company have since inappropriately, selectively quoted from it.

The GPC lawyer has now written to the company to clarify the GPC view (as stated in the three points above) and to advise them to refrain from selectively quoting from the GPC to LMC correspondence."

It was **NOTED** that none of the members present had received any communication from Health Screen Clinic.

07/09/11 REPORTS FROM REPRESENTATIVES

No reports had been received from representatives.

07/09/12 REPORTS FROM MEETINGS

07/09/12.1 Liaison Meeting between North Tees/Hartlepool PCTs and Dr I A Lone, Dr J T Canning & Mr I McFarlane : Tuesday, 21 August 2007

The Secretary reported that a liaison meeting had taken place with Graham Prest, Steve Wallace, Rodger Thornham, Carl Parker, Celia Weldon and Ali Wilson, (Chris Willis was on holiday) where the following topics had been discussed: Tees-wide GP performance procedures; PMS contract review; Advertising of practices services; PBC; APMS at Hartlepool – 5 practices had expressed an interest with the Urgent Care Service being withdrawn; Hib catch-up campaign – LES being produced but funding not confirmed; Treatment Room LES – causing problems in some practices.

07/09/12.2 Meeting between Dr Canning and Mrs Chris Webb, Asst Director Tees Information Governance NTPCT : Wednesday, 22 August 2007

Violent Patients Register – A number of SPOCs (Secure Point of Contact) were being formed, to act as the point of contact between the various agencies involved with violent patients. The Secretary had suggested it would be appropriate to have it at Shared Services level rather than at PCT level as it would fit more logically with GP registration arrangements. There was concern that some practices were not informing other services when a patient had a history of violence/perceived violence whether it be physical or verbal, in the surgery or at home.

The Violent Patient Register for Tees consists of two lists. One list contains the names of those who have been removed on the grounds of violence. Another list names those reported as being of concern but have not been removed on the basis that

other practices will be informed when/if patient moves. In both cases, the patient should normally be informed a GP is doing this. In the case of violence you must enter the reasons into the patients records so that the next practice is aware of events.

“Contact Point” awareness – Formerly known as “Information Sharing Index”. It will be a quick way for a practitioner to find out who else is working with the same child or young person, making it easier to deliver more co-ordinated support. Chris Webb was concerned that GPs have not taken up invitations to the event to promote the initiative. The Secretary had explained that not all GPs will need to access such services but would need to be aware of how to access it when necessary. Literature on the scheme had not arrived from Chris Webb.

07/09/12.3 Meeting with Dr J R Thornham, Medical Director for North Tees & Hartlepool PCTs and Dr J T Canning : Thursday, 23 August 2007

GPwSI – Process being led on regional basis, probably by the Deanery, with a fairly robust system in place. Part of the arrangements is that GPwSI must have a primary function as a GP (more than 50% of the week). There is concern that patients seeing a GPwSI do not understand they are not seeing a specialist.

GP Returners – The Deanery is trying to match the needs of individuals to the conditions on the Performers List. People who have not practised for some time will require a different amount of training than those who require improvement.

07/09/12.4 Liaison Meeting between Middlesbrough/Redcar & Cleveland PCTs : Tuesday, 4 September 2007 – CANCELLED

The meeting scheduled for 4 September had been cancelled again. No Liaison Meeting had taken place with Middlesbrough/Redcar & Cleveland PCT, for various reasons, since February 2007. Because of commitments, it may be some time before another meeting can take place.

07/09/13 SUPPLEMENTARY AGENDA

07/09/13.1 Middlesbrough/Redcar & Cleveland PCTs re Joint Trust Policy: Dealing with concerns about the performance of primary care independent contractors : 2 GP nominees sought

The policy was briefly discussed and was felt to be broadly acceptable. There was reference to independent primary care contractors, when it should refer to those who are on the Performers List, so that salaried doctors employed by practices/PCTs should undergo the same process.

Dr D Donovan and Dr W J Beeby **AGREED** to be nominated to the Panel.

07/09/13.2 Decontamination Policy

A Tees-wide policy was set to come into force on 1 October 2007, following the implementation of new regulations, whereby it was recommended that either re-usable instruments from CSSD or disposable single use instruments be used in practices rather than the practice having to maintain/insure a steriliser, keep appropriate records and ensure staff are trained in its use.

Those members present who had gone over to single use disposable instruments felt that it was cost effective. The PCT has the responsibility of ensuring practices are meeting the new standards, and using disposable or CSSD sourced instruments would do this.

07/09/13.3 Regional LMC/Negotiator Meeting : Wednesday, 3 October 2007 : Newcastle

If anyone has a question they would like the LMC representatives to put to the GPC Negotiators at the meeting on Wednesday, 3 October, please contact the LMC office on christine.knifton@tees-shs.nhs.uk.

07/09/14 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

07/09/15 RECEIVE ITEMS

07/09/15.1 Request from TEWV NHS Trust Older People's Mental Health Services to GPs asking for patient details for those being prescribed lithium

GPs received a letter from TEWV NHS Trust stating "*As part of NICE guidance we are collating a definitive list of patients who are currently prescribed Lithium.... Although patients may be well managed by Primary Care Services it is recommended that a full Lithium monitoring appointment is carried out by secondary services at least on a yearly basis. I would be grateful if you could send patient details ... and we can follow up with appropriate contacts.*" The LMC contacted the consultant concerned and received the following response.

Response from Clinical Team Leader, Woodside Resource Centre, Middlesbrough

"I am responding to your letter sent to Dr Gunn regarding the requests for patient information sent out to GPs. I am a Clinical Team Leader within the Older Peoples Mental Health Services.

After communication from our Pharmacy Department a definitive list of patients in receipt of Lithium Therapy needed to be compiled. In an attempt to gain the most effective list it was agreed that contacting the GPs would be the most effective way, seeing that our records are non-electronic and patients moving into our speciality (over 65 years) could be captured. I believed that this was a corporate approach. I am aware of the Data Protection procedures and apologise for any compromise that services have been exposed to. I have spoken again with Sue Hunter after her

communication with Fiona Inns at the PCT and am aware of the breaches that this request has imposed. Please accept my apologies in this matter.”

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07/09/15.2 Coast & Country Housing re Requests for letters of support from GPs

“With reference to your letter received on 31 May 2007 regarding the above, I can confirm that I have discussed this matter with my Manager. I am aware that the Medical Officers for Housing, who assess the medical problems, have the authority to contact the individual GP to discuss an applicants medical problem. Applicants have, in the past, asked if we would like a letter from their GP to support their claim for re-housing, but it has never been the case at this office, that an Adviser has requested a letter of support be provided by the applicant.

I have discussed this with the Housing Advisers/Assistants and have confirmed that GP letters are not required and to advise applicants of the same.”

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07/09/15.3 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
01.08.2007 <i>Salaried GP</i>	Dr C S Cornford	Fulcrum Medical Practice	MPCT
03.09.2007 <i>Partner</i>	Dr A Armitage	Dr Smith & Partners	R&C PCT
05.09.2007 <i>Returning after 24 hour retirement</i>	Dr I A Lone	Dr Lone & Partners	R&C PCT
01.06.2007 <i>Partner. Remaining as a Partner at The Bentley Medical Practice, Redcar.</i>	Dr A Tahmassebi	Dr Doherty & Tahmassebi	R&C PCT
01.09.2007 <i>Change in status from SGP to Partner</i>	Dr A I Mashharawi	Dr Eaton & Partners	HPCT
01.04.2007 <i>SGP. Notification just received from practice</i>	Dr M E Patrick	Dr Basson & Partners	MPCT
01.10.2007 <i>Returning to work following 24 hours retirement.</i>	Dr M Choudhury	Dr Choudhry's practice	NTPCT
23.09.2007 <i>Salaried GP</i>	Dr J Veeramasuneni	Dr Hargate & Partners	MPCT

10.09.07 Dr M Acha de la Presa Dr O'Flanagan & Partners R&C PCT
Salaried GP

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
19.08.2007 <i>Resignation</i>	Dr A Armitage	Dr Neville-Smith & Partners	R&C PCT
31.08.2007 <i>Resignation</i>	Dr R K Parrott	Dr Chappelow & Partners	MPCT
31.08.2007 <i>Resignation</i>	Dr E M Chappelow	Dr Chappelow & Partners	MPCT
03.09.2007 <i>24 hour retirement. Returning 5.09.2007.</i>	Dr I A Lone	Dr Lone & Partners	R&C PCT
28.09.2007 <i>24 hour retirement. Returning to work on 1.10.2007</i>	Dr M Choudhury	Dr Choudhry's practice	NTPCT

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07/09/15.4 Change of Name

Dr S Rajarajan has changed names wef 3 August 2007 to Dr R Selvarajan and the GMC has been notified

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07/09/15.5 Change of address

Dr Milner & Partners have moved from 6 Dundas Street West, Saltburn, to Huntcliff Surgery, Bath Street, Saltburn by the Sea TS12 1BJ. The telephone numbers will remain unchanged.

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07/09/15.6 Report from GPC

Summary of GPC meeting held on 20 July 2007 was emailed to all GPs and Practice Managers on 26 July 2007. The GPC next meet on 20 September 2007.

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07/09/15.7 Report the receipt of:

GPC News M1 : Friday, 20 July 2007 (available at www.bma.org.uk)

RECEIVED.

07/09/15.8 Date and time of next meeting

Tuesday, 6 November 2007, at 7.30 p.m. in the Committee Room, Poole House,
Stokesley Road

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There being no further business to discuss, the meeting closed at 9.00 p.m.

Date:

Chairman: