



# 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  
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Minutes and report of the meeting of the Cleveland LMC Limited commencing at 7.00 p.m. on Tuesday, 11 September 2012 at Norton Education Centre, Norton, Stockton on Tees TS20 1PR.

**Present:**

Dr D Donovan (Chairman)	Dr M Betterton	Dr J-A Birch
Dr a Boggis	Dr J T Canning	Dr G Chawla
Mrs V Counter	Mr S Doyle	Dr H El-Sherif
Dr K Ellenger	Dr R J Gossow	Dr I Guy
Dr J Hameed	Dr M Hazarika	Dr H C Lamprecht
Dr E K Mansoor	Dr R McMahan	Dr H Murray
Dr T Nadah	Dr R F Roberts	Dr N Rowell
Dr O Sangowawa	Dr S Selvan	Dr P Singh
Dr M Speight	Dr D White	Dr D Wilson

**In attendance:** Ms J Foster : Development Manager  
Mrs C A Knifton : Office Manager  
Mr E Kunonga : Joint Director of Public Health for NHS Middlesbrough & Middlesbrough Council – Attended for Item 5 only

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The Chairman welcomed members to the first meeting of Cleveland LMC Limited

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## **12/09/1 APOLOGIES**

Apologies had been received from Dr W J Beeby, Dr I Bonavia, Dr S Byrne, Dr R Craven, Dr M Hulyer, Dr N Miller and Dr R Mudalagiri.

## **12/09/2 MINUTES OF THE MEETING HELD ON 10 July 2012**

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

## **12/09/3      MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS**

### **12/09/3.1      Withdrawal of OOH verification of death service – Update Communication from Dr M Harrison, Clinical Executive, NDUC**

As you are aware, NDUC has agreed to defer implementation of the withdrawal of the out of the hours death verification service whilst further discussions take place with Tees PCT, NEPCSA and Tees CCGs.

It is clear that verification of death is not part of out of hours GP care, and indeed there are very few GP Out of Hours Services that provide it. Most areas rely on community services to verify death in those patients with terminal illness as they are generally caring for the patient and know the family. The failure of the community service to adequately train their staff in death verification has, in Teesside, resulted in death verification being referred to the GP Out of Hours Services.

We have provided this service in the best interests of the patients and relatives and withdrawal of the out of the hours death verification service was not something we took lightly. However, after 18 months of negotiation with NEPCSA, NEPCSA made it clear that they expected NDUC to adhere strictly to the Out of Hours contract. This included meeting all KPIs, some of which we felt were grossly unfair.

NDUC has been providing an Out of Hours service which included many aspects of care that were not contracted for, but which NDUC felt enhanced patient care.

The decision by NEPCSA, and insistence that NDUC adhere strictly to contract, meant that NDUC had to re-evaluate the services provided. NEPCSA gave NDUC no notice of change and indeed determined to fine NDUC for KPIs not met since contract start. NDUC felt it had no option but to suspend those services that it was not contracted for. This included the paramedic support service and the out of hours death verification service.

NDUC are hopeful that with further discussion with Tees PCT, NEPCSA and Tees CCGs and other stakeholders, we may be able to come to an agreement that is better for patients.

Could I comment on the Cleveland LMC minutes of Tuesday, 10 July 2012. Under section 12/7/5 where discussion of the withdrawal of out of hours death verification took place, the following statement is noted:

“NDUC do not have sufficient doctors on duty and calls are being triaged out of area with no understanding of the geography of Teesside. Patients are being directed to centralized OOH facilities because of the shortage of duty doctors”

I have to say that I am very concerned with this statement. NDUC regularly reports staffing levels and rotas to NEPCSA as part of our contract and at no time have NDUC had insufficient doctors on duty. I feel it is unprofessional to criticise a service without evidence, and I am surprised this comment was printed in the LMC minutes without checking with NDUC or NEPCSA. I would be grateful if you would remove the statement from your minutes.

#### **Response from Chairman, Cleveland LMC**

“Your letter is very helpful in expanding on some of the issues around OOH death confirmation, as well as contractual issues between NDUC and NEPCSA, and Tees PCTs. As I outlined in my letter, there was certainly some sympathy to the position of NDUC; I will share your letter with the Committee Members which should lead to a greater understanding of the issues.

With regards to your comments on the Minutes of the July 2012 LMC Board Meeting, I do take on board your comments. We try to encourage lively debate to allow the Committee to hear different views among Committee Members, and the constituents they represent. In this case one member, who has worked for NDUC, made the comments that concern you. I must stress that these do not reflect the opinion of the LMC Board, or of its Executive. I do apologise if we have caused offence in any way. Thanks again for keeping Cleveland LMC informed."

**RECEIVED.**

It was pointed out to Members that there was no requirement on anyone to pronounce life extinct, the only requirement (at present) is that the person who issues the MCCD must have treated the person in the last illness. Changes are planned to amend the requirements. District Nurses were receiving training to pronounce life extinct but numbers involved would not provide a global service at the moment.

**NOTED.**

**12/09/3.2 OOH Complaints**

The LMC had received a letter from a doctor following a complaint from a patient regarding the unwillingness of the OOH service to visit, together with that doctor's belief that many OOH patients were being referred to A&E or 999 when it would have been more appropriate for a visit to have taken place. A number of Members agreed with this statement.

The LMC Secretary **AGREED** to get more information for the next LMC meeting.

It was **NOTED** that with effect from 1 April 2013, it will be the responsibility of CCGs to commission OOH services.

**12/09/4 SAFEGUARDING CHILDREN TRAINING FOR GPs & PRACTICE STAFF – NEW ARRANGEMENTS FOR TRAINING FROM OCTOBER 2012  
Communication from Alex Giles, Designated Senior Nurse Safeguarding Children NHS Tees**

A letter with two training pathways attached had been sent to all GPs and Practice Managers across Tees; one pathway was for GPs and the other was for practice employed staff. Whilst the training was not mandatory it was strongly recommended that GPs achieve Level 3. It was always helpful to have the certificate should any investigation at the practice be undertaken. There were resource implications for the practice in relation to training for admin staff and Practice Managers.

**NOTED.**

**12/09/5 MINI HEALTH CHECKS IN WORKPLACE & COMMUNITY SETTINGS / EARLY INTERVENTION PROGRAMMES – UPDATE  
Mr Edward Kunonga, Joint Director of Public Health for NHS Middlesbrough & Middlesbrough Council, DPH lead for the Health Check Programmes in attendance for this item.**

Papers entitled "*Middlesbrough Type 2 Diabetes Prevention Programme*" & "*Tees finding the 'missing thousands' with long term conditions programme*" had been circulated to members prior to the meeting. Those at risk of long term conditions needed to be assessed and treated effectively. An early intervention programme on COPD and diabetes was to roll out across Tees.

Nationally, health heart check programme is seen as an example of good practice. In this area we are 2 years ahead of the national programme. Since 2008 almost 50,000 patients have gone through the healthy heart programme. Those at risk have been encouraged to adopt a healthier lifestyle or referred to lifestyle programmes and support services. Since 1993 we have seen a significant reduction in cardio vascular heart disease (66.6%). The same level of reduction had not been seen in long term conditions. COPD was close to the 1993 level.

Members debated the screening pathways shown in the document. Funding for the work to be carried out by practices was discussed together with the increased creep of work to be undertaken and the GP man-hours involved. Dr Sangowawa said he would take this back to the Board but felt it would not be a LES but would be looking to reward increased workload. Funding would initially come from the PCT but later from the Local Authority.

It was pointed out that payments from the Local Authority would need to increase by 34-38% to cover the cost of buying pension payments for NHS staff because Local Authority work was not pensionable. Dr Kunonga said that had been flagged up nationally.

If adequate funding was not made available practices would not sign up to do the work as had happened with the sexual health contract.

A BME pilot in Middlesbrough will be around lifestyle change and monitoring, and follow-up would take place in the community with lifestyle change.

Concern was expressed with regard to the health checks and the proposal to forward outcomes of the community based health checks to the GP. Once in receipt of this the GP would have a duty to act. Public Health **AGREED** to consider this.

Members agreed in principle with the LTC Programme, but there were many concerns about the detail of it, and could not comment on the application until having seen more detail on how it would work and be funded. The LMC welcomed the opportunity of working with Dr Kunonga on this. It was **AGREED** the next step was to bring the revised paper back to the LMC.

## **12/09/6      PREDICTIVE RISK PROFILING "VIRTUAL WARD SYSTEM" Implementation of care closer to home – South of the river**

The LMC Chairman and Development Manager had attended a South Tees CCG meeting to discuss the proposed Virtual Ward System and implementation for GPs. A key element of the discussions and the basis of LMC support was the need to ensure that resources followed the work and the proposals were of benefit to patients and the NHS. The work would be done more in the community, having taken it out of the Trust. The scheme would be evidence-based (following a six month pilot which would be pump primed) after which funding would be put in place to allow the work to continue long term if evidence showed it was of benefit to patients. However, the draft letter put to practices at a follow-up meeting omitted to mention the long term funding, and did not reflect the plan that was agreed by the LMC at the original meeting. ST CCG have since decided not to issue a joint CCG/LMC letter and are to continue with the pilot without stating a commitment to long term funding on paper. Whilst the LMC are supportive in principle, we cannot support any process that does not agree to a commitment to long term funding for increased workload. The basic principle has to be that resources follow the work in any shift from secondary to primary care. The LMC would support the project if adequate long term funding was in place.

**NOTED.**

**12/09/7      DEVELOPMENT OF BILLINGHAM HEALTH CENTRE  
Communication from NHS Tees**

A six week consultation period was taking place on the redevelopment of Billingham Health Centre and closure of the nearby Billingham Clinic which would be relocated within the Health Centre. Offices within the Health Centre will be used by the CCG and secondary care. The GP practice already situated within Billingham Health Centre would continue to be located there.

**NOTED.**

**12/09/8      GPs BEING ASKED TO PRESCRIBE RED/AMBER DRUGS BY SECONDARY CARE**

GPs are reminded that they should only prescribe medication for which they feel competent to prescribe/monitor. If you issue a prescription, you become clinically responsible for that specific part of the care for the patient, rather than the consultant who may be overseeing the patient.

Red/amber drugs should only be transferred by agreement with funding in place for monitoring.

Practice Pharmacists should be made aware of these unreasonable requests from secondary care, together with the mis-use of Out-Patient Treatment Recommendation Forms by hospitals or any problems with discharge requests for medications such as medipacks. This will enable the information to be taken to the Tees Medicines Management Committee for further action with secondary care.

It was also noted that in North Tees consultants were sending patients to their GP with a letter asking for an urgent appointment with another consultant; this was something the consultants should be doing themselves.

**NOTED.**

**12/09/9      COST OF SCAN APPEARING ON PATIENT NOTES**

A letter had been received at the LMC office from a doctor who had booked an MRI on ICE and the cost of the scan appeared at the side of each scan; this was now imprinted in the patient's notes.

Discussion ensued and it transpired that for a brief period the costs were shown but had now been removed from the screen.

**NOTED.**

**12/09/10      REPORT FROM LMC REGULATIONS SUB-COMMITTEE  
Dr J T Canning**

Deferred to the next meeting as Dr Canning had left the meeting to catch a train to London.

**NOTED.**

## 12/09/11 REPORTS FROM REPRESENTATIVES

No reports had been received.

**NOTED.**

## 12/09/12 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 10.07.2012)

12.07.12	Middlesbrough CCG Meeting @ MTLC – Janice Foster
16.07.12	CCG Authorisation Meeting @ Teesdale House – Janice Foster
18.07.12	Stockton CCG Meeting @ Norton Education Centre – Janice Foster
20.07.12	Denise Jones & Wendy Stephens, NEPCSA @ LMC – Janice Foster
25.07.12	Hartlepool CCG Meeting @ OneLife, Hartlepool – Janice Foster
30.07.12	TCS & Virtual Ward Meeting @ Eston CCG Offices – Danny Donovan / Janice Foster
02.08.12	QOF Reference Group @ NEPCSA Sunderland – Danny Donovan
10.08.12	H CCG Constitution - Meeting with Julie Bailey @ LMC – Janice Foster
15.08.12	ST CCG Meeting @ MTLC – John Canning / Julie Birch
23.08.12	QOF Steering Group @ NEPCSA Raper House – Janice Foster
11.09.12	Catch-up meeting with Stephen Childs @ CLMC – John Canning / Janice Foster

**NOTED.**

## 12/09/13 ANY OTHER NOTIFIED BUSINESS

### 12/09/13.1 111 Engagement with Key Stakeholders Communication from Mr J Maloney, NHS Tees

In anticipation of the commencement of the 111 Service, NHS Tees were holding events on:

- Tuesday, 25 September 2012 at Wynyard Park House commencing at 12.15 p.m. (lunch at 11.45 a.m.); and
- Tuesday, 25 September 2012 at Middlesbrough Teaching and Learning Centre commencing at 6.00 p.m. (buffet tea at 5.30 p.m.)

It was hoped as many GPs as possible would be able to attend one of the above events.

It was **AGREED** that arrangements would be made for a meeting with Mr Maloney / Dr Barlow (111 Project Clinical Lead) and the LMC Executive with the aim of:

1. Raising awareness of the 111 (opportunities and benefits, dispelling some of the myths etc);
2. Outlining the project plan and key mobilisation milestones prior to full launch on 2 April 2013;
3. Clarifying members' preferences for engagement and involvement.

## 12/09/13.2 QOF Reference Group – Audit of Practices

The LMC Chairman sat on the QOF Reference Group. The Group was looking for Tees GPs (or GPs from south of the North East Region) who would undertake QOF practice visits in the area, which normally take half a day. Funding was the same as that for appraisal. QOF meetings had normally taken place in Sunderland, but this year they would correspond via email and meet at the chosen practice beforehand for a briefing. Some training was available. Anyone interested was asked to contact the LMC office.

**NOTED.**

## 12/09/14 RECEIVE ITEMS

### 12/09/14.1 Medical List

#### Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
01.08.12 <i>Salaried GP.</i>	Dr S Y Hameed	Havelock Grange Practice	H PCT
03.09.12 <i>Salaried GP.</i>	Dr B B Kandikonda	McKenzie Group Practice	H PCT
12.03.12 <i>Salaried GP.</i>	Dr S B Jones	A & B Medical Practice	NT PCT
12.03.12 <i>Salaried GP.</i>	Dr C M Worth	A & B Medical Practice	NT PCT
01.09.12 <i>Partner.</i>	Dr P Vaze	The Roseberry Practice	NT PCT
03.09.12 <i>Salaried GP.</i>	Dr F Albouz	Woodbridge Practice	NT PCT
09.07.12 <i>Salaried GP.</i>	Dr H Jafari	Newlands Medical Centre	M PCT
01.08.12 <i>Salaried GP.</i>	Dr J Angus	Newlands Medical Centre	M PCT
17.07.12 <i>Salaried GP.</i>	Dr A P Downs	Fulcrum Medical Practice	M PCT
17.09.12 <i>Salaried GP.</i>	Dr N B Miller	Crossfell Health Centre	M PCT
01.08.12 <i>Salaried GP.</i>	Dr R Singh	Endeavour Practice	M PCT
01.08.12 <i>Partner.</i>	Dr A Grainer	Discovery Practice	M PCT

01.10.12 Dr P Balakrishnan Hirsell Medical Centre M PCT  
*Change in status from Salaried GP to Partner.*

01.08.12 Dr P J Heywood The Linthorpe Surgery M PCT  
*Salaried GP.*

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
11.07.12 <i>Resigned. Partner.</i>	Dr F Omer	Headland Medical Centre	H PCT
09.07.12 <i>Resigned. Salaried GP. APMS practice.</i>	Dr M Peng	Hartfields Medical Practice	H PCT
31.08.12 <i>Resigned. Salaried GP.</i>	Dr P Komati	Chadwick Practice	H PCT
01.06.12 <i>Retired. Salaried GP. APMS practice.</i>	Dr A K Singh	Wynyard Road PCC	H PCT
31.07.12 <i>Resigned. Partner.</i>	Dr J W Eckersley	Alma Medical Centre	NT PCT
31.08.12 <i>Resigned. Partner.</i>	Dr S E Kenyon	Woodbridge Practice	NT PCT
31.12.12 <i>Partner.</i>	Dr R A Horne	Norton Medical Centre	NT PCT
14.09.12 <i>Resigned. Salaried GP.</i>	Dr N B Miller	Newlands Medical Centre	M PCT
30.09.12 <i>Retired. Partner.</i>	Dr R Chatterjee	Hirsell Medical Centre	M PCT
31.07.12 <i>Resigned as GP Returner.</i>	Dr P J Heywood	The Linthorpe Surgery	M PCT
19.10.12 <i>Resigned. Salaried GP.</i>	Dr L S Bonthu	Crossfell Health Centre	M PCT
31.7.12 <i>Resigned. Salaried GP.</i>	Dr S H Khan	Hemlington NHS Medical Centre	M PCT
09.10.12 <i>Resigned. Salaried GP.</i>	Dr S H Khan	Park End Medical Centre	M PCT
09.10.12 <i>Resigned. Salaried GP.</i>	Dr S K Khan	Skelton Practice	R&C PCT

**RECEIVED.**



**12/09/14.2 Amendment to Notification of New GP  
Communication from NEPCSA Contractor Services**

"I refer to my previous notification. I have been informed by Dr D A White that she has not yet started as a Salaried GP at Marske Medical Centre. I will contact you again once I have received a new start date from Dr White."

**RECEIVED.**

**12/09/14.3 Report the receipt of:**

GPC Newsletter No. 1 – Friday, 19 July 2012 – available on [www.bma.org.uk](http://www.bma.org.uk)

**RECEIVED.**

**12/09/14.4 Date and time of next meeting**

Tuesday, 6 November 2012 : 7.00 p.m. : Norton Education Centre, Junction Road, Norton, Stockton on Tees TS20 1PR.

**RECEIVED.**

There being no further business to discuss, the meeting closed at 8.25 p.m.

Date: ..... Chairman: .....