



Cleveland Local Medical Committee

Chairman: Dr J A Birch
Vice Chairman: Dr R McMahon
Secretary: Dr J T Canning
Chief Executive: Ms J Foster
Office Administrator: Mrs J Jameson

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Minutes and report of the second Annual General Meeting of Cleveland LMC Limited commencing at 7.05 p.m. on Tuesday, 15 September 2015 in The Maureen Taylor Conference Suite, Stockton Riverside College TS17 6FB.

Present:

Dr A Adebiyi	Dr S H M Arifulla	Dr J Berry
Dr J-A Birch	Dr J T Canning	Dr G Chawla
Dr H El-Sherif	Dr K Ellenger	Dr S Gandhi
Dr S Garud	Dr R Liddle	Dr E K Mansoor
Dr R McMahon	Dr N Miller	Dr R F Roberts
Dr O Sangowawa	Dr S Selvan	Dr P Singh
Dr A Thornley	Dr J Walker	Ms A Wilson

In attendance: Ms J Foster: Chief Executive
Mrs J Jameson: Office Administrator

15/09/1 APOLOGIES

Apologies had been **RECEIVED** from Dr W J Beeby, Mrs V Counter, Mr S Donlan, Dr G Fernandez, Dr J Gossow, Dr J Grainger, Dr M Hulyer, Dr T Nadah, Dr M Speight and Dr S Zaman.

15/09/2 APPOINTMENT OF DIRECTOR

Dr M Hulyer had been nominated, unopposed, and was duly appointed as a Director of Cleveland Local Medical Committee Ltd.

15/09/3 MINUTES OF THE MEETING HELD ON 14 July 2015 (previously circulated)

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

15/09/4 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising.

15/09/5 ANNUAL ACCOUNTS OF CLEVELAND LMC LIMITED as at 31.03.15

Members had been sent copies of the audited annual accounts. No questions were raised and the accounts were **ACCEPTED**.

15/09/6 BOARD MEMBER VACANCY

The Chairman informed board members there was one GP vacancy on the board and it was **AGREED** that it should be advertised as Teeswide to allow any partner / salaried / locum / sessional GP from across Tees to apply.

The advert for the vacancy should mention that any GP can apply, so long as they were on the Tees Performers List wef 1 January 2015.

The Chairman asked board members if they know someone who would be interested in this vacancy and that younger members were welcome in an attempt to encourage new membership.

15/09/7 RECRUITMENT AND RETENTION

15/09/7.1 1 OCTOBER LMC SUMMIT

The Chief Executive highlighted the discussion document previously circulated to board members with innovative ideas, which had been generated from constituents, meetings and experiences in other areas to assist general practice recruitment and retention. Board members were informed that CLMC is holding a recruitment and retention meeting, 1st October 2015, with a view to producing short, medium and long term ideas with ownership for the progression of each idea assigned to an organisation. This was a multi-organisation issue requiring a multi-organisation solution and key decision making representatives from a variety of organisations were attending.

Lengthy discussion followed.

As a general principle, it was suggested existing GPs cannot and will not do more work. Capacity saturation point had been reached and further pressures will result in compromised standards of care or further loss of workforce. It was agreed there is a need to focus on how to make a difference today as well as the importance of long term stability and planning.

The issues are not unique to general practice. Secondary care is now starting to see similar workforce issues in particular specialties. This is expected to worsen in 3 – 4 years, escalating the need to break the 'Teesside effect' now.

Suggestions/comments, (in addition to circulated document)

- Clinical Pharmacists – it was suggested that clinical pharmacists find it difficult to get jobs in practices, yet the training college courses were full. Clinical pharmacists could be useful to practices especially clinical pharmacists who can prescribe. Practices have worries on the extra indemnity costs for clinical pharmacists
- Lack of applicants and vacancies on the GP training scheme causes grave concern
- Trainees/new GPs do not want to work in Tees as they feel they can pick and choose their work location and Tees is not currently attractive/an area they consider (preference is towards cities). It was considered important to promote Tees as a good place to work
- Study groups and support from GPs in Tees may assist in keeping trainees in the area
- Career start schemes to be considered
- Encourage young trainees to stay on Tees with career fairs/foundation years/practice link support, enthusiastic GPs and lots of networking opportunities
- Support to assist people living in the Tees area to get into medical school e.g. advice on interviews and completing applications. Can the Tees population afford 5 years training? What can we do to get people into the system and stay in the system?
- Current partners find it difficult to remain as a partnership and reduce hours/sessions. This could result in them leaving general practice completely or sooner than they anticipated. Exploration of flexible working and exit schemes to enjoy last working years in practice and retain as long as possible
- Assist practices to do things differently/make changes such as efficiency and working environment. Even slight changes may assist to keep people in practice
- Speed dating for VTS/practices
- Some GPs would work more but cannot for many reasons, including indemnity costs and pensions. Funding declines and expenses rise. There is a lack of discretionary/supportive funding for areas such as IT, telephone equipment, premises. GPs are offered more in other areas and overseas
- Promote Tees to encourage GPs/Trainees. Creative thinking to highlight positive elements e.g. the close connection with secondary care and good commute times
- Celebrate general practice locally in the media to capture junior colleagues to this area

It was **AGREED** CLMC will take these ideas to the recruitment and retention meeting to further explore options.

15/09/7.2 HaST CCG FUNDING PROPOSAL

It was **AGREED** that this item should be discussed 'below the line' with GP elected members only, at the end of the meeting.

15/09/8 SURGE/URGENT CARE - GENERAL PRACTICE ESCALATION AND RESPONSE

2015/16 commissioning sees a big change in the way system resilience resources are utilised with a change from secondary care focus to a whole system response with dedicated funding for primary care.

The Chief Executive requested considerations as to how general practice can respond to this shift and what can be done within general practice at times of surge and escalation.

Lengthy discussions took place.

Suggestions/comments

- Urgent care practitioners for 4.00pm onwards home visits could be helpful – however, practitioners training in this area could be an issue
- Flexibility in specifications offered - previous winter pressure monies required weekly commitment from practices rather than flexibility in response to demand. Given shortage of GP capacity/numbers and inability to utilise nurse practitioners under the specification there were too many restrictions which inhibited sign up. Scheme was dependent on GPs foregoing rest days/holidays
- Faster blood/test results to help keep patients out of hospitals
- Rapid response nurse or nurse practitioner
- Improved and timelier discharge from hospital - the speed, quality and quantity of information is vital to ensure appropriate care, to avoid wasting general practice resources in chasing/clarifying information and to assist in avoidance of readmissions
- Patients need to be directed to the right people so the work is only getting done once, appropriately

It was expressed that this is a blank canvass and all ideas are welcome for further exploration. It was **AGREED** that board members would forward ideas to the Chief Executive and CLMC would scope these ideas with the CCGs.

15/09/9 REFERRAL PRO-FORMAS

CLMC had been made aware of issues with regard to the stringent use of a pro-forma and the rejection of referrals for no reason other than a pro-forma not being utilised. The Chief Executive asked board members if this was a wider issue across Tees requiring action. Members suggested it was an issue across the whole area with particular specialties highlighted as being particularly stringent with their requests for a pro-forma.

Specialities highlighted were dermatology and neurology and there were particular concerns around rejection of 2 week wait referrals to these departments due to a pro-forma not being utilised, irrespective that all relevant and appropriate information was contained within the referral letter. This was completely inappropriate and a particular concern from a patient safety perspective.

Members were reminded that whilst the use of a pro-forma can be beneficial for all, a Trust cannot refuse a referral on the grounds of a particular form not being utilised – if the referral is appropriate and contains all the relevant information it must be accepted irrespective of the format in which that information is relayed.

Members also highlighted experiences of some electronic forms being rejected though all important information and relevant paperwork was attached.

Members questioned as to the process once the referral letters were received within the Trust – were they viewed by the consultant or a secretary? It was clarified that consultants preview all letters, though the electronic choose and book system was not in use due to problems with regard to viewing referral letters.

There was lengthy discussion with regard to the spinal assessment and the individual review forms utilised on this pathway. Members found the forms incredibly difficult to use in general practice and questioned as to whether they were fit for purpose. It was suggested the forms should be compatible with general practice computer systems to enable population of patient details.

It was **AGREED** these issues would be raised with both CCGS as commissioners of the Trust service, particularly given the patient safety risk.

15/09/10 SEXUAL HEALTH CONTRACT

The Chief Executive briefly explained that the existing sexual health contract within Tees ends 1 July 2016. Local Authorities, through the Public Health Shared Services, were once again looking to commission a service with one provider across the whole of Tees.

A tender document was due for imminent release. This tender document would contain an element of sub-contracting with practices.

Practices were reminded they were eligible to tender to provide these services for the whole of the Tees area, something groups of practices may wish to consider. There was the option to tender for the entire contract or to provide services as a sub-contractor for the successful bidder.

The Chief Executive explained CLMC assisted practices in obtaining professional legal advice on sub-contracts in the last commissioning round. Given the change in market place and NHS commissioning, it was **AGREED** CLMC would not be in a position to fund this service again; however, CLMC would continue to support practices through development and reviewing of contracts in the same way all service specifications are reviewed. Advice would be issued on the contracts to inform decision making but it is then for individual practices to seek legal advice, if required, prior to signing agreements.

15/09/11 REPORTS FROM REPRESENTATIVES

No reports received.

15/09/12 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 14.07.15)

16.07.15	The GMC Resilient Doctor @ Centre for Life, Newcastle – Julie Birch
21.07.15	ST CCG Meeting @ ST CCG Office – Janice Foster
04.08.15	HaST CCG Systems Resilience Group @ HaST CCG Office – Janice Foster
06.08.15	HaST QIPCG @ HaST CCG Office – Janice Foster
12.08.15	ST CCG Leadership Group @ ST CCG Office – Julie Birch
12.08.15	STAR Working Group @ ST CCG Office – Julie Birch
18.08.15	HaST In-Meeting Co-Commissioning Board @ HaST CCG – Julie Birch
19.08.15	ST CCG Co-Commissioning Committee @ ST CCG Office – John Canning
20.08.15	Extra Ordinary HaST Primary Care Workstream Meeting @ HaST CCG Office – Janice Foster
21.08.15	ST CCG Urgent Care Scheme @ ST CCG Office – Janice Foster
26.08.15	HaST CCG Quarterly Meeting @ HaST CCG Office – Janice Foster / Julie Birch
27.08.15	ST CCG STAR & GP Joint Working @ LMC Office, Yarm – Janice Foster / Julie Birch
27.08.15	ST CCG Integration Programme @ ST CCG Office – Julie Birch
01.09.15	HaST CCG Systems Resilience Group @ HaST CCG Office – Janice Foster
03.09.15	ST CCG Urgent Care Scheme @ ST CCG Office – Janice Foster
04.09.15	Primary Care Escalation Framework @ Teesdale House – Janice Foster
08.09.15	ST CCG Meeting @ ST CCG Office – Janice Foster
09.09.15	STAR Working Group Meeting @ ST CCG Office – Julie Birch
10.09.15	TMGG Meeting @ HaST – Julie Birch

NOTED.

15/9/13 SUPPLEMENTARY AGENDA ITEMS

15/09/14 ANY OTHER NOTIFIED BUSINESS

There was no other notified business

15/09/15 RECEIVE ITEMS

15/09/15.1 Medical List

The Chairman explained that CLMC office has not received any notifications with regard to the performers list following changes in service delivery by FHS. CLMC is trying to address this.

15/9/15.2 Report the receipt of:

GPC Newsletter – 1 -17 July 2015 - available on www.bma.org.uk

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15/9/15.3

Dear Members of the LMC

As a clinician you will understand how vitally important it is that patients receive the appropriate treatment and equipment needed to aid their recovery and prevent further deterioration. In many aspects the NHS has managed to achieve this, with waiting times that have come down considerably over the last few years and the ability to ensure urgent review for patients with acute care needs such as cancer.

Unfortunately wheelchair services appear to have been left behind and many clinicians find themselves faced with examples of newly diagnosed patients with rapidly progressive, life-limiting illnesses who fail to ever secure a wheelchair before they become bed bound or reach the terminal phase of their illness; alongside the many patients who sustain injury and worsening disability due to inappropriate wheelchair provision or long delays waiting for repair. Many of these patients suffer prolonged periods of hospitalisation for pressure ulcers, contractures and other equipment-related delays or injuries.

The Wheelchair Leadership Alliance is raising the profile of wheelchair services, and encouraging NHS commissioners to look at the local services being commissioned and provided in the hope of securing equitable services for wheelchair users and the clinicians who treat them every day. To this end they have launched a national Charter that includes key objectives related to wheelchair services.

It's easy to feel uncertain as to whether the principles encapsulated in the Charter, can be delivered; but then we can look back to how insurmountable standards such as the 18 week Referral to Treatment and cancer waiting time targets appeared until they started to be achieved. Now it seems impossible to imagine not expecting a patient with suspected cancer to be seen within two weeks but less than a decade ago it seemed unrealistic.

The aim is now that within a few years, delays of six months for basic wheelchairs and repairs that leave patients bed-bound for 10 days will be unimaginable.

As practitioners delivering NHS health services, you will be aware of the five Domains that make up the national NHS Outcomes Framework. It is clear that the work the Wheelchair Alliance has done in developing the Charter addresses aspects of all of the Domains - it will help 'enhance the quality of life for people with long term conditions' and work to 'ensure people have a positive experience of care'; but none more so than Domain 5, 'treating and caring for people in a safe environment, and protecting them from avoidable harm'.

But, the Wheelchair Leadership Alliance can't do this work alone and one of the strongest voices in our community is the voice of local clinicians. One of the strongest voices in our community is your voice.

I would urge you and your CCG to read and sign-up to the Charter and work to embed its objectives in your everyday business.

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It's easy to do by going to www.rightwheelchair.org.uk and clicking on the "Pledge Support" button at the top of any of its pages. Signing up to the Charter will provide clear recognition that you support the need to implement improvements nationally which will underpin the proposal to include it's principles in the NHS England Mandate and enable everyone to put wheelchair provision on an equal footing to other mandated services.

I hope it will become a useful tool for you, your committee and practices, and for commissioners right across England.

Yours sir *Jean Waters*
Dr Jean Waters BSc MB ChB

Note: Accompanying charter available on request.

RECEIVED.

15/9/15.4 Date and time of next meeting

Tuesday, 17 November 2015 : 7.00 p.m. : The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.

Co-opted and non-committee members left the meeting at 8.30 p.m.

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

Date: **Chairman:**