CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.33 p.m. on Tuesday, 29 April 2008 in the Committee Room, Poole House, Nunthorpe, Middlesbrough

Present:	Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr S Burrows	Dr J T Canning	Dr G Chawla
	Mr J Clarke	Dr G Daynes	Dr D Donovan
	Dr K Ellenger	Dr T Gjertsen	Dr A Holmes
	Dr I A Lone	Dr K Machender	Dr J Nicholas
	Dr J P O'Donoghue	Dr A Ramaswamy	Dr N Rowell
	Dr N Siddiqui	Dr M Speight	Dr J R Thornham
	Dr R J Wheeler	Dr C Wilson	

In attendance: Mrs C A Knifton : LMC Manager

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The Secretary explained that a Final Agenda had been tabled, and that in future the Agenda, including supplementary agenda items and related paperwork, would be sent to members by email, with a combined Final Agenda being tabled on the evening.

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08/04/1 APOLOGIES

Apologies had been **RECEIVED** from Dr A Gash, Dr C Harikumar, Dr M Hazarika, Dr P Heywood, Dr R McMahon, Dr T Nadah, Dr D Obih, Dr G Rao, Dr D White and Dr S White.

08/04/2 MINUTES OF THE MEETING HELD ON 25 March 2008

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

08/04/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

08/04/3.1 Motions to Conference
Ref Minute 08/03/5.2

The following motions were submitted to Conference:

1) That conference asserts that fundamental to the essence of General Medical Practice is:
   i) a Registered list of patients
   ii) a commitment to provide longitudinal care to its registered list of patients
   iii) a contract which does not place arbitrary time limits on patient care.
2) That conference believes that whilst short term contracts may be appropriate for primary medical services, General Practice requires long term contracts.
3) That conference urges the GPC to renew efforts to re-vitalise the Cabinet Office review of bureaucracy in General Practice.
4) That conference notes the recent work to review benefits at the interface between work and ill health and
   i) recognises that the opportunity to work may promote health and well being
   ii) requires the GPC to continue to make it clear that the role of GPs will never be to act as gatekeepers to benefits
   iii) reminds those responsible for the review that this fundamental relationship between a patient and a GP must never become contaminated by conflicts over benefits.
5) That conference
   i) recognises that 'person centred care' may require encouragement to return to work to enable that person to achieve a greater fulfilment
   ii) reasserts the position taken in 2004 that sickness certification should not be part of a GPs workload
   iii) asserts that 'well notes' should not be part of a GPs workload
   iv) believes that general practice training does not, and should not, equip a doctor to undertake an assessment for individual activities at work
   v) reminds all those concerned that any assessment by a registered medical practitioner must accord to the principles of Good Medical Practice.
6) That conference considers that the CBI should not attack General Practitioners and their services until it is assured that industry provides a proper occupational health service to its employees.
7) That conference asserts that
   i) all employees must have access to occupational health services
   ii) the role of work place assessment for those ill or with disabilities is properly the role of occupational health services
8) That conference considers it is a national disgrace that only 12% of the workforce have access to a doctor trained in occupational medicine and that 60% do not even have access to an occupational health service.
9) That conference congratulates the BMA and its legal team on the recent victory at judicial review on GP pensions and
   i) expects to see the DF restored immediately
   ii) requires early back payment of overdue pension

iii) believes that the BMA should use this as an opportunity to review its position on selecting cases to be taken forward into the judicial process

10) That conference thanks the NAO for its report drawing attention to the inequity of MPIG, and urges the government to fund essential services in such a way that redistribution will become possible and the MPIG can be abandoned

11) That conference reminds the governments and NHS Employers that
   i) until there is proper funding of essential services MPIG is vital to the continuity of general practice
   ii) any underfunded threat to MPIG is a threat to the provision of universal NHS general Practice services to the people of the UK
   iii) universal NHS General practice is more popular than any governments, ministers or NHS managers and that they threaten it at their peril.

12) That conference considers any regulation of General Practice must:
   i) be equitable across all sectors and contractual options
   ii) recognise that most practices are small businesses and not place them under a further bureaucratic steamroller
   iii) reflect evidence based assessments of risk
   iv) be developed by a joint approach between the CQC and professional representatives

13) That conference notes that the DH is working with the RCGP and other stakeholders to pilot an accreditation process for primary care providers and believes that any accreditation process must
   i) Compliment not duplicate regulation
   ii) have at its core development of the practice
   iii) Be agreed not imposed

14) That Conference believes that Members of Parliament should work under the same scrutiny and conditions as the medical profession. In particular we call for:
   i) All Members of Parliament to improve access to their surgeries. Specifically we call for them to open for at least 1.5 consecutive hours either in the evening or at weekends.
   ii) Pay rises for MPs to be limited to 1.5% and that any rises should be staged.
   iii) A next stage review of the House of Commons to be undertaken by Lord Darzi of Denham.
   iv) All Members of Parliament to undergo revalidation and for this to include a variety of mechanisms not limited to but including: knowledge based assessments, MSF and cards from constituents.
   v) The balance of proof required for any accusation of impropriety against an MP to stand should use the “tabloid” standard that all MPs are guilty until proven otherwise.

15) That conference believes that whilst practices should indicate in their literature what services that are able to provide, it is a fundamental right of an individual practitioner to maintain the privacy of their personal beliefs.

16) That conference believes that the current funding for essential services with significant inequity between practices, is fundamentally flawed and urges the GPC to commission, and then publish, a report through the BMAs HPERU which addresses
    i) the costs of providing general practitioner serves to patients
    ii) the short fall in funding for essential services

17) That conference notes the increasing disparity between prescription charges in the home nations and urges the English government to address the current financial disincentive for patients to take preventative therapy.

18) That conference considers that the principles of EWTD should apply to self-employed doctors.

19) That conference considers that the BMA should lobby for the introduction of legislation supporting employees in gaining time off work to access healthcare.

20) That conference believes that all doctors working in primary care must be fully trained to the standard of CCT in general practice or equivalent.

21) That Conference
    i) notes that GP trainees are supernumerary in terms of service provision
    ii) believes that working during any extended hours will add no particular educational benefit to GP training
    iii) believes that GP trainees should not normally be expected to work during extended hours, although they may do so within the terms of their contract and in agreement with their trainer.

22) That conference considers that all doctors who wish to prescribe must undergo GMC revalidation.

23) That conference believes that doctors should only prescribe for themselves or their families in exceptional and life-threatening circumstances.

24) That conference notes that the recent SoS for Health, Patricia Hewitt, has accepted positions with Alliance Boots, Clinven and BT and asserts that the Independent Advisory Committee on Business Appointments has the same "success" in promoting the "seven principles of public life" as a chocolate teapot has in preventing burns and scalds.

25) That conference notes both that the FOI has not yet been extended to APMS providers and decision 190/2007 by the Scottish Information Commissioner, and seeks detailed advice from the BMA on the extent to which PCOs and AMPS providers can hide behind commercial confidentiality.

26) That conference fiercely objects to any suggestion that doctors may, except when working as part of a recognised training post, perform primary medical services when not on the GP Register.

27) That conference believes the government has shown scant regard for the bereaved by shelving the Coroners Bill and urges it to take the first opportunity to start its formal legislative progress.

28) That conference
   i) reminds the government that since 1911 person orientated General Practice has become a universal right and the Poor Laws repealed
   ii) urges that the government, as it prepares to celebrate the NHS@60, to face the reality that NHS primary medical care services may become the safety net if person orientated care is not promoted.

29) That this conference assures patients that GPs are committed to person orientated care, but regrets that it does not believe the government share that commitment.

30) That conference reminds GPs that it is hypocritical to promote continuity of care, but not to offer it.

31) That conference asserts that the 2008 DDRB award for GPs :
   i) is a breach of the 2004 GMS Contract agreement
   ii) will destabilise many practices
   iii) will lead to deterioration in the ability of practices to deliver high quality general practice

32) That conference instructs the GPC, when considering its response to the 2008 DDRB report,
   i) to pursue every legal avenue to maintain the integrity of the 2004 contract agreements.
   ii) not to be bound by the usual BMA position requiring a $\geq$ 50% likelihood of success, when considering legal action.

33) That conference believes that the proper way to remove MPIG is by proper funding of global sum not by breaches of the contractual agreement on funding correction factor.

The Secretary explained that the motions on the DDRB report had not been discussed at the last meeting, but had been universally accepted when discussed on the ListServer. Members formally **AGREED** to accept their submission.

08/04/3.2 Requests from nursing homes for GP visits

Ref Minutes: 08/01/2 : 08/03/3.2 : Email received from local GP

I have just read the comments from some of the Nursing/Residential Homes re visit requests/making appointments for their residents in the LMC minutes.

I can sympathise with some of the comments made. However it is not unusual for us to receive several requests from one home within one week – often on consecutive days or even two separate requests 2 hours apart! I think the home staff also have a duty to use our services responsibly and with thought. Last week 9/24 visit requests in this practice were from homes, none of them urgent -as in needing to be seen that day- but probably not

unreasonable to be seen within 2 or 3 days. I can well understand that this timescale is difficult for the home staff to manage if they need to make an appointment.

I have been suggesting for some time that it would make a lot of sense if all the residents of any one home were registered at the same practice. This would reduce the number of separate visits we make enormously, and make it more feasible for staff to bring patients to the surgery as they could possibly bring more than one patient at a time. The home staff and ours would get to know each other which would improve relations and hopefully patient care. I know this would not be popular with the powers that be as it "reduces patient choice" but often a patient has to change GP when they move into a home anyway.

I realise it wouldn't be quite as simple as all patients at "High St Nursing Home" register with "High St GP Practice" and there would need to be some thought about smaller practices and larger homes but is this worth discussing?

A downside for GPs would be that we might meet our colleagues less often – outside Homes is a common place to run into other each other!

Following discussion it was **AGREED** that there was a principle that patients should be able to choose their doctor, however, if practices wished to develop relationships with nursing homes and made themselves available to new registrations, that would be something for practices to do.

08/04/4 FUTURE AND CURRENT GENERAL PRACTICE

08/04/4.1 Letters sent on behalf of Redcar & Cleveland practices, to Mr Gamble, Chairman, Redcar & Cleveland PCT

The Secretary explained that the LMC office had collected signed letters from practices in the former Langbaurgh area of Redcar & Cleveland PCT, which had then been sent to the Chairman, Chief Executive and non-Executive Directors of the PCT, with the intention of stimulating discussion at the PCT Board Meeting last week. No feedback had been received. This action was undertaken following the PCT announcing it was going to open three new practices and a health centre in the R&C PCT area, and the concern this decision had been based on inaccurate GP/list size figures submitted to government.

The Committee were apprised of the nature of consultation and the responsibilities placed on a consulting organisation under the Code and various legal judgements including Coughlan and North Derbyshire.

NOTED.

08/04/4.2 Redcar & Cleveland Council's Health & Social Wellbeing Committee held on Tuesday, 22 April 2008 : Attended by Dr J T Canning

The Secretary had attended R&C Council's Health & Social Wellbeing Committee last week where the subject of APMS practices was discussed as a result of the LMC attempting to arrange a meeting with the Chairman of the Committee. The local councillors asked sensible questions but did not seem to fully grasp the magnitude of the situation. They were worried about local practices being destabilised, practices

losing funding because of patients moving, and practices not being able to provide existing services and perhaps losing doctors or staff, but once access was mentioned they moved on to problems they had getting an appointment with their own doctor.

Martin Phillips represented R&C PCT at the meeting and mentioned the £11^{+}million being brought to the area together with being aware of the potential for destabilising existing practices. He has been primarily responsible for writing the South of Tees consultation documents; at present the LMC has not seen the documents.

08/04/4.3 Improving Access & Choice in Primary Care

Pre-consultation letter to Stakeholder Organisations from Mr M Procter, Tees Director of Commissioning Strategy & Procurement

You may be aware that the DoH set out in "Our NHS Our Future" and the "Darzi Interim NHS Next Stage Review", a commitment to the development of additional health centres and GP practices in PCTs which would benefit significantly from an expansion of capacity in primary care services.

In line with the DoH timetable for the procurement of these new services, the Tees PCTs submitted their draft service specifications to the North East StHA by 29 February 2008. At the current time these specifications are still "commercial in confidence" and are indicative, reflecting the need to fully engage with stakeholders and the public through consultation.

The purpose of this letter is to advise you that as part of the procurement process formal consultation will commence on Monday, 5 May 2008 for a 13-week period, and this will be in the form of a full consultation document, questionnaire and a number of public events. Consultation documents will be distributed to you shortly, at which time we will advise you of the details of the public events. You are welcome to attend these events to hear more about the proposals, ask questions and give us feedback on the proposals.

In addition to this, you might think it would be helpful for a presentation/discussion at one of your regular meetings. If this is the case, perhaps you could advise me of the dates and times of meetings during the consultation period (5 May – 1 August) and I will make the necessary arrangements.

Ali Wilson, Director of Health Systems Development & Estates Development (Hartlepool PCT and North Tees PCT) and Martin Phillips, Director of Health Systems Development (Middlesbrough PCT and Redcar & Cleveland PCT) are the local Directors leading the specification and will ensure the final specifications reflect feedback from the consultation.

Members discussed the letter. There are no proposals for new practices in North Tees; in Middlesbrough the threats of APMS practices are different from Redcar & Cleveland, although one of the R&C practices will be located close to the Middlesbrough boundary. It was **AGREED** that there should be separate meetings for the four areas with accurate GP/list size figures to hand.

08/04/4.4 Consultation on New Practices and Health Centres

08/04/4.4.1 It was **NOTED** that the consultation period will commence imminently.

08/04/4.4.2 The LMC manner of response to the consultation was considered. It was **AGREED** that once the documents were to hand they would be scrutinised and responses formulated.

08/04/4.5 Current and future media involvement

The LMC has contacts within the press which will prove useful. The Secretary offered to speak to any media who contacted practices where GPs were not comfortable dealing with them. It was suggested the LMC should provide a remit which GPs could use when talking to the media. What has to be got across is the destabilisation of practices, the difference between APMS and existing practices, continuity existing practices provide in terms of partnerships and life long commitment to patients; APMS more likely to be salaried doctors with no pension entitlement and therefore transient staff.

08/04/4.6 GPC Support Your Surgery Campaign

Letter from Dr Laurence Buckman : Chairman of GPC

As you will no doubt be aware, in addition to the considerable media and parliamentary activity already undertaken, the GPC is developing a national campaign to both promote and defend general practice. I am writing to let you know a little more about the campaign, and to ask for your help and support.

The campaign will take place in late May / early June and will highlight the excellent service that GPs provide to their patients and will emphasise to the public that the government's plan to divert funds to commercial providers poses a great threat to the service that we provide.

We feel that the campaign will be much more effective if the national issues that it addresses can be shown in a local context. We have therefore designed a campaign which tackles a major national issue, but which can be easily linked to specific local concerns.

Material has been developed for this campaign and is currently undergoing market testing. I am sure you will appreciate that, until we have received the results of this market testing, I cannot go into too much detail. However, as soon as I am able, I will write to you again with more information.

A campaign like this cannot succeed if we do not gain the support of both patients and the wider public, and we cannot gain this support without the active involvement of LMCs and GPs around the country. I would therefore like to ask you to begin planning how you can help us to encourage and support GPs to become actively involved and to consider whether there are any particular local issues – for example, the threat posed to your surgeries by polyclinics - that you would emphasise in planning local activity and which would strike a chord with local people and the local media

The GPC's Communications Group has developed campaign materials which will be available for LMCs and Practices to use to support their local GPs. We are also developing a practical toolkit which we will circulate to all LMCs shortly. In addition, the BMA's Public Affairs Division will be able to assist LMCs in dealing with the media and the BMA's Parliamentary Unit will be able to assist in liaising with MPs.

It was **NOTED** that the BMA was providing the vast majority of the funding towards the advertising campaign. It was felt important that consultants realised it was not just about general practitioners but about general practice as we know it. Specifics about the campaign will be available the first week in June. GPs should try and make contact with their local MPs. It was pointed out that Frank Cook was being replaced by Alex Cunningham, and Dari Taylor and Ashok Kumar may not retain their seats.

08/04/5 REQUESTS FROM PCTs FOR INFORMATION

PCTs were increasingly contacting Practice Managers requesting information which was not within the NHS contract (e.g. how much do you charge for travel vaccinations and what do you provide), and had Competition Law implications. PCTs should be passing such requests via the LMC so that advice can be given as to whether the request was achievable or legal.

The LMC only becomes aware of these requests when practices seek advice. Practice Managers are requested to inform the LMC office of such requests in the future.

08/04/6 ROYAL COLLEGE OF GENERAL PRACTITIONERS CONSULTATION: REVISION OF GOOD MEDICAL PRACTICE FOR GPs

Comments were sought on the draft revised Good Medical Practice for General Practitioners document which had been previously emailed to CLMC members.

A couple of points were raised:

- Recognising the mix of competence and prescribing and you should prescribe drugs or treatment when you have adequate knowledge of the patient's health and needs – it doesn't say anything about being familiar with the drug and competent to prescribe the drug.
- Treating/providing medical care to those close to you – current thinking is that GPs should not be involved in treating anyone who is close to them other than in extreme circumstances.

It was **NOTED** that the document was a joint publication with the GPC, revised from 2002.

08/04/7 GP DEFENCE FUND LEVY FOR 2008

The Secretary declared an interest as he is Chairman of the Defence Fund, and he apologised for the lateness of the notification. The majority of the levy went to fund the Negotiating Team, and should anyone wish to see the accounts when published, they were asked to contact the LMC office.

The Board of the GP Defence Fund had resolved that the levy for 2008 be based on a rate of 5.62p per patient. This figure was based on CLMC's registered patient population as supplied to the GP Defence Fund. The levy for 2008 will be £32,150. The levy for 2007 was £30,900 at 5.4p per patient.

It was **AGREED** that the revised levy be paid.

08/04/8 INFORMATION SHARING CODE: TEES LOCAL INTELLIGENCE NETWORK FOR CONTROLLED DRUGS GOVERNANCE

Letter from Dr Carl Parker, Chairman, Tees Local Intelligence Network for Controlled Drugs

"Concerning the management of controlled drugs. Stronger governance arrangements were formalised in Department of Health Guidance and the Health Act 2006, including provision to enable agencies to share information and intelligence. A vehicle for this is the Tees Local Intelligence Network, which PCTs are responsible for establishing and operating. In this area the Network was set up in 2007 and meets quarterly under my chairmanship. I am one of two Accountable Officers for the four Teesside PCTs and my counterpart for Middlesbrough PCT and Redcar & Cleveland PCT is Peter Kelly.

The Department of Health Guidance (Safer Management of Controlled Drugs: {1} Guidance on Strengthened Governance Arrangements) states that "Intelligence Networks may wish to agree a code on information-sharing and nominate a person to be responsible for ensuring the code is followed." In view of this guidance the Local Intelligence Network has developed an Information Sharing Code, based on similar documents developed by equivalent Networks in other areas. The Code was approved by the December 2007 Network meeting and has been ratified by the partner organisations to the Network. The Network agreed that the Code would also be made available for information to the Local Medical and Local Pharmaceutical Committees, a publicly available document on all Tees PCTs websites, and incorporated into the schedule of publications. In addition a process is underway to obtain signatures of members of the Network (or their representatives) to the Code. The Code will be reviewed annually, with a first review date of March 2009.

I would be grateful if you could draw the attention of the Committee to the contents of the Code."

After discussion the Code was **ACCEPTED**. It was **NOTED** that Dr Carl Parker was the GP involved for the four PCTs.

08/04/9 REPORTS FROM REPRESENTATIVES

08/04/9.1 Report on the formal cessation of the Primary Care Resource & Development Centre : Dr J R Thornham on behalf of the PCRDC Trustees

Ref Minute: 08/03/10.1

Dr Thornham briefed members on the closure of the PCRDC, the bursaries given to five projects, with the remainder of the money having been donated to three local hospices. All paperwork associated with the closure of the charity should be finalised within the next month.

NOTED.

08/04/10 REPORTS FROM MEETINGS

08/04/10.1 Meeting with John Canning/Martin Phillips at LMC office on Thursday, 24 April 2008

Discussed lack of PCT/LMC liaison meetings with a view to moving forward. CLMC had obtained copies of formal agreements other LMCs had with their PCTs and would bring a draft to the Board for consideration prior to taking it to the PCTs.

NOTED.

08/04/11 SUPPLEMENTARY AGENDA

There were no supplementary items.

08/04/12 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

08/04/13 RECEIVE ITEMS

08/04/13.1 Medical List

Applications:

Effective Date	**Name**	**Partnership**	**Practice Area**
01.05.08 *Salaried GP*	Dr J G Murphy	Park Avenue Surgery	R&C PCT
01.05.08 *Salaried GP*	Dr D B Gowda	Park Avenue Surgery	R&C PCT
01.04.08 *Change in status from Salaried GP to Partner.*	Dr L J Raeburn	The General Medical Centre	HPCT

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
31.03.08 *Resignation. Salaried GP.*	Dr G Coleclough	The Birchtree Practice	NT PCT
30.04.08 *Resignation. Salaried GP.*	Dr J G Murphy	Bentley Medical Practice	R&C PCT

30.04.08	Dr A P Albaladejo Serrano	Woodbridge Practice	NT PCT

Resignation. Returning to Spain permanently.

30.06.08	Dr N J Jacott	Dr Lakeman & Partners	M PCT

Retirement.

RECEIVED.

08/04/13.2 Merger of The Glens Medical Centre, Trunk Road, Eston with Normanby Medical Practice

Dr Mohammed has joined Dr Lone & Partners as a partner, and The Glens Medical Centre has become the branch surgery of Normanby Medical Centre.

RECEIVED.

08/04/13.3 Report from GPC

Summary of GPC meeting held on 17 April 2008 was emailed to all GPs and Practice Managers on 29 April 2008. The GPC next meet on 15 May 2008.

RECEIVED.

08/04/13.4 Documents sent to GPs/Practice Managers since the last LMC Meeting on 25 March 2007

Newsletter from Cleveland LMC (26.3.08)
Important changes for GPs to the NHS Pension Scheme : Effective 1 April 2008 (27.3.8)
Focus on - Quality and Outcomes Framework 2008 (1.4.8)
GP systems for the future : Thursday, 24 April 2008 : The Wynyard Room (1.4.8)
JCUH Spring Term 2008 : Postgraduate Lunchtime Lecture Programme (8.4.8)
BMA employment law courses for 2008 (8.4.8)
Focus on extended hours access 2008/09 - Commencing 1 April 2008 (8.4.8)
DDRB: 37th report 2008 – Letter (10.4.8)
URGENT - Equitable access - Stakeholder event for potential providers (18.4.8)
Summary of GPC meeting held on 17 April 2008 (29.4.08)
GPC : Frequently Asked Questions (2 documents) (29.4.08)

08/04/13.5 Report the receipt of:

GPC News M7 : Friday, 21 March 2008 (*available at www.bma.org.uk*)
GPC News M8 : Friday, 18 April 2008 (*available at www.bma.org.uk*)
Co Durham & Darlington LMC minutes of meeting held on 5 February 2008
Co Durham & Darlington LMC minutes of meeting held on 4 March 2008
Sunderland LMC minutes of meeting held on 26 February 2008

08/04/13.6 Date and time of next meeting

Tuesday, 3 June 2008, at 7.30 p.m. in the Committee Room at Poole House, Stokesley Road, Nunthorpe.

Part B
Elected GPs only

08/04/14 LMC SECRETARIAT

08/04/14.1 Office Accommodation

The Committee discussed a tabled paper from the Secretary and **AGREED** to move to accommodation at 320 Linthorpe Road, for an initial period of 3 years.

08/04/14.2 Secretariat Staffing

The Committee discussed a tabled paper from the Officers and **AGREED** to appoint Shepherd Taylor Partnership to assist in the appointment of a replacement Liaison Officer and associated post appointment development of the secretariat team with a report to the Committee one month after the appointment had been taken up.

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

Date: ***Chairman***