

# CLEVELAND LOCAL MEDICAL COMMITTEE

**Dr J T Canning MB, ChB, MRCP**

**Secretary**

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.32 p.m. on Tuesday, 8 September 2009 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

**Present:**

Dr D Donovan (Chairman)	Dr J-A Birch	Dr S Burrows
Dr J T Canning	Dr G Chawla	Dr K Ellenger
Dr A Gash	Dr T Gjertsen	Dr J Hameed
Dr M Hazarika	Dr K Machender	Mr I Marley
Dr R McMahon	Dr H Murray	Dr D Obih
Dr M Pritchard	Dr A Ramaswamy	Dr R Roberts
Dr N Rowell	Dr O Sangowawa	Dr S White
Dr C Wilson	Mr G Wynn	

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

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

Apologies had been **RECEIVED** from Dr W J Beeby, Dr M Betterton, Dr A Bonavia, Dr S Byrne, Dr G Daynes, Dr C Harikumar, Dr P Heywood, Dr M Hulyer, Dr I A Lone, Dr T Nadah, Dr V Nanda, Dr M Speight, Dr R Thornham and Dr D White.

## **09/09/2 MINUTES OF THE MEETING HELD ON 14 July 2009**

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

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

### **09/09/3.1 Chlamydia Screening 2009/10 – Update Future plans for Teeswide sexual health service Ref Minute: 09/07/10**

Following LMC involvement, an updated letter explaining the new referral process had been sent to GPs. A Teeswide LES for opportunistic chlamydia screening was being offered from 24.8.2009 and was currently out to tender. PCTs had decided

NHS Supplies should advertise the LES, which would include everything from TOP to CASH clinics and GU. Details would be available once the successful bidder had been informed. It consisted of:

- Level 3 – hospital service scaled down to HIV and complicated patients
- Level 2 – rolled out into community, run by GPs with special interest (hub and spoke)
- Level 1 – rolled out for practices who are interested in taking up LES agreements to provide chlamydia screening but also different types of contraception and GU services

A member stated that the Middlesbrough Practice Based Commissioning group had developed a similar service three years ago, which had been due to go live on 14.2.8 when MPCT had announced it would have to go out to tender. The group had no further input as commissioners from that time.

Concern was expressed at the fact that the LES had completely bypassed GPs / practices who may have wanted to tender for the work. It would appear that bidders included those hospital doctors already undertaking the work as GPsWSI or CASH clinics. The PCT had not been invited the LMC to comment on the LES prior to going out to tender.

**09/09/3.2 PMS - Update**  
**Ref Minute: 09/07/11**

Not a great deal had happened since the last update in July. PCT Board had ratified commencement date of 1.4.10 (previously 1.10.9). Questions on contract sent to PCT but no responses received and not met for over a month. GP Steering Group currently holding small practice meetings to enable PMS practices to feed back information to them.

Guidance was sought from members on the principle of the LMC making a financial contribution towards PMS practices regarding legal fees which may be encountered should legal advice be sought at a later date concerning the contract as a whole.

After discussion members **SUPPORTED** in principle making a contribution towards legal fees, the level of contribution depending on the paper submitted for consideration in the future; PMS practices would also be contributing towards any legal fees.

**09/09/4 CLMC ANNUAL ACCOUNTS as at 31.3.2009**

The audited accounts were **RECEIVED**.

**09/09/5 CHOOSE & BOOK LES 2009 – ACHIEVEMENT PAYMENT SCHEME  
(Letter sent to all practices by the PCTs on 15.8.2009)**

Only those practices who had signed up for the C&B LES and achieved a 95% utilisation rate, and whose PCT area achieved 90% utilisation rate will qualify for the payment. Practices should not sign up for the C&B LES if there is any possibility they will not achieve the 95% utilisation rate.

It was **AGREED** this would be taken up with PCTs when the LMC next met them on 28 September.

**09/09/6 LMC SECRETARIES CONFERENCE, LONDON  
Thursday, 3 December 2009**

It was **AGREED** that the Secretary attends as designated LMC representative (at no cost to the LMC) and the Development Manager would also attend, being funded by the LMC.

**09/09/7 GPC “QUALITY IN MODERN GENERAL PRACTICE”, LONDON  
Friday, 4 December 2009**

It was **AGREED** that that Secretary attends as designated LMC representative (at no cost to the LMC) and the Development Manager and Vice Chairman attend, being funded by the LMC.

It was **NOTED** that both PCT Chief Executives have been informed about the forthcoming Conference and details of attendance arrangements. Chris Willis was not available. Nothing heard from Colin McLeod.

**09/09/8 REPORTS FROM REPRESENTATIVES**

None had been received.

**09/09/9 REPORTS FROM MEETINGS**

**09/09/9.1 LMC/LDC/LOC/LPC Annual Meeting : 25 August**

The Vice Chairman, Secretary and Development Manager had attended a lengthy annual meeting with the Chief Officers of the Dental / Optical / Pharmaceutical Committees. The meeting had been useful but there was nothing to report.

**09/09/9.2 Meeting with Mr Paul Frank, Asst Director of Communication & Engagement and LMC Secretary : Thursday, 3 September – Complaints**

New complaints process has not been finalised by the PCT. Concern had been raised by practices that PCT was passing complaint back to the practice but then insisting on seeing the final draft for amendment/agreement before practice sent response to complainant. PCT say they are being facilitative and helpful.

The position is:

- If a complaint comes into the practice, then the practice manages the complaint.
- If a complaint goes to the PCT about a practice, the PCT will seek to obtain consent from the complainant to inform practice and involve practice. If consent denied, then there is no complaint.
- If a complaint goes to the PCT about a practice, the PCT will seek to obtain consent from the complainant to inform practice and involve practice. If consent is received, the PCT can then either consider the complaint and investigate but will seek information from the practice and formulate a response which will be sent out by the PCT Complaints Manager **OR** PCT can send complaint back to the practice which means that complaint can be treated as if it was made to the practice and so PCT has no further involvement – the PCT may ask to see the draft response and may wish to make amendments, but the practice does not have to incorporate the amendments.

The complaints process relates to all providers of care irrespective of who they are: pharmacist, GP, optician, hospital employee.

It is important there is a complaints process which is clear and practices know how it will operate when practices are the recipients of complaints about other parts of the NHS service i.e. hospital or ambulance service. The practice will have a duty to investigate this complaint and pass to the appropriate person within the NHS.

It was **NOTED** that :

- formal response timescales no longer existed when dealing with a complaint, although a timetable must be agreed with the complainant;
- once a practice had dealt with a complaint, the PCT cannot re-open the complaint, only the Ombudsman's Office can;
- a complaint was not considered a complaint if it had been resolved by the end of the next working day.

It was **AGREED** there was a need for joint LMC/PCT training/development for practices and PCT Complaints Managers involved in dealing with complaints.

## **09/09/10 ANY OTHER NOTIFIED BUSINESS**

### **09/09/10.1 Flu pandemic clusters**

It had been reported to the LMC that an APMS practice was still having difficulty in being included in a local flu cluster with existing practices. After discussion, a Board Member **AGREED** to talk with the practice(s) concerned. South of Tees the remaining APMS walk-in centres and Park End practice were relatively close and had formed a cluster; they did not have many registered patients but did have a number of walk-in patients.

Comments on flu were raised as follows:

- Conflict of advice – Helplines are issuing Tamiflu but practices are increasingly treating patients without issuing Tamiflu
- Different protocols – Been told to issue Tamiflu to “at risk” groups whereas local protocol said to issue to anyone fitting criteria. In other areas Tamiflu was issued if someone had a temperature
- Funding - No agreement reached yet for funding of GPs giving vaccinations at the end of October
- Vaccinations – Who is going to give vaccinations and multi dose phials
- Practices are under pressure to reduce prescribing yet Tamiflu is available to anyone. Resistance to antibiotics should not be seen as any different to resistance to Tamiflu
- In years to come it may be difficult to persuade people that mass treatment is not necessary.

### **09/09/10.2 Violent Patients**

The Secretary explained that PCTs would only consider a patient violent if that patient had been removed from the practice’s List for violence/perceived violence in the surgery or home towards a GP or practice staff. If a patient had been violent in the hospital or ambulance, this was not something for which the practice can request their removal from the List for violence.

NEFHSA Contractor Services were insisting that practices report violent patients to the police in order to obtain an incident number (the police were not required to investigate the complaint), without that incident number Contractor Services were refusing to remove violent patients. There was also the problem of finding out who was considered violent, because this information was not always shown on a patient’s medical records.

The Secretary reminded members that the PCTs had a Local Security Management Specialist – Ian Ogilvie : 0191 333 6388 & 07980 726 507 – and urged practices to use Ian’s services because he could advise practices on how to get violent patients removed from Lists.

MAPPA (Multi Agency Public Protection Arrangements) was another route practices may be able to use – Tel: 01642 230533.

In psychiatry you can ring Crisis Team – open 24 hours a day – they might be able to print case summary of a patient and fax the details across to you in case you are called out to see them. Dr Gash said she would ask TEWV Trust if it is current practise to let GPs know when there is a risk.

Queries were raised:

- In the case of the violent person not being the patient who may be housebound, but the carer upon whom the housebound patient depended, what happened then?
- What happened when a patient behaved “normally” with a GP at the practice or at home, but was known at a hospital to be violent and was not seen without security staff being present? Hospital not able to warn practice about patient because of patient confidentiality.
- A practice was not informed when one of their patients was admitted to the secure unit at St Luke’s Hospital by the police.

Practices are asked to let the LMC office know of any problems they are having with PCTs and removal of violent patients.

It was **NOTED** that the Secretary will endeavour to take this matter up with BMA/ Security Management Service to get it addressed nationally.

#### **09/09/10.3 GP Conference, 24 November 2009 : Middlesbrough Football Stadium**

Practices were reminded that the LMC is holding a GP Conference at 2.30 – 6.30 p.m. on 24 November at Middlesbrough Football Stadium. There will be three topics covered:

- General Practice – Dr Laurence Buckman, Chairman of GPC
- Practice Management (partnerships and partnership agreements) – Shanee Baker, BMA Legal Adviser and Barrister
- Revalidation / Practice Accreditation / Role of Care Quality Commission – John Canning

Interested GPs / Practice Managers should contact the LMC office by telephone (01642 737744) or Email: [christine.knifton@middlesbroughpct.nhs.uk](mailto:christine.knifton@middlesbroughpct.nhs.uk)

#### **09/09/10.4 Retirement of Dr K Machender (creates vacancy in Middlesbrough)**

It was **NOTED** that Dr Machender was retiring on 30.9.9 and he was thanked for his time as a Board Member and wished every happiness in the future. The resultant Board vacancy for the Middlesbrough area would be advertised.

**09/09/11 RECEIVE ITEMS****09/09/11.1 Medical List****Applications:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
25.8.9 Salaried GP.	Dr M Godavarti	Dr Nath & Partners	MPCT
17.8.9 Locum covering maternity leave for 6 months	Dr J R Kalia	Dr McGowan & Partners	SPCT
27.7.9 Salaried GP.	Dr P Juhasz	Arrival Practice	SPCT
1.7.9 Will remain as locum not Salaried GP.	Dr L J Raeburn	Dr Koh & Partners	HPCT
11.8.9 Salaried GP.	Dr H Koriem	Hartlepool NHS Health Centre	HPCT
4.8.9 Locum.	Dr K Jaiswal	Dr Moody& Partners	HPCT
1.9.9 Change of status from locum to Salaried GP.	Dr K Jaiswal	Dr Moody& Partners	HPCT
1.9.9 Salaried GP (APMS).	Dr R McMahon	Park End Clinic (Bondcare)	MPCT
1.9.9 Salaried GP (APMS).	Dr G R R Bethapudi	Hartlepool NHS Healthcare Centre	HPCT
1.9.9 Salaried GP.	Dr T T Goh	Dr Acquilla & Partners	R&CPCT
1.10.9 Salaried GP.	Dr C Green	Dr Sagoo & Partners	SPCT
12.10.9 Returning after taking 24 hours retirement.	Dr R Smith	Dr Basson & Partners	MPCT
8.9.9 Salaried GP.	Dr A Hill	Dr Saha & Partners	R&CPCT

**Resignations:**

<b><u>Effective Date</u></b>	<b><u>Name</u></b>	<b><u>Partnership</u></b>	<b><u>Practice Area</u></b>
24.7.9 Resigned.	Dr N Thomson SGP.	Arrival Practice	SPCT
19.7.9 Resigned.	Dr S I Ahmad SGP.	Stockton NHS Healthcare Centre	SPCT
13.8.9 Resigned.	Dr S Khan SGP.	Dr Nath & Partners	MPCT
16.8.9 Sadly died.	Dr B S Chaudhry	Dr Chaudhry & Partners	MPCT
30.9.9 Retiring.	Dr K Machender	Dr Prasad & Partners	MPCT
2.11.9 Retiring.	Dr G Hargate	Dr Hargate & Partners	MPCT
3.9.9 Retirement.	Dr T J McCarthy	Dr Poyner & Partners	SPCT
31.8.9 Retired.	Dr M A Ayre Remains on Performers List.	Dr Moody & Partners	HPCT
9.9.9 Resignation.	Dr S Shenoy Salaried GP.	Zetland Medical Centre	R&C PCT
21.10.9 Retired.	Dr R Douglass	Dr Douglass & Partners	SPCT
10.10.9 Taking 24 hours retirement.	Dr R Smith Returning 12.10.9.	Dr Basson & Partners	MPCT

**RECEIVED.**



**09/09/11.2 Practice Moves**  
**Notification from North East FHSA, Appleton House, Durham**

“Please note that the following practices have moved with effect from 3 August 2009 to **Endurance House, Clarence Street, Stockton on Tees TS18 2EP.**

The Arrival Practice Primecare Building Massey Road Teasdale Park Thornaby Stockton on Tees TS17 6EY	Dr Banerjee The Surgery 74 Norton Road Stockton on Tees TS18 2DE
Dr Syed 137 Norton Road Stockton on Tees TS18 2BG	Dr Tunio Elm Tree Medical Centre Elm Tree Avenue Fairfield Stockton on Tees TS19 0UW

All practices will be keeping their current phone numbers, and all the same practice codes and prescribing codes etc, it is just the address that will change.”

**RECEIVED.**

**09/09/11.3 Improving Access and Choice in Primary Care Services – Equitable Access to Primary Medical Care Programme**  
**Letter from Paul Frank, Asst Director of Communication & Engagement**

“I now have pleasure in informing you of progress with one of the new GP practices in Middlesbrough.

Park End Medical Centre is to be located on Overdale Road, Middlesbrough and, from 1 September will be open 7 days a week from :

7.30 a.m. – 8.00 p.m.	Monday and Wednesday
7.30 a.m. – 6.30 p.m.	Tuesday, Thursday and Friday
8.00 a.m. – 12.00 p.m.	Saturday
2.00 – 6.00 p.m.	Sunday

Places are available for patients to register with the GP practice. The service will be provided by Bondcare and contact details from 1 September are as follows:

Park End Medical Centre (Bondcare)  
Overdale Road  
Middlesbrough TS3 7EA  
Tel: 01642 280090  
Practice Manager: Alison Somers”

**RECEIVED.**

**09/09/11.4 APMS Practices – Updated list**

Scheme No	PCT	Practice/Health Centre	Provider
1	Hartlepool	GP led Health Centre	Assura Hartlepool LLP: Hartlepool NHS Healthcare Centre Commenced 1.5.2009
2	Hartlepool	GP Practice	Gatehouse Health: The Fens Medical Centre Commenced 1.6.2009
3	Hartlepool	GP Practice	Intrahealth: Hartfields Medical Practice Commenced 1.5.2009
4	Stockton on Tees Teaching	GP led Health Centre	Assura Stockton LLP: Stockton NHS Healthcare Centre Commenced 1.4.2009
5	Middlesbrough	GP led Health Centre	Care Integration Partnership: Resolution Health Centre Commenced 1.1.2009
6	Middlesbrough	GP Practice	Bondcare: Park End Medical Centre Commenced 1.9.2009
7	<i>Middlesbrough (Hemlington)</i>	<i>GP Practice</i>	<i>Being re-tendered To commence 7.12.2009 No further information from PCT</i>
8	Redcar & Cleveland	GP led Health Centre	Bondcare: Skelton Medical Centre Commenced 1.7.2009
9	Redcar & Cleveland	GP Practice	Teesside Community Care: Eston Grange NHS Healthcare Centre Commenced 1.4.2009
10	<i>Redcar &amp; Cleveland</i>	<i>GP Practice</i>	<i>Being re-tendered Due to commence 14.12.2009 No further information from PCT</i>

**RECEIVED.**

**09/09/11.5 Report the receipt of:**

Durham & Darlington LMC's minutes of meeting held on 2 June 2009  
 Durham & Darlington LMC's minutes of meeting held on 7 July 2009  
 GPC News 1 – Friday, 17 July 2009 – available on [www.bma.org.uk](http://www.bma.org.uk)  
 Stockton Teaching PCT – Annual Report Special - 2008/9  
 Hartlepool PCT – Annual Report Special - 2008/9  
 NEAS Annual Report 2008/9 – available on:  
[http://www.neambulance.nhs.uk/NEAS%20Information/Board%20meetings/Board%20Papers/2009%20-%20July%20Papers/Item%2014%20-%20100668-NEAS%20Annual%20Report%200809%20\(10\).pdf](http://www.neambulance.nhs.uk/NEAS%20Information/Board%20meetings/Board%20Papers/2009%20-%20July%20Papers/Item%2014%20-%20100668-NEAS%20Annual%20Report%200809%20(10).pdf)

**RECEIVED.**

**09/09/11.6 Date and time of next meeting**

Tuesday, 3 November 2009, at 7.30 p.m. in the Committee Room, Poole House.

**RECEIVED.**

There being no further business to discuss, the meeting closed at 8.22 p.m.

*Date:*

*Chairman:*