



Cleveland Local Medical Committee

Chairman: Dr I Bonavia
Vice Chairman/ Medical Director/Asst Secretary: Dr J-A Birch
Secretary: Dr J T Canning
Development Manager: Ms J Foster
Office Manager: Ms C A Knifton

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Minutes and report of the meeting of Cleveland LMC Limited commencing at 7.14 p.m. on Tuesday, 12 November 2013 at The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.

Present:

Dr I Bonavia (Chairman)	Dr W J Beeby	Dr M Betterton
Dr J-A Birch	Dr A Boggis	Dr J T Canning
Mrs V Counter	Dr R Craven	Dr D Donovan
Dr H El-Sherif	Dr K Ellenger	Dr I Guy
Dr M Hazarika	Mrs C Hurst	Dr H Lamprecht
Dr E Mansoor	Dr R McMahan	Dr N Miller
Dr H Murray	Dr T Nadah	Dr R Roberts
Dr O Sangowawa	Dr S Selvan	Dr P Singh
Dr M Speight	Dr H Waters	Dr D White
Dr C Wilson		

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

13/11/1 APOLOGIES

Apologies had been **RECEIVED** from Dr S Byrne, Dr G Chawla, Dr J Gossow, Dr M Guy, Dr J Hameed, Dr C Harikumar, Dr M Hulyer, Dr B Posmyk, Dr N Rowell and Ms A Wilson.

13/11/2 MINUTES OF THE MEETING HELD ON 10 September 2013

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

13/11/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising.

13/11/4 RESIGNATIONS FROM CLMC LIMITED

Dr Danny Donovan had submitted his resignation to Cleveland Local Medical Committee prior to his retirement from general practice on 30 November 2013. Dr Nigel Rowell had also submitted his resignation to Cleveland LMC.

This will result in two vacancies which will be rectified once GPs have been elected to fill the ensuing Middlesbrough vacancies. The vacancies for 2 Middlesbrough GP representatives will be advertised.

NOTED.

**13/11/5 REQUEST FOR FUNDING OF LMC REP ON PERFORMANCE SCREENING GROUP
Communication from Dr K Megson, North East & Cumbria Regional LMC
Secretary**

"At the last regional meeting (2 October) we discussed LMC representation on the Performance Screening Group. As you are aware, there seems to be a national move to stop funding a representative on this group, but it was considered that this is very useful and that it may be possible for LMCs to fund a regional representative.

There are 12 meetings per year, but the amount of reading needed before attending these meetings is quite extensive and the present incumbent claims 1.5 sessions per meeting which equates to £4,950 per year. If we divide this equally between LMCs it will cost each LMC £707.15.

Please let us have the view of each LMC about whether they wish to potentially fund this before we take any further action. Of course we will still try and make representations to the Area Teams about removing the funding, but there seems to be a national problem getting LRC representatives and it appears that the easiest way to solve this is not to have them in the first place, despite this being successful in the northern region. I would be grateful for your early replies."

A lengthy discussion ensued on the pros and cons of having GP representation on the Performance Screening Group, and how attendance was/was not funded across England. The PSG receives all the local cases, the practitioner does not appear before it, and the PSG decides whether or not to proceed to a more formal stage. Whilst it was felt that these were NHS procedures and should be funded by the NHS which was the view put forward by the NE Regional LMC to the Area Team, the Area Team was currently refusing to fund GP attendance. Members felt it was vital to have GP representation on the PSG and it was **RESOLVED** that funding should be contributed in the short term, until the matter was resolved. This decision did not set a precedent for future decisions where a 'service' had previously been funded by the PCT and the Area Team had withdrawn funding and expected LMC/GPs to fund instead.

13/11/6 FACILITATING FEDERATIONS

The LMC Vice Chairman had attended a meeting, the subject of which had been practices federating, run by Glaxo SmithKline, at Newlands Medical Centre on Thursday, 7 November. It was not made clear why GSK were taking such an interest in practices federating. The invitation had only been by word of mouth but 30 South Tees people had attended including GPs. The Vice Chairman had been asked at that meeting to sit on the Steering Group they formed. Feedback on LMC involvement was sought.

A long discourse took place around uncertainties within practices as to what the future holds, workloads, monumental changes within the NHS, funding restrictions, lack of clear guidance, etc. There is no single model practices can use to federate as one model will not suit all practices or areas. It may be that more than one model will be necessary in order to allow practices to federate. It was felt important that the LMC be involved in assisting practices to federate but the LMC will not be able to run the federations as it must maintain independence; there may also be issues relating to Competition Legislation. The LMC must be seen to be completely open and not favouring one area / federation / federation model above another. It was highlighted that everyone was discussing 'federation' but everyone had a different interpretation as to what that meant and a common interpretation should be found first so everyone was talking about the same thing – a model of general practice that facilitates practices working together. There was

no reason why a federation could not cross boundaries and if people wanted to merge practices they could proceed along those lines.

The Development Manager had already been in discussions with the Area Team who were keen for practices to federate. The AT had agreed that it was sensible to have an LMC-led meeting funded by the AT before Christmas with a small scoping group consisting of a mix of practice areas / mix of practice contract type / mix of GP and Practice Managers, invited to attend by the LMC. It was important to remember that Federation may be the solution to problems. The smaller meeting will lead to a larger meeting in the New Year. GPs must accept the idea of working with other practices and sharing staff in order to survive in the modern NHS.

Caution was sounded over organisational issues and it was also noted that practices could merge and then be taken over by an outside organisation – something not unattractive to, say, junior doctors used to working in a hospital environment.

It was **AGREED** that the Development Manager progress with the small scoping group funded by the AT with the Vice Chairman taking matters forward. Should patients be involved in federation discussions? They may prefer to see their own GP rather than any available GP in the federation.

13/11/7 THE CAMERON FUND : Christmas Appeal
Extract from Communication from Dr David Wrigley, Treasurer

"The Cameron Fund is the profession's only charity providing help and support solely to general practitioners and their dependants, in poverty, hardship or distress. The Cameron Fund was set up in 1970, and named in memory of Sir James Cameron – a distinguished GP who led the profession at the time of the pivotal Charter for Family Doctor Services in 1966. Since then the Cameron Fund has distributed over £4.4 million in benefits and has assisted over 1,000 individuals or their families and dependants. The Fund is currently providing much needed assistance to 170 GPs or their dependants.

Some of you might feel that the Cameron Fund is not needed in the current world of pension schemes, insurances and state benefits. In reality, our experience is that in cases such as premature death or unexpected serious illness of a GP colleague there is often inadequate or no provision available for financial relief, and real hardship occurs. During 2012, over 133 new requests for help were received by the Cameron Fund and we were able to help 173 new and existing beneficiaries that year. This year to date we have received 101 requests.

In order to continue to help GPs and their families who face such hardship the Fund needs to supplement its investment income, and about half the income we need comes from donations from individual GPs and LMCs.

Individual GPs or practices can donate to The Cameron Fund by visiting their website on www.cameronfund.org.uk and clicking on 'Making a Donation' or by phone on 0207 388 0796.

I am very hopeful of a good response and thank you in advance for your generosity. If you know of cases that could benefit from the Fund please let us know (with consent of course), or direct them to the Fund's web site www.cameronfund.org.uk for all the contact details."

The Cameron Fund provided assistance solely to GPs and their dependants in times of need. CLMC pay a donation to the Fund, increased annually by CPI. For 2013 the donation had been £1,869-46. GPs/practices were able to make individual donations via their website or telephone.

NOTED.

13/11/8 ROYAL MEDICAL BENEVOLENT FUND : President's Appeal
Extract from Communication from Prof Parveen Kumar CBE, President RMBF

"I am writing to you as the new President of the RMBF to make a personal appeal for your support. Every day, the RMBF helps doctors, medical students and their families in times of crisis due to age, ill health, disability or bereavement.

Demand for the RMBF's support is at a 4-year high. In the last year alone we have seen a 20% rise in the number of applications for assistance. The majority of these cases have come from doctors under the age of 40. Many of these younger doctors have not had the chance to build up a financial safety net and, when faced with a crisis, need urgent help. The RMBF's aim is to help our beneficiaries become more independent and, where appropriate, to help them return to work.

We are committed to providing support to members of the medical profession whenever they need us. To do this it is vital that we raise further funds. The RMBF relies heavily on voluntary donations from the medical profession and without your help we could not support our growing number of beneficiaries.

Please help us to continue to support doctors at all stages in their career by giving us a donation this year or by supporting us as a regular donor. Please be as generous as possible. Thank you for your ongoing support. You can donate on line at <http://www.rmbf.org> or by phone on 0208 540 9194"

The Royal Medical Benevolent Fund provided assistance to hospital doctors, GPs, medical students and their families in times of need. CLMC pay a donation to the Fund, increased annually by CPI. For 2013 the donation had been £934-74. GPs/practices were able to make individual donations via their website or telephone.

NOTED.

13/11/9 DATES OF MEETINGS FOR 2014

7.00 – 9.00 p.m. in The Maureen Taylor Conference Suite, Stockton Riverside College on:

Tuesday, 14 January 2014
Tuesday, 11 March 2014
Tuesday, 13 May 2014
Tuesday, 15 July 2014
Tuesday, 16 September 2014
Tuesday, 18 November 2014

RECEIVED.

13/11/10 REPORTS FROM REPRESENTATIVES

There were no reports from representatives.

NOTED.

13/11/11 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 10.09.13)

11.09.13	Fuel planning meeting @ Darlington AT office – Janice Foster
12.09.13	Tees Medicine Management Committee, Teesdale House – Julie Birch
19.09.13	DDT AT/LMC Liaison Meeting @ Darlington – Janice Foster / Julie Birch
25.09.13	ST CCG Urgent Care Meeting @ NOHV – Janice Foster
01.10.13	H&S CCG Urgent Care Meeting @ Billingham – Janice Foster
02.10.13	111 Clinical Gov Meeting @ Teesdale House – Janice Foster
02.10.13	NE Regional LMC @ Washington – Janice Foster / Julie Birch / Iain Bonavia
04.10.13	Tanja Braun, Public Health re Sexual health commissioning @ LMC office – Janice Foster
07.10.13	BMA NE Regional Council AGM @ Washington – Julie Birch
08.10.13	LMC / ST CCG Liaison Meeting @ NOHV – Janice Foster
09.10.13	LMC Training Day @ YOR LMC, York – Janice Foster
16.10.13	NE Regional Roadshow @ Newcastle – Janice Foster
17.10.13	Redcar & Middlesbrough Practice Managers Development Day @ MTLC – Janice Foster
24.10.13	Langbaurgh Practice Managers Meeting @ Manor House – Janice Foster
29.10.13	Fuel Planning Meeting @ Darlington AT offices – Janice Foster
04.11.13	H&S CCG Care Home Group, CCG Billingham offices – Janice Foster
06.11.13	Immunisation Group @ DDT AT Darlington – Janice Foster
07.11.13	Developing Federations @ Newlands Medical Centre – Julie Birch
12.11.13	LMC / ST CCG Liaison Meeting @ NOHV – Janice Foster / Julie Birch
12.11.13	LMC Board Meeting @ Stockton Riverside College

RECEIVED.

13/11/12 ANY OTHER NOTIFIED BUSINESS

13/11/12.1 Members to notify LMC of items for inclusion on Agenda

Members **AGREED** that it would be helpful if they were asked, prior to the Agenda being finalised, if they had any topic they wished discussing at meetings.

13/11/12.2 LMC Conference 2014

• **Attendees at LMC Conference 2014**

The Secretary explained that CLMC had been allocated 3 places at the LMC Conference which would take place on Thursday/Friday, 22/24 May 2014 in York. Normally the Chairman, Vice Chairman and Secretary attended but he would be attending in his GPDF capacity which left a vacancy. Dr McMahon expressed an interest. It was **AGREED** that the matter be put on the Agenda for the next meeting on 14 January to allow further discussion but in the meantime the form would be returned to BMA with the three names/addresses inserted.

• **Funding for attendance at LMC Conference 2014**

GP attendees at the LMC Conference had previously received £400 per day for backfill, or the cost of a locum (invoice to be sent direct to CLMC office for payment). It was **AGREED** that payment should follow GPDF guidelines of £440 per day and future payments would mirror those of the GPDF.

- **Out of pocket allowance for attendance at LMC Conference 2014**

It was **AGREED** that GP attendees would receive £50 per day out of pocket expenses while attending the LMC Conference.

13/11/12.3 Care.data Initiative

A South Tees GP voiced great concern at the care.data initiative. NHS England had commissioned the Health & Social Care Information Centre (HSCIC) to extract information from GP records which included NHS number / DOB / post code / data from all care settings "to ensure that commissioners and providers obtain a more complete and balanced picture of the care being delivered to NHS patients". Originally practices were informed they had just 8 weeks to inform their patients this would be happening. Consent of the patients would be implied not explicit. At that time there was to be no national campaign. The 8 week deadline has been extended (estimated to be March 2014 before data extraction) and commencing in January 2014 there is now going to be a nationwide leaflet drop with data extraction commencing in Spring 2014. Practices will be notified prior to data extraction commencing. Patients can voice their objection to the extraction via email, letter or telephone. There is grave concern that the information extracted will be sold commercially. Practices have not been issued with sufficient leaflets for their patients (hundreds received as opposed to thousands needed).

The Development Manager had issued a number of emails to practices/GPs regarding care.data to keep them up to date with the latest information, including a telephone number to obtain more patient leaflets, and was more than happy to re-issue them if necessary.

Practices were urged not to wait until January to inform patients but be pro-active such as, for example:

- Provide information to patients at reception or via clinical staff
- Provide information in visible locations such as the waiting area / washrooms (posters)
- Include information with repeat prescriptions
- Place information on practice website and online appointment booking pages where possible
- Use practice newsletters to provide information
- Use Patient Participation Group to help raise awareness
- Provide information to new patients on registration
- Have opt-out forms ready for patients to sign as an audit trail
- Commence putting read codes on now if a patient dissents and if a patient changes their mind then read codes can be amended accordingly to allow future extraction to be stopped / commenced as appropriate.

The LMC does not advise practices to unilaterally put opt-out codes on all patients records.

NOTED.

13/11/13 RECEIVE ITEMS

13/11/13.1 Medical List

Applications:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
05.09.13	Dr S Y Hameed	Havelock Grange Practice <i>Change in status from Salaried GP to Partner.</i>	Hartlepool
03.10.13	Dr Y C K Y H Wah (known as Dr M Young)	Wynyard Road PCC <i>Salaried GP.</i>	Hartlepool
11.11.13	Dr H H El-Sherif	McKenzie House Surgery <i>Change in status from Salaried GP to Partner.</i>	Hartlepool
01.11.13	Dr R Rashid	Thornaby & Barwick M G <i>Salaried GP.</i>	Stockton
21.10.13	Dr D R Viva	Norton Medical Centre <i>Partner.</i>	Stockton
12.11.12	Dr M B Farrell	Stockton NHS Healthcare Centre <i>Salaried GP. APMS. Late notification.</i>	Stockton
22.08.13	Dr P J Heywood	The Linthorpe Surgery <i>Change in status from Salaried GP to Partner.</i>	Middlesbrough
01.10.13	Dr J R Geldart	Borough Road & Nunthorpe M G <i>Returning from superannuation break.</i>	Middlesbrough
12.08.13	Dr O Johnson	Resolution Health Centre <i>Salaried GP. APMS.</i>	Middlesbrough
01.11.13	Dr B J Coapes	Park Surgery <i>Salaried GP.</i>	Middlesbrough
12.08.13	Dr O Johnson	Marske Medical Centre <i>Salaried GP. APMS.</i>	Langbaugh
24.10.13	Dr V Srinath	South Grange Medical Centre <i>Salaried GP.</i>	Langbaugh

Resignations:

<u>Effective Date</u>	<u>Name</u>	<u>Partnership</u>	<u>Practice Area</u>
29.09.13	Dr J R Geldart	Borough Road & Nunthorpe M G <i>Taking superannuation break. Returning 1 October 2013.</i>	Middlesbrough

30.11.13 Dr D Donovan Martonside Medical Centre Middlesbrough
Retirement. Partner.

31.10.13 Dr B Coapes South Grange Medical Centre Langbaugh
Resigned. Salaried GP.

RECEIVED.

**13/11/13.2 Change of name
Communication from Contractor Services, DDT Area Team**

"Please note that Dr K A V Snowden, (Riverside Medical Practice, Stockton) has changed her surname to Troy with immediate effect. The email address will change to: karen.troy1@nhs.net."

RECEIVED.

13/11/13.3 Report the receipt of:

GPC Newsletter 2 – Friday, 20 September 2013 - available on www.bma.org.uk
GPC Newsletter 3 – Friday, 18 October 2013 - available on www.bma.org.uk
GPC Newsletter 4 – Friday, 31 October 2013 - available on www.bma.org.uk
North East & Cumbria LMC minutes of meeting held on 3 July 2013.
Sunderland LMC minutes of meeting held on 3 September 2013
BMA NE Regional Council minutes of meeting held on 7 October 2013
Royal Medical Benevolent Fund – Autumn 2013 Newsletter

RECEIVED.

13/11/13.4 Date and time of next meeting

**Tuesday, 14 January 2014 : 7.00 p.m. : The Maureen Taylor Conference Suite, Stockton
Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.**

RECEIVED.

There being no further business to discuss, the meeting closed at 8.55 p.m.

Date: Chairman: