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 first Annual General Meeting of the Board of Directors of Cleveland LMC Limited commencing at 7.00 p.m. on Tuesday, 10 September 2013 at The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.

Present:	Dr I Bonavia (Chairman)	Dr S H M Arifulla	Dr J-A Birch
	Dr J T Canning	Dr G Chawla	Mrs V Counter
	Dr R Craven	Dr K Ellenger	Dr I Guy
	Dr J Hameed	Dr M Hazarika	Dr M Hulyer
	Mrs C Hurst	Dr E K Mansoor	Dr R McMahon
	Dr N Miller	Dr T Nadah	Dr B Posmyk
	Dr R Roberts	Dr N Rowell	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

13/09/1 APOLOGIES

Apologies had been **RECEIVED** from Dr W J Beeby, Dr M Betterton, Dr A Boggis, Dr S Byrne, Dr D Donovan, Dr H El-Sherif, Dr J Gossow, Dr M Guy, Dr C Harikumar, Dr H Lamprecht, Dr H Murray, Dr O Sangowawa and Ms A Wilson.

13/09/2 MINUTES OF THE MEETING HELD ON 9 July 2013

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

13/09/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

13/09/3.1 Workload in General Practice (GP appointment demand & increase in workload)
Ref Minute: 13/05/13 & 13/07/3.1

ST CCG and H&S CCG had contacted Tony Roberts regarding the possibility of commissioning an independent report about GP workload on Tees especially with a view to identifying and quantifying secondary to primary care shift.

NOTED.

13/09/3.2 Consultation on centralising critical care and emergency medicine services, University Hospital of North Tees
Communication from Ms Ali Wilson, Chief Officer, H&S CCG
Ref Minute: 13/07/6

The LMC Development Manager contacted H&S CCG to seek assurance that there was adequate capacity available on the single site to accommodate this centralisation. The following response was received from H&S CCG Chief Officer:

"The issues you raise are, of course, of great interest to the CCG and the issue of capacity at the North Tees site is discussed regularly at our steering group meeting which oversees the consultation process.

The CCG are also setting up a specific clinical quality group to receive the appropriate assurances from the Trust in relation to issues raised by NCAT which includes the capacity at the North Tees Hospital.

This assurance will form part of the examination of the case for change and the consultation outcome at our decision-making meeting on 3 September. We will be pleased to provide you with the information you require following this meeting."

The H&S CCG Chair explained that the meeting had taken place on 3 September where agreement was given to support the Trusts proposals for a change of services. Bed capacity had been reviewed:

Before proposed changes - Hartlepool	190	After changes - Hartlepool	-55
Before proposed changes – North Tees	408	After changes – North Tees	530
TOTAL before changes	598	TOTAL after changes	585

There was the provision of opening up beds or commissioning beds in the private sector if needed. Copies of minutes of the meeting could be provided, if necessary.

NOTED.

13/09/4 IMPROVING GENERAL PRACTICE – A CALL FOR ACTION
Consultation being undertaken by NHS England

Members had been sent a copy of the slides presentation on the consultation currently being undertaken by NHS England which states that its "*aim is to enable general practice to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources. This forms part of the wider Call to Action that NHS England launched in July 2013".*

The main purpose of this Call to Action is to stimulate debate in local communities – amongst everyone who works in general practice (including partners and sessional GPs, practice nurses and practice managers), CCGs, health and wellbeing boards and other community partners – as to how best to develop general practice services. The Committee members were invited to consider the issues to allow a response to be made to NHS England and to inform the GPC of local views.

A very lengthy discussion ensued. Points raised included:

- Government is muting plans for GPs to look after patients in hospital and to organise the patient care

- Workforce versus workload – not sufficient GPs
- Training in general practice – so much variability in secondary care means lack of balance; there should be a reduction in number of secondary placements available
- On what basis are they suggesting GPs need a more structured career?
- Length of GP training and good quality GP training
- Doctors are losing income – if practices are expected to train new GPs they should receive adequate funding
- Trusts pay an element to train doctors but this does not come out of their income whereas it does to GPs in practice
- Practices used to get a training budget but this ceased under nGMS and the expense is now funded by practices; training practice nurses is very difficult because of lack of local courses
- GPs in practice are having to change all the time so it is difficult to plan for the future
- Health outcomes are better in situations where the GP has an ongoing relationship with the patient
- Attracting people into general practice is difficult because a disproportionate number of applicants are looking at secondary care
- Government is complaining about lack of patient access to GPs
- Many patients visit A&E or Walk-In Centre instead of GP because they choose to do so as it is easier or nearer for them
- Hospital doctors should assess the patient and refuse to treat them as their visit is inappropriate and tell them to visit their GP
- Hospitals get paid for the number of admissions they make
- A&E should be penalised for treating inappropriate patients
- Is it mostly junior doctors in A&E out of hours?
- Patients must be educated to cease going to A&E and to visit their own GP or a Walk-In Centre
- If access to A&E is reduced, can practices cope with the extra pressure this will create?
- Government is wanting patients to have 24/7 access to a named GP
- Patients need to be better able to manage their medical illness
- It is not up to GPs to modify patient demand
- Government has raised people's expectations of what to expect from GPs and needs to take responsibility for the demand they have created
- There appears to be nothing in the consultation about lack of access to secondary care i.e. hospital out-patients appointments
- GPs cannot provide more access without more resources in order to maintain safe care
- GPs already working flat out
- Is QOF relevant? It needs to come into practices in another way. It is information gathering only
- Enhanced services – are they worthwhile? Practices have to develop new systems in order to obtain the funding. A lot of work for little reward.
- Productive General Practice programme is finding a new way of working – seeing the right person at the right time – it is pandering
- Patients may leave your practice because they cannot get what they want and go to another practice because they will get what they want – funding will follow that patient
- Practices are putting in more effort and reducing overall spend for their patients but are not getting anything back in return from CCG
- There are lots of short term schemes available but long term schemes are needed so that practices can afford to take on a new long term partner/Salaried GP rather than someone for just over 2 years as this will lead to redundancy payment complications
- Shift of resources into community services but never into general practices; more community services leads to more duplication
- Too much bureaucracy and not enough payment is why practices opt out of things

Dr Canning **AGREED** that he would put some comments together and circulate them to members for consideration prior to submission to NHS England.

Federations and mega-partnerships were lightly touched upon. GPs must ask where they want their practice to be in the future in this increasingly competitive industry. It was **AGREED** that the LMC would attempt to arrange an event with knowledgeable external speakers to explain Federations and mega-partnerships to GPs and Practice Managers.

13/09/5 ANNUAL ACCOUNTS OF CLEVELAND LMC LIMITED
From June 2012 (when company commenced trading) to 31 March 2013 (year end)

Members had been sent copies of the year-end accounts for Cleveland LMC Limited and Cleveland Local Medical Committee, which were **RECEIVED**.

13/09/6 GP HEALTH USAGE OF SERVICE 2012-2013
Communication from Dr L Dobson, GP Health (funding ceased 31.3.13)

"As you will note there has been an increase over the last year, which would have been greater had we not had to suspend the service after 1.4.2013 due to lack of funding."

	Number of clients		**Number of sessions**	
	2012/13	**2011/12**	**2012/13**	**2011/12**
Psychiatry New clients	10 3	9 0	53	33
Counselling New clients	5 1	11 1	104	106
Psychology Treatment	0	1	0	3
Cognitive Behavioural Therapy	7	1	48	6
Medical Consultations with OCH Dept, North Tees Hospital	0	1	0	1
Medical Consultations with Directors	Approx 36		12	
Mentoring	1	3	3	13

RECEIVED.

GPs seeking help tended to have increased rather than decreased. CLMC had pursued obtaining funding from NHS England who had refused. If a doctor was working in secondary care then there was access to occupational health contained within the Trust budget, whereas in primary care this funding was not available. CCGs should be willing to address the issue as part of their role in improving the quality of primary care as it will maintain the workforce and ensure continuity of care for patients. GPs were under more stress than ever and CCGs did not seem prepared to let GPs know that they valued their physical and mental welfare.

The H&S CCG Chair said that CCGs were thoroughly scrutinised on their spending and the public were highly sensitive of CCGs paying for services outside of the normal contractual remit.

The ST CCG Chair said that it was understood that occupational health provision should be the remit of the Area Team who had interpreted the regulations as only providing funding for GPs if there were performance issues. CCGs had put continual pressure on the Area Team to reconsider their decision, without success. The LMC Secretary pointed out that the Area Team would obtain an occupational health report on someone going through performance issues but not provide treatment or support.

The ST CCG Chair said that his CCG had agreed that those people who had already commenced treatment pre-1 April 2013 would be funded to completion.

The Secretary commented that occupational health for GPs was a national problem but it was only in this area that services had been withdrawn because of lack of funding. Members felt that CCGs should provide the funding for GP occupational health services in the area.

A suggestion was made that CLMC consider charging all practices a levy to fund occupational health services for GPs in the future (estimated to be £50/60,000 p.a.).

NOTED.

13/09/7 ELECTION OF OFFICERS TO NORTH EAST & CUMBRIA REGIONAL LMC Communication from NE & Cumbria LMC

"Following elections for Officers of North East & Cumbria Regional LMC, the following were elected unopposed:

Chair - Roger Ford
Vice-Chair - Julie Birch
Honorary Secretary - Ken Megson"

Dr Birch was **CONGRATULATED** on her appointment as Vice Chair to North East & Cumbria Regional LMC.

13/09/8 REPORTS FROM REPRESENTATIVES

No reports had been received.

NOTED.

13/09/9 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 09.07.13)

31.07.13	Meeting at Woodbridge Practice, Thornaby re Lease – Janice Foster
31.07.13	ST CCG Urgent Care Meeting @ NOHV – Janice Foster
07.08.13	Flu Immunisation Meeting @ Barnard Castle – Janice Foster / David Robertson / Area Team
13.08.13	Influenza Steering Group @ Teesdale House – Julie Birch
23.08.13	Enhanced Service Review @ Teesdale House – Janice Foster
02.09.13	Care Home Project Group @ CCG Billingham – Janice Foster
03.09.13	Task & Finish Group @ DDT AT Rapier House – Janice Foster
03.09.13	H & S CCG Urgent Care Meeting, CCG Billingham – Janice Foster
04.09.13	111 Clinical Governance Meeting @ Teesdale House – Janice Foster
04.09.13	ST CCG Urgent Care Meeting @ NOHV – Janice Foster
10.09.13	LMC/ST CCG Liaison Meeting @ NOHV – Janice Foster / Julie Birch

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13/09/10 ANY OTHER NOTIFIED BUSINESS

There was no other business.

NOTED.

13/09/11 RECEIVE ITEMS

13/09/11.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
14.08.13	Dr R G Moody	Havelock Grange Practice	Hartlepool
Returning from 24 hour retirement.			
01.08.13	Dr F Albouz	Woodbridge Practice	Stockton
Change in status from Salaried GP to Partner.			
02.09.13	Dr D B Gowda	Woodbridge Practice	Stockton
Salaried GP.			
02.09.13	Dr D I G Pocock	Woodbridge Practice	Stockton
Salaried GP.			
01.09.13	Dr H Jafari	Thornaby & Barwick Med Group	Stockton
Partner.			
07.08.13	Dr A Corbett	Park Lane Surgery	Stockton
Partner.			
02.12.13	Dr A McKenna	Tennant Street Medical Practice	Stockton
Returning from superannuation break.			
09.09.13	Dr J W Elliot	Manor House Surgery	Middlesbrough
Salaried GP.			
01.09.13	Dr M Alagarsamy	Crossfell Health Centre	Middlesbrough
Salaried GP.			
12.08.13	Dr O Johnson	Resolution Health Centre	Middlesbrough
Salaried GP. APMS.			
01.09.13	Dr S Singh	The Discovery Practice	Middlesbrough
Partner.			
06.09.13	Dr S S Kokri	The Discovery Practice	Middlesbrough
Partner.			
06.08.13	Dr A B Ferrer	Hemlington Medical Centre	Middlesbrough
Salaried GP. APMS.			
10.10.13	Dr R N Bhattacharyya	Albert House Clinic	Middlesbrough
Returning from superannuation break.			
01.09.13	Dr B B Kandikonda	Newlands Medical Centre	Middlesbrough
Partner.			

01.08.13	Dr J A Angus	Newlands Medical Centre	Middlesbrough
Change in status from SGP to Partner.			
12.08.13	Dr O Johnson	Marske Medical Centre	Langbaurgh
Salaried GP. APMS.			

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
10.10.13	Dr D R Viva	McKenzie House Practice	Hartlepool
Resigned. Salaried GP.			
10.09.13	Dr H M Trimming	Wynyard Road Primary CC	Hartlepool
Resigned. Salaried GP. APMS			
12.08.13	Dr R G Moody	Havelock Grange Practice	Hartlepool
24 hour retirement. Returning 14.08.13			
13.06.13	Dr K S Tailor	Tennant Street Medical Practice	Stockton
Resigned: Salaried GP.			
30.09.13	Dr S M Finnie	Queens Park Medical Centre	Stockton
Retired. Partner.			
01.11.13	Dr A McKenna	Tennant Street Medical Practice	Stockton
Superannuation break. Returning 02.12.13			
31.08.13	Dr F K Tunio	Elm Tree Surgery	Stockton
Retiring. Partner.			
16.08.13	Dr A Grainger	Discovery Practice	Middlesbrough
Resigned. Partner.			
31.08.13	Dr J W Elliot	Discovery Practice	Middlesbrough
Resigned. Partner.			
30.06.13	Dr J S Villaret	Hemlington Medical Centre	Middlesbrough
Resigned. Salaried GP. APMS.			
31.08.13	Dr S Singh	Oakfield Medical Practice	Middlesbrough
Resigned. Partner.			
08.10.13	Dr R N Bhattacharyya	Albert House Clinic	Middlesbrough
Superannuation break. Returning 10.10.13.			
31.12.13	Dr S S Khair	The Erimus Practice	Middlesbrough
Retirement. Partner.			
24.07.13	Dr N Simpson	The Manor House Surgery	Langbaurgh
Resigned. Salaried GP.			

RECEIVED.

13/09/11.2 CLMC Workforce Survey Results for Tees area
Survey carried out by LMC Development Manager

RECEIVED.

13/09/11.3 Fulcrum – removal of patients outside of practice area
Communication from Tina Pinkney, Fulcrum Manager/Partner

"We were decommissioned from providing drug treatment services in the Eston corridor on 31 March 2013. Following this we liaised with David Steel at DDT AT around closure of our branch site at Low Grange Health Village, which we did eventually close at the end of May 2013.

The patients that we continue to serve from the Eston corridor for medical services only are predominantly from very deprived backgrounds and have the usual attendant problems and the problems associated with drug use. We were able to manage these problems appropriately before we were decommissioned as patients' drug treatment necessitated relatively frequent contact with our staff, which enabled us to ensure that they also received appropriate primary care services. We had a high degree of personal follow-up for each patient and in addition the services were provided close to where the patient lived, both important factors in providing high quality health care for patients from deprived backgrounds.

As we no longer have our premises over at Low Grange we are now struggling to engage patients in attending for the primary care services needed for this group - both because of the distance the patients have to travel, and secondly because we no longer have the opportunity to engage with them through the provision of opiate substitute prescribing. We have encouraged patients to move on and register with other local practices. Where the patients have not registered with another practice we are now in the position where we need to write to all of these patients and advise them they will be de-registered with Fulcrum. We will be notifying all neighbouring practices as these patients will be seeking to register elsewhere.

It is disappointing that we need to take this course of action, however, it is a consequence of the decommissionign decision by DDT AT."

RECEIVED.

13/09/11.4 New Medical Team in place at Butterwick Hospice, Stockton on Tees
Communication from Carole Harrison, Director of Clinical Services

"The purpose of this letter is to up-date you in regards to medical staffing at Butterwick Hospice Stockton.

I am delighted to inform you that we have successfully recruited two Hospice Physicians who are now in post at the Hospice.

Dr Rebecca MacKinnon works Monday-Wednesday, and is a very experienced GP who has been working in Scotland, and providing palliative care to patients in the community liaising closely with the hospice in the Highlands.

Dr Maria Miles works Tuesday-Friday, and is a very experienced palliative care physician with extensive experience of working in hospice care and holds the Cardiff Diploma in Palliative Medicine.

We are also looking forward to the commencement of the new Palliative Care Consultant at North Tees and Hartlepool, who will recommence the THREE sessions to Butterwick Hospice previously provided by Professor Edwin Pugh, prior to his retirement in December.

Now that our new medical team is in post, our referral criteria will include patients with more complex palliative, supportive and end of life care needs and we therefore welcome referrals from you. If you wish to discuss a particular patient's needs or seek advice re palliative or supportive care for a patient, please contact our team at the Hospice.

I would be grateful if you could disseminate this information to the relevant people within your team."

RECEIVED.

13/09/11.5 Report the receipt of:

GPC News – Issue 1 – Friday, 19 July 2013 - available on www.bma.org.uk
RMBF Annual Review 2012-2013
Sunderland LMC's minutes of meeting held on 18 June 2013

RECEIVED.

13/09/11.6 Date and time of next meeting

Tuesday, 12 November 2013 : 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 8.30 p.m.

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