



# 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  
Recruitment & Retention Coordinator: Mrs A Mackenzie-Brown

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.05 p.m. on Tuesday, 10 January 2017 in The Maureen Taylor Conference Suite, Stockton Riverside College TS17 6FB.

**Present:**

Dr S H M Arifulla	Dr W J Beeby	Dr J A Birch
Dr J T Canning	Dr K Chandrasekaran	Dr G Chawla
Mrs V Counter	Dr R Craven	Mr S Donlan
Dr S M Ellahi	Dr K Ellenger	Dr S Garud
Dr J Grainger	Dr M Hulyer	Dr E K Mansoor
Dr R McMahon	Dr B Posmyk	Dr R F Roberts
Dr S Selvan	Dr P Singh	Dr M Speight
Dr J Walker	Dr S Zaman	

**In attendance:** Ms J Foster: Chief Executive  
Mrs J Jameson: Office Administrator  
Mrs A Mackenzie-Brown: Recruitment & Retention Coordinator

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Chairman welcomed the new board members to the meeting.

## 10/01/1 APOLOGIES

Apologies had been **RECEIVED** from Dr T Bielby, Dr T Nadah, Dr H El-Sherif, Dr J Berry, Dr S Gandhi, Dr A Terli, Dr N Miller and Dr Tanya Brown.

### NOTED.

## 10/01/2 MINUTES OF THE MEETING HELD ON 1 November 2016

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

## 10/01/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

### 10.01.3.1 Consultant to Consultant (C2C) Referrals – HaST CCG

Dr Posmyk provided an update on the HaST CCG position with regard to C2C referrals

- HaST CCG acknowledged work, capacity and safety concerns voiced by practices

- Positive outcomes of this approach were also cited e.g. expediting of urgent matters that did not meet the 2 week wait criteria
- Recognition of lack of clarity on processes and communication of positive and negative elements

**Action:**

- HaST CCG to discuss, internally, further, consider issues and provide communication to practices and processes and resolutions to issues

**10/01/4      STANDING ITEM: WORKLOAD AND CAPACITY  
DATE PROTECTION AND DATE SHARING. Including managing appropriate protocols, sharing agreements and child protection/DPA records. (circulated)**

Data sharing queries to the CLMC office are increasing. This is a complex area; particularly in the changing NHS where many organisations and individuals provide, govern, manage and extract data for a raft of purposes. The Secretary provided a brief summary on the contractual obligations for practices as data controllers. Discussion followed including:

- Data protection and sharing is complex; practices should use a cautious approach, with safeguarding in place, ensuring processing data lawful, reasonable and fair
- Liabilities - the GP practice/Caldcott Guardian is ultimately the data controller responsible for patient records and answerable to the Information Commissioners Office (ICO)
- Charging for copies of records – currently a fee can be charged, where appropriate, in accordance with the Data Protection Act; however, as of 1 April 2018 practices can no longer charge patients for copies of their medical records. Consideration of providing electronic records to negate print and delivery costs was voiced
- Consent – patient consent should always be sought where appropriate and when consent is provided by a third party e.g. insurance company, it is advisable to ensure the patient is clear as to what they are consenting to share e.g. full or partial record
- Use of agents – practices can instruct an agent to act on their behalf in managing, processing and analysing data where there is an appropriate policy/document trail and the practice retains overall control
- Sharing with other providers and commissioners – mounting pressure to share data and records; however practices should note they must have a lawful basis for doing so and the practice is liable for any loss/misuse of data provided. Default should be to obtain patient consent, including clarity as to what will be shared with whom
- Withholding information – third party information should never be disclosed; nor should information that may be harmful to the patient. Where patient identifiable information is shared there must always be consent or a lawful basis for sharing without consent
- There is a difference between data trawling and data sharing; the former is increasingly popular with commissioners and causes concern with regard to consent as it is rarely for direct patient care purposes
- Concerns with regard to the number of clinicians outside the practice whom have access to and ability to write within the patient record – who is the data controller in these circumstances? Should the practice be the data controller in the multi-provider NHS system
- Advice varies across legal bodies; ultimately the ICO decision is final and the practice is answerable to this.
- Impossible to give advice to cover all circumstances; each request should be considered on own merits
- Members recognise the benefits of data sharing for direct patient care; objection lay with data trawling for finance/information gathering purposes

**Action:**

- CLMC to provide overarching, generic advice to practices
- CLMC to explore contracting models with the CCGs to ensure clarity for data sharing/trawling elements entailed and assurance on data sharing protocols

- CLMC to contact the Trainee Scheme to ensure patient consent and data sharing is covered
- CLMC to explore commissioner funding to enable practices to write to all patients where explicit consent is required to meet the terms of a contract
- CLMC to raise with CCGs issue of multiple patients' details on one document/letter from providers e.g. siblings included in one letter; one patient per letter principle to safeguard for data sharing

**10/01/5      STANDING ITEM: RECRUITMENT AND RETENTION  
National Occupational Health update**

The National Occupational Health Service commenced January 2017

- The Hurley Group in London won the contract to cover the whole country
- Access is self-referral only via telephone call or email
- This is a completely confidential service
- Information to be live on websites later in the month

**Action:**

- CLMC to upload information on CLMC website

**10/01/6      LMC ANNUAL CONFERENCE 2017  
Thursday / Friday, 18/19 May 2017: Edinburgh**

**10/01/6.1      Attendees at LMC Annual Conference – 1 representative sought**

CLMC are allocated three seats at the LMC Annual Conference which will take place on Thursday / Friday, 18/19 May 2017 in Edinburgh.

- Two attendees agreed in November meeting are the Chairman and Secretary with the chief Executive as an Observer
- Vice Chairman will attending in Agenda Committee capacity
- Chief Executive travel and hotel expenses paid by CLMC
- Expressions of interest for third seat previously sought and responses received from Drs Chawla and El-Sherif

**AGREED:**

- Dr G Chawla to attend as Dr El-Sherif attended in 2016

**10.01.6.2      Funding for attendance at LMC Annual Conference 2017**

2013 agreement that CLMC GP attendees at the LMC Conference should follow GPDF guidelines on reimbursement for backfill or the cost of locum (invoice to be sent direct to CLMC office for payment) and that future payment would mirror those of the GPDF.

**AGREED:**

- CLMC continue to follow GPDF payments

**10.01.6.3      Out of pocket allowance for attendance at LMC Conference 2017**

In previous years CLMC GP attendees received £50 per day out of pocket expenses while attending the LMC Conference.

**AGREED:**

- Attendees continue to receive £50 per day out of pocket expenses

**12/01/7      REPORTS FROM REPRESENTATIVES**

No reports from representatives received.

**12/01/8      MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 01.11.16)**

02.11.16	HaST CCG A & E Delivery Board @ North Tees FT – Janice Foster
03.11.16	QIPCG @ HaST CCG – Janice Foster
09.11.16	VTS Workshop @ Durham University – Janice Foster / Rachel McMahon / Anneli Mackenzie-Brown
10.11.16	Tees Medicines Management Group @ HaST CCG – Julie Birch
10.11.16	Primary Care Meeting with Andrew McMinn @ LMC Office, Yarm – Janice Foster
14.11.16	ST CCG A & E Delivery Board @ ST CCG – Janice Foster
16.11.16	ST Leadership Group @ ST CCG – Janice Foster
17.11.16	ST CCG, PETS Scheme @ ST CCG – Janice Foster
22.11.16	H&SH and LMC Meeting @ Gloucester House – Janice Foster
22.11.16	Billingham Practices Meeting @ Abbey Health Centre – Janice Foster
23.11.16 – 25.11.16	LMC Secretaries Conference @ London – Janice Foster / Julie Birch
28.11.16	CEPN ST CCG Area Bid @ NOHV – Janice Foster
30.11.16	Mathew Flinders RMT Accountants @ LMC Office, Yarm – Janice Foster / Anneli McKenzie-Brown
30.11.16	Primary Care Meeting @ HaST CCG – Janice Foster
30.11.16	ST CCG Governing Body Public Meeting @ ST CCG – Janice Foster
01.12.16	Primary Care Meeting with Andrew McMinn@ ST CCG – Janice Foster
01.12.16	PETS/Leg Ulcers @ Bank House Surgery – Janice Foster
01.12.16	Practice Meeting @ Middlesbrough – Janice Foster
06.12.16	GP Meeting @ LMC Office, Yarm – Janice Foster
06.12.16	Reference Group Meeting @ London – Julie Birch
07.12.16	CEPN Meeting with Julie Bailey @ ST CCG – Anneli McKenzie-Brown
07.12.16	HaST CCG A & E Improvement Board Meeting @ North Tees FT – Julie Birch
07.12.16	BMA Regional Council Meeting @ Gateshead – Rachel McMahon
07.12.16	HaST CCG PETS Scheme @ HaST CCG – Janice Foster
08.12.16	Tees Medicines Management Group Meeting @ NOHV – Julie Birch
13.12.16	LMC and ST CCG Meeting @ NOHV – Janice Foster / Julie Birch
14.12.16	HaST CCG Primary care commissioning Committee @ HaST CCG – Janice Foster
14.12.16	ST CCG Primary Care Commissioning Meeting @ NOHV – Janice Foster
14.12.16	STAR Working Group @ ST CCG – Julie Birch

**NOTED.****10/01/10      ANY OTHER NOTIFIED BUSINESS****10/01/10.1      MULTI-SPECIALITY COMMUNITY PROVIDERS (MCP) CONTRACT**

Discussion around the new MCP contract has been published for consultation (deadline 20 January 2017), with the BMA guidance and NHS England documents and contract circulated to members. Please note: General Practice Forward View, including MCPs, as featured agenda item at CLMC Board meeting in February.

- Members are invited to respond to the consultation directly to NHS England or through CLMC

## NOTED

### 10/01/10.2 AMBULANCE SERVICE

Member reports with regard to ambulance delays within East Cleveland; response times to practices being reported as being very slow e.g. 17hrs following an out of hours calls and another being 4 hours for a blue light call. Clarification sought from the Board as to whether this is a wider issue or isolated to East Cleveland.

- Wider issue of varying degrees across Tees
- Concerns with regard to the ambulance service (NEAS) contacting patients directly to downgrade to a taxi when GP made clinical decision for an ambulance
- Acknowledge pressures for NEAS and balance between this, prioritisation, risk management and liabilities
- Concern GPs reducing ambulance response time requested in anticipation of delays increases pressures
- Important GP ensures patient and carer understand next steps if ambulance is delayed
- Practices should log all issues on SIRMS to ensure trends are detected and investigated
- Concern as to who holds clinical responsibility/liabilities when referral to ambulance has taken place but ambulance is delayed

#### ACTION:

- CLMC to raise issues with NEAS
- CLMC and CCGs to work together to understand NEAS processes, including prioritisation process, and how these can be communicated to assist the service

### 10/01/11 RECEIVE ITEMS

#### 10/01/11.1 Medical List

Please note: Most recent Performers List received Wednesday 21 September 2016. No further updates received

#### 10/01/11.2 Report the receipt of:

GPC Newsletter 3 – 22 November 2016 - available on [www.bma.org.uk](http://www.bma.org.uk)

Sustainability and Transformation Plan (STP) Draft document available on <http://www.southteesccg.nhs.uk/get-involved/sustainability-transformation-plan-stp/>

GPDF Letter to LMCs – December 2016 – see below;

*General Practitioners Defence Fund  
GPC Secretariat, 3rd Floor, BMA House, Tavistock Square, London, WC1H 9JP  
Direct Line: 020 3058 7416 Fax: 020 7383 6406  
Registered as a Company limited by Guarantee. Registered No. 1508388 England.  
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.  
14 December 2016*

**To the Chair, Chief Executive and/or LMC Secretary**

*Dear colleague,*

*Some issues were raised at the LMC Secretaries Conference in relation to changes to GPDF. I hope I can clarify these.*

*The Meldrum report suggested a membership of GPDF which was entirely LMC nominees. The GPDF Board felt that the Company would be unmanageable in the interim period until September 2017 without a core of experienced members, and legal advice was that managing this process in one step was not possible.*

*For this reason it was decided to have the LMC nominees as additional members to the current GPC members of GPDF. Clearly at this stage the LMC nominees could not be existing members and hence currently LMC nominees cannot be GPC members.*

*When all LMC nominees are accepted, under this arrangement, they would be in a position to change the Articles of Association of the Company to exclude the GPC members and then allow their readmission as LMC nominees, if this was the wish of the appropriate majority.*

*Members of GPC Scotland and GPC Wales who are not members of GPC UK are eligible for LMC nomination to GPDF under the current arrangements.*

*I was also asked to outline the implications of LMCs withholding the levy payment to GPDF. I could write a small book on this topic, but in essence they divide into the parochial and the seismic.*

*Nobody wants to remove representative rights of any GPs, but I would not support payment of honoraria or expenses to representatives from non levy paying LMCs.*

*The GPDF funds the central negotiating structure of General Practice. The cost is large, as our annual accounts show, but our Branch of Practice is unique, in that we have annual contract negotiations.*

*Without this funding from the LMCs, this structure would collapse, and it is highly likely that Government would negotiate with other organisations, leading to fragmentation and inequity.*

*Of course the BMA would support a GP Committee, but at a level of funding which would not support our current representation. I enclose a copy of a slide showing some of the output of the GPC executive this year, in addition to negotiating with Government and its proxies, and representing General Practice in a large number of other areas.*

*Please share this letter and attachment with your practices, as I realise that GPC funding is also an issue at practice level.*

*Yours sincerely,*

***Dr Stewart***

**12/01/13.3 Date and time of next meeting**

Tuesday 28 February 2017: 7.00 p.m. The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.

There being no further business to discuss, the meeting closed at 8.25 pm.

**Date.....**

**Chairman.....**