



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 and Retention Coordinator: Mrs A Mackenzie-Brown

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 1 November 2016 in The Maureen Taylor Conference Suite, Stockton Riverside College, TS17 6FB

Present:

Dr W J Beeby	Dr T Bielby	Dr J A Birch
Dr J T Canning	Dr G Chawla	Mrs V Counter
Mr S Donlan	Dr K Ellenger	Dr M Hulyer
Dr R McMahon	Dr N Miller	Dr T N Nadah
Dr B Posmyk	Dr R F Roberts	Dr O Sangowawa
Dr S Selvan	Dr P Singh	Dr M Speight
Dr A Terli	Dr J Walker	

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

02/11/1 APOLOGIES

Apologies had been **RECEIVED** from Dr J Grainger, Dr K Chandrasekaran, Dr S Gandhi, Dr S Zaman, Dr G Fernandez, Dr S Hameed and Dr M Ellahi.

NOTED.

02/11/2 MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2016

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

02/11/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

3.1 Status of General Practice

The Chief Executive provided a brief update of local practice changes since the previous meeting,

- Hemlington Medical Centre is now closed and the list dispersed
- The APMS contracts within South Tees CCG have been reviewed and, as a consequence, Resolution and Marske Medical will be procured as two separate practices under one provider

Lawson Street Practice has an emergency contract in place until January 2017 and HaST CCG will continue to review the service to inform further decisions in January 2017. Hartlepool has three

APMS contracts at The Fens, Hartfields and Wynyard Road; due to expire at the end of March 2017. Following public consultation and full evaluation of the options the Primary Care Co-commissioning Committee made the informed decision to procure one provider to provide services from the two sites of Hartfields and Wynyard Road. This decision is currently with the Secretary of State, following referral by Hartlepool Local Authority.

Additionally, a number of practice mergers and list closures were likely.

Concern was raised as to the dispersal and movement of patients; patients will be given a choice of practices for registration but some practices within the area may not have the capacity to register new patients.

Experience from the recent Hemlington closure was that one practice received 700 new registrations within 6 weeks and the practice found it very hard to cope. Some support and input was provided once the scale of the issue was known; the pharmacist was incredible useful. IT support was still not reliable to ensure new patients' data is transferred and the summarising issue is an immense problem. This has a direct impact on patient care as practitioners have a lack of information, for example they cannot find results or under 5 immunisations. Large patient numbers in these circumstances is unmanageable.

It was **AGREED** the Chief Executive and CCGs would liaise with the practices involved with Hemlington to learn from experiences to help with future practice closures and mergers.

3.2 Sexual Health

The Chief Executive gave a brief update. Cleveland LMC had a positive meeting with Virgin. As a consequence of the negotiations the contract has been altered to mitigate the major issues; it is no longer a requirement to see patients from other practices, the use of Blyth Lillie is no longer required and the funding has changed.

Concern was raised that some practices have not been paid for previous work, some since February 2016; several thousands of pounds of invoices across Tees have not been paid. What are the options practices have?

- 1) Small claim
- 2) Increased invoice, amend invoice with increment of 8% pa + base rate.

The value of the new contract was discussed as to whether it was adequate to make an income taking into account the costs to provide the service, including consumables.

Members were advised this had been raised with Virgin who recognise the LARC element may be an issue, Through negotiations it had been agreed that practices could select to cover part of the service and Virgin will ensure the hubs to cover the remaining services.

Concerns about the possible loss of GP competency within this service and issues were raised with regard to a 2 years wait for the training.

It was **AGREED** Cleveland LMC will look into this and will attend meetings with Virgin to consider the delivery of sexual health services beyond the one year contract.

02/11/4 STANDING ITEM: RECRUITMENT AND RETENTION

The Chief Executive explained that the recruitment and retention post has been extended until 31.03.2017. Feedback received from many practices and individual GPs cited the service and assistance from Mrs A Mackenzie-Brown as incredibly positive; particularly the recruitment and retention support and finding of locums and GPs to fill vacant roles.

By 31.03.2017 Mrs Mackenzie-Brown will provide practices with a number of documents to assist recruitment and retention including recruitment handbooks and recommendations for future projects. In addition to the Tier 2 sponsorship and events that have already taken place Mrs Mackenzie-Brown will look at additional training events,. The revamped CLMC website and branding will also go live.

Board Members were informed the CLMC, ELM and ST CCG joint Community Education Provider Network (CEPN) bid was successful. The £15,000 funding for both 2016/2017 and 2017/2018 will be utilised to develop education and training networks. Cleveland LMC is working with ST CCG on a number of bids that will support each other to gain maximum benefit for practices.

Board Members were informed that H&SH were also successful in their CEPN Bid.

NOTED.

4.1 Occupational Health

The Chairman informed Board Members that GP Health stopped taking new patients from 31st October 2016; they will however continue to support existing clients with ongoing treatment costs until 31st December 2016. As part of the General Practice Forward View, NHS England has commissioned a national service in England that is planned to start in January 2017 and will provide mental health support to GPs. Due to the gap in provision there is need for an interim service to provide support for GPs in Tees. Cleveland LMC will provide an Interim GP Health and Wellbeing Service from the 2nd November 2016 until the 31st January 2017 to ensure local GPs have access to support should it be required.

GPs seeking advice can telephone or email one of the nominated contacts listed on the Cleveland LMC website; CLMC guarantee that every contact will be treated in a strictly confidential manner at all times.

NOTED.

02/11/5 STANDING ITEM: WORKLOAD AND CAPACITY

The Chief Executive informed Board Members that practices in both CCG areas had been successful in obtaining resilience funding; with 7 applications approved within South Tees and 3 successful bids within HaST. Cleveland LMC are trying to obtain a list of the successful practices in order to proactively contact them to provide support; Members were asked to advise the CLMC office if they are aware of the successful applicants.

There is currently no clarity with regard to the level of funding each applicant receives; successful practices are advised to contact NHS England with a solution, what it is going to cost and a provider with the aim to obtain the support as quickly as possible.

Cleveland LMC is registered as a provider for the resilience fund; the primary purpose of this is not to generate income but to ensure practices have the support they require.

NOTED.

02/11/6 Sustainability and Transformation Plans (STP)

The Chairman informed Board Members that Cleveland LMC met with Mr Alan Foster, STP Lead and Chief Executive of North Tees and Hartlepool NHS Trust. and the meeting was positive and

highlighted the value of CLMC in providing insight into general practice, including general practice enablers and barriers to the STP.

The STP covers 3 LMCs but at this time CLMC is leading the LMC representation in discussion with Dr Rachel McMahon the nominated clinical representative for STP work.

Board Members were advised the STP is in the early days of development and the plans had not yet been officially published. Discussion followed considering the enablers and barriers within general practice and how CLMC could be supportive in advising the STP development to ensure the general practice voice was heard.

Mr Foster advised he would welcome the opportunity to attend a CLMC Board meeting when the plans are published .

It was **AGREED** Mr Foster would be invited to a CLMC Board Meeting in 2017.

It was **AGREED** Cleveland LMC would continue to engage with the STP, provide general practice views and keep Members updated.

02/11/7 MEDICAL INDEMNITY

The Secretary spoke to Board Members on what is required around medical indemnity.

Firstly you must know what you are buying. The subscription rate paid by GPs usually varies depending on the amount and type of work undertaken. You need to know what you are doing, various roles and responsibilities; not just your day to day practice role. Taking a new contract? Talk to your indemnifier and pay the new amount if needed. You need to be aware what will happen if you are ill or retire, seeing as medical claims can be made several months or even years after the events that give rise to the claim.

Occurrence-based indemnity means an individual will be indemnified for events that occur whilst they are a member of an MDO, regardless of when the claim is made. Claims-based cover only applies whilst the premium is being paid and requires the purchase of run off cover.

The Winter Indemnity Scheme operates through direct reimbursements and was introduced to help GPs cope with extra demand over the winter period.

Board Members were asked to observe 16.3R with reference to the letter to NHS England re Medical Indemnity Insurance

NOTED.

02/11/8 LEVY INCREASE

Board Members were advised that following review of CLMC finances the Executive had concerns with regard to the level of reserves. A number of internal restructures and office cut backs had taken place but in order to maintain the level of support practices require Cleveland LMC proposed a levy increase of 2p, from 42p to 44p per patient from 1 January 2017.

It was **AGREED** for the levy to increase to 44p from 1 January 2017. The CLMC Secretariat will advise practices of this increase immediately to allow practice budget planning.

02/11/9 LMC ANNUAL CONFERENCE REPRESENTATION 2017

9.1 Attendees at LMC Annual Conference

Two places have been allocated for CLMC at the Annual LMC Conference which will take place on Thursday / Friday, 18/19 May in Edinburgh. Normally the Chairman, Vice Chairman and Secretary attend. The Chief Executive will be attending as an Observer with travel and hotel expenses paid by CLMC.

The Vice Chairman does not need a seat as she will be attend in her GPC role capacity, so it was proposed that the Chairman and Secretary will take the other two allocated seats.

It was **AGREED** that the Chairman and Secretary will take the two seats.

Observers were welcome to attend the conference but CLMC funding would not be available.

9.2 Funding for attendance at LMC Annual Conference 2017

At the CLMC Limited meeting on 12 November 2013 it had been agreed that GP attendees at the LMC Conference should follow GPDF guidelines on reimbursement for backfill or the cost of a locum (invoice to be sent direct to CLMC office for payment) and that future payments would mirror those of the GPDF.

It was **AGREED** this should continue for 2017.

9.3 Out of pocket allowance for attendance at LMC Conference 2017

In 2016 CLMC GP attendees had received £50 per day out of pocket expenses while attending the LMC Conference. Consideration to be given to amount to be paid in 2017.

It was **AGREED** to hold this rate for 2017 .

02/11/10 Review of Charity Payments - THE CAMERON FUND: Christmas Appeal

The 2017 donation to the Cameron Fund was discussed.

The Cameron Fund provides assistance solely to GPs and their dependants in times of need. CLMC pay a donation to the Fund, increased annually by CPI. GPs/practices were able to make individual donations via their website or telephone.

Donation increase following GPI guidelines **APPROVED** by the Board with the amount being made up to the whole pound.

02/11/11 Review of Charity Payments - ROYAL MEDICAL BENEVOLENT FUND: President's Appeal

The 2017 donation to the Royal Medical Benevolent Fund was discussed.

The Royal Medical Benevolent Fund provides 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. GPs/practices were able to make individual donations via their website or telephone.

Donation increase following GPI was **APPROVED** by the Board with the amount being made up to the nearest whole pound.

02/11/12 DATES OF LMC BOARD MEETINGS FOR 2017

Stockton Riverside College, Maureen Taylor Suite: Tuesday: 7.00 p.m

10 January 2017
 28 February 2017 Committee Annual Open Meeting
 9 May 2017
 4 July 2017
 5 September 2017 Limited Company AGM
 7 November 2017

Dr J Walker advised it may be possible for ST CCG to host the CLMC Board meetings within the ST CCG premises in Middlesbrough. This would reduce some CLMC overhead costs. Dr Walker was thanked for this offer and it will be explored.

It was **AGREED** the CLMC Office Administrator would explore this option and advise Members of any change in venue.

2017 meeting dates were **NOTED**.

02/11/13 REPORTS FROM REPRESENTATIVES

No reports from representatives received.

02/11/14 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 06.09.16)

07.09.16	Practice Managers Meeting @ Alma Medical Centre – Janice Foster
07.09.16	2:2 meeting HaST CCG & CLMC @ HaST – Janice Foster / Julie Birch
08.09.16	LMC, CCG and ELM meeting - Community Education Provider Networks @ LMC Office – Janice Foster / Anneli Mackenzie-Brown
14.09.16	Vocare meeting re Indemnity @ Vocare Offices, Thornaby – Rachel McMahon
20.09.16	HaST CCG Primary Care Commissioning In committee meeting @ HaST CCG– Janice Foster
21.09.16	ST CCG Leadership Meeting @ ST CCG – Janice Foster
22.09.16	Partnership Meeting @ LMC Office, Yarm – Janice Foster
22.09.16	Executive Meeting @ LMC Office, Yarm, Janice Foster / Julie Birch / John Canning / Rachel McMahon
23.09.16	Practice Meeting @ HaST CCG Area – Janice Foster
27.09.16	H&SH/HaST CCG RE resilience @ H&SH offices – Janice Foster
28.09.16	Integrated Urgent Care Clinical Leads Event – London - Janice Foster
29.09.16	Practice Meeting @ HaST CCG Area– Janice Foster
05.10.16	HaST Workforce Meeting @ Norton Medical Centre – Janice Foster / Anneli Mackenzie-Brown
06.10.16	HaST Primary Care Workstream @ HaST – Janice Foster
11.10.16	LMC/CCG Meeting @ ST CCG – Janice Foster / Julie Birch

12.10.16	PETS Meeting @ ST CCG – Janice Foster
12.10.16	General Practice Resilience Programme @ ST CCG – Janice Foster
12.10.16	NECR LMC @ Washington – Janice Foster / Julie Birch / Rachel McMahon
13.10.16	YOR LMC meeting @ CLMC– Janice Foster / Anneli Mackenzie-Brown
13.10.16	ST CCG monthly catch up @ CLMC – Janice Foster
19.10.16	Practice / ST CCG Meeting @ ST CCG– Janice Foster
19.10.16	ST CCG Primary Care Commissioning @ ST CCG – Janice Foster
21.10.16	Meeting with Julie Bailey @ ST CCG – Anneli Mackenzie-Brown
25.10.16	HaST CCG Primary Care Commissioning In Committee meeting – HaST CCG – Janice Foster
26.10.16	STP Meeting with Alan Foster @ North Tees & Hartlepool Foundation Trust – Janice Foster / Julie Birch
28.10.16	Better Health Meeting @ Morton Park, Darlington – Janice Foster

NOTED.

02/11/15 ANY OTHER NOTIFIED BUSINESS

02/11/15.1 Consultant to Consultant (C2C) referrals HaST

The Chief Executive had received a large number of emails with regard to C2C referrals; particularly around the HaST CCG policy in place that does not permit direct C2C referrals. The change to national NHS Standard Contract now permits direct referrals, with CCG permission, in recognition of the unnecessary workload burden unnecessary referral through GPs placed on practices. Board Member views were sought on the HaST CCG policy of no C2C referrals.

Lengthy discussion followed where discharge letter issues were raised; these letters are difficult to understand with very little or no information as to why the referral is requested thus requiring GPs to seek further information through the patient or the Trust; creating additional unnecessary work and inconvenience to the patient. Practices regularly receive letters from a Specialty advising GPs to refer the patient to a colleague in same Speciality.

Dr P Boleslaw advised HaST CCG retained this policy as there were concerns that Trust costs would escalate and GPs had an important part to play in ensuring referrals were necessary. Board Members sought data from the Trust or CCG to support the need for GP referrals; recognising the need to gate keep resources as much as possible there was no evidence presented to support the additional burden on general practice.

Board Members highlighted the need to hear the patient voice; the current system is not good for patients, they do not know what is happening and can cause inconvenience and delay it worrying for them. There is a need to help patients get the right care at the right time.

The Vice Chairman informed members that South Tees CCG do not have the same policy in place. ST CCG permit C2C referrals but have clear pathways and guidance to follow, including what has and has not been commissioned. It was agreed there was benefit in both CCGs sharing these pathways.

Dr P Boleslaw **AGREED** to reflect on the discussions and provide feedback at the January CLMC Board.

02/11/15.2 Extended Access LIS – ST CCG

A Constituent requested the discussion of this LIS; specifically the delivery through the federation, The ST CCG Extended Access specification provides for additional general practice appointments available out of hours through 4 GP hubs. The specification requires practices to provide the service through ELM Alliance, funded at £8 per head through the resources freed up following the Urgent Care restructure and closure of the walk in centres in South Tees. ST CCG required service delivery through a federated model as they recognised not all practices are able to provide the extended service and it was important to ensure full population coverage.

Discussion followed around the LIS, the urgent care strategy, consultation and the lack of a GP hub in the Eston area.

In relation to the LIS, the majority of discussion was around the confusion caused by the timing of national announcements and 2 separate funding pots. The, national £6 per head extended access fund is a different resource and details on this are not yet available.

NOTED.

02/11 15.3 Letter received from GPDF

A letter has been received from GPDF requesting each LMC to nominate a person to be a member of the GPDF; the member will attend meetings and vote to elect directors, and this is an unpaid role.

The Chairman proposed the Vice Chairman was the CLMC nominated representative.

It was **AGREED** the Vice-Chairman would be Cleveland LMC GPDF representative.

02/11/16 RECEIVE ITEMS

02/11/16.1 Medical List

Please Note: CLMC Office received a current performers list for our area on Wednesday 21 September 2016.

02/11/16.2 Report the receipt of:

GPC Newsletter 2 - 17 September 2016 – available on www.bma.org.uk

02/11/16.3R Report the receipt of:

Letter to NHS England re Medical Indemnity Insurance

To:
Professor Sir Bruce Keogh
National Medical Director
NHS England

Dr David Geddes
Primary Care Commissioning Lead
NHS England
Sent via Email

Cleveland Local Medical Committee Ltd Registered as a Company Limited by Guarantee. Registered No 07857018
Registered Office: First Floor, Yarm Medical Practice, Yarm TS15 9DD

07 September 2016

Dear Sirs

We write as the Chairs/CEOs of the major medical benevolent charities in the UK. Our organisations exist to assist doctors and their dependents in financial difficulties because of physical or mental ill-health, accident or NHS/GMC suspension. We have noted an increasing number of doctors asking us to help them with the escalating costs of a return to clinical work. This is true for doctors in all branches of the profession but is of particular concern in the case of GPs, where the service has been acknowledged to be under severe strain due to the increasing workload and the problems in recruitment. This is likely to become more acute over the next few years with many expected to retire, in part due to an unacceptable workload. And as you are aware the Government has promised an additional 5,000 GPs by 2020, a figure that appears unachievable.

In that context, assisting all GPs to return to work after a period of time out of general practice for whatever reason seems to be a priority. Our charities are able to give some financial help to such doctors to cope with the additional expenses incurred during times of low or zero income, despite the very welcome improvement following last year's announcement of re-training bursaries. Unfortunately these are not available to all GPs on retraining schemes and our experience is that there is often a considerable delay in making the related payments, such that doctors may not receive any income for several months after starting the retraining posts. One of our applicants, coming back from working in Europe recently experienced a 12 month delay in returning to GP work in the UK, simply because of the need to take the necessary exams and assessments, find a training place, and apply for and secure a bursary. The delay caused considerable financial hardship, for which one of our charities was able to offer financial help. Such a delay is clearly excessive, and we ask that you look into ways to streamline that process.

But our main area of concern is the problems these GPs have encountered in securing adequate medical indemnity cover. Doctors working in hospitals may not need this as they are covered by the Trusts, but those in General Practice are unable to return to the Performers' List or to GP retraining without indemnity insurance. And increasingly we are finding that such GPs are not being accepted by the major Mutual Insurers, the MPS, MDU and MDDUS. They are having to resort to commercial providers at huge cost, and such insurance is often of only temporary use as it does not include 'run-off' cover. That means that unless the doctor pays an additional fee at the end of the insurance period, any future claims received will not be covered, which is disastrous both for the doctors and the many patients who might therefore be denied the compensation to which they may be entitled.

Some of our applicants have been quoted figures of around £25,000 for one year of such commercial indemnity insurance and that is just for 'claims-made' insurance with no run-off cover. That sum will require all of the retraining bursary money, assuming the doctor is eligible for that. Sums of that order are significantly above what any of our charities are able to fund. Our grants are usually much smaller than that, to provide help with living expenses. In the context to the problems of GP recruitment and expected retirements, this additional hurdle is preventing GPs from returning to practice in the UK, and is clearly an area of concern to us, but we suggest should be a major concern to NHS England and the Government. We

are aware that you have been in discussion with the BMA General Practice Committee about this matter. We urge you to reach a solution. This problem is preventing GPs wanting to return to practice from doing so.

These doctors who are retraining are doing so in fully supervised posts, and as such should surely be at a lower risk of complaints resulting in potential compensation costs. Once doctors have passed that retraining period they should be considered a more acceptable risk by the Mutual MDOs. We suggest that it is the responsibility of NHS England to assist with this indemnity cost during the retraining period as the only acceptable way forward to solve this problem, and we ask you to consider the matter, which we believe to be urgent and important in helping to increase GP numbers.

Professor Roger Jones Stephen Crone
DM FRCP FRCGP FMedSci FHEA FRSA Chief Executive
Chair, Royal Medical Benevolent Fund Royal Medical Benevolent Fund

Dr Stephen Linton David Harris
MD FRCP Chief Executive
Chairman, The Cameron Fund The Cameron Fund

Dr Alistair Wells Christopher Titman
MB BS MRCGP DRCOG Administrator

**02/11/16.4R Report the receipt of:
Cameron Fund 2016 Christmas Appeal Letter**

Christmas Appeal 2016

Dear LMC Colleagues

Once again, I would like to take this opportunity to thank LMCs for their vital support during the year. We would not be able to continue our work without you.

A greater number of the applications we receive are now from GPs who are encountering difficulties in returning to work following illness or professional difficulties. We endeavour to tailor financial support, to suit their individual situations, to have the greatest impact and best possible outcome. Often as grants to pay for essential expenditure, but this year there has been a substantial rise in the interest-free loans we have provided – £38,000 more than in 2015. Our finances are under strain at present.

We are proud to witness every beneficiary's return to general practice, and none more so than the case of Dr T, who was finally able to return to clinical work after several years. Dr T first came to the Fund for help in 2009. He had found himself with no income, was struggling to pay the bills, facing eviction over mortgage arrears and bailiffs threatening action over Council Tax arrears. After contributing to mortgage repayments and providing professional Money Advice, the Fund awarded a monthly grant towards essential living costs. We have continued to support Dr T on his eventual return to the Performers' List and gave an emergency loan when his Induction & Refresher bursary was delayed. Dr T was finally cleared to return to practice and with LMC support is now working as a salaried GP again. He writes, *"It is difficult to express in words how much more manageable you have made the last few years and I sincerely doubt I*

would have been able to return to being a GP without the Fund's help... I do not think any of you can imagine the positive impact your words and actions have had on myself, my wife and my children."

As Christmas approaches, we write now asking your LMC and constituent GPs to consider giving generously to the Fund's Christmas Appeal. Your valuable support will mean we can continue to help GPs and their dependents in times of crisis in the year to come. We would be pleased to receive a cheque or bank transfer: CAF Bank, Sort Code 40 52 40, Account No. 00015215.

If you know of colleagues who may be in need of help from the Cameron Fund please tell them to get in touch straightaway.

Finally, may we wish you the very best for the forthcoming festive season and also wish you a happy and healthy New Year.

Dr David Wrigley Treasurer of the Cameron Fund

02/11/16.4 Date and time of next meeting

Tuesday 10 January 2017, 7.00pm: Venue to be confirmed

There being no further business to discuss, the meeting closed at 8.43 pm.

Date.....

Chairman.....