

Annual Report 2006/2007

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

Contents

| | |
|--|------|
| Appraisals | 1 |
| Choose & Book | 2 |
| Enhanced Services/Practice Based Commissioning (Barking & Dagenham) | 3 |
| Enhanced Services/Practice Based Commissioning (Havering) | 4 |
| Fit for Future | 5-6 |
| Good Doctors, Safer Patients | 7 |
| List Cleansing | 8 |
| LMC Annual Conference | 9-11 |
| Mentoring | 12 |
| QOF | 13 |
| Safeguarding Children | 14 |
| Smoking Cessation | 15 |
| Website | 16 |
| Acknowledgements | 17 |
| List of Members | 18 |
| Accounts 2006/2007 | 19 |

Annual Report 2006/2007

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

This Annual Report focuses on the LMC's achievements, negotiations and ongoing projects with both Barking & Dagenham and Havering PCTs. This has been another exceptionally busy year for the LMC with more meetings than we have ever had before covering, amongst other things, level of care at BHRT, Good Doctors, Safer Patients (a report from the Chief Medical Officer (consultation document)), transport for patients, District Nurse and Midwifery services and 28 day repeat prescribing. Our GP population has also increased.

LMC meetings continue to be held on the first Thursday of the month where representative members of both PCTs and BHR Trust attend. We are pleased to inform you that a senior member of BHR Trust now attends the meeting. Bi-monthly meetings with the PCTs also continue to be held. We now also hold regular meetings with BHR Trust to discuss any problems GPs are experiencing with the service they offer.

The Annual Dinner, held on the 18 October 2006, was a great success. The guest speaker at the function was Bill Pirie, a former Police Superintendent, who was very entertaining. We also welcomed Dr Aparna Viswanath who enthralled us with her classical Indian dancing. Aparna is the daughter of our local GP Dr Sudha. Besides GPs and their partners, guests from both PCTs, BHR Trust and recently retired GPs were in attendance.

Before the dinner we welcomed Ros Parkin, a Senior Partner at Lockharts Solicitors, who gave attending GPs an overview of Practice Based Commissioning from a legal point of view.

£150 was donated to The Cameron Fund.

Thanks also go to our Medical Secretary, Dr Madhu Pathak, for her valued support throughout the year and for managing to obtain funding for Mentoring from both PCTs. We also thank Sue Elliott, our Administrative Secretary, and Suzy Iskander, our Administrative Assistant and IT Support, who returned to the office in January following maternity leave. We congratulate her on the arrival of her son.



Appraisals

Barking & Dagenham:-

Last year, all doctors on the Barking and Dagenham Performers' List underwent their annual appraisal. All used the NHS Appraisal website www.appraisals.nhs.uk. The PCT Appraisal Administrator was able to monitor each appraisees progress. They were able to log when an individual doctor had registered with the service following which they could see the date of the appraisal and its completion. The PCT did not have access to confidential information and were unable to view both Forms 3 and 4. Hard copies of the latter document were provided by each appraisee. All appraisees found the website useful.

Several GPs continued to have IT skills in their PDP; indeed, several had this topic over several years indicating that they had not developed this skill area despite having identified it as a learning need! Clearly, Information Technology is of increasing importance and all practitioners should make sufficient time in the year to improve their skills. This lack of skill was the major reason for delays by some practitioners.

The PCT introduced a further change mid-year and are now funding the appraisals for all members of the Performers' List, including locums. However, locums must work in Barking and Dagenham for some of the year. Doctors who have not worked in the locality for 12 months are removed from the Performers' List following a 4 week notice period.

Finally, Barking and Dagenham PCT would like to appoint additional appraisers. If colleagues are interested, they should telephone Eric Saunderson to discuss this further.

Havering:-

The PCT achieved 100% of its appraisal target for 2006/07. Thirteen GP appraisers appraised 101 Principal GPs and 31 non-principal GPs. Feed back on 2006/07 from clinical leads indicate many areas of good practice. Eligibility for appraisal is for principals and salaried GPs, including locums who are on the PCT performers' list and work for at least 60% of their time in Havering practices.

In line with last year, all appraisees will have the responsibility of approaching their appraiser to arrange their appraisal meeting.

It is the PCT's intention to complete this year's appraisal process by mid-February 2008.

The PCT would like to express its appreciation for the on-going support of the LMC to progress its appraisal system.

Choose & Book

Barking & Dagenham:-

The C&B system has undergone a series of upgrades to improve the technical functionality and service to practices. Most practices in Barking and Dagenham are using the system on a daily basis. In particular referrals to PCT Clinical Assessment and Treatment services are made through C&B.

Results of the patient survey demonstrate some increased awareness of patient choice. Where a choice option is made most patients opt for the hospital/service closest to home, as many are elderly and transport links are an important feature of their choice.

In 2006/7 practices were given incentives to use C&B through the Direct Enhanced Service (DES). The DES has been reinstated for 2007/8. The PCT has added to the national scheme by including referral to Clinical Assessment and Treatment Services in payment to practices.

In the face of technical problems with the national system and accessing appointment slots in acute hospitals the PCT has retained dedicated support to practices for C&B in 2007/8. Notwithstanding these problems Barking and Dagenham GPs are using the C&B system to a much greater extent in 2007/8 compared to 2006/7. C&B referrals in Barking and Dagenham are in the upper quartile for the 31 London Primary Care Trusts.

Havering:-

Significant progress was made across Havering in 2006 / 07 in this area even though some system difficulties were experienced and the relocation of hospital services from Oldchurch and Harold Wood to Queen's Hospital presented their own challenges. The CAS was maintained throughout the year and interim arrangements were put in place to help practices and their patients wherever possible.

The PCT has continued to work with its GP practices to support the use of the booking & choice and to optimise referrals made via the system. The outcome of the patient survey indicated that Havering PCT GPs had achieved a better than average positive response rate to the survey questions. Work is currently being finalised on calculating final payments for the DES in this area, which has also been continued into 2007 / 08.

Enhanced Services / Practice Based Commissioning (Barking & Dagenham)

Direct Enhanced Service Practice Based Commissioning 2006/07

Practices in the three clusters in Barking and Dagenham PCT signed up to a joint PBC Plan for 2006/07. In order to qualify for an incentive payment practices were required to:

1. Audit hospital follow up appointments, including consultant to consultant referrals, over a period of one month, to identify areas where activity could be transferred to primary care services. The PCT provided patient level data to practices on a monthly basis to assist with this.

2. Review their activity data alongside that of the Cluster to consider their overall position and discuss how variance could be measured with Practice Based Commissioning Managers during quarterly practice visits.

3. Compile a list of patients who are considered "at-risk" of a hospital admission

41 practices signed up for the DES in 2006/07. Funding of £1.98 per registered patients was available to practices payable in two parts: a Part 1 (aspirational) payment and Part 2 (achievement) payment. In total £130,418 was paid for DES Part 1 and £127,640 for DES Part 2.

Commissioning Incentive scheme 2007/08

The PCT introduced a Commissioning Incentive Scheme for 2007/08, which builds on the DES that was implemented in 2006/07. Practices are able to claim an incentive payment for achieving actions in the following areas:

- 1. Reducing emergency admissions: identifying patients at-risk of an emergency admission using the EARL tool and working with community services on case management.*
- 2. Managing demand: regular review of activity information with the PBC Manager and audit outpatient follow-up appointments over a period of one month to assess the potential for managing patients in primary care.*
- 3. Choose and Book: an enhanced payment for achieving 90% booking of first outpatient appointments and for using Choose and Book for booking an appointment with the Clinical Assessment and Treatment Services.*
- 4. Prescribing: to include targets under the Prescribing Incentive Scheme.*

A total fund of £446,420 is available to practices for 2007/08.

Enhanced Services / Practice Based Commissioning (Havering)

Enhanced Services:

Four New DES were introduced in 2006/07

IM&T DES consists of four components. Forty six practices submitted plans for this service and received payment for component one. A further twelve practices who have migrated to a clinical system hosted by a Connecting for Health approved company have also received payment for component four.

ACCESS DES consists of two components. All fifty two practices submitted plans for working toward delivering the required access areas. Results of the national patient survey are as follows:- Phone Access 28 -100%, 48 hour appointments 40-99%, appointments with specific GP 61-100% and advanced booking 59 - 100%

CHOICE AND BOOKING DES consists of two components. All fifty two practices participated in this DES. Thirty five practices participated in the national patient survey achieving between 32-100%. All practices received payment for agreeing to participate in the C&B system.

Significant progress was made across Havering in 2006 / 07 in this area even though some system difficulties were experienced and the relocation of hospital services from Oldchurch and Harold Wood to Queen's Hospital presented their own challenges. CAS was maintained throughout the year and interim arrangements were put in place to help practices and their patients wherever possible. Work is currently being finalised on calculating final payments for the DES in this area, which has now been continued into 2007 / 08.

The PCT has continued to work with its GP practices to support the use of choice and booking and to optimise referrals made via the system. The outcome of the patient survey indicated that Havering achieved 89% as compared to national average of 94%.

Enhanced Services:-

The seven PBC Clusters submitted a number of proposals to redesign and deliver a range of primary care based services in 2007/8. Following an initial assessment by the PBC review panel, against the criteria identified in the DoH guidance, a number of services were approved for implementation.

Phased implementation of these services has now commenced. Additional services have been implemented in Ophthalmology, ENT, Orthopaedics, and Gynaecology with further services in Dermatology, Rheumatology and Ophthalmology due to commence shortly. In accordance with Department of Health guidance these services are commissioned from 'Willing Providers' and contracts are entered into on a cost per case basis. This encourages plurality of providers, as PBC guidance is clear that patient choice must not be inhibited especially where practices are providing services themselves. Patients should still be offered a choice of other providers of that service and should not feel unduly pressurised to choose the practice as provider.

Following implementation further work will be undertaken to begin the process of repatriation of existing patients, where appropriate from the acute provider setting.

Clusters are now working to address their commissioning priorities for 2008/9.

The PBC budget setting process for 2007/8 has now been agreed with budgets set at practice level on a weighted capitation basis. It has also been agreed that whilst over/under spends will be identified at individual practice level they will be accounted for on a cluster wide basis. Under spending practices will have 70% of their savings allocated to them the following year, on a non-recurrent basis, to be used in line with the principles previously agreed for use of savings.

FIT FOR FUTURE

What is Fit for the Future?

Fit for the Future is a programme to look at the best way of providing health services in the area of outer north east London which is covered by seven NHS organisations. Working together under this single banner are four primary care trusts - Barking & Dagenham, Havering, Redbridge and Waltham Forest; two acute (hospital) trusts – Barking, Havering & Redbridge and Whipps Cross University Hospital; and the North East London Mental Health Trust.

This kind of review is taking place in many parts of the country. A London-wide review of health services has also been carried out. The Fit for the Future proposals reach similar conclusions about future models of health care to those reached in the London-wide review.

The main aim of Fit for the Future is to improve the health of people in this part of London by providing more and better services nearer to where people live.

Why do things need to change?

In recent years there have been many advances in healthcare and changes in the way that people want to receive care. For example, more and more operations can be carried out as day surgery and care that once had to be provided in hospital can be provided in the community, by GPs or community-based nurses.

*One of the NHS priorities is for care to be delivered closer to home, while the consultation carried out for the Government's White Paper, *Our health, our care, our say*, found that people want health and social care services to be built around specific needs with better access to services.*

There are also important local issues that need to be addressed to ensure that services in the area are of the best quality, right for local people and make good use of public money. For example, a lot of patients go to hospitals, perhaps to Accident and Emergency or as outpatients, when treatment locally could be a better option. Resources, too, are important: we need to find more efficient ways of using the expertise and the facilities we already have, and the public money we are allocated, to safeguard healthcare services now and in the future.

We also need to make best use of recent investment in new buildings, for example, the new Queen's Hospital in Romford, the Independent Sector Treatment Centre at King George's Hospital and the new primary care centres across the area.

The story so far

The Fit for the Future proposals were drawn up by the seven trusts after consulting health professionals, patients and the public and looking at evidence about the best ways to run efficient, modern and convenient health services which are based on patient safety, and patients' needs – both now and in the future.

The outcome of this research and deliberation was five options, all of which point to fewer people needing to be admitted to hospital and more investment in services outside hospital and closer to where people live.

Below are the five options for hospital services. All of these options are based on commitment and plans to significantly develop care outside hospital to meet the following needs:

- staying well** and managing minor ailments through improved access to primary care;*
- dealing with a time-limited acute or urgent condition** through extended practice hours and urgent care centres;*
- requiring further diagnostics, therapy, courses of treatment** by providing specialist consultations and diagnostic services alongside primary care services locally;*
- living with a long term condition** by developing community based support teams;*
- worsening of long term conditions** by providing effective case management and support for management of acute episodes;*
- end-of-Life care** by providing better co-ordinated home based support and other alternatives to hospital.*

Fit for Future cont/d.....

Option 1

- Queen's Hospital as main acute hospital
- Whipps Cross and King George Hospitals remain as district general hospitals (DGHs)
- Independent Sector Treatment Centre (ISTC) at King George Hospital (the centre performs operations such as hip replacements)

Option 2

- Queen's Hospital as main acute hospital
- Whipps Cross Hospital – focusing on emergency care
- King George Hospital – focusing on elective (planned) care
- ISTC at King George Hospital

Option 3

- Queen's Hospital as main acute hospital
- Whipps Cross Hospital - elective focus
- King George Hospital - emergency focus
- ISTC at King George Hospital

Option 4

- Queen's Hospital as main acute hospital
- Whipps Cross Hospital - full DGH
- King George Hospital – ambulatory care centre (day treatments and surgery, outpatients and diagnostic services)
- ISTC at King George Hospital

Option 5

- Queen's Hospital as main acute hospital
- King George Hospital as full DGH
- Whipps Cross Hospital – ambulatory care centre
- ISTC at King George Hospital

What's happening now?

Work is currently underway to refine and develop the plans for care outside hospital; and to update our forecasts about the level of capacity and financial resource which would be required.

Other reviews are looking at the health and equalities impacts of Fit for the Future.

Alongside this work, the main proposals are being examined by an independent expert, Professor Sir George Alberti, on behalf of the Department of Health. Professor Alberti is checking to make sure that the plans are workable and based on good evidence. His overriding concern is that local health services should be of high quality and safe.

As part of this clinical review, Professor Alberti and his team have visited trusts, spoken to staff and met with patients and the public. He will finish his report in September and Fit for the Future will be updated to take account of his findings.

Discussions are also taking place with other organisations who will be affected by any changes such as local authorities, the health organisations in neighbouring areas and Transport for London.

What happens next?

Once Sir George's report and the other reviews are completed and incorporated into Fit for the Future, local people and organisations across this area and staff in all the primary care and hospital trusts will be asked for their views. By this time the options will have been refined and people will be asked to comment on those options that are confirmed as clinically and financially viable. This formal consultation is due to start in autumn 2007.

Work has already started to make sure that as many people as possible will take part in the consultation, which will last for about three months.

Good Doctors, Safer Patients

A report from the Chief Medical Officer (consultation document)

Barking & Havering LMC's response on the recommendations of 'Good Doctors, Safer Patients'

No report in the past has generated such interest and debate like this document of CMO in response to the report published by Dame Janet Smith in 2004. This consultation document, and its 44 recommendations, has far reaching consequences and therefore requires considerable debate and discussion. The main recommendations to which we responded were the ones that caused the greatest concern to the Members.

Recommendation 1

The view was that such a change would neither be fair nor acceptable to the profession. As it was pointed out in the BMJ, a doctor's role in society, status, employment, future, income and life may be at stake if a serious complaint is made and therefore if a doctor is found on the balance of probabilities it will not only be wrong but will be against all natural justice. It will encourage a large number of doctors to practice defensive medicine with the potential for patient harm.

Recommendations 2, 3, 4

We are in favour of present practice based complaint system and independent review. What is needed is more expertise and training of the panel that runs the independent review system.

Extending the role of GMC at a local level with the appointment of an affiliate the Members felt, for this to have confidence of the profession, such affiliate should not be one person but a set of three people. This should consist of one person appointed by the PCT who is a practicing clinician, an LMC nominated practicing clinician and a layperson. These affiliates will need proper training and some support network such as an affiliate forum. This forum should be within London to provide support and reassurance.

Recommendation 6

Recorded concerns - One needed to have a clear definition of what are 'recorded concerns'. All information on a doctor, either at local or GMC level, cannot all be considered as recorded concerns because of the number of ways the concerns are raised.

- Hearsay or gossip;
- Information that has been formally received but lies on file;
- Information that has been put through a formal process which has culminated in 'acquittal';
- Information that is admitted or has been legitimised by its acceptance through a formal process.

It was felt that if recorded concerns were to be used during an investigation at GMC level, they should not be known to the panel sitting and hearing the case before its conclusion as it may bring some bias into the judgement. It would be on a very rare occasion that such a request could be made for such recorded concerns to be made available in advance to both the doctor concerned and the adjudicating panel, if it were considered that there is a pattern.

Recommendation 18

It was felt that there was a need for improvement from the present form.

Recommendation 25

At the conclusion of every locum appointment, the contracting organisation should be required to make a brief standardised return to the relevant GMC affiliate, providing feedback on performance and any concerns.

Recommendation 30

This needs further looking into and we need to see the outcome of the colleges' experience that have already implemented this in their proposals.

List Cleansing

We met with the FHS Consortium, who explained that the seven PCTs in the North East London sector are commissioning them to undertake a comprehensive sector wide list validation exercise. It was made clear that this should not be viewed as a purely financial exercise. The PCTs are keen to ensure that the quality of the registration data is as accurate as possible given the links to so many other developments within primary care.

The FHS stated the outcome is likely to be more successful if practices are engaged in the process and LMC endorsement of the process would be a critical step in securing support from practices. Active participation from practices would also minimise the risk of genuine patients being removed from practice lists but should this happen back credits would be payable providing supporting evidence can be provided. Adopting a cooperative approach would enable the validation exercise to be focused and refined and would avoid the need to write to all registered patients.

The preferred methodology for validation was outlined, the key components being:

- Practices to provide details of patients not seen in the surgery in the previous 3 years.*
- FHS to write to these and send a reminder to any non responders after 2 weeks.*
- Non-responders, after 2 letters, will be referred to the practice.*
- Once a list of residual query registrations has been established FHS will work with practices to identify those who are no longer considered live patients, using an alternative to the FP69 process. Those practices not wishing to sign up to this would have the FP69 process as a default but in those circumstances the FHS would not be able to offer support to manage queries. This would involve a huge amount of work for the practices and the FHS.*

Non-responders would not automatically be removed but practices would be asked if they have information as to where these patients are. The LMC have been assured that the information required is easy to get from the practice system. Once this information is received the FHS would focus on the patients whose registration with the practice is questionable. The FHS will then put its own people out to work with the practice to identify whether these patients are still there.

It is a documented fact that a practice will see a patient every three years. If there is 10% of the population who are not being seen the practices will need to provide evidence that this person is still a patient. Unfortunately the FHS has no resources to support the practices.

A list cleansing sub-group will be set up and this is where the LMCs can be involved.

There are unlikely to be any medico legal implications for the FHS as patients would either be removed through a truncated process agreed with practices or through the FP 69 process which is already enshrined in regulations.

We recognise that list validation needs to be undertaken but voiced several concerns, which will be taken back to the List Cleansing Steering Group.

LMC Annual Conference

14–15 June 2007

The following is a brief overview of the discussions that took place during the two day Conference:-

Day 1

Out of hours

Our of Hours should be adequately funded and provided by experienced and appropriate health professionals.

Work Force Planning

Support for the work force principals agreed in the new GMS contract should be continued with reinstatement of the Returner Scheme and the Flexible Career Scheme.

Independent Sector Treatment Centres

The Government should immediately halt the establishment of ISTCs as they have a destabilising affect on local NHS services and staff and undermines established hospital trusts.

Referral Management

GPs should have the right to have referrals accepted by a named consultant and that failure to do so undermined GPs' responsibilities in ensuring the specific needs of the patient being met and damaged the doctor/patient relationship. Local referral management systems must fully involve local GPs in their planning and clearly demonstrate benefits for patients. It was strongly felt that the legal responsibility for risks to patients as a result of their implementation should lie with the PCO.

Patient Confidentiality and National Care Record Services

An urgent public enquiry into the cost to the taxpayer to date of the National Care Record Services (NCRS) and whether this is a cost effective use of public funds. Uploading of medical records to the national spine is not part of essential or additional services and therefore should form a new directed enhanced service.

And finally....

....it was accepted that the range, responsibility and remit of care provided by British GPs, together with the first point of contact, gate-keeping function, is unparalleled in Europe and call upon the Government to recognise the high standard of care and good services that GPs effectively manage. The committee strongly deplored and rejected any suggestion that the increase in GP income under the new GMS contract has been undeserved or excessive and it should continue to be increased to maintain and enhance recruitment and retention to General Practice as an attractive career option.

Dr Jenny Barbosa

Annual Conference...../Page 2

Day 2

The threat of APMS

Conference unanimously supported a motion that recognised APMS as a way of privatisation by the back door. The motion called for tendering by PCT's to be open and for a level playing field.

Calling for an end to privatisation of the NHS

Conference strongly supported this motion and asked the GPC negotiators to promote this view in discussions with the Government.

High quality of general practice as demonstrated by QUOF

Conference strongly supported a motion that the high QUOF scores across the United Kingdom confirms the excellent quality of U.K. general practice. Conference deplored the negative spin emanating from government blaming GPs for so-called "overachievement". However Conference also noted that QUOF does not reflect everything that GPs do.

Flawed Patient Experience Survey

Conference deplored the flawed and manipulative survey, which the Government sent out as part of the monitoring of the Access DES.

Practice based commissioning

Conference supported a motion calling on the Government to provide adequate management funding for PBC and to ensure practices receive adequate incentives for the large amount of work involved.

Abuse of power by PCT's regarding GP prescribing

Conference unanimously supported a motion calling on the GPC to collect and expose evidence of PCT's across the country using various pretexts to inappropriately control GP prescribing. Some PCT's are misusing Annex 8 of 2006/2007 GMS contracts that is intended to control excessive or inappropriate prescribing.

Lift Developments

Conference strongly agreed that LIFT developments are usually not targeted at areas with the greatest need for premises investment. They are pre-eminently replacing existing PCT owned health centres. There needs to be opportunity for premises development outside of the LIFT programme.

Funding for General Practice

Conference deplored the situation where there has been no uplift to the GMS global sum this year yet practices are still expected to meet rising overheads, including increases in practice staff pay. There must be adequate funding in the global sum to cover the basic costs. The PMS baselines should be appropriately increased to account for inflationary increases in PMC practice expenses.

Continuation of MPIG

Conference unanimously agreed that the MPIG is an integral part of the 2004 GMS contract and there is no way that the Prime Minister/Government should think it can remove the MPIG.

Income Protection for Various Categories

Conference strongly supported the view that it is mandatory for PCTs to pay in the following categories: maternity and paternity leave; locum reimbursement for sick leave; income protection for suspended doctors.

Annual Conference...../Page 3

Funding needed to cover shift of work from Secondary Care to Primary Care

Conference strongly supported a motion calling on the GPC to issue guidance and to negotiate with the Government on how the shift of funding should be accomplished.

Pensions about-face by the Government

Conference unanimously supported a motion deploring the Government's decision to cap the GP pension dynamising factors for years 2003 to 2006. Conference unanimously called on the GPC negotiators to continue down the pathway of judicial review.

MMC/MTAS

Conference unanimously supported a motion condemning the Government's handling of the junior doctors job application through the MTAS process.

Extended Opening Hours

Conference unanimously condemned the manipulative activities of Government in trying to extend GP opening hours beyond those agreed in the contract that it freely entered into with GPs in 2004. Any extension of GP opening hours must be entirely voluntary and fully resourced with new money.

Closure of the Conference and Summary

The Conference was democratic and well organised. There was a move of no confidence in the Secretary of State. Conference was very concerned about Government spin against doctors and the consequent fall in GP morale. This is a time for doctors and GPC negotiators to be united.

Dr T C Bland

Mentoring

LMC was able to negotiate funding for mentorship in this district. Both PCTs understand the value of mentoring and are fully supportive of the service that is being offered. Mentoring is a confidential two way developmental conversation with a colleague, which enables the practitioner to discuss the issues that are of importance to him/her in general medical practice.

Over the years mentoring has been found to be really useful, particularly in supporting professionals during the times of transition. These may be:-

- *Joining a new partnership*
- *Developing a new role in the partnership*
- *Being involved in more specialist work*
- *Running professional life as a non-principal*
- *Taking on management roles*
- *Mid-career (where do I go from here?)*
- *Coming up to retirement*

As we all know mentoring is not aimed at doctors not coping with their practice work but can be helpful in sorting out specific issues before they become a problem:-

- *Partnership issues such as communication and integration*
- *Getting life-work balance*
- *New horizons in mid-career*

The mentors bring to the mentoring relationship their own experiences and talents. 15 mentors have been trained in mentoring skills and receive on-going training by Cygnus Mentoring. They are there to develop a trusting relationship which will concentrate on the individual's needs in a confidential setting.

The LMC is responsible for the day-to-day management of the project. Please do not hesitate to use the service if you need to.

A list of mentors can be found on the LMC website – www.barkingandhaveringlcm.org.uk or telephone the office.

QOF

Barking & Dagenham: -

National publication of the 2006/07 QoF scores for individual practices is expected at the end of September. Practices in Barking & Dagenham achieved an average score of 943 points, or 94.3% of available points. This is an increase on the score achieved in the previous year, when more points were available and 92.3% was achieved. Post-payment verification audits for 2006/7 will take place in the next few months at the two practices selected at random by the LMC Chair.

Havering:-

Many practices have done really well, achieving high scores in most of the indicators for 2006/07. Thirty-three out of the fifty-two Practices achieved in excess of the PCT average of 94% against the total 1000 available points, with only twelve practices achieving less than 90%.

The PCT's overall achievement for this year is 0.5% lower compared to 2005/06. This was anticipated as a result of the introduction of several new disease management indicators.

In October 2006 three Practices were randomly selected by the LMC to be subject to the 5% random check. As a result, all variances identified were within a reasonable range. Exception reporting and prevalence were identified as areas that required further investigation. This is being addressed through the recommendation of the Clinical Quality and Standards Group.

Safeguarding Children

Area Child Protection Committees were replaced by the Local Safeguarding Children Board in April 2006. The functions of the LSCB are developing policies and procedures for safeguarding and promoting the welfare of children, including:

- Action to be taken when there are concerns about a child's safety or welfare, including thresholds for intervention
- Training of persons who work with children or in services affecting the safety and welfare of children
- Recruitment and supervision of persons who work with children
- Investigation of allegations concerning persons working with children
- Safety and welfare of children who are privately fostered
- Co-operation with neighbouring children's service authorities and their Board partners

Currently the Chief Executives of both Barking & Dagenham and Havering represent the PCTs on the Board and contribute to its function with regard to safeguarding children in their respective area.

Child Protection Training is mandatory for all staff, even those who work with adults. The training is a basic understanding for all practitioners to enable them to feel confident and prepared in dealing with child protection issues. It is targeted at all levels of staff who come into direct contact with children.

Child Protection advice and supervision is a key component of the Safeguarding Team's provision, primarily within the PCT but also to staff external to the PCT. The named GP provides this support to practices and also assists with legal issues. On-line child protection training is available to all practitioners whether directly employed or contracted to work with the PCT. In addition, a range of multi-agency child protection training is provided under the local Safeguarding Children's Board and is accessible free at the point of delivery to all practitioners.

Serious Case Reviews -The purpose of the reviews is to establish whether there are lessons to be learnt, identify clearly what those lessons are and to improve interagency working.

Confidentiality – many doctors understandably have concerns about sharing information and the issue of confidentiality. In the context of Safeguarding Children, it is the child's interests which are paramount. A GP may be in possession of information relating to a third party, which is of direct relevance to child protection issues. Disclosure of this information will usually be justified in the public interest in relation to child protection.

Barking & Dagenham:-

There has been one serious case review undertaken during 2006. The PCT team completed the internal management review and action plan and this, along with the external reviewers report, was used to inform the development of improved practice.

Havering:-

There has been two serious case reviews undertaken in Havering during 2006. The Safeguarding Children Team has completed two internal management reviews and action plans and these will be used to inform the full review process.

Smoking Cessation

Barking & Dagenham:-

The Barking and Dagenham Stop smoking service have set up a system where the majority of GP's, Practice nurses and Receptionists refer patients who wish to give up smoking. This method is supported by faxing referrals, with relevant client details, and the service will then contact clients and make appointments for them at a convenient support clinic.

All the GP Practice referrals are recorded on a system which calculates and records on a monthly basis how many patients have been referred, setting a quit date and who has actually quit. All this information is recorded individually by whoever does the referral and sent out to the relevant practices.

Havering:-

During 06/07 Havering PCT launched a Local Enhanced Service through General Practise to support smokers who wanted to quit. The rational behind this followed feedback from those contacting the Stop Smoking Service requesting help and support to stop smoking. The most common complaint from the public was that they preferred to go direct to their GP for access to Nicotine Replacement Therapy on prescription rather than elsewhere. This prompted the Stop Smoking Lead to attain the approval of the PCT board, and so the Local Enhanced Stop Smoking Service became a reality.

During 06/07 27 GP practises signed up to the service and training followed. Within the practise, delivery of the service became very much a part of what the Practise Nurse was able to offer their patients. Innovation did factor for some practises who targeted specific groups to offer the service. For those patients suffering chronic conditions and who smoked often became the first group to whom the service was offered. During the same period some practises wrote to each smoker on their patient list to inform them of what was now available through the Practise Nurse.

Feedback from General Practise indicated that the client file that became the record of the patient who was quitting smoking was too long. A new and shorter version based upon Department of Health requirements substituted the original client file and has gained much approval.

Of the 27 GP practises that signed up to offer the Local Enhanced Stop Smoking Service, 19 practises submitted client files.

Website

Since its introduction, our website has had 5656 hits from practices.

There is a lot of useful information on the website and you can "Bookmark" it to save you typing the address every time you want to visit.

You can find information "About us", who we are and what we do and members details. Dates of "Meetings" held between LMC and both PCTs are listed as well as dates of Havering and B&D PTI meetings. Some "Recent Updates" and a variety of "Publications" can also be found.

There are updates from PCTs and the GPC on topics like Practice Based Commissioning and Enhanced Services, including the B&D service specifications for 07/08 as well as the new ES claim form.

Under "Publications", you can download the LMC Annual Reports, Newsletters, and Minutes of monthly open meetings. A large range of GPC publications can be found under "Other Publications".

There is also information on Counselling Services and Education for GPs under "Links and Resources" together with links to other websites.

On the home page you will always find links to the latest updates under "What's new" and "GP Noticeboard", which includes information on the Mentorship service that is now available in Barking & Dagenham and Havering.

If you wish to share some information with GP colleagues you can make use of the "GP Noticeboard", where you can access useful information and any current vacancies in the area.

Our website address is: www.barkingandhaveringlmc.org.uk

Acknowledgement

Our good wishes go to the GPs who have retired over the last eighteen months, eight from Havering and five from Barking & Dagenham, after many years of working in general practice providing a high quality of care to the population:

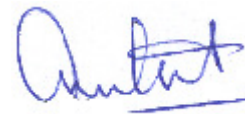
Dr F Ahmad, Dr M Ahmad, Dr P Arasu, Dr S Bajpai, Dr R Beddoe, Dr S C Hora, Dr A McDonald, Dr P Myers, Dr M Roy, Dr P Sethu and Dr (Mrs) H Asadullah (unfortunately we lost Dr Asadullah to illness shortly after her retirement). Dr K Minocha moved to Essex. Three of our colleagues, Dr G Barclay from Barking & Dagenham and Dr A Jaiswal and Dr P Chopra from Havering took 24 hour retirements and are now back at work.

Thirteen GP principals left the district and were replaced by eight GP principals and seven salaried partners. Some of them attended the LMC Dinner as guests.

I would like to thank colleagues from both PCTs for working well with us throughout the year, some of whom have contributed to our Annual Report.

I would also like to thank outgoing members of the LMC for their contribution and advice and would like to welcome the new members to the Committee.

And finally, I must thank all Members of the LMC for giving up their valuable time to attend to LMC business and for the support I have received from them throughout the year.



Dr Alok Mittal, Chairman 2005-2007

List of Members 2007

BARKING & DAGENHAM

DR A ADEDEJI
2 Halbutt Road
Dagenham
Tel. 020 8592 1544

DR H AHMAD
Barking Medical Group
Upney Lane, Barking
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DR G BARCLAY
69 Oval Road
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DR V GORIPARTHI
Tulasi Medical Centre
Dagenham
Tel. 020 8590 1773

DR J JOHN
1 King Edwards Road
Barking
Tel. 020 8594 2988

DR R KALRA
Laburnham Health Centre
Dagenham
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DR A MITTAL
Markyate Surgery
Dagenham
Tel. 020 8592 2983

DR S PERVEZ
2 Third Avenue,
Dagenham
Tel. 020 8592 0346

DR N P S TEOTIA
135 Mill Lane
Chadwell Heath, Dagenham
Tel. 020 8599 6835

Non-principals:

Dr S C Hora
Dr R Kumar

HAVERING

DR J BARBOSA
Rosewood Medical Centre
Hornchurch
Tel. 01708 554557

DR T BLAND (TREASURER)
The Surgery, Billet Lane
Hornchurch
Tel. 01708 442377

DR A DESHPANDE
39 Wood Lane
Hornchurch
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DR B DIXIT
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Hornchurch
Tel. 01708 520830

DR A JABBAR
Harold Hill Health Centre
Upminster
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DR A K JAWAD
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Hornchurch
Tel. 01708 553120

DR J O'MOORE
Upminster Bridge Surgery
Hornchurch
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DR A PATEL
Chadwell Heath Health Centre
Romford
Tel. 020 8590 1401

DR P PATEL
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DR S POOLO
Rush Green Medical Centre
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Tel. 01708 740730

DR I QUIGLEY
Western Road Medical Centre
Romford
Tel. 08444 772430

DR M RAHMAN (VICE-CHAIRMAN)
482 South End Road
Hornchurch
Tel. 01708 476036

DR G SAINI (CHAIRMAN)
Lynwood Medical Centre
Romford
Tel. 01708 743244

DR M SANOMI
Rush Green Medical Centre
Romford
Tel. 01708728261

DR S SUBRAMANIAM
South Hornchurch Health Centre
Hornchurch
Tel. 01708 554797

DR I SUDHA
Cranham Health Centre
Upminster
Tel. 01708 222722

Non-principals:

Dr A Bhat
Dr S De

Annual Report 2006/2007

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2007

| | 2007 £ | 2007 £ | 2006 £ | 2006 £ |
|---|-----------|-----------|-----------|-----------|
| Income: | | | | |
| Members subscriptions from levy | 82,728 | | 75,356 | |
| Members subscriptions paid in advance | 14,089 | 96,817 | 15,348 | 90,704 |
| | ----- | | ----- | |
| Doctors contribution for dinner | 3,320 | | 3,420 | |
| Receipts from Drug Companies | 1,100 | | 2,830 | |
| Bank interest | 539 | | 869 | |
| HM Revenue & Customs internet filing rebate | 150 | 5,109 | 250 | 7,369 |
| | ----- | | ----- | |
| | | 101,926 | | 98,073 |
| | | ----- | | ----- |
| Expenditure: | | | | |
| Medical Secretary Salary | 51,356 | | 39,672 | |
| National Insurance | 5,928 | 57,284 | 4,451 | 44,123 |
| | ----- | | ----- | |
| Admin Secretary Salary | - | | 2,172 | |
| National Insurance | - | | 226 | |
| Admin Secretary Salary | 22,692 | | 20,124 | |
| National Insurance | 2,259 | | 1,949 | |
| Admin Assistant Salary | 9,471 | | 8,328 | |
| National Insurance | 567 | | 439 | |
| Maternity leave cover | 2,401 | | - | |
| Maternity leave pay claim from HM Revenue and Customs | (3,308) | | - | |
| HM Revenue and Customs PAYE (refund) payment | (911) | 33,171 | 423 | 32,815 |
| | ----- | | ----- | |
| Postage and Stationery | 1,129 | | 1,854 | |
| Travelling Expenses | | | | |
| Mobile telephone | 315 | | 316 | |
| Office equipment | 103 | | 3,702 | |
| Conference Dinner BMA | 158 | | 158 | |
| LMC Annual Dinner | 5,501 | | 8,524 | |
| Locum Cover for attendance at Conference: | | | | |
| - Dr. Aggarwal | 700 | | - | |
| - Dr. Mittal | 1,340 | | - | |
| - Dr. Roy | | | 300 | |
| - Dr. Kalra | | | 1,798 | |
| GP Defence Fund & Cameron Fund | 150 | | 342 | |
| Catering for Meetings | 370 | | 350 | |
| Accountancy Fees | 764 | | 857 | |
| Payroll fees | 470 | | 411 | |
| Bank Charges and Interest | 124 | | 93 | |
| General Expenses | 230 | | 264 | |
| Internet design | 117 | 11,471 | 2,166 | 21,135 |
| | ----- | | ----- | |
| | | 101,926 | | 98,073 |
| | | ----- | | ----- |
| NET SURPLUS/(DEFICIT) FOR THE YEAR | | 0 | | 0 |
| | | ===== | | ===== |



*This Annual Report is prepared as required by paragraph 5 of the
Constitution of the Barking and Havering Local Medical Committee*

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Courier 103

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Administrative Secretary: Sue Elliott Admin Assist/IT Support: Suzy Iskander

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