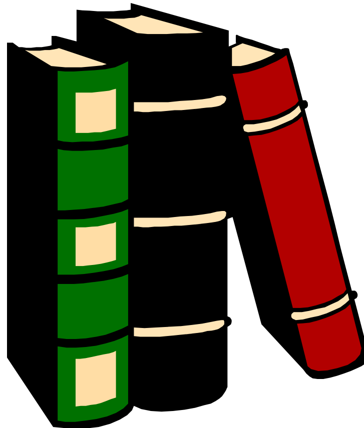

Annual Report 2008/2009

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

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Annual Report 2008/2009

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

This Annual Report highlights the LMC's activities throughout the last year. This has been a very busy year for the LMC covering, amongst other things, the level of care at BHR Hospitals Trust. During the year the LMC has negotiated on a number of projects with NHS Barking & Dagenham, NHS Havering and ONEL CS. The main discussions have happened around Access, Anticoagulation, Choose & Book, Extended Hours, List Cleansing, PBC Savings, Practice Budgets, Sickness & Maternity Policy and Swine Flu.

The LMC meeting continues to be held on the first Thursday of the month, which is also attended be representative members of both PCTs, BHR Hospitals Trust and ONEL CS. The LMC also hold the following:

Monthly Policy Making Sub-committee meeting
Bi-monthly meeting with NHS Barking & Dagenham and NHS Havering
Quarterly meeting with BHR Hospital Trust
Quarterly meeting with Havering ONEL CS
Quarterly Prescribing Sub-committee meeting with NHS Havering

Last year's Annual Dinner was a great success. Our guest speaker was Shanee Baker, Senior Counsel at the BMA, who gave a very informative presentation. Besides GPs and their partners, guests from both PCTs, BHR Hospitals Trust and recently retired GPs were in attendance. The dinner was also attended by Andrew Rosindell, MP for Romford, and James Brokenshire, MP for Hornchurch.

The following donations were made throughout the year:
£100 to The Cameron Fund
£100 to The RMB Fund
£ 50 to The Sick Doctors Trust
£ 50 to Cancer Research in memory of Dr J Anthony

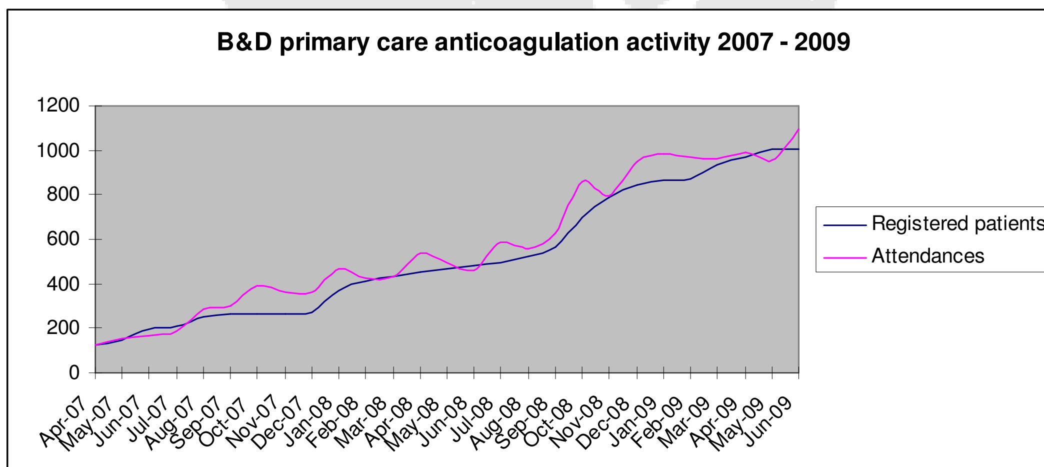
Our website, www.barkingandhaveringlmc.org.uk has gone from strength to strength, with regular updates from both PCTs and the GPC. The 'GP Notice Board' also includes useful information for GPs.

We would like to thank our Medical Secretary, Dr Madhu Pathak, for her continued and tireless work throughout the year. We would also like to thank Sue Elliott, our Administrative Secretary, and Suzy Iskander, our Administrative Assistant/IT Support for their hard work throughout the year.

Anticoagulation
NHS Barking & Dagenham

Barking & Dagenham:

A primary care anticoagulation monitoring service was commissioned in 2007 as an enhanced service from two providers – a community pharmacy and a GP consortium working with community pharmacists. Haematologists at the acute trust supported the service conditional on the same quality standards being applied across primary and secondary care. An operating procedure was drawn up with the acute trust that outlined the roles and responsibilities of primary and secondary care in delivering an integrated service and the standards for delivery.
Inclusion and exclusion criteria were agreed for the primary care service and this was supported by patient pathways for referral from secondary to primary care. The acute anticoagulation team provides clinical advice to the primary care providers for complex cases during working hours and protocols have been agreed for referring patients back to secondary care if they had an INR greater than 8. Very few patients have required referral back to secondary care.
Eight practitioners are fully accredited for testing and dosing and services are offered six days a week from six sites across the borough, offering flexibility of time and venue. One practitioner has been trained to initiate warfarin for patients with atrial fibrillation referred from the community CHD service.
One of the providers has held seminars for an audience of GPs, Dentists, Nurses and Pharmacists with the aim of promoting good practice and has presented to Patient Groups. They hold a review meeting for the core team of GPs and pharmacists every 8 weeks, which is attended by the PCT. The meetings are focused on the learning from events, policy review and service development.
The service commenced in March 2007. In July 2009, the PCT met its target of registering over 1000 patients with the primary care service. In 2008/09, 8774 non-PBR follow up outpatient appointments were diverted from secondary to primary care. Patient satisfaction rates as measured by provider surveys are high, with waiting and travelling times significantly reduced. The service has the confidence of secondary care and there are plans to increase activity over 2009/10.



Supplied by Sharon Morrow, Assistant Director of Practice Based Commissioning

Anticoagulation
NHS Havering

A Community Monitoring Service has been set up with Lindsey Wood as the Lead Nurse. The Clinical Lead is Dr Andrew Hughes.

There are over 2000 patients on Warfarin in Havering who either attend the BHRT Clinic at Queen's or one of the following community clinics:

Harold Hill Health Centre - provider Dr Kaw
Cranham Clinic – provider Dr Sudha
South Hornchurch Clinic – provider Dr Abdullah

The community clinics are due to close sometime during 2009.

There are currently 15 providers - six GPs, five independent pharmacies. and four Boots, with nine providers currently running clinics. A total of 1000 patients have been recruited to this service with another 200 attending the clinics.

The patients being recruited are stable, long term, AF, mechanical valve replacements and recurrent VTEs.

Supplied by Alison Murray-Richman, Head of Service Redesign

Appraisals
NHS Barking & Dagenham

Every GP on a PCT Performers' List is required to undergo annual appraisal (Performers' List Regulations Sect. 9 (7)(a), 2004). In Barking and Dagenham this was achieved for the year 2008/09

The Process

Each GP develops their own Forms 1, 2 and 3, which are then submitted to their appraiser for scrutiny prior to a dedicated face to face encounter. These documents provide the evidence on which the appraisal is based and from which the appraisee, with the assistance of their appraiser, develops their Personal Development Plan (PDP) for the forthcoming year. The PDP should reflect the learning needs of the appraisee, which arise from the medical needs of their patient populations, together with personal learning preferences. The headings of Form 3 follow those set out by the General Medical Council in the document 'Good Medical Practice''. Apraisees make statements about their medical practice and provide evidence to substantiate rhetoric.

Appraisers have reported that this is happening in many appraisal interviews but is not universal. Evidenced can consist of audit, case studies, reflection on practices, reading, conferences etc. and in the recording of complaints or significant events and their resolution. Some appraisees continue to make statements without evidence.

Although most appraisees approach the appraisal in a professional way, appraisers complain that some appraisees are less robust in their attitude. This reflects an important learning need for such appraisees, which should be discussed within the confines of the appraisal interview.

Recording of complaints, concerns and significant events should be a major part of Form 3. Each scenario should be discussed with the appraiser. They provide a significant substrate of learning needs. Appraisers report that such recording is not universal.

Following the interview, the appraiser constructs their response as Form 4, which is submitted to the PCT, together with the PDP. Some PDPs which are developed by appraisees, are in the main far from full and require linkage to the needs of patients more than appears apparent at present.

NHS Barking & Dagenham also requires appraisees to change their appraiser every two years in order to benefit from the diversity of different appraisal styles.

The NHS Appraisal Toolkit

All appraisees are using the toolkit universally. It also allows the PCT to monitor the appraisal process. The PCT Appraisal Administrator and the Medical Director are unable to see Forms 1 – 4 or the PDP electronically. We depend on appraisers and appraisees sending paper copies of documents to us.

360 degree Appraisal

This has been the second year during which NHS Barking and Dagenham has supported GPs to undergo 360 degree appraisal. It also continues into the current year. Each GP discusses the 360 degree report with their appraiser. It provides excellent evidence under the heading 'relationships with colleagues'. 360 degree appraisal can also be extended to include patients in which case it also provides evidence under the heading 'relationships with patients'.

Appraisals, NHS Barking & Dagenham /page 2

At the end of our second year, over 60 GPs had undergone 360 degree appraisal.

GPs in Barking and Dagenham are now well placed for the commencement of five-yearly revalidation in the future.

Appraisal Training

This occurs on a yearly basis. During our last training session, appraisers received education relating to revalidation, conducting the difficult appraisal, issues of probity, conducting the 360 degree interview, the Government White Paper 'Trust, Assurance and Safety – regulation of health professionals', preparing for the appraisal, and what makes a good PDP.

The Leicester Document

This was introduced in the year and provides a template for the development of Form 3. It provides guidance on the evidence required for a successful appraisal. Some appraisees are completing their Form 3 based on this guidance.

Developments

1. ***Revalidation*** *– this is the most important future development,. Currently, five-yearly revalidation is in a pilot phase and is thought to be implemented from 2011 to 2012. NHS Barking and Dagenham is keen for appraisees to be aware of these developments and begin their thinking regarding their annual appraisal. The Royal College of General Practitioners is the specialist College with responsibility for GPs. All GPs will be the responsibility of the College, whether a member or not. Currently, specific guidance is available on the RCGP website; it has been recommended to all our GPs.*
2. ***Enhanced appraisal*** *– at present, annual appraisal is a formative process by which colleagues develop their PDP. This will continue with revalidation. However, the appraisal will also be a process by which the appraisee must demonstrate their fitness to practice on an annual basis by the presentation of evidence. Full details are on the RCGP website.*
3. ***The Responsible Officer*** *– this is likely to be the Medical Director. The RO will be the officer who communicates with the GMC indicating that an individual GP has satisfactorily completed five-yearly revalidation. New software will be available to appraisees; the RO will be able to see appraisees' documents online and have the ability to give constructive advice to ensure that all doctors satisfactorily complete revalidation.*
4. ***Deferments*** *– we have had a small group of appraisees that have been unable to complete their annual appraisal before 31 March 2009 for a variety of reasons. For the year 2009/10, all such appraisees will be appraised by the Medical Director.*
5. ***New Appraisers*** *– NHS Barking and Dagenham are currently in the process of appointing additional appraisers in order to reduce the burden placed on our current group of experienced appraisers.*

Supplied by Dr Eric Saunderson, Medical Director, Barking and Dagenham PCT

Appraisals
NHS Havering

Annual Appraisal is a contractual requirement for all GPs working in the NHS. It is a formative and developmental process assisting GPs to identify their learning needs on an annual basis. The main aims are to improve patient care. Responsibility for the appraisal process and its compliance lies with the PCT. The appraisal process has continued to see significant improvements over the last few years. There has been continuing improvement in the quality of Form 4 which has become more detailed and Personal Development Plans (PDP) continue to contain educational objectives.

Thirteen trained appraisers within the PCT undertook a total of 139 appraisals in 2008/09. This represented 100% of those that were eligible and those that requested an appraisal. All appraisals were completed on time and all GPs had completed their PDPs. Training and development needs have been fed back to the GP tutors for inclusion within the PTI sessions. Evaluations were carried out and analysed.

Three new GP appraisers were recruited earlier this year, making a total of 16. These three GPs will be undertaking their basis training within the next few weeks.

A representative from The London Deanery attended a meeting with Dr Kakad and Angela Pruss in August 2009 to discuss quality assurance issues and specific training requirements the PCT wishes to receive from the Deanery. This was a constructive meeting and the close liaison will be maintained, especially with regard to the revalidation.

The Annual GP Appraiser Workshop took place in July 2009, wherein the Chairman reported a high standard of appraisals for 2008/09. Members were able to share experiences and significant events.

The GP Appraisal Programme for 2009/10 has commenced, with invitations being sent out to all appropriate doctors.

Produced by Angela Pruss, Appraisals Lead, NHS Havering.

Barking Havering & Redbridge Hospitals NHS Trust

Chief Executive's Welcome

As ever, this has been an extremely busy year across the acute services that we provide to our 750,000 population.

Our pace of change is faster than it has ever been as we strive to improve services for our patients. I am delighted that we have made significant improvements to performance over the past 12 months.

It is particularly pleasing that these improvements, such as reduced waiting times for treatment and achieving MRSA and C-diff infection control targets, have been made at the same time as making major financial savings. Our Turnaround programme has seen us working more efficiently while still improving patient care. During the financial year 2008/9 the Trust made savings of £29million.

This means that we dramatically reduced our overall financial pressures even though we recorded a deficit of £xxmillion (subject to audit). This is still a large overspend, but in line with our first year's financial target (of our three-year recovery plan) as agreed with NHS London. By year three (2010/11) we aim to be operating with a surplus.

This is a huge achievement for the organisation. In the past 12 months we have slashed waiting times, and been named as one of the most improved in the country for meeting the 18-week targets. This means that the vast majority of our patients are receiving treatment within 18 weeks of being referred by their GP.

We have also cut waiting times in Accident and Emergency, and are now hitting the Government target of seeing, treating and admitting or discharging 98% of patients within four hours. Alongside this, hospital acquired infections like MRSA and Clostridium difficile continue to fall, as we have picked up a clutch of awards for our work in this area.

We are delivering real improvements in patient care. There is still a long way to go, but finding new, efficient ways of working means that we have better run hospitals delivering better patient care day by day.

I would like to personally thank all our staff and dedicated volunteers for bringing about these improvements and for continuing to work tirelessly to improve the services we offer.

We are also pleased to have strong relationships with our primary and social care colleagues and with our patients to help shape the future of healthcare in the area.

Together we will continue to deliver our pledge of Healing, Caring, Serving.

Barking Havering & Redbridge Hospital Trust / Page 2

18 Weeks

One of the government's major targets this year was to see patients treated within 18 weeks of being referred by their GP. This was a major challenge for the Trust.

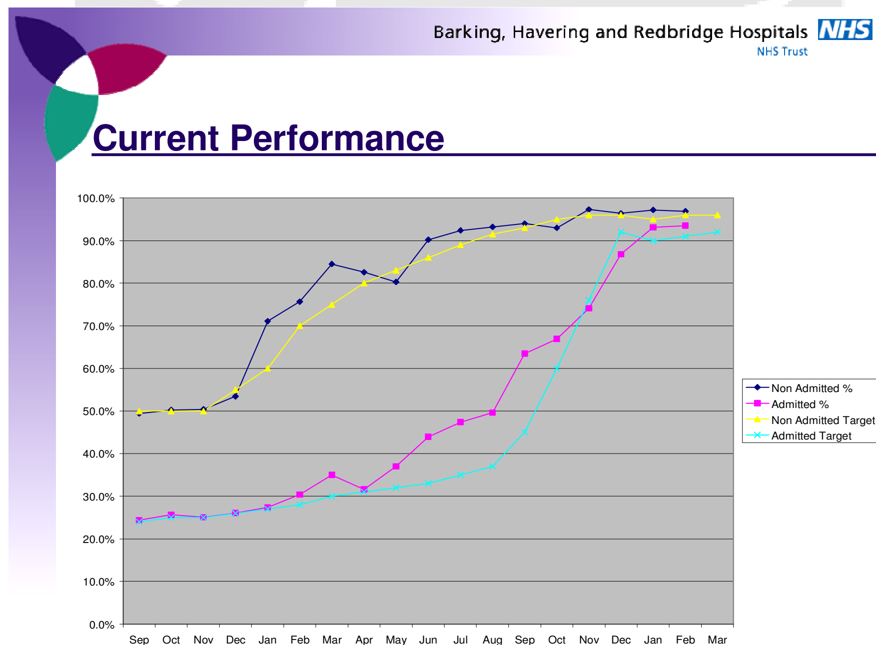
In December 2007 we were languishing at the bottom of the performance table, with only 53 per cent of non-admitted and 26 per cent of admitted patients within this timeframe. In just 12 months we had to turn things around to hit the targets of 95 per cent and 90 per cent respectively. To achieve this, and ensure that patients were receiving hospital care as quickly as possible, was an enormous task involving almost every department of the Trust and our partners in the local health economy.

Staff from every area - including wards, theatres, diagnostics, outpatients, IT and bookings - worked tirelessly to:

- *prevent any unnecessary delays for patients*
- *streamline patient pathways, and*
- *create significant additional capacity*

Our partner PCTs funded a range of initiatives to help us to increase capacity and meet the targets. By October 2008 we had cleared the backlog of patients outside of the 18 week deadline, and performance rose dramatically.

The graph below shows the percentage of patients who have been treated by the Trust within 18 weeks of referral since September 2007.



For the first three months of 2009 we were consistently above the government's targets, are at the top of the performance tables and have been praised nationally for the huge improvements that have been made. Making sure that patients are seen so quickly after they are referred by their GP has led to much better clinical outcomes and higher patient satisfaction with services.

Barking Havering & Redbridge Hospital Trust /page 3

Healing, Caring, Serving

Serving more than 700,000 people across a wide area, the Trust is one of the largest in the country. We deliver services from two district general hospitals – Queen's in Romford and King George in Goodmayes.

This year the Trust cemented its place at the heart of the community, launching a new vision, aims and values, which will be at the core of the organisation as we move forward over the coming years. We define our vision as:

Our aims are:
- To strive for clinical excellence within a safe and robust clinical governance framework.
- To provide the best possible patient experience.
- To work with our GPs, Primary and Social Care and voluntary sector partners to improve the healthcare of the residents that we service across organisational boundaries.
- To be a healthcare employer of choice such that we recruit, retain and develop high quality staff and build up morale.
- In order to achieve the above four aims, we need to continually improve and invest in our services, within our financial constraints.

The values that guide us are:
- Compassion
- Dignity and respect
- Honesty and Integrity
- Empowering teams
- Learning organisation

The Trust has also been given University status to mark the quality of teaching and training on offer. The name change was approved by the Secretary of State in recognition of the extensive amount of medical and nursing training that is carried out at Queen's and King George hospitals. The Trust has close links with London South Bank University for nurse training, and with Queen Mary, University of London, for medical students. The facilities provided by the two hospitals have to be scrutinised by local and national bodies before University status is agreed. The Trust has two multi-professional and multi-disciplinary academic centres – one on each site – and also has impressive library facilities.

Chief Executive John Goulston said: "Many of the senior staff have given a lot of their time, effort and skill to teaching these students over the years, and this accreditation is in recognition of that teaching and the high quality of research carried out in the Trust. "This is great news for our hospital, our staff and for the people we care for."

Barking Havering & Redbridge Hospital Trust /page 4

Hitting the Targets

Accident and Emergency

The Trust aims to get A&E patients seen, treated and either admitted or discharged within four hours. The government target is for 98% of patients to be treated within this timescale. Due to pressure on our accident and emergency units we have struggled to achieve this benchmark.

This year, NHS London agreed a plan with the local health economy to improve waiting times, and monitored the situation on a daily basis. It asked us to reach a figure of 96.86%. But at the end of the 11 weeks we had exceeded this by 0.45% and therefore saw more than 97% of patients within the four hour target.

The Trust now has an agreed trajectory in place for 2009/10 and is currently on course to achieve the 98% target this year.

Cancer

The Trust treats around half of all cancers in North East London, and that figure continues to rise. We work hard to ensure that cancer patients are seen as soon as possible, and were the best performing Trust in the North East London Cancer Network for seeing patients within two weeks of referral from a GP.

With the introduction of the extended Cancer Waiting Times (CWT) targets in January 2009, the Trust is reporting the performance in two stages. The first will be the performance from April to December 2008. The second will be in relation to the full year's performance, which includes the extended targets introduced in January 2009. As a result of these extended targets, the Department of Health is currently reviewing the overall CWT targets, meaning there are currently no set figures for us to compare ourselves against.

Action plans are in place so that the appropriate systems and resources will enable us to meet the revised targets for 2009/10.

The table below shows our performance for April to December 2008, and for 2008/9 for the extended CWT:

	April 08 – Dec 08	Target
Two week first attendance	99%	98%
31 day first treatment	98%	98%
62 day first treatment	93%	95%
	2008/09	
Two week first attendance	98%	N/A
31 day first treatment	98%	N/A
31 day subsequent treatment	97%	N/A
62 day first treatment	90%	N/A

Supplied by Nicola Eves, External Communications Manager, BHR Hospitals Trust

BMA Regional Report

BMA Employer Advisory Service (EAS)
The EAS serviced for GPs as employers was launched on 19 January 2009. It offers free, comprehensive, impartial and authoritative advice on a huge range of employer related matters. EAS was promoted at a Havering educational meeting held on the 15 September. For free advice you can trust contact the service on 0300 123 123 3 anytime between 8.30am and 6pm (Monday to Friday, except UK-wide bank holidays) or email your query to support@bma.org.uk.

Partnership Agreement Drafting Service
The BMA partnership agreement drafting service is designed solely to meet the business needs of general medical practices. The partnership agreement is a formal legal document designed to govern all aspects of inter-partner relations. The service is provided by Neal Hooper, BMA Lawyer,, offering high quality legal advice and drafting. To access the service call 020 7383 6128 or email info.pds@bma.org.uk.

National Conference for GP Trainees
This training event for GP Trainees took place on 10 July 2009. Another successful event and welcomed by prospective GPs.

Employment Seminars for GPs
These are organised throughout the year at different venues all over the country. Please check the BMA website on the home page under 'what's on' for details of the next scheduled seminar convenient for you.

Conference for salaried GPs and locum GPs
The title of this conference is: 'Recognise your talents, realise opportunities – key steps for salaried GPs' and takes place on the 13 November 2009 at BMA House. Further details can be found on the BMA website.

Upcoming Careers Events
The BMA and the BMJ host a range of career days and careers fairs that you might find useful.

Career Development Workshops
New courses include management and career development for salaried GPs, returning to work after maternity/paternity leave and the art and science of presenting to and influencing others. Further details can be found on BMA website.

Sessional GPs
The GPC has produced a newsletter for sessional GPs. The aim of this newsletter is to keep salaried and locum GPs up-to-date with the wide range of new and ongoing issues affecting them, as well as the hard work that the GPC's Sessional GPs Subcommittee undertakes behind the scenes on their behalf. This is also available on the BMA website at:
http://www.bma.org.uk/news/branch_newsletters/gp_newsletters/sessionalnews0509.jsp

Recruitment Activity
The top benefits of BMA membership for GP partners and salaried GPs are:
- *National and local negotiation of terms and conditions of service*
- *Individual employment advice*
- *Individual guidance on professional, ethical and financial issues*
- *Employer Advisory Service*
- *Salaried GPs handbook*
- *Partnership Agreement Drafting Service*
- *Contract checking*

BMA Regional Report…/page 2

The best form of recruitment for new junior doctors is direct recommendation from many of the current members of the BMA. The following website outlines the benefits of BMA membership: http://www.bma.org.uk/about_bma/benefits_for_members/index.jsp

Revalidation

The BMA website has a separate section on revalidation issues. By 14 August all doctors should have confirmed with the GMC their need for a licence. At the moment the plan is for revalidation to begin in November but this timescale may change. For advice on revalidation please go to: http://www.bma.org.uk/employmentandcontracts/doctors_performance/professional_regulation/index.jsp

BMA Campaigns

Many of you and your patients will have been involved in the BMA campaign 'Save Our Surgery' earlier in the year. Currently the BMA is running a campaign 'Look after our NHS'. This campaign aims to publicise concerns about Government reforms in England that have created a market and allowed commercially-run firms to provide NHS care. The BMA is concerned that in the long run this will affect the quality of patient care and doctor's working lives. The campaign calls for the NHS to be restored to its founding principles of being publicly funded, publicly provided and publicly accountable. Please visit the campaign website at www.lookafterournhs.org.uk for further information on the eight key principles and to show your support.

GP Registrars

A meeting of the Greater London Region GP Trainees Committee was held earlier this year. The draft constitution for the committee was discussed and a report given from the UK GP Trainees Committee. Reports were given to the meeting on the new EAS and the Salaried GPs Handbook. Discussion also took place regarding removal expenses, the shortage of trainee GP trainers (an issue to be raised with the Deaneries) and the European Working Time Directive. It was agreed to have a speaker on revalidation/re-licensing at the next meeting.

The London Deanery has now taken over the financing and organising of removal and relocation expenses for all Trainees. This was previously controlled by individual Trusts which had proved problematical. Deaneries in the surrounding area such as Eastern have been invited to join the scheme but have so far declined to do so and responsibility remains at local Trust level.

Salaried GP Handbook

The BMA has produced the Salaried GP Handbook for salaried GPs and their GP employers. It will also be of interest to those who are intending or about to become salaried GPs. The Handbook explains the legal entitlements of salaried GPs and employees. It therefore helps to ensure that salaried GPs are aware of their statutory and contractual rights and also helps to prevent GP employers unwittingly contravening their employees' rights.

The Handbook deals with a wide number of matters, ranging from representation of salaried GPs, contracts of employment, leave, appraisal, revalidation, continuing professional development, termination of employment, redundancy and retirement. There are also chapters dealing with the flexible career scheme, the GP retainer scheme and GPs with a special interest. Among the many appendices are a model salaried GP contract and a BMA GP retainer model contract.

Supplied by Leela Pendle, Senior Industrial Relations Officer, BMA

Choose & Book - Havering

NHS Havering Choose & Book Annual Report 2008/9

Introduction
Choose & Book has achieved a successful track record and has a bright future within NHS Havering. We have had full collaboration and excellent partnership working from our GPs for which we are very thankful. We reached and maintained a position of the third best performing Trust out of 151 primary care Trusts for Choose & Book usage over most of the last year. In March 2009 we elevated our ranking to the second best performing Trust in the country.

We owe much for our success in this area to the dedication of the whole Choose & Book team, who constantly seek to improve all aspects of the service. In response to issues raised by some of our GPs, NHS Havering has recently employed a dedicated Choose & Book Trainer who visits surgeries as required to answer queries, update training and support the GPs, Practice Managers and Practice Staff. The response forms for this recent initiate were extremely positive.

The Choose & Book team are closely involved with the 'Choices' initiative, which allows all patients to choose the hospital they wish to be referred to. The team assisted in a recent road show which Choices was promoted and spoke to many Havering patients to offer advice and information and listen to concerns. In addition, the National Patient Choice Survey conducted by the DoH in December 2008 found that in Havering, 72% of patients were given a first outpatient appointment at the hospital of their choice, compared to an average of 68% across England.

Migration to Direct Booking
NHS Havering has been very successful in making the majority of its services directly bookable; currently the proportion is over 60%. The services that are not directly bookable are mainly GPs with special interests (GPSIs) and NHS Havering will be consulting with all indirectly bookable service providers to assist with their migration where possible.

As a result of this high level of directly bookable services, NHS Havering has maintained third place nationally in the use of Choose & Book and surged forward to second nationally in March 2009.

NHS Havering will continue to migrate services to become directly bookable in the next 12 months, which will support the Trust's national high ranking in the use of Choose & Book.

Directory of Services (DOS) Quality
NHS Havering has reviewed the quality of its DOS and implemented recommended changes during March 2009. These changes included the removal of clinician names in services, to bring them in line with the national Choose & Book naming convention, and the removal of any unpublished services that were no longer required..

Moving forward, the DOS will be further improved by the implementation of Standardised Nomenclature of Medicine (SNOMED) clinical terms during the first quarter of the 2009 financial year. This change will mean that when Choose & Book 4.2 is released in June 2009 referrers will be able to enter a clinical term and search for a more appropriate service for their patient.

NHS Havering is planning to direct an awareness and training support campaign regarding Choose & Book 4.2 and the SNOMED implementation to ensure a seamless transition to an enhanced way of working. Using SNOMED terms in our DOS will further assist referrers to place their patients into the right clinic first time.

NHS Havering Choose & Book – Page 2

Choices Campaign Plan
As mentioned, NHS Havering further promoted the Choices Campaign on 1 April 2009 with a Road Show, held in Romford shopping centre. The Road Show was manned by NHS Havering staff from many directorates.

This, and future road shows, will be supported by a programme of planed press releases during the coming months. The Patient Choice Lead for NHS Havering also sent out a letter and information pack asking for support to get the message out to patients by displaying posters and making appointment cards available for patients to pick up. This information and letter has been sent to all GPs surgeries, clinics, dental practices, opticians, pharmacists and libraries.

The information packs provide a variety of advertising and promotional aids such as:
- *Wall Planners*
- *Posters (various sizes)*
- *Appointment Cards*

IT Infrastructure
NHS Havering has a good IT infrastructure which is maintained and monitored by a dedicated IT Department.

Slot Unavailability
Barking, Havering & Redbridge Hospitals Trust (BHRT) is the main provider of secondary care services for patients within Havering. Slot unavailability was an issue that NHS Havering booking staff were struggling with regularly each day. This is being addressed by BHRT and there has been an improvement of slots available over the last year.

NHS Choices Profile (web based search engine)
This is a web based search engine used by patients to search for clinicians in their area. NHS Havering has encouraged all GPs, Opticians and Dentists within Havering to review and amend their profiles where necessary on the NHS Choices Site. We have emailed all GPs, Opticians and Dentists to remind them of their responsibility to keep their own information up to date on the Choices website. To support this we included the Choices Helpdesk information to make any amendments as easy as possible. NHS Havering will periodically review a sample of the profiles on this site in an effort to monitor the maintenance required and to support practitioners where necessary.

Choice/CAB Targets
NHS Havering is currently at 90% and has been ranked third in the country for Choose & Book usage for some time until March 2009 when we elevated our position to second nationally.

In addition, the National Patient Choice Survey conducted by the Department of Health in December 2008 found that in Havering, 72% of patients were given a first outpatient appointment at the hospital of their choice, compared to an average of 68% across England.

NHS Havering plan to continue this level of achievement for the oncoming year and even improve, by continually supporting our practices and service providers in its use. NHS Havering has a local Citizens Advice Bureau which works efficiently and effectively using their knowledge of the services and infrastructure of the clinics and local area.

Working Together to 'Go Paperless'
NHS Havering will be working in partnership with Waltham Forest, Redbridge and Barking & Dagenham PCTs and BHRT to become the first Choose & Book service in London to go paperless. This pilot is due to commence in June 2009.

Supplied by Alison Murray-Richman, Head of Service Redesign

Choose & Book – Barking & Dagenham

NHS London reviewed the PCT's progress in delivering Choice & Booking at a meeting in February. NHS B&D has consistently been one of the top performers on C&B utilisation in London and is referenced as a best practice site nationally. The PCT was the second highest user of C&B in London in June reporting 80% utilisation across practices.

Priorities for 2009/10 were agreed and include implementation of an action plan to reduce slot unavailability at BHRT; working with trusts to improve the quality of the Directory of Services (DOS) and updating the DOS for community services; delivering a campaign to increase public awareness of choice and ensure appropriate information is available as set out in the NHS Constitution.

NHS London is also keen to pilot a 'paperlite' referral process as a radical approach to increasing utilisation to above 90% and our community is keen to adopt this model, so discussions are currently taking place to pilot this approach. To achieve this, joint discussion is taking place with BHRT with the intention of looking at robust processes to include two weeks wait, rapid access and maternity services on to C&B.

The PCT has recently embarked on a bus campaign to promote awareness of choice and advertisement has been placed on the outside of buses.

All practices have received training on the C&B upgrade to Version 4.2 via the protected Time Initiative, Practice Managers Forum and practice visits. SNOMED has been uploaded for all community services on C&B and a review of the Directory of Service for all community services will be completed by the end of July.

Supplied by Sharon Morrow, Assistant Director of Practice Based Commissioning

New Complaints Procedure

In April 2009 the Government introduced a new system for dealing with complaints, bringing together the processes for health and social care services complaints. The National Health Service (Complaints) Regulations 2004 was replaced with The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.

Handling complaints can be complex and stressful. It requires time and commitment when the individuals involved are feeling at their most vulnerable. Getting it right can pay huge dividends but when it goes wrong no one wins.

The new NHS complaints procedure has two stages:

1. The practice and/or the PCT try to resolve the complaint using local procedures.

2. If the complaint is not resolved, the complainant can ask for an independent investigation by the Parliamentary Ombudsman for Health.

The London Primary Care Complaints Consortium have produced their third edition of "Making Experiences Count" a complaints guide for General Practices, copies of which have been distributed to all the practices within Havering. This excellent folder contains user friendly advice on how to manage and learn from complaints and as always the FHS Complaints Team can always be contacted on 01708 465307 and are happy to provide support, help and advice.

Christina Guy, Complaints Manager, NHS Havering

Enhanced Services

NHS Barking & Dagenham:

Directed Enhanced Services

NHS Barking & Dagenham offered the five new Directed enhanced Services to all practices during the year. 30 practice signed up to at least one of the new services and of these, 11 signed up to undertake all of them.

CVD LES

This was introduced during the year and has evolved as the national requirements have been translated into a local strategy for this key aspect of the Department of Health's Health Improvement agenda. A revised version for 2009-10 has recently been issued.

Jemma Gilbert, Associate Director of Primary Care Contracting NHS B&D

NHS Havering:

The Direct Enhanced Service (DES) for Learning Disabilities was introduced in 2008, which included annual health checks for adults with learning disabilities. It required liaison between PCTs and Local Authorities to collate and cross-reference information to identify people who are eligible for health checks. 25 practices signed up to this DES and underwent the necessary training. Not all practices received a visit from the Learning Disabilities Team to validate their register, which was a mandatory requirement prior to carrying out their annual health checks. This matter will be address for the 2009/10 DES.

With regard to the IM&T DES, practices were working towards attaining Level 2 of the IG Toolkit and 98% have engaged. Evidence of Level 2 attainment is being collated and practices are being assisted in developing protocols. A few practices are now working towards Level 3.

Angela Pruss, Interim PBC and GP Contracts Lead

Extended Hours

NHS Barking & Dagenham

The PCT continued to offer its own LES over and above the terms of the DES. There are three levels to the LES:

Level 1 is the DES and is open to all practices to apply.

Level 2 is available to practices who wish to offer more and who meet some basic entry criteria relating to access and performance.

Level 3 is for practices seeking to open permanently Monday to Friday 8a. To 8pm (or longer) and Saturday mornings. One GMS and one PMS practice have signed up to this.

Jemma Gilbert, Associate Director of Primary Care Contracting and Colin Alderman, Head of GP Contracts

NHS Havering

During 2008/09 43 practices participated in the Local Enhanced Service (LES) for Extended Hours, which runs from 1 June 2008 to 31 March 2010.

It is intended to evaluate this service in terms of quality and effectiveness and it is anticipated that patient satisfaction will be reflected in the Patient Survey 2009/10. Analysis of the 2008/09 Patient Survey is being undertaken within the current financial year, which will result in an Access improvement Plan, to include extended hours.

Angela Pruss, Interim PBC and GP Contracts Lead

Future Strategy Barking & Dagenham PCT

It has been a year of challenge, change and innovation for NHS Barking & Dagenham. During the year, along with some other primary care trusts, we have changed our name to reflect the position we hold as the lead organisation for the local NHS, responsible for planning and buying health services for the borough's residents. As our work increasingly moved its focus towards becoming a world-class commissioner, the board made a decision that the provider part of the organisation, responsible for community services such as health visiting, blood testing, physiotherapy and district nursing, should be strengthened and managed by an organisation with proven high-quality provider management experience. This separation allows us to concentrate on working with local people and agencies such as the council and voluntary organisations to plan and buy the best possible health services.

It has also been a year of achievement, which was recognised by the ratings we received in October 2008 from the Healthcare Commission, an independent body responsible for assessing the performance of all NHS organisations until 1 April 2009. Our rating of fair for quality of services, the score given to 77% of primary care trusts in London, showed consistent performance for the third year running. It is encouraging that we gained the maximum possible score for safety and cleanliness and keeping the public healthy but we are far from complacent about the areas that need more attention, such as being able to see a GP more quickly. Improving primary care access remains one of our priorities and we now have the highest percentage of GP practices in London which are open in the evenings and/or at weekends. In addition, two new practices opened during the year, increasing the number of GPs available to the local population. Working closely with Barking, Havering and Redbridge University Hospitals NHS Trust, we have succeeded in meeting our target for 18-week referral-to-treatment times. We continue to work with the local hospital trust and neighbouring primary care trusts on this and improvements in our accident and emergency waiting times.

Our rating of good for use of resources, placing us in the top 50% of primary care trusts in the country, showed we performed well. We achieved the maximum possible scores for financial management and financial standing for the second consecutive year.

Understanding the health needs of local people and providing convenient services closer to home are key aspects of our work. Progress continued during the year on new health centres at Porters Avenue and the Child and Family Centre, both now open for business, and March 2009 saw the first turf turned on the redevelopment of Barking Hospital in Upney Lane. This community hospital will house a wide range of facilities including an urgent care centre, out-patient, diagnostic, community mental health services and a midwife-led community maternity unit. Often this will avoid the need for local residents to travel outside the borough when they need these services.

Consistent work with local communities and partners in the public and voluntary sectors, and through top-level roles in the Barking and Dagenham Partnership, led to some exciting initiatives during the year. While continuing to produce nationally recognised health information in printed form, including leaflets, posters and advertising in the local press and key health messages displayed on local buses, we launched a series of websites aimed at specific population groups and the first London-wide domestic violence website for healthcare professionals. The Get Wet, Swim for Free programme, following a national support team review of partnership working on health inequalities, resulted in a dramatic increase in the number of young people going for swimming sessions. Work on such programmes will continue over the next three years to promote health improvement.

We started this introduction by mentioning challenge, change and innovation and our focus on becoming world-class commissioners. We know our commitment to the local population, with clear priorities for improving health alongside strong board and governance arrangements, give us a solid foundation on which to build. However, none of our successes and achievements so far would have been possible without the commitment and efforts of everyone who works for and with NHS Barking and Dagenham. We are taking this opportunity to thank all of them not only for their work during 2008/09 but for continuing to help us create a world-class organisation in the coming years.

Produced by Maureen Worby, Chairman, Stephen Langford, Interim Chief Executive and Dr Arun Sharma, PEC Chair

Future Strategy NHS Havering

The PCT is beginning the annual process of writing the CSP. This year the Havering Plan will form part of a larger plan which is being developed by the four PCTs in the Outer North East London group, Havering, Redbridge, Waltham Forest and Barking & Dagenham.

There will be a strategic section which will be written as joint commissioning intentions from the ONEL PCT's setting out the commissioning intentions which support the strategic vision as described in the NEL Case for Change (H4NEL) and the approach to managing the Acute provision of care. In addition there will be four sections, one from each PCT, which describes the Primary and Community Care commissioning intentions. These commissioning intentions will be closely aligned to the goals and ambitions of our Local Borough of Havering.

The PCT is required to provide an outline of our plans for a presentation to NHSL in early October, which includes:
The case for change, our engagement with the public and clinicians, the emerging proposals for care settings, e.g. poly systems, home
Emerging proposals for the delivery of care pathways
Major issues and challenges, work force education and training

The CSP is being discussed at the PTI on 1 October and at the PEC on 28 November. The timetable for the final submission is 18 December.

Supplied by Chas Hollwey, Int. Chief Executive, NHS Havering

List Cleansing Update

The national list cleansing project started in 2007 and continued into 2008, with the evaluation completed in March 2009.

The LMC had concerns regarding the project, which was undertaken by NHS Shared Business Services, and invited Peter Blessington to come and explain the evaluation report.

Practices informed LMC office that this exercise had caused extra work, especially around re-registering of the patient at a busy part of the year (January 2009). We were not happy to have been informed by SBS that once a patient who had been identified in these lists and subsequently confirmed to be a bonefide registration, they would not be able to re-register them until the next quarter.

A meeting was held with Peter Blessington in May, where he confirmed that registration should be done on the same day as the patient's name has been entered on the computer. He then went through the evaluation report. At the end of the report he accepted the comments relating to the possible difficulty patients may have experienced in reading and understanding the verification letters that SBS had sent and would be included in a review of communications that, at that time, was currently being undertaken by Barking & Dagenham PCT. The following action points arose:

- *An updated list of FHS contacts should be provided to the LMC*
- *A training need for practice staff was identified in the evaluation report. This could be commissioned from SBS and delivered, for example, at the Practice Managers' Forum.*
- *If there is a lack of clarity at practice level relating to acceptable forms of identification, and the PCT eligibility criteria is not sufficiently specific, then the DoH guidance should be followed.*

Extracts from the meeting supplied by LMC Office

Medicines Management – Havering

The following issues were discussed at the Havering Prescribing Committee meetings February 2008 to June 2009:

Medicines Management Structure

The Medicines Management team are recruiting to the following new posts:
Head of Prescribing, Head of Medicines Governance, Head of Community Pharmacy, two Practice Support Pharmacists and a Dietician.

Oxygen

For the home oxygen service, patients should be referred to an assessment centre before oxygen therapy is started. Air products have instructed that it is the responsibility of PCTs/LHBs to notify the applicable HOS provider regarding deceased patients. Flyers were sent to GP practices highlighting various sizes of cylinders, cost and when they should be used.

Scriptswitch

Scriptswitch went live on 21 April 2009. 31 GP surgeries are online with feedback due in September.

NPSA Alerts – Safe Medication Programmes

The following action plans were written and implemented as a result of the NPSA alerts:

- *Opiod Medicines*
- *Anticancer Medicines*
- *Risk of omitting Hib when administering infanrix/PV and Hib*
- *Reducing risk of overdose with Midazolam injection in adults*

Shared Care Guidelines

The following shared care guidelines have been written and agreed:

- *Zoladex*
- *ADHD*

Medicines Management – page 2

Treatment Guidelines/Prescribing Policy

The following have been written and agreed:

- *Osteoporosis treatment guidelines*
- *Zoledronic acid protocol*
- *Epipen prescribing policy*
- *Diabetes care pathway*
- *Antibiotics guidelines*

Switch Protocols

The following medicines switch protocols have been written and will be implemented when the practice support pharmacists have been recruited:

- *Bisphosphonates*
- *Inergy (simvastatin/ezetimibe combination tablet)*
- *Clopidogrel*

PGDs

- *ACWY PGD was written and agreed*
- *The Warfarin and Vitamin K PGDs have been written and agreed to be used in the new Warfarin service*

Other Guidelines

The following guidelines have been written and agreed:

- *Ordering, receipt, storage and security of prescription pads*
- *Storage of medicines in drug refrigerators within a GP practice or community pharmacy*

QoF 08-09

QoF MM 6 – 100% achievement
QoF MM 10 – 3 GP practices did not meet the target

QoF 09-10

The QoFs have been set and agreed for this financial year and GP visits have commenced.

Prescribing Savings

Savings against prescribing budget for 07/08 were £1,275.00.

Supplied by Belinda Krishek, Joint Head of Medicines Management

Mentoring Update

The mentoring programme is continuing successfully in Barking, Dagenham and Havering. As you know mentoring was set up in July 2007 and fourteen mentors were trained. We now have twelve mentors who have continued to offer their services and they attended a refresher course earlier this year. The training was again provided by Cygnus Mentoring and Professional Development, who are specialists in training mentors.

The LMC continues to be responsible for the day-to-day management of the project so the GP will not hesitate to use the service. A GP who identifies the need for a mentor telephones the office and speaks to the Administration Secretary, who then sends them a list of Mentors, following which the GP can contact the mentor direct or the LMC office will ask the mentor to contact the GP.

The mentors' and mentees' experience of the issues discussed during mentoring, of which we are aware, has been in supporting professionals during time of transition:

Joining a new partnership
Being involved in more specialist work
Working as a non-principal
Working more in management roles
Coming up to retirement
Support during investigation of a complaint

The uptake of mentoring has been as follows:

Total number of mentors	*12*
Total number of mentees seen	*33*
Total number of sessions undertaken	*48*

End of Year Report from the LMC Office

ONEL Community Services

ONELC services in Havering include:

Havering Children and Family Services:

Community Paediatric Medical Team
Health Visiting
Paediatric therapy including occupational therapy, physiotherapy and speech and language therapy
Safeguarding Children
School Nursing
Special Needs School Nursing
Children's Continuing Care Team
Immunisations team (for HPV and BCG for children under 5 years)
Adult Learning Disabilities

Havering Adult Services:

Spinal Musculoskeletal Assessment Service
Falls Clinic
Intermediate Care Assessment Team
Day Hospital where clinics delivered by medical, nursing and APH staff
Rapid Response
Inpatient Wards (St George's Hospital) includes Stroke, MAU, Rehab
Urgent Care Centre (UCC)
Disablement Services Centre
District Nursing/Community Matrons
Phlebotomy

Allied health professions, including Dietetics and Nutrition, Podiatry, radiography, occupational therapy, physiotherapy working in a variety of specialism's in inpatient and community services including stroke and neurological care, rehabilitations, falls clinics. etc.

Specialist nursing including tissue viability/wound care, continence, diabetes, epilepsy service, community oncology, palliative care, neurological nursing, respiratory, cardiology, stroke nurse.

ONEL Community Services /page 2

The in patient services in the past year have made many improvements in patient care using principles through “Releasing Time to Care”. Complete compliance was declared with single sex accommodation as set out by the DoH. Beds are ring fenced for their speciality and admissions to the Medical Assessment Unit are encouraged from the community.

The District Nursing teams have been involved in a project, PACE (post acute care team) sponsored by NHS London to deliver post acute care in the community. This has led to close working relationships with our partners in the acute sector and patient feedback has been good.

The respiratory service now has a specialist nurse in post and she is working on the care pathways for patients with COPD as a priority. Pathways have been developed and these have been sent to PBC leads for their comment. This service should hopefully have a positive impact on the winter pressures.

The diabetes team staff have attended training in DAPHNE and DESMOND. Future course in DAPHNE have been booked and DESMOND is running monthly. Waiting times for the courses are now reducing and patients are able to access the information regarding diabetes management in line with Government agendas.

In an effort to bring expert care closer to home, the Community Rehabilitation team has been involved in a telecare project working with University College Hospital in the provision of a spasticity management clinic. This was completed using technology with the client able to communicate with the staff at UCH for expert advice without having to travel further than their local hospital site.

The services in ONELCS are always keen to receive feedback from our partners in Primary Care and clinical services structures were circulated via the LMC earlier this year with names of the service leads. Please do not hesitate to make contact with us if you wish to receive further information regarding these services or please visit: http://www.onelcommunityservices.nhs.uk/services

Produced by Suzanne Farris Int. Director of Adult Services (Designate)

ONELCS – Overview & Future Strategy

Outer North East London Community Services (ONELCS), formerly Havering Autonomous Provider Organisation (APO) is a leader in developing provider services. Through it's various innovations and undertakings it has created models of best practice, as well as a roadmap for others to follow, both in terms of the formation of an APO and the completion of a business transfer. It works independently from, but is still ultimately accountable, to NHS Havering. On 1 April ONELCS doubled in size following the business transfer of provider services from NHS Redbridge and NHS Waltham Forest. ONELCS is a clinically led managerially supported organisation, patient centred but with a business focus. Our vision is that ONELCS will be an independent organisation that delivers consistent and excellent healthcare, proven to be safe and effective. ONELCS will be a provider of choice by offering a service portfolio where it can demonstrate it is leading in terms of quality, capability and value for money.

In 2007, the DoH decided the way community healthcare was provided needed to change. The guidance called for the creation of modern innovative community services and outlined a timetable of separation for PCT provider services. We wanted to lead this transformation in order to create something that would work in the best interests of our stakeholders. There was guidance from the DoH but no well established precedent upon which our organisation could base its developments. This meant that as we moved towards forming the new organisation we were often reliant on our own experiences. Whilst other organisations hesitated, due to the lack of a concise roadmap, we created our own. We became the first APO in London on 1 May 2008.

On 1 April 2008 we completed the first business transfer of provider services in the country. Provider services from NHS Redbridge and NHS Waltham Forest transferred into the APO. A lot of work was required, as with the formation of the APO, to ensure the organisation would be robust in terms of HR, finance and governance. The increase in our skills base, following the business transfer, has strengthened the organisation significantly, allowing staff to learn from best practice across the three boroughs. We changed our name to ONELCS to more accurately reflect the area we represented following the transfer.

The formation of the APO has always been seen as a transitory stage. Our development is predicted on being fully externalised in the future. When deciding how this would be best achieved, several options were considered. In consultation with our staff and partners it was agreed that we would move forward as a CFT (Community Foundation Trust). Our main aim is now to complete our CFT application in line with Monitor guidance. The CFT form will allow us to be more independent while concurrently remaining part of the NHS family. We intend to be one of the first CFTs in the country. A Deloitte audit in November 2008 clearly shows that our progress is more than satisfactory.

Our objectives include engaging our staff so that they contribute to the leadership and progress of the organisation and in turn we commit to their robust involvement in decision-making and planning. ONELCS intends to actively recognise, release and celebrate the human potential within the organisation. We will continue to identify and optimise emerging opportunities and needs. We will build effective partnerships whilst creating a reputation amongst stakeholders for being responsive, creative and dependable.

We need to have a solid and proactive relationship with our commissioners. The Chief Executive Officer of NHS Havering is still ultimately accountable for the actions of ONELCS and we had to have certain measures in place to assure them that our organisation is fit for purpose. Trust between the two sides is integral. The freedom given to us in order to implement the necessary changes to become an APO and complete the business transfer were based on the understanding that we would deliver a successful organisation. Both the PCT and ONELCS Boards are fully assured that this has been achieved.

ONELCS – Overview & Future Strategy /page 2

Creating an organisation that is patient focused, clinically led and managerially supported has elevated the level of care and quality of services provided to the community. All staff in the organisation, especially senior management, have the freedom to focus solely on providing the highest quality care and the innovations and advancements needed to continue to be a leading community services provider. Patients have also been granted a faster and more convenient system of care.

We are very proud of our ability to exist in an ever changing landscape. We are also pleased to be able to use our experiences to help other PCT's in their provider and commissioner split. We have taken the opportunity to develop a sophisticated system of governance for APOs that has been commended and shared as best practice for other organisations embarking on the same type of organisational change. Our own journey has been audited and commended by the Audit Commission. In short we have designed our own solution and this has been found to be fit for purpose.

With autonomy comes freedom to act and we have maximised this opportunity to change the way our services are delivered. The model of care we have implemented is based on better access, the use of multi disciplinary approaches and the ability to respond to the changing needs of our community. We give our patients the right service delivered by the right person in the right place at the right time. We have created significant benefits through productivity work and have empowered our staff to create the changes required by our patients. We are robust and responsive and have attracted new business as a provider of choice.

Havering APO is an organisation that has quality and improvement at the heart of its plans. Our staff and patients have mutually benefitted from our changes. This is not surprising as they have been at the heart of our development.

We have used a range of partners to help broaden our perspective on healthcare and to find the best way to provide for a wide range of areas and services. Through scrutinising how we finance our organisation we have redistributed funding into our services, without having to ask commissioners to provide us with additional funding. We have secured our services and our staff's welfare in our plans. We will continue to carry these approaches into the future.

Developing best practice through user feedback is an important aspect of shaping and improving services within the NHS. We are committed as an organisation to developing services that meet the needs of our population and that service development and redesign is shaped through the involvement of the community, patients, carers and staff.

We work very closely with our local authority and voluntary sector colleagues to engage with our users and patients through a variety of forums, working groups and stakeholder meetings. This allows us to review services, embrace creativity and innovation and make real changes to service provision, which enhances the patient experience and perception of the "care" they have received.

Provided by Anna Keylock, Communications Officer, ONELCS

Practice Based Commissioning Barking & Dagenham

Introduction

41 out of 44 practices signed up to PBC and are working together in two clusters. Barking and Dagenham Healthcare Consortium and the East Cluster joined forces to form a new cluster, United Medical Consortium, from the 1 April 2009. This larger cluster will comprise of 15 practices, giving practices a better opportunity to realise the benefits of service redesign and implement major changes in service provision. Practices have reviewed their inter-practice agreement, which sets out how they will work together to deliver their PBC business plan.

The development of PBC is overseen by the PBC Steering Group which meets monthly and reports to the PEC. The PBC Clusters and PCT have agreed to a Memorandum of Agreement that sets out the responsibilities of the clusters and the PCT in the management of PBC, including budget management and PBC business plans.

This paper outline some of the key activities for 2008/09.

Commissioning Incentive Scheme

39 out of 43 practices qualified for a payment under the commissioning incentive scheme for 2008/09. Total payments of £329,500 were made for achieving targets related to reducing emergency admissions, demand management, choose & book utilisation, obesity management and prescribing.

The Commissioning Incentive Scheme has been updated for 2009/10 to include targets for reducing emergency admissions, demand management, choose & book utilisation, Gold Standard Framework, screening for atrial fibrillation and promoting young people friendly practices. Peer review is being used as a tool to review outpatient referrals and emergency admissions.

Practice Based Commissioning Business Cases

The process for approving PBC business cases was reviewed in March 2009. A sub-committee of the PBC Steering Group reviews all proposals up to the value of £45,000. Those above £45,000 were referred to the B&D Commissioning Strategy Planning Group.

The PBC Business Case Sub-committee approved 26 PBC business plans in 2008/09 to a total value of £315,433.

Service Redesign

Integrated Care Pathway Diabetes

A new integrated care pathway for diabetes was launched in January 2009. This was developed across BHRT health economy using Map of Medicine and is underpinned by clinical guidelines that are being finalised across BHRT and Primary Care.

This service has moved to Parsloes Park and is profiling clinics to support the integrated care pathway. The service is nurse led with additional capacity for podiatry and dietetics. Clinical support is provided by a Consultant Endocrinologist and medical support is being commissioned from GPs with a special interest (GPwSI) in diabetes. Patients with type-2 diabetes now have access to structured patient education programmes to improve self-management and complex case clinics that for many patients will provide an alternative to secondary care services.

Practice Based Commissioning Barking & Dagenham /page 2

Primary Care Outpatient Services

The Primary Care Anticoagulation Service has now reached the target of transferring 1000 patients for monitoring into the Primary Care setting. In 2008/09, 9763 follow-up appointments were transferred from Secondary to Primary Care.

Referrals to the Clinical Assessment and Treatment Services continue to improve. In May 2009, referrals to the Primary Care Services as a percentage of total referrals were as follows:

Dermatology	*79%*
Minor Surgery	*39%*
Cardiology	*38%*
Gynaecology	*45%*
Respiratory	*77%*
Urology	*20%*
ENT	*31%*

Nursing Homes

PBC has led discussions with nursing home managers, GPs, London Ambulance Service, the Rapid Response Team and end of life facilitators to discuss how the could support admission avoidance from nursing homes. A number of areas are being explored, including how the end of life facilitators and Rapid Response Team can provide support to nursing home staff to enable patients to be cared for in the community. Nursing home staff will be given the opportunity to shadow nurses in A&E at BHRT in order to enhance their knowledge of NHS care.

Integrated Care Pilot

The PCT has commissioned a local integrated care pilot that builds on the successes of Unique Care and will develop the model further to include all patients on the registered lists. Experience from Unique Care has demonstrated that providing practice-based health and social care to vulnerable older people can provide significant benefits for patients by delivering more proactive and responsive services. The pilot will explore the integration of primary care and community nursing services for the practice population. Partnership working with the Local Authority will be developed to support integrated working for long-term conditions. The pilot is expected to commence in the autumn of 2009.

The PCT participated in an integrated care seminar in May with the CEO of Hills Physicians California, organised by the Nuffield Trust. This was part of a study series to learn about integration from high quality health organisations in the USA and to disseminate this learning within the NHS. The seminar provided some useful learning on how general practices could be supported across a network to improve the quality of care.

The PCT has been successful in the first stage of selection to become a DoH pilot site for personal health budgets and received feedback on our expression of interest. Provisional pilots will undergo a "pilot progress check" before being confirmed as a full DoH pilot in the autumn.

Supplied by Sharon Morrow, Assistant Director of Practice Based Commissioning

Practice Based Commissioning Havering

The outturn position for 2007/08 identified an under-spend in 26 of the 52 practices against the combined budgets devolved to practice based commissioners (the acute and prescribing budgets). Notwithstanding a temporary suspension, practices are now producing proposals to be considered by the PBC Review Panel.

The position for 2008/09 identified an under-spend in only 12 practices, producing a total savings figure of £1.3m. Practices have been informed and those under-spent will be invited to submit proposals.

2008/09 Finance Summary Reports have been sent to all practices. Representatives from Finance and Primary Care Commissioning continue to attend Cluster Group Meetings to advise and assist.

Angela Pruss, Interim PBC and GP Contracts Lead

Practice Based Commissioning Practice Savings

Barking & Dagenham Terms of Reference:

1. *The PBC Business Case Subgroup will consider all practice/PBC Cluster plans for the use of PBC savings with the exception of PBC savings proposals:*

   (i) That require pump priming
   (ii) That could have a significant impact on other services commissioned by the PCT
   (iii) That exceed the total contract value of £45k

2. *Proposals that are covered by 1 (i), 1(ii) and 1 (iii) will be referred to the CSP Group for consideration.*

3. *All decisions will be made in line with current legislation and guidelines from the Department of Health.*

4. *Business cases will be assessed against agreed criteria that will include the following:*

   - *Evidence based clinical effectiveness*
   - *Clinical safety, quality and governance*
   - *A continuation to offering care closer to home and delivery of the national 18-week target*
   - *The benefits of the service to patients and the impact on activity are described*
   - *The proposal has patient and stakeholder support*
   - *Monitoring arrangements are in place*
   - *Risks and mitigating actions have been considered*
   - *Affordability within the current and project indicative budgets*
   - *Value for money, including benchmarked costs to determine a reasonable price range for services*

5. *A decision will be made within 8 weeks of receipt of the proposal from a practice.*

6. *All members will be required to declare any interest in any business case in which they may have a direct interest.*

7. *The Group will meet at monthly intervals or less frequently as appropriate.*

From the PBC Business Case Subgroup, supplied Sharon Morrow, Acting Director of Commissioning, NHS Barking & Dagenham

Havering:

Finance calculate the practices that are overspent and underspent. As with 07/08 BHS Havering recently sent out letters to those with savings for 08/09 inviting them to send their proposals, following which these bids will be considered by a Review Panel set up by PEC. Finance also send out information to those who are overspent.

For 08/09 15 practices were underspent, with the remaining 37 being overspent. The last review panel for 07/08 Was held on the 10 November 2009.

Angela Pruss, Interim PBC and GP Contracts Lead

Tutors' Report Havering

Barking & Dagenham:

We here in Barking & Dagenham are busy with our teaching programme via Protected Learning Time Lectures, which hare fully supported by our PCT. These lectures, which hare delivered mostly by our Local Trust Consultants and sometimes by the Consultants from the London Teaching Hospitals are well attended and the participation of the doctors and nurses is very encouraging and gratifying.

Apart from this, Clinical Meetings are also held at Urswick Medical and Educational Centre on a fortnightly basis. Regular Dermatology Workshops are also organised, where the participants bring in their 'difficult' and interesting cases for everyone to learn from and discuss with the help of the Consultant Dermatologist who facilitates the whole meeting. Both meetings are very well attended.

Barking & Dagenham has been instrumental in running the I Map Course to help those who have, for one reason or another, not completed the MRCGP. It is facilitated by a RCGP appointed facilitator and hopefully by the end of 2010 we could be seeing a large number of our colleagues successfully completing their membership examination.

Information supplied by Dr T C Mohan, Tutor, Trainer and Educational Lead at Barking & Dagenham PCT

Havering:

The PTI has grown from strength to strength and is still going strong from an educational point of view. It is partly funded by local GPs via payment or subscriptions and support from drug companies. The majority of Havering GPs have continued to subscribe to the PTI .

10 monthly PTI events are held every year. In addition 3 lunchtime meetings are held on three Tuesdays every month.

There were problems with administrative support when NHS Havering withdrew part of their support but by employing one extra staff to help with the administration the PTI/educational programme has kept going.

The PCT use the first half-hour slot of every PTI event to interact with, and inform, the local GPs of developments with the PCT area.

Information supplied by Dr O M Sanomi

Twenty Four Hour Retirement Update

The Exeter system no longer has the facility to hold patients in abeyance and as the retiring doctor's screen has to be closed and reopened with a new local code, the retiring doctor's patients have to be transferred to the other remaining GPs in the practice. Once this action has been taken it is not possible for the patients to be retrieved from the GP/GPs who have received these patients and they become part of his list.

The system also does not allow the registration of patients to a senior partner with reduced hours. This means that the link code of the practice has to be changed to a remaining full-time partner. When the month has passed the GP has to be reset as the senior partner with a new local code number.

A surgery can consider making the practice a 'pooled list', thus bringing the practice in line with the nGMS 2004 regulations. The system can be set up to print the name of the GP.

The following information has been received from the Primary Care Contracting Advisor (London):

"In relation to single-handed GPs, the Pension Fund rules make it clear that the GP must resign from any involvement in their GMS contract, which effectively means that the doctors have to give up their contract. Once this happens, the PCT becomes responsible for the services and can either provide the service itself or tender for a GMS/PMS/APMS Provider to deliver the services.

As there is no legitimate process to handing the contract back to the original retired GP the tendering process should follow the PCT's Standing Orders and Standing Financial instructions. In a situation where the 'retired' GP becomes the preferred provider under the tendering process, the new contract will be issued with no entitlement to MPIG."

Supplied by Denise Abrams, FHS/SBS

Views of a new LMC Member Barking & Dagenham

I started working in Barking & Dagenham in 2003 as a salaried GP. In 2006 I became a principal GP at Movers Lane & Cavendish Gardens Surgery.

Since becoming a GP my knowledge about the LMC, its role and duties, was very limited. This changed dramatically when I became a co-opted member last year. Attending meetings gave me a helpful insight into the various important roles of the LMC. I was able to witness how the LMC had a significant input into local healthcare policies, negotiations and implementation.

The knowledge that I have gained since joining the LMC has been invaluable. As a new principal it has helped me get to know my fellow GPs and understand how the PCTs and GPs jointly affect the delivery of healthcare in the borough. It has also helped me appreciate my PCT colleagues and their commitments even more. All members seem to be open to ideas. This means that we can look at new avenues of implementing certain policies.

The ever changing micro and macro world of general practice and its demands can at times get very overwhelming. I was finding it very challenging to keep up with changes, plan ahead, practice medicine and continue with the day to day running of the practice. The LMC and its members have helped me with these issues. They have guided me through various areas and helped me to juggle the many aspects of general practice. The monthly meetings have kept me aware of new changes and what fellow practices and the PCTs are doing to adapt to them. The LMC has managed to take away the feeling of isolation and boosted my confidence.

Today if anyone was to ask me what the LMC did I could proudly say "The LMC is a medium through which GPs can voice their concerns and have an impact on the delivery of health services in their borough. It is a powerful medium that can improve the health status not only of the patients but also the GPs working in the borough."

Dr Kanika Rai, Principal GP at the White House Surgery and the Green House Surgery

Views of a new LMC Member Havering

It is very easy for a newly qualified GP to be overwhelmed by the workload of a full-time general practice job. All too often other equally as important matters get pushed to the side as time and energy are limited. After talking to several salaried GP colleagues I realised that they were encountering many problems in their day to day practice but were unsure how to change things for the better. This is when I decided to take action and get involved.

I have always had an interest in medical politics and was very fortunate to be co-opted into the LMC in November 2007 after expressing this interest to my trainer, Stephen Newell, who put me in touch with the LMC Secretary.

During my first year with the LMC I gained much understanding of the business aspects of general practice, how problems are flagged up and then communicated with the relevant people in the Primary Care Trust or Hospital Trust and how changes are made for the better. I find the issues discussed at the meetings most fascinating.

More recently I have started to take a more active role in discussions at the LMC and have started liaising with my "constituents" to get more of an idea of what problems are occurring at the grassroots level in order to bring these to the table.

The other members have been welcoming and friendly, often explaining how things operate at the LMC and some of the jargon on the paperwork! I would like to thank each and every one of them for this. My network of medical acquaintances has expanded greatly. Through this role I have come across opportunities to sit on various sub-committees.

Being an LMC member has really stimulated my interest in the political aspects of medicine and made me very keen to learn more. I would certainly encourage any doctor with an interest in the organisation of the NHS and how things are run to come along to see what we do, get involved and make a difference.

Dr Sarita Symon, Salaried GP, North Street Medical Care

Acknowledgements

I would like to welcome the many new GPs who have moved into Barking, Dagenham and Havering during the last year and wish them well for the future.

Thank you to our colleagues from both NHS Barking & Dagenham, NHS Havering, Havering ONEL Community Services, BHR Hospitals Trust and BMA for working well with us throughout the year, and for their contribution to our Annual Report.

Dr H Ahmad resigned from the LMC in January due to pressure of work and I would like to thank him for all his assistance whilst a member, and welcome to the Committee Dr Kanika Rai from Barking & Dagenham and Dr Sarita Symon from Havering.

2007/2008 proved to be a busy and constructive year for the LMC and I thank all Members for giving up their valuable time to attend to LMC business and for all the support I have received from them throughout the year.

……………………………………………
Dr Gurdev Saini, Chairman 2008-2009

List of Members 2009

BARKING & DAGENHAM

DR K ALKAISY
Urswick Medical Centre
Dagenham
Tel. 020 8984 4470

DR R GORIPARTHI
Tulasi Medical Centre
Dagenham
Tel. 020 8590 1773

DR V GORIPARTHI (VICE CHAIR)
Tulasi Medical Centre
Dagenham
Tel. 020 8590 1773

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

DR F ISLAM
Goresbrook Medical Centre
Dagenham
Tel. 020 8593 7141

DR R KALRA
Laburnham Health Centre
Dagenham
Tel. 020 8517 0222

DR R KUMAR
Laburnham Health Centre
Dagenham
Tel. 020 8517 0222

DR A MITTAL (TREASURER)
Markyate Surgery
Dagenham
Tel. 020 8592 2983

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

DR K RAI
White House Surgery
Barking
Tel. 020 8594 4700

Non-principals:
- Dr S De
- Dr S C Hora
- Dr R Yadav

Co-opted Members:
- Dr A Arif
- Dr A Sharma

HAVERING

DR B BEHESHTI
Rush Green Medical Centre
Romford
Tel. 01708728261

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

DR A DESHPANDE
39 Wood Lane
Hornchurch
Tel. 01708 450902

DR B DIXIT
17 Berwick Road
Hornchurch
Tel. 01708 520830

DR A JABBAR
Harold Hill Health Centre
Upminster
Tel. 01708 341188

DR A K JAWAD
382 Upminster Road N
Hornchurch
Tel. 01708 553120

DR J O'MOORE
Upminster Bridge Surgery
Hornchurch
Tel. 01708 440642

DR A PATEL
Chadwell Heath Health Centre
Romford
Tel. 020 8590 1401

DR P PATEL
24 Suttons Avenue
Hornchurch
Tel. 01708 442711

DR I QUIGLEY
Western Road MC
99 Western Road, Romford
Tel. 08444 772430

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

DR G SAINI
Lynwood Medical Centre
Romford
Tel. 01708 743244

DR M SANOMI
Rush Green Medical Centre
Romford
Tel. 01708 728261

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

DR I SUDHA
Cranham Health Centre
Upminster
Tel. 01708 222722

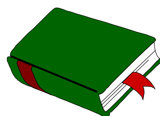
Non-principals:
- Dr A Baldwin
- Dr M Gouldie
- Dr S Symon
- Dr D Weaver

Co-opted Members:
- Dr A Aggarwal
- Dr S Poolo

Barking & Havering LMC

BARKING & HAVERING LOCAL MEDICAL COMMITTEE
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31st MARCH 2009

	2009 £	2009 £	2008 £	2008 £
Income:				
Members subscriptions from levy	112,535		107,946	
Members subscriptions paid in advance	(9,631)	102,904	(7,597)	100,349
Doctor and Drug Companies contribution for dinner	5,130		1,952	
Receipts from Drug Companies	1,000		7,720	
Bank interest	169		511	
HM Revenue & Customs internet filing rebate	100	6,399	150	10,333
		109,303		110,682
Expenditure:				
Medical Secretary Salary	57,576		56,064	
National Insurance	6,710		6,508	
BDH LMC LTD Company Secretary Salary	1,998			
National Insurance	220	66,504		62,572
Admin Secretary Salary	25,393		23,855	
National Insurance	2,554		2,385	
Admin Assistant Salary	9,637		10,154	
National Insurance	538		632	
Maternity leave cover	-		-	
Maternity leave pay claim from HM Revenue & Customs	(4,055)		(1,015)	
HM Revenue & Customs PAYE (refund) payment	(182)	33,885	(40)	35,971
Postage and Stationery	1,043		1,094	
Mobile telephone	383		384	
Office equipment	257		61	
Training meetings	-		170	
Conference Dinner BMA	-		-	
LMC Annual Dinner	4,300		6,825	
Locum Cover for attendance at Conference:				
- Dr Rahman	750		-	
- Dr Bland	-		773	
- Dr Barbosa	-		490	
Contributions to charity	175		375	
Catering for Meetings	470		440	
Accountancy Fees	787		787	
Payroll fees	488		487	
Bank Charges and Interest	111		114	
General Expenses	33		139	
Internet design	117	8,914	-	12,139
		109,303		110,682
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

'The Willows', St. George's Hospital, 117 Suttons Lane, Hornchurch, Essex, RM12 6RS
Tel. 01708 465400/5046 Fax 01708 465579 Email LMC.BDH@haveringpct.nhs.uk
Website barkingandhaveringlmc.org.uk
Barking, Dagenham & Havering LMC Ltd. Registration No. 6773489