



# Annual Report

January 2010/April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

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*This Annual Report highlights the LMC's activities throughout the last year. During this very busy year the LMC has collaborated on a number of projects with NHS Barking & Dagenham, NHS Havering and ONEL CS. The main discussions have happened around Buying Group, Communication with Community Service Clinicians, Encounter Records, GPSoC/IT Upgrade, Overseas Doctors, PMS Review, Polyclinics, Quality of Care and Performance Indicators, Referrals, Retinal Screening, Single Point of Access referral form, Sickness & Maternity Policy for Havering, Summary Care Records and Swine Flu.*

*There has been the introduction of NHS ONEL, which has combined the four PCTs, Barking & Dagenham, Havering, Waltham Forest and Redbridge with the PCTs undergoing many changes and shifting of responsibility.*

*The LMC continues meet on the first Thursday of the month, which is also attended by representative members of ONEL and BHR University Hospitals Trust. Consultants from BHRUT, Members of LPC and LDC and Councillor Steven Kelly have been co-opted to attend the LMC Open Meeting. The LMC has been able to organise various information meetings before the formation of Clinical Commissioning Groups and ran two of their elections. The LMC also hold the following:*

*Monthly Policy Making Sub-committee meetings*

*Bi-monthly meetings with NHS ONEL, Redbridge LMC and Waltham Forest LMC.*

*Quarterly meetings with BHR Hospital Trust*

*Quarterly Prescribing Sub-committee meetings with NHS ONEL Medicines Management Team*

*NHS ONEL has introduced various Groups, which include representatives from our LMC. e.g.:*

*Appraiser and Revalidation Group – Dr V Goriparthi and Dr M Rahman*

*Primary Care Contracting Group - Dr J John*

*Area Prescribing Committee – Dr D Weaver*

*Buying Federation Group – Dr D Weaver*

*Our Annual Dinner continues to be a success. Professor J Barua, who heads up Research and Development at BHRUT was our guest speaker in 2010 and he was well received. Besides GPs and their partners, guests from both PCTs, BHR University Hospitals Trust and recently retired GPs were in attendance.*

*The following donations were made throughout the year:*

*£100 to The Cameron Fund*

*£100 to The RMB Fund*

*£ 50 to The Sick Doctors Trust*

*The mentoring programme is still active and if you wish to take advantage of this service please contact the LMC Administrative Secretary who will let you have a list of mentors. The LMC has been able to get support from Cameron Fund for a local GP in his hour of need.*

*Please remember that our website, [www.barkingandhaveringlmc.org.uk](http://www.barkingandhaveringlmc.org.uk) is updated regularly with information that enables our GP colleagues to keep abreast of changes within the NHS. If you wish to share information or news with your GP colleagues please contact the LMC office, who will include it on the 'GP Notice Board'.*

*We would like to thank our Medical Secretary, Dr Madhu Pathak, for her continued support through what has proved to be an exceptionally busy and difficult year. We would also like to thank Sue Elliott, our Administrative Secretary for her hard work throughout this period. Congratulations go to Suzy Iskander who is currently on maternity leave after the arrival of her third son.*



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## A Birdseye View of the LMC

As you are aware the LMC is the recognised statutory body which represents all local GPs, including contract holders and non-contract holders. It is the professional voice for every GP practice across the country.

Our role includes national representation and negotiation, local voice, GP support services including premises, contracts, partnership issues, complaints, training, advice and a conduit for negotiation between organisations such as NHS London, NHS ONEL, PCTs, BMA, GPCC and Clinical Commissioning Group and patient groups.

There have been a lot of changes with the overhaul of the NHS. We would like to remind GPs and their teams that the LMC represent each of the members. Whilst we hope the transition can go through smoothly and to work collaboratively with organisations near and far, it is important that GPs work together, respect individual opinions and achieve the ideals that they have set out to do.

Clinical Commissioning Groups have mammoth tasks involving leads and their teams, to steer grassroots GPs. The LMC is there to support Clinical Commissioning Groups and their constituent GP practices with their negotiations, delegated responsibilities and their plans. We are an information source to verify local and national key pieces of work. Our leads sit at the highest level should Clinical Commissioning Groups need help. Our teams across the wider area are important information sources as they collate what and how Clinical Commissioning Groups are doing their work across the patch, across London and across the UK. We would also encourage practices, should they feel it necessary; the LMC will be able to negotiate issues within Clinical Commissioning Groups.

The LMC believes and would encourage GP Clinical Commissioning Groups/practices to share key pieces of work, meetings and forums. This, we hope, will benefit GP practices, especially grassroots practices, and we will endeavour to keep them up to speed with local developments and national developments.

We would encourage/expect leads in Clinical Commissioning Groups, LMC members and GPs in the various organisations, and their members, to inform and use the LMC in their negotiations as we will be one of the main bodies that represents practices in times of crisis. The information flow and communications are important at this time.

Lastly, the LMC would like to remind our GP members of what Henry Ford had stated:

**Coming together is a beginning; keeping together is progress; working together is success.**

(This was circulated throughout Londonwide LMCs and was very well received)

Dr Jay John, Joint Vice-Chair and Principal GP in Barking & Dagenham

## Anticoagulation

### **Barking & Dagenham:**

*The community anticoagulation service has been running since 2007 served by two providers from nine sites in the borough. The service manages around 1300 consultations a month.*

*The service is supported by the local acute trust with a bi-monthly joint community/acute trust board meeting taking place at Queen's Hospital to discuss any issues, service improvements and best practice etc. The service has clear inclusion and exclusion criteria and also takes referrals for initiating Warfarin for AF patients. The service also provides domiciliary visits for patients that would normally have to be transported to Queen's. Therefore this is a considerable saving for the PCT.*

*There is no waiting time for this service as capacity is flexed to accommodate patients with domiciliary visits also taking place.*

*A patient satisfaction questionnaire done in September 2010 had a satisfaction rate of 98%.*

- *A review is currently underway with the objectives to:*
- *Increase productivity and efficiency of current service*
- *Analysis of activity data and costs*
- *Update of policies, operating procedures and patient pathways that are now due*
- *Improved service monitoring*
- *Increase primary care activity*

*The project is time-limited to finish early in the New Year.*

*Cathy Lobendhan, PBC Manager NHS Barking and Dagenham*

### **Havering:**

*Our Anticoagulation service has now established itself very well in to the community. We have fully trained our providers and now have 17 locations around Havering caring for over 1,800 patients close to their homes in pharmacies and GP surgeries.*

*Alison Murray- Richman, Associate Director of Transitional Change, NHS Havering*

## Appraisals NHS Barking & Dagenham

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*All GPs on the NHS Barking & Dagenham Performers' List underwent annual appraisal during the year 2009/10. The results of Forms 4 and PDP were variable. Many colleagues now take the annual appraisal very seriously, producing evidence for statements, undertaking audits, discussing complaints, producing evidence for significant events (not all negative) and producing a 360 degree appraisal document to produce objective evidence for the sections of Forms 3 and 4 entitled Relationship with Colleagues and Relationship with Patients. This particularly applies to younger colleagues but not exclusively. Some older colleagues continue to have a problem with producing quality documentation and this has led to issues for discussion between the Medical Director and their appraisers.*

*This year, in an attempt to ensure that all colleagues undertook their appraisal before the deadline of the 31 March, I wrote to all appraisees indicating that I would undertake their appraisal if they required an extension. Unfortunately, during February 2010, we were all informed of a serious security breach involving the NHS Appraisal Toolkit, a mandatory tool for all NHS Barking and Dagenham appraisees, as a result of which the website was shut down for three weeks. NHS Barking and Dagenham agreed an extension of appraisal until 20 May. I am pleased to say that all colleagues completed their appraisal by that date.*

*The Medical Director has personally interviewed a small number of GPs whose documentation could be improved. These interviews have been educational and helpful, the principal objective being to see an improvement in documentation for the appraisal during this year.*

*For the forthcoming year, NHS Barking and Dagenham has invested significantly in the NHS Appraisal Toolkit; our expectation is that all colleagues will continue to use this website for their appraisal. This will be particularly important with regard to revalidation, which is now expected to be operational by 2013. This will be a challenge for all PCTs, particularly as GP consortia will have taken over the primary function of PCTs by that date.*

*Eric Saunderson, Medical Director at NHS Barking and Havering*

## Appraisals NHS Havering

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*Annual Appraisal is a contractual requirement for all GPs working in the NHS, and is a formative and developmental process assisting GPs to identify their learning needs on an annual basis, with the main aim of improving patient care. Responsibility for the appraisal process and its compliance lies with the PCT under the auspices of the Medical Director. The appraisal process has continued to see significant improvements over the last few years and Personal Development Plans (PDPs) continue to include educational objectives, which reflect the enthusiasm of GPs to maintain and increase their clinical knowledge.*

*Sixteen trained appraisers within the PCT undertook a total of 149 appraisals in 2009/10. This represented 104 GP Principals, 28 Salaried GPs and 17 Locums. The Medical Director is currently working with Primary Care and SBS Services to ensure that every GP on our Performers List receives an appraisal. All appraisals were completed within the timeframe and all GPs 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. 95% of appraisals are now being typewritten or conducted on line using the appraisal toolkit.*

*The Annual GP Appraiser Workshop took place in July 2010, wherein members shared experiences and significant events. There was also a discussion on revalidation and the way forward for the appraisal programme.*

*Dr Kornfeld is retiring as an Appraiser this year and we thank him for his hard work and services to the Appraisal Programme over the years.*

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## BMA employer Advisory Service (EAS) Regional Report

*The EAS service for GPs as employers is proving to be a success. It Offers free comprehensive impartial and authoritative advice on a huge range of employer related matters..*

*We have just completed an Employers Handbook which was launched on the 25 November at the LMC Secretaries Conference. We will also be running an event in London before Christmas.*

*In addition to the above, staff in regional services have been taking part in the following activities:*

*A number of GP Employment Law Courses for GPs and practice managers were undertaken during the year.*

*Caroline Alexander, EAS Service, is awaiting a date to attend one of your Educational meetings to discuss Practice Management and Law.*

*For free advice you can contact us on 0300 123 123 3 anytime between 08.30am and 6.00pm (Monday to Friday) except UK-wide bank holidays. Alternatively you can email your query to [support@bma.org.uk](mailto: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](mailto:info.pds@bma.org.uk)*

*We also provide a free mediation service for GP Partners providing all parties sign up to mediation. All staff attended Mediation training on 21 March.*

### **Salaried GPs**

*We continue to provide representation and advice on Employment Law to our salaried GPs. We have also established a Salaried GP Committee.*

*The new 2010 version of the Salaried GPs Handbook is now available. This handbook helps salaried GPs and their employers to be aware of their statutory and contractual rights. [www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried\\_gps/salariedgpbook.jsp](http://www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried_gps/salariedgpbook.jsp)*

*We will be holding a one day educational conference for sessional GPs entitled Sessional GPs: Your Pathway to Success on Friday 11 March 2011 at BMA House London.*

*Supplied by Leela Pendle, Senior Industrial Relations Officer, BMA*

## Buying Group Federation

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*When Dr Pathak attended the LMC Conference in 2009, Barking and Havering LMC was invited to become a member of the Buying Group Federation by Chris Locke, the Chief Negotiator of the LMC Buying Groups Federation, and in April 2010 the contract was signed. The reason for joining the Buying Group was to get the most competitive prices for practices.*

*We provided Trent LMCs' Buying Group with a data base of all practice managers in Barking, Dagenham and Havering, for practices interested in joining, who should have received a Members Welcome Pack in July 2010. If your practice did not receive this pack a copy can be obtained from the LMC Office. Accounts have been set up for each practice with the Buying Group's suppliers. Details of the suppliers are included in the Welcome Pack.*

*We also appointed four representatives for the Buying Group, two from PCT each area; Dr A Baldwin, Dr S C Hora, Dr R Goriparthi and Dr D Weaver. Dr Weaver represents the LMC at the Federation Council Meetings.*

*The Buying Group has just negotiated Flu Vaccine prices for 2011/12, details of which were sent to all practice managers on the 10 December.*

*This is a good opportunity for practices to "save time and money".*

# Annual Report January 2010 to April 2011

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## Chief Executive's Report Barking Havering & Redbridge Hospitals NHS Trust

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*There is no doubt that the year brought some major successes. Our performance across the board has improved. Making these improvements while cutting waiting times and working to a strict financial budget is due, in no small part, to the dedication and hard work of our staff and volunteers.*

*To work alongside our Clinical Divisions, we have a new clinical leadership with Ian Abbs, Medical Director (on secondment from Guy's & St Thomas' Foundation Trust, Deborah Wheeler, Director of Nursing, Dylan Jenkins, Director of Emergency Care and John Alcolado, Director of Medical Education.*

*We have introduced changes throughout the organisation to ensure that patients are not staying in hospital any longer than they need to. Diagnostic tests are easier to access, results are available sooner, and daily ward meetings have been arranged to discuss the care and progress of every single inpatient.*

*The success of these individual changes has been waiting times being cut, most notably in Accident and Emergency. There is still some way to go but a dedicated Emergency Care Transformation Team has enabled improvements to be made and embedded into the organisation.*

*The experience of people while they are with us is hugely important and something which we will continue to focus on. We have introduced an Improving Patient Experience Board and Deborah Wheeler also established a nursing visible leadership. This sees senior nurses – including our Director of Nursing – back in uniform and back on the Wards. Looking at issues from a grass roots level allows us to see what our patients, visitors and staff see and spot any issues that need resolving or improving.*

*Services have continued to develop. Notably this year we have been named as a Hyper Acute Stroke Unit for London – one of only eight across the capital. This will be a great boost for patients who suffer a stroke as they will be able to access the very best treatment right here on their doorstep – vastly improving clinical outcomes.*

*We have continued to make much-needed financial savings this year and have hit the targets laid down for us. The Trust is still in deficit but is working steadily towards a break-even position.*

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## ***Barking Havering & Redbridge Hospital Trust / Page 2***

*We 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.*

### **Service Overview**

*Serving 750,000 people from a variety of backgrounds and across a wide area, this 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.*

*The Trust defines its vision as Healing, Caring, Serving – and in 2009/10 we made major progress in improving services to deliver these aims.*

*Our staff work tirelessly to ensure that patient care is at the heart of everything we do despite the high number of people we treat 365 days a year. Between April 2009 and March 2010 the Trust recorded the following activity:*

#### **Outpatients**

*King George had 52,569 new outpatient appointments and 119,808 follow ups booked – a total of 172,437 appointments booked.*

*Queen's had 113,229 new and 285,469 follow up outpatient appointments – a total of 398,698 appointments booked.*

#### **A&E Attendances**

*King George saw 77,012 A&E attendances last year, while Queen's had 110,047 people through its doors. That is a total number of 187,059 attendances at our Accident and Emergency Departments.*

#### **Births**

*Midwives at King George delivered 2,622 babies with another 6,786 being born at Queen's. The total number of babies born at our hospitals was 9,408.*

#### **Inpatients**

*King George had 46,605 inpatient admissions during the year, with 81,930 patients staying at Queen's. Inpatient admission across the Trust totalled 128,535.*

*Supplied by John Goulston, Chief Executive, Barking, Havering & Redbridge University Hospitals NHS Trust*

## Joint Report NHS Barking & Dagenham

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Our ambition is to help make Barking and Dagenham a place where people are happier and healthier. We want to support people to improve their health and we are working with our partners to make sure we have world-class health services in local communities. During this last year we have taken important steps towards these goals.

We opened two completely new health buildings: Porters Avenue Health Centre in Dagenham and the Child and Family Centre in Barking. Both these centres contain two completely new GP practices, bringing more GPs and their services into the borough. This means that local GPs now have fewer patients on their individual lists and Barking and Dagenham is no longer an 'under-doctored' area. Almost all our local GP practices are now open outside traditional hours, either in the evenings or at weekends. Together these bring improvements to local people.

As well as a new GP practice, Porters Avenue Health Centre is also home to many other NHS and local authority services. It houses three new specialist teams which provide help and support to local people with long term conditions like heart disease and respiratory (breathing) disease. The newly-established rapid response team is also based there and helps people with ongoing medical problems to stay in their own homes rather than go into hospital at the times they become more ill. The Child and Family Centre has brought together in one place many of the local services for children and families, enabling them to work together more effectively to benefit the people who use the services.

We want people to be able to get the care and treatment they need, close to home, in the most appropriate place. Last year just under half of Barking and Dagenham people who needed some kind of urgent care went to one of the local walk-in centres rather than visiting one of the accident and emergency departments outside Barking and Dagenham. We are continuing to improve local services so even more people will be able to get their urgent care locally and quickly. In 2009 we started a major redevelopment of the Barking Hospital site in Upney Lane and the new Barking Community Hospital, which will open on that site, will include a new 24/7 urgent care centre.

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## ***Joint Report, NHS Barking and Dagenham / Page 2***

In July last year we transferred the management of our community health services to the North East London Foundation Trust and by so doing became the first primary care trust in London to become a commissioning-only organisation. This has helped us to improve our commissioning for our local population, better understanding the public health and other population data, listening more to local people to see what they want and making arrangements with the best NHS and other local providers of services.

We are measured against various performance targets and in 2009/10 we have done particularly well in a number of areas. Barking and Dagenham was among the best in the country for helping people to stop smoking. Each year we are improving the way we tackle obesity in children. We are consistently doing well at making sure people can see an NHS dentist, get treatment quickly at sexual health clinics and get the mental health care they need. We were awarded a national charter mark for the quality of child safeguarding services and we won several awards for some of our health promotion campaigns.

*We are working even more closely with the local council to make local services the best they can be. This partnership working really came into its own during the swine flu pandemic of 2009 when we ran the most successful immunisation programme in London and made sure people could get anti-viral medication as soon as they needed it. All our joint work with the council, GPs and pharmacists, and with other local organisations, meant people in Barking and Dagenham were less affected by swine flu than they were in other places.*

*We know there is plenty more to do. We are determined to make Barking and Dagenham healthier and happier. We will continue to work with local GPs and other health professionals to build on past years' successes as well as engaging with local people. For more information about how we will be doing this please check out our website [www.barkingdagenham.nhs.uk](http://www.barkingdagenham.nhs.uk) or contact any of us directly.*

Supplied by Stephen Langford, Chief Executive, Maureen Worby, Chairman and Dr Arun Sharma, Chair of the Clinical Transformation Executive Committee, NHS Barking and Dagenham

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## Chief Executive's Report NHS Havering

### *January 2010 to March 2011*

The last fifteen months have been a period of significant change for NHS Havering. This has seen the PCT move from being a self managing entity to being part of the ONEL cluster of PCTs with two path finding GP Consortiums.

Back in January 2010 NHS Havering was finalising its revised Commissioning Strategic Plan for the next five years. This set a series of plans based on a vision of the PCT that "Havering will be a healthy place to live for all" with specific goals to:

- Commission best in class services with personal choice
- Empower residents to access health and wellbeing
- Work with partners to radically redesign primary care
- Deliver best in class services based on best evidence

This was to be achieved in the context of the financial downturn and the expectation of the need for the NHS to deliver significant savings in the future.

In the subsequent months NHS Havering, with partners such as the Council and practice based commissioners, worked to deliver these goals and specific achievements included the:

- Opening of the Harold Wood Polyclinic to significant patient and public satisfaction
- Awarded as one of the National Personal Health Budgets "in depth" pilots
- Agreement with the Council on joint strategy for 50+ population
- Opening of the Orchard View Health Centre serving one of the most deprived parts of Havering
- Delivering significant improvements to the diabetes and stroke pathways
- Progress with the Council on developing reablement opportunities to handle winter pressures and reduce delayed transfers of care
- Taking a proactive role in the Health4NEL evidence based consultation and its plans for reconfiguring Acute Services in North East London
- Ensuring the PCT remained in financial balance with modest surpluses for 2009/10 and 2010/11 despite making a net £3m contribution to the London Challenged Trust Board
- Improvement on a number of targets, in particular those relating to Health Improvement and Protection (smoking cessation and immunisation). These include:
  - GPs in Havering undertook over 8,000 NHS health checks in 2010/11 and the target for 2011/12 is to carry out 11,700 checks. These checks identify increased risk of cardiovascular disease.
  - The Havering Stop Smoking Service supported over 1,300 people to stop smoking.
  - 70% of women screened for breast cancer and 80% for cervical cancer.
  - Roll out of the bowel cancer screening programme.
  - More children protected against childhood infections (with a minimum increase in uptake of 5% across all childhood immunisations with a 6.5% increase in MMR2).
  - Joint strategic needs assessment refreshed during 2010.

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## *Chief Executive's Report, NHS Havering – page 2*

There were clearly other areas where progress was much slower or more challenged. Nevertheless the external World Class Commissioning assessment of the PCT, published in 2010, showed a significant improvement for NHS Havering and the panel commented that there had been a “paradigm shift in performance”.

Whilst NHS Havering was focused on delivering the above goals, in May 2010 we had a general election and the creation of the Coalition Government. This was followed in July by the White Paper.

There were many aspects of the White Paper which was in line with existing NHS Havering plans, such as greater commissioning responsibilities for GPs, complete independence of the PCT provider side from Commissioning, aligning Public Health with the Council and reducing management costs. However, taking into account the scale and pace of the change outlined in the White Paper and other documents, the NHS Havering Board concluded in the Autumn of 2010 that a stand alone PCT was unviable going forward and that it should seek to create one management team with the other PCTs in ONEL. This was similar to other discussions elsewhere in the country, of which the outcome was given the national term of “clustering PCTs”.

Arising from this, a single integrated management team was appointed in early 2011. The associated Boards were brought together to meet as one Board with a single Chair which, after an appointments process, was Frances Pennell-Buck, the ex-Chair of NHS Havering. There was an appointment of a specific Vice Chair for Havering, which was Lesley Buckman, the ex-Vice Chair of NHS Havering. The single integrated management team would be supported by a Director in each Borough with a small support team. In Havering Jacqui Himbury was appointed the Borough Director.

Meanwhile progress on the changes in Havering included the creation of a draft Health and Wellbeing Board, chaired by Councillor Kelly, and plans to relocate Public Health with the Council by the summer of 2011 in anticipation of the changes proposed in the Public Health White Paper.

The changes also meant the departure of many dedicated and long serving management and administrative staff from the PCT, with the centralisation of functions elsewhere within ONEL.

Havering GPs responded to the challenge of the White Paper and two consortiums were formed; Havering First and Havering Premier. After external assessment in early 2011, both were successful in obtaining Pathfinder status.

*Supplied by the Charles Hollwey, Chief Executive Transition*

# Annual Report 2009/2010

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## Chief Executive's Report ONEL Community Services

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*2010/11 has been a challenging second year for ONEL CS with commissioners confirming their decision to seek to have our services acquired by North East London NHS Foundation Trust (NELFT) rather than continuing to support the establishment of a Community Foundation Trust (CFT).*

*As a consequence we began a consultation in December 2010 with staff proposing their transfer under Transfer of Undertakings of Previous Employment (TUPE) Legislation with an intended transfer date of April 1 2011. It subsequently became clear that the due diligence process and Monitor (the regulator of FT's) would need longer to consider the business case supporting the transfer. Staff and services are now expected to transfer on 1 October 2011.*

*We have continued to develop our services during the year and introduced a new Single Point of Access service (SPA) supporting GPs and their patients with long term conditions.*

*Our district nurses delivered support for flu vaccinations for housebound patients again this year and referrals were high, ensuring we had good coverage in this vulnerable group of patients.*

*Having carried a vacancy for some time we appointed to the Named Nurse post in Havering. The revised Safeguarding Children's training programme is now in place and mandatory supervision is being provided by the Safeguarding Children's Team together with training supervisors within the PCT.*

*Additional Adult Safeguarding training and on-line training has now been put in place to ensure training compliance is delivered in accordance with requirements.*

*All Primary Care Trusts (PCTs) are required to make significant reductions in management costs. It had been expected that these would need to be delivered from 1 April 2012 but it proved necessary to bring this forward to 1 April 2011. On average this equated to a 45% reduction for PCTs and 54% reduction (£2.3m) for ONEL CS.*

*As a result, the PCTs consulted on the formulation of a single integrated management cluster for the four PCTs in Outer North East London (now known as NHS ONEL). ONEL CS consulted on future management arrangements which anticipated the acquisition by NELFT.*

*Both proposals were accepted and implemented between January and March 2011. Frances Pennell-Buck was appointed as Chair of NHS ONEL and Heather Mullin (previously O'Meara) is the Chief Executive.*

*Supplied by Ralph McCormack, Interim Chief Executive, ONEL Community Services*

## Choose & Book – Barking & Dagenham

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*NHS Barking and Dagenham were the highest user of Choose and Book (C&B) in London in June 2010 reporting 84% Out Patient utilisation across the Trust and consistently has no appointment slot issues (ASI) at any of the community services.*

*The London Full Electronic Booking Pilot (LFEBP) project has already seen large scale improvements in appointment slot availability, Directory of Service (DoS) quality, active user feedback and constructive communication across both Primary and Secondary areas of the health economy and ONEL. The culmination of the pilot has been the release of two week wait services onto C&B by BHRUT and Whipps Cross and 99% of all the aforementioned Acute Trusts Out Patient Services. It is now projected that once utilisation in ONEL reaches 90% both Acutes will commence work to provide advice and guidance services through C&B.*

*With the progress of the LFEBP the processes for moving ONEL to paperlight referrals are now being mapped and should be ready for implementation by the end of Summer 2010.*

*NHS Barking and Dagenham now has a regular (bi-monthly) "Choice and Services" Newsletter informing practices of changes to C&B, new services, process guides and contact information/details. This publication is referenced by the NHS London C&B project lead as a best practice communication and has received plaudits from the National C&B implementation and training lead.*

*All practices have received training on the C&B upgrade to version 4.3 through practice visits. Two week wait referral process training should now be complete using PBC cluster meetings, PTI, Practice Managers forums and practice visits.*

*Roll out of the IA11 software in preparation for the introduction of version 5 smart cards is being carried out in tandem with the new PC installations programme for practices.*

*Supplied by Aziz Ashmeed and Cathy Lobendham, PBC Managers, NHS Barking and Dagenham*

## Choose & Book – Havering

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Choose and Book engagement and collaboration between NHS Havering and GPs remains high and we continue to achieve consistently high rankings for utilisation which was 94% for the year to March 2010. This track record is further enhanced by the function of the Choose and Book Local Appointment Line based at St George's, which is staffed by a team of experienced, well informed staff with a wealth of local knowledge and an understanding of the issues facing our patients, many of which are elderly.

Our specialist Choose and Book team continue to strive for personal improvement and development and have all attended an awareness session on the recent upgrade to Choose and Book R5. The staff completed a survey at the end of the training and the feedback showed that:

The Choose and Book team have also dealt with queries directly from GPs, including advising on how to use SNOMED terms, NICE guidelines, searching for services and Advice and Guidance services. This has shown a growth in the knowledge held by the team and is a reflection of their dedication to improving and helping patients, GPs and colleagues.

The Choose and 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 prompting patient choice, speaking to many Havering patients, hearing their concerns and offering advice and information. 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.

We owe much of our success in this area to the dedication of the whole Choose and 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 and 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 initiative were extremely positive.

*Alison Murray-Richman, Associate Director of Transitional Change, NHS Havering*

## Complaints

### **Barking & Dagenham**

*Barking and Dagenham had the following complaints during 2009/10:*

<i>All aspects of clinical treatment</i>	<i>25</i>
<i>Communication/attitude of staff</i>	<i>16</i>
<i>Practice Surgery management</i>	<i>16</i>
<i>Prescribing difficulties</i>	<i>12</i>
<i>Difficulty in getting an appointment</i>	<i>10</i>
<i>Referral difficulties</i>	<i>4</i>
<i>Registration difficulties</i>	<i>4</i>
<i>Anonymous</i>	<i>3</i>
<i>Premises</i>	<i>1</i>

*Complaints referred to GPC*

*Olaronke Olayemi-Hassan, PALS/Complaints Manager NHS Barking & Dagenham*

### **Havering**

*The number of complaints received in Havering during 2009/10 were as follows:*

<i>GP</i>	<i>74</i>
<i>Dental</i>	<i>17</i>
<i>Pharmacists</i>	<i>6</i>
<i>EMC</i>	<i>5</i>
<i>MP</i>	<i>4</i>
<i>PELC</i>	<i>3</i>
<i>GMC</i>	<i>1</i>
<i>Opticians</i>	<i>1</i>

*No complaints were referred to the GMC by NHS Havering's Complaints Department.*

*Christina Guy, Complaints Manager, NHS Havering*

## Enhanced Services

### *NHS Barking and Dagenham:*

*In 2009/10 NHS Barking and Dagenham commissioned 26 Enhanced Services and invested over £2.5 million.*

*For 30/10/11 and 2011/12 NHS Barking and Dagenham, with the LMC, is currently reviewing the portfolio of the enhanced services it commissions. We believe that too many Enhanced Services are commissioned and the payment system has become too complex for both practices and the PCT. Apart from commissioning the DES, which are a requirement for us, we want to have fewer and more targeted Enhanced Services and a simpler system for auditing and paying practices. To this end we have decided to decommission the Neonatal Exams, Homelessness and Minor Injuries LES.*

*We will redesign, or decommission, the Enhanced Services for Ad Hoc Vaccinations, Post Op Suture Removal and Wound Management, Multiple Sclerosis, Administration of Hormone Implants, ADHD, Anticoagulation monitoring and Near Patient Testing.*

### *Minor Surgery in 2011/12*

*The Minor Surgery LES and the Post Op Suture Removal & Wound Management will be commissioned as part of a new pathway for out of hospital surgical care which is currently under development.*

*Edward Ward, Associate Director of Primary Care Contracting NHS B&D*

### *NHS Havering:*

*The position on Enhanced Services within Havering for 2009/10 showed that claims were received and expenditure incurred in the following areas:*

*Minor Surgery, Flu, JUCD, Pneumo, Childhood Immunisations. Pre-school Boosters, Choose & Book, Extended Hours, Zoladex, I.M. & T and the clinical DESs of Alcohol, Heart Failure, Osteoporosis, Ethnicity and Learning Disabilities. Based on claims submitted, the PCT incurred expenditure of £2,138,781 during 2009/10.*

*Zoladex was reinstated as an enhanced service in 2009/10 as a result of representation from practices and discussions with the LMC. Its ongoing provision as an enhanced service is recommended as it is evident that this service in primary care is significantly more cost effective than the secondary care alternative.*

*The Primary Care Team works closely with the practices to ensure efficient sign-up and meeting deadlines for claims.*

*Angela Pruss, Interim Primary Care Manager, NHS Havering*

## Extended Hours

### *NHS Barking & Dagenham*

*NHS Barking and Dagenham spend over £1.9 million on its extended hours Enhanced Service. This is its largest investment in Enhanced Services. All practices offer Level 1 Extended Hours, twenty more offer level 2 and four offer level 3. One of the successes of this investment is the availability of extended opening in primary hours to almost all of the PCT's population.*

*The PCT now needs to review this investment in the Extended Hours Enhanced Service. We therefore want to work with both the LMC and our practices to see how we can best continue to commission an extended hour service for our residents and what is the best way of doing this.*

*Edward Ward, Associate Director of Primary Care Contracting and Colin Alderman, Head of GP Contracts*

### *NHS Havering*

*During 2009/10 48 practices participated in the Local Enhanced Service (LES) for Extended Hours, which ran from 1 June 2008 to 31 March 2010.*

*Extended hours formed part of the PCT's Access Improvement Plan and it was noted that practices were now offering early opening times, evening surgeries up to 9pm and Saturday morning sessions.*

*The NHS London Summary on Patient Access 2008/09 consisted of 44 questions, of which Havering performed better than the UK average on 8 of those questions and better than the SHA average on 31 questions. The survey also showed that Havering was amongst the top five performers on 25 out of the 44 questions. 78% of patients were satisfied with their surgery opening times and 56% advised they would like it to be open for more hours.*

*Extended Hours should address the needs of patients requesting additional surgery time and submissions reflect that all sessions were fully booked. The PCT monitors this scheme closely and works with the practices to defer DNAs.*

*Angela Pruss, Interim Primary Care Manager, NHS Havering*

## Medicines Management – Havering

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### **Joint Chief Pharmacists**

The mission of the Joint Chief Pharmacists for 2009/10 for 2009/10 was to develop and expand the Medicines Management Team to:

1. deliver the cost savings target set by the FCG
2. to ensure that all practices met with a prescribing advisor and were set an action plan in line with QOF
3. To ensure that evidence based cost effective prescribing was promoted
4. to improve awareness and compliance of national guidance and alerts
5. to support the development of community pharmacy
6. to represent and negotiate on behalf of NHS Havering at sector level medicines management meetings

### **Primary Care Prescribing**

There has been an increase in the Medicines Management staffing level to support GP practices, including 'hands-on' support within practices. The team now includes Oge Ihedioha, Head of Primary Care Prescribing, Mohamed Kanji, Senior Pharmaceutical Advisor, Lola Apakama, Practice Support Pharmacist and Sushma Chawda, Prescribing Facilitator. In addition we have also employed Vicki Kong on an interim part-time basis to provide additional practice support. Jacqueline Fingleson provides secretarial support to this team on a part-time basis.

### **Medicines Governance**

Saiqa Mughal has joined the team and has been able to provide expert support to the Joint Chief Pharmacists in this important agenda.

### **Community Pharmacy Team**

Sanjay Patel, Head of Community Pharmacy, joined the Medicines Management Team and has provided expert advice on the Community Pharmacy Contract. Mohamed Kanji, Senior Pharmaceutical Advisor, leads on certain areas for community pharmacy. Denise Baker provides secretarial support to this team on a part-time basis.

### **Sector Working**

This is led by the Joint Chief Pharmacists Belinda Krishek and Fiesa Govani with support from their PA, Jenny King. The Medicines Management Team lead on the development agreement, implementation and maintenance of effective prescribing and medicines management initiatives, policies, procedures and guidelines between primary, secondary and tertiary health care sectors to deliver safe, appropriate rational, evidence based, cost-effective prescribing for patients across NHS Havering.

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## Medicines Management – page 2

### **North East London Medicines Management Network**

One of the main objectives of the network is to provide recommendations to lead commissioners in NEL about the commissioning of high cost drugs and managed entry of new medicines into the NEL Health Economy. The network has representation from all NEL PCTs Prescribing and Medicines Management teams and acute trust Pharmacy Departments, PCT Commissioning, acute trust commissioning leads, chairs of local acute trust and primary care Drug and Therapeutic Committees. This network allows decisions to be made on drugs before NICE have provided a recommendation or where the drug is not on the NICE agenda.

### **London Pharmaceutical Leads Meetings**

NHS Havering is represented at these pan London meetings with NHS London. These meetings are used to coordinate work within Medicines Management and Pharmacy across London and to share good practice.

### **Regional Oxygen Meetings**

NHS Havering is represented at these Regional Oxygen Meetings. The aim is to have robust implementation and monitoring of the oxygen contract across NHS Havering.

### **National Priorities**

#### **Swine Flu Pandemic**

The Swine Flu Pandemic had a major affect on the Medicines Management team and during the summer months became the priority work for the team. Fiesa Govani and Belinda Krishek lead on the development of protocols, patient group directions, drug stock management, setting up and monitoring of antiviral distribution units through community pharmacy on behalf of NHS Havering.

### **NHS Constitution – Local Decision Making About Medicines**

#### **Individual Funding Requests**

The Joint Chief Pharmacists lead on providing robust clinical evidence for all medicine related IFR submissions for NHS Havering in a timely manner.

### **Prescribing Budget 2009/10**

In the NHS Business Authority 4<sup>th</sup> quarter of 2009/10, PCT reported the growth in prescribing for NHS Havering compared to 2008/09 was 2.71%. This is below both the SHA average of 3.82% and the national average of 3.12%. This is very positive and highlights the work that has been carried out by the Medicines Management Team and GP practices.

NHS Havering had an overspend of £307k in the prescribing budget for 2009/10. It is worth noting that information provided by the NHS Business Services Authority shows that the annual growth in prescribing in NHS Havering was 2.9% compared to the SHA average of 3.62% and the national average of 3.08%. The Medicines Management Team has noted the highest growth areas and they are included in both the QOF and Prescribing Incentive Schemes for 2010/11.

Through exact analysis it has been possible to estimate that approximately £240k savings were made due to the work carried out by the Medicines Management Team in conjunction with GP practices. This includes ScriptSwitch, practice based work and education events. In addition the work done in the latter part of the year will have an effect on 1020/11.

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## Medicines Management – page 3

Some of the specific areas are highlighted below:

**Diclofenac and NSAIDS** – analysis by the NPC estimates that for every 1000 patients prescribed Diclofenac for one year that three extra thrombotic events take place (heart attacks/strokes mainly). This is when compared to patients prescribed other NSAIDS/topical anti-inflammatories. Working out the reduction in the number of patients prescribed Diclofenac would only be possible via an audit at each surgery. The reduction in the number of items gives an indication of the number of patients prescribed Diclofenac but is not accurate. However, looking at the reduction in items, it would be reasonable to assume a reduction of approximately 1000 patients prescribed Diclofenac from the baseline of 07/08. Given that the reduction in thrombotic events will take some time to manifest, we can assume that a minimum of three heart attacks/strokes have been prevented through the reduction in the use of Diclofenac prescribing during 09/10. This will be a continual and growing benefit annually if the prescribing of Diclofenac stays at this lower level.

**Bisphosphonates** – costs have been reduced significantly through use of alendronate rather than the more expensive preparations, in line with NICE guidance.

**Venlafaxine MR** – the tablet formulation costs significantly less than the capsule formulation. Practices have been advised to use the tablet formulation instead of the capsule formulation, resulting in savings.

**Statins** – Havering has a prescribing rate of simvastatin/pravastatin (the less expensive off-patent statins) above the national average – at 77% vs 74% at March 2010. However some further savings have still been achieved. Inegy and simvastatin + ezetimibe are combination preparations. They are more expensive than prescribing simvastatin and ezetimibe separately. Savings have been achieved by reducing the use of the combination and prescribing the drugs separately.

**Mesalazine** – savings have been achieved through use of less expensive preparations of Mesalazine.

**Doxazosin** – savings have been achieved through use of the less expensive non-MR (non modified release) preparations.

**ScriptSwitch** – the total number of switches that were offered for Acute Scripts was 36,794. The acceptance rate for these offers was 33.4%. This has generated a saving of £52,517. For repeat Scripts the total number of switches that were offered was 22,354. The acceptance rate for these offers was 11.32%. This has generated savings of £189,653. The total savings generated was therefore £242,160. Taking into consideration the cost of the contract for the 40 practices with ScriptSwitch installed of £74,507 the net annual saving generated was £167,653. There would also be a savings due to learned behaviour, which is not reflected in the savings amount stated.

Taken from Annual Medicines Management Report for the LMC 2009/10 as supplied by Belinda Krishek and Fiesa Govani, Joint Chief Pharmacists, NHS Havering

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## Practice Based Commissioning Barking & Dagenham

### **Introduction**

39 out of 41 practices are signed up to PBC and are working together in two clusters. Quality Healthcare Consortium has 25 practices and the United Medical Consortium has 15, with one unassigned practice. Each cluster has produced Commissioning plans for 2010/11 that sets out their priorities and are closely aligned with the PCT objectives.

PBC is overseen by the PBC Steering Group which meets monthly and reports to the newly formed Clinical Transformation Executive Committee (CTEC). The Memorandum of Agreement that set out the responsibilities of the clusters and the PCT in the management of PBC, including budget management and PBC business plans, has been revised.

### **Key Activities for 2010/11**

**Commissioning incentive Scheme** – 39 out of 41 practices qualified for a payment under the commissioning incentive scheme for 2009/10. Total payments of £347,623.79 will be paid to practices for achieving targets related to reducing emergency admissions, demand management, choose and book utilisation, undiagnosed AF, GSF, YPF in primary care and prescribing. The Commissioning Incentive Scheme has been updated for 2010/11 to include targets for reducing emergency admissions/attendances focusing on LTC, management of Type 2 Diabetes and COPD screening.

**Practice Based Commissioning Business Cases** – The PBC Business Case Subcommittee approved 24 practice PBC business plans and 2 cluster business plans in 2009/10 to a total value of approximately £287,000. The UMC cluster proposal of practice based pharmacist commenced in April 2009 and was well received. All 15 practices have now been visited and an approximate projected savings of £250,000 has been identified. This model has now been rolled out across all practices in Barking and Dagenham. The QHC proposal of a community Ophthalmology service is currently under procurement and the service should commence in October 2010. The Consultant led service will provide general eye care for adults and it is planned that this service will also be rolled out to all practices in Barking and Dagenham.

### **Service Redesign – Long Term Conditions**

1. **Integrated care diabetes service** – The Integrated Diabetes Service currently runs out of Porters Avenue and provides services with clear and concise intervention points to enhance a patient's ability to confidently self manage their condition. The service provides a multi-tiered approach to ensure patients have access to structure education, patient information & support and access to a multi-disciplinary team at the various pathway intervention points. The service is accessible to GPs via Choose and Book which gives the referral direct access to the service.
2. **Community Coronary Heart Disease Service, Porters Avenue** – The community Coronary Heart Disease Service will accept referrals from any healthcare professional working in Barking and Dagenham for those who are suspected of having or have been diagnosed as having a cardiac condition that may benefit from specialist intervention. The service works alongside Secondary Care and does not replace the services offered there.
3. **The Integrated Respiratory Service, Porters Avenue** – this service provides a full respiratory and oxygen service along with smoking cessation, pulmonary rehabilitation, as well as setting up independent support groups (Breathe Easy). The service provides Consultant and nurse led respiratory clinics to patients with respiratory disease in the community.

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

*Practice Based Commissioning Barking and Dagenham – page 2*

4. NHS Barking and Dagenham has commissioned a project to review the LTC pathways of COPD, diabetes, heart failure and stroke with the intention of developing a set of commissioning specifications for these services. This project ends in July 2010.
5. *Integrated Care Pilot* – this project is tasked with redesigning the current unique care. The objection is to integrate primary care, community nursing, social care and mental health services for all adults with long term conditions at risk of hospital admission. **“Integration is defined as collaborative seamless working between individuals and teams.”**

The main outcomes expected are:

- Improved quality of care across the whole system of primary, community and social care, with care pathways designed around patient need.
- Improved access to care for vulnerable adults, reducing the inequalities currently experienced by certain groups of adults.
- A new governance structure that aligns commissions, providers and stakeholders on measures that deliver improved user outcomes.

The benefits are:

- Seamless frontline services
- Resources aligned around practices
- Improved quality of care across the whole system of primary, community and social care
- Reduced paper hand offs and paper trial as needs based

The project will include the 22 practices currently delivering Unique Care with a view to rolling out to all practices following the 12 month pilot period.

## **Phase 1**

The first phase of the project has been completed and identified the current state, capturing exactly how the service runs in each practice, identifying roles, responsibilities and key service issues.

## **Phase 2**

We are now in the design phase of the project. Five work groups have been set up and are tasked with resolving the issues identified in phase. The redesign group is:

- Determining what the new service should include and how that service will be delivered to patients
- Determining how the teams will be integrated and where will they be based

## **Key Points**

- The planned date for the new Integrated Care service to start is 6 September 2010. Unique Care will stop at this point.
- The Pilot will cover the current 22 Unique Care practices.
- The Pilot will run for 12 months.
- During this time we will monitor, review and develop the service further.
- We plan to introduce Integrated Care to all practices at the end of the 12 months.

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

*Practice based Commissioning Barking and Dagenham – page 3*

## Primary Care Outpatients Services

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:

	May 2009	May 2010
Dermatology	79%	86%
Gynaecology	45%	52%
ENT	31%	47%
Urology	20%	57%
Minor Surgery	39%	53%
Respiratory	77%	77%
Cardiology	38%	43%

## Peer Pressure

During 1009/10 both clusters undertook a series of retrospective Peer Reviews. The aim was to look at the quality of referrals sent to the Acute Trust and to identify those that could have been sent to the community services and to identify service gaps. The top ten specialities were identified and practices were allocated their two highest referring specialities. Referrals were anonymised and workshops were held to critique and analyse the referrals. A consultant from the Acute Trust was invited to facilitate and bring expert knowledge and opinion. Clusters plan scheduled regular reviews throughout the year.

## Primary Care Anticoagulation Service

The community anticoagulation service has been running since 2007 served by two provides from eight sites in the borough. Another site is soon to be opened at Park View Medical Centre. The service manages around 1200 consultations a month.

The service is supported by the local Acute Trust with a bimonthly joint community/acute trust board meeting taking place at Queen's Hospital to discuss any issues, service improvement and best practice etc. The service has clear inclusion and exclusion criteria and also takes referrals for initiating warfarin for AF patients.

There is no waiting time for this service as capacity is flexed to accommodate patients. with domiciliary visits also taking place.

A patient satisfaction questionnaire done in September 2009 had a satisfaction rate of 98% and another is due this September.

Supplied by Aziz Ashmeed and Cathy Lobendham, PBC Managers, NHS Barking and Dagenham

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## Practice Based Commissioning Havering

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*Within the financial year 2009/10, PBC savings plans for 2008/09 were received and considered at the PBC Savings Review Panel. Nine new proposals were submitted and approved, together with twelve schemes extended from 2007/08, all of which met the required criteria. Eleven plans under the value of £10k were also approved. These savings plans represent additional GP and Nurse input, employment of HCAs, introduction of new clinics and purchase of equipment to enable the new services to take place. All schemes are regularly audited with results showing a high level of patient satisfaction.*

*During 2009/10, the PBC Incentive Scheme for 2008/09 was analysed and paid. This comprised Tier 1 – Engagement, Tier 2 – Reducing Lifestyle Risks and Tier 3 – Improving quality/Managing Demand.*

*The PBC Steering Group continued to meet monthly. Cluster Groups met at regular intervals with input from the PCT as required.*

*Finance provides the Cluster Groups with budgetary information and a representative attends the Cluster Group meetings.*

*The PBC Team continued to support the clusters with data validation and general enquiries.*

*Angela Pruss, Interim Primary Care Manager, NHS Havering*

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## Tutors' Reports

### **Barking & Dagenham:**

*Throughout the year regular Protected Time lectures have been organised and attendance continues to be good. It has been a successful year for doctors taking on self directed learning in the form of iMAP. In the earlier part of the year eight doctors achieved their MRCGP and another six doctors are currently training to complete their iMAP and thus achieve MRCGP.*

*There are also clinical meetings planned every Monday at Urswick Medical Centre which will be purely clinical as opposed to the clinical and non-clinical mixed lectures at the Protected Time. The new and 'young doctors' starting in practice in this area also meet on a regular basis to work together and support each other.*

*Overall I can only say that the importance given to education has always been a high priority. We hope to continue to do the same in the future.*

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

### **Havering:**

*The PTI continues to grow from strength to strength from an educational point of view. It is still partly funded by local GPs via payment of subscriptions, with additional support from drug companies. The majority of Havering GPs continue to subscribe to the PTI annually; attendance certificates/materials from the PTI events are strongly reflected within their appraisal evidence folders.*

*There are 10 monthly PTI events held every year, in addition to 3 lunchtime meetings every month-held on three Tuesdays every month. We have also now established a dermatology club once a month, where a Consultant Dermatologist attends to see and discuss patients with dermatological problems who are brought in by their GPs for this purpose.*

*The problems with administrative support which occurred when NHS Havering withdrew part of their funding have now been resolved by employing one extra staff to help with the administration of the PTI/educational programme.*

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

*Lately, there have been discussions and agreement to allow the PCT to have full use of two PTI sessions annually for their own agenda.*

*There is now only one GP tutor for the NHS Havering area, as the other tutor resigned in April this year.*

*Information supplied by Dr O M Sanomi, GP Tutor*

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## Views of a new LMC Member One Year On

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*I still thoroughly enjoy going to monthly LMC meetings and feel that I am settling in and definitely becoming more vocal at the meetings. I have raised a few issues over the last few months, including problems with consultant to consultant referrals and the issuing of medical certificates by hospital doctors and we have been able to resolve these matters. I have also started attending the NHS Havering/LMC meetings and it has been very interesting to meet the Chief Executive, Chas Hollwey, and the Medical Director, Tim Woodman.*

*Sessional GPs (including salaried GPs, locum and freelance GPs) need good local representation and the LMC is the statutory body that performs that function. A recent BMA survey revealed that most sessional GPs feel very out of touch with their LMC. I want to change that by communicating regularly with my sessional GP colleagues and keeping them up to date with what is happening at the LMC.*

*Finally, if any GP out there still thinks “what on earth do they do at the LMC?” then please get in touch with the secretary and come and observe one of our meetings. It might just inspire you to get involved yourself!*

*Dr Sarita Symon, Salaried GP, North Street Medical Care, Havering*

## Acknowledgements

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*I would like to thank our colleagues from both NHS Barking & Dagenham, NHS Havering, Barking & Dagenham Community Health Service, Havering ONEL Community Services, BHR University Hospitals Trust and the BMA for their co-operation throughout the year, and for their contribution to our Annual Report.*

*It has been an extremely difficult time for all of us with the formation of Clinical Commissioning Groups (consortiums). We have been aided in this by NHS London and I would like to thank them for their support.*

*It has been a very busy time for the LMC, with many changes being introduced in both Barking & Dagenham and Havering and with the formation of NHS ONEL. I thank all the Members for their continued support throughout this period of change and for giving up their valuable time to attend to LMC business.*

*As you are all aware we face a new and exciting phase in our professional lives over the next few years and I look forward to working with my colleagues to make it a success.*



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Dr Muhammad Rahman, Chairman 2009-2011

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## List of Members 2011

### **BARKING & DAGENHAM**

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

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

DR J JOHN (JOINT VICE-CHAIR)  
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  
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DR A MITTAL  
Markyate Surgery  
Dagenham  
Tel. 020 8592 2983

DR W MOHI  
Abbey Medical Centre  
Barking  
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DR S PERVEZ  
2 Third Avenue,  
Dagenham  
Tel. 020 8592 0346

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

DR R UKIL  
Gables Surgery  
Dagenham  
Tel. 08448 151 490

Non-principals:  
Dr A Duodu  
Dr K Khokhar

Co-opted Members:  
Dr A Arif

### **HAVERING**

DR A BALDWIN (TREASURER)  
Harold Hill Health Centre  
Upminster  
Tel. 01708 796906

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

DR A PATEL  
Chadwell Heath Health Centre  
Romford  
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DR P PATEL  
24 Suttons Avenue  
Hornchurch  
Tel. 01708 442711

DR M RAHMAN  
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 K SUBRAMANIAN  
1 Harlow Road  
Rainham  
Tel. 01708 552072

DR D WEAVER (JOINT VICE-CHAIR)  
39 Wood Lane  
Hornchurch  
Tel. 01708 450902

Non-principals:  
Dr D Derby  
Dr O Esan  
Dr M Gouldie  
Dr P Masud  
Dr S Symon

Co-opted Members:  
Dr S Poolo  
Dr I Sudha

# Annual Report January 2010 to April 2011

BARKING & HAVERING LOCAL MEDICAL COMMITTEE

## BARKING & HAVERING LOCAL MEDICAL COMMITTEE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31<sup>st</sup> MARCH 2010

	2010 £	2010 £	2009 £	2009 £
<b>Income:</b>				
Members subscriptions from levy	116,948		112,535	
Members subscriptions paid in advance	(1,905)	115,043	(9,631)	102,904
Doctors contributions for annual dinner	2,634		2,930	
Drug Companies contributions for annual dinner	4,840		2,200	
Drug Companies contributions for meetings	-		1,000	
House of Commons Trip	2,950		-	
Other income	415		100	
General Practitioners Defence Fund	3,035		-	
Bank interest	-	13,874	169	6,399
		<u>128,917</u>		<u>109,303</u>
<b>Expenditure:</b>				
Medical Secretary Salary	58,956		57,576	
National Insurance	6,889		6,710	
BDH LMC LTD Company Secretary Salary	4,092		1,998	
National Insurance	450	70,387	220	66,504
Admin Secretary Salary	27,612		25,393	
National Insurance	2,803		2,554	
Admin Assistant Salary	10,988		9,637	
National Insurance	675		538	
Pension Contributions	700		-	
Maternity leave pay claim from HM Revenue and Customs	-	42,778	(4,237)	33,885
Postage and Stationery	1,475		1,043	
Mobile telephone	389		383	
Office equipment	477		257	
Training meetings	747		170	
LMC Annual Dinner	4,749		4,300	
Locum Cover for attendance at Conference:				
- Dr Rahman	770		750	
- Dr Goriparthi	725		-	
Contributions to charity	350		175	
Catering for Meetings	96		470	
Accountancy Fees	690		787	
Payroll fees	477		488	
Bank Charges and Interest	165		111	
General Expenses	528		33	
House of Commons Trip	2,840		-	
Internet design	114		170	8,914
Insurance	1,160	15,752		
		<u>128,917</u>		<u>109,303</u>
<b>NET SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>0</b>		<b>0</b>



# Annual Report

**January 2010 to April 2011**

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*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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