

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES The 252 nd LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 02 October 2008 <i>An Open Meeting</i>

PRESENT: Dr M Rahman (Acting Chairman)
Dr T Bland (Treasurer)
Drs A Deshpande, B Dixit, A Jabbar, J John, A K Jawad, A Mittal, J O'Moore,
P Patel, I Quigley, S Subramaniam
Non-principals: R Kumar
Madhu Pathak (LMC Secretary)
Sue Elliott (Admin. Secretary)

Eric Saunderson, Medical Director, BDPCT
Jemma Gilbert, Asst Director Primary Care Contracting, BDPCT
Philip Ainsworth, Director of Healthcare Procurement & Performance, HPCT
John Goulston, Chief Executive, BHRT
Steve Rubery, Director for Emergency Care/Hospital Director Queen's
John Cowman, Int. Ass. Director of Business Planning & Performance, HPCT

APOLOGIES FOR ABSENCE:

Ralph McCormack, Chief Executive, HPCT
Simon East, Director of finance, Performance & Commissioning, HPCT
Stephen Langford, Int. Chief Executive, BDPCT
Paul Sinden, Director of Commissioning, BDPCT
Mr C Claoué, Ophthalmic Surgeon, BHRT

APOLOGIES FOR ABSENCE:

Drs S Saini (Chairman), A Adedeji, S De, R Kalra, A Patel, I Sudha,
S Symon, N P S Teotia

37. **MINUTES:** The minutes of the Closed Meeting held on 04 September 2008 were approved and signed as a true record of the meeting after the addition of:
Page 3, Prescribing for non-formulary medication - add *at the end of paragraph 2 "The PCT is following the biomedical model on exceptionality, not the psychosocial model"*.

38. MATTERS ARISING

Choose & Book

Dr Bland said that when GPs make a referral there is a problem with the surgical options, which does not include upper GI, lower GI or pancreatic. To find these GPs have to go through another entry such as hepatogastroenterology. Can there be a generic approach on C&B?

Also, when GPs try to refer to Queen's C&B is saying there are no appointments available. John Goulston said that BHRT clinicians decided on the route. They will take this back to see if it can go through different pathways. He went on to say that the way C&B works is that it gives slots up to five weeks. BHRT is trying to take the next batch of referrals and run extra clinics, which is then put on the system. BHRT is conscious of this problem and are trying to do something about it by judging whether to put the new clinics on the system earlier.

Dr Bland asked HPCT if GPs are being remunerated for C&B for the current year, as it is a very important and time-consuming part of their work. Philip Ainsworth replied that he

did not know if there was a LES for GPs and will check this. Dr Pathak said she is sure there is a LES for this, which runs until April 2009.

Jemma Gilbert confirmed that GPs in B&D are remunerated for C&B through PBC.

Dr Rahman is concerned that patients are discharged from EMC before their treatment is complete. Dr Quigley said that there is a culture emerging where the consultant working for EMC and BHRT wants to generate more referrals. Whether this makes their job easier or makes more money for BHRT he did not know.

Dr Subramaniam gave an example of a patient who was seen through an EMC referral and had surgery. A letter he received stated that the patient needed further surgery but did not say whether the patient would be contacted. The patient came back to the surgery three months later as he had not been contacted. Dr Subramaniam wrote to the consultant who replied, saying that the patient would need to be re-referred. Steve Rubery stated that there are consultants who are working for both EMC and BHRT and who are undertaking sessions in the Independent Sector Treatment Centre. ISTC is only undertaking a range of surgery so the consultant may see and operate on a patient in ISTC and may then have found surgery is required that he is unable to do in ISTC. If this is what has happened in this case the consultant should have referred the patient back to BHRT.

Dr P Patel asked, if a GP has problems with IT services is there a telephone number they can ring so that the problems can be sorted as soon as possible. There has been IT problems for the last four days and GPs have not been able to refer through C&B. What the GPs want is a single point of access and when answered you need someone on the phone who can help. Dr Bland is concerned that the responsibility for IT support is now with APO and not the PCT itself. It seems that support for IT has been slightly cut adrift but IT is central to everything GPs are doing. Philip Ainsworth said he would take it back and discuss with Lynn Swiatczak.

Scanners

All practices have got scanners except for EMIS practices. Philip Ainsworth will look into this and advise LMC.

Physiotherapy

Philip Ainsworth said that the position to date is there were around 1800 patients waiting for their assessment through the B&D service. All patients on the waiting list have been contacted and around 400 patients have now been removed for one reason or another, which has brought the list down to 1400. All these patients have been given appointments. To date 370 of these patients have been seen, 135 of them this week.

The profile of the totality of the caseload was based on around 250 a week but the numbers through validation have reduced anyway. He is grateful to Mawney Medical Centre who has offered three rooms for physiotherapy to operate. There is the use of the gym at St George's plus the current service. Nine additional physiotherapists have been recruited and HPCT is confident that the patients on this list will have been appropriately managed by the end of December.

HPCT has an agreement with BDPCT that new patients should be seen within four weeks and should be offered their first assessment within two to three weeks. There are weekly performance reviews of the activity against the waiting list. He would hope that the patients are now starting to get the services they have been waiting for and new patients are getting an appropriately responsive service. GPs should get a letter saying that the patient has been seen and advising them of the treatment the patient will be getting.

Paperless Practice

Eric Saunderson emailed the IT Manager at BDPCT, who replied that he was not aware of any issues but was doing investigations and will come back on this.

39. SINGLE POINT OF ACCESS

John Cowman attended the meeting and explained the developments APO has made for Havering so far. APO provides many community services and in-patient beds at St George's. One of the challenges they have always had as a community provider is how they advertise the service to the patient so that it can be used in a seamless way. For primary care they have one single telephone number, email and fax number and will accept all referrals through that single point. APO is also hoping to take some of the traffic away from A&E, GPs and out of hours GPs.

APO would like some advice from the LMC on how to communicate the service to the GPs, e.g. forum, PTI, meeting with practice staff etc. They are happy to consider anything that gets the message out to GPs to encourage the use of the service.

Dr Quigley asked if GPs would be able to do secure electronic referrals. John Cowman thought this was an option and also thought another option would be to use C&B. Dr Bland said a lot of GPs like electronic communication but he thought it should be a different electronic system, separate from C&B. It would be better to keep it local and to have fax access for those practices that prefer that. John Cowman said that he would have no problem in practice visits to let staff know how to access this system. He pointed out that the service has not yet been opened up for direct patient access. They are also trying to abandon the use of referral forms.

Dr Jabbar felt the LMC was the starting point as they have a lot of resources that could provide information to the GPs. The LMC should be informed before the services are set up.

Dr Rahman asked if APO could write to practices to explain the service and supply the contact numbers, which John Cowman agreed to do.

40. ANY OTHER BUSINESS

Anticoagulation

Anticoagulation tests for housebound patients are still not being done. Philip Ainsworth will take this back as he knows that management of housebound patients is a vexing area. Eric Saunderson said that this might be more complicated than just testing at home as the question arises as to whether a patient may be confused and it may not be in their interests to be taking Warfarin. An alternative medicine may be better. A sensible model for housebound patients should be discussed. Philip Ainsworth agreed that a protocol needs to be put in place for this service.

41. DATE OF NEXT MEETING: There being no further business for discussion, the meeting closed at 3.30. Members agreed that the next Meeting would take place on 06 November 2008.

.....
Chairman

ANY QUERIES OR MATTERS ARISING FROM THESE MINUTES SHOULD BE DISCUSSED WITH THE LMC OFFICE