

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 235th LMC Meeting held in the Committee room,
Administration Block, St. George's Hospital, Hornchurch, on 05 APRIL 2007
An OPEN Meeting

PRESENT: Dr A Mittal (Chairman)
Dr A Deshpande (Acting Chairman for this meeting)
Dr M Rahman (Treasurer)
Drs T Bland, A Deshpande, A Jabbar, J John, R S Kalra, J O'Moore,
P Patel, S Poolo, P Prasad, O M Sanomi, S Subramaniam, N P S Teotia
Non-principal: Dr S De,
Co-opted: Drs A Adedeji, B Dixit
Madhu Pathak (Medical Secretary)
Sue Elliott (Admin. Secretary)

Eric Saunderson, Medical Director, B&D PCT
Jemma Gilbert, Asst. Director Primary Care Contracting, B&D PCT
Robert Evans, Associate Medical Director Primary Care, HPCT
Steve Rubery, Director of Emergency Care/Hospital Director, Queens

APOLOGIES FOR ABSENCE:

Hilary Ayerst, Chief Executive, B&D PCT
Paul Sinden, Director of Commissioning, B&D PCT
Ralph McCormack, Chief Executive, HPCT
Simon East, Director of Finance, Performance & Commissioning, HPCT
Drs J Barbosa, G Barclay, C Claoue, V Goriparthi, A N Patel, N Rao,
G Saini

94. **MINUTES:** The Minutes of the Meeting held on 01 March 2007 were approved and signed as a true record of the meeting.

95. **MATTERS ARISING**

Meetings with BHRT

Meetings have now been arranged with BHRT and the first one will be held on the 25 April. If an urgent matter arises we can attend any of the Wednesday afternoon meetings at Queens, which start at 4.00 pm.

Steve Rubery said that we, as a management team, want to make better contact with GPs, is personally keen to have better dialogue and is happy to take this forward. Dr Bland told him that in order to get a psychiatric patient admitted to Mascalls Park the patient has to be sent to A&E and a consultant comes out from Mascalls Park to decide any admissions. EPU patients are also directed to A&E for referral to the unit. Those patients sent direct to the unit are sent first to A&E. Steve Rubery does not know the answer regarding psychiatric patients and will let the LMC know.

Dr Bland said that the waiting area in A&E seems very small in comparison to OCH and patients are complaining. Steve Rubery stated that Queens was designed to maximise clinical space and minimise waiting space. Dr Bland asked if BHRT could give the LMC an assessment after the first four months as to whether the system is working as it is meant to be and is it adequate in the current way it is functioning.

Another issue raised was laboratory/blood results that are being sent to GPs with no indication of who did the tests. Steve Rubery replied that this is something BHRT has been looking at for a while and are trying to improve this.

Enhanced Services

Havering – The Chairman asked for clarification on back payments. Robert Evans said that he has not had a chance to look in detail at the issue of stopping ES payments. Last year the PCT started considering an alternative to the basket payment. It is only a third of practices that are affected and it was decided that as alternative services were put in place the payment would stop. Robert will look into it and send the answer to the LMC office as soon as possible.

B&D - Jemma Gilbert said that on advice received from the auditors minor surgery payments would be made in the same way as other enhanced service payments - prospectively on return of quarterly activity information. At LMC request, JG had explained this to practices at PTI in March. The PCT has also been considering a second ES to fund practice-based commissioners undertaking data validation. Following LMC and PBC comments that further management support is required for PBC, the PCT is considering proposing some additional clinical facilitator posts that would lead the data validation work and support other cluster group needs. A proposal for these posts will be going to the LDP group in April and the PBC Steering Group for discussion.

Dr Mittal asked if the DES is continuing into 07/08 for PBC. Jemma replied that the PCT has got a number of schemes for PBC that will replace the DES. These include a prescribing incentive scheme and a referral management scheme amounting to approximately £2.50 per patient. With the addition of a data validation scheme Barking and Dagenham PBC Groups will be highly resourced compared with other London PBC's. Details of these schemes will be forwarded for posting on the LMC website.

Eric Sanderson gave the ES on Drug Addiction to the LMC to look at.

Anti-coagulation

Dr Mittal said that GPs need to know the names and addresses of providers and both PCT representatives agreed to do this.

Choose and Book

Havering – Over the last few weeks the PCT has been trying to maximise the number of patients referred through the system. The latest information to the end of March shows that the PCT got up to 69%. One of the main issues is the URBN numbers. Dr De stated that he was particularly concerned to get a letter from the PCT Project Manager saying that five referrals were being returned because they were not sent through C&B and he had to spend two hours of his own time generating URBN numbers to fax back. Is this not grounds for future disaster if an urgent referral could not be done through C&B? Robert Evans stated that the PCT has not held any referrals back from the hospital so it does not adversely affect patients and they are not waiting any longer than they should be.

Dr Bland asked if the PCT could check if it is correct to send back referrals that have been properly sent to CAS but with no URBN number on them. GPs in Havering have been striving to work with the PCT but GPs have some disturbing cases where they have tried to use C&B. The system, for instance, does not allow a GP to make an urgent orthopaedic referral.

Dr De stated that most of the problems around C&B and the inability to make a referral within the area that the patient is willing to travel. This happens as a regular occurrence and GPs need to make the referral some other way in order to sort it out. This is why we cannot

use C&B and need to make a paper referral. A referral cannot be returned simply as an administrative exercise, thereby holding the patient appointment.

B&D – The PCT is calculating DES payments at the moment. The PCT needs issues to be fed through to the team as they arise so that they can be addressed.

Practice Based Commissioning

Havering - To bring the LMC up to date, Robert Evans reminded members that Havering PCT had procured the Dr Foster system last year. Through using the system and validating data by analysts that the PCT had made available to practices a quantum of £3m worth of challenges and queries had been raised with BHRT for quarter two. The PCT had not been able to reach agreement with BHRT on the way forward to recover this cost and the matter was referred to NHS London for arbitration.

The arbitration outcome, which the PCT were not entirely happy with, but were bound by, resulted in the PCT being supported in a range of challenges equating to a financial value of around £750,000

The same work has continued into quarter three where the level of challenges and queries from the validation work is around £5m. By applying the principles / outcome of the arbitration, this means that the PCT should withhold payment of a further £900,000 for quarter three.

The validation work will also continue for quarter 4 and Robert Evans stated that because of the time line around the availability of data, analyst support would continue to be in place until at least the end of June.

Discussions are ongoing with the cluster leads, and others, on how the PCT will continue supporting PBC. There has been input from the cluster leads on how they would wish the PCT to continue supporting PBC.

Dr Mittal stated that the clusters should have a major say everywhere on Management funds as these are cluster savings. Robert Evans replied that everyone has to be clear that the figures quoted above do not represent actual savings because the PCT is still in an overall overspend position in its SLA with BHRT, and the successful challenges are only bringing us down to an expenditure level nearer to what was budgeted.

B&D - Jemma Gilbert said that the PBC steering group has been developing a business planning process for PBC so that savings realised as a result of effective commissioning in 07/08 could be reinvested in primary care services in 08/09. In order to access savings for investment in primary care PBC clusters will be required to submit commissioning plans. Total savings will be shown on the PBC budgets that practices receive and PBC clusters will be able to plan how 70% of any savings made might be used.

Work needs to be done on how we can release savings for investment. Members feel the cluster leads need to have a say in how savings are used. Jemma said that the importance of any savings is that they are invested back into services and the way to do this is to put any ideas on how to use this money through the business planning process. She added that PBC cluster capacity and capability was still developing and a lot of work would be done in 07/08 to secure 'early wins' for PBC clusters.

District Nurses/Maternity

B&D – Dr Mittal said he had the process explained to him by Mr Tansley. The same District Nurse as at present should then inform and arrange for the District Nurse responsible for the patient's area to provide the service. Mr Tansley will send this information, along with the district nurse clinics, to all GPs as well as district nurses.

There are huge problems in the Midwifery Service and Jemma will be working with BHRT on a maternity review, which is already on the way.

Havering – Robert Evans stated that BHRT is putting forward proposals to improve the service. Once the plans are produced they will go to each PCT board and would then be taken forward.

Flu Injections

B&D - Jemma Gilbert stated that nurses have been offered training and the PCT will put in the revised contract that this is a requirement in the future.

BCG Injections

Havering – this is being progressed in Havering in April and the PCT will let the LMC know the outcome. At present there is nothing available locally. Dr Pathak stated a telephone number would be put in the next LMC Newsletter for patients to contact.

B&D – Eric Saunderson said there is a health protection website that GPs can access when with a patient which can be very helpful.

96. GPC NEWS M7

No issues of concern were raised.

97. DATE OF NEXT MEETING: There being no further business for discussion, the Meeting closed at 3.42 p.m. Members agreed that the next Meeting will take place on 03 May 2007.

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Chairman