

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

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| MINUTES Part Two of the 246 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 03 April 2008 <i>A n Open Meeting</i> |
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PRESENT: Dr G Saini (Chairman)
Dr M Rahman (Vice chairman)
Drs A Adedeji, A Deshpande, V Goriparthi, R Kalra, A Mittal,
A Patel, P Patel, S Poolo, S Subramaniam, I Sudha, N P S Teotia
Non-principals: Drs S Hora, R Kumar
Madhu Pathak (LMC Secretary)
Sue Elliott (Admin. Secretary)

Hilary Ayerst, Chief Executive, B&D PCT
Eric Saunderson, Medical Director, B&D PCT
Jemma Gilbert, Ass. Director of Contracting, B&D PCT
Ralph McCormack, Chief Executive, HPCT
Robert Evans, Ass. Directory of Primary Care, HPCT
Steve Rubery, Director of Emergency Care/Hospital Director, Queens
Peter Blessington, FHS Services NELSHA
Brian Taylor, FHS Project Manager
Dr Adetugbo Kayode, Public Health, HPCT

APOLOGIES FOR ABSENCE:

Paul Sinden, Director of Commissioning, B&D PCT
Simon East, Director of Finance, Performance & Commissioning, HPCT
Mr C Claoué, Ophthalmic Surgeon, BHRT
Drs T Bland (Treasurer), S De, J John, J O'Moore, I Quigley, A K Jawad,
S Symon

MINUTES: The minutes of the Open Meeting held on 6 March 2008 were approved and signed as a true record of the meeting.

107. MATTERS ARISING

Scanners

Robert Evans said the purchase order has gone in and HPCT are waiting for a delivery date. There is an issue of compatibility with all systems.

NHS Net

Ralph McCormack said Havering PCT's IT Department have been asked to come to the LMC regarding the problems. He will ensure they follow it through as there is obviously a problem with filtering on the GPs' systems.

Extended Hours

Havering - Dr Saini confirmed that the draft letters had been approved.

B&D – Jemma Gilbert said that the PCT has looked at their strategy to provide more diagnostics within Primary Care. The services will be better covered for extended hours and patients should be able to access them later in the day. Dr

Goriparthi said the PCT also needs to ensure the samples are not left sitting all night before transportation to the laboratory. Jemma confirmed they are working on a better service.

Contract Variation

Havering – the letters from the PCT have now been sent out.

B&D - the PCT letters are with Lockharts and will then go out. There will be a discussion at PTI.

Enhanced Services

Jemma said if any further issues arise please let her know.

IT Issues

Havering – Ralph McCormack said that the PCT has set up a Primary Care Contracting Forum. IT issues will be brought up there.

B&D - Dr Adedeji said that ever since he joined BT it has had problems and the system is so slow. Jemma said that one of the things they agreed was to look at this and GPs will be able to take part in that discussion. When the contract ends the PCT will see what they can do, keeping the GPs needs paramount. Members were advised to let Jemma know the issues and she will ensure they are raised on the agenda. The meeting is usually held the last Tuesday of every month. Dr Teotia will be invited to the next meeting.

Respite Care

It is Eric's understanding that if a patient is discharged from hospital and goes into a nursing home outside their GP's area, the GP is not responsible for the patient's care. Nursing homes have access to GP in all areas. Dr Goriparthi said that as respite care is only for 2 weeks no other GP would see them and the nursing homes phone asking for dressings and prescriptions. They take the patient because they get paid but they do not look at the other issues like holistic care.

Hilary Ayerst said it would be a good idea for the PCTs to know what nursing homes are involved so they can write to them. Dr Saini said the main problem is when a nursing home has different doctors looking after 2 or 3 patients in the home.

Choose & Book

Robert Evans stated that HPCT and the LMC have had a meeting with BHRT to address some of the complaints. It was agreed that when NHS Direct could not give an appointment, BHRT needs to be given a list of those patients.

108. FHS CONSORTIUM REVIEW

Peter Blessington and Brian Taylor attended the meeting on behalf of the FHS. Brian Taylor gave the background of the service and stated it is currently hosted by Waltham Forest PCT on behalf of the seven NE London PCTs. The service is located in three sites at B&D PCT, Redbridge PCT and Tower Hamlets PCT. Last year there was a proposal from Waltham Forest to put the service on to a single site, which was withdrawn at the end of last year. Brian was commissioned at the end of January to undertake a review for the future of the service. One of the

things they are looking at is an expression of interest from the national shared service provider, NHS Shared Business Service (NHS SBS).

There are a number of pressures on the service, particularly at Tower Hamlets because the NHS has been given notice to vacate the building they are currently using. There has been a lack of investment in FHS and in particular in the IT infrastructure. In the last few years there has been a number of temporary staff in the service. The current project is hoping to secure a preferred option by the middle of April.

The difference between the work currently underway and previously is the involvement of NHS SBS. NHS SBS is a joint venture between the Department of Health and a private sector company, Xansa (now Steria). To date SBS has been primarily involved in providing financial shared services to the NHS. It does not currently provide family health services. This will be a new venture for them. If this is the option, it is a private sector venture not an NHS one. If the staff were retained they would leave the NHS.

SBS has made a strong expression of interest and FHS is expecting a proposal by the end of this week making this an option in the path we are taking. If it goes down that route it will be quite a big step. The clear message that comes across is that the NHS needs an assurance of continuity. It is far from being a done deal at this time. FHS has told SBS that they cannot see how their proposal can be viable without retaining the skills and knowledge base of the existing staff. In response to a question Brian replied that the staff would lose their NHS pension rights but under current regulations SBS are obliged to offer a pension scheme of a similar nature. Brian's understanding is that in virtually all respects the scheme that will be offered is the same as the NHS scheme.

Hilary Ayerst said that one of the discussions with Brian has been that SBS is not the only option and the PCTs would want to see an analysis of all those options. They want more detailed information to show that the service from the contractor would be as good, or better, than the PCTs are currently getting. Until then the PCTs will not sign up to anything.

Brian stated that it is the business continuity that the NHS has said they would expect to be maintained. They need to obtain that assurance from any company the service goes to. They would also want assurance that things move forward smoothly. He has got the job of getting some tangible assurances on behalf of the local NHS organisations. The adequacy of the provider's contingency plan would have to be looked at. SBS are proposing that they take the opportunity to speak to the LMC if they become the preferred provider for FHS services..

Ralph McCormack stated that he had a meeting yesterday, which was really quite helpful. The PCTs have to understand what they trying to achieve and be clear in being able to describe the service and the options being offered. He wanted the LMC to understand that the PCTs have been putting their views forward to make sure they got the process of consideration correct.

Whatever and whoever does this service in future, what the PCTs would be looking for is one contractual arrangement and not seven individual contracts as previously, which would probably need to be to be hosted by one PCT.

SBS has no track record in providing this family care based service but they do have a track record of supplying a payroll service which they do to an increasingly high standard and there are some strong reasons why the PCTs might want to consider SBS, amongst others. No one is suggesting that there might be changes

to the current staff base. No one is saying it should transfer to a different arrangement and completely shut down the access to the experience and resources currently enjoyed. These safeguards would need to be clear or it will not get approved.

Dr Saini asked Brian to keep the LMC informed.

109. GPC NEWS M7

No issues of concern were raised.

110. ANY OTHER BUSINESS

Havering Public Health Data Collection

Dr Kayode came to talk about access to the rich patient information that practices have. All NHS data is on the practice systems and Public Health do not have access to that. They wish to build a partnership with Primary Care, especially around projects and risk reduction. This will enable them to give much better support to practices and possibly reduce their workload. Dr Kayode is looking at setting up a Primary Care Management System so that the PCT would not have to go to different practices looking for data. He accepted that the issue of data is a very complex one because of confidentiality and patient security. The data would remain under the control of GPs.

The proposal is that the LMC puts together a data sub-group that monitors approval to access this data on a case-by-case basis. More and more PCTs and groups of people have come to recognise that this is a way of actually supporting the work that is being done. More and more the primary goal is to work with practices, especially around early identification. Dr Kayode asked that Public Health is granted access to data in the practice systems. HPCT has been talking to two companies, one of which is Dr Foster. Dr Saini said that they get information from Secondary Care and HPCT is now asking for access to the GP computer, initially on a disease basis.

Dr Teotia said the LMC needs to know in detail what data they would want to access and how the information would be fed back to the practices. The LMC needs to have a detailed proposal of what they would use, what method will be used and what they will explore. The LMC would need a detailed profile so that every section of the exercise could be looked at.

Dr Kayode said the data would to be used to support a lot of the work done in Primary Care. It makes no sense to take data and analyse it and the people who provided the data have no input or feedback. That is why he was talking about a partnership between Public Health and Primary Care. The data will not go to Secondary Care.

Dr A Patel said it is very laudable what HPCT is trying to do and it would be helpful to have the data somewhere so that it can be accessed. How would it benefit for the time and effort spent away from the patients to implement this? GPs already had QOF collect a lot of detail on the patients. Dr Kayode stated that he did not think it would involve any work on the part of the GPs. They would not be able to advise anybody from QOF data as Public Health need the breakdown by age and sex.

The Havering members agreed that they were happy for Dr Kayode and his staff to start work on this.

District Nurse Aftercare

Dr Saini's stated that a patient had surgery and then needed to have it done again and a lot of dressings were needed. After four weeks the District Nurses said that they were not looking after the patient any more although it was the practice's responsibility. Ralph McCormack said that if HPCT could have some details of the issues from the practice they would pick it up and make sure it is addressed. The LMC said they would ask the GP to provide the details.

Mental Health Services (ABIT)

The telephone number has changed and when the patients ring they either get disconnected, cut off or put through to the wrong department. After Dr De wrote to ABIT they said they knew about the problem but may be NELMHT needs to know. Does the PCT need to get involved in this?

ABIT are also responsible for providing freedom passes. The consultants are refusing to sign for them and this has been passed to the GPs. The council said that the PCT had agreed that there would be a payment, which can be claimed. How has the physiatrist got the right to refuse? They are sending GPs the form and asking them to assess their own patients. Dr Kumar said he has ABIT access and is happy to discuss this with the PCT and will report back to the LMC at the next meeting.

- 111. **DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.50 p.m. Members agreed that the next Meeting will take place on 1 May 2008.

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Chairman