

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 257 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 2 April 2009 <i>An Open Meeting</i>
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PRESENT:

GP Members	Dr G Saini (Chairman) Dr T Bland (Treasurer) Drs V Goriparthi, A Jabbar, A Jawad, R S Kalra, A Mittal, J O'Moore, P Patel, S Pervez, O M Sanomi, S Subramaniam Non-principals: Drs S De, S C Hora, S Symon Sue Elliott (Admin. Secretary)
NHS Havering	Ralph McCormack, Chief Executive, Philip Ainsworth, Director of Healthcare Procurement & Performance
NHS B&D	Eric Saunderson, Medical Director Jemma Gilbert, Ass. Director Primary Care Contracting
ONEL APO	Wiltshire, ICT Manager Nicolas Bardon Suzanne Farris, Int. Ass. Director of Adult Services
BHRT	Liz Matthews, Int. Ass. Director of Patient Care & Professions John Goulston, Chief Executive Stephen Rubery, Director of Commissioning & Contracting Lucy Gladman, General Manager Oncology Antya Markin

APOLOGIES FOR ABSENCE:

NHS Havering	Simon East, Director of Finance, Performance & Commissioning
NHS B&D	Stephen Langford, Chief Executive Paul Sinden, Director of Commissioning
ONEL APO	John Cowman, Ass. Director of Business Planning & Performance
BHRT	Mr C Claoué, Ophthalmic Surgeon
GP Members	Drs M Rahman (Vice Chair), A Deshpande, B Dixit, J John, R Kumar, A Patel
LMC Secretary	Madhu Pathak

88. MINUTES: The minutes of the Open Meeting held on 5 February 2009 were approved and signed as a true record of the meeting after the inclusion of: Page 2, NHS Referrals to Private Providers: at the end of the first sentence add "...following a private consultation."

89. MATTERS ARISING

Choose & Book

Barking & Dagenham – the PCT has included C&B as part of the incentive scheme. This is being taken forward and there is a chance to include C&B as a commissioning service.

Havering – HPCT has confirmed that they will continue with the LES for 2009/10.

Scanners

Philip Ainsworth provided the LMC with the latest project report. In future he will include this in the minutes. The project is well on the way to being fully implemented. There are a few technical problems and IT has been liaising with the affected practices.

Physiotherapy

Philip Ainsworth said that previously it was stated that once a patient had received four treatments the private provider was saying that any further need for treatment would require a re-referral by the GP. He has checked the agreement with B&D, their provider, and there is nothing that says a patient will be referred back to their GP after any number of sessions. Most patients are discharged after four or six sessions. If they require more sessions it probably suggests the patient has a more serious condition than the original assessment. If there are any explicit examples of this not being the case it would be helpful to pick these individual cases up with the provider.

Ralph McCormack stated that the patients are being treated on clinical requirements. The PCT should clarify with their provider what they are commissioning and ask that they do not engage in discussion about re-referral but if they get to four-six sessions and they need more there should be dialogue with the GP so that the practitioner and the GP can decide on what approach to take. It could be a condition that physiotherapy may not cure and the patient may need to go to the pain clinic. It is appropriate that at some point in the pathway, dialogue should take place with the GP on how to handle the patient's condition. The PCT will clarify with the provider that this is their expectation.

NHS Referrals to Private Providers

Steve Rubery said that what has come to light, as an ongoing source of the problem, is that the providers' contacts with the PCTs are that no aftercare is provided. There is currently a hole and BHRT is not responsible for supplying this care. This is an issue we need to resolve between us.

Ralph McCormack stated that all the necessary information needs to be appraised. Some providers are not causing any problems but there seems to be one or two and this needs to be addressed. Dr De said that patients are coming back to the GP for a sick note after seeing a consultant. What is worrying is that no letter has been received from the consultant. Steve Rubery will look into this.

John Goulston advised that BHRT has an 18-week steering group and this will be picked up at the next meeting as an important action. He agreed with Dr Saini that this could be brought to the next BHRT/LMC meeting.

IT Upgrade

Havering – Philip Ainsworth advised that the principal has already been agreed on a forum group but this will not be able to go forward until early summer. The question of who replaces damaged computer equipment in the practices was raised and Ralph McCormack confirmed this is the PCT's responsibility.

List Cleansing

Dr Mittal said there are still problems and certain issues have not been clarified. Dr Teotia had previously supplied a written list of the outstanding problems and Jemma Gilbert said she would take his points back to the FHS and ask them for a response before the next meeting. There have been glitches in the system during the transfer of FHS to SBS, which are being looked into at the moment.

Practice Budgets

Simon East has been trying to book a slot at PTI to discuss this but to date no space has been available.

Encryption of Mobile Devices

Eric Saunderson said the use of PDAs is not recommended and blackberries have been supplied. Again there is a security issue on this so attachments cannot be received. If the appropriate encryption software is not available GPs should not be using them for practice identifiable data. Nicolas Bardon asked if the use of very small laptops had been considered as these can be encrypted.

90. CANCER WAITING TIMES TARGETS BHRT

Lucy Gladman, BHRT's General Manager Oncology, and Antya Markin, gave an overview of the new Cancer Waiting times Targets "Going Further on Cancer Waits" that came into effect on the 1 January 2009. The additional targets are as follows:

- Two week wait standard – to include any patient referred with breast symptoms, whether cancer is suspected or not; to be implemented from the end of 2009.
- 31 day standard – to cover subsequent treatments for all cancer patients, including those diagnosed with a recurrence; to be implemented from the end of 2008 for surgery and chemotherapy and from the end of 2010 for radiotherapy and other treatments.
- 62 day standard – to include patients referred from NHS screening programmes (breast, cervical and bowel) or patients whose consultant considers cancer a possible diagnosis and "upgrades" the patient; to be implemented from the end of 2008.

Additionally Trusts will no longer be able to adjust for social and medical reasons so that the CWT starts to reflect the 18-week model. The only clock pauses will now be at the beginning and/or the end of the patient's pathway as follows:

- If a patient DNAs their initial outpatient appointment – this would allow for a clock pause from the receipt of the referral to the date upon which the patient rebooks their appointment. This pause is relevant to the cancer two week wait and the 62-day standard.
- If a patient declines a treatment in an inpatient (ordinary admission or day case) setting provided the offer of admission was 'reasonable'. For BHRT cancer patients under the 31 or 62 day standard 'reasonable admission' is currently being reviewed and agreed. It is anticipated that 'reasonable' will be classed as any offered admission with minimum 5 days notice. The pause would be the time between the date of the declined admission to the point when the patient could make themselves available for an alternative appointment. Pauses cannot be applied to planned admissions that are diagnostic in intent (e.g. colonoscopy).

91. IMPROVE PATIENT CARE – DISTRICT NURSES

Suzanne Farris, Int. Ass. Director of Adult Services, ONEL APO, and Liz Matthews, Int. Ass. Director of Patient Care & Professions, ONEL APO, joined the meeting.

Suzanne Farris said they are looking at quality and the service GPs are currently getting from APO and wanted to know the best way of providing it. She asked if there was anything specific around District Nurses. Dr Symon replied that practices and district nurses used to work as a team but feels that care is becoming fragmented and the practice is now unable to communicate with their colleagues. She asked if district nurses could be attached to the practices so they know who to speak to and build a rapport. Dr Jabbar said GPs would like feedback when patients are referred to matrons and health visitors.

Dr Saini said the biggest problem is that district nurses have been pooled and the practices do not know who their district nurse is. He recommended that a meeting be arranged to go through the issues. It can then come back to the LMC. Suzanne felt this would be useful and it would be very helpful if there could be a continual

partnership where APO can get feedback from the GPs. The LMC agreed to arrange a meeting. Dr P Patel and Dr Symon would like to attend.

92. GPC NEWS M7

The issue of revalidation and the cost of running this were discussed.

93. ANY OTHER BUSINESS

Cervical Smears

Dr Saini stated that anyone asking for a cervical smear for someone under 25 would be charged by the Lab. If someone is sexually active they should not be refused a smear. Dr Mittal said that his practice manager has been advised that any smear for an under 25 will be put to one side and not done. John Goulston stated that BHRT has been overloaded with colposcopies so there is obviously an increase in demand for smears. Eric Saunderson will take this back and find out exactly what the regulations are.

DNAs

Dr De asked BHRT could send a letter to the patient as well as the GP when they DNA a standard appointment so the patient actually has some responsibility to get in touch with them. John Goulston said that BHRT has got an outpatient improvement plan going through and they are taking on board many of these issues. If the LMC would like someone to come to one of the meetings to talk about this in more detail this could be arranged.

94. DATE OF NEXT MEETING: There being no further business for discussion, the Meeting closed at 3.45 p.m. Members agreed that the next Meeting would take place on 7 May 2009.

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Chairman

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