

## **BARKING AND HAVERING LOCAL MEDICAL COMMITTEE**

**MINUTES** Part Two of the 228<sup>th</sup> LMC Meeting held in the Committee room,  
Administration Block, St. George's Hospital, Hornchurch, on 03 AUGUST 2006  
*An OPEN Meeting*

**PRESENT:** Dr A Mittal (Chairman)  
Drs A Deshpande, V Goriparthi, A Jabbar, J John, R S Kalra,  
J O'Moore, A N Patel, S Subramaniam, I K Sudha, N P S Teotia

Madhu Pathak (Medical Secretary)  
Sue Elliott (Admin. Secretary)

Robert Evans, Associate Director of Commissioning (Primary Care), HPCT  
Hilary Ayerst, Chief Executive, B&D PCT

### **APOLOGIES FOR ABSENCE:**

Eric Saunderson, Joint Medical Director, B&D PCT  
Ralph McCormack, Chief Executive, HPCT  
Simon East, Director of Finance, Performance & Commissioning, HPCT  
Drs A Aggarwal, (Vice Chairman), M Rahman (Treasurer), H Ahmad,  
J Barbosa, G Barclay, T Bland, C Claoue, S De, J Kakad, P Patel,  
P Prasad, N Rao, M Roy, G Saini, O M Sanomi

19. **MINUTES:** The Minutes of the Meeting held on 06 July 2006 were approved and signed as a true record of the meeting, after the correction of:  
Page 2, 9th paragraph, last line: 'building work' changed to 'issues'  
Page 3 1st paragraph, 1st line: spelling of Dr Brownell corrected  
Page 3, 6th paragraph, last line: 'arbitration' changed to 'consultation'

### **20. MATTERS ARISING OUT OF THE MINUTES**

#### ***Enhanced Services***

*B&D* – 2005-06 is now closed. Dr Teotia has developed a tool to make it easier for practices to claim. ES Floor - It was confirmed that in 2005-06 £2,529,000 was spent, which is £129,000 over the floor. Dr Mittal stated that there are some concerns over the earnings of LES and Dr Mittal requested a breakdown of spending.

*Havering* – the PCT has supplied the LMC with information. The LMC still await details from Finance. The PCT has a proposal to take to PEC and this will be shared with the LMC. Robert Evans said he would like to look at Dr Teotia's system for claiming ES.

#### ***Choose and Book***

*B&D* – Paul Sinden stated that 25% of bookings are being made through the system. The DES aspiration payment was held back as the DoH wanted to amend how the payment was achieved. They want 50% of bookings on the computer for the period September to February. This is a higher target but it gives GPs a longer period to get used to the system. Two-thirds of practices have sent forms in for aspirational payments and these will now be released for payment in August. Any practice who has not signed or submitted their forms should do it now.

Guidance on DES says that where the target has not been met through circumstances outside the practice's control, the PCT and practice will come to an agreement for payment. GPs to be advised. The PCT still has some access to training so when a practice goes live there will be one person from the PCT available to support the practice.

Paul Sinden said that when the PCT sends out the change in DES they can give news on CAS and give information about system functionality as well. Dr Teotia felt that when new patients are sent their new medical cards they should be sent information on the new innovations at the same time.

*Havering* – Robert Evans confirmed the situation was very similar in Havering. Some practices have system problems and these issues are in hand.

Hospitals must offer an appointment within 13 weeks. If they do not they close their list. The recommendation is to encourage patients to make a choice otherwise there could be a delay. If a patient is happy to wait for a particular clinic, they have that choice. If the system does not allow a booking after 13 weeks it may go to 18 weeks, but this needs to be checked.

Robert Evans advised the Members that under Choose & Book there is a guidance that if the service is available within Primary Care setting, the patients should be given only that choice with the GP and to be advised that further choices will be given after this has been assessed by the GPWSI. Dr Patel asked, does it affect payments because if on the questionnaire a patient states that he was not offered a choice by their GP? It was thought that this was contradictory to philosophy and further clarification was promised. GPWSIs are being added to the system.

### ***Practice Based Commissioning***

*B&D* – the PCT has had about two-thirds returns from practices for DES and have been signed off as they come in. When the PCT chases DES C&B they will chase for PBC at the same time. The returns have been reviewed at the Steering Group for content in view of the budgets going out this week to all practices. 2006-07 budgets are historical, based on the SLAs with Acute Trust, and will move to capitation over three years. The letter will include prescribing budget for 2006-07. An explanatory booklet will also be included. The new structure will include prescribing budgets. At the moment, only two practices are outside PBC.

*Havering* – The PCT has had all of the letters back and has signed agreements in place with half the clusters. The budget information has been shared by cluster leads but will be sent to individual practices by PCT.

### ***QOF Visits***

*B&D* – All practices will be visited this year. The PCT needs dates and should be finished by January.

*Havering* – the PCT will be looking at one-third of the practices.

### ***Midwifery Services***

Dr Mittal gave an outline of Gillian Walton's reply to Neil Smillie's letter. It must be reiterated that any changes must come to the LMC, which has not been done by the Midwifery Service. Two LMC members were nominated to join the group but have not been involved as yet. Dr Pathak advised that all three nursing leads have been invited to the LMC for a meeting but have not come back with a date.

*B&D* - Dr Goriparthi stated that he was very disappointed as he does not have any contact with the mothers in the surgery. It is difficult contacting antenatal services at King George's Hospital. Paul Sinden will follow this up.

### ***Anti-Coagulation Clinic***

Eric Saunderson said there were two issues. Allison Brownell does not have the capacity to offer a comprehensive service to samples sent from housebound patients. The second issue is prescribing of Warfarin. BHRT were going to stop the service from the middle of this month but this has been delayed, which gives the PCT time to work on it. BHRT will no longer have a licence for certain size packs and Dr Brownell will not be available to sign prescriptions. Eric had a meeting with Dr Aggarwal last week to see if something could be worked out. Another meeting is needed to work through this. Dr Brownell has stated that nurses within the clinic are constantly surveying the patients who come in as it is dangerous to keep some patients on Warfarin indefinitely.

Dr Mittal stated that this had been discussed in the Closed Meeting and the view was that GPs should not be prescribing Warfarin at all. The clinic should supply prescriptions that can be dispensed in the community.

*B&D* – The PCT will have a community based service. The patient's GP will not be involved in decision-making or prescribing. One of the clinics is GP led and the other one is pharmacy led.

*Havering* – there is a move within Havering to establish PCT managed nurse led anti-coagulation clinics. Havering now has two clinics, which at the moment are using BHRT staff. The intention is that it moves to a PCT managed clinic. Nurses need to be trained so that patients leave the clinic with a prescription. The PCT is only half way there at the moment and are trying not to change anything until the new system is up and running. The full service will be up and running as soon as possible. The PCT will try and make it so that the nurses refer to the consultant and not the GPs.

### ***District Nurses***

*B&D* - District Nurse reorganisation has been done with no information to GPs. Hilary Ayerst stated that District Nurses are still aligned to GPs but the services have been moved from one building to another, but will check. Further discussion needs to happen outside this meeting.

### ***Fit for Future***

*B&D* - This is still progressing with briefings going on. The PCT are looking at November now, not October.

### ***Transport for Patients***

Eric Saunderson stated that many aspects of this have been discussed and there is potential for conflict between a practice and the relatives with whom the practice may not have a relationship. A separate meeting will be held to work through what is involved.

**21. GPC NEWS M1**

IT & M – Dr Teotia stated that he understands there are new options and practices need some sort of information from the PCTs on how they wish to govern the future of the IT system in Primary Care. B&DPCT will look at it in terms of investigation for the future.

**22. ANY OTHER BUSINESS**

***Young Peoples Services***

John Harvey wanted it mentioned that there was a review taking place on Young Peoples Services across Havering and wanted the LMC to be aware of this.

***SHA Top Slice***

SHA are asking for a further top slice and because B&D has had the biggest growth they have been asked for a much bigger share than other PCTs. The PCT does not know how much this will be yet but B&D will probably be the most under-funded PCT in the country. The SHA has not yet written to B&DPCT formally and Hilary does not think they are hearing the PCT's message. The figure being talked about is £7m on top of the £6m the PCT has already given the SHA.

***Appraisals***

The LMC has agreed that Appraisals should finish by mid February so that people can claim their money if it is not in the Global Sum. Eric Saunderson stated they still had the caveat to do and there may be some problems. There needs to be some flexibility to cover unforeseen circumstances. Dr Teotia asked if GPs could have their appraisal on the net as this could be much better than what is being done now. He had written to the PCT but does not think this has been taken up. Eric absolutely agreed with this and is hoping this year to use the appraisal tool kit although there are still some GPs who are not using electronic equipment. A lot of discussion needs to take place regarding the model of appraisal that will be developed over the next year or two.

- 23. DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.38 p.m. Members agreed that the next Meeting will take place on 07 September 2006.

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**Chairman**