

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

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

MINUTES Part Two of the 222nd LMC Meeting held in the Committee room, Administration Block, St. George's Hospital, Hornchurch, on 02 FEBRUARY 2006 *An OPEN Meeting*

PRESENT: Dr A Mittal (Chairman)
Dr A Aggarwal (Vice Chairman)
Dr M Roy (Treasurer)
Drs J A Barbosa, G Barclay, T Bland, A Jabbar, J Kakad, R S Kalra, J O'Moore,
A N Patel, P Patel, P Prasad, M Rahman, N Rao, G Saini, O Sanomi,
S Subramaniam, I Sudha, N P S Teotia
Co-Opted: Drs S Ariyanayagam, B Dixit

ALSO PRESENT: Ralph McCormack, Chief Executive, HPCT
Neil Smillie, Director of Primary Care, HPCT
Eric Saunderson, Joint Medical Director, B&D PCT
Paul Sinden, Director of Commissioning, B&D PCT
Madhu Pathak (Medical Secretary)
Sue Elliott (Admin. Secretary)
Suzy Iskander (Admin Assist/IT Support)

APOLOGIES FOR ABSENCE:
Hilary Ayerst, Chief Executive, B&D PCT
Graham Blowes, Head of Corporate & Primary Care Performance, B&D PCT
Robert Evans, Special Project Lead, HPCT
Drs H Ahmad, J A Barbosa, Dr C Claoue, S De, A Deshpande, V Goriparthi,
G Kalkat, M Rahman, N Rao

70. MINUTES: The Minutes of the Meeting held on 05 January 2006 were approved and signed as a true record of the meeting.

71. MATTERS ARISING OUT OF THE MINUTES

Enhanced Services: B&DPCT have agreed all services. Claim forms have been sent but not all of these have been returned.

Neil Smillie confirmed that HPCT are completely ready, there are just one or two deviations to clarify with PEC.

Occupational Health: The redraft from B&DPCT not yet available.

Clinical Assessment Service: Dr Sanomi stated that he was concerned that referrals to CAS may get lost. He referred a patient to CAS and was not aware until recently that the patient, six months later, had not been sent an appointment. CAS confirmed they had received the referral and had forwarded it to the relevant Department but when Dr Sanomi phoned the Department he was advised that they had no record of the referral. Who takes responsibility for this sort of

thing? Ralph McCormack stated that the responsibility has to rest with the PCT and he would be interested in the specifics of the case so that the PCT can target it and ask how they are managing to lose things to the extent that they are not processed in the way they should be. Ralph appreciates that it is not happening frequently but that it is happening at all is a problem. Agreed this will be discussed directly with practice.

Dr Jabbar raised concerns regarding orthopaedic referrals.

Choose and Book: HPCT confirmed that they have still not received the proof for the patient information leaflet. The PCT will continue to press for the leaflets so that they can get the information out to the patients.

Paul Sinden stated that B&DPCT have now got 16 or 17 practices live on the system and hope to have all practices on line by the end of March.

Practice Based Commissioning: Neil Smillie stated that in general terms the PCT has been working hard to identify resources and has now identified people in his team that can work with clusters. Robert Evans is now in a position to take the rest of the work forward. Practices are all aligned with clusters and the PCT is confident with this.

Paul Sinden stated that B&D practices are about to get more information, which is being sent to the practices today. The PCT have had another meeting with practices to align with clusters. There are four practices not yet aligned to a cluster two of which will be with Chilvers McCray. B&DPCT will go for three clusters so that they get economy of scale in each cluster. One cluster is 100,000 and the other two are 30-40,000.

B&DPCT is looking to broaden the role of the Steering Group to push through the work. On the Steering Group there will be five practice representatives, one LMC representative and the Chairman of PEC.

Paul Sinden went on to say that they have been selected to be a pilot for PBC implementation. There will be a core team of fifteen people, five Primary Care representatives, one from each of the Primary Care clusters, joint chair of PEC, one from Social Care, one from Acute Trust and one LMC representative. B&DPCT had an orientation meeting on the 1st February to decide on the areas of work the PCT would like to go through. The PCT will see what their views are before making it part of the collaboration.

Dr Mittal stated that in future all PBC decisions will be guided by PEC. The GP members of PEC are all leading clusters themselves and that leads to biased decisions, like Management allowance for clusters. Has this been discussed? Paul Sinden replied that this has not yet been discussed. DES took the decision out of their hands for 2006-07.

QOF Visits: Dr Mittal advised that B&DPCT has finished the QOF visits. A lot of high achievers were visited, which was different to what was originally discussed. Eric Saunderson stated that the PCT has produced policies and guidance for practices, encouraging them to work as teams and to revise service provision. Dr Mittal asked if there was any financial support. Eric Saunderson replied that the PCT did not think this would be equitable as other practices are achieving higher with their own resources. B&DPCT is expecting a rise in QOF points this year. The SHA also has views about general practices in B&D so the PCT are trying to help GPs to achieve more. B&D have some of the most deprived areas in NEL and the PCT have several problems. Some of the scores have not been as high as the PCT would wish them to be. We also have only a certain amount of resources and felt this was not an appropriate use of those resources.

Dr Teotia asked if the PCT had compared B&D's general services with other areas. The practices are not asking for money, they are asking for support to achieve higher QOF points.

Dr Saini stated there are two points, one is achieving quality from GPs whether they are high achievers or not. The second is what the practices achieved and the LMC supports all that the PCTs are doing to help practices. What worries the LMC is that at no stage has the PCT taken into account that some practices may, for example, aspire to 500 points but achieve 750. They have done more than they aimed to do but have been left as low achievers. This is what we need to look at. The LMC would be happier if they had a table saying this is what they wanted to achieve and this is what they have achieved. Eric Saunderson replied that the PCT are not penalising anyone. What the PCT is trying to do is support people and suggesting techniques for them to approve. It has to be remembered that this is the easier part of QOF. From April 6th it is going to be a lot tougher. If practices are struggling at the moment it is going to be a problem. The important thing is, how can we make the people of B&D healthier.

Dr Mittal said that we need to look at the problems we are facing. His understanding is some practices need IT training or extra resources and need increased nursing hours. Is anything going to be done for this? Eric Saunderson replied that some of the practices have been high achievers and some have been low achievers. There is only so much that can be done. B&D have a lot of small practices but they have chosen to be small. Much more is going to be required of general practices over the next few years. GPs are going to have to think about how they manage some of these services. Clusters could be a way forward. QOF is the thin edge of the wedge and it is just the first bit that the Government is going to require from Primary Care. We will all have to try and raise our game and it will not be by the PCT supplying nurses.

Midwifery Services: Gillian Walton, Director of Midwifery, and Claire Emery, the Modernisation Manager, joined the meeting to outline the revisions to the Midwifery Service across NEL. They have a clear strategy for the next five years. IMPACT was designed to respond to the service in the national framework to children. BHR have an added problem in as much as they have not got enough midwives to go round and the birth rate is rising at about 4% per year. There are two big issues, modernise the service and make it as safe as possible. In 2004-05 there was a big review and we realised we were not providing safe care to women in labour, or children. BHR therefore made a priority plan to make the service as safe as possible with the resources available. We have to make sure a woman in labour has a midwife. We have to make sure woman have got midwifery antenatal care. We know some practices do not have midwives and some patients do not see midwives at all and we are trying to make sure that disadvantaged women get the best care we can give them.

In the long-term strategy we have set up a modernisation board and we need GP representation on this board. Claire will manage any projects within the strategy. As part of this strategy we are putting midwives into children's centres. Each GP will still have a named midwife who can give joint care. One of the ideas being looked at is putting people out in the community. If any one has any ideas on how to make things better we would be delighted to hear from you. Dr Dixit and Dr P Patel will represent the LMC in future discussions.

Dr Prasad said she was taken aback that she heard it from her own midwife at Christmas, which is not the best way of informing GPs.

Dr Mittal stated that GPs are not clear where the centres are and whether they will see the patients at all. The NFF does not propose that antenatal care is taken away from GPs. Gillian replied that a GP will only be responsible for the part of the care he provides and the midwife is responsible for the care she provides.

Dr Teotia asked for a clear communication channel on this issue.

Mothers will carry their own records. Prescriptions for home births will still be prescribed by the Trust. There may be some changes, as midwives could do the prescribing themselves for things like Gaviscon. Dr Saini stated that if a change is to take place in the way GPs give a service practices need to be informed at the right time. His practice only came to know because the midwife advised that there would be no more antenatal service in his surgery as it was to be centralised. Dr Mittal reminded the PCTs that any change in services should come through the

LMC at all times. Dr Barclay asked if we could ask Dr Ariyanayagam to make sure his colleagues are aware of the LMC.

Ralph McCormack stated that he is left with a concern. What he wants is a simple matrix of the practices in HPCT, what it was and what it is now and recommends that this is done between now and the next meeting.

Nursing Homes: Cryotherapy – Ralph McCormack confirmed that the cost of transporting the liquid nitrogen will be in the order of £2,000. Terry Webber will advise him what practices have been involved so that the PCT can work out what the proportion of cost for each practice would be.

Retinal Screening: HPCT agreed a letter through the LMC which has now gone to practices and practitioners have been advised how to manage Retinal Screening between now and the end of March. The PCT needs to make sure that patients who would otherwise have been screened are included in the programme from April.

NICE Guidelines: Eric Saunderson stated that the PCTs are under an obligation to implement NICE guidelines. There is no specific ruling that says GPs must do this but it comes through the contractual relationship that the GPs have with the PCT. He will adjust the document and let the LMC have a copy.

72. GPC NEWS M6

No issues of concern were raised.

73. ANY OTHER BUSINESS

Cliff Cowell: Dr Barclay wished to bring up a specific letter sent by Cliff Cowell. The LMC unanimously took a vote of no confidence in Cliff Cowell and question the continuing employment of this man. Eric Saunderson replied that, as the LMC knows, Cliff is a counter fraud officer and has accountability to two different people, the Director of Finance and the Chief Executive of the Counter Fraud Agency. Cliff advised that this letter has gone out for post payment verification on a regular basis and has done so for fifteen years.

Dr Mittal advised that prescriptions given to the patient is not a claim by the GP, it is a clinical issue. How did Cliff Cowell get these prescriptions – was it through the prescribing authorities or the pharmacist? It could breach the confidentiality of the patient.

Eric Saunderson stated that the LMC is bringing up two issues, one is the tenure of the letter and also Cliff's position to investigate. He thought the PCT would be happy to have a discussion with the LMC on this issue but did not think it should be discussed at this meeting.

Ralph McCormack stated that HPCT has a different support arrangement with Counter Fraud in Havering. The difficulty is, the letter you are referring to is more for the post verification payment system we used to have. The system is different now. The point is to just confirm that all PCTs do a level of checking to make sure they can satisfy themselves that the business has been conducted fairly. PCTs handle it differently but it all links into the Counter Fraud Agency.

Lift: Dr Mittal stated that there has been a lot of concerns regarding Lift. The LMC would like a separate meeting with both PCTs to discuss the issues. Ralph McCormack replied that he is happy to have a meeting regarding specific lift problems. The HPCT meeting will be focused around these three schemes and their specific problems. Neil Smillie added that this can be discussed at the HPCT/LMC meeting on 23 February but the LMC felt this should be taken forward at a separate meeting.

Newspaper article: Dr Barclay provided a newspaper article in which Hilary Ayerst states that the PCT are trying to reduce the number of single premises GPs. This is not Government policy but have always suspected this was the aim of the PCT and thinks the PCT are quietly trying to get

rid of all single-handed GPs. The LMC needs to get a public statement from her, which says she is not trying to get rid of single-handed practices. Dr Mittal replied that this will be raised with the PCT. Dr Pathak added that she had spoken to a councillor who has confirmed what was said. What wasn't printed in the paper was the reason she gave for wanting to move these single-handed practices. The premises were poor and she wanted to improve patient care but GPs are the obstruction and are preventing the progress of Healthcare in B&D. Dr Mittal stated that it needs to be pointed out to her that the premises she is offering are five times more expensive to run. Eric Saunderson thought there had been some misunderstanding and he will take it back to the Chief Executive.

- 74. DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 4.00 p.m. Members agreed that the next Meeting will take place on 02 March 2006.

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Chairman