

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 255 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 05 February 2009 <i>A n Open Meeting</i>
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PRESENT: Dr S Saini (Chairman),
Dr M Rahman (Vice Chairman)
Dr T Bland (Treasurer)
Drs A Deshpande, B Dixit, J John, R S Kalra, A Mittal, J O'Moore, P Patel,
S Subramaniam, I Sudha
Non-principals:
Dr M Pathak (Medical Secretary)
Sue Elliott (Admin. Secretary)
Suzy Iskander (Admin. Asst/IT Support)

Ralph McCormack, Chief Executive, NHS Havering
David Wiltshire, ICT Manager, NHS Havering
Paul Sinden, Director of Commissioning, NHS Barking & Dagenham
Eric Saunderson, Medical Director, NHS Barking & Dagenham

APOLOGIES FOR ABSENCE:

Philip Ainsworth, Director of Healthcare Procurement & Performance, NHS Havering
John Cowman, Ass. Director of Business Planning & Performance, NHS Havering
Stephen Langford, Chief Executive NHS Barking & Dagenham
John Goulston, Chief Executive, BHRT
Stephen Rubery, Director of Commissioning & Contracting, BHRT
Mr C Claoué, Ophthalmic Surgeon, BHRT
Drs A Adedeji, S C Hora, A Jabbar, A K Jawad, R Kumar, A N Patel,
S Pervez, S Poolo, I Quigley, N P S Teotia, S Symon

70. 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 following correction:
Page 2, List Cleansing: the second sentence should read: "Also, several patients from Redbridge have been taken off his list right back to 2006 although they have been attending the surgery during this time."

71. MATTERS ARISING

Choose & Book

A meeting was held with HPCT, BDPCT and BHRT to find a way forward with the problems being experienced. A letter will be sent to all practices to outline what will be done to solve the problems.

Scanners

David Wiltshire has now been given permission to recruit another person to assist the practices and this should be in place within the next month.

Physiotherapy

Ralph McCormack said that HPCT do not want a system where patients have to be re-referred if they require more than four sessions. He will update the LMC before the next meeting.

List Cleansing

Peter Blessington of the FHS Consortium was invited to the meeting but was unable to attend. The issues have been sent to him and hopefully he will attend the next meeting with answers.

Electronic Reports

Laboratory reports are not passing through the system. The results go into a central box, which takes the results from all over the country. The results are then picked up by the suppliers who pass them on to the practices. It was found that the problem was caused by a link from the box to Vision, which was not working. Vision said they would deal with the problem but a month later the problem still exists. Ralph McCormack said the IT team would be happy to pick this up with Vision.

NHS Referrals to Private Providers

Steve Rubery was looking into this issue and we await his response. Paul Sinden said that if it is an NHS referral the provider should be doing the follow ups.

District Nurses

It is getting more difficult to get blood tests taken from housebound patients. Dr P Patel was advised at a meeting that a phlebotomist may be employed to do only domiciliary blood tests. His concern is how many patients are not being monitored. Ralph McCormack will take this up with Lynne Swiatczak.

Dr Rahman stated that in the past district nurses used to do post op. now they look after the patient for four weeks post op. and then send them back to the practice. It would be helpful if district nurses continue to do the dressings. Ralph McCormack will take this up with Lynne Swiatczak to find out if there has been a directive from APO and if not why are practices having problems in this area.

Practices are not able to speak to district nurses directly. Instead they are now required to fax a letter to the APO office for any work required. It takes a few days before the district nurse receives a message and the patients have to wait, causing unnecessary discomfort for them.

Dr Saini stated that practices might now have to speak to four teams for the same service they once received from one team. APO needs some sort of dialogue with practices. Ralph McCormack said he will speak to Lynne Swiatczak about involving the LMC whilst they make the changes that are inevitable. There needs to be more operational dialogue with the LMC and GPs so that patients are not disadvantaged.

72. ANY OTHER BUSINESS

IT Upgrade

The PCTs were asked what plans they have to upgrade the IT system to allow for increased capacity. David Wiltshire advised that the way to go is to use a managed server rather than replace the servers currently held in GP practices. HPCT has

been talking to BT/CfH regarding the Alt GP sites and BT/CfH have agreed to fund the transfer of these sites over to the in-house version of INPS Vision. We should get full details within the next few weeks. There are no plans for EMIS sites at present, but if any EMIS site needs to upgrade its server then the plan would be to move them to an EMIS managed service and they should discuss their requirements with the ICT Department.

Ralph McCormack said we need a means where we have a prepared dialogue when moving to the intended solution. If we continue with stand alone surgeries we will have a periodical issue on updating. BT has said they will take the GP part out of the national system and let them use the service of choice. This will allow GPs to continue with the system they have. We need to look at the situation – what are the current arrangements and where have we got a difference of opinion of what the solution is.

Eric Saunderson stated that there have been problems with crashing, difficulty of access to the server etc. Ralph said the PCT would fix on these issues to see how they can solve them. Capital funding will be available for practices to have a stand-alone system. A plan that everyone understands has to be moved forward and the PCT needs to get it right with no compromises. David Wiltshire will let the LMC have an update on the situation so that GPs can be advised. Dr Saini said that Dr Sudha would be asked for a slot at PTI.

Paul Sinden will report back on where they are in B&D.

Dr Sudha stated that she could look at every practice in the system by using her password, which raises confidentiality and clinical governance issues. David Wiltshire said that this should have been resolved and should not still be happening.

David Wiltshire was asked if there was a way that practices could be linked to services so that they can pick up hospital results. He replied that it was not technically impossible but it is BHRT who will have to give that access. Ralph McCormack said there should be safeguards in the system to protect patient data.

Practice Budgets

Dr Saini stated practices have a problem with understanding their practice budgets and requested that someone comes to Havering PTI to explain in layman's what it is and how it is set up so that people can understand. There is also confusion on how the money is divided. Questions will be put forward so that the answers can be brought to PTI. The same request will be made to B&D.

- 73. **DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.10 p.m. Members agreed that the next Meeting would take place on 5 March 2009.

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Chairman

