Private and Confidential

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 221st LMC Meeting held in the Committee room, Administration Block, St. George's Hospital, Hornchurch, on 05 JANUARY 2006
An OPEN Meeting

PRESENT: Dr A Mittal (Chairman)
Drs H Ahmad, G Barclay, A Deshpande, J Kakad, R S Kalra, A N Patel, P Patel, S Poolo, G Saini, S Subramaniam, N P S Teotia
Co-Opted: Dr S Ariyanayagam

ALSO PRESENT: Ralph McCormack, Chief Executive, HPCT
Robert Evans, Special Project Lead, 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
Neil Smillie, Director of Primary Care, HPCT
Drs A Aggarwal (Vice Chairman), Dr M Roy (Treasurer), J A Barbosa, T C Bland, V Goriparthi, A Jabbar, G S Kalkat, M Rahman, N Rao, I K Sudha, Mr C Claoue

58. MINUTES: The Minutes of the Meeting held on 03 November 2005 were approved and signed as a true record of the meeting.

59. MATTERS ARISING OUT OF THE MINUTES

Enhanced Services: Robert Evans confirmed there were no changes in HPCT. Dr Mittal stated that all points had been agreed with B&DPCT and claim forms have been sent. Discussions will start for next year within the next few months.

Occupational Health: Paul Sinden of B&DPCT stated that this is currently provided by BHRT and at the moment is being redrafted.

Clinical Assessment Service: Robert Evans stated that practices were asked to let HPCT know if there were any specific concerns. No particular issue has been raised by GPs. HPCT are implementing a process whereby for any Primary Care service commissioned the PCT will satisfy themselves that the provider has the necessary skills and a process in place to ensure this. There may be some service in place on an interim basis.

Dr Mittal asked if this clashed with Choose and Book. Robert Evans stated that HPCT has already agreed that CAS will only be in service until the end of March. With the Management

arrangements in place to identify the choices the responsibility for choice and referral will go back to PBC clusters from April onwards.

Choose and Book: Media published that patients will have four hospital choices, following which quite a few patients are asking GPs to tell them which hospitals they are supposed to use. SHA said there was a list of hospitals sent to all PCTs but practices do not seem to have that list. What is the situation?

Robert Evans replied that the DoH took it upon themselves to create patient information leaflets based on the particular choice from individual PCTs and HPCT were expecting delivery of 4,000 booklets before Christmas. On checking, there has been a delay and the PCT should get a proof during the next week and have the printed leaflets by the end of January.

Nationally the IT system itself is not working. To facilitate choice a laminate sheet indicating which choices are available for each speciality is in the process of being sent out. GPs will need to indicate to patients that they have a potential choice of provider and need to put this on the form.

Paul Sinden confirmed there was a similar process in B&D. The PCT has sent out the laminate sheet. B&DPCT had a very short time to give their information to the DoH and again the booklets should be available by the end of January. This is not a new thing and the people who get affected by this are the GPs and the patients, who get frustrated. Robert Evans replied that the PCTs have the same frustration.

Barking & Dagenham Award Ceremony: Eric Saunderson said it was a splendid evening and awards were given to several groups of practitioners and practice staff. Information will be provided for the LMC's website. **ACTION: ES**

Practice Based Commissioning: Robert Evans stated that in December HPCT reissued the historical activity information and have now provided fair share budget information. The PCT has made progress in identifying some support arrangements to practices and clusters which should be finalised and agreed at a meeting next Tuesday. Dr P Patel asked if it is possible to give GPs a breakdown of activities. Robert Evans replied that it is on historical acute services at the moment.

Dr Mittal asked how accurate is historical information? Ralph McCormack replied that fair share would be best on historical use of a service. HPCT are advocating moving to fair share at a fast pace. Based on whether the PCT gets significant growth above capitation it had to be a compromise on how the PCT gets money. There are bound to be problems because it is a flawed system. The PCT had tried hard to get a system that would work for them from the beginning.

Dr Mittal asked about HPCT's budget deficit carry over. Ralph McCormack replied that the PCT is predicting it will break even at the end of the year. There are commitments needed in future years to make sure the PCT breaks even.

Paul Sinden stated there will be a direct ES for PBC and Choose and Book and PBC will be based on £2 per head and 95p for Choose and Book. For the current year B&DPCT have £50,000 available and will move away from weighted capita so it will be a minimum fee and an element of per capitation on top. This will go to the next PBC Steering Group. Dr Mittal asked if Paul could let the LMC know the names of the Steering Group Members. **ACTION: PS**

Midwifery Services: There was a breakdown in communication and the LMC were not aware of the new service. The LMC has some concerns regarding quality of care. Paul Sinden has spoken to Gillian Walton. A lot of the services are in line with the National service framework. For continuity of care the practice and individuals will still have a named midwife. Rather than have the antenatal clinic in practices it will be moved to the children's centres. In B&D there will be about twelve centres. The centres will have midwives five days a week. It seems that the care will be transferred from the practices into the children's centres.

Dr Kalra asked why practices were not advised before the changes took place. Paul Sinden replied that the PCTs had not been informed that the cut off date was the 4 December and have taken it up with the hospitals. Dr P Patel advised that the LMC would like Gillian Walton to come to an LMC or PTI meeting so that she can advise what is being done. Practices would be legally responsible without being involved and want to ensure continuity of care as well as GPs being kept informed.

Gillian Walton will be invited to the next LMC meeting. **ACTION: LMC**

District Nurse Dressings: HPCT supplied a document, which was sent with the minutes. Dr A Patel felt the word GP should be removed from the specification form because if minor surgery is carried out by the GP the practice discharges the patient.

QOF Visits: Havering have had all their QOF visits but the LMC is not sure what is happening with B&D. Eric Saunderson stated there will be randomised visits to 50% of the practices. There has been a significant increase in the number of points, which seems to indicate an improvement in quality of care in B&D. Some of the indicators from April will be challenging for GPs.

Nursing Homes: Dr Mittal stated that the suggestion is that the PCT send the postcodes of nursing homes to GPs which Pauline Ford has said she would do together with a new list of nursing homes. Will the practices that have not been paid for some patients, be paid? Can this be clarified. Eric Saunderson replied that this will be taken back to the PCT for clarification.

ACTION: ES

Ralph McCormack stated that HPCT can provide a list of nursing homes in Havering and mark those in the scheme showing a clear distinction between the two. This will be sent direct to GPs.

ACTION: RM

This information will go in the LMC Newsletter. **ACTION: LMC**

60. GPC NEWS M4 & M5

M4 – No issues of concern were raised.

M5 – Dr Saini raised concerns regarding changes to the funding of the superannuation scheme. The GMS Contract still provides 7% in the baseline. M5 is stating that this is now 14% but this is not taking place. Dr Pathak said she understood that the additional funding is in the Global Sum for GMS practices and the additional 7% of superannuation should have been adjusted in the baseline for PMS. Dr Mittal stated that the LMC needs to clarify GMS and PMS and needs to be pursued with Hilary Ayerst to get a breakdown. **ACTION: LMC**

61. ANY OTHER BUSINESS

Cryotherapy: Terry Webber, Transport Manager at HPCT, joined the meeting with his senior driver Bob Huck, to explain the problems being experienced with the Cryotherapy service. The service was developed at the Victoria Centre, who provided equipment for use in clinics. This service has now ceased and the required canisters are being stored and delivered to practices from the Transport Department at St George's Hospital. This evolved after the Transport Department started getting calls from GPs asking them to supply liquid nitrogen.

One of the problems is a health and safety issue of transporting of a volatile gas as it takes oxygen out of the air, and this is now being done by taxi. Another problem is the shortage of gas canisters and guns. The service has grown over the last few months and there are only two canisters available. Some practices have purchased their own canisters but clinics are being cancelled because of the shortage of canisters. Who is responsible for supplying canisters and Neil Brown, Head of Victoria Centre, is reluctant to take any responsibility.

Ralph McCormack replied that he is concerned that we are getting completely off the point and is concerned that cost of service and safety are the issues. He is going to ask Terry to cost the service and when this is known, share the information with the LMC. Dr Saini stated that the GPs using the liquid nitrogen should provide the equipment to do this.

Dr Kakad asked why does Havering not follow the model used in B&D? Ralph McCormack agreed the model was fine but he needs to check costs. There should be proper consideration on how to transfer the gas safely. Once we know the charges HPCT will let the practices decide whether they want to use this service. **ACTION: RM**

Retinal Screening: Practices are concerned as this programme has been suspended until April 2006. Ralph McCormack stated that the PCT Board put forward a savings plan and he supports their decision to suspend the Retinal Screening and Smoking Cessation. The board made a clear distinction between an expedient short term measure but not compromising the original screening on a long term basis. There are four GP members on the board and the PCT made these decisions with the four GP members present. He is quite happy to agree with the LMC a letter to go out from the PCT to make sure that GPs are clear on what decision was taken and how to handle this. **ACTION: RM**

Closed Lists: The LMC asked both PCTs to send a quarterly report to GPs on closed lists.

NICE Guidelines: Eric Saunderson stated that a sub-group of the PCT has been looking at NICE guidelines generally, particularly in Secondary Care. This is a baseline audit that is taking place in practices to see what the position is on implementation of NICE guidelines. There are three questions attached to each guideline: Has the practice team looked at the guidance, has there been any changes and has an audit been undertaken? It is to help the PCT determine a strategy to assist practices in the implementation of NICE guidelines. The PCT do not have any particular audit in mind. In all guidelines there are audit recommendations. If the practice decides to undertake one of these, that is fine. If they want to undertake their own audit this is also fine. The question the PCT are asking, is where are practices in the implementation of these guidelines and what sort of support is required.

Ralph McCormack stated the PCT's position is, how much work needs to be done to support the implementation of these guidelines. PCTs have a stated obligation to implement NICE guidelines within three months of publication and PCTs will be held to account for their implementation particularly where there are implications from the point of view of high cost drugs and the like. There are periodic checks to see that the PCT is discharging its responsibilities.

Dr Mittal asked, was this not included in QOF visits? Ralph McCormack replied that in the PCT's experience of reassessing this year what we took at face value under the QOF assessment last year showed that this year there are a few interesting different perspectives. The reality is that QOF is not perfect in giving us the kind of useful information Eric is referring to.

Dr Pathak made the suggestion that if you want an overview of the situation on implementation of the guidelines, then the PCT should have asked for the information to be provided by GPs anonymously. The PCT will then know what percentage of GPs are following NICE guidelines and can make some decision on that. You will get a more positive result.

Dr Ahmad asked if the PCT is looking at guidelines to be implemented as part of the GP's contract? Eric Saunderson was of the view that guideline implementation was part of the new contract. The information does not have to be completely accurate as long as it gives us some idea. If 20% respond it will show us that 80% are not doing much.

62. **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 February 2006.

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Chairman