

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

<p><b>MINUTES</b> Part Two of the 232<sup>nd</sup> LMC Meeting held in the Committee room, Administration Block, St. George's Hospital, Hornchurch, on 04 JANUARY 2007 <i>An OPEN Meeting</i></p>
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**PRESENT:** Dr A Mittal (Chairman)  
Dr A Aggarawal (Vice-Chair), Dr M Rahman (Treasurer), Drs H Ahmad, J Barbosa, G Barclay, T Bland, V Goriparthi, A Jabbar, J John, J Kakad, J O'Moore, A Patel, P Patel, G Saini, O Sanomie, S Subramaniam  
Co-opted:  
Madhu Pathak (Medical Secretary)  
Iris Bettell (Temp Secretary)

Hilary Ayerst, Chief Executive, B&D PCT  
Eric Saunderson, Medical Director, B&D PCT  
Paul Sinden, Director of Commissioning, B&D PCT  
Ralph McCormack, Chief Executive, HPCT  
Robert Evans, Associate Director of Commissioning, HPCT  
Mark Rees, Chief Executive, BHRT  
Yasmin Drabu, Medical Director, BHRT

### **APOLOGIES FOR ABSENCE:**

Drs A Adedeji (co-opted) A Deshpande, P Prasad, N Rao, M Roy, R Kalra, C Claoue (co-opted), Simon East, Director of Finance, HPCT

Dr Mittal welcomed everyone to the meeting and wished a Happy New Year to all.

### **63. IMPROVING COMMUNICATIONS WITH BHRT**

Dr Mittal welcomed Mark Rees and Yasmin Drabu to the meeting and agreed to take item 4 as the first item for discussion. Although a response had been received from Mark Rees regarding the queries put to him by the LMC, it was pointed out that there had been insufficient time to go through it in detail.

Mark Rees thanked the Committee for inviting him to address the meeting and said he would like to hear from the Committee how best to communicate in the future over a range of items which would include attending these meetings and separate smaller meetings on specific issues. He also suggested representatives meeting at Queen's to work through in more detail things that needed improvement, which he thought would be helpful. He would like such meetings to be held on a regular basis and would like to attend the first meeting. Dr Mittal confirmed the Committee would welcome such an opportunity.

Mr Rees went on to say hundreds of patients had been safely moved to Queen's within four days. Queen's was a totally differently designed hospital with 900 beds. Everything was still 'bedding down' and all tasks on wards and departments were taking longer and it needed to be taken into account that things would take a while to adapt. The move was undertaken in the middle of winter and the hospital was under massive pressure with a 15% increase in A&E attendance.

It is a PFI hospital with a consortium of private companies who provided the money to build, maintain and provide services. There had been issues with some of the contractors providing services, particularly portering, which were being sorted out. This had been very difficult for the staff and he asked GPs to bear in mind the scale of the operation and for understanding as staff were trying to cope under enormous pressure. He was meeting the Chairman of the consortium the following day and he had met with the Managing Directors who all wanted things to improve.

He said Queen's was the largest development in Europe with over 900 beds to provide local services, specialist services, critical care and a whole range of other provisions. There was a 'shell' for the provision of another 60 beds. We will have most things 'on our doorstep' but we need to get the balance right. GPs can be more involved in how services are provided and we want GPs to continue to provide primary care services. It was important to do things in tandem. We have the asset and equipment, most of which was new, and had every requirement to attract better staff. Three approaches had already been made from consultants in the South East who wanted to work at Queen's.

Dr Mittal congratulated them on the major undertaking of the safe move of all patients to Queen's.

Dr John raised the problems being experienced with the choose and book system. Unless Queen's had seen a dramatic decrease in the waiting time he was not sure where patients had gone or had they been moved to other hospitals?

In response, Yasmin Drabu said a lot of work had gone into improving choose and book. She was not aware of any drop in the number of patients. There had been a large investment made to improve efficiency. Mark Rees said they did not want to lose referrals but wanted less referral through A&E. There had been some issues over how to use outpatients. The fracture clinic was to be moved as it was not practical where it was at present sited. He said he would check on the number of choose and book appointments.

Highlighting concerns regarding A&E, it was asked if all patients GPs referred needed to go. GPs did not know where to ring initially. Practices should be provided with a list of telephone numbers for labs., etc. Using the main switchboard and being told to press 2 for Queen's and leave a message on the answerphone was not helpful.

Mark Rees stated that there were technical problems with the switchboard, which Siemens were addressing as a matter of urgency. There had undoubtedly been severe problems and the Trust were insisting Siemens and Sodexo (who provided the staff) sorted it out.

In response to the Medical Assessment Unit, Yasmin Drabu recognised inefficiencies in this area and advised work was being done on this matter and they were linking up with GPs on the primary care.

Mark Rees said there had been an improvement compared to two years ago, nearly all patients were seen within four hours. They were aware the system had not been working well in the last month and everything was moving more slowly.

They were currently making changes and said it would be good if some GPs wanted to become involved with A&E.

The point was raised concerning patients being unable to make contact with the various departments returning to their GPs for assistance. When GPs tried to get through some were met with a 'barrage of insults' which was intolerable. Mark Rees advised that some of the Sodexo staff had behaved inappropriately and this matter was being followed up. GPs were still not aware of the correct route for making appointments.

Mark Rees and Yasmin Drabu communications with the LMC was welcomed but it was suggested their colleagues could regularly attend the LMC monthly meetings, possibly by someone at senior level, who could directly approach Mark Rees with the LMC's concerns. Mark Rees stated if the Committee agreed he would ensure someone senior attended their meetings. He added if there was a backlog of items between meetings he would like to meet with some of the representatives to make progress, which could then be reported to the next LMC meeting.

In response to whether there had been any consideration given to GPs parking, Yasmin Drabu advised this had been raised previously and she promised to work with the LMC Secretary on this matter.

Dr Bland asked if it might have been better if BHRT had approached GPs before the move to Queen's, particularly if GPs had been sent letters regarding the different specialists and their location under the new configuration and the correct means to make a referral. It would have ensured patients were not inappropriately referred to A&E.

Mark Rees said information had been sent out but possibly not in a comprehensive enough way and the way to rectify this was to get the information circulated now. Yasmin said it needed to be clearly understood that it was really important that we work together in a united way.

- 64. MINUTES:** The minutes of the Open Meeting held on 02 November, 2006 were approved and signed as a true record of the meeting, with the following correction:

Mr Roberts Evans title should read 'Associate Director of Commissioning.'

The following correction to the 04 January, 2007 Agenda was noted – B&DPCT/LMC Meeting **19<sup>th</sup> September, 2007** (not 18<sup>th</sup> September)

**65. MATTERS ARISING OUT OF THE MINUTES**

***Enhanced Services***

It was reported that Robert Evans would be meeting with Dr Pathak on this matter.

***Choose and Book***

It was asked if it would be possible to make a submission to SHA to ask if exclusions could be made where a decision to refer a patient is taken on a visit to a residential home or a patient's home who were not able to understand the

choose and book system. Robert Evans said this could be raised and see what response was received.

It was reported that the immigrant and elderly in the population experienced difficulty using the system and the only way around the system was for GPs to telephone and make appointments for them. Hilary Ayerst agreed it was a learning process and it would take some time for the system to be understood by patients.

Eric Saunderson advised on their system which identified why a patient had made a certain choice. Robert Evans reported in the latest assessment that Havering had scored pretty low. He would be keeping the situation under review and would contact practices again shortly. In response to a complaint from a GP who had spent half a day trying to process requests, he advised the Department of Health had been contacted on these problems.

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

*B&D* – Paul Sinden reported they were continuing with direct enhanced services. He confirmed the prescribing incentive scheme would be carried forward to 2007/08.

*Havering* – Robert Evans updated members on validation work being undertaken and the analytical support resources by the PCT for HPCT clusters. This has resulted in a significant number of issues being identified in the last quarter which had now been raised with BHRT from who a response was awaited. This validation work is ongoing and work has already started on quarter three validation.

Members were informed on the position with PBC business plans and advised that fortnightly meetings were now taking place with cluster leads on a range of issues.

### ***Anti-coagulation Clinic***

*B&D* – Dr Saunderson advised that there were three GPs in B&D PCT who were not prescribing Warfarin; one of whom was near retirement and the other two would have the chance to attend a training session at the PTI. He also agreed that if a GP did not feel able to prescribe an item they would have the right to refuse.

Contact had been made with several other PCTs and it was reported that all GPs were prescribing Warfarin. B&D is going to hold a session on prescribing Warfarin.

Dr Mittal said if there was an obligation to prescribe they must be paid at Level 1.

### ***District Nurses***

*B&D* – It was brought to the attention of the B&D PCT the information received by practices with regard to District Nurses refusing to give flu injections because they were not trained, even if the patient was on their caseload. Hilary Ayerhurst asked for examples of this and would look into the

training required. With regard to the payment she said the practice was receiving the money and therefore effectively there should be a transfer of funds.

**66. GPC NEWS - M4 & M5**

There were no queries raised by members on either of these.

**67. ANY OTHER BUSINESS**

***Cervical Screening Programme***

Dr Goriparthi mentioned receiving a letter from the B&D PCT Health Promotion Department, requesting telephone numbers of the list of patients sent to him. He was rather concerned about the confidentiality of releasing this information. It was agreed that GPs should not provide telephone numbers to the PCT without the prior consent of the patient. Hilary Ayerst will look into the matter to see how we should proceed.

***Future use of Harold Wood Hospital***

Dr Bland suggested the following for consideration by Havering PCT. With the closure of the hospital the site was going to be sold by the Acute Trust. The new part of this hospital had been built in 1992 – was there any possibility of this becoming part of the community resources and used to provide care in the community. He suggested a Havering Diabetes Clinic M/S Centre and a Renal Centre. Robert Evans said he would take this idea back and was sure someone would respond to this suggestion.

**68. DATE OF NEXT MEETING**

There being no further business for discussion, the meeting closed at 3.50 pm. Members agreed that the next meeting would take place on 01 February, 2007.

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Chairman