

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 254 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 08 January 2009 <i>A n Open Meeting</i>
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PRESENT: Dr G Saini (Chairman)
Dr M Rahman (Vice Chairman)
Drs B Dixit, v Goriparthi, A Jabbar, J John, R S Kalra, A Mittal, J O'Moore,
P Patel, S Pervez, S Poolo, O M Sanomi, S Subramaniam, I K Sudha,
N P S Teotia
Madhu Pathak (LMC Secretary)
Sue Elliott (Admin. Secretary)
Suzy Iskander (Admin. Asst/IT Support)

Stephen Langford, Chief Executive, BDPCT
Philip Ainsworth, Director of Healthcare Procurement & Performance, HPCT
Stephen Rubery, Director of Commissioning & Contracting, BHRT
Tracy Welsh, Commissioning & Contracting Assistant, BHRT

APOLOGIES FOR ABSENCE:

Eric Saunderson, Medical Director, BDPCT
Paul Sinden, Director of Commissioning, BDPCT
Jemma Gilbert, Ass. Director of Primary Care Contracting, BDPCT
Ralph McCormack, Chief Executive, HPCT
Simon East, Director of Finance, Performance & Commissioning, HPCT
John Goulston, Chief Executive, BHRT
Mr C Claoué, Ophthalmic Surgeon, BHRT
Drs T Bland (Treasurer), A Adedeji, S De, A Deshpande, A K Jawad,
R Kumar, A N Patel, I Quigley

60. **MINUTES:** The minutes of the Open Meeting held on 06 November 2008 were approved and signed as a true record of the meeting.

61. **MATTERS ARISING**

Choose & Book

Dr Saini stated that a special meeting has been organised to discuss C&B, which will take place on 16 January. Representatives from all three Trusts, and the LMC, will attend.

Scanners

Philip Ainsworth confirmed a plan had been agreed between EMIS and HPCT's IT Department and final implementation should be by the end of March.

Dr Saini stated that there was only one person left in HPCT's IT Department to support practices. Philip Ainsworth said that if there are concerns about support elements this should go to APO as they manage the service.

Physiotherapy

Philip Ainsworth advised that the backlog is clear and HPCT has now created a different service with waiting time access offering two to three weeks for the first assessment. What is important is how this is sustained as the norm. Dr Symon said that one of her patients was told eight sessions would be required but as only four sessions are offered the patient was sent back to her GP for re-referral. Philip Ainsworth will look into this.

62. GPC NEWS M4 & M5

Patient Survey – the MORI poll letters are now going out. The issue is on the appointment given.

QOF Consultation – Dr Saini said people should now have received a letter showing the changes.

63. ANY OTHER BUSINESS

List Cleansing

Dr Mittal outlined the problems he, and other GPs, have been having with reregistering patients. 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. Dr Teotia said that when patients do not respond to the letters it is assumed that the patient has moved. Some patients have been regularly attending the surgery and they have still been removed. Who will be clinically responsible for that quarter? GPs are being told they will have to wait until the next quarter to reregister the patients and are also being told to recheck passports or bills. If these patients have been regular patients at the surgery GPs do not think that it is right to ask patients to show their passport, utility bill etc. to confirm that they belong to that address.

Stephen Langford asked if the specification was right with FHS and SBS, does it need to be changed or is the issue clear but not being followed. This would be put on the agenda for the next BDPCT/LMC meeting to give people time to see what the policy is for this. Dr Saini stated that it was agreed at LMC but nowhere in the policy did it say that if the patient was still there the GP would have to again show proof. Dr Pathak stated that the LMC has been communicating with FHS but they have not yet replied.

Electronic Reports

GPs are concerned about the quality of information from IT at BHRT and how the information is shown on the computer screen. GPs have no way of seeing certain reports and could be missing important clinical decisions on what should be done. Tests are being done with a view to monitoring an illness but there is no way of knowing if the patient is being monitored and tests then have to be repeated. He has been told that there is no one at Queen's to do this and the money had gone to Whipps Cross. Three days of reports were lost and he had no way of knowing if the tests were done or not.

Steve Rubery said he was aware of the staffing problem but not the issues. The number of staff was funded by the old authority and was employed by Whipps Cross to provide the pathology reports for both Trusts. Whipps Cross has given BHRT notice that they are no longer able to supply these reports and have been told to give BHRT the money so that they can employ a person to do them.

Irrespective of this, it is not good enough that BHRT is not giving any cover for this and will look into it.

Access to X-rays

Dr John asked if there was any chance of surgeries having computer access to X-rays. It would help if GPs could get the results whilst the patient is in the surgery. There is user specific PACS, which has been available in London, and it would be quite groundbreaking for a surgery to have computer access to X-rays. Steve Rubery said he does not know the process of getting PACS into the surgeries but governance could be an issue. Dr Saini said that if it is acceptable each practice could have their own access code for their patients and if there is any confusion the GP could ask the consultant.

NHS Referrals to Private Providers

GPs have got access to a private provider on NHS if the waiting time is very long with the Hospital Trust. This is part of the extended service network provided by BDPCT. After the patient has been seen in the private sector he is then referred by the consultant back to the GP to re-refer them to a local hospital for further management under his care. This not only increases the work to the GP but also makes it a second referral if they do so. For the patient it increases their consultation time, as they have to visit two hospitals for the same problem. Dr Rahman stated that re-referring is an inconvenience to the patient and an extra cost to the practice as each referral is seen as a first appointment. Steve Rubery will take this back.

District Nurses

GPs are having difficulty getting district nurses to see patients. GPs have to fax a request or telephone to the clinic for any procedure and it take several days before district nurse gets the request. For the last three months temporary staff has manned the phone. Members were also concerned that district nurses have been told not to carry out phlebotomy for monitoring as this is for QOF and is a GP problem. This is worrying as the patients are unable to go to the hospital for this monitoring.

- 64. **DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.23 p.m. Members agreed that the next Meeting would take place on 5 February 2009.

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Chairman