

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 249 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 03 July 2008 <i>A n Open Meeting</i>
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PRESENT: Drs G Saini (Chairman),
Dr T Bland (Treasurer)
Drs A Deshpande, J John, R S Kalra, A Mittal, J O'Moore, S Subramaniam
Non-principals: Drs S C Hora, R Kumar
Madhu Pathak (LMC Secretary)
Sue Elliott (Admin. Secretary)

Ralph McCormack, Chief Executive, HPCT
Philip Ainsworth, Director of Healthcare Procurement & Performance, HPCT
Dev Chetty, Head of Primary Care Services, HPCT
Eric Saunderson, Medical Director, B&D PCT
Steve Rubery, Director of Emergency Care/Hospital Director, BHRT

APOLOGIES FOR ABSENCE:

John Goulston, Chief Executive, BHRT
Mr Claoué, Ophthalmic Surgeon, BHRT
Dr M Rahman (Vice Chairman), Drs B Dixit, v Goriparthi A Jabbar, A K Jawad, A N Patel, P Patel, S Pervez, S Poolo, I Quigley, K Rai, S Subramaniam,
I Sudha, N P S Teotia

7. **MINUTES:** The minutes of the Open Meeting held on 5 June 2008 were approved and signed as a true record of the meeting.

8. MATTERS ARISING

Choose & Book

GPs are still experiencing problems with patients being sent back for new referrals. Steve Rubery said that BHRT has taken this up with the national co-ordinator and she is working with her team to try and resolve these issues for us. As a Trust BHRT is looking at the way to implement C&B and the way they have slots available. They will make all their slots visible so that they are not carving out a way for paper referrals. If GPs are getting patients sent back to them contact either Steve or Pauline Endean so that they can take it forward with the national C&B team and deal with the patient internally. If there is not an appointment available on C&B the patients should be told that BHRT would contact them. If a patient is sent back, give BHRT the details and they will make sure the patient is booked in.

Dr John said the cut off is 14 days and the patient is then sent a letter saying they have not phoned to make a referral, go and see your GP. His practice has got 54 letters now. He referred one patient three times in six weeks to the same consultant before he got an appointment, which generated three different bar codes. Is this classed as three referrals or one? Ralph McCormack answered that it would only count as one referral as it will only be on the system once. Steve Rubery reiterated the point that the patient should complaint to the C&B Centre, not to BHRT, because it is subcontracted and the company deals with this on a national basis.

Mental Health Services

Ralph McCormack stated that he had spoken to Fiona Weir, Director of Commissioning at NELF NHS Trust regarding communication issues and awaits her response. Dr Bland said he is finding that the triaging service seems to be working like a defensive screen,

blocking people from getting the help they need. Patients are coming back to him four or five times. They have either rung up and been told they do not need any treatment or they are leaving messages but not getting a return call. He has made a formal complaint and one patient has written to HPCT because she had to pay for her own treatment at the Priory, who found she needed urgent mental health treatment. Other members also advised that they were having similar problems.

Ralph McCormack said the PCT has enough evidence from Havering GPs and should engage NELF NHS Trust in discussions. Assuming this is wider than Havering's problems it may be appropriate to ask NELF NHS Trust to come and talk to the LMC about the issues. The PCT will give them an indication of what the problems are and, with the LMC's permission, will let them know the impact this is having on mental healthcare. Dr Kumar stated that he had given the Deputy Chief Executive at NELF NHS Trust the LMC's details and expressed to him that generally and collectively GPs are dissatisfied with mental healthcare in B&D and Havering. Both Ralph McCormack and Dr Kumar are governors of NELF NHS Trust and they could bring the issues up at the quarterly meeting. Ralph McCormack stated that they need to be given a chance to put things right and if does not improve the PCT will write to them.

Dr Bland suggested a more client based approach rather than a provider or a referral. The client should be put right in the centre as people with problems who have come along to seek help from the NHS. He also suggested that when a patient is forced to seek private help the cost should be deducted from the funding that would have gone to NELF NHS Trust. Ralph McCormack replied that it is not a simple solution. There is a binding three-year contract. The PCT can make a change in provider if the current provider is not delivering.

Eric Saunderson said that the issues raised last week are on the agenda for the SLA meeting in two weeks time.

Dr John was concerned that Havering and B&D have totally different set ups and the B&D patients get a better service. Ralph McCormack replied that the needs of the two areas are entirely different and a joint approach to provision is not tenable.

Pressure in A&E Queen's and KGH

Steve Rubery stated there is still pressure at Queen's, with Monday being the worse day of the week. Eric Saunderson confirmed that from 14 July there will be two GPs working in A&E on Monday mornings and one GP on Tuesday, Wednesday and Friday.

Dr Bland said that in the last week there have been two red alerts. This gives concern that there should be red alerts at a low demand time of the year. Are BHRT making contingency plans for higher pressures at other times of the year? He also asked if there were enough hospital beds in Havering. Steve Rubery agreed with the concerns. There is a very full action plan around A&E to improve length of stay, bed management etc., which should ease the pressure that they should not be having at this time of year. BHRT needs to pull some of their indicators such as length of stay back to the national level. What they are trying to do is provide efficient healthcare and there are sufficient beds in the system but BHRT has got to use them more efficiently than they have historically done.

NHS Next Stage Review

Ralph McCormack said the London Healthcare Plan had been accepted. He will send the LMC a copy. The expectation is that some implementation planning will take place to work out a timescale for some elements of the plan to be put in place.

LES for Oncology

This was discussed at the LMC Prescribing Sub-committee meeting and the PCT has agreed to move this forward. It is now going to PEC.

Follow Up Appointments

Patients are being referred back to the GP for physiotherapy after being treated in the private sector. Eric Saunderson agreed and said they should provide the same service as BHRT. He advised that if Paul Sinden is informed as they occur he will take this up. Ralph McCormack said that this is not EMC, this is additional capacity that PCTs have individually and collectively put in place to cope with a backlog of patients who have gone over 18 weeks. The PCTs have put in various levels of capacity and are working with BHRT as a collective.

Discharge Letters

Steve Rubery has not followed this up yet. As far as he is aware the main software to produce electronic letters is being rolled out at the moment. It will initially be rolled electronically and then faxed or sent by letter but eventually it will go to GPs by email.

Pain Clinic

Steve Rubery said that any instances of patients being sent back to GPs for re-referral because a consultant has left should be pinged back to BHRT. The patients should automatically have been transferred to another consultant. The other issue raised, around patients being told they need to be re-referred for a second injection, the Pain Clinic has said that a patient's joint will be treated according to the referral and right through the process. Patients, whilst being treated, bring up a pain in another area and these are the patients that are referred back to the GP as it is not part of the original referral. If a patient complains of another specific pain that has developed it needs to go through the stages of management.

9. ANY OTHER BUSINESS

Translation Service

Dr Pathak explained that there has been a problem with a couple of practices that cannot get a translation service. She was concerned as GPs are not able to get any satisfactory answer after speaking to PCT staff. The LMC finally spoke to the right person but she could not confirm that it would be paid for by the PCT. Ralph McCormack said he would give the information to the LMC to circulate to the GPs. The PCT will make sure everyone in the PCT has the information.

Physiotherapy

In Havering people are not getting appointments for physiotherapy. One of the GPs went to the Department and was told they had run out of funds and the PCT is not giving them any more money. Ralph McCormack said that what the PCT had in place was a service level agreement with B&D. They became conscious of the fact that there was a problem in the overall number of referrals the PCT has had historically and the current demand. On the basis that they were not in a position to take on more patients they discussed bringing on stream more services and are in the process of doing this. Arrangements are being put in place to make sure waiting times are reduced and the PCT expect it to get back to normal relatively soon.

- 10. DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.25 p.m. Members agreed that the next Meeting would take place on 7 August 2008.

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Chairman

