

## **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*

<p><b>MINUTES</b> Part Two of the 223<sup>rd</sup> LMC Meeting held in the Committee room, Administration Block, St. George's Hospital, Hornchurch, on 02 MARCH 2006 <i>An OPEN Meeting</i></p>
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**PRESENT:** Dr A Mittal (Chairman)  
Dr A Aggarwal (Vice Chairman)  
Drs H Ahmad, T Bland, A Deshpande, A Jabbar, J Kakad, J O'Moore, P Patel,  
S Subramaniam, I Sudha, N P S Teotia  
Co-opted: Drs S Ariyanayagam, P Masud

**ALSO PRESENT:** Neil Smillie, Director of Primary Care, HPCT  
Robert Evans, Special Projects Lead, HPCT  
Hilary Ayerst, Chief Executive, B&D PCT  
Rebecca Scott, Director of Primary Care & Community Services, B&D PCT  
Eric Saunderson, Joint Medical Director, B&D PCT  
Madhu Pathak (Medical Secretary)  
Sue Elliott (Admin. Secretary)  
Suzy Iskander (Admin Assist/IT Support)

**APOLOGIES FOR ABSENCE:**  
Ralph McCormack, Chief Executive, HPCT, Drs M Roy (Treasurer), J A Barbosa,  
G Barclay, Mr C Claoue, V Goriparthi, G Kalkat, R S Kalra, A N Patel, S Poolo,  
P Prasad, M Rahman, N Rao, G Saini

**81. MINUTES:** The Minutes of the Meeting held on 02 February 2006 were approved and signed as a true record of the meeting.

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

Enhanced Services: Rebecca Scott advised that B&DPCT had received some claims but GPs need to be encouraged to claim. Dr Mittal stated that at a Primary Care meeting last week it was agreed that GPs will be written to about their claims. Because the forms were sent quite late some of the practices may not have collected all the data and there may be a case for revising the basket payment of last year. Neil Smillie, for HPCT, said the DES list is almost ready and once finalised he will ask for comments from the LMC.

Occupational Health: Hilary Ayerst advised that a specification has been drawn up and the Directors of HR and Public Health are meeting later this month to finalise this. This will not go out to tender. It would be better to run an in-house system in the acute hospitals.

Neil Smillie advised that Havering's situation is about the same as B&D. If it is different he will send more information to the LMC. Dr Pathak stated that for Havering this service is handled by a local GP. The LMC understands there is an audit at the end of March and hopes to see something then.

Clinical Assessment Service: Robert Evans stated that HPCT has not yet got the specific details but have taken the matter forward with BHRT. When HPCT sends a referral they advise BHRT how many they will be sending and if BHRT do not receive that number they let HPCT know. This will prevent them saying at a later state that they have not received a referral.

Choose and Book: Neil Smillie advised that the information leaflet has been received and distributed and HPCT are now ordering the next batch.

B&D have 25 practices out of 42 live on the system and ten practices are using the system and are hoping to take 25% of referrals by April 2006, increasing to 90% by December. A Newsletter will be sent out next week, which also describes the current position with regards to DES of 95p per patient.

Dr Kakad stated that we need to lean on our acute providers to say if we do not bring services up we may not meet the figures. Hilary Ayerst said that the PCT had raised this with BHRT as they will only be paid by results so it is in their interest to get it right.

Practice Based Commissioning: Neil Smillie stated that HPCT will now identify support in their allocated teams for each cluster and should see organisational improvement at a practical level. Robert Evans added that the coverage in Havering has improved and is up to 90% of the population. This has come from one cluster taking more practices into their cluster. The main issues are around data valuation and we have shared detailed data with some of the elite practices within clusters to help identify where referrals are coming from, whether outpatients or different specialities, and this is helping practices inform of their intentions on how they would want to prioritise areas to change services next year. Dr Mittal asked if practices have confirmed the services they will be covering for their clusters. Robert Evans replied the PCT has identified that not everyone can do everything from day one. The PCT made priorities and each cluster has had dedicated briefings to look at particular issues and from those meetings we are highlighting the demand and how this will be put in place, and in addition we are looking at different procedures to see if they can be done in Primary Care.

Dr Mittal stated that GPs are pleased to hear that the PCT is now supporting practices in clusters. Robert Evans said each cluster has been in touch with the leads to identify who will be their Management support and he will check this is happening. Dr Mittal said it is now up to the groups to ensure their needs are looked after.

Hilary Ayerst advised that the process is underway to establish budgets for 2006-07. The budget will be based on 2005-06 at the activity level of the 2006-07 National Tariff. The Tariff may be ready next week. B&DPCT will then multiply the 2005-06 levels by the National Tariff and there may be additions. Initially the 2006-07 budgets will be based on historical data and apparently a national formula is being developed to move to fair shares. The PCT is working on an accountability agreement so that we get our relationships right and is also drafting a partnership agreement so that practices within clusters can sign up and know how they are working.

B&DPCT are part of the MPCDT collaborative pilot team for PBC and there was a workshop in February that Dr Teotia attended. There is a further workshop next week and they will be reviewing the action plans that the clusters are looking at for COPD and outpatient scheduled care. The first workshop looked a PBC work on Choi. We will shortly be sending out patient data to practices for validation. We need to identify data sharing within the clusters and there will be a discussion about this at the Steering Group to decide how much they want to share within their clusters. Dr Mittal added that it will be nice to get the guidelines but eventually it is up to the clusters to decide what their agreements are going to be.

Dr Teotia stated the PCT has to share the financing information whilst they are giving budget allocations to practices and he will send Hilary Ayerst the template. She will take it back to Paul who chairs the Steering Group.

QOF Visits: Dr Mittal stated that the final score should be weighted against the practice aspirations. The LMC is asking practices to tender a list of their actual aspirations for 2004-05 and 2005-06, and their achievement. If they achieve their aspirations they are not poor achievers. Hilary Ayerst replied that the PCT has that information and could share it directly. Dr Mittal stated that on the B&D website all GPs are shown as 1050 for aspiration points. Hilary will check this.

Rebecca Scott stated that B&D had some initial assessments and were looking at where the PCT was with QOF points against last year. This time last year the overall forecast was 70% and this year it is 81% so there is clearly an improvement. The SHA will measure against available points and will judge by what is available and not by aspiration. Dr Pathak said that the LMC are waiting for the end of March report as the current information is only up to the end of January. Neil Smillie said that the marker is the last quarter. All information should be up to date by the end of next quarter.

Rebecca Scott stated that the SHA want to do some review work in B&D looking at Primary Care and have identified a GP who they would like to undertake this work. He is doing a paper-based exercise looking at information available around Primary Care. The PCT has suggested he talks to Dr Mittal about the work he is going to do before he embarks.

Midwifery Services: Neil Smillie asked Gillian Walton for information on maternity provision in Havering and B&D. The information he received is not in a great state and he will ask for it to be tidied up before sharing it with the LMC. He had asked what was the coverage and what will be the coverage. No date is yet available on when this will start.

NICE Guidelines: Eric Saunderson will e-mail a copy of the document to the LMC. The NICE guidance was set up to try to equalise and improve quality nationally. PCTs have a statutory obligation to ensure their providers are using NICE guidelines and the PCTs are audited on this by the Healthcare Commission. The areas of importance are Secondary Care, Primary Care and Community Care. There is not really a document that explicitly says this is what GPs are expected to do. A small audit was undertaken to look at what is happening in general practice and to decide what to do next so the PCT sent questionnaires to all practices regarding three pieces of NICE guidelines – hypertension published in October 2004, depression published in December 2004 and dyspepsia published in April/May 2005. We asked the practices has anyone read this, who has read it and has there been a change in the practice. The PCT had a 66% response rate, which was actually very good. We do not know what is happening in the 33% of practices who have not responded. There were some interesting findings from this – only 58% had read the guidelines on depression and 66% had read the guidelines on hypertension and dyspepsia. 44% of practices indicated that clinical guidelines had changed for depression but only 17% said that hypertension guidelines had changed.

A lot of the NICE Guidance goes through QOF. In our audit a lot of practices said Hypertension Management has not changed but it is likely that if they are actually following QOF it has changed. The PCT wants to work with the practices to make this more effective.

Dr Teotia asked, as we are having prescribing incentives there are different audits that the practices are supposed to carry out. If we work on prescribing incentives and the NICE Guidelines should we combine the two together? Dr Sudha stated that there has been a lot of pressure on the practices from the Prescribing Advisors to go for cheaper drugs.

Cliff Cowell: The LMC has been in communication with Mark Shepperd and Eric Saunderson agreed to clarify certain issues so we will take it outside this meeting.

Lift: Dr Mittal stated that there had been a meeting between HPCT and the LMC. There has been agreement on certain issues but some issues still need to be clarified. The LMC will take these back to the PCT. Neil Smillie felt it had been a very useful meeting. There was not a huge list of issues and we managed to resolve most of them and the PCT are very clear on what the issues are. The PCT are not aware of any major outstanding issues and there are ongoing issues

he is working on with individual practices. If there are major issues to be resolved they need to be e-mailed to him quickly. The PCT has a very important meeting with some lift practices on Monday and would like to get them resolved as soon as possible. Hilary Ayerst said that there is to be a meeting in B&D to sort out Lift.

Newspaper article: Hilary Ayerst emphasised that the PCT's position is to do what is best for the patients. Where that coincides with PCT specifications then the PCT will support single handed GPs. The GMS contract makes it more difficult to work with single handed GPs. The way the policy is being developed makes it hard for single handed GPs to maintain the range of services being requested. The PCT will not be supporting new single handed practices but we will continue to support current single handed practices and will also be trying to encourage single handed practices to work together. We are working in the same framework as everybody else and we would be fooling ourselves if we did not think this is national policy.

Dr Kakad asked, will the PCT be taking the views of the patient or the practice? Rebecca Scott replied that the PCT will be asking people to support business plans and will be looking at them to extend their practices so they do not remain single handed. We will be looking at the range of the services in its totality. Not all of the small practices are able to provide the range of services that bigger practices can supply. Dr Kakad asked, when a single handed GP retires what will the PCT do then, would you send patients to other practices? Rebecca replied that the PCT would not want to distribute the list amongst already stressed practices but at the same time would expect incoming people to be offering a much wider range of services.

Eric Saunderson stated that we should be looking to the future and what patients need. Two documents that should be looked at is the White Paper and Size Matters by Professor Paul Corrigan. This outlines the sort of tasks, responsibilities and opportunities that are occurring in Primary care over the next ten years. Some of the things he highlights are, taking on increasing numbers of care partners, providing full diagnostics in Primary Care and undertaking almost the totality of patients in Primary Care. This is going to be increasingly the name of Primary Care. The title Size Matters is important because he outlines the sort of practice that could take on this work. It is well worth reading these documents. Dr Mittal stated this needs to be discussed when there is more time.

### **83. GPC NEWS M7**

No issues of concern were raised.

### **84. ANY OTHER BUSINESS**

Fit for the Future Programme: Hilary Ayerst gave Members printed highlights of this programme. Suzanne Lawrence from BHRT will give a fuller presentation at the next LMC Meeting. Effectively what we have here is a description of a project that is trying to do a range of things. In essence it is about bringing the health economy into financial balance. The expectation is that at the moment if the four PCTs, BHRT, Redbridge, Barking & Dagenham and Havering, carry on doing what they are doing, next year the deficit is likely to be £20m, which is not acceptable. The health economy is trying to bring this deficit back by redesigning appropriate services under the acute setting and additional services being provided within the community. This piece of work will be ongoing for the next couple of months and are two particular changes that may come out of it. One is the closure of beds over a period of time. There are currently 1,600 beds across the four hospitals and they expect that in the way they run the services, they may be able to reduce this number by 400 within a period of time centralising where they can the specialities on the two sites. Another possibility is to take the blue lights out of King George's Hospital. This is not being made public as it is still being worked through and there will be a consultation process which will probably start after the next local elections. The Redbridge LMC Chair is on the strategic group, with GPs from Havering, Barking and Dagenham to work through various scenarios. Dr Aggarwal is a member of this group. We will have a much better idea when Suzanne comes next month.

Dr Bland stated that red alerts have been coming out of BHRT since August. We have not had a flu epidemic this year but there is a high level of anxiety in the community. If there was a pandemic the level of anxiety would go through the roof. In all the scenarios there could be a very high demand for access to hospital care. If only a few people die at home there could be high demand. This is of great current relevance to everyone providing healthcare.

Hilary Ayerst replied that there is a group within BHRT who are looking at how they can reduce the level of stay and how they can get through theatres. We all share this concern. Neil Smillie stated that the three PCTs are looking at emergency admissions at the moment. In Oldchurch they are looking at why people are going in, why people are not being discharged faster and why people are being kept longer than they need to be. There is a lot of painful work going on to get away from those reds a little bit. We are all charged with having pandemic plans and these plans are in place to a degree but need to be further developed. There are things we need to conclude quite quickly.

Dr Bland said that Fit for the Future is putting acute trust under tremendous pressure on what they have to deliver. Hilary Ayerst replied that if we do nothing we will be working on a £20m deficit. Neil Smillie added that this is a fundamental shift in how we do business. What this is trying to do is look at the infrastructure.

Hilary advised that there are two other groups under the strategic working group, the in-hospital group and the outer hospital group. The outer hospital group is looking at what can be done in the community.

Anti-Coagulation Clinic: Dr Ahmad stated that some of the patients who cannot go to Oldchurch have been told to phone their GP to get their INR level checked and the patient takes it to the clinic but unless they have their blood test done in the clinic, the clinic cannot prescribe Warfarin. Rebecca Scott replied that she is not aware of any changes but the PCT is looking at how it can better provide that service in the Community. In the longer term we are trying to find one practice in each locality in B&D to provide that service. Dr Mittal asked, should this not be taken up this year because the sub-contractor will be from Secondary Care from April onwards. Hilary added that this has already been flagged in the SLA but we have not yet sorted out when and where. Dr Pathak added that the LMC has brought this up today because the services are not yet in place in Primary Care and patients are already being advised to go to the practices. Hilary replied that this should not be happening as it has not been agreed.

Top Slicing: All PCTs, at least in London, are being asked to give up 3% of their top slice from the baseline for next year because the NHS needs to be in balance and they won't be. PCTs are being asked to put money in a pool so that those PCTs who are not in balance can get a loan from other PCTs. We are all rapidly trying to find how we are going to deliver this top slice and do some of the things we said we were going to. The loan will be paid back over a three year period, but not good news.

85. **DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.45 p.m. Members agreed that the next Meeting will take place on 06 April 2006.

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**Chairman**