

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 256 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 5 March 2009 <i>A n Open Meeting</i>

PRESENT: Dr G Saini (Chairman)
Dr M Rahman (Vice Chairman)
Drs V Goriparthi, A Jabbar, A Mittal, J O'Moore, P Patel, S Pervez, S Poolo,
O M Sanomi, S Subramaniam, I K Sudha,
Non-principals: Drs S De, S C Hora, S Symon
Madhu Pathak (LMC Secretary)
Sue Elliott (Admin. Secretary)
Suzy Iskander (Admin. Assist/IT Support)

Eric Saunderson, Medical Director, NHS Barking & Dagenham
Jemma Gilbert, Ass. Director Primary Care Contracting, NHS Barking & Dagenham
Stephen Rubery, Director of Commissioning & Contracting, BHRT
Tracy Welsh, Commissioning & Contracting Assistant, BHRT
Debbie Baronti, Int. Ass. Director of Primary Care, NHS Havering
Bill Davies, IT & Telecoms Manager, NHS Havering
Peter Blessington, FHS/SBS

OBSERVERS: Leela Pendle, Senior Industrial Relations Officer, BMA
Dr S Palit, GP Partner, Lynwood Medical Centre

APOLOGIES FOR ABSENCE:

Stephen Langford, Chief Executive, NHS Barking & Dagenham
Paul Sinden, Director of Commissioning, NHS Barking & Dagenham
Ralph McCormack, Chief Executive, NHS Havering
Philip Ainsworth, Director of Healthcare Procurement & Performance, NHS Havering
Simon East, Director of Finance, Performance & Commissioning, NHS Havering
John Goulston, Chief Executive, BHRT
Mr C Claoué, Ophthalmic Surgeon, BHRT
John Cowman, Ass. Director of Business Planning & Performance, Havering APO
Drs T Bland (Treasurer), B Dixit, P A Patel

79. **MINUTES:** The minutes of the Open Meeting held on 5 February 2009 were approved and signed as a true record of the meeting.

80. MATTERS ARISING

Choose & Book

Steve Rubery advised that the letter to practices is being drafted and should be available early next week.

The C&B LES comes to an end in March. The LMC would ask both PCTs that this LES be continued. Debbie Baronti said she would take this back to the PCT.

Scanners

At the last meeting Philip Ainsworth said the LMC would be informed when the scanners are in place. Debbie Baronti will take this back.

Physiotherapy

Ralph McCormack had previously stated that if a patient needs more than four sessions they would get them without re-referral and said he would look into what contract has been made by PCT.

NHS Referrals to Private Providers

Steve Rubery said that the issue was that the consultants were sending patients back to their GP for an NHS referral. At the last meeting Paul Sinden said he would look into outsourced contractors and if a patient was outsourced the private provider was responsible for all work related to that episode, e.g. pre-op, operation and all post-op care, including physiotherapy or IT. Dr Sanomi said the problem comes from lack of information, as GPs do not seem to be aware of what has been agreed with the private sector and would like some idea of what the contract or SLA says. Jemma Gilbert thought that cluster meetings would be the best place to take this forward.

Dr De felt this reflected on practice referral rates. GPs are told that they make too many referrals already. Dr Saini said that GPs should mark in their records what is a referral and what is a return for re-referral.

District Nurses

GPs have shown concern over the lack of communication with district nurses. Jemma Gilbert said that BDPCT is going to practice managers about how they liaise with the community services. District nurses are turning up at patients' homes and are told they were not expected. Ralph McCormack had previously told the LMC he would liaise with Lynne Swiatczak to find out weather there has been any change in district nurse contract, and if so what, and advise LMC on it. They see the patient for a very short time post-op and then refer them back to the practice nurse. District nurses used to do blood pressure checks but GPs cannot communicate with them on this.

Dr Sudha stated that GP registrars used to shadow community staff to see how they work. For the last six months there have been problems getting a slot for this. Dr Saini replied that this is because the community staff is no longer practice based. Debbie Baronti will take the GPs concerns back.

IT Upgrade

Havering - GPs need to know what the capacity is for information held on the system and how they can manage the existing service. If the IT person responsible for maintaining the practice systems is away practices have to wait until he returns before getting a response. Bill Davies stated that Havering APO is employing someone on a temporary basis to help alleviate some of the problems in practices. If the assigned person is not available the help desk should be picking up the practice calls and if necessary they should take it to the outside provider. He will look into this.

Dr Rahman asked if it was possible to have an IT focus group in Havering similar to B&D and include some GPs? He asked Debbie Baronti to look into this and make an approach to the LMC if they want some representation from GPs.

B&D - Jemma Gilbert said that BDPCT have enough capacity to manage and meet the required care. They had a meeting on 2 March to review their IT services and found they do not have Paperlight accredited practices in B&D, which is of concern. They have a very small IT support team and the programme for IT is expanding and growing and the needs of the practices are changing. It is quite a wide range to review.

List Cleansing

Peter Blessington was welcomed to the meeting.

Dr Mittal explained that he has had problems with around 80 patients being removed from his list, although some of them were still being seen at the practice. About 25% responded when written to but when the practice tried to reregister them they were refused. These 80 patients were left without a GP for at least one month and a substantial period passed before they were reinstated. Patients from Redbridge were removed as far back as 2006. As well as clinical problems the practice did not receive payments for all these patients.

Dr Jabbar said that one of the problems is returned post. Why are these patients removed without double-checking with the practice?

Peter Blessington said that a common theme throughout the whole of NE London is that FHS hear from practices that all of a sudden a number of patients were removed from their system. This may well be the case but if the FHS has reason to believe the patient is no longer active in the area the practice is given six months notice to investigate before removal takes place. The FHS would have issued an FP69, which goes directly through the links in the practice system. They are finding that a lot of practices do not know it is there. FP69 process has been in existence for 25 years plus and is a standard national process.

When the FHS undertake a list cleansing exercise, three things happen; a letter is sent out, if a response is not received a reminder is sent out or Royal Mail may return a letter. The latter also happens when screening or flu letters are sent out. This would trigger the FP69 process, which gives the practice six months to let the FHS know the whereabouts of the patient. If there is no reply to the FP69 this automatically results in the removal of the patient. What the FHS is prepared to do is, if someone has said that the patient has been seen in the surgery in the last two or three years the FP69 would be cancelled.

The whole FP69 process is not very well understood in the practices. There needs to be some way of raising awareness of the general computing issues at practice level. FHS has a person carrying out a full evaluation of the list cleansing process, which will be available to PCTs and LMCs in the next few weeks. This will help show how to take this forward in the future.

Dr Saini stated that when Peter Blessington came to explain the list cleansing process the FP69 electronic system was not made clear. He thought most practices were waiting for the green card to arrive. There needs to be some training for practices. Peter Blessington said that it would be helpful if someone in the practice printed the updates every day to give them something to work by. FHS hope to contribute in explaining how the system works.

Jemma Gilbert said that BDPCT could arrange training sessions through the forum and invite the practice managers. They could also be updated on current regulations.

Peter Blessington was asked why it was taking up to three months to reregister the patients. He said he would have to see the specific cases as there could be a number of reasons for this. FHS is going through many changes at the moment and are doing their best to make sure the service does not deteriorate during that time. Peter Blessington was reminded of a practice that is experiencing this problem.

Practice Budgets

At the HPCT/LMC meeting Simon East said he would arrange for someone to come to PTI to explain how the practice, prescribing and PBC budgets were set. Debbie Baronti will chase him on this.

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Prevalence changes – Dr Rahman stated that some practices may have to give up and go bankrupt because of the reduction in budgets. Jemma Gilbert said that BDPCT would help practices evaluate the impact of the change and await the national debate with interest.

HPV vaccination programme – Dr De said that GPs have not had any update on the programme. There has been no concerted effort and no plan put in place by BDPCT. He is vaccinating children who fall outside the school system with no prospect of payment or guarantee. Jemma will take this back. For Havering John Harvey had stated that any queries like this one should go to him, but he has now left the Trust. Debbie Baronti will look into it and come back to LMC.

Encryption of mobile devices – Eric Saunderson will take this back and reinforce the message to IT.

81. ANY OTHER BUSINESS

Renal/Diabetes BHRT

Dr Sudha has a patient who attended the Renal clinic in June last year and has since had two follow up appointments cancelled, with a third appointment given for October. This keeps happening. The patient’s details will be passed to BHRT to investigate.

Cytology Screening

Jemma Gilbert advised that there is a shortage of people with experience to carry out cytology screening and BDPCT is working on resolving the issue.

82. 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 2 April 2009.

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Chairman

ANY QUERIES OR MATTERS ARISING FROM THESE MINUTES SHOULD BE DISCUSSED WITH THE LMC OFFICE