

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

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| MINUTES Part Two of the 258 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 7 May 2009 <i>A n Open Meeting</i> |
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PRESENT: GP Members Dr M Rahman (Acting Chairman)
Dr T Bland (Treasurer)
Drs V Goriparthi, A Jabbar, R S Kalra, P Patel, S Poolo, I Quigley
Non-principals: Drs S C Hora, K Rai, S Symon

Madhu Pathak (LMC Secretary)
Sue Elliott (Admin. Secretary)

NHS Havering Ralph McCormack, Chief Executive,
Khalil Ali, Ass. Director of Commissioning (Acute Care)
NHS B&D Jemma Gilbert, Ass. Director Primary Care Contracting
BHRT Stephen Rubery, Director of Commissioning & Contracting
Tracy Welsh, Commissioning Assistant

APOLOGIES FOR ABSENCE:

NHS Havering Philip Ainsworth, Director of Healthcare Procurement & Performance
Simon East, Director of Finance, Performance & Commissioning
NHS B&D Stephen Langford, Chief Executive
Paul Sinden, Director of Commissioning
Eric Saunderson, Medical Director
ONEL APO John Cowman, Ass. Director of Business Planning & Performance
BHRT John Goulston, Chief Executive
Mr C Claoué, Ophthalmic Surgeon
GP Members Drs G Saini (Chairman), S De, B Dixit, A Jawad, R Kumar, A Mittal,
J O'Moore, A Patel, S Pervez, O M Sanomi, S Subramaniam,
I K Sudha

100. MINUTES: The minutes of the Open Meeting held on 2 April 2009 were approved and signed as a true record of the meeting.

101. MATTERS ARISING

Choose & Book

Havering – PCT has confirmed that they will continue with the LES for 2009/10.

Barking & Dagenham - Jemma informed that C&B will not be a separate LES, it will be in the incentive scheme and will go to the steering group to be approved.

Dr Bland said that he has found that Queen's is not well represented throughout the whole range of sub-specialities. The category that says, "not specified" is very good but Queen's does not come up with this at all. Where they have multiple consultants this should be shown. GPs still have to do more than one letter for a patient who have more than one joint to be seen.

Steve Rubery stated that the specific question raised by Dr Goriparthi regarding gallstone and bladder on C&B is under Gastroenterology, not surgery. This is national as are most of the problems with C&B because of the way the system has been configured. BHRT is doing a clinical review on C&B and are working to improve things as best as they can. An electronic copy of the GP Guide for C&B will be sent to the LMC for distribution to all GPs. Dr Symon said that Geriatrics at St George's is not available on C&B and sometimes the appointments get lost and the patient does not hear anything. Ralph McCormack said there should be access for it on C&B. As there is no technical reason why they cannot have access, as there is a C&B team on site, he will address the issue.

Steve Rubery said that there should only be one referral if, for example, there is a back problem and the GP does not know if it is coming from the upper or lower back. If it is in two different places then it is different. His advice is if such a scenario occurs it is best to refer for one but mention in the letter the other problem. If the GP is referring as a non-specific then it should be one referral. He agreed to look into the unspecified category.

NHS Referrals to Private Providers

GPs are still being asked by the private providers to make a new appointment for the patient to receive further treatment at an NHS hospital though the referral in the first place was made on NHS. Dr Goriparthi made an example of a patient who has been having treatment for bladder cancer since 1998. He was told to send the patient to Whipps Cross for further treatment after being seen at Rhodings. Steve Rubery said that if this is a planned procedure he did not understand why this came back to the GP. It does not make sense that the patient should be sent to another Trust after long-term treatment and he will look into it.

Ralph McCormack stated that the PCT has been using additional capacity in a number of ways. It does not automatically follow that this would shift the focus of care on a long-term basis. Now that the milestone has been reached at BHRT, the requirement to use non-BHRT and non-ISTC is significantly lower and problems should reduce. It would be helpful to know of each case where this is being suggested so that we can deal with it the individually with the organisation concerned. GPs would want to preserve the anonymity of the individual patient but the PCT needs to go back with some examples saying this is not what we intend, it is what we want you to do when a follow up is required.

IT Upgrade

Havering - Khalil Ali said the IT focus group has not yet been formed and hopes that it will be in place after June. Ralph McCormack asked if there are any specific issues the PCT needs to look at or is it just about having a plan. There has to be a programme of replacement. The PCT will try to be sensible in it's approach by having a rolling programme so that at some point in time they have a continuity of facilities to manage IT as it is now, to find where the closest point of need for upgrade is and workout the sequence for replacement. There will always be cases where the PCT has to replace equipment earlier.

Barking & Dagenham - Jemma stated that when situations arise and when GPs want to bid for upgrades the PCT will have a discussion and include the LMC. Dr Rai said it would be nice to have a quick answer rather than waiting for four months for a decision. A pathway for anyone who bids for anything should be advised within a timescale.

List Cleansing

Jemma has had a response from FHS. The FP69 should be managed by the practice manager and clinicians, who should be using the electronic system to interact with FHS. A meeting has been arranged for the 22 May to look at registration issues. The PCT has asked Dr Teotia and a practice manager to attend. They are also going to send a leaflet to practices to keep them apprised of changes and the processes. Dr Pathak asked for the response to be supplied to the LMC.

Practice Budgets

Ralph McCormack will check to see if Simon East can go to PTI next week.

Improve Patient Care – District Nurses

It was agreed at the last meeting to take this outside the LMC. A meeting has been organised for the 27 May and all outstanding issues will be taken to that meeting.

Single point of access – In the past GPs would phone District Nurses for simple procedures. Now the District Nurses have given GPs a form to complete and are not

available when GPs phone. Referrals are not now acceptable unless they are on a set form. The forms are too detailed and time consuming. There cannot be a situation where referrals are not taken up unless on this form.

Ralph McCormack said commissioners are increasingly asking District Nurses for the information which may be on the form. Resources could be based on this information in the future so they may have a good basis to ask for this information. He has not seen the form so does not know if what they are asking is reasonable. He agreed that there should have been a discussion prior to introducing this form. Dr Pathak said that three years ago a standard form was agreed by all three Trusts for use, with certain exceptions, as the number of forms in the practices had exceeded 100 and that there needs to be a discussion about this particular form before it is in general use. Meanwhile all referrals should be accepted as before. Dr Quigley said that GPs are being asked for information that District Nurses could easily access themselves, both from practice and patients.

Cervical Smears (for under 25s)

Jemma Gilbert will push for a response from Public Health this week and circulate it. Ralph McCormack said that when a GP thinks it is clinically required the test should be done. BHRT do not have a policy of not testing smears for under 25s and they do not have a policy of charging GPs or patients for the test at any age. Any smear sent in should be tested. Once a smear is done for someone under 25 that patient goes into the general recall process.

DNAs

Steve Rubery has looked into this and they have a policy when a patient DNAs a letter should be sent to the GP to say they have been discharged. This letter is sent to close the loop and not to make the GP responsible for chasing the DNA. A letter is also sent to the patient to let them know that they have missed their appointment. For some specialities, e.g. paediatrics, a second appointment will be sent.

He also stated that if communications are not getting to the patient there might be something wrong in BHRT's system. He will look into this. One of the pilots BHRT is looking at is texting patients to remind them of their appointment.

102. GPC NEWS 8

The DDRB report and PMS practices – Ralph McCormack stated that the PCT is using a primary care contracting team to help them review the arrangements for having negotiations with the PMS practices during the next few months to put forward proposals on how they intend to renegotiate and what options are open to both the PCT and the practices. They want to conclude this process quickly so should enter into negotiations soon. Dr Pathak asked for the LMC to be advised of the baseline, when known, before negotiations with practices start.

103. ANY OTHER BUSINESS

Members had concerns regarding patient communication between clinicians and BHRT and these will be addressed in the meeting with BHRT.

104. DATE OF NEXT MEETING: There being no further business for discussion, the Meeting closed at 3.30 p.m. Members agreed that the next Meeting would take place on 4 June 2009.

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Chairman

