<u>Private and Confidential</u>

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

MINUTES Part Two of the 220th LMC Meeting held in the Committee room, Administration Block, St. George's Hospital, Hornchurch, on 03 November 2005

An OPEN Meeting

PRESENT: Dr A Aggarwal (Acting Chairman)
Drs T Bland, A Deshpande, V Goriparthi, A Jabbar, R S Kalra, J O'Moore, A Patel, P Patel, M M Rahman, N Rao, G Saini, O M Sanomi, I Sudha, N P S Teotia
Non-principal: S De
Co-Opted: Dr B Dixit, S Ariyanayagam

ALSO PRESENT: Hilary Ayerst, Chief Executive, B&D PCT
Ralph McCormack, Chief Executive, HPCT
Neil Smillie, Director of Primary Care, HPCT
Eric Saunderson, Joint Medical Director, B&D PCT
Paul Sinden, Director of Commissioning
Graham Blowes, Head of Corporate & Primary Care Performance, B&D PCT
Madhu Pathak (Medical Secretary)
Sue Elliott (Admin. Secretary)
Suzy Iskander (Admin Assist/IT Support)

APOLOGIES FOR ABSENCE:
Robert Evans, Director of Special Projects, HPCT
Drs A Mittal (Chairman), M Roy (Treasurer), Drs H Ahmad, J A Barbosa, G Barclay, S De, G Kalkat, P Prasad, S Subramaniam

46. MINUTES: The Minutes of the Meeting held on 06 October 2005 were approved and signed as a true record of the meeting after amendment to:
Page 4, GPC News M2, Paragraph 4, Line 12: should read £970,000

47. MATTERS ARISING OUT OF THE MINUTES

<u>Enhanced Services</u>: Dr Aggarwal asked the PCTs if basket payments would continue. Neil Smillie confirmed that HPCT would continue with these payments, the next payment being due in December

Hilary Ayerst stated that B&DPCT are still working through this. There will be a final meeting with Dr Mittal and Dr Teotia but everything seems to be going well.

<u>Occupational Health</u>: In Barking & Dagenham there is a lot of different work going around the sector and should be in a position by January to make a decision whether B&DPCT want to go with a similar service as in Havering. At the moment the service is the same as before.

Level of Care Oldchurch Hospital: Dr Aggarwal advised that the LMC will be discussing this with BHRT at a meeting in January when their new Management structure comes into force. This will be organised by LMC direct with BHRT. **ACTION: LMC**

Clinical Assessment Service: Dr Aggarwal stated there are some concerns about referrals. Neil Smillie replied that Robert Evans has asked for details of particular issues. Dr Pathak advised that RE is trying to organise a meeting with the LMC to discuss these issues but if a meeting does not happen the LMC will write to the PCT. **ACTION: RE**

Dr Jabbar stated that if practices are going to refer a patient to a particular service they need to know who is going to treat the patient, and their qualifications. Dr Aggarwal added that this is the kind of thing the LMC wish to bring up at the meeting with RE. **ACTION: RE**

Choose and Book: Dr Aggarwal asked if the length of time for training is adequate and what payments are available to staff. Paul Sinden confirmed GPs attending would receive £70 and practice staff £40. Dr Teotia commented that two hours for training is enough.

B&D PCT Award Ceremony: Hilary Ayerst reconfirmed this will take place on the 17th November.

Practice Based Commissioning: Paul Sinden confirmed that at the last meeting the B&DPCT proposal for rolling out PBC was discussed. It was approved that clusters of practices could decide how savings would be used. Also the pace of change from historical to fair share budget was initially over three years, but practices would like this to happen more quickly. The PCT agreed to move to fair share budgets as soon as possible.

A lot of the issues were agreed with the LMC. The outstanding issue is the use of the contingency of 5% top slice. This is to protect the PCT's requirement to break even on a yearly basis. How does the PCT protect itself in the first twelve months if the practice has thirty six months to break even. This is still outstanding but hopefully everything else has been resolved.

Dr Aggarwal stated that the LMC Chairman has recently been to a GPC meeting at which PBC was discussed and Members of the LMC still have concerns about the pace at which progress is being made. There are a lot of concerns about PBC, not just the 5%. One of the proposals the LMC has is that a group of six LMC members plus two members of each PCT have a three hour meeting and the LMC will present all the GPs' concerns. If there are answers to some of these concerns we can take them back to our Members. This will be just a one off meeting and the LMC are looking at 12.00 to 3.00 on the 23 November.

Dr Bland asked the Chief Executives of both PCTs how they feel PBC is going, what the progress is so far and what the likely hitting of targets is.

Hilary Ayerst answered that B&D have a variation. One group is taking the lead which now incorporates 40,000 population but there is also a number of GPs who are not involved at all. The general view is it is not going as quickly as the Government would like it to go but the PCT need to put in a lot of work over the next few months. Unfortunately the PCT has to go as slow as some of the information available.

Neil Smillie for HPCT stated that the details would be useful to assess how far it has come. Budgets have been worked out and indicative budgets should be available by the end of November. The pragmatics have been put in place. The bigger strategy is we have been asked to do too much in too short a time.

Ralph McCormack added that the PCT have in their six clusters a significant mix of practices. The slight conundrum is what happens when some of your bigger practices are wavering over what to do and who to join with.

Dr Bland said he appreciated that but there are details coming from QOF and nothing coming out about PBC and practices are voicing their concerns. Are HPCT fully behind getting PBC off the ground?

Ralph McCormack replied that HPCT will have about 70% representation when these six clusters are in place. The clusters are doing what they can with the information available. The point in the first place is if the PCT is serious about PBC how do we do that in the next few months. How do we deploy our resources within the PCT into PBC clusters? The reason the PCT are getting where they are in the QOF exercise is because time and effort have been put into it. We need to put more Management effort and time into PBC.

Dr Goriparthi asked how will the £45k set up costs be allocated, would it be by per capita or will it be swallowed up by the bigger clusters? Paul Sinden replied that it would be on a per capita basis. Dr Aggarwal added that the half day meeting is for issues like this.

Paul Sinden stated that for those practices not in a cluster there is a role to be played by the LMC.

Immunisation Programme: Dr Jabbar asked if there was any news about who should immunise the carer of a patient? Eric Saunderson replied that you have a choice. You can send the carer to her own GP to be immunised or treat her as a private patient and immunise her yourself. Ralph McCormack asked, is the PCT likely to notice if a GP just immunises the carer.

PCT Committees: A revised list from B&DPCT is imminent. **ACTION: HA/RM**

Patient Referrals: Dr Pathak stated that this could be dealt with in the meeting with Robert Evans. **ACTION: RE**

District Nurse Dressings: Hilary Ayerst confirmed that this is a district nurse duty, the only problem being if the patient has not been issued with the dressings on leaving hospital.

Ralph McCormack will come back to the LMC to confirm how long district nurses are responsible for post operative care. **ACTION: RM**

Community Matrons: Siobhan Jordan, the Lead for Long Term Conditions, explained the role of the Community Matron. Havering have nine Community Matrons with three working in each Locality, and Barking & Dagenham have three. The target for 2008 is seventeen in Havering and ten in Barking and Dagenham.

Dr Teotia stated that there are no details anywhere of three Community Matrons in Barking & Dagenham. Siobhan Jordan replied that the Community Matrons only started in Barking & Dagenham this week and will start in the community in January. Information should be available during the next two months and GPs will be much more aware of this service.

Dr Bland stated that there is one core issue and that is access to confidential information and the need to develop a protocol that is agreed between the PCTs and the LMC about the access of someone who is obviously in place for the benefit of patients but is not a member of the practice team. Has any work been done on this protocol? This is the first time someone new within the community has needed access to information. This is why agreement between the PCTs and the LMC is needed, may be just a simple consent form.

Siobhan Jordan asked, what is the difference between community matrons having information and district nurses having information. I will let the LMC see a form and modify this.

Dr Bland added that this form would need to go from the practice to the patients so that patients are not asked to sign the form by someone they do not know. Siobhan Jordan replied that the district nurse would have phoned first and advised the patient that the community matron would like to visit.

Ralph McCormack stated that these are important issues to get right and is pleased that we are talking about how we support patient care. The PCT has added significantly to the number who can support patients. Before the PCT moves forward as Siobhan is suggesting, advice should be taken from the Clinical Risk Advisor to ensure we get it right. Hopefully this will not be an issue that plagues us.

Siobhan held an event yesterday to bring together interested parties. No GPs were present. Dr Bland stated that GPs were not aware of this event as invitations did not arrive. The event will be repeated and the PCT need to make sure it gets the communication right to GPs so that they can participate. Dr Aggarwal added that if the details are given to the LMC they will be put on the website.

Dr Saini's concern is, when do you start asking patients to sign the consent forms. The community matrons are going to be part of the team so why are we asking them to sign the consent? This puts them outside the team.

Neil Smillie replied that when he worked in Southend, district nurses accessed notes with no problems. A more beneficial thing is to clear the issues once and for all right at the start.

All requests for a community matron to visit a patient should be in writing. It needs to be in the patient's notes that the GP has been contacted in writing. Any suggestions and change in management should also be in writing and the PCTs will fully support this.

Dr Aggarwal suggested putting into the practice leaflets and advertise in the waiting area that community matrons will be working as part of the practice.

A Patient Led NHS: Hilary Ayerst gave an update. A proposal is going to the DoH that the PCTs are borough based but this does not mean there will be no change to what they do in the future.

48. GPC NEWS M3

No issue of concerns were raised.

49. ANY OTHER BUSINESS

Midwifery Service: Dr Aggarwal stated that the midwifery service is changing from 4th December. Dr P Patel added that he was informed of this by his midwife this morning. Patients will now be seen by a group of midwives with patients being sent to Health Centres. Patients should have a named midwife and it a concern because it takes services away from the surgery where patients are used to accessing them. If there is a problem the practice will have the worry of trying to trace which midwife the patient saw last. This seems to be a step backwards.

Dr Aggarwal asked if the PCTs were aware of this and is concerned about continuity of care and prescriptions.

Hilary Ayerst replied that B&DPCT have been having discussions over the last couple of months but was not aware of the date of 4th December and will take up the issue of communication.

Ralph McCormack stated that it is problematic when it comes to implementation, it is not enough to say you were part of the strategy. It is appropriate for us to address the problem and I think what we would be inclined to say is that 4th December is not the time to implement this until we have had a chance to talk to the LMC about these intentions. There is a process issue that has been left out. HPCT will go back to BHRT and raise our concerns.

ACTION HPCT

QOF Visits: Dr Aggarwal said that the LMC understand that QOF visits in B&D are being done on 50% of practices, centring on the lower performers of last year. We feel it gives the impression it is being used as a monitoring tool with lower practices being visited. Would it not be better if it was a random 50% to give confidence to all? Hilary Ayerst replied it was for the opposite reasons to what the LMC is looking at. What the PCT wanted to do was to measure how the lower practices were doing and help them get more QOF points. We have templates that can really help. The PCT would not want to change a good system so why would we want to visit higher achievers.

Dr Aggarwal replied that we need to find some kind of middle ground that would be acceptable to both. Hilary Ayerst said they would take this back and think about it. **ACTION: B&DPCT**

PTI: Havering PTI has now lost it's administrative support. Are there going to be any more PTI meetings and will administrative support be available?

Neil Smillie replied that he is looking at moving PTI meetings into one of the GTM's for the moment.

Dr Deshpande stated that to facilitate the January PTI time is needed. Neil Smillie replied that the team will pick it up. Dr Sudha asked, will that team be qualified enough? Neil Smillie will talk to Dr Sudha after this meeting.

Nursing Homes: Dr O'Moore stated that with the last payments his practice received calculations for its list size and how they are made up. Some patients were missed off the list and Dr O'Moore would like this rectified. Dr P Patel added that this makes a difference to how the practice gets paid. Could the practices not be given a list of all establishments within the borough so that they can cross check this against the patients. **ACTION: PCT/LMC**

50. DATE OF NEXT MEETING: There being no further business for discussion, the Meeting closed at 3.40 p.m. Members agreed that the next Meeting will take place on 05 January 2006.

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Chairman