

## **BARKING AND HAVERING LOCAL MEDICAL COMMITTEE**

<p><b>MINUTES</b> Part Two of the 242<sup>nd</sup> LMC Meeting held in the Committee room, Administration Block, St. George's Hospital, Hornchurch, on 01 November 2007 <i>An Open Meeting</i></p>
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**PRESENT:** Dr M Rahman (Acting Chairman)  
Dr T Bland (Treasurer)  
Drs A Adedeji, J Barbosa, A Deshpande, B Dixit, A Jabbar, A Jawad, J John,  
R S Kalra, J O'Moore, P Patel, S Poolo, I Quigley, N P S Teotia  
Non-principals: Drs S C Hora, R Kumar  
Madhu Pathak (Medical Secretary)  
Sue Elliott (Admin. Secretary)  
Suzy Iskander (Admin Asst./IT Support)

Paul Sinden, Director of Commissioning, B&D PCT  
John Harvey, Director of Public Health, HPCT  
Andrew Demetriades, Director of Procurement & Performance, HPCT  
Steve Rubery, Director of Emergency Care/Hospital Director, Queens

**APOLOGIES FOR ABSENCE:**

Hilary Ayerst, Chief Executive, B&D PCT  
Eric Saunderson, Medical Director, B&D PCT  
Ralph McCormack, Chief Executive, HPCT  
Robert Evans, Associate Director of Commissioning (Acute & Primary Care), HPCT  
Simon East, Director of Finance, Performance & Commissioning, HPCT  
Mr C Clauoué, Ophthalmic Surgeon, BHRT  
Drs H Ahmad, G Barclay, S De, V Goriparthi, A Mittal, A N Patel, S Pervez,  
G Saini, O M Sanomi, S Subramaniam, I K Sudha

**48. MINUTES:** The Minutes of the Meeting held on 04 October 2007 were approved and signed as a true record of the meeting.

**49. MATTERS ARISING**

**Level of Dental Care**

*Havering* – the LMC contacted the LDC and Dr Rahman read out the reply. One of the problems is that if a patient sees a dentist for emergency treatment, that patient is still not registered and can only see dentists on a private basis and still has no continuation of dental care. Andrew Demetriades said he was surprised at the lack of clarity and will talk to the dental leads to provide more detailed information and will look into a similar basis as B&D to possibly increase the unit to meet dental needs in the district. This will include a list of dental practices that can take patients.

*B&D* – Paul Sinden said that each dental practice gets a number of units and once those units are used up there are no more payments. The PCT is trying to understand the level of dental activity. All B&D practices will get a list of dental practices and leaflets to give out and increase the units if possible.

### ***Practice Based Commissioning***

*Havering* – Dr Bland asked if the PCT could clarify the DES payments for the current year. Andrew Demetriades said the PCT had a discussion with the LMC and gave some verbal assurance that the PCT did not intend to claw back payments from practices. A letter will go to the practices next week.

*B&D* – there has been no agreement yet on the savings or the special incentive for the GP to continue with PBC. Paul Sinden said there are elements of funding for extra hours done by practice staff. The PCT is also giving each cluster help with clinical support roles. There is about £1 per patient available to the clusters. There is a PCT team put in place to help. There is also an incentive scheme payment of £2.50 per patient, which should pay for staff to do the computer entries, making a total of £3.50 per patient.

Some of the care services are being paid from savings made last year. This is the PCT savings and Dr Teotia said that practices need to know what is happening to the practice savings. The PCT is using the three clusters to pass on information and make decisions. All decisions should be passed on to practices so that they know what is happening. Paul Sinden said that the steering group minutes could be sent out to each practice. Dr Deshpande said it is very clear that whatever savings are achieved, 70% goes to practices, with the practices who achieved savings having the say on how they should be spent. The decision for the PCT to make on savings is only 30%. Any community improvements are down to the PCT and should not come out of practice savings. Paul Sinden said that the PCT framework says that the practice may agree to let their clusters manage the savings. In previous years the PBC leads have agreed with the PCT where to direct savings.

### ***Scanners***

It is a problem that practices do not have scanners to scan letters to send to, for example, consultants and they need to know if something is going to happen on this. Andrew Demetriades said that the PCT is trying to put in place an arrangement through IM&T DES to ensure that practices have the option of signing up. The PCT has not put this in place as quickly as they should have done but is working on it. There is no provision in the capital programme. The PCT is trying to put in a plan at practice level to make improvements across the board. Dr P Patel said that if a practice needs a scanner it should be looked at on its own merits and not on the back of the DES.

### ***Consultant-to-Consultant Referrals***

Dr P Patel said the protocol seems to meet requirements but he is still having problems. Steve Rubery said the letter went to consultants three or four weeks ago. He agreed that if urgent appointments were required they should be referred internally and said he is happy to deal with individual cases on a one to one basis. Another problem pointed out was that when a patient is discharged to a Tertiary hospital the GP is not informed. Steve Rubery will investigate this.

### ***Pain Clinic***

Steve Rubery confirmed that the existing patients should automatically transfer to the new consultant when a consultant retires.

### ***Care UK***

Dr Adedeji said he would like to know the principle behind the walk-in centre. Paul Sinden replied that the terms are that they get paid by cost of care service. The walk-in centre has been told that it is inappropriate to recruit patients when they come to the centre for advice.

## 50. NELMHT FOUNDATION STATUS

Dr Rahman introduced Jane Atkinson, the Chair of NELMHT. She stated that NELMHT is in the middle of consulting on two issues, one is their Foundation Trust status and the other their service redesign for Barking Dagenham and Havering as they plan to move from Mascalls Park. Foundation Trust status is a means rather than an end of giving them far more security of income and control of their own destiny. In future all provider agencies will have to become foundation trusts. For the first time it offers them the opportunity of having legally binding contracts with PCTs so that they cannot take money for other services. It also gives them control over their assets.

The other main benefit is membership. The board of the Foundation Trust becomes more like a corporate board. There would be a consultative body to ensure that the service provided is what the public wants. The more members they have the better as each member gives them a stronger voice to secure resources for mental health services. They are working very closely at PCT level and trying to make more links with GPs.

What should a modern mental service unit look like? The model that is emerging is where should the inpatient units be in Barking, Dagenham and Havering. The option they are consulting on is to concentrate on the new build section of Goodmayes. It is easier to get to and grouping three intensive facilities in one place would allow greater flexibility. There is funding for a low secure unit, the existing psychiatric intensive care unit and acute services. There will be separate acute day hospitals in Barking and Dagenham and Havering. She then requested members to fill in a membership form and to encourage others to do so. The Chairman thanked her for attending.

## 51. GPC NEWS M3

No issues of concern were raised.

## 52. ANY OTHER BUSINESS

### ***Computerised Test Results***

Dr John said that In-Health are sending their reports by e-mail before sending the letter and his concern is that his account is getting full of reports. He cannot see why his personal account should get all the patient reports as the practice cannot get access to the reports if he is away. There needs to be a practice address for these e-mails. Dr Rahman asked for feedback from both PCTs at the next meeting.

### ***Transmission of Pathology Results***

This will be taken forward at the next BHRT/LMC Meeting.

### ***Rehabilitation Services***

*B&D* – practices have been advised that this service has been suspended for the moment. Mark Sheppard was not aware of this. He has written to the LMC to say he will put in place private providers ASAP so that this service can continue but nothing has yet been set up. Paul Sinden could not give an update as he was not aware of the situation and said he would talk to Mark and get back to the LMC.

### ***Choose & Book***

*Havering* - Dr Quigley stated that in a couple of services, in particular Dermatology, the patients seem to get into this loop where they are told to ring back in two weeks for an appointment. They never seem to achieve anything and come back to the GP. Andrew

Demetriades said he would look into this. He was asked if GPs are meant to be recording a 9KK code on every referral they make and he replied that the choice comes if it is to a secondary care provider. He said there needs to be some guidance on this and promised to give some information to the LMC before next meeting.

***Immunisation Payments***

*B&D* - Dr Teotia stated that the immunisation payments have not been agreed and he is not aware of how they are being paid at the moment, as there has been a change in the schedule. The PCT needs to look at how the payments are being made and how the new payment schedule is being implemented. Paul Sinden and Andrew Demetriades will look into it come back.

- 53. DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.37 p.m. Members agreed that the next Meeting will take place on 03 January 2008.

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**Chairman**