

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 253 rd MC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 06 November 2008 <i>A n Open Meeting</i>
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PRESENT:

Dr M Rahman (Acting Chairman)
Dr T Bland (Treasurer)
Drs V Goriparthi, A Jabbar, A K Jawad, R S Kalra, J O'Moore, P Patel,
S Pervez, S Subramaniam, N P S Teotia
Non-principals: Drs S De, S C Hora, S Symon
Madhu Pathak (LMC Secretary)
Sue Elliott (Admin. Secretary)

Ralph McCormack, Chief Executive, HPCT
Philip Ainsworth, Director of Healthcare Procurement & Performance, HPCT
Eric Saunderson, Medical Director, BDPCT
Steve Rubery, Director of Commissioning & Contracting, BHRT
Peter Blessington, FHS NELHSA
Paula Caulfield, Steria
Becky Dobson, SBS

APOLOGIES FOR ABSENCE:

Stephen Langford, Chief Executive, BDPCT
John Goulston, Chief Executive, BHRT
Simon East, Director of finance, Performance & Commissioning, HPCT
Mr C Claoué, Ophthalmic Surgeon, BHRT
Drs G Saini (Chairman), A Deshpande, B Dixit, A Adedeji, A Mittal,
O M Sanomi, I Sudha

48. **MINUTES:** The minutes of the Open Meeting held on 2 October 2008 were approved and signed as a true record of the meeting.

49. **MATTERS ARISING**

Choose & Book

Dr Teotia stated that C&B still has a lot of issues, all of which have been discussed at the LMC and other meetings. There seems to be no regularised system on how to approach these issues. He felt it was in the interest of everyone to have a C&B Forum to discuss these issues and a newsletter could be sent to all GPs highlighting the problems and outcomes. Steve Rubery confirmed that BHRT would be more than happy to support this. He thought the best representatives for BHRT would be the people working the system day to day with two or three interested GPs and a representative from Both PCTs. After a suggestion from Dr Rahman, he also agreed that realistically someone from NHS Direct could attend. Ralph McCormack agreed to the meetings but did not think this would need to be a long-term requirement.

Eric Saunderson said he would recommend that BDPCT support this forum on the short-term but evidence is needed, not anecdotes. Are the problems widespread or is it only particular GPs who are having the problems. If the percentage of problems is low time should not be wasted on having the forum. We need to know

numbers and we need evidence. We also need to know about BHRT, NHS Direct and IT factors.

Steve Rubery stated that a lot of the issues at present are with the backlog and coping with the eighteen-week target. Once the backlog is dealt with it may start to normalise. It was agreed that C&B would be taken off the LMC agenda. Dr Goriparthi proposed that the LMC write to all GPs asking them to send evidence if they are having problems with C&B. Eric Saunderson asked if it would be better for LMC members to contact their constituents, as a personal approach is sometimes better. One of the things he thought should go to the forum was that there is insufficient information on the website on criteria. The LMC agreed to organise the meetings.

Ralph McCormack said the issue of ISTC provider should be raised to get a proper process in place of what we expect to happen. HPCT will take this to the contract management. Steve Rubery said that there seems to be a number of issues where the Treatment Centre is referring patients back to their GP instead of re-referring to BHRT.

Philip Ainsworth advised that payment for the LES should go through the system this month.

Scanners

Philip Ainsworth said there is no ambiguity about support. The problem is tying together IT and EMIS to roll out the plan. He is aiming to bring back to the next LMC a full plan covering these practices, which will show when they will have the system up and running. As there is no LMC meeting in December it was agreed to deal with this in the HPCT/LMC meeting on the 10 December.

Physiotherapy

Philip Ainsworth gave an update of the situation. The original 2000 patients on the waiting list are down to 323. Mawney HC is now offering the service, which has been very well received by the patients accessing the service. Podiatry and Physiotherapy patients will be able to make their own appointments next year. HPCT cannot look at this until they have received the guidance. Patients self-referring could be a problem and it cannot be open ended. There needs to be some sort of protocol, otherwise there could be a situation of no access as the service will be overwhelmed by self-referrers. Ralph McCormack said that when ministers made an announcement about choice they left the public with the opinion that they had an open-ended choice. They have left us to deal with the issues without compromising the clinical services.

Paperless Practice

Eric Saunderson had nothing further to report on this other than the IT Manager is working on the issues.

Anticoagulation

Dr P Patel was happy to see this moving forward but said that the issue of housebound patients still being the responsibility of the GPs needs to be addressed. These patients have probably been discharged and there is no one monitoring their need for anticoagulation. A consultant, not a GP, should deal with these patients. Philip Ainsworth said he had taken this back to Andrew who will clarify the issue around housebound patients. This needs to be clear as the PCT is

trying to make a different pathway for these patients and there is an of patients walking back into acute care once they have been taken out of it. The PCT needs to be as robust as possible so that patients can be monitored properly. Ralph McCormack said that if the PCT is not offering an anticoagulation service and we are left with these patients it would be difficult and felt that the contractor should take on all the patients. Eric Saunderson is waiting for Andrew's response on what would be a reasonable model for these patients. There will be some housebound patients who have been discharged for whom the disadvantages of Warfarin far outweigh the benefit.

50. REVIEW OF THE FHS CONSORTIUM

Peter Blessington of FHS NELSHA, Paula Caulfield of Steria, and Becky Dobson of SBS joined the meeting. Peter Blessington gave a short overview of the situation:

There has been concern expressed that GPs will be getting answer phones and will not be able to talk to the people they talk to now. The transfer happened on the 1 November and all of FHS in N E London is now part of SBS. This is the first FHS operation SBS has picked up and they want it to be a flagship example of what good NHS working should be about. He was quite confident that within a fairly short period of time some benefits would be seen from this transfer.

It is intended that a lot of the volume processing, nothing to do with medical records, will go to India and will be processed overnight. In England there will be experienced teams who will be the GP's point of contact. Initially there will not be any change because it will take a while to go through. Over time there will be local experts based in England dealing with GP queries directly. There will not be answer machines. If they cannot answer any of the queries there will be a clear escalation pathway.

Paula Caulfield said that they would go through the process in logical steps and communicate this to GPs. The initial reorganisation will be complete by the end of January 2009. They would be looking at ways to make it better for everybody. Their plan is to scan everything so that queries can be answered quicker.

Peter Blessington reiterated that the Indian operation would not be a call centre. All telephone and personal contact will be in England. He understands that people value the contact they have now but the down side to this is that when that person is out of the office for any reason the GP has no one to talk to. Trained People will always be available.

Members said that GPs phoning the FHS are being passed from one person to another and are being told that in future they will have no one to talk to. Peter Blessington said that he would take this back as staff should not be giving that kind of message out. Paula Caulfield said that GPs would be given the name of the person to escalate any problems to.

Dr Teotia said that GPs have been told to send letters to the source instead of the PCT and was told that this decision was taken by the FHS. GPs are still getting the letters back. Peter Blessington replied that this should not be happening. No one has authority to give that sort of information. The FHS is looking at this with the PCT to find a solution. He asked for a copy of the letter as it has not been authorised and there should not have been any change to the way things work. He will send a communication out to all practices to that affect. Any problems should be taken directly to him and he asked for details of practices that are having problems.

Dr Pathak stated that GPs need the numbers as soon as possible and asked for the response time. Some names would be useful even if the people were new.

51. GPC NEWS M3

Contract Negotiations – Dr Teotia stated that if there are any changes GPs should be told in May not at the end of the year when the changes are due to take place.

52. ANY OTHER BUSINESS

LIFT Issues and General Practice

Ralph McCormack stated that the PCTs entered into the contractual obligations with LIFTCO to work with them for 25 years on PCT developments, some of which would include general practice premises where the PCT had an aspiration to develop. When the PCT was considering development they would ask LIFTCO to come up with a plan within the PCT's specification and economics. BDPCT have had the opportunity to be more active in this. The arrangement has been such that where the PCT seeks a development in Primary Care they have a contract with LIFTCO for them to look at the feasibility and affordability. There are exceptions to this. When HPCT compiled the strategic development plan they had in the plan an excessive development of St George's that they were considering moving everything from St George's to the Harold Wood Site. They gave up interest in Harold Wood as they found they needed something entirely different to what was originally decided. This is excluded from LIFTCO.

GP developers may wish to use LIFTCO but they are not obliged to. It is important to be clear that GPs are at liberty to develop premises themselves in any way they choose. It could be independently or in dialogue with LIFTCO but they are not bound to use LIFTCO. From the PCT's point of view they have a legal binding contract for another twenty years to give LIFTCO first refusal.

There is no contract with LIFTCO for services, only for building. LIFTCO is not a service provider. Services may be linked with the LIFT building but is a separate service.

53. DATE OF NEXT MEETING: There being no further business for discussion, the Meeting closed at 3.32 p.m. Members agreed that the next Meeting would take place on 08 January 2009.

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Chairman