

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 264 th LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 05 November 2009 <i>A n Open Meeting</i>

PRESENT:

GP Members	Dr M Rahman (Chairman) Dr V Goriparthi (Vice Chairman) Drs T Bland, R Goriparthi, F Islam, A Jabbar, A Jawad, J John, R Kalra, J O'Moore, P Patel, M Sanomi Non-principals: Drs A Baldwin, S Hora, S Symon Co-opted Members: Dr A Arif Madhu Pathak (LMC Secretary) Sue Elliott (Admin. Secretary)
NHS Havering	Chas Hollwey, Interim Chief Executive Philip Ainsworth, Dir. of Healthcare Procurement & Performance
NHS B&D	Stephen Langford, Chief Executive Eric Saunderson, Medical Director
ONELCS	Ralph McCormack, Interim Chief Executive
BHRT	Stephen Rubery, Director of Commissioning & Contracting

APOLOGIES FOR ABSENCE:

ONELCS	John Cowman, Dir. of Business Planning & Performance (Designate)
BHRT	John Goulston, Chief Executive Mr C Claoué, Ophthalmic Surgeon
GP Members	Drs A Mittal (Treasurer), B Beheshti, A Deshpande, M Gouldie, R Kumar, A Patel, S Pervez, I Quigley, G Saini, S Subramaniam, I Sudha, D Weaver

50. MINUTES: the minutes of the Open Meeting held on 01 October 2009 were approved and signed as a true record of the meeting.

51. MATTERS ARISING

Choose & Book

Dr Bland said there seemed to be an improvement in Queen's for specialities. The retired services seem to have almost disappeared. He asked about Loxford Polyclinic as a lot of GPs do not know where or what it is. There is no address or postcode on the C&B system. With more information people may start to take it up. Stephen Langford said that this was run by Redbridge but is very close to the boundary.

Two-Week Cancer Referrals

Consultants are still sending patients to GPs for referral when they should have actioned it themselves. An example was given by Dr Kalra where the GP was asked to refer patient on 2/52 to the same consultant. Steve Rubery said that if it was a referral to see the same consultant then it should not need another referral.

Dr John said that if Radiology finds something on an x-ray they send the patient back to the GP for referral. If they find a mass why would they send the patient back to the GP? Steve Rubery did not know the answer and said he would take it back. Dr Goriparthi stated that the radiologist is only looking at a picture or the demographics and is not in a position to make a referral because he does not have enough information about the patient and is not in a position to discuss it with the patient.

Dr Jabbar said that any referral must have the willingness and consent of the patient. When they decide the patient needs a referral the patient is there and can agree. There are some patients who do not want to be referred.

Cancelled Appointments

Dr Jabbar asked, when an appointment is cancelled could a copy of the letter be sent to the GP? Steve Rubery will take this back.

Health for NE London

Stephen Langford stated that the planned consultation is due to take place on the 30 November, which is later than originally planned. Dr Bland said the plan to close hospitals seems to be predicated on the assumption that the SE of England is the most densely populated area. They should be maintaining hospitals because of increased needs. The concern amongst local people is that they have successive revision of the health service and see fewer hospitals. Chas Hollwey replied that the hospital will not actually close but the services will be changed. People currently admitted to KGH as emergency admissions will be admitted elsewhere. He agreed it cannot be just a case of taking away, at the same time they need to add appropriate services. There will be polyclinics and less people will need to go to the acute hospitals.

Dr John said that it is frightening from a patient point of view and patients will be going further distances through a lot of traffic. Chas Hollwey replied that it should have negligible impact on ambulance time. If it is necessary more resources will have to go into the ambulance service to keep the standard up. Stephen Langford agreed that in London there has been an increase in the ambulance service.

IT Upgrade

Chas Hollwey said that HPCT was still in discussion with NHS London for additional resources. He has a meeting with the Funding Director of NEL next week. The PCT has not been able to release as much as they would have wished.

Stephen Langford stated that B&D is keen to work with practices around using EMIS access. Four practices are already using this and it was his view that more practices could do so.

Swine Flu

Ralph McCormack confirmed that Havering GPs already have supplies of vaccination.

BHRT have their own stocks and are vaccinating their own staff. One practice in B&D is not involved in the programme and is giving details of appropriate patients. Staff vaccinations start next week at three different sites. Details are on the B&D website.

Stephen Langford said that if there is any member of staff who is not at the practice at the right time they can go along to one of the clinics.

Philip Ainsworth confirmed there are four clinics in Havering for staff to go to.

52. GPC NEWS M3

No issues of concern were raised.

53. ANY OTHER BUSINESS

Tests for Private Care Patients

Dr Symon has taken advice on whether a patient who has a private consultation should be referred back to the GP for tests. This seems to be a grey area. The guidance says that private and NHS should be kept separate and the NHS should never subsidise private care with public money. What do the PCTs think about paying out money for tests that a private consultant has asked for?

Stephen Langford said that B&D has developed a policy on this. Each case should be considered on merit. Chas Hollwey does not know what Havering's policy says but thought the GP should look at the circumstances of each case.

Dr Kalra felt that if the patient is entitled to that investigation anyway how can a GP refuse it. Eric Saunderson replied that many doctors argued before the guidance came out that there was an inequity here. It is more of a grey area since the guidance came out.

Dr Bland added that, from a clinical governance point of view, any healthcare investigations are usually initiated by the doctor caring for the patient, or his team.

Both PCTs agreed to share their policies.

Retinal Screening

Patients are asking practices about retinal screening as the contract has been suspended. When will the new service start and what will happen to the backlog? Eric Saunderson said the service in B&D was suspended after an assessment of quality raised certain issues. They have looked for another service and have gone to Homerton Hospital. The new service starts at the beginning of January and the patient will be seen and photographed at Porters Avenue. The cancelled appointments will be prioritised by the centre.

Chas Hollwey said that the Havering service was suspended at the same time because of similar issues. They are currently getting the current model to work and tackling the issues that the scrutiny raised. They plan to start in December and will prioritise patients. They will have to consider the QOF payments. There are quite clearly patients seen who are not part of the service and he was concerned that the screenings are being done by people who are not experienced enough to pick up the issues.

Dr Bland thought the argument of localism needed to be taken into account as a High Street optometrist is within easy reach of patients, who have a relationship with their

optometrist for their total eye care. This screening should not be taken away from them. Stephen Langford said that what B&D have not ruled out is having other sites in the future and using some optometrists as they go forward. As part of a diabetic service like the one at Porters Avenue, there are advantages to having a one stop universal service as well.

Partnership Incentive Scheme

Neither PCT has any plans to negotiate this scheme at the moment. Chas Hollwey said they will watch how their neighbours get on with the plan. Stephen Langford thought it was an interesting plan to look at.

Medical Assessment Unit

Dr Jabbar said that this service has changed and GPs now have to ring the switchboard and ask for the extension, which rings but nobody answers. Steve Rubery stated there is now a dedicated Medical Assessment Unit which is staffed by medical or nursing staff. He will take this back.

- 54. DATE OF NEXT MEETING:** as there was no further business for discussion, the meeting closed at 3.15 pm. Members agreed that the next meeting would take place on 7 January 2010.

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Chairman

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