

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 230th LMC Meeting held in the Committee room,
Administration Block, St. George's Hospital, Hornchurch, on 05 OCTOBER 2006
An OPEN Meeting

PRESENT: Dr A Mittal (Chairman)
Dr M Rahman (Treasurer)
Drs, T Bland, A Deshpande, A Jabbar, J John, A N Patel, P Patel, S Poolo,
P Prasad, N Rao, G Saini, O M Sanomi, S Subramaniam, N P S Teotia
Non-principal: Dr S De
Co-opted: Dr A Adedeji
Madhu Pathak (Medical Secretary)
Sue Elliott (Admin. Secretary)
Iris Bettell

Rebecca Scott, Ass. Chief Executive/Director of Strategy, B&D PCT
Eric Saunderson, Medical Director, B&D PCT
Robert Evans, Associate Medical Director Primary Care, HPCT

APOLOGIES FOR ABSENCE:

Hilary Ayerst, Chief Executive, B&D PCT
Paul Sinden, Director of Commissioning, B&D PCT
Ralph McCormack, Chief Executive, HPCT
Simon East, Finance, Performance & Commissioning Director, HPCT
Drs A Aggarwal (Vice Chairman), H Ahmad, J Barbosa, G Barclay, B Dixit,
V Goriparthi, J Kakad, R S Kalra, J O'Moore, M Roy, I K Sudha

40. **MINUTES:** The Minutes of the Meeting held on 07 September 2006 were approved and signed as a true record of the meeting, after amendment to Choose & Book, Havering – first sentence should read “100% of GPs should be connected by the end of the year with a target of 90% for November.”
41. The Chairman welcomed Mr G Dawidek, Consultant Ophthalmic Surgeon and Clinical Lead in Ophthalmology at Harold Wood Hospital to the meeting.
42. **MATTERS ARISING OUT OF THE MINUTES**

Enhanced Services

B&D – The PCT had hoped to introduce CHD and learning difficulty patients but this has been shelved until next year. Rebecca will confirm this with Paul Sinden. The PCT has had to look at its financial position and the top slicing they had and this meant the PCT had to stop some of the new developments they wanted to put in place but have not touched any developments already in place.

Havering – Detailed information has now been provided on Dr Teotia's system and this is still being considered.

Choose and Book

B&D – 39 out of 42 practices are linked and about 34% of bookings are now being made through Choose and Book. The PCT thinks that one of the reasons it has not yet hit target is that there is some uncertainty on how the system is handling patients who are going through the assessment service and then booked in. This is being taken up by directors in London at a meeting next week. Colleagues should be congratulated on the progress made in B&D. Rebecca pointed out that it should be made clear to patients that they have a choice.

Dr Mittal stated that the computer system needs to be upgraded as it is too slow to take on Choose and Book. Eric Saunderson said that GPs can go into Choose and Book through the website. It takes a high degree of dexterity to use Choose and Book properly. The question was asked, is there a way of removing from the denominator the people who go to CAS? Rebecca Scott replied that the PCT needs to make sure patients referred to CAS are also included in the choice when they are passed on.

The PCT will be doing a stock-take of what the surgeries need and see what resources are available and is in the process of drafting something that will make it clear what level of hardware the PCT will be maintaining. Dr Teotia stated that at the moment the PCT does not have an IT policy for Primary Care. A policy is needed for upgrading the systems and this needs urgent attention.

Havering – Robert Evans spoke to the DoH Lead in the context of their next compilation of the booklet. It will make it clear that CAS referred patients may not be offered a choice by GPs. The position at the end of July was around 32% of referrals were being made through Choose and Book, which was only a couple of points below the projected figures and people should be congratulated on this figure.

Dr Jabbar stated that some patients do not want to know about having a choice, most want to go local. When a patient makes a choice will this be accepted? Robert Evans replied that a medical survey was taken across London and patients, when asked whether they had been offered a choice in Havering, 50% said yes, 20% said no and 30% did not know if they had been offered a choice or not. Dr P Patel felt that all practices should be given scanners that are part of the system as this would help solve some of the problems but he does not get replies from IT.

Practice Based Commissioning

Havering – Subsequent to reporting on Dr Forster's system at the last meeting, the PCT has now identified resources that will supply some additional support in practices and is currently working with cluster leads to see how this can be supplied. The subject of inter-cluster agreements was raised at the last Steering Group and the view from cluster leads was that some of them would not want to go down that route. The cost would fall on the clusters if any practice agreements are set up.

QOF

B&D – Dr Teotia stated that since the initial training three years ago there has not been any meetings with the assessors. There is a lot of confusion about the changes this year. How can a good assessment be given throughout the area if there is no understanding between the assessors. There should be a consistent approach. Rebecca Scott is happy to take this back.

Dr Mittal stated that the GFR percentage to the amount of CKD in the area was staggering, approximately 4,000, and GPs are going to start referring on those lines. Where is the treatment going to come from, who is going to take responsibility for the patients and who is going to pay the bill, PBC or the PCT? Eric Saunderson replied that this raises a whole series of issues to which there are no answers. The PCT is looking at a standard system locally. There is a lot of work required and it should be agreed what website should be used.

Havering – Dr Sanomi said that there had been a meeting with QOF assessors when it was discussed what the GPs thought the process should be and what sort of action they wanted picked up to verify things. It was not a training session but is a meeting to reach common agreement. QOF visits have been completed.

Anti-coagulation Clinic

Havering – The PCT has advised BHRT that the letter should not be sent to Havering GPs until agreement has been reached. BHRT and GPs should be made aware that this is still under discussion.

B&D – The PCT will follow the same route as Havering.

District Nurses

B&D – The PCT is beginning a review of District Nurse services and all community services to make sure resources are being used as efficiently as possible. Services get moved to make them work more effectively.

Transport for Patients

Havering – Robert Evens met with the Transport Manager at BHRT who has adapted the form and taken on board some of the changes, one of which is that after a time lapse the GP will not now have to do a reassessment of the patient.

Referral Form

A standard referral form has been agreed and, other than for a few departments, this form will be used from the 1st November.

43. GPC NEWS M2

CMO consultation - this is to do with the paper 'Good Doctors, Safer Patients'. The view is that it would be better for the affiliate not to be known in the district and would not therefore have a professional relationship with the GPs in that area.

United Healthcare Europe – Dr Bland stated that it is interesting that they did not consult the local people when everything should be geared around responding to their views. It shows what pressure PCTs are under when short-listing and commissioning care. It is so easy to fall short in areas. Eric Saunderson said that patients should be involved in the development of options and should be kept fully informed.

Violence against GPs – At one time Dr Barclay was the LMC representative at meetings, but the Police decided they did not need any more meetings on this issue

but would keep us advised of any incidents. There has been no response since then. Eric Saunderson said that GPs should advise the LMC if they are faced with violence and the patient should be quietly removed. This will go in the new Newsletter.

44. ANY OTHER BUSINESS

Appraisal

Dr Barclay received a letter from Julie Allen stating 'Annual appraisal is a requirement to remain on the Barking & Dagenham Performers' List'. Eric Saunderson's understanding is that it is a requirement but he will check this and let the LMC know.

Over 75 Check

The LMC had a discussion on the over 75 check but rejected the proposals. It was agreed that all that needs to be recorded is that an over 75 check has been given. It is up to the GP to decide what the check involves. Eric Saunderson stated that as long as a GP can justify and define what this check is, that should be fine.

- 45. DATE OF NEXT MEETING:** There being no further business for discussion, the Meeting closed at 3.35 p.m. Members agreed that the next Meeting will take place on 02 November 2006.

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Chairman

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