

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 241 st LMC Meeting held in the Committee room, Administration Block, St. George's Hospital, Hornchurch, on 04 October 2007 <i>An Open Meeting</i>

PRESENT: Dr G Saini (Chairman)
Dr M Rahman (Vice Chairman)
Dr T Bland (Treasurer)
Drs J Barbosa, G Barclay, B Dixit, V Goriparthi, A Jabbar, J John, R S Kalra, A Mittal, J O'Moore, O M Sanomi, S Subramaniam
Non-principals: Drs S De, S C Hora, R Kumar
Madhu Pathak (Medical Secretary)
Sue Elliott (Admin. Secretary)
Suzy Iskander (Admin Asst./IT Support)

Robert Evans, Associate Medical Director Primary Care, HPCT
Jemma Gilbert, Asst. Director Primary Care Contracting
Eric Saunderson, Medical Director, B&D PCT
Steve Rubery, Director of Emergency Care/Hospital Director, Queens

APOLOGIES FOR ABSENCE:

Hilary Ayerst, Chief Executive, B&D PCT
Paul Sinden, Director of Commissioning, B&D PCT
Ralph McCormack, Chief Executive, HPCT
Andrew Demetriades, HPCT Interim Director of Procurement & Performance
Simon East, Director of Finance, Performance & Commissioning, HPCT
Mr C Claoué, Ophthalmic Surgeon, BHRT
Drs A Deshpande, A Jawad, A N Patel, P Patel, I Quigley, I K Sudha,
N P S Teotia

37. MINUTES: The Minutes of the Meeting held on 06 September 2007 were approved and signed as a true record of the meeting after correction of:
Page 2, C&B, Paragraph 4, line 5: should read ".....secondary care service."
Page 2, PBC, Paragraph 1, line 5: should read ".....30% goes to the PCT."

38. MATTERS ARISING

Level of Dental Care in Havering

Havering - Robert Evans said that if any GPs want information on dentists who are taking NHS patients this information on dentists taking NHS patients this could be made easily available. The information has not changed for the emergency dental service and if anyone wants this updated and circulated please ask. Discussions are taking place and it is likely to change in the coming months. Dr Sanomi stated that dentists are sending patients to their GPs for antibiotics before they will treat them. Robert Evans has already checked but could not find a guidance regarding this.

B&D – Dr Hora said that if it is an emergency, patients prefer to go to the London Hospital rather than pay the £50 emergency fee. Dr Kalra asked if BHRT could have a dentist in A&E in the same way they have a doctor. Jemma Gilbert will forward the leaflet for dental care to go on the LMC Website.

LMC will ask the Dental Committee for guidelines.

Practice Based Commissioning

Havering – Robert Evans said there has been a lot of discussion regarding a proper governance for PBC. Some money has been made available for Management costs. Dr Saini said that a lot of the support the consortia had from the PCT last year has gone. Robert Evans will check if any other support is available on top of what has already been offered. Management costs are being given as an “incentive scheme” for GPs to deliver PBC. Dr Saini said that If it is an incentive scheme it is not a Management cost. We need the PCT to say we believe in PBC and will look at giving a Management cost. This needs to be discussed by the PCT and PBC leads. Robert Evans will take it back.

B&D – Jemma Gilbert stated that a few of the practices have put forward plans on how they will use the savings. Dr Goriparthi said that his understanding was that the money has been used for clinical care and not for the infrastructure.

Scanners

Robert Evans said that HPCT is looking at linking the scanners to the IT system.

Level of Care at BHRT

Robert Evans has asked for a copy of the SLA to go to the LMC.

Consultant-to-Consultant Referrals

Steve Rubery said that BHRT has had quite detailed discussions with commissioners recently on consultant-to-consultant referrals. A document has now been agreed between BHRT and the commissioners, which clarifies the position of when a consultant-to-consultant referral is appropriate and this has gone out to the consultants. There should be significant changes over the next few weeks. If GPs do not see a change they should go back to their relevant commissioner or Steve Rubery so that it can be taken up with the consultants. Tertiary referrals are covered by the policy.

Dr Pathak said that community consultants also send patients back to the GP for re-referral. Robert Evans said that a community consultant can re-refer a patient either to a colleague or to a different specialist and will make sure they are informed.

Eric Saunderson stated that this is more complicated than the debate that has gone on hitherto. We have to be cautious as to what a consultant might call an appropriate onward referral and what a practitioner might call an appropriate onward referral. In B&D many patients will be inappropriately referred when they could have been managed by the GP. If a patient is going to be onward referred there is the question of choice. The GP would use C&B and the patient would be seen more quickly. The way forward would be a discussion between the LMC, PCTs and BHRT regarding a range of conditions so that more clarity could be brought to bear to prevent returning to the previous system

Eric went on to say that if GPs have access to ECGs and echocardiograms within two weeks, using In-House Medicare. they do not need to refer the patient for investigation. Dr Saini agreed that if GPs have got access to all these investigations why was the patient referred in the first place. GPs need to be clear in their letter of referral on what they are expecting the consultant to do. If B&D GPs have got access to these investigations why do they not use them before they make a referral. The question the LMC Chair will then ask is why put the blame on BHRT and the consultant if the reason for referral is not clear. GPs need to be cautious.

It was agreed that the new policy between the commissioners and BHRT needs to be given some time to see if it works.

Discharge Letters

Steve Rubery said the standard is variable from poor to very poor, to not bad to average. BHRT is looking at electronic discharge letters as part of the project already running in the Trust, which should enable the information to be pulled out of the system. He has reiterated to the SHOs and registrars to improve the standard of the letters and, together with the Medical Director, he will be monitoring this.

39. GPC NEWS M2

No issues of concern were raised.

40. ANY OTHER BUSINESS

Pain Clinic

Patients have been told that the consultant is retiring and they are being asked to go back to their GP to be referred again for continuation of care.

Care UK

Care UK is still asking patients to register through the walk-in centre. Jemma Gilbert said that there is a meeting schedule in October and she will raise it with them then.

Refugees

Dr Mittal said there should be a named person that the GPs can contact so that it is not left to them to decide if a visitor is eligible for treatment. Eric Saunderson said that the PCT has done a lot of work on this and produced a document, which is still in draft form. It was given to all attendees at the time initiative meeting last month. Colleagues have been asked for comments and to date Mark Elverston has only received one. B&D will be happy to share the document with Havering. The most important thing is for the receptionist not to make the decision whether to treat a patient. The DoH website has a lot of useful information on overseas visitors.

Community Based Services

Dr Sanomi stated that GPs on the boundary are having problems with split services and are being passed back and forth when they are told the patient should be referred to the other side. Robert Evans said that if he can be provided with some evidence he would take it back.

41. 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 01 November 2007.

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Chairman

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