

**BARKING AND HAVERING LOCAL MEDICAL COMMITTEE**

<b>MINUTES</b> Part Two of the 263 <sup>rd</sup> LMC Meeting held in the Committee Room, Admin. Building, St. George's Hospital, Hornchurch on 01 October 2009 <b><i>A n Open Meeting</i></b>
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**PRESENT:**

GP Members	Dr M Rahman (Chairman) Drs T Bland, A Jabbar, J O'Moore, P Patel, I Quigley, S Subramaniam Non-principals: Drs M Gouldie, S Symon, D Weaver Madhu Pathak (LMC Secretary) Sue Elliott (Admin. Secretary) Suzy Iskander (Admin. Asst/IT Support)
NHS Havering	Chas Hollwey, Interim Chief Executive Philip Ainsworth, Dir. of Healthcare Procurement & Performance
NHS B&D	Eric Saunderson, Medical Director Sharon Morrow, Acting Director of Commissioning
ONELCS	Ralph McCormack, Interim Chief Executive Simon Midlane, Strategic Lead for ITC Dave Game, Head of ICT Nick Barden, Senior ICT Support Officer
BHRT	Tracy Welsh, Assistant for Commissioning & Contracting

**APOLOGIES FOR ABSENCE:**

NHS B&D	Stephen Langford, Chief Executive
ONELCS	John Cowman, Dir. of Business Planning & Performance (Designate)
BHRT	John Goulston, Chief Executive Stephen Rubery, Director of Commissioning & Contracting Mr C Claoué, Ophthalmic Surgeon
GP Members	Drs V Goriparthi (Vice Chairman), A Mittal (Treasurer), A Baldwin, B Beheshti, A Deshpande, B Dixit, R Goriparthi, F Islam, R S Kalra, A N Patel, K Rai, O M Sanomi

38. **MINUTES:** the minutes of the Open Meeting held on 3 September 2009 were approved and signed as a true record of the meeting.

39. **MATTERS ARISING**

***Choose & Book***

Tracy Welsh confirmed that clinics marked as 'retired' could not be booked. She said that her understanding was that bookings would be by speciality and not clinic codes.

***IT Upgrade***

Dr Bland asked ONELCS for an update on the current situation. Philip Ainsworth said there are three key areas; equipment, replacement and training. Simon Midlane said it was clear that the service has been less than it should be from both ONELCS and HPCT. They are both waiting to hear back on funding. This links back into C&B where all four trusts have been working to get referrals improved. He will let the LMC know as

soon as there is an answer on funding. As far as he is aware there is no time frame on this.

Dr Bland stated the majority of practices have signed a contract for IT support, which involves HPCT, ONELCS. What is the position for practices that require replacement and upgrade of their system under the GPSoC contract they have signed? Chas Hollwey said that for the PCT to obtain extra funding NHS London wants to be convinced that there really is a need before they release the funds. Simon Midlane said it is quite clear that the PCT needs to supply appropriate equipment. There are two practices that have not signed the contract and NHS Havering has to pick up these costs.

Dr Pathak said there could be some liaison outside this meeting regarding the two practices that have not signed GPSoC. The LMC very much appreciates the efforts that Chas Hollwey is making to try and secure this funding and will work closely with the PCT, as it is important for the practice to have the right IT support. IT is essential for acute consultation, prescriptions, managing long-term admissions, reducing hospital admissions and for making prompt and timely C&B referrals.

### ***Swine Flu***

Elaine Rashbrook attended PTI, when it was agreed she would respond to the LMC today through Philip Ainsworth:

It has been confirmed that district nurses will provide the service to all housebound patients.

The PCT needs to know from practices the numbers and details of these patients so that plans can be made. To receive this information by the end of this week would be tremendously helpful.

Plans to support people coming out of hospital - Elaine Rashbrook sent an email to practices in August asking them to keep their registers and care plans up to date in line with DoH guidelines.

Ralph McCormack said agreement has been reached with the DoH which made it clear that district nurses should be vaccinating housebound patients in the at risk group. Through the directors and team leaders ONELCS will make it clear that district nurses are told they will be vaccinating housebound patients.

Eric Saunderson later advised the LMC that in B&D housebound patients will be immunised by district nurses, pregnant women at Queen's via the ANC and children at risk will be done in general practice. GPs should use their discretion on who is vaccinated in the practice. Practices should have delivery of vaccine in 14 days. The PCT will let practices know how to access it.

Practices were asked to submit plans for patients coming out of hospital. If the RRT plan could be developed then more people would be kept out of hospital. Philip Ainsworth said that this does not give 24/7 cover. The service was recently extended to cover what the PCT thought was the most productive part of Saturday and Sunday. An outcome audit of what was achieved by working these two extra days is being put together. There needs to be some permanency around 7 days and the PCT is in the process of sorting this out.

In Havering matrons have been advised to only follow patients who have been discharged from hospital. GPs could also bring it to the matron's attention if patients

are liable to require hospital treatment and thus keep them out of hospital. Eric Saunderson said that the matron's priority is patients going into hospital regularly. Some patients are admitted frequently because they have no help at home and cannot get medication, which could be handled by matrons.

Dr Rahman asked both PCTs regarding payment if a practice has to look after another practice under buddying arrangements. Eric Saunderson and Chas Hollwey both said they would take this back and let the LMC know.

### ***Two-Week Cancer Referrals***

Dr Rahman said that these referrals are still not happening in secondary care. Tracy Welsh said she would take this back and link with ITSC as they are part of the problem. Dr P Patel said that in a committee meeting he attended it was explicitly stated that the doctor who suspects the cancer first has to make the referral.

### ***Cancelled Appointments***

Tracy Welsh said that there has not yet been an answer to the question of whether a copy of the letters sent to patients could be sent to GPs.

## **40. GPC News M2**

No issues of concern were raised.

## **41. ANY OTHER BUSINESS**

### ***PBC Savings***

Dr Jabbar said that DoH guidelines say that 70% of savings should go to the practice but half of this will be taken away and spent at the discretion of the PCT. Already QOF+ is being funded through these savings. It could encourage GPs not to save. Phillip Ainsworth said that QOF+ was a clinical lead initiative led by cluster leads and designed to enable resources to be spread across the whole system rather than budgets relying on savings or non-savings. He had been told that QOF+ was good for clinicians to be considered a part of.

Sharon Morrow stated that in B&D they have in the past made 70% available to practices but the practices were now interested in having a percentage of these savings used for the benefit of the whole area.

### ***HEALTH FOR NE LONDON***

Chas Hollwey distributed a communication pack on Health for NE London. It sets out the rationale for the review and where it may be going. Queen's is quite clearly seen as a fixed point and will become a major acute centre, as will the Royal London. For local hospitals (Homerton, Whipps Cross, KGH and Newham) the view seems to be that if the number is reduced it should be by two. From a practical point of view it has to be taken into account the difficulty to implement. It is likely that KGH will be changed from having A&E to being an urgent care centre. This is still being discussed. Can people read this at their leisure and come back if they have any comments. Dr Bland said it is of great importance to everyone, especially GPs with their concern for care of patients. Chas Hollwey agreed to supply the document electronically so it could be sent to GPs.

***HPCT/LMC Meeting 8 October***

Drs O'Moore, Subramaniam and Symon agreed to attend the meeting. Chas gave his apologies as he has to attend an SHA meeting. Phillip Ainsworth and Tim Woodman will attend the meeting.

***LMC Meeting***

Dr Pathak explained that there are no B&D Members at the meeting because the PCT has arranged a stakeholder meeting today. She pointed out that It had previously been agreed that there would be no meetings arranged on the first Thursday of the month. Havering has followed this and for the majority of the time there are no meetings held that clash with the LMC Thursday meeting. She asked Sharon Morrow to take this message back.

- 42. DATE OF NEXT MEETING:** as there was no further business for discussion, the meeting closed at 3.20 pm. Members agreed that the next meeting would take place on 6 November 2009.

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Chairman

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