

BARKING AND HAVERING LOCAL MEDICAL COMMITTEE

MINUTES Part Two of the 229th LMC Meeting held in the Committee room,
Administration Block, St. George's Hospital, Hornchurch, on 07 SEPTEMBER 2006
An OPEN Meeting

PRESENT: Dr A Mittal (Chairman)
Dr A Aggarwal (Vice-Chairman)
Dr M Rahman (Treasurer)
Drs H Ahmad, G Barclay, T Bland, A Deshpande, V Goriparthi, A Jabbar,
J Kakad, R S Kalra, J'O'Moore, A N Patel, S Poolo, G Saini, I K Sudha,
N P S Teotia
Co-opted; Dr B Dixit
Madhu Pathak (Medical Secretary)
Sue Elliott (Administrative Secretary)

Ralph McCormack, Chief Executive HPCT
Robert Evans, Associate Director, Primary Care, HPCT
Paul Sinden, Director of Commissioning, B&D PCT

APOLOGIES FOR ABSENCE:

Hilary Ayerst, Chief Executive, B&D PCT
Eric Saunderson, Joint Medical Director, B&D PCT
Simon East, Finance, Performance & Commissioning Director, HPCT
J Barbosa, C Claoue, S De, P Prasad, N Rao, M Roy, S Subramaniam

30. MINUTES: The Minutes of the Meeting held on 03 August 2006 were approved and signed as a true record of the meeting.

31. MATTERS ARISING OUT OF THE MINUTES

Enhanced Services

B&D - A breakdown is available, which will be passed to the LMC, and should be around the £5-£5 mark.

Havering - the breakdown has not yet been done but Robert Evans will make this available to the LMC when available. Dr Teotia's system will be looked at to see if Havering can use it.

Choose and Book

B&D – 26% of practices are using Choose & Book, a rise from 4% in February. It should have been 32% by the end of August but the national average by then was 18%. GPs have five or six choices, with local services being one of the choices.

Havering – 100% of GPs should be connected by the end of the year with a target of 90% for November. The provider is unaware of the referral until the patient contacts them to trigger the appointment and we need to be aware that the patient may forget to do this. Dr Bland stated that the patient questionnaire should ask what the referral was so that GPs are not penalised financially. Dr

Jabbar asked about the patients who may forget to trigger the appointment, or the elderly who may have sight or hearing difficulties. Robert Evans stated that more and more services will be directly bookable, although some services may be taken off the system if the supplier cannot give the service.

Practice Based Commissioning

B&D – the 2006-07 budgets have been issued to all practices and are based on the 2006-07 service level agreement for general acute work. The PCT are picking up the current model Havering are using for some outpatient services and will be asking what care should be provided by hospitals and what should be in the community. There has been discussion in the PCT regarding the clusters merging. The clusters have rejected this.

Havering – The PCT had a meeting with cluster leads to make sure they were aware of commissioning demands this year and performance against budgets. The PCT needs to be maximising and optimising support. The Dr Forster reporting system is being used. The password will be sent to all GPs by the end of September with information on how to use it. Dr Sudha stated that she had still not received a reply from Simon East on the prescribing budget. Robert Evans said he would pick this up and respond. From information the PCT has been getting, legal agreements between practices are not essential. Dr Bland stated that to ensure financial survival perhaps the idea of having seven individual clusters might need to be revisited. This is also relevant to clusters that go to legally binding agreements. Dr Saini said that the view initially was that there would be less clusters over time.

QOF Visits

B&D –

It has been decided that the PCT cannot see all practices within the timescale so it was agreed to see all new practices and one-third of all other practices, picked at random and will include split partnerships. This has been sent to the LMC for comment.

Havering – the process has been agreed with the LMC.

Midwifery Services

GPs do not see the mother in the practice, the mother is given a letter to go to the antenatal clinic. There is a chance that the mother may not turn up at the antenatal clinic and the midwifery service needs to communicate with the practice so that the GP is aware of this. Paul Sinden will take this to the BHRT meeting to ensure this is done. A basic letter may need to be sent to the midwife so that she is aware that the mother should be contacting the antenatal clinic.

The two LMC members have still not been contacted to attend meetings.

Anti-coagulation Clinic

B&D – The PCT is talking to the second Pharmacy led clinic to get medical backup. Individual GPs will need to be involved. Dr Ahmad pointed out that the GP does not know when a patient has been prescribed Warfarin and this can lead to other problems. The GP needs a copy of what has been prescribed.

Havering – The PCT is having a meeting in the next two weeks to take this forward. Nurses would need to be approved prescribers. The PCT stated that they would only be transporting the service from Oldchurch into clusters and the nurses will already have the skills to do this. Dr Aggarwal stated that when Oldchurch lose their licence in October to prescribe Warfarin, the person signing the prescription must be prepared to take responsibility. The main issue is where the patient can get his prescription, not the service itself. How will housebound patients be monitored? Both PCTs representatives said they would come back with further information.

District Nurses

B&D – The list is inaccurate and needs checking. It was felt the service should not be geographically limited. Paul Sinden stated that certain patients have been referred to district nurse clinics nearer their homes.

Transport for Patients

Dr Aggarwal had a meeting with Eric Saunderson about the format sent. Eric will go back to the Transport Service about the form but in the meantime GPs should be advised not to use the form until it is revised.

32. ANY OTHER BUSINESS

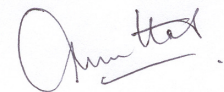
Referral Form

A common form has been agreed with BHRT. This will be sent to GPs and appropriate departments when written agreement has been received.

Financial Position within PCTs

An overview of their financial position was given by both PCTs.

33. DATE OF NEXT MEETING: There being no further business for discussion, the Meeting closed at 3.40 p.m. Members agreed that the next Meeting will take place on 05 October 2006.



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Chairman