NEWHAM LOCAL MEDICAL COMMITTEE

Tuesday 23 July 2013
Part 2: 2:15pm-4:00pm

The Board Room, St Mark’s Community Centre, Tollgate Road, Beckton, London, E6 5YA

AGENDA

1.0 Welcome and Apologies

2.0 Declarations of Interest
Members to declare any conflicts of interest in connection with any items on the agenda or in the light of subsequent debate.

3.0 Minutes and Matters arising
• To approve the minutes from the meeting on Tuesday 28 May 2013 (pages 2 – 4)

4.0 Public Health Update
• TB Update (presentation by TB leads)
• Substance Misuse Update (page 5)
• Update on LES for 2013/14

5.0 Clinical Commissioning Group Update
• Update on the new Governance Structure
• Update on the Constitution and Removing Conditions
• 111 Update
• Sir Ludwig Guttmann Health and Well-being Centre
• Update on the Primary Care Strategy
• Update on the extension and decommissioning of Dermatology services
• Rollover of LESs for 2013/14
• Extended Hours LES
• Update on the proceeds from the sale of Plaistow Hospital

6.0 Nursing Homes

7.0 Barts Health

8.0 Next Meeting: Tuesday 24 September 2013, St Mark’s Community Centre, Tollgate Road, Beckton, London, E6 5YA

9.0 Any Other Business
Newham Local Medical Committee

Minutes from the Part 2 meeting held at 2:15pm on Tuesday 28 May 2013
in St. Mark’s Community Centre, Tollgate Road, Becton, E6 5YA

Present: LMC Members:
Dr Surendra Dhariwal (Chair)
Dr Elizabeth Goodyear
Dr Ambadi Gopinathan
Dr Lise Hertel
Dr Jim Lawrie
Dr Chandrakant M Patel
Dr Saidur Rahman
Dr Ashwin Shah

Visitors:
David Bartlett, Barts Health NHS Trust
Satbinder Sanghera, Newham Clinical Commissioning Group

In Attendance: Londonwide LMCs
Greg Cairns, Director of Primary Care
Sarah Martyn, Committee Liaison Executive
Dr Julie Sharman, Medical Secretary

1.0 Welcome and Apologies
1.1 Dr Surendra Dhariwal welcomed everyone to the meeting.
1.2 No apologies for absence had been received.

2.0 Declarations of Interest
2.1 There were no new declarations of interest.

3.0 Minutes of the meeting held on Tuesday 26 March 2013
3.1 The minutes of the Part 2 meeting held on Tuesday 26 March 2013 were agreed as a correct record.

4.0 Health Information Exchange (HIE) Data Sharing Agreement
4.1 David Bartlett introduced the Health Information Exchange Data Sharing Agreement and advised that its purpose was to be a two way sharing agreement to provide integration of the GP local care record between practices and Barts Health NHS Trust. It would allow practices to view information entered by the Trust for patients that attended for acute services. It was noted that it had been ratified by the GP Reference Panel.

4.2 David Bartlett confirmed that each time the system was entered the user would be presented with a consent box for the patient to agree that their records were accessed. The Patient Reference Group had discussed this issue and it should be noted that patients can refuse access to their records at any point. The system would also give clinicians a form of wording to use with the patients to ensure that it was understood. It was also noted that once the patient information had been accessed the information would not be kept on local servers. The system would show previous appointments but would require development to enable future appointments to be included. The MIG third party system would allow letters and correspondence from the Trust to be viewed.
The Committee were concerned about mitigation of the risk of the system crashing as it had previously done once again where large numbers of patients were lost and asked for assurance that this would not be repeated. David Bartlett advised that there were a number of IT projects looking at the infrastructure and data centres. The issue of data recovery was also being addressed. David Bartlett agreed to review the issues around the computers crashing and would bring back assurance to the Committee.

*Dr Jim Lawrie left the meeting.*

Dr Saidur Rahman confirmed that he had represented the LMC at one GP Reference Panel meeting which had been working with the IT Committee. Dr Shah suggested that Dr Bhoopinder Kohli, who was leading the work, could be asked to do a presentation to the Committee. It was noted that data sharing would become more of a problem in the future rather than less.

### 5.0 Matters Arising

5.1 Satbinder Sanghera acknowledged that the actions on behalf of Newham Clinical Commissioning Group (CCG) had not been taken forward and agreed that he would ensure that they were completed by the end of the week. Greg Cairns was concerned about the lack of response the LMC were receiving from the CCG.  

5.2 Satbinder Sanghera advised that the CCG had incorporated the LMC’s comments into an updated version of the Constitution. Final sign off would be requested following the on-going governance review. He agreed to email the new version of the Constitution to the LMC office and follow up with any further comments the LMC might have.

Diabetes Revised Service Specification

Dr Julie Sharman advised that she had discussed the issue of removing the cap on ‘patient education’ from the Diabetes revised specification with Paul Crooks at the CCG and had reached an agreement. Since then, Paul Crooks had come back with an apology that the cap was being put back on and he would be writing to practices to confirm this action. It was noted that to date, this confirmation had not been sent out. Dr Sharman asked for information regarding experiences to be emailed to her.

5.4 The Committee were particularly concerned about the process and the CCG had changed its mind without informing practices of this change. It was agreed that Dr Sharman would write formally to Paul Crooks regarding the processes for the LES and the funding cap for patient education that had been introduced after the formal consultation. The letter would also raise the issue of the cap again as there were huge implications for practices.

Proposed QOF Indicators for 2013/14

5.5 Dr Sharman had feedback the Committee's concerns to the CCG.

Claims Processing

5.6 Dr Dhariwal advised that his practice had received an email that morning regarding the reimbursement of business and market rates for premises.

Effectiveness of LMC members and the LMC

5.7 Dr Ashwin Shah advised that he would liaise with the CCG about getting a slot on a future Council meeting agenda.

### 6.0 Public Health Update

6.1 Dr Sharman tabled a paper to provide an update on the Service Specification for General Practice Drug Treatment Service. Concern was raised that there was a lot of
work for practices contained in the service specification for very little remuneration. The Committee would not support the idea of London Borough of Newham tendering for this service and would not want to see users sent off to private providers. Dr Lise Hertel asked whether the LMC would be willing to chair a meeting of practices running substance misuse services. Dr Sharman undertook to find out which practices were running these services. It was suggested that she talk to the Clinical lead for substance misuse for her input.

6.2 Greg Cairns advised that the public health service contract and specifications were more user friendly and believe that it represented a fair and equitable position. It was noted that meetings had been set up between the CCG, local authority and LMC, including the LMC Chair, in addition to LMC meetings to improve communications.

7.0 Items for Discussion

7.1 Newham GP Reference Panel
Dr Shah advised that the CCG ran the meeting with representation from the LMC and patient group representatives. The meeting seemed to be running well. It was noted that it was previously chaired by the LMC. It was agreed that the name of the meeting needed to be changed to properly represent what the meeting had been set up to do, with an updated terms of references; there was a clear line of reporting back to the LMC; and that there was LMC representation on the Panel.

Dr Goodyear and Dr Hertel left the meeting.

8.0 Any Other Business

8.1 Alcohol Related Services
Dr Hertel asked that as London Borough of Newham received funding for alcohol related services should GPs approach them for End of Life Care funding. Dr Shah advised that this question should be asked of the commissioners and volunteered to talk to the CCG.

8.2 New Ways of Working
The Committee considered that it did not have time to consider this paper in detail. It was agreed to bring it back to the next meeting.

8.3 Late Payments
Dr Shah advised that there were a number of late payments to practices. Greg Cairns advised that there was a problem with late payments across London and asked members to send him any specific evidence.

8.4 Sir Ludwig Guttman Health and Well-being Centre
It was noted that the procurement for the services to be provided had been handed to the CCG. The proposed academic centre was intended to be the largest in London. It was agreed that an update be brought back to the next meeting.

8.5 Agenda for the next meeting
It was agreed that the following would be added to the agenda for the next meeting:
  • 111 Update

SM

9.0 Date of Next Meeting

9.1 The date of the next meeting was noted as Tuesday 23 July 2013 at St. Mark’s Community Centre, Tollgate Road, Beckton E6 5YA.
Substance Misuse ES Meeting with Dr Sam Bhima Substance Misuse Lead for Newham on 27 June 2013.

This is a briefing note from this meeting:

There are currently around 430 patients currently receiving a methadone / buprenorphine opiate substitute therapy (OST) prescription from a GP. Around 130 of these are seen in GP practice ‘satellite’ services by a CDAT key-worker and the remaining 300 are seen at the CDAT hub in Stratford for their prescription reviews and key-working sessions.

There are 32 practices providing prescriptions under the LES. However, more than half of practices are providing for small numbers (6 or fewer) of patients on OST. The main concern is that with such a thinly spread service some patients may be losing out. In those practices with very few patients involved, the GP taking care of them may not have enough experience. The service across the borough will be reviewed by the CDAT team aiming to institute best practice across the borough to ensure all patients are receiving a minimum standard of care.

The current LES is commissioned by the London Borough of Newham as Public Health now has responsibility for commissioning of all substance misuse services (drugs and alcohol). This is the case across the country and Newham is not a special case in any way. The borough staff is working hard to build relationships to ensure equality of access to care so that no aspect of current care becomes difficult for this vulnerable group of people.

The LES adheres to current best practice guidelines (NICE, RCGP and NTA ‘Orange Book’ guidelines). Performance will be measured- as is the case across the country for this work- and the local authority is presently looking at indicators like GP attendance at education sessions and measures for KPIs (but not incentive payments) will be developed. Currently the aim is simply to ensure that all practices are providing the minimum service as stipulated in the LES.

LBN’s aim is to work actively with GPs to improve the service provided in general practice, but the LA aims to rationalise the service and promote in all cases joint working with the Community Drug and Alcohol Team (CDAT).

It is a key point that the LES requires joint reviews of each patient with the CDAT every 12 weeks. Dr Sam Bhima, the Substance misuse CCG clinical lead, and CDAT managers are currently planning how this can be achieved and will be in touch with the relevant GP practices in the next few weeks to months but can be contacted for advice in any case if support for a GP’s substance misuse service is needed, and they wish to actively encourage this. Sam’s contact email is: samanthabhima@nhs.net

All patients will be offered input from the Community Drugs and Alcohol Team and a CDAT Key Worker who will help the patient to navigate to other relevant services or agencies (e.g. employment agencies, peer-mentoring groups (AA, NA), skills training). CDAT support will be available to GPs in for example reviewing the patient’s current OST medication compliance (this may involve contacting the pharmacy to ensure collection of medication for example) and dose.

The LES payment of £38 per patient per month (£456 per annum) is for 12 extra appointments a year.

Julie Sharman. July 16th 2013