

29<sup>th</sup> May 2014

All Negotiators

**MINUTES OF AN LMC/CCG/AREA TEAM (AT) NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 29<sup>th</sup> MAY 2014 AT 12:30**

Present:

- Dr Phil Fielding (Chairman)
- Dr Tom Yerburgh
- Dr Bob Hodges
- Dr Andrew Seymour
- Mrs Mary Hutton (Part 1 only)
- Mrs Helen Goodey
- Nikki Holmes (Parts 3 and 4 only)
- Mr Mike Forster (Secretary)

**ACTION**

**PART 1 – 12:30 – 13:05 CO-COMMISSIONING**

The CCG had until 10<sup>th</sup> June to decide whether to submit a plan for co-commissioning of primary care with the Area Team and wished to discover the LMC's views. All agreed that the system was not working well at the moment and could be improved. The LMC was limited in what it could agree to as the LMC Conference, held the previous week, had confirmed GPC policy that CCGs should not hold GP core contracts.

There was to be a meeting of the Area Team, CCGs and LMCs on 10<sup>th</sup> June at Bewley House to discuss the issue.

The LMC's main aim was to ensure the maintenance of the integrity of general practice, and its survival. While being cautiously supportive of any move that would make life easier for practices the LMC could not help but remember that the £5 per head promised by the government had in large part been allocated by the CCG to existing projects rather than going to practices. There would be a need for checks and balances, especially as there might be conflicts of interest to be resolved. The LMC required a seat as a voting member on the CCG Board to achieve that. The CCG offered a seat on the Primary Care Strategy Group.

After discussion it was agreed that the CCG could tell practices that, recognising the pressures on general practice, the CCG was working with the LMC to identify how non-core contract services could best be commissioned.

**CCG**

**PART 2 – 13:05 TO 13:30 – JOINT ISSUES**

**Item 2a – Apologies.** Nil

**Item 2b– Minutes of the Last Meeting (24<sup>th</sup> April 2014).** Agreed.

**Item 2c – Joint Matters arising.**

Flu jabs by Midwives. The Public Health team of the CCG was reviewing the problem. The LMC asked for a target date for the review to be completed.  
..... Continuing action

**ACTION**

**Item 2d – New Joint Matters**

Risk stratification of the 2% of patients. The CCG had sent out detailed instructions in their latest bulletin, including guidance that those patients being cared for under the Nursing Home enhanced service could not be counted for the purposes of the DES 2%. One senior LMC constituent had raised a doubt that view, and the LMC agreed to share it (anonymised) with the Area Team ..... [This has now been done] for the matter to be reconsidered. .... New action  
The CCG agreed to send it out again, rephrased to catch practice managers' attention, amended if necessary in the light of the above ..... New action

**LMC  
AT**

**CCG**

Domiciliary Care. The same GP had raised the question of the need for a clear definition of the term 'housebound' so that Gloucestershire Care Services (GCS) and the practices could be clear on their responsibilities. The CCG agreed to arrange a meeting with GCS to achieve this. .... New action

**CCG**

Care of patients in the Acute Trust – escalation beyond DATIX. The CCG was carrying out an assessment of the effectiveness of DATIX, which was designed to identify trends. Individual serious breaches of good care should also be taken up individually with the Quality Governance Committee. In the interests of patients a 'whole health community' approach was needed in future, and the CCG was looking at how best to achieve that. The LMC was particularly concerned at the effect of discharging patients into the community before they were well again, leading to short-notice, high-priority extra visits by GPs which further reduced the GP's availability to see his normal patients.

Co-Commissioning. There was general agreement from the Area Team that something would have to be done and the meeting on 10<sup>th</sup> June was probably the place to decide what that should be.

**Item 2e – Dates of future meetings**

26<sup>th</sup> June and 24<sup>th</sup> July were still fixed. The August meeting originally set for 28<sup>th</sup> August was now in doubt as the South West Regional LMCs meeting had supervened. The LMC would examine possible dates and circulate them to the AT and CCG. .... New action

**LMC**

**PART 3 – 13:30 TO TO 14:00 – AT ISSUES**

**Item 3a - Apologies**

Nil

**Item 3b – Minutes of the Last Meeting (24<sup>th</sup> April 2014)**

Accepted.

**Item 3c – AT Matters arising**

Training for safeguarding of children. Both Gloucestershire and Wessex LMCs had objected strongly to the idea of GPs spending 16 hours training in 3 years whether they needed it or not. The Area Team had come round to the idea that GPs should be able to demonstrate their competence and would be sending out a new draft. The LMC understood that the CQC was soon to

report on this issue and suggested that the action be shelved until that had been received. .... *Action suspended*

Pneumococcal vaccine arrangements. As agreed at the last meeting Nikki Holmes had raised the issue of introducing a local service before the expected national one came into force in August, but so far had had no response ..... *Action continues*

Provision of death certificate forms and their envelopes. Practices were now being asked to pay for the postage or to collect the forms and envelopes which they were required to use. This was blatant transfer of costs to practices. The Area Team not having found a solution, Helen Goodey of the CCG agreed to take it forward. .... *New joint action*

**Item 3d – Area Team Issues**

Collaborative arrangement payments. The LMC again stressed that collaborative arrangements were statutorily recognised, that they were paid in Avon, and that the BMA’s view is that any work commissioned from a GP to enable local authorities to discharge their functions relating to social services, education and public health should constitute work under the collaborative arrangements, and that if the Area Team does not elect to pay for the work by a GP, it is for the AT and local authority to make arrangements between themselves for the work to be undertaken, or not. Nikki Holmes agreed to look into where the funding had been devolved to. .... *New action*

Closure of Practice Lists. The pressures on practices were such that closure of practice lists might need to be considered, and the LMC wanted clarity on how that would be achieved. Nikki Holmes stressed that early consultation by the practice with the Area Team might enable them to find an alternative to list closure, but if it should be necessary then the procedures were well laid down.

Practice Closures. Clearly each case would vary in detail but when thinking of closing a practice there were certain common considerations and timings to be borne in mind. The LMC was seeing such an ‘idiots guide to winding up a practice’ so as to remove one more tension in GPs’ minds. The LMC also felt that the CCG should be involved, as well as the LMC and AT. This was agreed.

Trade Waste. The Area team confirmed that they would implement whatever national agreement was reached, expected in mid-June. The LMC would contact the GPC to mention that the national agreement should include backdating payments to the beginning of the financial year. .... *New action*

Transfer of medical records by CD. The LMC agreed to look at its guidance on this subject, in the light of the on-going national discussions on the subject, and the lack of a CD reader in many practices nowadays ..... *New action*

PMS Update. The Area team would contact the Underwood surgery, following on from the recent meeting they had had. In the event that PMS contracts were to be reviewed in the county Dr Ian Bye would be the LMC’s representative. The Secretary would warn him ..... *New action*

**Item 3e – Any Other Area Team Business**

Nil

**ACTION**

**AT**

**CCG**

**AT**

**LMC**

**LMC**

**Sec**

**PART 4 – 14:00 TO TO 14:35 – CCG ISSUES**

**Item 4a - Apologies**

Nil

**Item 4b – Minutes of the Last Meeting (24th April 2014)**

Accepted.

**Item 4c – CCG Matters arising**

Paper Referrals. Helen Goodey reported what she had heard from Mark Walkingshaw ..... *Continuing Action*

**CCG**

Complex Leg Ulcers. The CCG was about to meet with GCS to define a timely and safe transition of the work to them, but acknowledged that a clear definition of what constituted 'complex' was needed. Once that was settled the issue of compensation for those not taking up the primary care offer and interim payments for those who were would be discussed ..... *Ongoing action*

**Item 4d – CCG Issues**

Enhanced Services Take-up. To date, of the 84 practices in the county:

<b>Enhanced Service</b>	<b>Accepted</b>	<b>Not accepted</b>	<b>Not yet replied</b>
Peer review	71	13	0
DVT	74	10	0
Primary Care Offer	80	0	4
National enhanced services	84	0	0

Patient Group Directions (PGDs). The LMC urged that:

- The PGD for flu jabs should be issued in a timely manner, immediately after the batch numbers were known.
- The PGD for typhoid should include oral vaccines.

**CCG**

**CCG**

**Item 4e – Any other CCG business**

Nil

**Mike Forster**  
**Lay Secretary**