26th June 2014

All Negotiators

MINUTES OF AN LMC/CCG/AREA TEAM (AT) NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 26th JUNE 2014 AT 12:30

Present:

Dr Phil Fielding	(Chairman) (from Part 2 onwards)
Dr Steve Alvis	
Mr Mark Walkingshaw	(Items 1 and 2 only)
Mrs Helen Goodey	(Items 1 and 2 only)
Mr Wayne Douglas	Risk Stratification lead for the CCG (Item 2c only)
Nikki Holmes	(Items 2 and 3 only)
Mr Mike Forster	(Secretary)

ACTION

PART 1 – 12:30 – 13:25 – CCG ISSUES

Item 1a – Apologies etc.

Dr Fielding had apologised that he would be about half an hour late due to an unavoidable appointment in the Forest of Dean. Dr Jethro Hubbard was engaged in a meeting to do with the Gloucestershire Shared Care Record Project and would be unable to attend.

Dr Andrew Seymour was still on holiday but would be back the following week.

Item 1b – Minutes of the last meeting (29th May 2014)

Agreed.

Item 1c – CCG Matters arising

Public Health review of uptake of flu jabs. Although the commissioning of flu vaccinations was a matter for the Area Team the CCG had agreed to exert some pressure in the matter of getting midwives to deliver the vaccination to expectant mothers. The public health review was examining many options, including that one, by means of a literature search by a trainee. There was no date for the completion of the review, but Mark Walkingshaw agree to push for the findings of the review to be shared with the LMC..... *New action* **MW**

Definition of 'housebound'. Helen Goodey shared a draft document, not to be circulated beyond the LMC Executive at that stage, She agreed to forward this electronically and would be grateful for feedback..... *New action* **HG/LMC**

Leg Ulcer Transition. The definition of what a 'complex' leg ulcer might be was not addressed, and this remains to be done ..... *Outstanding action* **HG**
The Tissue Viability Service within Gloucestershire Care Services was still not ready to take over the dressing of complex leg ulcers. The CCG therefore intended, as an interim measure, to provide funding to practices along the lines of the 30% of the current Miscellaneous LES – guidance would be coming out early the next week. The CCG did, however, need to find out from practices exactly what work they had been performing with complex ulcers so that the SLA could be phrased in such terms that practices would not have to count every event in order to claim under the enhanced service. The aim was to keep the service 'admin light'.

Monitored Dosage Systems (MDSs) and 7-day Prescriptions. Helen Goodey provided the meeting with a draft instruction on when 7-day prescriptions

	ACTION
should be used and agreed also to share it electronically ..... *New action*	**HG**
It was agreed that any LMC feedback on this issue should be fed back to the Medicines Management Committee by Dr Tom Yerburgh..... *New action*	**Sec**
[Dr Fielding arrived at this point.]	
Anticoagulation pre- and post- operative. Helen Goodey again issued paper versions of the protocols that had been developed and agreed to send the Office electronic copies..... *New action*	**HG**
The LMC pointed out that this work represented an increase in load on practices, over and above the INR enhanced service which was mainly aimed at the control of atrial fibrillation. The LMC agreed to check the protocols and to provide the implications in terms of time and resources required to carry out this new work..... *New action*	**LMC**
Item 1d – CCG new issues	
Practice Nurse update training. The CCG welcomed the LMC's suggestion that the LMC should initiate practice nurse training and agreed in principle to provide the accommodation and car parking for classes of up to 15 nurses for four full day courses 2 or three times a year. They might have other resources that could be provided. Helen Goodey and the Secretary would liaise further on the details ..... *New action*	**Sec/HG**
Gloucestershire Shared Care Record Project. This project was owned by CCG but being run by the Commissioning Support Unit (CSU). They were particularly keen to have input from 'coalface' GPs but it was not yet clear how much they would be prepared to pay for that input. The issue of 'opt-in' rather than 'opt-out' was still being discussed within the project team. The project leader was Kath Leech, who was also the Information Governance (IG) lead for the CCG, which was useful, as the IG rules were complicated. The important thing to note was that this was a major CCG project and comments should be triangulated via Helen Goodey. The CCG was very clear that this was a clinical solution, and nothing to do with care.data.	
Balance of £5 per patient. The CCG reported that they had just received new guidance about this. The important points were • That it had to be spent on matters that were over and above those services funded under other enhanced services. Localities had been asked for their views. The CCG Executive would shortly approve a letter to practices explaining everything. • Funding would be recurrent. • It would be important to plan more than one year ahead.	
The LMC were concerned that there might be a shortage of suitable people to carry out these services. Would it be possible to use existing staff and fill their places instead? The LMC would discuss the issues at their July meeting.	**Sec**
OOHs Update. Invitations to Tender (ITT) had been issued with responses due by 18th July. These tenders would be evaluated prior to bidders presentations in September. The LMC wanted assurance that there would be continuity of service, especially as they were aware that many OOH sessions were not being filled at present.	
Rheumatology. The LMC had been alarmed at the notice to practices that Rheumatology would be taking no more referrals in Gloucestershire and that patients would have to be referred out of county. Even though that notice had since been rescinded it pointed to capacity issues in secondary care.	

ACTION

CT Scanning. Similarly there were long backlogs in producing CT scan reports. This could seriously affect patients who had been referred non-urgently as any condition revealed by the scan would not be actioned by the GP until the scan report was produced, currently weeks afterwards.

Cardiology Outpatients reports. The delay here lay in the typing pool. The LMC understood that the reports were being written promptly by the consultants but that too long a time went by before they were typed up. This led directly to a waste of GP appointments when patients would come in before the report had. Mark Walkingshaw had been unaware of this and agreed to follow it up ..... *New action* **MW**

Care Homes. The whole issue of providing clinical care to patients in care homes would be discussed within the CCG when Dr Seymour returned from holiday. Issues included: **CCG**

- The impact of opening new care homes without, seemingly, any consideration being given to the burden this would place on the local GP practice.
- How to get pharmacists to help GPs with that burden.
- The use of clinical carers other than GPs.
- The proportion of care home beds to the overall practice population size.
- The need to avoid the term 'ward rounds'.

PART 2 – 13:25 TO 14:10 – JOINT ISSUES

Item 2a – Apologies. Nil

Item 2b– Minutes of the Last Meeting (29th May 2014). Agreed.

Item 2c – Joint Matters arising.

Risk Stratification in the Unplanned Admissions Community Enhanced Service.

- Mr Douglas gave a short presentation, noting also that this was his last day in office and that he would be replaced by Kelly Matthews. The CCG recognised that six practices were having difficulties in using the preferred tool, Solaris. These practices had asked whether they could derive the required data using their own clinical systems. The issue was one of information governance. Solaris held IG assurance for this task, but the other systems did not, which was a national problem. The CCG agreed to work closely with those practices to assist them in meeting the requirement ..... *New action* **HG**
  The LMC pressed the point that all practices were engaging fairly in the process and they should not be financially penalised for not meeting Q1 targets. Nikki Holmes agreed to find out how this situation could be managed. ..... *New action* **NH**
- Inclusion or otherwise of nursing home residents. The issue was whether this enhanced service duplicated all or part of the Nursing Home enhanced service. Both Wessex LMC and Gloucestershire LMC had presented cases that it did not duplicate and that therefore the patients should not be excluded from the 2% listed. Nikki Holmes

	ACTION
agreed to consult Debra Elliott, who had been dealing with the matter while Nikki was on holiday, and get back to LMCs ..... *New action*	**NH**
Pneumococcal vaccine arrangements. Frustratingly, no guidance had yet been issued. ..... *Continuing action*	**NH**
Death certificate forms etc. Helen Goodey reported that, subject to final administrative arrangements concerning addressing etc, these forms could be sent through the NHS internal mail. It would involve her personally collecting them, pre enveloped and addressed, from the Registrar's office in Cheltenham and then putting them into the NHS internal mail. The LMC expressed its thanks. ..... *Action closed*	
Item 2d – New Joint Matters	
Information Technology (IT) issues. It was agreed that this would now become a STANDING ITEM in these meetings until further notice.	
Ensuring that new housing plans catered for adequate resources for medical care. The LMC had met a couple of cases where, even if the Area team had been fully engaged with obtaining a Community Infrastructure Levy from the developers, no information had been given to the practices likely to be most closely affected. Nikki Holmes stated that the Area Team intended to produce an estates review in September and agreed to forward to the LMC office templates of the processes involved..... *New action*	**NH**
Co-Commissioning. The Area Team had received expressions of interest from all four CCGs in their area. Each CCG had its own intentions.	
Item 2e – Dates of future meetings	
24th July and 4th September.	**All note**
PART 3 – 14:10 TO 14:45 – AT ISSUES	
Item 3a - Apologies	
Nil	
Item 3b – Minutes of the Last Meeting (29th May 2014)	
Accepted.	
Item 3c – AT Matters arising	
Collaborative Arrangements. Once again Nikki Holmes stressed that only in Bath had the Area Team inherited an obligation to fund collaborative arrangements. The agreed however to reconsider the matter, as the LMC quoted such work as medical examinations in support of adoption and reporting of infectious diseases to district councils as being work that should continue but might not if it was not paid for..... *Continuing action*	**NH**
Item 3d – Area Team Issues	
PMS Review. The LMC confirmed that Drs Bye and Fielding would be present at Sanger House for the proposed video-conferenced discussions on how the	

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AT would be managing PMS practices. Dean Martin from the AT Finance Department would also be involved. PMS practices would still have the right to transfer to GMS or remain PMS. If transferred they would carry across a sum equivalent to a correction factor which would then reduce over 7 years in line with the planned MPIG reduction.	
Single-handed practices. The AT would be contacting Dr Esmailji concerning his future plans in order to promote the viability of the practice.	
Practice Visits. The AT was planning a number of supportive visits to practices, at which the LMC would be most welcome if practices should ask for that.	
Specials (high cost drugs). The AT was putting into place a system by which the use of high cost drugs would be reported by pharmacists to the Area Team, giving the details and also identifying the prescriber. The AT intended then to write to the pharmacist and the prescriber with suggestions on how the use of high cost drugs might be avoided in future. Dr Alvis asked whether the proportion of high-cost drug usage was greater among dispensing practices than prescribing practices; he hoped not. Nikki Holmes agreed to find out. ..... *New action*	**NH**
Premises. Nothing had yet been signed off this year, but Nikki Holmes would arrange for the list of projects under consideration to be shared with the LMC ..... *New action*	**NH**
BGMS Primary Care Delivery Plan. Nikki Holmes confirmed that the published plan was aimed at a very high level. It was looking at the provision of premises, linked to CCG intentions for primary care overall, workforce implications and IT issues. They had recruited a temporary worker on a fixed term contract to bring all these aspects together into a more detailed plan.	
Item 3e – Any Other Area Team Business	
Definition of 'full-time' for the purposes of sickness locum reimbursement. The meeting discussed the anomaly that although the SFE used the term it was not defined in a way that applied to partners, only to salaried GPs. Nikki Holmes agreed to raise this with NHS England ..... *New action*	**NH**

Mike Forster
Lay Secretary