

29th January 2015

All Negotiators

MINUTES OF AN LMC/CCG/AREA TEAM (AT) NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 29th JANUARY 2015 AT 12:30

Present:

- Dr Phil Fielding (Chairman)
- Dr Steve Alvis
- Dr Andrew Seymour Deputy Clinical Lead GCCG
- Mrs Helen Goodey (HG) Assoc. Director Locality Development and Engagement GCCG
- Fiona Davenport (FD) Primary Care BGSW AT (For Items 2 and 3 only)
- Mr Mike Forster (Secretary)

ACTION

PART 1 – 12:30 – 13:15 – CCG ISSUES

Item 1a – Apologies etc.

Nil

Item 1b – Minutes of the last meeting (27th November 2014)

Agreed.

Item 1c – CCG Matters arising

ADHD in adults. The CCG agreed in principle, and were happy to share that NHS England had just written to say that this was a gap and a service needed to be commissioned with the 2gether Trust. The CCG would consult the LMC in due course but for the moment the action is closed.

Leg Ulcer Transition Payments. The CCG had obtained financial authority to pay practices £1,534.52 per patient per annum back dated to 1 Apr 14 but this extended only to those practices which had responded. The 25 or so practices which, despite reminders, had not responded would not be eligible for this backpayment. The LMC wished to know the names of those practices. There were some practices which in their responses were claiming an unusually high number of acute leg ulcer treatments. The CCG would be contacting these practices and if necessary investigating why they were such outliers from the norm. The CCG would also be writing to all practices to explain that similar interim payments would be available until GCS took over the contract (no tendering required) but that once GCS was responsible the payments to practices would cease. *New action*
They accepted the LMC's warning that practice nurses would then become de-skilled.

HG

Traffic Light System. Not a negotiating issue as such, but Dr Fielding explained that in future the LMC would be summarising their view of enhanced service proposals with a simple Red, Amber, Green verdict on, respectively, the clinical worth and the financial reward for each proposed service. This would be to highlight in a simple way whether the LMC would be recommending the enhanced service to practices. As the drafts changed so, he hoped, would the colour of the lights; the LMC's aim was to assign a double Green wherever possible by the end of negotiations. The LMC would be sharing the idea with other LMCs in the South West.

Item 1d – CCG Issues

Primary Care Strategy. Seventeen practices had not yet responded to the

ACTION

LMC with the name and email of the person entitled to cast the practice vote. Helen Goodey was given a list of names and agreed to contact them to encourage participation in the vote. The voting process would be:

- The Secretary would send out the voting papers electronically on Monday 2nd February to all the named voting representatives, copy to practice managers. If no voting representative had been nominated then it would be sent to the senior partner and practice manager.
- The accompanying instruction would say that the papers were to be returned to the Secretary by noon on 12th February (the Secretary would be away in Scotland from Friday 13th for 5 days).
- The returns would be seen only by the Secretary.
- Results would be anonymised, but if anonymity could be preserved then the results should be broken down by locality.
- The Secretary would periodically inform Helen Goodey how the voting was going.

Practice Nurse Training. Following up from the last meeting, GGPET had now said that they would be unable to lead on this. There was to be a Primary Care Operational Group in February to take this forward. The LMC would be invited. In the meantime the matter needed to be discussed with the Enhanced Services Development Group. The situation would be reviewed at the February Negotiators meeting.*New Action*

Sec

Liaison with the Acute Trust. In a spirit of openness the Chairman informed the CCG that the LMC would be meeting separately with the Acute Trust in order to improve relations and smooth patient pathways. Where contractual issues arose they would be referred to the CCG.

Item 1e – Any Other CCG Business

LMC Practice Workshop 19th May. The LMC intended to hold a half-day free workshop for practices to consider how best to reorganise in order to survive. The location had yet to be fixed but the CCG would be invited.

PART 2 – 13:15 TO 13:30 – JOINT ISSUES

Item 2a – Apologies. Nikki Holmes.

Item 2b– Minutes of the Last Meeting (27th November). Agreed.

Item 2c – Joint Matters arising.

Contact with Locum GPs. After discussion it was agreed that:

- The Secretary *New action* would draft and send to Fiona Davenport a letter to all locum GPs inviting them to let the LMC have their email addresses, pointing out the advantages of free LMC membership, that the LMC would be forwarding information, particularly from the CCG, which because of information governance issues NHS England and the CCG were unable to send out direct. There would be a limitation that the links would only work when connected to N3, but the headlines would at least alert locum GPs to the existence of information of which otherwise they would be ignorant.
- Fiona Davenport would arrange for the letter to be forwarded by the people who ran the performers list to those GPs. *New action*

Sec

FD

ACTION

- It would then be up to the GPs to contact the LMC.

Item 2d – New Joint Matters

Update on transfer to @nhs.net addresses. Sign-off was still awaited, but roll-out was expected to start in mid-February. The aim was to achieve it in as short a time as possible.

Dermatology and liquid nitrogen. Liquid nitrogen was no longer used to cure warts (curing warts is covered by GMS). It was, however, useful for treating sun-damaged skin lesions. Many practices were getting rid of their liquid nitrogen as there was no payment for them to hold it. There was a chance here to reduce secondary care referrals. The coding applied by practices would reveal the number of patients, but not the number of lesions per patient. It was agreed to refer this suggestion to the Enhanced Service Review Meeting in February.

Item 2e – Date of next meeting

26th February 2015

All note

Item 2f – Any other joint business

PMS Review. The LMC and Area Team were content that the figures had been adequately scrutinised and had agreed sufficient time for realignment (5 years). The CCG could confirm that any PMS premiums recovered would be reinvested in General Practice but could not at this stage say how it would be used. It was recognised that some practices might prefer to go back to the GMS contract, as was their right. The LMC was content with the arrangements and agreed that the Area Team should now have direct talks with the practices involved.

PART 3 – 13:30 TO 13:45 – AT ISSUES

Item 3a - Apologies

Nikki Holmes.

Item 3b – Minutes of the Last Meeting (27th November)

Accepted.

Item 3c – AT Matters arising

Collaborative Arrangements. This was still an*outstanding action* on the Area Team to arrange a joint meeting with the LMC and CCG to discuss the funding of GPs under collaborative arrangements for:

- Attendance at child protection meetings
- Mental health sectioning
- Notification of infectious diseases.

The LMC again reminded the Area team that there was a statutory obligation on the NHS to pay for GPs working in support of local authorities. Fiona Davenport would now be responsible for this work.

FD

ACTION

Item 3d – Area Team Issues

Central South Sub Region of NHS England. Debra Elliott would be the Director of Commissioning for the new organisation, and Dr Geoff Payne would be the Medical Director and Responsible Officer. The LMC offered congratulations to both of them. The new area would include Berkshire, Buckinghamshire and Oxfordshire as well as the current BGSW area.

Item 3e – Any Other Area Team Business

CQRS Payments. A practice had reported a four month delay in receiving CQRS payments for vaccinations and inoculations. Fiona Davenport agreed to find out whether there are any other outstanding payments, as such were quite unacceptable. *New action*

FD

QOF Payments. The Area Team said that because practices were not expected to have such good QOF results this year, and because it was uncomfortable and confusing to have to claw payments back, they proposed not to provide an interim payment in March but rather to bring forward the final payment from June to May. The LMC agree this. The Area Team would now write to practices. *New action*

FD

Mike Forster
Lay Secretary