

26th February 2015

All Negotiators

MINUTES OF AN LMC/CCG/AREA TEAM (AT) NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 26th FEBRUARY 2015 AT 12:30

Present:

Dr Phil Fielding	Chairman
Dr R Hodges	
Mrs Mary Hutton	Accountable Officer Gloucestershire CCG
Dr Andrew Seymour	Deputy Clinical Lead GCCG (Items 1 and 2 only)
Fiona Davenport (FD)	Primary Care BGSW AT (Items 2 and 3 only)
Mr Mike Forster	Secretary

ACTION

PART 1 – 12:30 – 13:25 – CCG ISSUES

Item 1a – Apologies etc.

Nil

Item 1b – Minutes of the last meeting (29TH January 2015)

Agreed.

Item 1c – CCG Matters arising

Leg Ulcer Transition Payments. Payment had been made to the practices that had responded to the questionnaires, and verified their figures. There remained 10 outlying practices which would be paid when they had verified or amended their figures. Those practices that had not responded originally would receive no payments. The interim payments would continue until a proper service had been commissioned, which the CCG hoped would be during March. The LMC welcomed these assurances and would be writing to practices to point out the advantages of engaging with the CCG, thus improving feedback in future. *New action*

**LMC
CCG (HG)**

Practice Nurse Training. Helen Goodey had this in hand *Continuing action*

Prime Minister's Challenge Fund – Phase 2. The results of the applications for this fund would be made public on 27th February.

Item 1d – CCG Issues

OOHs concerns. Dr Mike Roberts, interim medical director of Gloucestershire Care Services (GCS) and also, coincidentally, an LMC member had voiced concerns that the new OOHs organisation might not be adequately staffed to perform its task. The CCG assured the LMC that as a result of the series of roadshows a number of changes had been made to improve the chances of the new service being effective and efficient. The precise role of the Gloucestershire GPs Provider Company (GGPPC) in the successful OOHs bid was unclear but it was hoped that, if asked, they would share that information with the LMC..... *New action*

LMC

For their part, CCG would feed back to the SW Ambulance Foundation Trust (SWAFT) the LMCs concerns *New action*

CCG

Dermatology & Liquid Nitrogen. This matter was to be discussed by the CCG on Tuesday..... *Action closed in this meeting.*

Occupational Health Service for General Practice. The LMC asked for clarity on what occupational health support was available on the NHS for GPs,

pointing out that the cost of training a GP and the value of their experience built up over years far outweighed the cost of providing the support occasionally necessary to keep them healthy and at work. The CCG agreed the principle but needed to establish some baselines before any services could be designed or negotiated. Helen Goodey would keep in touch with the LMC on this issue *New action*

ACTION

CCG (HG)

Individual Funding Requests – Prior Approval Form. The LMC had issues with the Approval Form:

- The form was in many ways offensive, in that if a GP referred a patient it should be understood that he or she was doing so for good reason. The CCG, however, was concerned that the patient waiting list was up by 18% and there was anecdotal evidence of referrals to orthopaedics being made without an appropriate X-ray being requested first.
- While in no way condoning inappropriate referrals the LMC thought the Prior Approval Form was a 'crude and inappropriate' way to modify referring behaviour. Use of Programmed Learning Time would be a better approach.
- In any case, a patient should not be taken off the waiting list if the patient was referred back to the GP to have a Prior Approval form completed.
- It would have been better procedure to run the form past the LMC before bringing it into use. The CCG accepted that.

After discussion it was agreed that the CCG, though very busy at present, would review the pathway and would come back to the LMC at the April Negotiators meeting *New action*

CCG

In the meantime any feedback, especially if backed by evidence, should be sent to Dr Malcolm Gerald at the CCG, who was the lead on this pathway. As a side-issue, the misuse of the form reported recently by Dr Siva was recognised and was being followed up.

LMC

Item 1e – Any Other CCG Business

Smart Cards. Helen Goodey had been made well aware of practice manager discontent and was looking into a solution.

CCG (HG)

PART 2 – 13:20 TO 13:35 – 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. Actions from the previous meeting were complete. Action now lay with the Area Team to obtain a list of email addresses for locum GPs.

AT (FD)

Item 2d – New Joint Matters

Update on transfer to @nhs.net addresses. One remaining technical issue had now been resolved. Helathcare Computing, the firm responsible, would run the @glos.nhs.uk addresses and the @nhs.net addresses in parallel for a while in the first few practices to ensure that no information was lost, and

ACTION

assuming the pilot was successful the roll-out would then be rapid.

Out of Area registrations. The Area Team recognised the widespread confusion and low uptake of this service. They would shortly be publishing a summary of an explanatory 200-page document. The main thing was that practices, even if they signed up to provide such services, would only have to do so in their own practice area. It was up to the Area Team to encourage enough practices to join in to provide full coverage which was presently lacking.

[Mary Hutton had to attend another meeting, so left at this point.]

Co-commissioning, the next steps. Board sign-off was a probable formality and due next week. There would then be a transition group meeting weekly to ensure a smooth introduction of the new system. From the April Negotiators Meeting the Area Team would probably not be represented as all business was likely to be transacted with the CCG. *New action*

Sec note

Workforce issues. The RCGP prediction that Gloucestershire would by 2020 be one of the worst-provided areas for GPs was sobering, especially as the Severn Deanery was convinced that they could not turn out new doctors any faster than they were now doing. Both sides recognised that new ways of working and new organisations would be needed if general practice was to survive. However, that discussion lay outside the scope of the meeting.

Item 2e – Date of next meeting

26th March 2015

All note

Item 2f – Any other joint business

Nil

PART 3 – 13:35 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. Fiona Davenport had a meeting planned with the Council next week.

FD

Item 3d – Area Team Issues

CORS Payment Problems. The LMC thanked Fiona Davenport for sorting the problem out.

QOF Payments – letter to practices. The Area Team had had difficulty obtaining Wessex LMCs agreement, but this had now been achieved and the

letter would go out to practices on 27th February. *Action closed.*

Allocation of Appraisers to Locum GPs. The LMC explained why 6 weeks notice of allocation, which was barely enough for practice-based GPs, was definitely too short for locum GPs. Fiona Davenport agreed to raise this with Trudi Pigott and feedback to Dr Hubbard *New action*
The Secretary would send Fiona the contact details *New action*

Item 3e – Any Other Area Team Business

Glos LMC Conference – ‘The Future of General Practice’ - p.m. 19th May. The Secretary was in discussion with Elsa Brown of the Area Team to arrange for the Area Team to hold a morning meeting at the same venue. These meetings would be separate but ‘linked’ by lunch.

Mike Forster
Lay Secretary

ACTION

AT (FD)
Sec