23rd September 2015

All Negotiators

MINUTES OF AN LMC/CCG NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 22nd SEPTEMBER 2015 AT 15:20

Present:

Dr Phil Fielding	Chairman
Dr Tom Yerburgh	
Dr Andrew Seymour	GCCG Deputy Clinical Chair
Helen Goodey	GCCG Associate Director Locality Development & Engagement
Mike Forster	Secretary

ACTION

Item 1 – Apologies etc.

The original intention had been for the NHS England Area Team to be represented but the date and time having changed this proved impossible.

Item 2 – Minutes of the last meeting (27th August 2015)

Agreed.

Item 3 – CCG Matters arising

Eating Disorders Service. There had been no further progress since the last meeting. After discussion it was agreed that the LMC would send a formal letter to the CCG identifying the issues..... *New action* **LMC**

The CCG would invite their mental health lead to the next meeting, who would carry out some research in advance of the meeting, not only into the eating disorders service but also into the provision of a service for adult ADHD sufferers (see below) so that the meeting could be productive ..... *New action* **CCG**

The action from the August meeting on the CCG to look into whether it was right for GPs, who might lack the cardiology expertise, to be responsible for interpreting ECG results for eating disorders patients, and to assess the number of cases..... *Continuing action* **CCG**

Collaborative arrangements. The CCG accepted the principle that GPs should be paid for collaborative arrangement work. However the CCG needed time to work out what the practical impact would be and how the funding was to be found. As a first step the LMC agreed to let the CCG have sight of the work paid for in Avon..... *New action* **LMC**

Earwax Management Pathway. The CCG accepted that earwax management was clinically necessary and a clear pathway needed to be defined in order to provide clarity. They needed time to consider it further. It was agreed to bring this agenda item forward in two months' time (November) ..... **Sec**

Out of Area Registration. The CCG confirmed that only 19 of our 82 practices had signed up for the enhanced service. It was not clear whether these practices had carried out any home visits under this service and Helen Goodey agreed to find out..... *New action* **HG**

Practices in difficulties. The CCG's Primary Care Operational Group (PCOG) had met just before this meeting and had considered a list of criteria specifically aimed at how best to use the County's share of the national Primary Care Infrastructure Fund, when granted. However the same list could help locally to identify practices in difficulties. The LMC agreed to review the list (keeping it confidential to the Executive Officers at this stage) and to propose the

	ACTION
weighting to be applied to each factor. .....*New action*	**LMC**
The CCG was also arranging a meeting with NHS South West to see what they are doing about it. The LMC would be invited to the meeting. .....*New action*	**CCG**
St Luke's closure. The LMC was aware of undercurrents of discontent among Stroud practices over the dispersal of patients from St Luke's. The CCG needed objections to list closures and to any proposed practice boundary changes to be in writing so that they could be properly assessed and action taken, but so far no written objections had been received. Applications for changes of boundary would be considered in January, once the impact of the dispersal of St Luke's patients was clearer. .....*New action*	**Sec**
ADHD in adults. ADHD had only been identified in children a few years ago, and these children were now passing the age of 18 but there was no provision for their continued treatment as adults. The CCG would bring their mental health lead to the next meeting, prepared to give a full update. .....*New action*	**CCG**

Item 4 – New Issues

Secondary care work done by primary care. There were services (anticoagulation bridging, prescribing and monitoring Denusomab, monitoring transplant drugs and doing follow-up reports on done and donor) which strictly should be the task of secondary care but, both for the sake of patient convenience and also to incur lower costs for the NHS, general practice were often asked to do the work. However, GPs were not funded to do that work. There were probably relatively few cases, which made it harder to assess how to reward GPs for doing the work, but the CCG agreed in principle that GPs should be funded to do it. Unfortunately there was no new money so funding would have to be found from compensating reductions elsewhere. The LMC considered that Secondary Care should in some way pay for work which practices did for them. Discussion then took place over how to achieve that, and the relative merits of:

- A 'Basket' enhanced service.
    - In the past this had provided funds for the practice to cover small items of work not otherwise funded.
    - It had been intended to provide flexibility when new treatments became available in-year.
    - Did not require claims for each item of work.
    - Theoretically provided time for new work to be specifically commissioned for following years but in practice in the past that had not happened, so that the basket contained ever more work for the same amount of money.
- Specific enhanced services
    - Capable of being better targeted and tracked.
    - Hard to quantify how many cases there would be.
    - Practice managers did not like to work with too many enhanced services, each with their own targets and data to be collected.
- Secondary care to primary care. This fund was currently breaking even so would not be a suitable source of funds, nor was it aimed at this sort of work.
- Revising the current Primary Care Offer. The CCG Board would naturally wish to see a return on their investment, whichever way the services were funded, but this might be the easiest way to do so.
- Moving funds directly from secondary to primary care. The LMC quoted

	ACTION
national figures on the reduction since 2004 of the share of the NHS Budget enjoyed by general practice. The CCG believed that in Gloucestershire the figures were more beneficial to general practice and agreed to share those figures.....*New action*	**CCG**
Other resulting actions:	
• The LMC agreed to see whether an enhanced service for anticoagulation bridging had been set up elsewhere in the country	**LMC**
• The LMC would propose what money should be transferred from secondary care budgets to primary care budgets.	**LMC**
• The CCG would bear these services in mind when reviewing their Primary Care Offer for next year.....	**CCG**
<u>Minor Ailment Scheme</u>. The scheme had been successful in Gloucester, so much so that Tewkesbury had demanded to have it too. Helen Goodey agreed to share the roll-out plan for the rest of the county.....	**CCG**
<u>Flu vaccinations for the morbidly obese (BMI >40)</u>. Strictly this came under Public Health rather than the CCG. Although recommended clinically the recommendation had come too late for inclusion in the DES, though doubtless it would be included next year. GPs could give the vaccine but would not be paid for it unless the patient had some other morbidity which brought him within the DES. One aspect that practices on EMISWeb should be aware that it included those who were morbidly obese when generating lists for calling patients in for vaccination. .....*New action*	**LMC**
<u>FP69 burden on practices</u>. The latest 'list cleansing' programme from NHS England had targeted only males aged 20 to 60. The LMC was perturbed by this discriminatory approach. Even more seriously, though, practices were reporting numbers of non-responding patients amounted to between 7% and 9% of their whole patient list – many hundreds – which was out of all proportion to previous list cleansing programmes. Already-struggling practices faced significant cuts in income although it was highly likely that the vast majority of those patients would have to be reinstated. The LMC negotiators were able to vouch from personal experience that the letter sent out to patients needed careful reading and did not sufficiently stress that if the patient did not respond they would be struck off their GP's list. It was agreed that the LMC would send a formal complaint to NHS England, copied to the CCG.....	**LMC**
and the CCG would take what steps it could to ease the impact on practices.....	**CCG**
<u>Item 5 – Any Other Business</u>	
Nil	
<u>Item 6 – Date of Next Meeting</u>	
29th October 2015 at Sanger House, to include the CCG's Mental Health lead....	**All note**

<u>Mike Forster</u>
<u>Secretary</u>