

29th October 2015

All Negotiators

MINUTES OF AN LMC/CCG NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 29th OCTOBER 2015 AT 15:20

Present:

Dr Phil Fielding	Chairman
Dr Steve Alvis	
Dr Andrew Seymour	GCCG Deputy Clinical Chair
Dr Karl Gluck	Joint Commissioner for Mental Health
Mary Hutton	GCCG Accountable Officer
Helen Goodey	GCCG Associate Director Locality Development & Engagement
Mike Forster	Secretary

ACTION

Item 1 – Apologies etc.

Dr Seymour and Mary Hutton had other meetings and would be arriving late.

Item 2 – Minutes of the last meeting (22nd September 2015)

Agreed.

Item 3 –Matters arising

Mental health and related services. The LMC had written formally to Dr Lench. They had other issues besides those in the letter.

- Eating disorders. As had been stated more than once, the LMC remained concerned that the eating disorders service was referring too many cases to GPs for interpretation of test results and actions arising. It was a specialist service outside of GMS. Now that practices were under such pressure they could no longer accept such work and if progress was not made then the LMC might have to take the unwelcome step of advising practices to stop doing such work. The LMC would much prefer that they were properly experienced and resourced. Dr Gluck said that Peter Carter was the commissioning lead for this service and he would follow it up and report to the next meeting*New action*
- ADHD services for adults. Again, this had often been debated but nothing had yet been commissioned to provide ADHD services for adults, especially those adults who had previously been under treatment as minors but then reach the age of 18. The drugs involved were Amber (i.e. shared care) but no shared care protocols had been commissioned. *Continuing action on CCG*
- Adult Mental Health Services. The LMC’s main concerns were:
 - That there was no clear delineation of responsibilities, which led to practitioners being uncertain how or where to call for mental health help when needed.
 - There was a rising expectation that mental health patients should have annual physical check-ups. Not only was this not funded but some such patients were being treated with Clozapine which, being a Red drug, lay outside general practice altogether.
- Crisis Team. Dr Gluck assured the meeting that improvements were in hand to collocate the response team with the Police at Waterwells when

KG

KG

ACTION

space had been identified and would provide a broader access. Anyone alleging a crisis would be believed and the response time would be reduced from 4 hours to one hour.

- 'Teens in Crisis'. The intention was that this service in the Forest would be extended down from the age of 16 to the age of 12.
- Other matters.
 - Cheltenham had a high teen suicide rate. This was very concerning.
 - Cross-border treatment of mental health workers with mental health problems. The LMC undertook to provide proof that the system was not working as well as Dr Gluck said it was.

LMC

Dr Gluck agreed to provide a formal reply to the LMC's letter no later than 19th November and to come to the next Negotiators meeting (Tuesday 24th November). *New action*

KG

[Dr Gluck left at this point]

Collaborative arrangements. The CCG agreed that the examinations of blind and partially sighted patients for the purposes of completing form BD8 was a proper reason for collaborative arrangements to be invoked. Similarly, although Hadwen was dealing directly with many of the childcare issues practices should be paid for attendance at child protection case conferences, or sending reports to those conferences or writing a full report for Hadwen Medical Centre. Similarly priority housing assessments and sectioning under part 2 of the Mental Health Act and notification of infectious diseases and food poisoning were all proper area for collaborative arrangement payments. Where applicable a mileage allowance could properly be paid. The LMC agreed to send the CCG the sheet of costings which had been agreed in the Avon area back in 2009 but on the understanding that the rates would have to be negotiated once the CCG had had time to consider the implications. . *New action*

LMC

Out of Area Registration. Helen Goodey confirmed that only one home visit had so far been carried out under the new Out of Area Registration scheme. The meeting felt that both practices and patients would find a guide on how to access the Out of Area service useful *New action*

HG

Practices in difficulties. It was agreed that the idea of having a tool to identify which practices might soon be in difficulties had been overtaken by events, in that a number of practices were already in difficulties, and their cases were being handled jointly between the CCG and the LMC. If at some time funding was made available nationally to help practices in difficulties then the question of how to identify likely recipients would be re-opened.

Proportion of the Health Budget assigned to primary care. The CCG maintained that the proportion was 11% as against the national average of less than 8%. However they agreed to share the figures they had with the LMC *New action*
The LMC agreed to share with Helen Goodey the link to the national funding plans for 2014-15 and 2015-16 *[This has now been done.]*
The figures in these plans might need to be reconciled with the CCG figures. The Chairman commented that if true then this should be widely publicised as a reason for GPs to come to Gloucestershire.

HG

Anticoagulation. Agreed to include this in the Primary Care Offer discussions.

HG

[Dr Seymour arrived at this point]

ACTION

Minor Ailments Scheme. The roll-out plan was subject to approval of the business case and allocation of funding, but the decision would be made soon.

FP69 process. All present agreed that somehow the numbers of patients not responding to the NHSE letter was far greater than normal (between 8 and 11% of the practice list. If that proportion of patients were removed from the registered list at the end of 6 months many practices would become unviable. The LMC had written formally to the Area Team suggesting that a second letter, much more powerfully presented ('no response = no GP') should be sent out but had had no positive response. Actions:

- Helen Goodey to contact the Area Team to support that:
 - A second letter should be sent out.
 - The LMC should see the draft before it goes out.
 - Practices should be given 6 months from the date of the second letter to carry out the necessary checks and confirmation of the existence of such patients.*New action*
- LMC to:
 - Send a copy of the Area Team's response to Helen Goodey when received.
 - Write to practices mentioning that the LMC has been arguing strongly for a second letter to be sent out but that in the meantime practices should keep on working on verifying the existence of the patients in doubt, or face a significant drop in income.*New action*

HG

LMC

[Mary Hutton arrived at this point]

Transfer from @glos.nhs.uk addresses to @mhs.net addresses. Only a handful remained to be transferred. The CCG agreed that if by some mischance patient identifiable data in an email sent (for instance by the hospital) on the @nhs.glos.uk domain was automatically forwarded to the new @nhs.net address and was thereby compromised then the GP involved would be held guiltless.

Item 4 – New Issues

Hospital referrals. The Secretary of State had announced that hospitals should save up to 4% of GP appointments by not getting patients to go back to their GP to re-refer in case of a missed appointment and that where sensible consultants should be able to refer to another consultant directly if the referral was closely linked to the initial cause of referral from the GP. The LMC had already been discussing this with Sean Elyan.

Suggestions for improving secondary/primary care communications. The LMC reported that Sean Elyan had told them that the CCG GPs were not supportive of the LMC's suggestions. The CCG assured the LMC that this was an exaggeration but they felt that too close and adherence to those suggestions might put patient experiences of the system at risk. The LMC agreed to send an electronic copy of the list to the CCG*[This has been done]* While the CCG agreed to annotate the list with their views and send it back to the LMC.....*New action*

CCG

Vanguard Models. The CCG was being given a very short timeframe to work up suggestions for a second phase of Vanguard funding. Full discussions would be held. The CCG suggested that the LMC consider holding a seminar ..*New action* Helen Goodey was looking for 'headspace funding' to allow Locality Commissioning Groups to discuss possible bids. The meeting on 3rd November

LMC

ACTION

(which the Chairman would attend on behalf of the LMC) would discuss this further.

[Mary Hutton and Dr Seymour left at this point]

Flu vaccination arrangements for 2016-17. The LMC raised the unwelcome prospect that, faced with the risks of financial loss, practices next year might limit the number of vaccine doses they would order, thus risking an epidemic if the vaccinated cohort was too small. They asked that the CCG would underwrite any practice losses this year, bearing in mind that the letting of the contract to pharmacies took place after the GP practices had ordered their vaccines and only 10% of unused vaccines could be returned. The CCG noted the potential risk but was unable to give that assurance. However, Helen Goodey promised to propose to Public Health, who were responsible in this area, a regional and local advertising campaign to support the 2016/17 flu season. *New action*

HG

Late forwarding of patient records by PCSS. Delays could sometimes be measured in months. Helen Goodey agreed to look into it *New action*

HG

GP Resilience Fund (formerly the Prime Minister's Challenge Fund). The fund was non-recurring so the LMC wanted to know the CCG's intentions. These would be discussed within the CCG but the Choice+ experiment had done so well that it should be supported. The LMC would invite GDOC to its January meeting to enquire after progress..... *New action*

LMC

Winter Pressures Fund. The CCG was considering how best to spend this. The most likely candidate was to do with COPD patients but it was important to ensure that it did not duplicate the existing DES. They would be sending a formal proposal to the LMC..... *New action*

CCG

Transfer of work from Secondary to Primary Care. The CCG had agreed to put this into the Primary Care Offer and to look further into it at the next Negs meeting *New action*
The LMC was keen that the Offer should be easily understood by practices, and the CCG agreed..... *New action*

Sec

CCG

Healthwatch Gloucestershire Patient Survey. The results of this survey were very positive. The LMC asked that Anthony Dallimore on the PR side of the CCG be urged to make much of this in the local press and radio. *New action*
They would send Helen Goodey the details. *This has now been done]*

CCG

Item 5 – Any Other Business

Premises Surveys from the Oakleaf Group. The CCG had requested this survey in order to identify where the priorities should be for spending any available money on infrastructure. A copy of the report for each practice had been sent to the practice. This had caused consternation as it was unclear whether the works suggested were advisory or compulsory, what timescale attached to them and whether the CQC would be involved. The LMC pointed out that the works amounted to many thousands of pounds and were at times self-contradicting or downright wrong. The CCG promised urgent action and advice would be sent to practices *New action*

CCG

Bids for capital expenditure grants. The LMC agreed to send Helen Goodey a copy of Dr Paul Atkinson's email inviting practices to make potential bids for IT equipment to be paid for if there were spare funds at the end of the financial year..... *[This has been done]*

ACTION

Item 6 – Date of Next Meeting

Tuesday 24th November 2015 at Sanger House, to include Dr Gluck.....

All note

Mike Forster
Secretary