

25<sup>th</sup> November 2015

All Negotiators

**MINUTES OF AN LMC/CCG NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 24<sup>th</sup> NOVEMBER 2015 AT 15:20**

Present:

Dr Phil Fielding	Chairman
Dr Tom Yerburgh	
Karl Gluck	Joint Commissioner for Mental Health
Helen Goodey	GCCG Associate Director Locality Development & Engagement
Mike Forster	Secretary

**ACTION**

**Item 1 – Apologies etc.**

Dr Seymour and Mary Hutton were on holiday.

**Item 2 – Minutes of the last meeting (29<sup>th</sup> October 2015)**

Agreed.

**Item 3 –Matters arising**

Mental health and related services.

- Eating disorders. The LMC letter and a draft response had been taken to the Clinical Commissioning Group by Dr Lench and Karl Gluck. The concerns about Clozaril monitoring by general practice were particularly recognised. Colin Merker, Director of Service Delivery, would be defining exactly what was required, which would then lead to a proper response. Drs Simon Opher, Tristan Lench and Iain Jarvis were involved. Karl Gluck would provide a formal response to the LMC's original letter ..... *Continuing action*
- CQUIN. Dr Yerburgh also queried whether comprehensive health checks were already covered by CQUIN, and should either then be paid to practices if carried out there or performed by the Trust. Karl Gluck agreed to check..... *New action*
- ADHD services for adults. This was a recognised commissioning gap. The CCG hoped that the draft specification for a new service would be signed off in December for implementation from April. .... *Action closed*
- Adult Mental Health Service. Karl Gluck reported that there were many system changes coming within the Mental Health service, including a new Crisis Service. Implementation delays were because collocation of the answering centre with the police at Waterwells had still to be arranged. The LMC welcomed the assurances of improvement but stated that their concerns lay not so much in what was commissioned but in how it was provided. The system of operational access to the service was currently Kafkaesque. Clear briefings about the new system were needed. To assist in this the LMC offered a slot at their main meeting on 10<sup>th</sup> March 2016 ..... *New action*  
Karl Gluck would forward, in confidence, a draft to the LMC ... *New Action*
- Cross-border treatment of mental and other health workers with mental health problems. The LMC had information that cross-border arrangements were in place with Worcestershire but not with Bristol or Avon, nor was Dr Martin Ansell of the 2gether Trust aware of any such

**KG**

**KG**

**Sec  
KG**

arrangements. Karl Gluck agreed to verify exactly what arrangements were in place and put a briefing note in What's New ..... *New action*

**ACTION**

**KG**

*[Karl Gluck left at this point]*

Minor Ailments Scheme. The CCG Board had approved a roll-out of the scheme to the whole county from 1<sup>st</sup> December 2015. .... *Action closed*

Winter Pressures Fund. The CCG had hoped to make local variation in the Unscheduled Admissions DES to enable targeted care of COPD patients. Local variation having been forbidden they were now looking to use part of the winter pressures fund to achieve the same ends. They were convinced, and the LMC agreed, that this was not a duplication of the payments made under QOF but the CCG Board had still to approve it. Once approved, the terms of the proposed service would be brought back to the LMC for negotiation ..... *New action*

**CCG**

Collaborative arrangements. The CCG had devised a simple claim form which would be published in What's New. Backdated claims for collaborative arrangements work would be accepted back to 1<sup>st</sup> April 2015 and would be paid in the future. The LMC welcomed this arrangement. .... *Action closed*

Out of Area Registration. Helen Goodey would brief the practice managers representatives group on the system and how to access services under it ..... *Action closed*

FP69 Process. Many practices had already made significant inroads into chasing up the huge cohorts of patients at risk of being removed from their list. Subject to approval by the Board, Helen Goodey would be seeking a three month extension on the current time limit and would also commit the CCG to funding all practices for the letters they had had to write, and would have to write, to their patients to confirm their continued presence and registration. Helen Goodey would confirm when she had Board approval ..... *New action*

**HG**

Improving Communication between secondary and primary care. In the absence of Dr Seymour the CCG remained under action to comment on which of the LMC's list of proposals the CCG felt unable to support ... *Continuing action*

**AS**

Vanguard Projects. So far as Helen Goodey knew there were no plans for a Phase 2 of Vanguard projects. She accepted that it would be valuable to include Vanguard project representatives at the intended follow-on meeting from the 5<sup>th</sup> November meeting to be held in February/March next year.

Flu vaccination policy 2016/17. The LMC pointed out that GP practices would have to order vaccine for the next flu season early next year but might be reluctant to do so in their usual quantities if potential competition from pharmacists increased the risk that they would be left with unreturnable stock. They hoped that the CCG would be prepared to underwrite this risk. Helen Goodey pointed out that Public Health England was now responsible for the policy and its implementation so a formal letter to them from the LMC would be the best approach..... *New action*

**LMC**

Late forwarding of patient records. There had been no change to the process but practices were aware that delays were increasing, which increased clinical risk for patients and could involve unnecessary extra expense for the NHS. GP2GP might in due course provide the answer but it was not fully operational, and sometimes there was information in the printed record which did not come across in the electronic form. The LMC would write to Fiona Davenport, copy to the CCG ..... *New action*

**LMC**

**ACTION**

**Item 4 – New Issues**

Reinvestment of PMS Premiums in GP. On the grounds of ethnicity (under the title of 'quality and diversity') Bartongate Surgery would continue to receive the same level of funding when they converted to the GMS contract. Underwood Surgery would receive some support with regard to their university students, but would take a reduction in funding. The other practices would lose their PMS premiums. However all practices in the county (including former PMS practices) would receive a share of the remaining PMS premium funding, all of which would be reinvested in general practice.

Data Sharing (Public health) and annual Practice Reports. The CCG agreed that the tone of the letter from Public Health to practices could have been improved. However they remained convinced (and the practice managers representatives had agreed) that annual practice reports would be useful to both sides. Practices would be able to check more easily that they were receiving all the payments they were entitled to. The CCG would be enabled to demonstrate probity and post-payment verification of services. Helen Goodey confirmed that the individual practice reports would be held as 'commercial in confidence' and would not be disclosed under any future Freedom of Information Act (FOIA) request. The LMC asked that she brief all practice managers to share what they had been told about the annual practice reports with their employing partners ..... *New action*

**HG**

Supporting QOF Exception reporting. The CCG had hoped Dr Hein le Roux would have been present to brief the LMC on suggestions for exception reporting cases of frailty and diabetes. In his absence this would have to be deferred to the 28<sup>th</sup> January 2016 meeting ..... *New action*

**Sec/HG/  
HleR**

**Item 5 – Any Other Business**

Intra-hospital referrals. The CCG agreed that there was a problem with the bureaucracy and extra appointments resulting from the policy. In addition Jeremy Hunt had spoken recently about the problem. The CCG agreed to extend the time before re-referral was needed as well as to review the need to re refer for DNAs rather than re-make an appointment if the patient phoned to request one following a DNA

Junior Doctors Industrial Action. The LMC requested that the contingency plans that the Acute Trust had developed be shared. It was very likely that such contingencies could have an impact on practices.

CQC Registration for pharmacists. the LMC expressed the view that as Pharmacies were able to administer flu vaccines as well as carrying out other medical assessments it was inappropriate that they remain exempt from CQC registration requirements. The CCG though pointed out that NHS England commission the Pharmacy contract currently

**Item 6 – Date of Next Meeting**

Thursday 28<sup>th</sup> January 2016 at Sanger House, to include Karl Gluck .....

**All note**

**Mike Forster**  
**Secretary**