

# Leeds Local Medical Committee Limited

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Registered in England and Wales – Registered number 7287736

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**Meeting:** LLMC and Capita (Primary Care Support England)

Meeting date: Friday 8 April 2016, 12 noon

Meeting venue: LMC offices, Adel, Leeds

Attendees:

**Capita:**

Mark Berham (MB), Managing Director

Tony Grime (TG), Regional Liaison Manager (standing in for Martyn Pritchard, Stakeholder Director)

Justine Burns (JB), Regional Liaison Manager

Graham Eadie (GE), Operations Director

**Leeds LMC:**

Dr Richard Vautrey (RV), Assistant Medical Secretary and Leeds GP

Dr Annette Bearpark (AB), Treasurer and Leeds GP

Dr Doug Pollock (DP), Chair, Sessional GP group

Derrick Allen (DA), Practice Business Partner, Sunfield Medical Centre

Jackie Allen (JA), Assistant Practice Manager, Sunfield Medical Centre

Vanessa Hampshire (VH), Practice Manager, Leeds Student Medical Practice

Debbie McDermott (DMc), Head of Workflow, Leeds Student Medical Practice

ITEM	MINUTES	ACTION
1.	<b>Welcome and introductions</b> RV welcomed representatives from Capita and Leeds practices.	Info
2.	<b>Summary overview</b> <ul style="list-style-type: none"><li>• MB apologised to practices for the current issues and problems they were experiencing and stated Capita were committed to sorting these issues out asap. Capita were more than fully aware the service was not delivering the expected standards.</li><li>• Capita was awarded the contract September 2015, the first 3 months was spent measuring and understanding the service requirements. From December, the service moved into the Customer Service centre based at the Arlington Business Centre. February saw the moment of Leeds PCSE staff into the building.</li><li>• During this period, the pilot for the movement of medical records and supplies commenced. The records pilot temporarily stopped but recommenced w/c 04/04/16.</li><li>• Focusing on building staff knowledge in the customer support centre. 30 front office employees comprising of existing PCSE staff and new members.</li><li>• The service has experienced spine data issues (gaps and confusion within the data) which have now been rectified by the HSCIC team.</li><li>• Representatives from the Student Medical Centre and Sunfield Medical gave an accurate reality picture of the problems, frustrations and increased workload for all practices.</li><li>• MB stated the huge service variances between areas had been and remained challenging with over 125 additional processes missed off the initial scoping</li></ul>	

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	<p>documentation. Capita's brief was to provide a national standardised service with the portal being the main interface with customers.</p> <ul style="list-style-type: none"> <li>• A 40% service cost reduction was expected as the service moved towards an efficient way of working.</li> <li>• Capita were committed to making the service work. The contract contained hefty penalties for non-delivery of targets.</li> </ul>	
3.	<p><b>Contacting PCSE</b></p> <ul style="list-style-type: none"> <li>➤ <i>Unreturned telephone messages</i></li> <li>➤ <i>Unanswered emails</i></li> <li>➤ <i>Operator lack of general practice and system knowledge</i></li> </ul> <ul style="list-style-type: none"> <li>• The service had seen a huge increase in the number of incoming calls and they acknowledged callers have had lengthy delays in being answered of 30+ minutes.</li> <li>• Initial nationwide incoming call rate of 700-800 per day now reduced to 250 per day.</li> <li>• 75% of call topics either due to questions about records or supplies.</li> <li>• Acknowledgement that there was a lack of understanding on some call topics by front line staff which would be addressed through further training.</li> <li>• 5,000 email backlog and 1,000 per day coming in – this had been reduced to 2,000 backlog and 1,000 daily and were trying to clear all backlog.</li> <li>• LMC asked for Capita to commit to answering all emails within an acceptable agreed timeframe going forward and to communicate this to practices. TG to look at a process for an automated acknowledgement that emails had been received/being dealt with etc.</li> <li>• Internal front office/back office staff changes to support telephone calls/emails. Additional 30 staff recruited to support the Contact Centre in Leeds (early May start). These additional staff were part of the original plans due to the planned closure of other PCSE sites. Long term capacity to manage the service being reviewed.</li> <li>• Leeds have 120 staff including 30 front office and 50 back office staff.</li> <li>• From next week, to help address the long call answering times, the telephone to have automated answering with an option to press 1, 2 etc to direct calls to dedicated experts team eg record queries. By 14/04/16 the telephone system to have a dedicated option for the top 5 services.</li> <li>• Expert teams established to deal with queries. Preston office to deal with record queries.</li> <li>• Capita took on board comments regarding the lack of communication on what was happening/updates/processes etc with practices and stated this would significantly improve going forward.</li> <li>• 8 consultants working within Leeds and Preston to look at processes within the contact centres and find ways of improving the service.</li> <li>• Timeline of 18 months from start to implementation.</li> </ul>	TG
4.	<p><b>Medical record movement process</b></p> <ul style="list-style-type: none"> <li>➤ <i>Collection of medical records awaiting return</i></li> </ul> <p>VH stated her practice had an excessive amount of medical records waiting to be collected which was causing storage problems at the practice. VH shared a picture of the administration office showing the pile of records which clearly demonstrated the problem. GE stated he would look at delivery/collections.</p> <ul style="list-style-type: none"> <li>➤ <i>Restricted quantities especially of shipping bags (currently maximum 100 bags)</i></li> </ul> <p>Order levels to be reviewed with NHSE.</p>	<p>GE</p> <p>TG</p>

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	<ul style="list-style-type: none"> <li>➤ <i>Distribution of bar codes to practices</i> Ad hoc distribution and restrictions in the number of bar codes allowed to be ordered causing similar issues as detailed above. Order levels to be reviewed with NHSE.</li> <li>➤ <i>Delivery process for practices who have 2 sites</i> Currently practices only have one weekly collection from their main site and are expected to move records from their branch site into the main site for collection which is clearly unacceptable. GE to review.</li> </ul>	<p>TG</p> <p>GE</p>
5.	<p><b>Logging onto the portal problems</b> Initial portal registration problems IT issues (log on, timeouts, setting up secondary users) for both records and supplies problems now fixed.</p>	info
6.	<p><b>Ordering supplies via the portal</b></p> <ul style="list-style-type: none"> <li>➤ <i>Restricted quantities</i></li> <li>➤ <i>Lab transport bags not on supply list</i></li> <li>➤ <i>Ordered supplies not being delivered</i></li> <li>➤ <i>Practices not informed of out of stock items</i></li> </ul> <ul style="list-style-type: none"> <li>• NHSE set the quantities for the catalogue. Will work with NHSE to look at changing high use items.</li> <li>• Capita to look at items that are “out of stock”.</li> <li>• Capita stated that supply deliveries were back on track although acknowledged there had been further delays the previous week.</li> <li>• An offer for the delivery frequencies for certain practices eg University student to be reviewed. Current frequency for collections had not been determined by the size of a practice. Capita offered to review by need.</li> <li>• DA raised whether it was right that the delivery driver should not collect at the same time as delivering. GE stated this was correct at this moment but it was the intention for this to happen going forward. Once the process had been embedded, practices would have a regular delivery person.</li> <li>• Restricted quantity ordering via portal to be reviewed.</li> </ul>	<p>MB</p> <p>MB</p>
7.	<p><b>No response to:</b></p> <ul style="list-style-type: none"> <li>➤ <i>Registering new GP partners</i></li> <li>➤ <i>GP applications to increase sessions</i></li> </ul> <ul style="list-style-type: none"> <li>• Delays should now have removed.</li> <li>• If specific problems continue please contact TG direct.</li> </ul>	DP
8.	<p><b>Locum GP superannuation contributions</b></p> <ul style="list-style-type: none"> <li>➤ <i>Delays in processing / stopping superannuation contributions</i></li> <li>➤ <i>Requests for documentation to be posted/cheques rather than electronic</i></li> <li>➤ <i>Receipts no longer being issued</i></li> </ul> <ul style="list-style-type: none"> <li>• A log of locum GP concerns and issues provided for Capita to review.</li> <li>• Liaison and communication streams for locum GPs to be looked into.</li> <li>• DP asked why locum GPs could send superannuation payments to Preston by bank transfer but Leeds would only accept cheques. MB to review.</li> <li>• MB committed to re-establishing a process for receipts to be issued for all payments.</li> </ul>	<p>GE</p> <p>GE</p> <p>MB</p> <p>MB</p>
9.	<p><b>Financial concerns</b></p> <ul style="list-style-type: none"> <li>➤ <i>Late GP Registrar reimbursements</i></li> <li>➤ <i>Statutory and National levy payments to Leeds LMC</i></li> </ul> <ul style="list-style-type: none"> <li>• MB committed to re-establishing a process for receipts to be issued for all payments.</li> </ul>	MB

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	<ul style="list-style-type: none"> <li>• Feedback from practices had demonstrated the lack of understanding within the PCSE Finance helpdesk. GE to review with Capita training managers.</li> <li>• The LMC had not received the final quarter voluntary levy (due the end of March) nor had notification of how much to expect. This had made it impossible to chase via their banks. The statutory levy had been received on time (according to the LMC business bank) however no notification of a transfer had been communicated to the LMC office. TG to review.</li> </ul>	<p>GE</p> <p>TG</p>
10.	<p><b>Other concerns:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Amount of registration rejections in workflow when all fields completed correctly</b> Registration rejections to be looked into.</li> <li>➤ <b>Addresses that are in practice area altered to those are out of our area</b> eg Example given of the system confusing Chestnut Avenue Headingley Leeds 6 (in area) with Chestnut Avenue Leeds 15 (out of practice boundary area). Training issue – to be reviewed</li> <li>➤ <b>Deceased patients paperwork</b> Deceased patient's paperwork to be sent to Darlington for action. A label to be requested from the portal or telephone PCSE to organise one for transportation via the medical records process.</li> </ul>	<p>TG</p> <p>TG</p>
11.	<p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• Capita Regional Liaison Team contact details to be circulated to support on issues experienced.</li> <li>• Capita gave an open invitation to practice managers to visit the customer contact centre in Leeds.</li> <li>• VH and DA offered for the Capita team trainers to spend a day in their practice so they can see first-hand the difficulties practice face and enable a fuller understanding of general practice. RV stated he felt most practices across Leeds would offer the same experience if this would be helpful.</li> <li>• Specific answer to a number of queries to be addressed and summary of action taken to be sent to the LMC.</li> <li>• Follow up meeting to be held at the LMC to review whether the situation has changed/next steps to be scheduled in 6-8 weeks.</li> </ul>	<p>JB</p> <p>LMC</p> <p>TG</p> <p>TG</p> <p>TG/ LMC</p>