**Notes from meeting with Martyn Pritchard, Capita 10th August 2016**

Martyn had come directly from a meeting with the GPC which had covered 6 main themes:

1. **Supplies**

Martyn stated that these were now running at an almost normal service. The main issues are stock shortages (they, Capita can’t get them from their suppliers) and the item is not included in the NHSE controlled catalogue. PCSE will supply if agreed by NHSE.

We are aware of cases where a particular hospital insists on a particular vial and so have notified PCSE of the need and where to obtain supplies from.

1. **Medical Records**

There is a mixed picture nationally. PCSE has a backlog of 160,000 records sitting in Darlington. On top of this 90,000 records arrive at the warehouses every week with 90,000 records also being despatched every week. Currently, no Lloyd Georges (medical record envelopes) are being issued for any new registrations ie babies and first registrations in this country.

City Sprint have a capacity issue and the specification is for collections and deliveries to be undertaken on Tuesdays/Wednesdays and Thursdays. New, additional routes are being added on Mondays and Fridays to clear the backlog and will continue until the backlog is cleared and steady state is achieved. This is expected to be achieved in around 4-6 weeks time.

Branch surgeries are being included in the Monday and Friday runs where practices have notified PCSE of the need. Practices with branches which are not included so far need to inform their local training manager that they require collections and deliveries to the branch(es).

1. **Registrations**

Registration backlogs are having to be re-checked before the release of the record as patients may have moved since the last registration took place – this backlog and all the new registrations backlog are due to be cleared prior to the Universities beginning their registrations (end September/early October). Martyn had been advised that registrations had a flag on them which would enable payments to be made from the date of registration rather than process but was informed this is no longer the case and so practices would be subject to some loss of income (although there may also be some gains where patients registrations are sitting in their previous practice still). Martyn agreed to make this a priority process. We would advise practices to keep a record of all new registrations and their start date so an application for back funding can be made if appropriate.

1. **University Practices**

PCSE recognised the workload increase whereby around 2,000 registrations per week for about 5 weeks would be undertaken and they are keeping all University registrations and records delivery separate from other records. These will be delivered in a specific van during the University registration period (likely to be with the Monday and Friday routes)

1. **Temporary Residents**

The PCSE website states that TR forms must be scanned in and sent online except for in West Yorkshire! He was informed that this is unacceptable and practices will choose whether or not to comply. Previously practices were advised to put batches into one bag for onward transmission. Martyn agreed to look into this instruction.

1. **Performers List**

Registrars should all have received their CCT’s on or shortly after 2nd August and are therefore in a position to be included on the National Performers list. This requires a NPL3 form to be completed and submitted which will be turned around within 10 days – there is no current backlog (allegedly!)

GP trainees are required to complete NPL1 forms which will also require a DBS and face to face interview. There is a three month grace period to complete the NPL registration. Trainees are being urged not to delay starting the process.

Incidentally, this also applies to returners from overseas.

For completeness, NPL2 is required where a GP moves from one RO area to another and is a process only.

In addition to the above we advised that locum pension payments have ‘disappeared’ during the transition from either NHSBS or PPSA/TVSPA and Martyn agreed to look into specific named cases so please send these to the LMC office and we will log them and send to Martyn.

With regard to the IT system whereby emails appear to have been deleted without being read, Martyn assured that this is not the case and that the emails are filtered according to subject matter into the appropriate work stream. He is trying to persuade the IT staff to fit this glitch but they appear to have other priorities. When sending any email to PCSE enquiries, it will be dealt with more speedily if the subject matter is included in the Subject box eg Performers list – GP trainee or Locum payment etc.

Finally, Martyn informed that practices should always use the PCSE enquiry email address and not the Lasca one as this is duplicating emails and causing even more delay. He will send a revised list of contacts and email addresses to be used.