

**Notes of Extraordinary LDC Zoom Meeting
Monday 2nd August 2021 at 19.00**

An extraordinary Zoom meeting had been called to discuss the financial penalties enforced on July 2021 schedules for practices who were deemed not to have hit 75% of their FV targets.

Last week the LHB send communications to practices that hadn't met 75% of target (FV) over the last quarter that they intended to claw back either 2.5% if the practice missed target on either child or adult FV applications and 5% if they missed both on the July 2021 schedule. This email was received after the money had been taken from the July schedule with no warning.

As a result, a number of practices reported this issue to the LDC, and this was then taken to the LDC/LHB Liaison Group meeting held on Friday 30th July 2021 for discussion.

The HB confirmed that only FV held any monetary value of the four expectations which were emailed to all in March 2021.

- Acorns completed
- New Patients
- Unique patients to the practice
- FV Applications.

The LDC had pointed out that this was disappointing to hear, with the lack of communication/warning being damaging to relationships between LHB and practices affected. The LHB insisted that practices should have planned for this outcome if targets were not met as the expectations had been sent to all in February by the CDO. The LDC argued that there had been no prior communication from the HB, or a chance for practices to discuss any reasons for their underperformance and that this was not in line with the way underperformance had been dealt with in the past, when practices were aware and agreed to money being reclaimed.

The LHB did encourage any practices affected to write to them and explain any issues around IT etc which would have influenced figures. Each practice would be considered on an individual basis.

The LHB had informed the LDC at the meeting with a PowerPoint presentation explaining the background of the expectations and the data reviewed to reach the decision to adjust ACV. Of the 32 practices that received reductions due to missing Q1 targets, 10 of those practices had achieved 75% or more in July and will therefore have their ACV restored in August.

Monthly monitoring will now take place, if any practice increases FV application to above the 75% tolerance level during any month in Q2 the ACV will be reinstated the following month.

Continued non-compliance and or non-engagement with all expectations by a practice could result in the LHB potentially reverting to a UDA contract.

After much discussion it was decided to write to the LHB and raise the following points: -

- There had been significant damage to the relationships between affected practices and LHB due to the severe lack of communication before reduction in ACV. Including the inability of practices to discuss reasons for missing targets.
- During year end meetings no practices were made aware of the possibility of reduction in ACV without discussion at the end of Q1. In fact, practices were under the impression if they worked

within the current SOP and towards targets showing month on month improvement the HB would be happy.

- The application of FV to children under the age of 3, pregnant and nursing mothers also the application of FV to emergency patients all needed to be taken into consideration. Practices need to be given a chance to discuss and explain low levels of activity relevant to their patient base.
- The accuracy of eDen figures needed to be looked at and discussed with practices.
- The target levels of FV were set by CDO and WG and not the LHB. Therefore, practices could liaise directly with these offices.
- The CDO had not mentioned that FV targets were a tool to be used to reduce ACV in her meeting with LDC on 18th March 2021. The Secretary to review the recording of the meeting.
- It was felt extremely unfair considering how hard practices had been working under very difficult circumstances to reduce ACV with no consultation, especially as practice are seeing large amounts of red emergency patients.
- Practices are currently renumerationing their associates as per WG guidelines on their historical work. The reduction in ACV cannot therefore be passed onto associates who may not be hitting their individual targets. The situation with FD's is similar as they are not employed by the practice.

The LDC encouraged practices to contact LHB individually to express their concern and explain any reasons for reduced activity.