

Central Locality

Local Executive Team Meeting

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Tuesday 19 March 2013

1. Meeting with STHFT

A meeting was held between representatives of STHFT and Central Locality to discuss ways to increase collaborative working and a more integrated approach to delivering patient care.

Concerns were expressed around the current Community Nursing service and Central Locality made a commitment to STHFT that the Locality would work with the service to bridge the current gap between Practices' expectations of the service and what is being delivered.

There is to be joint working with STHFT around non-elective admissions, sharing of intelligence around patients identified as at risk of admission through the risk stratification tool and STHFT offered to work with Central Locality using the micro-system approach that they are currently using. STHFT staff and learning from their work will be made available to Central Locality.

This micro-system approach will be utilised around the reduction of non-elective admissions and the integration between Practices and the Community Nursing service.

All felt that the meeting was worthwhile and productive.

2. District Nursing Service

Issues are still being raised around the current service. Paul explained to the group that joint work was to take place to produce an 'operational framework' which would try to address some of the differing perceptions of the Service and Practices around patient care.

2. Primary Care and GP Associations

A discussion was held around the continued development of GPAs in Central Locality. Paul explained to the meeting potential funding targeting patients with a high risk score, £625k has been allocated to undertake 2500 patient reviews with an aim of reducing their risk of hospital admission.

There is also some funding available to ensure manager and GP time is resourced to fully develop Associations, both in Central Locality and across the city.

- Joint work with CLARCH and one of the Central Associations was presented at a city wide meeting to look at ways of managing patients with LTC
- Referrals to the Age UK and Community Support Workers are increasing.

- Two Associations to be put forward to look at piloting integrated care teams, alongside the work being undertaken with the DN Service, to include other organisations; for example, Sheffield Care Trust and Social Services – this is part of RFT Project 1.

3. Referrals

The Central Locality email advice service has been re-marketed and expanded; more GPs are now contacting their peers for referral advice.

4. Emergency Admissions

As the city is overspent by £9.6m after 10 months and Central is over by £2m, it was decided to look at the activity information for non-elective admissions.

A full breakdown of activity will be analysed to ascertain the time of these admissions in an effort to identify the targeting of resources to make a reduction of activity.

5. Potential Developments and CCG Support

- Submit a business case to re-introduce the Roving GP Service, within Central or city wide.
- Introduction of a CCG or an Association employed staff member into Secondary Care to assist with communications to Practices and facilitate patient discharge.
- An inter-Practice referral system to allow individual Practice skills to be utilised by Associations, the system could be similar to the current IFR system, managed at Locality level utilising the current LES activity system.
- Agreement has been reached with Central Practices to re-align their budgets for 2013/14, to move all Practices to 1% above or below their actual spend over the past financial periods. It is anticipated that this realignment will lead to all Practices being able to make an impact on their commissioning budget – Central Locality seeks support from Sheffield CCG to align the budgets and agree to a commissioning incentive scheme.
This process has been discussed with the West and North Localities; both were keen on a similar approach
- On completion of the analysis which is being undertaken of non-elective activity, there may be scope for some form of out-of-hours service where one Practice in an Association, or one Practice within the Locality, is set up to accept patients between 6.30pm and 10.30pm

West Locality
Executive Team
Public Minutes
8:00am, 7th February 2013
Clinical Rooms A&B, Fairlawns

Members attending: Kate Carr, Rachel Dillon, Dr Tim Moorhead, Liz Sedgwick, Dr Jenny Stephenson, Susie Uprichard (Chair), Fiona Walker, Dr John O'Connell, Dr Steve Thomas.

In attendance: Jayne Taylor.

Apologies: Dr Nikki Bates, Dr Mike Jakubovic, Diane Dickinson, Lynda Liddament, Sheila Paul

Welcome and introductions

1. The group welcomed Rachel Dillon back to the Exec. Rachel would be starting the locality management post from the 18th February.

Minutes of last meeting

2. Minutes of the last meeting were agreed as a correct record apart from a correction in paragraph 3 under the heading GPAs. It should read 'Some managers are meeting...' rather than 'The managers are meeting...'

Matter arising

3. **Public Health Core Offer:** Steve Thomas had suggested the following items requiring public health input into localities. Pathway design, QOF prevalence, link with Health and Wellbeing Board, wider social care, smoking and other PH initiatives delivered in practices, health intelligence, central health clinic. The group agreed.
4. **LIS Funding** – Thanks to the group for all their ideas for the practice visits. Lynda had pulled them all together and had drafted a covering letter. The group discussed the letter. There were a couple of amendments, otherwise the group were happy to approve the letter.

Action: Rachel Dillon

5. **Enhanced services** – Following a city wide meeting on enhanced services, it had been confirmed that for 13/14, budgets would remain the same and not based on the first nine months of data as previously calculated. However, there had been a meeting which John O'Connell had attended to discuss minor surgery becoming a DES. Minor surgery hadn't been included in the CCG service specifications for next year.

Finance

6. Jayne Taylor confirmed that the position for month 8 was pretty static and similar to month 7. Jayne described the position for 13/14. The NHS Commissioning Board had not yet finalised what services would be commissioned by them and CCGs, therefore it was difficult to finalise how budgets would be set.
7. CCG's financial position in 12/13 overall had benefitted from the savings in prescribing and medicines management. The savings were due to national changes in pricing. This may not occur again in 13/14 and the CCG's financial situation could not rely on this under spend to meet pressures in 13/14.

CCG/CET/Planning and Delivery/Clinical Update

8. Governing body meeting. It was a very full agenda. There was a watching brief on the situation at Rotherham FT.
9. The CCG was now fully authorised without conditions, one of only a few in the country.
10. Planning and Delivery. The group were focussing on the commissioning intentions for 12/13 and 13/14.
11. CRG. The focus was on clinical guidelines and using the Map of medicine. The rheumatology pathway was nearly developed for inflammatory disease. The rheumatologists were going to hold a symposium on March 14th. The endocrine pathway was nearly up and running. Educational meetings would follow soon on this subject.

GPA's

12. Fiona Walker gave some background to GPA meeting some practice managers and Jenny Stephenson had held with Paul Wike and Ian Atkinson. Paul had given a very informative update of GPAs, and his experiences of setting up GPAs in central. Ian Atkinson was keen to get them developed. Paul Wike was going to be offering about 2 days a week city wide to support the development of practice associations. There was also some money to fund practice manager and clinical backfill. RD said she had invited Lorraine Jubb, programme manager of Lowedges, Jordanthorpe, and Batemoor integrated care programme to talk about her experiences of the programme at the next Council meeting.

Locality Managers Update.

15. OD for Locality Executive Teams: An email from Linda Tully seeking views on whether locality executive groups should be invited to a session to discuss their roles and responsibilities had been shared with the group. The group would only agree to a session if it would be focussed, with clear outcomes and benefits. Rachel would feed this back to Linda Tully.

Action RD

DRAFT

16. Q&P Next Steps. All practices had received a letter from the Primary Care Team outlining the process for Q&P final reports. Rachel and Lisa would review any reports from those practices seeking feedback and would feedback to the Exec at the meeting in March.

Action RD

17. Other items of interest. Agendas for the PMs and Council meetings were attached for information as were the agendas for the CCG governing body, CET, and P&D.

A.O.B

18. The Public Health Core Offer item is covered in paragraph 3.

19. The date and time of the next meeting would be the 7th March 2013 at 8.00 at Fairlawns.