

Central Locality

Local Executive Team Meeting

Tuesday 29 October 2013



In attendance: Paul Wike, Michelle Wilde, Tim Hooson, Amir Afzal, Maria Read, Anthony Gore, Ollie Hart

1. Care Planning Service

The progress on the implementation of the service was discussed, all practices engaged and Practices working together to share learning and ensure full Locality coverage

2. Winter Pressures funds – Same Day Appointment Service and Roving Nurse Service

City wide funding has been received to implement 2 services to reduce the pressure on Primary Care during the winter period.
Implementation of these services citywide has started.

3. Major Service Change

Two major service redesigns were discussed; a Community Long Term Conditions Service and a Community Rapid Response Service.
These two initiatives will be developed, in collaboration with the other Localities and the CCG.

4. Age UK Membership Scheme

The Membership Scheme for patients in risk stratification range between 40-50 have been identified and the process for referring into the Scheme has been disseminated to Practices.

5. GP Associations

There was a general discussion around the development of Associations and what potential there could be for Associations as providers and commissioners of services.

Date and time for next meeting:

Tuesday 9.00am, 26 November, Dovercourt Surgery

Hallam and South Locality

Local Executive Group Meeting

Thursday 19 September 2013 at Charnock Health Centre 2-4pm

Minutes Part A

Members: Dr C Heatley (Chair), Mrs S Nutbrown, Mr G Osborne,
Dr G Connor

In attendance: Ms J Hoskins

Apologies: Dr M Boyle

Note taker: Susan Lister

Declaration of Interests – All had an interest in PPL.

Minutes of last meeting accepted as a true reflection of proceedings.

1. Update on PLI 22 October

The Board discussed at length the structure of the event and what it hoped to achieve. It was agreed that facilitators would be required for the four GPA group break out sessions and Dr Heatley will arrange. Invites will be sent out to various sections involved in Care Planning and speakers will be arranged. Dr Heatley had approached Dr Maria Read and the Community Geriatrician Claire Whitehead.

Mrs Nutbrown is to contact Cath Hemingway ICT plus 2 ICT Leaders and also Sarah Pollard PCDN.

It was agreed that clear objectives were required and that persons attending should have read the Care Planning Specification looked at the Combined Predictive Model patient list, tried out the template and identified 3 patients from that list and how it would benefit them.

At the end of the event it is hoped that practices will know what is happening with ICT teams and community staff. Have a better understanding of the Care Planning Scheme and have an outline plan of how to make it work in their practice.

Mr Osborne advised that he would inform practice managers what was required by each practice at the next PM Forum.

There will be 2 breakout sessions which will be in the 4 GPA groups and each will have a facilitator.

Dr Connor is to draw up an agenda and forward to board.

Action – Dr Heatley, Mrs Nutbrown, Dr Connor and Mr Osborne.

2. AOB

Consent to share information. Dr Heatley is seeking clarification around this subject from CCG and also Caldicott. There are leaflets and posters available and Mr Osborne is co-ordinating these.

Dr Heatley is arranging a leaving evening for Mrs Cleary our former Lead Manager. The date has been arranged as Fri the 8th Nov.

DONM 7th Nov at Charnock Health 2-4pm to discuss Future of HASC prior to meeting GPA Leads.

West Locality

Executive Team meeting minutes

Thursday 3 October 2013
8.00am Fairlawns, Middlewood

Members Attending: Dr Nikki Bates, Kate Carr, Diane Dickinson, Rachel Dillon, Dr Julie Endacott, Dr Mike Jakubovic, Lynda Liddament, Dr Tim Moorhead, Dr John O'Connell, Dr Emma Reynolds, Dr Steve Thomas, Susie Uprichard (Chair), Fiona Walker

In attendance: Caron Best, Tracey Dunbar, Robina Okes-Voysey, Susan Rutherford

Apologies: Liz Sedgwick, Dr Jenny Stephenson, Jayne Taylor, Heidi Taylor

Welcome and Apologies

1. The apologies above were noted. Caron Best, the New GPA Development Manager, was welcomed to the Executive meeting.

Minutes of meeting 5 September 2013

2. An amendment is required to show that Susan Rutherford was in attendance rather than giving apologies. Following this amendment, the minutes of the last meeting were agreed.

Matters Arising

3. The results of the A&E review are still to go to the Governing Body.
4. Regarding the Pipelle training, the clinical pathway is being developed and the business case will subsequently be developed. Training will then be resumed.
5. Information on referral rates per head of population for the 6 RES specialties is to be considered at the Finance and Activity meeting on the 3rd Oct.
6. The paper on the use of the Medicines Management resource, item 27 on the previous minutes, is still to be drafted.
7. Dr Endacott provided an update on the Dermatology pathway which is being developed with STH and which is being led by Dr Oliver.

CCG/CET/CRG/Planning and Delivery updates:

8. CCG Governing Body:
 - Received a favourable financial report.
 - Had a discussion about commissioning intentions in the future with a proposal to have fewer but larger scale projects.
 - Had a discussion about active provider structures, work is being developed on how commissioners can have an impact.
 - Noted the resignation of Dr Ainger from the Governing Body

9. CET:

- Prepared for the Q1 Assurance Checkpoint meeting with NHS England's area team,
- Reviewed the winter planning arrangements for the production of the Sheffield Winter Plan.
- Considered the PWC organisational development report
- Considered the work across the city of Move More.

10. Planning and Delivery:

- Had a discussion around developing the Commissioning Intentions for 2014/5 and it was agreed P&DG needs to exercise scrutiny and challenge around timings for the process.
- Received a positive assessment report on A&E quality of care.
- Received West Locality business plan update.

Community Phlebotomy Audit

11. The findings of the phlebotomy audit which was undertaken in HASC was circulated. Rachel suggested that an audit should be undertaken in the West Locality as all the West GPAs have highlighted that they would like to develop a Community Phlebotomy service. It was suggested that the questions should remain the same as the HASC audit with the addition of a question about the number of bloods undertaken in the practices. The Exec agreed that the audit should be undertaken in the West Locality.

Action: Rachel is to ensure that the phlebotomy audit is undertaken in the West Practices.

Action: Rachel Dillon

GPAs

12. The Executive agreed that, as Caron Best is now in post, the immediate priority is to plan for how practices can respond to the CCG plan for LES provision across the locality. Caron is to assess capacity in practices for the LESs, what they currently undertake and what they can deliver in the future and to produce a proactive plan.

Action: A LES implementation proposal plan is to be drafted.

Action: Caron Best

13. It was agreed that the GPA Manager role is key to making clear the provider function and the commissioning role. This is a fundamental change for practices to recognise and it was agreed the GPA Manager Job description should be sent to Practices.

Action: The job description of the GPA manager is to be circulated to practices in order that they can understand the role.

Action: Rachel Dillon

14. Regarding the Care Planning Service it was reported that maximum coverage across the locality practices was needed. It was stated that a discussion at CET will take place to discuss the approach to be taken if practices do not sign up.

15. Rachel reported that the locality management need to have a process for agreeing the use of the GPA development money. The fund is aimed at supporting the GPA with the Care Planning development and can be used for Practice Nurse training, patient support training or, as detailed in the specification, to support putting together the MDT meetings across GPAs.

16. The Executive were asked to consider what patient support is needed for example to help patients manage their long term conditions. It was recognised that there has not been any work undertaken on this in the West whereas Lynda has been working on patient support in the North Locality.

Action: The Executive agreed that Lynda should pursue this work in West and is to feedback to a future meeting.

Action: Lynda Liddament

Locality Manager Update

17. One proposed use of the Innovation Fund was for a Nurse Commissioning Post and a business case for this was circulated. Positive feedback was received following the PLI session that was aimed specifically at nurses, and therefore a case is being put forward to involve nurses more in developments. The Executive discussed the role and agreed that the post should be a senior nurse with leadership skills who can lead and learn. The outcome of the role needs to be defined more specifically with key outputs and the role should be for 1 day per week, not 4 hours. With these amendments the Executive were supportive of the role.

Action: The business case needs to be amended to show key outputs of the role and for the role to be 1 day per week. The role is then to be released for open advert.

Action: Rachel Dillon

18. Rachel reported that positive feedback had been received about the PLI event held on the 11th Sept and asked the Executive if a locality wide event should be run again in the future. The Executive agreed that the event was successful and a locality wide event should be held again.

Medicines Management

19. Robina reported that the Prescribing Group updates are to start to be issued on the E-bulletin.

20. The quarter 1 prescribing report was circulated and will be emailed directly to practices.

21. Robina reported that the 'first data bank' is a new pilot for 3 months. After the pilot, practices will feedback on its usefulness and the impact on reducing costs will be reviewed. The CCG will review the finding and will decide whether it should be rolled out.

A.O.B

22. It was reported that the deadline for the anti-psychotic audit has been extended for a month.

Date and Time of next meeting:

7th Nov 2013, Clinical Room A & B, Fairlawns