NHS
Sheffield Clinical Commissioning Group

HALLAM AND SOUTH COMMISSIONING LOCALITY

Local Executive Group Meeting

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Thursday 16th May 2013 at Charnock Health Centre 2-4pm

Minutes Part A

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

Attendance: Rosalind Eve – Age UK Dr Z McMurray Dr A McGinty

Note taker: Susan Lister

Declaration of Interests – All had an interest in PPL apart from Mrs Cleary

Minutes of last meeting accepted as a true reflection of proceedings

Matters Arising:

Actions following PLI:
Mrs Cleary had prepared a paper of our priority actions which were agreed by the board. We are to offer support to practices for the phlebotomy project and Dr Heatley is to do an audit and circulate the results along with a questionnaire to all practices.
Action Dr Heatley

Mrs Nutbrown has shared her evaluation report from the PLI with Kevin Clifford with a view to taking forward some of the outcomes. Further meetings are to be arranged. Macmillan Survivorship Project – Mrs Nutbrown had met with Ms Thompson and there is to be a further meeting in 2 weeks. Ms Thompson will be invited to the next Clinical Council.

GPA Development
Lead GP and Manager per Association identified. The HASC GPAs group is to meet at 12.45 prior to each Clinical Council.

1.COPD – Due to lack of time this will be on the Agenda for next meeting.

2.Feedback Clinical Council
Urology/ Bladder diaries was on the recent Clinical Council agenda. HASCL is looking to do a pilot around this with hopefully secondary care nurses to assist the practices involved.
Action – Drs Connor and Boyle.

3.Morale in General Practice – will be discussed at next meeting.

4.Age UK
Ms Rosalind Eve gave a brief presentation on the role of Individual Living Coordinators which would be employed by Age UK. They offer advice and information to patients who

require support – enabling them often to look after themselves. She gave examples of several case studies where the intervention had saved the NHS money and the GPs time.

5.Messages to Governing Body

1.Clarity around Conflict of Interest.
2.Role function and long term GPAs
This is to be a standard item on the LEG Agenda

6. AOB
The next Clinical Council is on the 11th July and Dr Boyle suggested Gout Management as one of the items - along with a presentation from the Community Geriatrician on 'When to stop taking your pills'
Action Dr Boyle

7.DONM _ 20th June at Charnock Health 2-4pm

Sheffield Clinical Commissioning Group

NORTH LOCALITY

COUNCIL MEETING AT ST THOMAS MORE COMMUNITY CENTRE

Wednesday 22nd May 2013, 0830 – 1100

MINUTES

		Action
Welcome, introductions - Leigh Sorsbie There were no matters arising from the minutes of April Council not covered in the agenda.		
Sheffield Transformational Survivorship Project - Georgia Thompson <u>Background</u> • Georgia's presentation will go on website • The project is led by Sheffield CCG with financial support from Macmillan • It offers support at practice level to look after patients living with cancer and aims to promote sustained recovery post diagnosis/treatment help them get back to family life and being part of their community. • Numbers are up due to factors such as age, earlier diagnosis and treatment. • By 2030 the estimated number in Sheffield will rise from 20,000 to 40,000. • There are finite resources to support patients so the NHS needs to change the approach. • The project has been trying to get a better picture of unmet needs. • The psychological effect plus treatment can make co-morbidities worse or become a Long Term Condition (LTC) in itself. • The impact on quality of life doesn't go away after treatment. • Risk Stratification should include cancer survivors because they are high service users of primary and secondary care. • A LES for the pilot is being developed. <u>Recommendations</u> • Apply the risk stratification to provide tailored support. • This increases wellbeing and reduces demand on services. • Secondary care provides a care plan that includes holistic assessment, access to health and wellbeing. • A treatment summary from secondary to primary care should follow the patient		

Next Steps

- Sheffield CCG project will run for 18 months as a local development of a national project.
- The project will increase information on long term survivors.
- Georgia is working with lots of providers to use national work and do local framework.
- She is working with BME communities and has been in touch with Ted.
- The idea is to develop a partnership integrated approach and ease the burden on GPs by using other resources in the community.
- There is a test model around the 6 monthly cancer care review and CEA test.
- Dr Anthony Gore has produced a resource package and wants to provide this at practice level.
- A review template is being developed to give quality data to prove good patient care.
- Work is going on to enable GPs to get information quickly from one source via the Portal.

Education and training

- Georgia is working with various groups to build a package.
- She can come out and work in practice to raise awareness of patient needs and services available for support.
- She can come out and work alongside practice nurses and arrange a 30 minute review with patients.
- Breast and colorectal diagnoses will average 4 – 8 patients per year in practice.
- There will be protocols to support CEA tests and interpretation of results, better referral pathways, and more ways to get specific advice, such as e-consultations.

Discussion

- Georgia asked for cancer champions to link into the locality and feed back to her.
- The scheme needs practice ownership.
- The scheme can't focus on particular practices because there is no way of telling where the diagnoses will occur.
- There some issues with the model. GPs felt it was better for patients to be encouraged to get on with their lives rather than be stuck in a LTC mind-set.
- Georgia felt that the impact of the treatment can make it an LTC and the key is to support people in self- management.
- The risk stratification should include the risk of the disease recurring.
- If one practice won't pick this work up, could GPAs cover it?
- The first draft of the LES has gone to Board. In Sheffield patients will be discharged from secondary care in the summer, so the first round of CEAs will be due in December.

Nurse summary • The presentation is on the website. • This is a two year pilot supporting people living with cancer who have complex needs. • The transition from secondary to primary care should complement current services and provide a holistic approach. • Some patients are deteriorating and are discharged to die at home. • The case managers offer one to one care for two weeks after discharge. • The service is trying to simplify medication before discharge. Discussion • At present GPs can't refer to the team as there are capacity issues. This is being looked at. • There no progress at the moment on the hospital doing the pink cared. They consider it a community thing. The team is working on this.	
North Pilot (emerging risk) FUR – Leigh Sorsbie • Leigh's presentation is on the website. • North has done a FURs bid to provide money for extra clinical time to do care planning. • In North, people die early due to illness and deprivation makes this worse. People have poorer health outcomes and more mental health problems. • The approach needs to be patient centred. Patients benefit from help provided by those who know them. • The problem is clinical capacity and the resultant stress which is where the FURs bid comes in to allow GPAs access to extra funding to have the capacity to do the planning and patient support. • The plan is to review patients at emerging risk. These have not shown up yet as they're not expensive. • These will score 30 to 49 on the risk stratification. • There is on-going debate on what the city wide project will do. • Screening for other LTCs is important because North patients tend to present later. • The money available will fund 1.5 GP and 1.5 nurse time for each patient. This includes evaluation and admin time. • Each GPA will need to work out how they allocate their funding. • Work is being done on a universal care plan template with the aim of keeping the basis the same as the city one template, with North extras. • The funding is only for one year, so there will have to be intensive evaluation to retain funding and roll it out city wide on-going. • will have to be clear which patients they are looking at in each scheme. • The city wide plan is on the CET agenda for next week so Exec needs GPAs to discuss to feed back to CET. • Practice representatives at Council can discuss this, but they need to go back and talk to their teams about it.	

North Pilot - All
Discussion and feedback by Associations
Comments on draft business case

<u>High Green</u>

- Largely supportive
- Working on how best to do the scheme
- Want to meet with DN nurse team to look at secondments
- Looking to employ a GP across the patch

<u>Pitsmoor</u>

- Generally positive
- Want to see audit before commit
- Figures need to include overheads
- May divide money per practice
- See what resources are available in-house

<u>Southey</u>

- Want to go ahead.
- Need to see template to get idea of how to structure work
- Still debating best way to organise – need more discussion

<u>Firth Park</u>

- Want to do it.
- Need time and resource to work out how
- Various options – employ a salaried GP to free up an established GP do work.
- Need to sort details out.
- Might be better on an individual practice basis
- Going back to practice teams to see what works best and get back together.
- All positive.

CET – Simon Kirby

<u>Commissioning Intentions</u>

- North has had time to look at the locality plan so it supports city wide work and locality initiatives.
- The FURS bid will go to CET next week for approval.
- Exec are keen for practices to initiate commissioning ideas from either practice or GPAs and will represent them at CET.

CCG – Margaret Ainger Religious Circumcision • This is to be discontinued the Sheffield. • CCG did engage with community groups and the proposal has been to the LA scrutiny group. • There will not be much impact on the muslin community in North as most parents opted for GP led services outside Sheffield. • SCH only offered the service at 6 months old under a general anaesthetic which is not what parents want. • There will be an information leaflet for families and better information made available to practices and community groups. Practice Visits • North is almost at end of the third round of practice visits. • Margaret met with Simon Kirby with a view to revamping information sent out to practices before the next round. • Exec has been positive in reporting back. If practices can think of any way to improve the visits they should contact Margaret. • It may be better to have a fairly standard city wide format for practice reports. Margaret will speak to the other locality managers about this. PPI • CCG had public meeting in April. • 70 people attended and volunteers were called for. There were 20. • It was decided that there needs to be more work on engagement and this needs patient help. • There is a meeting on 14th July. • Practices should let Ted know if their patient group wants to attend.	
Finance – Gill Lyons **Getting Underneath Finance report** • The presentation is one Julia Newton gave to the Governing body. • It will go on website. • Gill went through it.	
RESS – Charles Heatley and Rachel Gillott This is part of the development on elective strategy and has several elements. RESS - development and extended for new specialities • There is a GP service for Gynae and ENT referrals are reviewed by GPSIs • Referrals are done using Choose and Book (C&B) and respond to	

within 48 hours.

- C&B is the admin function. GPs don't have to use it to make appointments.
- The CCG can provide help with C&B.
- The services offers advice if necessary via electronic response.
- The GP doesn't have to take the advice.
- In HASC referrals may be down by 16%.
- The service has been extended to other specialities.
- Charles urged practices to have a go. It can be a bit challenging to start with, but support can be provided.
- If practices are using RESS Charles would like some feedback.
- All the information about RESS is on the Portal

<u>Portal</u>

- If you go into ref and pathways you get sent to the Portal.
- The forms and referrals site has been re-vamped to make it easier to use. The Portal has a search facility.
- Forms will appear if click on them.
- There is a section on education support.
- This builds on education opportunities city wide.
- Educational events are on the Portal.

<u>Work being done on operational transformation.</u>

- This comes from the desire of primary and secondary care to have something different.
- One of things to come out of the Follow Up LIS is the variability of whether or not a patient gets discharged.
- The CCG is looking at simple ways of managing patients.
- Some resource has to come out to support GPs.
- Urology and Cardiology are keen to look at different ways of doing things.
- Cardiology are aware how long a patient waits and want a joint effort to improve.

<u>Payment By Result</u>

- This is driven by activity so patients are drawn in to have things done.
- DH is thinking of ways not driven by tariff. There is a global look at budgets to get sensible arrangements.
- Secondary care should give activity needed by patients based on outcomes.
- If primary care has the money – what does it buy?

<u>Conflict of interest</u>

- Charles is aware that North are in the process of setting up a provider arm.

• He works in the same practice as Directors for PPL and has had to learn to detach himself from this. • Does North have any views on this? • Transparency/Conflict of interest is discussed a lot at CGG. GPs have to practice with integrity. • Ted felt this needs PPI because it can help unlock conflict of interest. Patient input when designing and commissioning services would make it a more transparent process.	
AOB – All • 111 is still on hold. There are no firm dates for Sheffield to go live. • If a patient calls they will get answered.	

SHEFFIELD CCG WEST LOCALITY
Executive Team meeting
Thursday 2nd May 2013
8.00am Fairlawns, Middlewood

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

In attendance: Tracey Dunbar, Lynda Liddament

Apologies: Jayne Taylor

1. **Welcome**
   Susie introduced Tracey Dunbar to the Executive Team members. Tracey has been appointed to provide administrative support to the West Locality.

2. **Minutes of meeting 4th April 2013**
   Para 2 - Clarification was required on who is undertaking the practice visits. Further information is to follow when they are finalised. It was noted that under para 9 it should state specialised dermatological camera instead of dermie camera. Under para 10 it should state Estates report not CQC report.
   Subject to the above amendments the minutes were otherwise agreed as correct.

3. **Matters Arising**
   a) Commissioning Intentions
   Rachel is waiting for an update from Rachel Gillott about the Dermatology clinic. Rachel has spoken to Medicines Management regarding DMARDS. Issues of consistency across practices were highlighted regarding access to Phlebotomy. Rachel stated this issue should be addressed under the Community Nursing discussions.

   Rachel stated that she would update the commissioning intentions table and circulate to members.

   Action: Rachel Dillon

   Rachel reported that the final 2012/13 position on Enhanced Services was £15k underspent which was mainly from the minor surgery service. There is currently a review of minor surgery underway and further information is awaited from the LAT. It was reported last month that Lisa had produced forecasts for 2013/14.

   b) Practice Manager representation on the Governing Body
   Rachel has discussed the issue with the Governing Body and has been asked to write a report providing clear evidence that representation is useful and is required. Rachel will be asking PMs to provide input in order that a case can be put to the Governing Body.

4. CCG/CET/CRG/Planning and Delivery update

Steve reported that the CCG and CET have been focussing on methods of communication between groups and how links and communication between committees can be strengthened. It was agreed that future CCG and CET minutes would include a summary of the 4 key themes from the meeting.

NHS England has written to all CCGs to ask how the Risk Stratification DES is to be implemented in their practices. It was noted that the Care Planning Strategy needs to dovetail with the Risk Stratification DES and this needs a robust approach through a City wide strategy.

Regarding A & E performance, Dr Sloan is leading work in A & E looking at performance issues and processes. There has been a slight improvement in the last week but there are still issues which need to be resolved.

Jenny reported that her Right First Time workloads and meetings are increasing. Currently a stocktake is taking place with District Nursing.

5. Dykes Hall Evaluation

The evaluation report from The University of Sheffield on the MDT at Dykes Hall Medical Centre was discussed. The report was very positively received and it was viewed by members that this research and evaluation provides valuable evidence from a Primary Care setting.

The view from a commissioning point of view was that this evaluation is an important step along the way in the longer term strategy of future investment in widening the Practice based multi-disciplinary team. It was viewed that this model at Dykes Hall is a good starting point and that it prompts further challenge and discussion.

It was noted that the evaluation is being presented to CET on the 14th May 2013 and feedback from CET will be provided at the next Locality Exec meeting.

Action: Steve and Rachel

6. Update on Communications City Wide Workshop

Diane provided an update on the workshop which sought to find out how the CCG should communicate with practices more effectively. The outcome was that there should be a weekly bulletin but that the content should be segregated into GP, Nurse or PM issues. It was viewed that the CCG should develop strong links with the LAT as the CCG should not duplicate the content of the LAT weekly bulletin.

Also the website communication should be further developed in order that all relevant information is found in one place by easy navigation. The website development is being supported by the CSU Comms team.

Steve informed the Exec members of the new Press Portal that had been developed. Linda Cutter is attending the next Council meeting to demonstrate the Portal.

Tim stated that there was still an issue to address in how practices and the Governing Body communicate to each other. It was viewed that an effective link to the Governing Body is essential.

7. Locality Manager Update

a) GPAs – Rachel stated that Tracey would be able to provide admin support for the development of GPAs and that PMs should contact Tracey if required.

b) Outpatient Transformation – Information has been received and was circulated on Friday 26th April about the extended Referral Education Service.

c) Future presentations at Council
Briony Broome from SCCCC, is keen to come to speak to practices regarding the services that are available. She has been invited to the PM Forum in June.

It has been confirmed that MM are to attend the Council meeting each quarter. MM were developing a core offer which they would send to Rachel. Rachel will then share this.

Action: Rachel Dillon

Georgia Thompson is to attend a future council meeting to discuss an initiative for cancer survivorship and to discuss how the programme is to be rolled out in practices. Georgia has attended meetings of other localities and is aware of the concern about additional workload on practices. Georgia has also stated that the Weston Park Team are also keen to come to speak at a future meeting.

Ros Eve, from Age Concern, is to attend a future council meeting to describe the services that they provide. This was viewed as being extremely useful with the links to Right First Time.

The Exec members agreed that, with an increasing number of organisations and representatives wishing to present to the Locality, it was important for these organisations to highlight the specific services they are offering and how these fit with the commissioning plans and priorities. If representatives are invited to present at a Council meeting they will be asked to attend for a timed slot where their presentation should focus on 3 main objectives of their service.

8. Papers for Information

The papers were noted.

9. The LLP

This item will be discussed at the Exec meeting on the 16th May.

10. A.O.B

Date and Time of next meeting:
16th May 2013, 4 – 5.30pm Boardroom, Fairlawns – session on GPAs