

Central Locality

Item 13f

Local Executive Team Meeting

Tuesday 8 April 2014

In attendance – P Wike, M Wilde, Drs Read, Hooson, O'Connor, Afzal

1. Declaration of interest - none

2. Central Locality Month 11 Financial Position

Month 11 financial position was discussed

The current position of Central Locality was discussed. Currently there are 12 Practices underspending, 9 Practices within 2.5% of their budgets and 3 Practices that are overspending.

It was decided that to fully engage Practices in their commissioning budgets, especially with the current financial and work pressures, that the re-introduction of a commissioning incentive scheme would ensure Central Locality Practices are fully engaged in the commissioning process.

3. Quality Improvement Scheme

This scheme was discussed and all felt that the scheme would provide an opportunity for Central Practices to work together, share best practices and improve the quality of Primary Care given provided to patients.

4. City wide LEG Meeting

The four Locality Executive Groups have decided to meet.

5. GP Associations

There was a discussion around Central GP Associations and as to whether the Associations were perceived to be provider or commissioning entities. It was agreed that they were predominantly commissioning units that could, through service redesigns and patient pathways, also provide services – always considering any potential conflict of interest.

All Practices are in agreement that for larger, provider based services which could, or need, to be delivered will be delivered by Central Care Sheffield Ltd and the in collaboration and the newly formed citywide GP Assembly.

Practice disease specific information is being shared within Associations, one Association meeting has already looked at respiratory information, another is considering diabetes Secondary Care cost, prevalence and shared learning.

6. Service Redesigns for 2014/15

Continued work on the non-elective service redesign around respiratory emergency admissions, this will be completed by mid-June.

Community IV Service, Celiac Service, Children's Dermatology and Lesion Clinic, Ultrasound and Fibroscan, Patient Pre-Op assessments

Joint work is underway with Sheffield International Venues to look at the feasibility of having a mobile health and exercise and information bus where patients could access at their local Practice.

7. Better Care Fund

This was discussed, Paul and Michelle attempted to inform the meeting of the Fund and the complexities around joint funds, the management for the Fund and informed the meeting that several requests have been received from Practices and Associations wanting to bid for Better Care Funding.

It was agreed that Paul and Michelle would meet with other Locality Managers and Tim Furness to get some clarity around the Fund.

8. Date and time for next meeting:

Tuesday 9.00am, 20 May, Dovercourt Surgery

HALLAM AND SOUTH COMMISSIONING LOCALITY

Local Executive Group Meeting

Thursday 20 March 2014 at Charnock Health Centre 2-4pm

Minutes Part A

Members: Dr C Heatley (Chair), Mrs S Nutbrown Mr G Osborne Dr M Boyle.
Ms Helen Cawthorne. Dr A McGinty

Note taker: Susan Lister

Declaration of Interests – Declaration of Interests were handed in to Dr Heatley – who advised that there was no conflict around the Agenda.

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

1. Leg Membership

Ms Cawthorne had prepared a draft Terms of Reference which had been circulated to the board prior to the meeting. Much discussion took place around the purpose of the Local Executive Group Board, its Objectives and its Membership. After certain amendments are made to the draft it was agreed that it could then be circulated again for agreement prior to going to Clinical Executive Team.

Ms Cawthorne advised that the board is currently seeking recruitment to the Local Executive Group Board in order for it to be representative of all aspects of a working practice.

2. FURS

Ms Cawthorne had prepared a paper on proposals for the use of monies in freed up resources. This was on the agenda at the extraordinary Local Executive Group meeting that took place in February. Practices were asked to put forward any idea they had for the development of a service, the benefits the likely outcomes and the costings.

The Board agreed that the following proposals should be supported/considered:

Please note that the proposals were being considered on the assumption that we had more than £100,000 FURS. Decisions about funding will be finalised at LEG on May 15th

Telehealth – This would need to go out to tender as it is over 30k and the board requested the Dr Livesey should address the Board on its advantages.

ACTION – Ms Cawthorne to contact Dr Livesey to attend LEG meeting in April.

Practice Nurse Learning Sets – This was a well costed plan by Mrs Nutbrown for ongoing training.

Phase 11 of a review of the phlebotomy services. This is to continue to the next level and Ms Cawthorne will contact Jill Dentith to take forward.

ACTION – Ms Cawthorne

Medicines Optimisation – This is to be rolled out to a further 2 GPA groups.

Dementia in the Community – is under consideration.

Acute retention of urine pathway – Dr Boyle was asked to cost his proposal.

ACTION – Dr Boyle

Refining referrals – This proposal also required costing

ACTION – Dr Boyle

Bladder Diary Project – The board agreed to relaunch this project.

GP and Consultant Discharge Scheme – this would be a joint funded project. Dr Boyle is to liaise with Dr Livesey around urology discharge.

ACTION – Dr Boyle.

Discharge Co-ordinator – this is to be continued for a further 3 months.

Primary Care based ENT service pilot – an evaluation is awaited from Central locality.

Asthma Admissions Avoidance - this is to be discussed further.

Care Coordination – This may be required to go out to tender .

The above proposals will be developed further and presented for formal consideration of funding in the next meeting in April.

3.Planning and Delivery Paper

This had been circulated to all members prior to the meeting. The basket of services had been decided. No further discussion took place due to lack of time.

4. Medicine Management Team Update – Richard Crosby did not attend.

No further items were discussed due to lack of time.

AOB

Dr Boyle had contacted a cardiologist to attend the next clinical council to talk around AF.

The consultant would be sponsored by a drug company which caused some concern.

The Board will consider it further in due course.

Ms Cawthorne advised the Board that she would be taking 6 months Adoptive Parent Leave. The Board congratulated her on this news.

DONM – 17th April 2014 at Charnock Health 2-4pm

WEST LOCALITY
Executive Team meeting Public minutes
Thursday 3 April 2014
8.00 am Fairlawns

Members Attending: Dr Nikki Bates, Kate Carr, Diane Dickinson, Rachel Dillon, Dr Julie Endacott, Dr Mike Jakubovic, Dr Tim Moorhead, Dr John O'Connell, Dr Steve Thomas, Sue Uprichard (Chair)

In attendance: Caron Best, Kerry Dunne, Lynda Liddament, Robina Okes-Voysey, Jayne Taylor

Apologies: Dr Jenny Stephenson, Fiona Walker

Welcome and Apologies:

1. The apologies above were noted. The Chair welcomed Kerry Dunne who will be providing administrative support to the West Locality. The Chair acknowledged Liz Sedgwick's resignation from the Exec team and thanked her for all her hard work. Liz has had a long association with the West Locality and has put in a lot of hard work. Caron Best will also be moving on to a new job role. The Chair added that it had been a pleasure working with Caron Best.

Minutes of meeting 6 February 2014:

2. All other actions from both the private and public minutes have been completed and there were no matters arising.

Medicines Management Update:

3. The Medicines Management team has now moved to the CCG and integrated with the Primary Care development nursing team. The first half of the year the team will be working on cost savings leaving the second half to focus on specific quality initiatives.

CET/Planning and Delivery/CCG Update

CET Update:

4. Steve gave an update on CET and P&D.
 - Considered the implication of NHS England's revised financial guidance
 - Agreed the "basket" of services to be delivered as enhanced services from primary care
 - Agreed the process and timeline of the evaluation of the Care Planning service. Most agreed that it had been integral but there needed to be a robust evaluation methodology to prove this value.

Planning and Delivery Update:

- Noted paper on North Freed Up Resources, and approved a bid for the implementation of a community based patient liaison nurse and assistant. P&D have agreed that the projects would be for the North Locality but recognised the opportunity for scaling citywide. Evaluations will be performed to investigate each project further.
- Agreed to the proposals for the jointly funded Specialist Training year 4 Pilot scheme

- Supported the proposal to address the format for future Protected Learning Initiatives (PLIs)
 - Received and commented on an update from the Mental Health, Learning Disabilities and Dementia portfolio team
 - Discussed the format, attendance and desired outcomes from the first Cross Team P&DG session taking place on 01 April 2014. For example, the Mental Health Portfolio has been observed with Long Term Conditions with CSU presence to map the Commissioning Intentions that apply to both. There should be less duplication and more consistency.
4. John raised a question as to how an idea can be progressed to Planning and Delivery. ST advised that any ideas should first be raised at the Locality Executive Group level which will then be passed to the Clinical Referral Group to create a business case for Planning and Delivery to discuss.

CCG Governing Body Update:

5. The Governing Body has been discussing ways to move from a governance dominated perspective to actively making change. After the move from a PCT to a CCG there was a need to ensure stability but after the success of the first year, the stability can be monitored while the system is changed. The organisation of the meetings has also been changed. From now on the private meeting will take place first with the public meeting afterwards.
6. The Performance Report had a lot of indicators that were slightly slipping from last year. The Governing Body has been working through this.

Finance Update:

7. JT has emailed a report with the agenda that details the West Locality Finance Update. The practice budgets were being prepared for next year. TM added that however the budget setting is referenced will suit one Locality more than another; it is flawed whichever way. JT advised that the proposals for the Practice budget will be formalised at the end of May. Other places continue to budget set on the previous year. RD added that citywide the CCG are working to move forward.
8. RD has sent the £5 per head proposal to the group earlier this week and would like comments back.

GPA Update and Case for Change:

9. Winter Pressures has now finished and all of the money has been spent (except £9.79). The data is being gathered and all appointments and hours have been checked. The response on the impact on A&E for this year has yet to be seen but all practices should be thanked for their hard work on this project.
10. Part of the innovation funding has been spent on an open access file sharing system, Intradoc. There is storage, a news board, signposting information and presentations that can be accessed in practice. This is now going live and passwords will be sent soon to Practice Managers to get access. Kerry will be trained on how to use the system and will keep the site updated.
11. The GP Provider Assembly required two representatives from each Locality; one Clinical and one Manager. The elected chair is Chris Stocks. The Assembly agreed that they did not have the mandate to represent all practices totally. CB will email Practice Managers to disseminate the information gathered from the Assembly and Dr Jenny Stephenson and Susie Uprichard will attend the next meeting.
12. Caron provided a couple of papers regarding a range of options as possible solutions for primary care to present to commissioners. Caron explained that other areas have created GP federations which may want to be looked at. The GP Provider Assembly will look at the citywide difference of providers and investigate model integration as currently there is no 'one size fits all' service.

Locality Manager's Update:

13. Agnes McAuley would like to work with practices to manage A&E patients and is looking for volunteers. RD has had a discussion with Agnes McAuley and will forward this via email.
14. The clinical team at Devonshire Green feel there should be more cohesion and co-ordination across the city to provide health and care to the homeless and would like to do more on this. There is no funding available but there is potential to work with CCG and Public Health colleagues to look into this. RD asked whether the group are happy to support this proposal and all agreed to support it.
15. There is also an opportunity for a Cardiology in the Community Project to be piloted in the West Locality. RD asked whether the Exec group would support this project. ST agreed in principle, but asked for further details. RD responded that these will be discussed further at a later date and RD will feedback to the group.

Date and Time of next meeting:**1st May 2014, Boardroom, Fairlawns**