

**HALLAM AND SOUTH COMMISSIONING LOCALITY**

**Local Executive Group Meeting**

**Thursday 21<sup>st</sup> March 2013 at Woodhouse Health Centre 2.00-4.00pm**

**Part A**

Attending – Dr C Heatley chair    Dr M Boyle    Dr G Connor    Mrs K Cleary  
                        Mrs S Nutbrown    Mr G Osborne    Dr Z McMurray

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Declaration of Interests – All declared an interest in PPL except Mrs Cleary.

Minutes of last meeting were accepted at the informal meeting on the 21<sup>st</sup> Feb

**1.Finalising PLI Agenda – Weds 17<sup>th</sup> April (to include consideration of HASC 2013 Plan)**

Mrs Cleary had prepared a draft plan for the locality for 2013/14 which had been circulated to all members for approval. Feedback from consultation of the plan will be put to the attendees at the forthcoming PLI. Dr Connor had distributed a plan of suggestions for practice engagement. After much debate it was agreed that the plan with minor amendments should be circulated to all practices asking for their input if any on what they consider to be of importance to them. This will be sent out with a covering letter and a response will be sought from each practice. Each member of the board will be responsible for following up responses from approximately 4/5 practices.

Action – Mrs Cleary to amend plan.

Action – Dr Heatley to compose covering letter.

**2.RFT Update and development of GPAs**

Mrs Cleary had prepared a proposal around the Integrated Care Model for the HASC Locality. This was circulated to all members for discussion.

There was some concern about the movement of one practice to another GPA. This will be discussed further and a clear stance on this will be part of the PLI.

**3.Morale in General Practice.**

Clinical Council – This was well received and the board thanked Dr Boyle for arranging the presentation given by Consultant Urologist Mr Derek Rosario.

The board then discussed the subject of what we can do to make morale in practices better. A debate took place around the pressure being put on practices to deliver targets that may be unattainable, particularly those relating to QOF in the new contract. There was considered to be a potential high risk of exception coding if there was no support for practices. For its part LEG should be ready with clear rationale and support around the proposed quality audit and now choose and book would be set out in the draft plan.

Action – Dr Heatley will draft a proposal and send to Mrs Cleary.

#### **4. M10 Finance Report.**

The month 10 finance report was considered which showed that the locality was overspent. Mrs Cleary stated that RFT should go some way to helping address this imbalance.

#### **5. Non recurrent surplus – Update LTC**

Mrs Cleary advised that the majority of our practices had taken part in this initiative. It was raised that clarification was required as to who is responsible for long term care if a patient was housebound. This would be considered as part of the city-wide District Nursing specification development.

#### **6. Interdoc Update**

Mr Osborne had sent out the quote for this facility. A demonstration by Interdoc is on the agenda at the PLI. This is when practice managers can see its potential and hopefully want to use it. There was some concern over the price and negotiations will take place. It is a 3 year contract and Mrs Cleary asked if we are clear on the payment mechanism and the likely practice contribution.

Action – Mr Osborne to draw up proposal.

#### **7. Update – Choose and Book.**

Ms Jaz Uppal has been visiting the practices in the locality – to ascertain their views on this project. When this is complete she will advise of the outcome. The project group has not been set up yet. The advantages and benefit to practices is that it provides good information governance and keeps patients and practices safe.

Action – Mrs Lister to invite Ms Uppal to come to next LEG Meeting .

**DONM** – An interim meeting is to take place on the 11<sup>th</sup> April at 12noon at Birley Health Centre to prepare for the PLI.

## HALLAM AND SOUTH COMMISSIONING LOCALITY

### Local Executive Group Meeting

**Thursday 25<sup>th</sup> April 2013 at Charnock Health Primary Care Centre 9.00-11.30am**

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

In Attendance: Ms Georgia Thomson, Ms Jaz Uppal

Note taker: Lisa Shackleton

Declaration of Interests – none were made

Minutes of last meeting were accepted at the meeting on the 21<sup>st</sup> March

Matters arising: Morale in General Practice to be put on next month's agenda.

### **1. Choose & Book update**

Ms Uppal had prepared a paper updating the LEG on the Choose & Book project she has been leading on, this was circulated to all members before the meeting.

The group discussed the paper and the main areas of concern that practices had raised. These are:

- Peer review of referrals
- Resource implications
- Availability & finding of clinics
- STH queries

Ms Uppal asked members to consider taking forward a pilot within a small number of practices in a couple of specialties where the DOS has improved.

**Action** – Mrs Cleary and Ms Uppal to put together a proposal to share with LEG how to take this forward.

### **2. Macmillan Survivorship Project**

Ms Thompson attending the LEG to gain support of the planned Transformational Survivorship Project which is planned to last for 18 months. Ms Thompson gave an overview of how the 18 month pilot has been designed to run and explained that there was the expectation that Practice Nurses would be involved with holistic care for cancer survivors.

The group agreed that the idea of the holistic care being within primary care is a good one but were not convinced that practices would be in agreement that this would be in the scope of practice nurses. The group would like to note that this would need to be resourced, and this didn't necessarily mean a budget allocated to

each practice/patient. The queried if the cancer specialist nurses could play a part in this.

### **3. Update on PLI 17<sup>th</sup> April.**

The group discussed the PLI.

**Nurses/HCA** – Mrs Nutbrown shared an evaluation report that she had produced. There were 3 main themes to come out of the day and they were:

- Improved terms & conditions
- Protected learning
- Communication across HASC

**Practice Managers:** Mr Osborne gave good feedback from the session. There was not full agreement on Interdoc but the group made a decision to purchase the system for the 3 year period.

**GPs:** Dr Connor shared an evaluation from the questionnaire that was given to GPs at the PLI.

The general feedback was for the LEG to take leadership and as long as the reasons for decisions were clear practices are happy to be led by the group.

A GP raised the issue of GPA configuration and asked the question why one practice had moved to a GPA not geographical to them and whether the GPAs made geographical sense.

The LEG had sought advice from the CCG, which was that the initial purpose of GPAs is that you should be aligned to practices geographically close to you for the purpose of the Intermediate Care Teams.

**Action** – Dr Heatley and Mrs Cleary to meet with Dr A McGinty to discuss the feedback from the PLI and communication

**Action** – Share Mrs Nutbrown report with Kevin Clifford.

**Action** – Dr Heatley and Mrs Cleary to have conversations with practices not geographically aligned to GPAs

### **4. Clinical Council Agenda**

2-2.30 – Urology – Dr Boyle has arranged for Chris Chappel from Urology to come and do a talk on 'Bladder Diaries'.

PLI feedback

GPA

**DONM 16<sup>th</sup> May 2013.**

NORTH LOCALITY

COUNCIL MEETING AT ST THOMAS MORE COMMUNITY CENTRE

Wednesday, 17<sup>th</sup> April 2013, 08.30 – 11.00

Agenda item	Actions
<p><b>Welcome, introductions and apologies - Trish Edney</b></p> <p><u>Minutes of last meeting</u></p> <p>These were agreed as a true record</p> <p><u>Matters arising</u></p> <p>There were no matters arising not covered later on the agenda</p>	
<p><b>Prescribing – Charlotte Ferguson</b></p> <ul style="list-style-type: none"> <li>• The presentation will go on the website</li> <li>• Work on safety and quality prioritised by the team</li> <li>• Drug switches have gone through and best practice outlined.</li> <li>• There will be new action sheets based on costs for the new financial year.</li> <li>• MMTs will support practices looking at these.</li> <li>• All North practices passed prescribing QOF</li> <li>• The reform of MMT in CCG/CSU means that most are in CSU at 722 Prince of wales Road supporting CCG commissioners</li> <li>• Hilde and Garry are CCG doing prescribing governance.</li> <li>• <u>Areas for work in 2013 include:</u> <ol style="list-style-type: none"> <li>1. Care home medication</li> <li>2. Waste management</li> <li>3. Bulk prescribing</li> <li>4. Dressings – new guidelines</li> <li>5. Drug switches</li> <li>6. Drugs of little clinical value</li> <li>7. Lipid lowering drugs</li> <li>8. Gluten free – age and gender</li> <li>9. Medication reviews</li> <li>10. Community pharmacists</li> <li>11. Oral nutritional supplements – new brand out</li> <li>12. Generic savings</li> <li>13. Practice educational sessions on COPD</li> <li>14. Reception training on repeat prescribing</li> </ol> </li> <li>• Charlotte can email copies of the report to practices.</li> <li>• Qof 6 – 10 has been discontinued</li> </ul>	

## **CCG/CET Update – Margaret, Trish and Simon**

### CET Update – Trish and Simon

- Community nursing – work is being done on a new service specification. The first meeting of the management group from CCG and Community Nursing is 18<sup>th</sup> April. This will look at the specification and the District Nursing core offer for services city wide
- Referral Education Support Service – this will be rolled out imminently. Referrals will be via C&B for GPSI to look at and give feedback.
- Specialities available from 1<sup>st</sup> May are Gynae, ENT and Urology
- Specialities available from 1<sup>st</sup> June are Orthopaedics, General Surgery and Haematology
- Risk stratification – The national DES will pay 74p per patient.
- CCG are looking at more clinical work monitoring patients with emerging risk.
- There is money to do care plans and monitor patients on top of the national DES
- The Care Home LES may be changed in line with LIS to have a similar care plan and requirements to cover care home patients and those at home.
- CET have agreed CHLES is 3 year programme.
- Simon keen to use Locality updates and reports on North GPAs to raise North business on the agenda.
- Simon will do a summary of business to ensure practices get concise feedback and understand the implications.
- Simon is still pushing the intranet to be updated. He has seen the draft which looks better than the current website. He is also requesting IT support.
- On April 25<sup>th</sup> there is a meeting about intranet – practices invited to attend and have a chance to give feedback.
- Public CCG meeting – 18<sup>th</sup> April
- Primary Care have now gone to the Local Area Team. There will be discussions about what is CCG and what is LAT and where areas overlap so practices know who to contact.

### CCG Update – Margaret

- There was a meeting for practices at the end of March before CCG went live.
- It was good to get feedback and update practices.
- There were presentations from the portfolio leads.
- The feedback was very positive and it was nice to be thanked for work done.
- The feeling was that there were too many presentations and not enough time for discussion.
- Ideas for the structure of future meetings should be fed back to Margaret.
- The meeting will be twice a year to get city-wide feedback.
- CCG will need to do a lot of mapping in next 6 months to have a collaborative approach.

<p><b>North Risk Stratification – Freed Up resources Pilot – Leigh &amp; Simon</b></p> <ul style="list-style-type: none"> <li>• FURS proposal will buy time to do clinical work for risk stratification.</li> <li>• The city-wide risk stratification plan will pay £x per patient plan.</li> <li>• North’s project will not duplicate the city-wide work. The two schemes can run in parallel.</li> <li>• Exec have met Tim Furness to discuss this.</li> <li>• Both strands will look at emerging risk.</li> <li>• North will look at patients scoring 30 - 50</li> <li>• City wide will look at scores of 40 – 70</li> <li>• Looking at patients with a lower risk score may find undiagnosed conditions.</li> <li>• Emerging high risk in lower group may find undiagnosed risk</li> <li>• GPAs pool resources to buy more clinical time</li> <li>• The city-wide launch is planned for October.</li> <li>• CHLES – Trish is hoping to align CHLES plan with the risk stratification template.</li> <li>• The city wide scheme is aiming for 25% in first 6 months.</li> <li>• This is an opportunity for the city to look at 2 different ways of working and compare.</li> <li>• Tim could see the logic of North’s pilot.</li> <li>• Getting templates out might slow things down. One in production. North needs to be sure it has on it what North needs to measure.</li> <li>• The template needs to go across operating systems.</li> <li>• Draft Business Case will be sent to practice to discuss at May Council</li> </ul>	
<p><b>Advice Worker – Lynda</b></p> <ul style="list-style-type: none"> <li>• Lynda reported that the locality wide business case for advice worker time had been agreed.</li> <li>• She had met with CLASSY to discuss appointing workers.</li> <li>• She will be sending a paper out to practices explaining what is available and how the scheme would work.</li> <li>• The current idea is to have a worker based in a practice in each GPA.</li> <li>• Nicky pointed out that the Southey GPA have already been working on this. He and Lynda will meet to compare the services.</li> <li>•</li> </ul>	
<p><b>COPD Clinic Referrals – Ayesha</b></p> <ul style="list-style-type: none"> <li>• The service is not used as much as it should be.</li> <li>• Clinics are at Margetson on Tuesday afternoons for level 2 people</li> <li>• A paper has gone onto the intranet under Respiratory.</li> <li>• Ayesha will email the paper to practices</li> </ul>	
<p><b>Council Meetings</b></p> <ul style="list-style-type: none"> <li>• Practices were asked if sitting in GPAs was a better way to do the meeting and offered more opportunities for discussion.</li> <li>• Practices felt it was good to sit in smaller groups to get more discussion and feedback.</li> <li>• It was suggested that practices could sit in different groups from time</li> </ul>	

to time depending on the topic discussed.

- Reducing people to do reports – prescribing reports to be given quarterly and alternate with finance and activity.
- Practices were asked to consider if they wanted consultants to come to go through pathways. This will be discussed at the next Council.

## **Update from Dr Marion Sloan**

### Intra venous antibiotics in the community

- Community staff were trained at the GPAU to do IV antibiotics.
- They are confident to do it in and out of hours.
- They can initiate in the patient's home and canulate.
- The MDT at OPAT will oversee them.
- They will advise which drugs to use.
- The course will be 5 – 7 days, or shorter depending on the condition treated.
- GPS will need to do the prescription and case finding.
- If the GP feels a patient should start on antibiotics, they should contact OPAC. The community team will come in and stay with the patient for the first dose.
- The team is currently working out how it will actually work.

### GP A&E project

- This has been parked due to lack of staff.
- GPs will be indemnified by hospital.

### One Stop Bottom Shop

- This service went to tender and NGH got the contract.
- It deals with simple rectal bleeding in people under 40.
- The form is on the pathways
- The scheme covers piles, polyps etc. - low risk patients when a GP is not sure whether to refer or not. For more sinister symptoms refer to outpatients.

### Coeliac Patients

- There is now a specialised dietician available in community.
- All reviews could be done in primary care.
- Sytm1 has got a template for health care assistants to do a set of bloods to see if patients are compliant with their diet.
- GPs can check on pro-forma that all scans, vaccinations and relative checks have been done. There is a special dietetic review if want it.
- This could find more coeliacs.
- Practices should speak to Jean Baxter about templates.

### Pipelle Biopsies

- GPs could do this for post-menopausal bleeding.
- Ted Baxter is doing some training



<ul style="list-style-type: none"> <li>• If a GP fits coils they can do this.</li> <li>• The biopsy needs to be in the correct context.</li> <li>• There may be a LES in future</li> <li>• Low risk post-menopausal bleeding could be safely treated in primary care.</li> <li>• Publicity will go out by email.</li> <li>• Marion is meeting Ted Baxter and Jenny Stephenson at the end of May.</li> </ul>	
<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• None</li> <li>• Next Meeting: Wednesday 22<sup>nd</sup> May 2013 8:30-11am St Thomas More</li> </ul>	

**WEST LOCALITY  
Executive Team**

**08.00 a.m. 4<sup>th</sup> April 2013  
Fairlawns**

**Members Attending:** Rachel Dillon, Dr Mike Jakubovic, Dr Tim Moorhead, Liz Sedgwick, Dr Jenny Stephenson, Susie Uprichard(Chair), Fiona Walker Dr Steve Thomas, Dr John O'Connell,

**In attendance:** Lynda Liddament, Jayne Taylor

**Apologies:** Dr Nikki Bates, Diane Dickinson, Kate Carr,  
Dr Julie Endacott Commissioning Trainee GP  
Dr Emma Reynolds Commissioning Trainee GP

**Minutes of the Meeting**

- 1 The minutes of the last meeting were agreed as factually correct with the correction that Richard Webb is Exec director of communities

**Matters arising**

**2 Practice visits**

Some visits have been confirmed but most practices need to reply. Lynda agreed to take over the job of sorting these out. So far the following have been agreed:

Jenny	Oughtibridge, Dykes hall, Broomhill and Deepcar
Tim	Devonshire Green, Far Lane, Stannington and Walkley
Steve	Porterbrook, Sheffield City GP, Crookes and University
Nikki	Tramways (Milner)
John	University

Harold Street has not yet been assigned

**3 Befriending Service**

CET approved funding to support extending this project to cover the whole of the Upper Don GPA. Rachel will set up a meeting with the service provider and GPA colleagues to discuss a service specification.

**4 Q&P Reports**

Rachel reported that she was giving assurances to the Primary Care Team on all the West reports. One practice had not met one indicator.

Liz had been to a two day conference in Leeds and fed back some interesting ideas, one being the Red Cross service supporting hospital discharge.

## **5 Medicines Management Team**

A member of the team will attend Council when a new report comes out and Exec as required.

## **CCG/CET Updates**

### **6 CET**

Steve updated on Planning and Delivery. The Commissioning Cycle is at the point where the 2013/14 Commissioning Intentions documents are being agreed and presented to the governing body. Steve will send out some bullet points.

Other issues raised included:

- EOLC for city Scoping work is being done on EOLC for the city.
- There is a six month financial commitment to the risk stratification programme including a GPA/care planning LES.
- Welfare reform will have a huge impact on people which be reflected in healthcare.

### **7 CRG**

Jenny gave an update. The CRG group uses emails more than actual meetings, which allows more time to reflect. Protocols go to CET for agreement.

Map of Medicine is being updated this month. Practice computers will be updated too.

Right First Time had a first meeting last month. There are lots of projects. One significant clinical aspect is the physical health of people with mental health problems.

### **8 CCG**

Tim updated on the CCG. The first formal meeting is on 4<sup>th</sup> April. The Commissioning Board are coming to explain their plans. The CCG Commissioning Intentions should be signed off today. The Membership Team office will liaise with practices for commissioning issues. There is a new commissioning and engagement strategy.

CCG is looking at electing GPs to Governing Body from October 2013. At present there are no plans to have Practice Manager representation. Rachel will raise this. Tony Pedder and Andrew Cash were invited to attend the private part of the meeting to explain A&E's poor performance in missing the 4 hour target.

Not all contracts have been signed yet because the Commissioning Board haven't completed their part. The Care Trust contract has been signed.

## **Commissioning Intentions**

- 9 All practices were asked to say what they want CCG to commission. To make it easier Rachel has collated the ideas and submitted to Tim Furness. The ideas were then divided up by each portfolio lead – elective, urgent etc.

Rachel has had a discussion with Rachel Gillott on Elective ideas. Not all the work will start in 2013. West needs to consider how to test out ideas and ask for volunteers. From the Exec:

- Jenny is interested in pipelle.
- John O'Connell is looking at specialised dermatological cameras. A firm is getting rid of some equipment. John will contact the firm and ask for some more information.
- Lynda will help with keratitis and other PEARS conditions.

The 4 localities are all doing similar things. There would be better results if ideas went to CRG to get the complete picture and then roll good ideas out city wide. Rachel has shared West's paper with the other Locality managers and there are some areas of overlap.

## **Stocksbridge Redevelopment**

- 10 Liz gave some background to the proposal and went through the business case. The main points included are:

- Bigger premises would be future proof and the practice could provide better services, including rooms for GPA meetings.
- The plan has to go to NCB, but needs backing from West locality before it goes.

Exec agreed support in principle for the scheme.

## **Locality Manager's Update**

### **11 GPAS**

The Upper Don Group's befriending scheme has been discussed. The other GPAs have met. There are still issues with District Nursing. The Integrated Care Teams (ICT) leaders are coming to meet with GPAs after Council. There is a workshop for integrated care planning at Broomhill. In May Rachel will email an invite to clinicians involved with care planning.

The NHS Commissioning Board is developing a DES to identify patients via the risk strategy. The GPAs LIS is being developed for care planning. There will be a payment for each patient having a care plan in place using a multi-disciplinary approach. There will also be other funding to develop GPAs.

**12 Out Patient Transformation**

Pathways have been re-designed. People are needed to test the new portal. There will be an internet site with clinical and public accesses.

**13 Finance/Enhanced Services**

Some enhanced services will go to LA and some to the Commissioning Board. Lisa has done forecasting for next year. This will be raised at the next CCG enhanced services meeting.

The Finance and Activity Group has been looking at West as a whole rather than concentrate too much on individual budgets this year.

The practice visits are designed to help practices with pathways, new services and inter-practice referrals. Practice visits are designed to encourage practices to follow pathways and new services.