

**NORTH LOCALITY**

**COUNCIL MEETING AT ST THOMAS MORE COMMUNITY CENTRE**

**Wednesday 3<sup>rd</sup> July 2013, 0830 – 1100**

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**AGENDA**

Agenda item		Action
<b>Welcome, Apologies - Trish Edney</b>		
<p><b>GPA and Risk Stratification funding allocation – Simon Kirby</b></p> <ul style="list-style-type: none"> <li>• There is a citywide pot of £276K for GPA development, approx £3K per practice. This is non recurrent.</li> <li>• Practices to decide how to use the funding.</li> <li>• Practices should have had sight of the various criteria attached to GPAs including meeting frequency, attendance, formal structure, and named leads.</li> <li>• Exec will have a strategic overview of GPAs.</li> </ul> <p><b><u>DES</u></b></p> <ul style="list-style-type: none"> <li>• Tim Furness is expecting signed declarations of interest from practices.</li> <li>• Practices are expected to look at patients with a risk score of 70 and above.</li> <li>• <u>Citywide scheme</u></li> <li>• Focusing on those with a risk score of 30 – 69.</li> <li>• £160k has been allocated as organisational funding (approx £1800 per practice).</li> <li>• Target to reach 25% of those patients within the first year.</li> <li>• The North share of the total is 4170.</li> </ul> <p><b><u>North pilot</u></b></p> <ul style="list-style-type: none"> <li>• Exec suggests we concentrate on those with a risk score of 30-49 for North project, and 50 – 69 for the citywide scheme.</li> <li>• 30- 49 = approx 3300 patients in North.</li> </ul>		

<ul style="list-style-type: none"> <li>• There will be 40-50% upfront pump priming.</li> </ul> <p><b>Leigh Sorsbie</b></p> <ul style="list-style-type: none"> <li>• Public Health data suggests that the greatest impact comes from targeting the 30-49 group.</li> </ul> <p>Earlier intervention leads to improved health outcomes.</p> <ul style="list-style-type: none"> <li>• Scheme also gives the opportunity to screen for undiagnosed conditions.</li> <li>• Personal Care Planning (PCP) – about listening to patients’ needs and priorities. Also engaging patients with their conditions. The dialogue creates more of a joint decision making between patient and GP.</li> <li>• The suggested model from the RCGP is to initially send letter to patient, create an appointment with the Practice Nurse for basic health checks, then send another letter (including the results) inviting the patient back to review. Then a follow up appointment, followed by development of the PCP.</li> </ul> <p><u>Feedback</u></p> <ul style="list-style-type: none"> <li>• GPAs seemed in favour.</li> <li>• Discussion about when the list would be sent.</li> <li>• Suggestion that the audit was too onerous – LS asked that suggestions of what should be included in the audit to be emailed to her.</li> <li>• Question about whether the failings of one practice would affect the other practices in the GPA – LS stated that the GPA wouldn’t be penalised because of an individual practice failing.</li> </ul>	
<p><b>Referrals – Richard Barnes</b></p> <p>Reports of individual practice referral data over the last three years. Available on the locality website.</p>	
<p><b>CCG, CET Update – Exec</b></p> <ul style="list-style-type: none"> <li>• Medicines Management July summary available on the locality website.</li> <li>• Ted Turner, Margaret Ainger up for re election as city wide GP members of CCG Governing Body.</li> </ul>	
<p><b>Business Plan/ Q&amp;P – Simon Kirby</b></p> <ul style="list-style-type: none"> <li>• CCG Business plan to go on the website.</li> <li>• Covers what CCG are trying to achieve in the first year.</li> </ul>	

<ul style="list-style-type: none"> <li>• Locality managers have agreed with the LAT a draft Q&amp;P plan. Principles the same as previously, but new areas of referral to look at.</li> <li>• Approved in principle by CCG and the LMC.</li> <li>• Waiting for formal sign-off from NHS England.</li> </ul>	
<p><b>September Locality PLI</b></p> <p>Suggestions for topics for locality PLI on Sept 11<sup>th</sup> requested. Suggestions were...</p> <ul style="list-style-type: none"> <li>• Repeat prescribing pathway</li> <li>• Mental Health</li> <li>• Care Planning</li> <li>• Sharing changes in evolution of CCG to non-council members.</li> </ul> <p>September Council moved to 18<sup>th</sup>.</p>	
<p><b>AOB</b></p> <p>Grainne Landowski to leave post at end of August, although she will attend the marketplace section of the September Council.</p>	