

Central Locality

Local Executive Team Meeting



Tuesday 25 June 2013

1. Central Locality GP Association Development

There was a general discussion around the development of GP Association development in the Locality.

All Associations are referring into the LA Community Support Workers and the AGE UK Long Term Conditions workers – all Practices are reporting positive feedback from their staff and patients – currently both services are being evaluated with a view to the services being expanded within the Locality and city wide.

Paul informed the meeting that funding for a more structured approach to manager and GP input into Association development and looking at increase integrated working with other services and organisation to reduce the number of non-elective admissions.

Paul and Chelle attended a recent meeting with representatives of Children Services to look at ways of greater integration between the Associations and these services – a city wide workshop is being arranged to explore different ways of working.

2. Commissioning Incentive Scheme

Paul informed the meeting of ongoing discussions with Ian around the introduction of a commissioning incentive scheme concentrating on non-elective admissions and reducing length-of-stay.

The concept of the incentive scheme was discussed and was agreed, further work with CCG Finance colleagues to make the scheme workable and clear for Localities, Associations and Practices.

3. The Future of Primary Care in Sheffield

A general discussion took place around the current provision of Primary Care in Central Locality.

Several options were discussed to maximise the potential of Practices an Associations to reduce the commissioning spend and to increase potential of Primary Care in Central Locality to delivery services currently being run from Secondary Care.

4. Potential Developments and CCG Support

- Submit a business case to re-introduce the Roving GP Service, within Central or city wide.

- Introduction of a CCG or an Association employed staff member into Secondary Care to assist with communications to Practices and facilitate patient discharge.
- An inter-Practice referral system to allow individual Practice skills to be utilised by Associations, the system could be similar to the current IFR system, managed at Locality level utilising the current LES activity system.
- Agreement has been reached with Central Practices to re-align their budgets for 2013/14, to move all Practices to 1% above or below their actual spend over the past financial periods. It is anticipated that this realignment will lead to all Practices being able to make an impact on their commissioning budget – Central Locality seeks support from Sheffield CCG to align the budgets and to support a commissioning incentive scheme.
- On completion of the analysis which is being undertaken of non-elective activity, there may be scope for some form of out-of-hours service where one Practice in an Association, or one Practice within the Locality, is set up to accept patients between 6.30pm and 10.30pm
- The feasibility of a Association wide minor ailments clinic is to be looked at, to ascertain the impact on A&E attendance.

HALLAM AND SOUTH COMMISSIONING LOCALITY

Local Executive Group Meeting

Thursday 18 July 2013 at Charnock Health Centre 2-4pm

Minutes Part A

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

Apologies: Mrs K Cleary, Dr M Boyle

Apologies Attendees: Dr A McGinty, Dr Z McMurray

Note taker: Susan Lister

Declaration of Interests – All had an interest in PPL.

Minutes of last meeting accepted as a true reflection of proceedings

Matters Arising:

GPA Development – Dr Connor will be available to offer support where required.

Med Optimisation – Dr Boyle is still pursuing this.

1. Succession Planning

Dr Heatley had discussed this with Ian Atkinson. He informed him of the options available. The 3 other locality lead managers are under the CCG who pay their salary out of the LIS monies. We could remain independent or we could second someone from CCG.

Mr Osborne suggested that we open advertise and that proper interviews should be conducted. Dr Connor felt that the job description could be amended to focus more on local aspects and comply with the aspirations of the LEG Board.

The board agreed on the following:

- A proper selection process. Advertise in August.
- Harness HR at CCG on interview techniques
- PM on interview panel?
- Successful candidate to decide how they would like to be employed.

Actions: Dr Heatley to circulate job description to the LEG and seek advice re the selection process.

2. CCG GB Election

There are 4 posts available across the city which all members are aware of.

3. Future of LEG

The question of succession for the LEG board was discussed. It was agreed that this could be mentioned at the PLI with a view to seeking any offer of interest.

4. Morale in General Practice.

Mr Osborne reported that practices still felt under pressure from the increasing workload.

5. Forthcoming PLI 10 Sept

Although this date had been given by the CCG – the Board felt that it was too soon bearing in mind the August holidays and the successor to Mrs Cleary. Mrs Lister is to approach Jane Howcroft to see if another date could be arranged. It was decided that the GPs opinion should be sought with the setting of the Agenda. Ideas so far were QP QOF, Care Planning LES, RFT and the role of the GPs. The GPA leads from the 4 associations are to be invited to the next LEG meeting on the 15th Aug at Old School 2-4pm.

Action – Mrs Lister to consult with Jane Howcroft and to invite the leads from the GPs to the next meeting.

6. AOB –

- Clinical Council 12th Sept to go ahead.
- Dr Heatley reported that the Phlebotomy questionnaire is to go out and the data collected ready for the next Clinical Council and then be further introduced at the PLI.

7. DONM – 15th Aug 2013 at Old School Medical Centre 2-4pm.

WEST LOCALITY
DRAFT Executive Team meeting minutes
Thursday 4th July 2013
8.00am Fairlawns, Middlewood

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

In attendance: Tracey Dunbar, Robina Okes-Voysey, Heidi Taylor, Jayne Taylor

Apologies: Dr Nikki Bates, Diane Dickinson, Lynda Liddament, Susan Rutherford,

Welcome and Apologies.

1. The apologies above were noted.

Minutes of meeting 6th June 2013

2. Robina is a Clinical Pharmacist not a Technician. Subject to this amendment, the minutes of the last meeting were agreed.

Matters Arising

3. Liz provided feedback about The Commissioning Show. It was a very positive event and demonstrated that Sheffield CCG was well ahead in terms of developments.
4. The Care Home LES specification requires 2 MDT meetings per year, it was stated that other specifications eg the Care Planning Scheme will require MDT meetings and that there is a need to be strategic with these MDT meetings to ensure that resource is managed better.

CCG/CET/CRG/Planning and Delivery update:

5. Dr Moorhead reported that Governing Body have had discussions about joint commissioning with other CCGs where this is relevant. The Governing Body is also exploring how the CCG can jointly commission with the LA. The CCG has applied to be a pilot with the LA for joint commissioning and provision of health and social care. The Governing Body has appointed a 3rd Non-Executive Director, Prof Mark Gamsu who is a professor at Leeds Met University and, who is to be involved in patient involvement and engagement.

CET feedback:

6. Work is taking place with colleagues across the Region regarding the development of Clinical Senates.

Planning and delivery feedback:

7. Following national coverage, all CCGs are being asked to set up urgent care boards, an Urgent Care Board is being utilised in Sheffield with oversight of A&E and emergency admissions.
8. Experience from last year's commissioning process, especially the learning about timescales, means that the planning round will commence earlier this year in August.
9. RFT want to start an informatics portal, a bid has been developed for a feasibility study. SystmOne is being piloted in A&E at the moment.
10. Regarding Community nursing there are many 'on the ground' operational issues which Dr Stephenson is feeding into the discussions.
11. Regarding Long Term Conditions, a template form has been developed and is being piloted for the Care Planning service.

CRG feedback:

12. CRG is developing a process to ensure that others can contribute to the issues and the agendas. The CCG portal is being developed to include Map of Medicine.
13. An issue was raised by an Executive member regarding the use of the portal. Linda Cutter is the lead for the portal and Rachel stated she will ask Linda Cutter what the process is for changes being made to the portal following suggestions from GPs.

Action: Rachel Dillon

14. Post meeting note: Feedback from Linda Cutter states: 'A message has been included in the GP Bulletin which explains that the portal team will be closing down the on-line feedback on the portal at the end of July. The team will review what they have received and make amendments/improvements to the final version which will then be released.'

West Commissioning Intentions Update

15. Regarding the Pipelle LES, Mary Connor is to run training sessions, which it is hoped, will be set up by September. Initially these courses will be for coil fitters. Regarding the dizziness service, Dr Reynolds is to meet with Dr O'Connell and they are due to present at CRG in July.

Action: Dr Reynolds and Dr O'Connell

Locality Manager Update

16. Regarding Q&P, draft templates have been sent to practices and to NHS England for assurance. Practices will also need to complete the NHS England checklist. Regarding information that can be made available to practices, Rachel has met with Richard Barnes and there is a delay on CSU being able to provide the required information. Rachel is to ascertain from Richard the timescales of when the information can be provided.

Action Rachel Dillon

17. The Care Planning documents are due to be issued very soon.

Finance Update

18. Jayne reported that the month 2 position was that there is an overspend, the main cause of this being non-elective admissions. Finance have reviewed the percentage of admissions from A&E at a summary level however patient level data cannot be used purely for commissioning purposes following national changes in legislation. Jayne reported that the overspend is similar to month 2 last financial year.
19. Practice budgets are imminent and will be presented to the Council meeting on the 18th July. Month 2 reports will be issued shortly after the budgets.

Medicines Management

20. Heidi provided details of a Medicine Optimisation initiative which is underway in the Central locality. Referrals have been lower than expected so it is being rolled out in the North locality too.
21. A process has been agreed at the Meds Management Strategy Group for people to submit suggestions for gaining Medicines Management input. Rachel has a copy of this form and can make it available.
22. Heidi gave details of the action sheets which Technicians are currently working through and are looking at the drugs which are coming off patent. Heidi also reported that practice prescribing budgets have been finalised and will be issued with the other practice level budgets. Simon Grant has been appointed as the Head of Medicine Management at the CSU. Heidi reported from the APG that the shared care protocols have been updated. Heidi confirmed that information had been distributed to practices regarding the receptionist training on repeat prescribing. Rachel confirmed that information had been emailed to practice managers.

Community Nursing

23. See comments under item 4 above.

Community Phlebotomy

24. It has been highlighted through West's GPAs that practices need a Community Phlebotomist due to the workload and time constraints of HCAs and PNs. The cost of the Community Phlebotomist would need to be identified and the service they would provide needs to be defined.
25. Jenny and Rachel agreed to liaise regarding this issue and to feedback to the next Exec meeting.

Action: Rachel Dillon and Dr Stephenson

GPAs

26. This will be discussed at the next meeting.

A.O.B

27. A Locality wide PLI event is to take place in Sept, Council members have been asked for suggested topics. The July council meeting will finish early at 3.30pm. A Membership Engagement Development Programme, from PWC, will then take place at 3.30 -5.30pm.

Date and Time of next meeting:

1st August 2013, Clinical Room A & B, Fairlawns