Central Locality

Item 13h

Local Executive Team Meeting

Tuesday 4 March 2014

In attendance – P Wike, M Wilde, R Pickering, C Nichol, Drs Read, Hart, Gore, Afzal

1. Declaration of interest - none

2. Central Locality Mth 10 Financial Position
Mth 10 financial position was discussed

There was discussion around Practices and the pressures they are under with the implications of a new contract, funding changes, increasing patient demand, a general increase in Practice cost pressures and a lack of support from NHS England around year end closures.
It was felt that the Locality would have to increase engagement with Practices to ensure they committed some time and resource to individual Practice commissioning budgets to ensure the current financial position of Central Locality is maintained.

3. Winter Pressures funds – Same Day Appointment Service and Roving GP / Nurse Service
All services are working and will continue until the end of March.
All activity figures are being collated.

4. GP Associations
There was a discussion and some debate around the Associations and how to get the best outcomes from them, from both a commissioning and a provider perspective.
The funding for Associations have been withdrawn, this is to be used with other funds to introduce a CCG Quality Improvement Scheme – awaiting further details

The expression of interest to access the Prime Minister's development fund has been submitted, waiting a decision from NHS England as to whether the submission was successful.

5. Care Planning Service
This has been implemented by all Practices and internal and Association training events have taken place to bring Practices up-to-speed, some Practices have started doing the checks other Practices have checks scheduled to start in March or April

6. Service Redesigns for 2014/15
Continued work on the non-elective service redesign around respiratory emergency admissions, this will be completed mid-April

Community IV Service, Celiac Service, 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. GP Provider Assembly

The meeting was informed of the first meeting of the GP Provider Assembly.

Date and time for next meeting:

Tuesday 9.00am, 8 April, Dovercourt Surgery

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Minutes of the HASC Extraordinary Clinical Council

Held on 13th February 2014

Present:

Charnock Health Primary Care Centre – Dr Hodgkinson, Julie Coakley

Birley Health Centre – Chris Kearton, Dr Heatley, Dr Boyle

Sothall Medical Centre – Jackie Ashton, Dr Roscoe, P. Williams, Dr Bowers

Woodhouse Medical Centre – Dr A. McGinty, Dr Spinks, Dr McMurray, Gordon Osborne

Falkland House Surgery – Kay Elwood

Manchester Road Surgery – Alison Broadhead, Dr Marshall,

Richmond Medical Centre – Dr Fowler

The Avenue Medical Practice – Rebecca Hudson, Dr Wood

Crystal Peaks Medical Centre – Michelle Smith, Dr Petkar

Mosborough Health Centre – Dr Woods, Sue Nutbrown

Upperthorpe Medical Centre – Dr Hudson

Hackenthorpe Medical Centre – Dr Hodges, Allison Smith

The Meadowhead Group – Elaine Rissbrook, Joanne Johnson, Dr Egdell

Owlthorpe Surgery – Dr Rowland, Faye Schofield

The Hollies Medical Centre – Julie Hoskin, Dr Harvey

CCG – Helen Cawthorne

Dr Heatley commenced the extraordinary meeting of the Clinical Council with a presentation. Key messages were as follows:

- Maintaining the Locality Executive Group is vital to the CCG in its commissioning role, and in the support of individual practices.
- The current LEG members would like ensure that all HASL practices feel represented by the LEG in that commissioning and support role.
- We need to ensure that we get the governance processes right from practice level to Governing Body, but we aim to make them easy to navigate.
- Conflicts of interest should always be declared, and that includes perceived as well as actual.
- The CCG is a product of its practices, and it is as much about what we feed upwards as what is delegated downwards.

Dr McGinty advised that he had taken part in a Governing Body development session on "Conflicts of Interest". He stated that there will be conflicts ahead because of the commissioner/provider role that GPs currently have, this cannot be avoided. What is important is that the conflicts are identified/recognised, and then managed appropriately i.e. How we conduct ourselves in the right and proper manner.

Dr Roscoe added that PPL was established in order to provide better services to patients, and therefore to avoid this service due to the conflicts would be wrong.

Dr Heatley responded that decisions will need to be made about choosing the preferred provider, and ensuring that the right process is there to determine this. An example given was that of the "Basket of services", and the musculoskeletal service. Decisions need to be made very carefully, but we don't want to get bogged down in the process.

Dr Heatley continued the presentation and stated that HASL needs to change the way in which the 27 practices work. We are all working very hard, but the workload and pressures are increasing. The organisations involved are HASL, LAT, Providers, Practices, CCG, LMC and GPAs.

- The LEG is part of the commissioning structure of the CCG and represents practices in that role.
- GPAs are about the provision of services beyond that of individual practices.
- The commissioner/provider roles cannot be split so we need to find ways of managing them effectively and easily.

Dr McMurray stated that we are trying to navigate the chaos with no guidance, but we can do it, and we can make the right decisions. We need to make changes and improvements for the patients through a whole systems approach, and this is the difference – we have to take an interest beyond the practice and wider.

Dr Heatley added that we will need scrutiny in this process because of the actual and perceived conflicts, and this could be having a member of the CCG on the LEG, or setting up a citywide scrutiny committee.

He concluded that the LEG is the body to represent practices as providers and commissioners of services. We have a duty to promote quality and safety, and we need to build a two process from the LEG with the CCG, which is possible with the right strength in membership and process. Having the right membership on the LEG will also ensure that we are representing patients, the needs of the HASL population, and all of our practices.

Group 1 – key points and actions

- Change the focus in the GPAs as they are currently are

- All practices could join the PPL to form a provider, or the GPAs could become providers either on their own or merged into larger groups
- Need a centralised function for the GPAs to do the admin and management
- Attract volunteers on to the LEG by making it less scary.
- LEG should be more inclusive
- Could have the option to leave the LEG after 3 or 6 months
- Contract and defined role – paid
- People volunteer and then a ballot is held to enable practices to feel that they had input into the membership and ensure that have a member that represents them
- Make sure that ideas coming up from GPAs do not get stuck at the LEG
- Should the LEG have GPA representation or not?

Group 2 – key points and actions

- The LEG should be 'lean' and mean
- Self-nomination - wasn't thought there would be many but if so could go for selection
- Needs to be a more structured communication process between LEG & GPAs

Group 3 – key points and actions

- Managers are good for getting things done so we should use that resource
- How do practices develop together as providers?
- Articulating what is expected of GPAs
- Need more nurses or managers rather than GPs
- LEG lean and mean
- Stopping ideas from getting stuck at LEG

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

NORTH LOCALITY

COUNCIL MEETING AT ST THOMAS MORE COMMUNITY CENTRE

Wednesday 19th February, 08.30 – 11.00

Agenda Item	Action
Welcome, introductions and apologies TE welcomed everyone to the meeting and asked for any apologies. ***GP Attendees***: Dr M Ainger (MA), Dr W Carlile (WC), Dr R Corker, Dr L Cormack, Dr R Deslandes, Dr K Donaghy, Dr E Gabrawi, Dr A Grover, Dr P Johnstone (PJ), Dr R Kemp, Dr H Key, Dr C Lawton, Dr A McCoye, Dr P Mooney, Dr C Nwafor, Dr R Panniker, Dr A Rosario & Dr Ted Turner (TTu). ***PM Attendees:*** J Burgar, D Emmas, B Foster, K Green, S Grundy, P Hardy, A Hartley, C Hitchmough, J Jude, J King, M Neville, C Normington, N Normington (NN), M Payling (MP), L Platts, M Richards, J Stevens, C Stocks (CS), T Tate (TTa) & M Tindall (MT). ***North LEG Members:*** Dr T Edney (TE), Simon Kirby (SK) & Dr L Sorsbie (LS) ***Other Attendees***: Heather Burns (HB), Kerry Dunne (KD), Lynda Liddament (LL), Diane Mason (DM) & Gill Newman (SCCG) Lucy Virgo (LV) (Inclusion North) Susan Hird (SH) (Public Health) ***Apologies from:*** N Alneami, Dr D Chatterjee, Dr N Field, P Hardy, L Houldsworth, Dr D Keating & Dr A Shirley. Minutes of the last meeting 08/01/2014 were accepted. There were no matters arising.	
Public Health Introduction **SH introduced herself as the Public Health consultant** and thanked the North Locality for inviting her to the meeting. SH explained that she has been within the post for the past six months and would like to know more of what happens from a locality level and be more engaged with Practice Managers and GP's. SH requested that any questions or feedback regarding Public Health should be directed to her. A question was raised regarding the dismay felt at substance abuse funding cuts and being put out to tender. SH noted these concerns and will feedback to Public Health.	SH

Learning Disabilities TE introduced LV who is the project support co-ordinator for Inclusion North, a project that will be funded through last year's FURS budget. LV described the purpose and plan of **Inclusion North to aid in the delivery of more effective care for those with learning disabilities and their families**. Inclusion North is a Community Interest Company that works mainly within Yorkshire, Humberside and North East England. They will be working with the North Locality to plot the process with which a patient with learning disabilities is treated. This project started in January and will finish in April.  Inclusion North.ppt LV assured the group that Inclusion North are not trying to generate a large workload for practices and are keen to receive feedback on how data gathering and engagement can be made easier for all practices. LV asserted that Inclusion North are not just highlighting difficulties but acknowledging good practice too. LV described the various ways they are engaging with the North Locality including an advisory group that LV invited the group to join to ensure that this project is successful. There will be one face-to-face meeting and the rest of the advisory group will be held virtually. An online questionnaire is being prepared for people to get involved which will be a short survey that should take no more than 10 minutes. Inclusion North are also asking for a small group of people to talk in depth if they are very keen, they would like a range of people from those who believe their practice have good understanding of issues to those struggling to those who would like to raise issues about current methods. The interviews would be held either face-to-face or by phone, whatever is most appropriate for the individual. Furthermore a process mapping event will be held mid-to-late March for professionals only. Case studies will be gathered and processes mapped to see how issues arise. TE advised LV that, on a practical basis, the North Locality will need to know a date presently for this event to ensure high attendance. LV will send out a letter to all about the event and the questionnaire once finalised and reiterated that if Inclusion North are not doing something right then they welcome guidance on how to help everyone succeed in this project. WC confirmed that it is important that all GP's understand that, as LV has stated, this is a project to improve services and not denigrate the work that GP's already do. Engaging with Inclusion North means that the GP's point of view will be put forward when they try to understand the effectiveness, difficulties or inefficiencies of managing patients with learning difficulties. SK advised the group that he has agreed to fund backfill to the practices	All

whose GP's and nurses would like to engage with Inclusion North. HB introduced herself as the Senior Commissioning Manager who works closely with the Mental Health Portfolio and is now the CCG Lead on Learning Disabilities. HB said that the CCG recognises that patient's with learning disabilities are a challenging population to serve under current legislation. Additional resources are needed and there is further recognition that legal adjustments need to be made and time given for practices to implement any changes. Recent support plans can offer little understanding of the individual patient's health needs and how health services can be accessed for them. HB thanked the group for their participation in this project. This will create an opportunity to know where the system is letting people down and allow the North Locality to think about how to communicate effectively with this group of patients. There will be some feedback for practices but Inclusion North will also be able to show problems in the system elsewhere. The results of this project will be reported to the Local Authority and their senior commissioning to show them that how they manage services impacts the health service. The Local Authority recognises that mistakes are made and will work jointly with Health and Social Care to improve services citywide. Annual Health Checks have been established but the engagement rate has not been great this year. There needs to be an understanding of how to feedback these problems and how to give family carer support along with professional carer support. These bits of information will help improve access to both primary and secondary care. HB added that GP's or practices who feel that they've got a good handle on this particular patient group should step up to show how to improve access. LS indicated that the Learning Disability Lead from each practice may not be in attendance and requested that Practice Managers feed information about Inclusion North back to their practices to see if they are interested in further engagement. TTu asked about the discrepancy between the GP's list of patients with learning difficulties and those at the Local Authority. HB replied that Sheffield has a case register which monitors patients from birth to death and is used by the Department of Health to gather statistics. Practices get an annual download of this for their register. The Local Authority only keeps those on their list who have been seen within the last year so it is normally those who have critical or severe needs or have been hospitalised during the past year. MA stated that some migrants with learning disabilities are not known to the system because they have not gone through the usual channels such as Ryegate, etc. Getting an assessment for these patients is crucial, not just for social care but for simple things such as bus passes. MA queried how to get such patient on the Local Authority's radar. HB replied that she will consult Tina Ball, the Clinical Director of the Sheffield Health and Social Care Learning Disabilities Service. HB agreed that a clear mechanism needs to be in place for such patients. TE advised	HB

the group that if the practices are having similar problems to contact either HB or Execs for further investigation.	
Finance Update **GN and DM gave a presentation regarding financial planning for 2014/15 and 2014/16**.  CCG Financial Planning 2014 - 2016 A question was raised regarding the Better Care Fund. There is a worry that Local Authority will not have the regulations to spend public health money solely on health services. DM replied that once the money has been passed over to Local Authority it is out of the CCG's control. The guidance is still very vague but once it becomes unambiguous, more information can be passed on.	
Declaration of Interests **SK informed the group that the CCG have requested that those with conflicts of interest** fill out a declaration of interests form. SK assured that this does not have to cover everything but with the appointment of directors to the Provider Organisation, for example, it would be best practice to ensure that these forms are completed. The public view has to be considered and these declarations will certify that the group made commissioning decisions without personal interest.	All
CCG Governing Body LS notified the group that the **Commissioning Intentions and five year plan** documents are in their final draft. If any of the group has any opinions or ideas about how services could be different then the CCG are welcoming feedback. The Commissioning Intentions focuses on reducing referral rates, reducing length of stay in hospitals and reducing admission into hospitals. The 54% of the budget that is being spent on secondary care, as pointed out in the finance update, is being spent well. Sheffield has a high quality secondary care system with good performance indicators but the hospitals are still performing extraneous procedures that could be moved to primary care. The majority of the possible ideas centre on rationalising and streamlining care and stripping superfluous procedures or methods. The government has requested that all CCG's put aside a certain amount of money to work with Local Authority. LS stated that the NHS culture and the Local Authority culture are very different; therefore bringing the two	All

together will prove a challenge. The hope is that co-commissioning will influence both cultures; bringing them together and making both better. A question was raised to ask whether the contracts with STH have been looked at. TE confirmed that this is being investigated to tighten up any vagueness. LS agreed and added that the contracts are being changed from payment by activity to payment by results which is a challenging task for STH. Clinicians are working with contracting and there have been a lot of fruitful discussions. TTu added that NHS England presented a draft of the primary care strategy which was very expansive and thoroughly consulted about. The Commissioners discussed training plans for practice nurses, premises and patient feedback. There is a need to push NHS England to agree to more resources, but overall it was a positive message of a vibrant primary care community.	
CET Update SK advised the group that Practice Managers are already aware about the setting up of **Electronic Referrals Workshops**. Choose and Book's uptake was up and down and is still very low. There is a national programme for paperless referrals which Sheffield is now pursuing. The CCG and secondary care will work with the group regarding any issues. The workshops are funded by a small amount of money to be used before the end of March and will address any issues that practices currently have. SK urged the group to attend these workshops as they will provide a high level of information and support for the upcoming change to Electronic Referrals. Choose and Book does work well and is better for patients but there are still some issues and it will be good to iron out these problems before the Electronic Referral system is put into place. The CET meeting also mentioned the allocation of resources for **Community Support Workers**. The CCG need to know what support the GPA's need in place and what is already available. The evaluation of current resources is difficult and to generate evidence of need is hard. SK urged the group to provide feedback as to their relationship with third sector agencies. The CCG are considering how it supports GPA development. There are currently negotiations for 2014/15 within the CCG on how to support development of priorities. There is currently a conflict between the commissioning side and provider side. SK notified the group that **HASL have been in contact regarding a phlebotomy pilot**, the paper of which is attached. This is a great opportunity for practices so please liaise with SK if interested.	All All

 Hallam and South Phlebotomy Project.d TE raised the issue of winter pressure money. Practices need to clearly identify appointments and services and be confident that they can send a patient elsewhere within the GPA or accept another practice's patient. TE also informed the group of a pilot scheme that the North Locality has been chosen for regarding the **improvement of home care for end of life**. Carers are sometimes not able to provide adequate levels of care due to lack of training or other reasons and they need more support. Changes in the pathways for carers will take place within this new end of life home care project which has a step up or step down system of care need. District nurses, palliative care workers and carers will be working together in the hope that those who wish to die at home will be able to.	All
Emerging Risks SK notified the group that there will be a meeting on 20th March 2014 with NHS England to discuss **Care Planning progress**. As these schemes are now entering a critical stage there is a need to know how practices are performing. By the end of March each practice will have to have 40% completion for the CCG to release the second part of the funding. SK warned that patients will be starting to come for their second review soon so be aware that the amount of appointments will increase. The Execs appreciate the hard work that has already happened and requested that the GPA's try to help each other to reach targets. Between April and June the target will increase to 75% which is a challenge, but is still obtainable. Any chance of further similar projects will depend on results from reports. Practices were reminded to send reports in. LS added that the group should bear in mind the their on-going evaluation will discuss the differences in how the North Locality care planning project allocated money compared to the citywide project. From a commissioning point of view, there is a need to justify value for money.	
GPA Discussion Feedback NN confirmed that Care Planning is on track in the SAPA GPA. There are a couple of FURS business plans that focus on improvement to care access with one already sent to the Execs and one that is currently being finalised but should be available before the cut-off date of 17th March 2014. NN advised that he has created a feedback spreadsheet that he will send to the GPA leads. MP informed the group that the High Green GPA Care Planning is heading in the right direction. Last month there was an ICT workshop for the GPA which is available to other localities and MP highly recommends setting	

one up elsewhere. The Right First Time meeting with Julie Fisher was really beneficial, social services and SOAR also attended and their presentations were enlightening. PJ agreed that getting these people together was a success and is well worth doing. MP also updated the group on the PLI event held at Foxhill Medical Centre with SRSB. Receptionists and admin staff attended this hands-on course and there was a lot of positive feedback from the staff who attended. High Green GPA has got a FURS bid involving direct patient services that will be put forward this week. TTa noted that with regard to the Basket of Services the Shiregreen GPA feels that they are well equipped to fully engage. Care Planning has been going well but a question was raised regarding DNA's and whether out-of-hours appointments might help. SK confirmed that the Care Planning list could be re-run to take into account any patients that wished to be excluded. TTa stated that there are a couple of FURS projects that will be submitted before the cut-off date including the Vulnerable Families project. MT updated the group that the Pitsmoor GPA agreed that the Care Planning engagement has been good and the focus has been on the North project initially. FURS proposals are concentrated on enhancing carer support to patients and families. Pitsmoor GPA will be sending their proposals soon and requested a quick decision due to staff recruitment for these projects. Another project that they are investigating is for Vitamin D deficiency which may be able to be rolled out to a wider area if successful. The bids will be finalised by the end of the month.	
Mandates LS advised the group that the CCG want to ensure that TE is the best representative for North Locality and it was decided that the group should vote on whether TE can represent the North Locality for another year. LS also mentioned that other positions should be voted for during today's meeting as NN was seconded from his practice for a year and SK's job has changed from when he first started working with the North Locality as he now has a permanent contract with the CCG. LS reminded the group that although she has a fixed term contract for three years, if there are any problems with her position or a vote of no confidence this should be reported to TE immediately. CS and PJ will also become the Practice Manager and GP representatives at GP Assemblies so a vote will be held for them too. As silence is not assent, the Execs decided on an active show of hands to vote. A question was raised regarding those who had already left the meeting as they did not know about these votes. MA advised that as long as each practice has one person to vote they will be represented. Any practices that are not represented will be contacted via email. A vote was taken for TE, NN and SK to remain as part of the Execs. The show of hands was performed for each individual and there were no abstentions or oppositions.	

PJ and CS then left the room for the voting to continue. Again there was a show of hands for both PJ and CS to represent the North Locality at the GP Assembly. There were no abstentions or oppositions. 18/22 were represented in both votes, so any absentees would not have affected the voting.	
AOB LL informed the group that she had brought more Choose Well leaflets in both English and Slovak. Kate Davison will be contacted to order more Slovak leaflets and the Practice Manager's will be updated when they arrive.	KD
Date and Time of Next Meeting Wednesday 2nd April 2014 8.30 – 11am	

SHEFFIELD CCG WEST LOCALITY
Executive Team meeting Public minutes
Thursday 6th Feb 2014
8.00am Fairlawns, Middlewood

Members Attending: Dr Nikki Bates, Caron Best, Diane Dickinson, Rachel Dillon, Dr Mike Jakubovic, Dr Tim Moorhead, Dr John O'Connell, Dr Emma Reynolds, , Dr Jenny Stephenson, Dr Steve Thomas, Susie Uprichard (Chair)

In attendance: Tracey Dunbar, Emily Peach Heidi Taylor, Lynda Liddament
Apologies: Kate Carr, Dr Julie Endacott, Robina Okes-Voysey, Liz Sedgwick, Jayne Taylor, Fiona Walker

Welcome and Apologies.

1. The apologies above were noted. Emily Peach, Medicines Management Technician, was welcomed to the meeting.

Minutes of meeting 9th Jan 2014

2. The minutes of the meeting are to be updated to include the wording 'Dr O'Connell raised an issue regarding recent documentation from the Cardiology dept and asked that this letter be passed on to the relevant person at the CCG'. Following this amendment the minutes of the last meeting were agreed.

Matters Arising

3. Regarding 7 day pilots, another letter has been sent to practices providing more information. The outcome of discussions at the Council meeting in January was that a proposal will not be pursued in the West Locality.

4. Regarding the Alcohol pilot which was agreed at the last meeting, Lisa Shackleton is developing the specification with Dr G Barn. Lisa is also working on identifying the relevant individual to undertake the evaluation.

   Post meeting note: Lisa has sent the specification to the Exec 19th Feb. A meeting with Dr Shona Kelly from Sheffield Hallam University has been arranged for the 17th March to discuss the evaluation of the pilot.

CCG/CET/CRG/Planning and Delivery updates:

5. CCG Governing Body:
   - To receive a Joint Draft Primary Care Strategy from the South Yorkshire & Bassetlaw Commissioners.
   - To discuss a paper on the Commissioning for outcomes for musculoskeletal services.
     A member raised an issue regarding the Foot and Ankle pathway and asked for information on the correct route to pursue this. It was stated that the issue should be referred to the Clinical Reference Group.

6. CET:
    - Considered the next steps in responding to the next stage of the 7 day service proposals for Sheffield.
    - Discussed the management of system performance, the winter response and financial performance.
    - Received a presentation from Yorkshire and Humber Academic Health Science Network Improvement Academy.

7. CRG :
    - Working on refining the proforma template for dermatology e-referrals, agreed that mandatory fields are required.
    - Working on a pathway redesign for Rheumatology (including developing referral forms), publicity will then need to be undertaken and the pathway will be put on the PRESS portal.
    - Information provided that the CRG is open for new members to join the group.

    A point was made that some of the documents on the PRESS portal have review dates that are significantly overdue and that the documents on the portal should be fully up to date.

8. Planning and Delivery:
    - Agreed to support the move to e-referrals ahead of the national timescale.
    - Agreed to explore a Specialist Training year 4 pilot, the role to be part in practice and part commissioning.
    - Discussed the individual services previously developed under practice based commissioning/locality incentives and that were not part of local commissioned service arrangements.

Finance

9. The finance report was noted. The CCG overall is underspent and this has provided the opportunity to reinvest within the year, however the budget is over spent on the non-elective area. The report stated that individual practice reports are on the PBC system to review. A question was raised as to why the CCG is under on elective work.

GPA Update

10. Caron reported that the Winter pressures project has been successfully implemented and the locality is on budget to spend the funds. Returns are currently being received for January. Applications are being received for the MDT coordinator post, the closing date for the post is 14th Feb. Caron reported that she is developing proposals for spending some of the GPA development funds, also work is progressing to implement the Innovation Fund projects which have been agreed by the Exec. Caron also reported that both herself and Dr Endacott are to attend the first GPP Assembly meeting in February where the basket of services will be defined. Dr Moorhead stated that it is crucial that GP Practice is represented at the Assembly as it is a very important strategic meeting

Locality Manager Update

11. Regarding Care Planning, Rachel reported that the city wide team want up to date information on how practices are doing. The team will assess the impact of the work and to look at what happens next if Care Planning is not successful. Dr Stephenson reported that she had met with Jean Baxter regarding the Care Planning template and

that the Primary Care Nurses have provided training for the North practices. It was acknowledged that there is a capacity problem at practices to undertake the Care Planning service and that it needs to be properly resourced within practices.

Action: Rachel is to remind the Council that the Care Planning is a CCG priority and to remind practices of the learning resources that are on the intranet.

Action: Rachel Dillon

Action: Dr Stephenson agreed to email the Primary care Nurses to ask if they could hold a session/presentation for the West Locality.

Action: Dr Stephenson

Post meeting note: The Primary Care Development Nurses from the CSU were invited to the February Locality GPA meeting to discuss Care Planning.

12. Regarding Care Plus, Rachel reported that comments received from practices have been passed onto the Finance and contracting team. This change of provider is to be discussed at Governing Body on the 6th Feb. Rachel agreed to update the Exec and the Council with this issue.

13. The Exec agreed that two sets of Exec minutes will be produced: a private set for Exec members and a public set which will be sent to the Governing Body and to the Locality Council members.

14. A suggestion was made that a programme should be developed of future agenda items/themes for the Council meetings.

Action: It was agreed that Rachel will work with a couple of Exec members to develop the work programme.

Action: Rachel Dillon

Medicines Management

15. Heidi reported on the agreed work plan for the Meds Management team for 2014/15: these include a savings target of £500k from the QIPP, and work with the Primary Care Development Nurses on medication optimisation and to help with portfolio work.

16. Heidi reported that the FP10 prescribing in secondary care is still to be worked on. Heidi has fed back to Peter Magirr and is waiting to hear back. Heidi reported that the MM team has been involved with a number of audits with STH, has been involved with Care Home reviews and has started to be involved in Care Plan reviews. Heidi also reported that the team are working on developing patient education sessions.

17. Heidi reported on the MM Clinical Support Systems that are being developed and used in a number of practices to aid best practice prescribing. First data bank and stop start are off the shelf systems which the CSU can purchase however an evaluation is to take place of the practices using the support systems and the CCG will then make a decision on which system it will invest in.

18. Heidi reported that the CCG is predicting an under spend of just less than £1m for 2013/14. Members were interested in the practices in the West Locality with an over spend and want to look at the reasons for this. Heidi reported that there are variance reports available based on the practice populations also the MM team is trying to develop a new range of detailed reports.

A.O.B

19. There was no AOB.

Date and Time of next meeting:
6th Mar 2014, venue to be confirmed