

HALLAM AND SOUTH COMMISSIONING LOCALITY

Local Executive Group Meeting

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Thursday 7 November 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 : Dr M Boyle

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:

Consent to share – Dr Heatley will ascertain if this is on the increase across the practices.

1. PLI - Feedback and Action Points

This was well attended by the practices and community nurses. The breakout sessions went well and gave all a chance to talk and discuss best practices around Care Planning and MDT.

The board decided that perhaps an evaluation of outcomes at practice level would be beneficial to ensure that practices are adopting the correct approach. Dr Heatley will make enquiries to see if this evaluation can be done alongside other areas of audit.

Mrs Nutbrown suggested that the Clinical Council in March could focus on how practices were getting on with this and offer training - if appropriate, which could be funded.

It was discussed that perhaps a care planning champion could be in each GPA group and that HASC would provide the funds for training if this was to go ahead.

ACTION Dr Heatley.

2. GPAs / Mandates.

Mr Osborne had attended a meeting at CCG around the subject of the GPA mandate. It is essential that each practice is happy with their current GPA and that they allow them to act and make decisions on their behalf. This will be discussed at the next Clinical Council.

In the new year the CCG will offer a basket of services to GPAs/ practices and there is a requirement that all practices sign up. Even if a practice does not want to offer a certain service they can still sign up and that service can be offered to another practice within the locality.

The board then discussed the relationship between LEG, GPA and practices. LEG is the locality machine of the CCG but its role also involves supervising, regulating, incentivising and educating its practices. GPAs are provider units who can choose who they want to procure services from.

Dr Connor suggested that a white board be used to analyze the function of the LEG and where it fitted in with the GPAs. Much discussion took place around this and a précis of this will be circulated by Dr Heatley highlighting which aspect should be at LEG level and which aspect should be at GPA level. Also debated was the number of GPA groups that we currently have and their boundaries. This will also be discussed at the Clinical Council on the 21st Nov.

ACTION Dr Heatley.

3.FURS – to be discussed at next meeting

4. LEG – The next stage

Dr Connor is leaving the LEG to take up a new role. The Board thanked him for all the hard work that he has done and wished him well in his new position. The issue of recruitment then took place and it was agreed that there should be wider representation on the board. This will also be mentioned at the Clinical Council. Dr Heatley will advise practices of the positions prior to Clinical Council.

5.AOB

Update Managers Post – The application requirement is in its final stage at HR.

PLI 15th Jan is to be a practice based and collaborative cover will be available.

Primary Care Nurse Development Lead – Mrs Nutbrown had prepared a paper outlining the role specification and the required outcomes. Mrs Julia Hoskins is to take this up on a 12 month contract for 4 sessions a month.

DONM -19th Dec 2-4pm at Charnock Health.

SHEFFIELD CCG NORTH LOCALITY

COUNCIL MEETING AT ST THOMAS MORE COMMUNITY CENTRE

Wednesday 27 November 2013, 8:30am – 11:00am

Agenda Item	Action
<p>Welcome, introductions and apologies</p> <p>TE welcomed everyone to the meeting.</p> <p>GP Attendees: Dr M Ainger (MA), Dr D Chatterjee, Dr R Corker, Dr L Cormack, Dr K Donaghy, Dr A Grover, Dr C Gwafor, Dr D Keating, Dr R Kemp, Dr H Key, Dr S Lupton, Dr P Mooney, Dr P Johnstone, Dr A Rosario & Dr A Shirley (15)</p> <p>PM Attendees: Jeanette Burgar, David Emmas, Blake Foster, Paul Hardy, Angi Hartley, Christine Hitchmough, Luke Houldsworth, Jan Jude, Mandy Neville, Clare Normington, Nicky Normington, Michelle Payling, Michelle Richards, Julian Stevens, Chris Stocks, Marie Tindall & Tyronn Tate (16)</p> <p>North LEG Members: Dr T Edney (TE), Dr L Sorsbie (LS) & Simon Kirby (SK)</p> <p>Other Attendees: Rachael Winterbottom & Alistair Mew (AM) (SCCG), Tony Whiting (North Patient Rep and Healthwatch), Rebekah Matthews (RM), Darlene Thompson & Liz Austin (Community Nursing Team)</p> <p>Apologies from: Dr W Carlile, Dr M Durling, Karen Green, Dr A McCoye, Dr N Patel, Lisa Platts.</p> <p>Minutes of the last meeting 18/9/13 were accepted. No questions were raised by members.</p>	
<p><u>Hepatitis B</u></p> <p>MA gave an update on a proposal for a LES to provide for vaccination of Roma Slovak population against Hep B. No decision made at present but the proposal would be go to Governing Body on Thursday 5th December for approval.</p> <p>If approved, training sessions will be provided for Practice Nurses within North. Practices requested to release Nurses from duties with backfill funding provided via the North Commissioning Allowance.</p> <p><u>Children's Board initiative</u></p> <p>MA updated the group on a new initiative hosted by the Children's Board.</p>	MA

The initiative aims to develop the relationship between GP, children's centres, health visitors and midwives, to get them to work in a more coordinated and consistent way. Would like to develop links between GPA's and Children's Centres.

Paul Wike is involved in taking forward this piece of work. A Pilot will be carried out in a few practices. Children's Centre managers to visit GP practices to have a conversation about how they can work better together. It is hoped that Health Visitors and Midwives can be included in these conversations.

MA made the group aware that practices may be contacted to arrange a date for Children's Centre manager to visit.

Margaret's role on Governing Body and North LEG

MA advised that she has resigned from Governing Body and North Executive so that she can focus all her time on Children's portfolio work. TE thanked MA for the work she has done on the above groups.

CCG/ CET Update

LS updated on two CCG pilot schemes:

1) GP in STH

LS explained that CCG have agreed in principle for a GP to work in STH to look at discharges in the over 75 age group. LS explained that the GP role is not well defined, but will liaise between secondary and primary care. LS asked the group to contact her if anyone is interested in this role and would like more information.

2) Urgent Primary Care centre in A and E


Pilot to ensure appropriate treatment of patients who come to A and E. Triage by nurse who will filter patients to see either a GP or go into A and E. GP will then decide if the patient needs to be seen in accident and emergency. This will be a 24 hour service.

TE explained that this pilot will be staffed by GP collaborative. If successful same system could be used in SCH.

North LEG

SK encouraged GPs to consider stepping up to be a representative on the North LEG. NN has agreed to be on the North Executive on a temporary basis until the end of March 2014 as management cover in the absence of Grainne Landowski and Ayesha Heaton.

<p><u>Freed Up Resources</u></p> <p>SK has circulated a paper showing the breakdown of existing schemes to the group. SK explained that at the all schemes will cease to be funded at the end of March 2014 and urged members to review any commissioning work from within this funding which they would wish to consider supporting post 1st April.</p> <p>SK has spoken to Julia Newton CCG Director of Finance and any North surplus can, in principle, be carried over into next year. However, there is not enough money to continue funding all the existing schemes and we therefore needed to discuss plans for 2014/15 to January Council meeting.</p> <p><u>Enhanced Services</u></p> <p>CCG Enhanced Services – SK explained that the CCG needed to ensure full coverage across the city and at present there were a number of gaps in provision. CCG moving towards providing a “basket of enhanced services” rather than individual contracts with practices. Practices/GPAs reminded to continue dialogue about ensuring full coverage within their GPA.</p> <p><u>GPA Meetings</u></p> <p>North Exec has been considering the most appropriate way to have dialogue with GPA’s and would like to attend each of the 4 North GPA’s between now and the end of March to review all existing CCG work and further capture Member practice thoughts for 2014 commissioning Intentions. GPA leads to advise SK with potential dates.</p> <p>SK informed the group that the CCG are looking at how they can get a group of representatives of the GPA’s city wide together and feedback on how practices feel we can achieve this would be welcome.</p> <p>SK thanked North practices for their engagement and input over the past 12 months, particularly with regards to the implementation of Care Planning, GPA developments, involvement with CCG Members meeting and more recently, their ability to implement the Winter Pressures funding quickly and efficiently.</p>	<p>All</p> <p>SK</p> <p>GPA leads</p> <p>GPA leads</p>
<p><u>CCG Commissioning Intentions Update</u></p> <p>LS gave presentation to the group outlining the CCG’s commissioning intentions for 14/15. This year CCG has decided to concentrate on fewer larger projects.</p> <p>AM explained COBIC (Capitated and Outcome- Based Incentivised Contract). A COBIC approach to contracting allows commissioners to contract for outcomes. This means the CCG will only be commissioning</p>	

<p>value added interventions, which is beneficial for the patient and also saves money. COBIC is primarily being used in MSK services.</p>	
<p><u>Winter Pressures Funding</u></p> <p>SK explained that CET has made available some funding to go to Primary Care in order to try and relieve some of the winter pressure on A&E appointments. This will be available to the GPA's for a 12 week period, starting on Monday 2nd December.</p> <p>The implementation of this has been discussed at recent Practice Manager meetings with this additional resource being available for GPA utilisation in order to provide extra appointments for those likely to attend A&E otherwise.</p> <p>SK asked GPA's to come up with a scheme of implementation, reminding that this funding is over and above core contract and not to be used as a top up to existing appointments. SK explained that each GPA will need sign up from all practices in the association before the scheme starts. GPA's will need to ensure that there is equal opportunity for all patients to access the extra appointments across practices, but confirming that each had a level of flexibility to utilise the appointments at agreed pinch points across the GPA.</p> <p>SK asked that GPA's keep a record of extra appointments (per day or per week) as an audit of the additional availability created. SK will ensure that GPA's will receive the appropriate funding to implement the scheme.</p>	
<p><u>District Nursing update</u></p> <p>RM the Integrated Care Team Service Manager updated the group.</p> <p>See attached update:</p>  <p>North Community Nursing Teams Updat</p>	
<p><u>GPA Discussion and Feedback</u></p> <p>Each GPA had a 30 minute discussion about current agenda items and were given the opportunity to discuss and feedback:</p> <p>All 4 GPA's agreed to engage with the Winter Pressure Funding; individual GPA's to agree practicalities for the practices in association. SK to feedback to CET as required.</p> <p>Pitsmoor GPA have agreed to have a conversation with Crookes Valley Practice about the potential for including them in their GPA. Many patients</p>	<p>Pitsmoor</p>

<p>reside within the North even though not geographically aligned.</p> <p>High Green GPA - Care Planning will be discussed at next GPA - District Nurses will be invited to this meeting as there has been inconsistency identified across GPA regarding district nurse support.</p>	<p>GPA</p>
<p><u>Date and Time of Next Meeting</u></p> <p>Wednesday 8th January 2014 8:30 – 11am</p>	

District Nursing Update

North Community Nursing Teams

We now have 4 teams which are aligned to the practice associations. Pitsmoor, Firth Park, Southey and High Green. The High Green team for management purposes will be managed as two teams with two team leaders.

Notice has been given on the Green Lane site, and we have to vacate the building by the end of March 2014. We are currently in consultation with staff to potentially move the Firth Park, Southey and High Green community nursing teams into the lower ground floor at Firth Park Clinic. We are hoping that following the consultation staff will be in their new base before the end of March 2014. As a result of the potential move, some teams will be further from their geographical patch, so I am hoping that staff will be able to spend more time within the surgeries they cover, to help with communication, relationship building and also potentially using hot desks within practices where possible.

We are currently consulting with community nursing staff city wide, with the intention of introducing a stronger structure for the larger community nursing teams. This will potentially remove the case manager post, make case management integral to the work of all staff in the community nursing team and introduce a team leader and deputy team leader post in each of the 5 teams. In the North we have been lucky that we have been able to successfully trial this stronger leadership structure and new way of working in two of our teams. We are hoping that following the consultation staff will be in post from the 4th February 2014.

All teams are aware of the need to support practices with the care planning approach for those at risk and emerging risk patients. They are aware of the need to attend practice meetings to discuss the patients who are known to them, as well as identifying those that are not known to them.

Increased investment into the community nursing teams has enabled us to extend the core hours to 8am-10pm 7 days a week, with an extra team working each evening till 10pm. We have also recruited to a relief team across the city, consisting of 12WTE B5 staff nurses. This has given us 3WTE staff nurses in the North Locality.

Winter funding opportunities for next 4 months-

- 2 step up beds at Northfields nursing home for tissue viability and IV therapy
- Dedicated IV team being led by a community matron
- Increased admin in teams
- Closer working with FDRT and ICT
- Improved access to ICT therapy for ICTs via community matron

How is the flu campaign going? Is there anything else we can do from community nursing perspective?