

HALLAM AND SOUTH COMMISSIONING LOCALITY

Item 15g

Local Executive Group (LEG) Meeting

Thursday 19 March 2015 at Charnock Health Centre 2-4pm

Minutes Part A

Members: Dr C Heatley (Chair) Ms H Cawthorne Dr A McGinty Dr S Davidson,
Mr G Osborne, Mrs J Coakley, Dr M Boyle Mrs S Nutbrown

Attending Dr N Anumba Ms Nicki Doherty Deputy Chief Operating Officer (COO)

Apologies: Mrs J Hoskin Mrs M Smith Mrs L Liddament

Note taker: Susan Lister

Declaration of Interests– Agenda items 6 & 7 – Conflict - Income to Practices.

Minutes of last meeting -accepted as a true reflection of proceedings.

1. Ms Cawthorne introduced Nicki Doherty to the Board who is the new Deputy COO at the CCG (Clinical Commissioning Group). Ms Doherty attended the full meeting to gain an insight into how the LEG operates.

2. Feedback from Governing Body.

Dr McGinty reported that there had been a presentation by the Children's Portfolio. He informed the LEG that the interviews for the position of Accountable Officer had taken place but no appointment was made on this occasion. The position will be readvertised.

Ms Cawthorne stated that the Governing Body had held a planning session to identify priorities areas Organisational Development Programme. She has volunteered to lead on the area of "member practice engagement".

3. Feedback City-Wide Locality Group.

Mr Osborne advised that discussions took place around the Prescribing Incentive Scheme and also Succession Planning within practices.

4. Clinical Council Feedback

The first part of the meeting centred on the imminent departure of the LEG Chair, Dr Heatley, and the Governing Body GP, Dr McGinty. They are taking on new roles as Clinical Directors within the CCG. They each gave a talk on their existing roles to

encourage other GPs to take up their places. Thanks was given by the member practice representatives present for their leadership and commitment to the locality of Hallam and South.

The presentation by Dr Sam Kyeremateng (Palliative Care Consultant) had been well received and it was suggested that he should return on a future date to provide a session focused on clinical issues.

There had been a talk by Dr Pete Lane on student nurse placements in practices that was also well received.

The next council meeting is on the 14th May and two speakers have been arranged. Dr Paul O'Brien on Bladder Diaries at 3.00pm and a presentation by Sheffield Mind Services.

5. Succession Planning

There are now a number of vacancies on the Hallam and South LEG due to the resignation of Drs Healey and McGinty. In addition Mrs Michelle Smith has also resigned due to work commitments, and there is the Practice Nurse vacancy.

Ms Cawthorne will construct a description of each role which will be emailed out to practices requesting expressions of interest.

Dr Anumba attended the meeting as an observer. She was formally welcomed by the Chair, and subsequently expressed an interest in being part of the LEG. This was well received by all the members.

The LEG thanked Drs Heatley and McGinty for all the work they had done and wished them every success in their new role. The LEG also thanked Mrs Smith for all her input.

Ms Cawthorne advised that it was unlikely that the nomination process will be completed in time for the next LEG meeting due in April. It was therefore agreed that the April meeting would be cancelled on the grounds of quoracy.

ACTION – Ms Cawthorne

6. QIS (Quality Incentive Scheme)

Mr Osborne advised that the results were not yet available.

7. Prescribing Incentive Scheme

Mr Osborne is to send out further information to practices. It is important that all the practices participate. This is a city-wide scheme to improve quality and save resources.

8. CQC (Care Quality Commission)

CQC is to commence their inspections in the next couple of weeks. The LEG is to offer support on certain aspects and areas.

ACTION – Ms Cawthorne and Mr Osborne

9. Non Clinical Training Budget Withdrawal.

Mrs Coakley reported that although training and development of non-clinical staff was part of the CQC criteria there was no funding available. Training by consultancy groups was proving very expensive and not encouraged by the CCG. It was suggested that possibly e-learning maybe the way forward.

Mrs Coakley stated that the Practice Managers would like meetings for non-clinical staff in order to feedback to the CCG what was required. It was hoped that all practices would participate. Mrs Coakley is to e-mail out to practices.

ACTION Mrs Coakley

10. Members Council Meeting.

This had been well attended by the HAS Locality.

11. Communicating and Engaging Practices

Due to the vacancies on the LEG the annual Practice Visits have been suspended but will be resumed in due course. This is an excellent vehicle for questions and answers.

12. Electronic Referrals Project.

Ms Cawthorne had circulated a report on the above from the CCG who are requiring all practices to use eReferrals. Monthly information will be given out to the localities of its progress. Referrals for some conditions will not be accepted unless they are done through this process.

Mrs Coakley said that eReferrals was very labour intensive and that smaller practices may struggle with the process. In larger practices where there is an administration section –this is not such a problem.

Mr Osborne will inform practices that they must use eReferrals and that it is part of QIS. It is also a disadvantage to patients if they do not. This is going to be a standing item on the LEG agenda and it will also form part of the Clinical Council Meeting in May.

ACTION _ Mr Osborne

13. Withdrawal of SMS Text Messaging.

Mrs Smith advised that the information was not yet available and when it was she would forward on to Mr Osborne.

DONM - The next meeting of the LEG is on the 21st May.