

**SHEFFIELD CCG WEST LOCALITY**  
**Executive Team meeting Public minutes**  
**Thursday 3<sup>rd</sup> September 2015**  
**8.00am Fairlawns**

Item 14d

**Members Attending:** Anne Baird Dr Nikki Bates, Kate Carr, Rachel Dillon, Dr Julie Endacott, Dr Mike Jakubovic, Dr Tim Moorhead, Dr Emma Reynolds, Dr Jenny Stephenson.

**In attendance:** Isobel Bancroft, Kerry Dunne (note taker).

**Apologies:** Diane Dickinson, Dr John O'Connell, Susie Uprichard.

**Welcome and Apologies:**

1. The apologies above were accepted. Rachel chaired the meeting in Susie's absence.
2. Rachel informed the group that due to increased workload, time constraints and other commitments, John O'Connell and Diane Dickinson have decided to withdraw from the Exec Group but have advised that if there are changes in the future they would reconsider their decision. The group thanked Diane and John for all the work they have done for the Exec Group and Locality.
3. Rachel introduced Karen Shaw who is shadowing Rachel for the day to gain knowledge of the Localities and practices.

**Conflicts of Interest**

4. There were no conflicts of interest.

**Minutes of meeting 6<sup>th</sup> August 2015 and Matters Arising:**

5. The minutes were agreed to be a true and accurate record.
6. Paragraph 5: Nicki Doherty and Antony Nelson will be attending the October Exec Group meeting. Rachel had circulated a paper summarising the feedback from the West Locality.
7. Paragraph 23: Kate advised that she would be interested in attending the Leeds conference. Kerry will contact those interested with further information.

**CRG/CLG/CET/GB Updates:**

CCG Governing Body Update:

8. Tim advised that Governing Body will discuss the current financial situation. Sheffield CCG is expected to still achieve balance but there are significant pressures such as prescribing and non-elective care.
9. The next Governing Body meeting will be Maddy Ruff's first meeting as Chief Officer.
10. Other topics for discussion in the public part of the meeting include a general commissioning paper which outlines focussing on providers working in alliances, similar to the MSK contract design. The paper is in line with the direction of travel for healthcare. Tim advised that there are too many divisions in care (e.g. Primary/Secondary care, mental/physical health, child/adult care) and the transitions

between them cause gaps which create problems. Getting providers to work together reduces the divides and creates better outcomes for patients. In the last 5 years Sheffield's life expectancy has not caught up with the national average. Previously, Sheffield ran in parallel behind the national average by 5 years but Sheffield is not catching up, suggesting that there are some health inequalities which are widening.

11. Nikki added that there will also be a discussion around new record sharing guidance. Tim added that there has been new legislation advising that the health service should be sharing records more. Clinicians are reticent to embrace this guidance as, even if it makes clinical sense, there are litigation worries. There is a lot of public expectation that the health service already shares records but there are powerful arguments against record sharing regarding privacy and confidentiality.

#### Citywide Locality Group

12. Nikki advised that StJohn Livesey attended the previous CLG meeting to advertise a series of 3 workshops with GP opinion leaders citywide and other interested parties to further discuss co-commissioning and receive some views from grass-roots GPs. Jenny added that this has also been discussed at CET. Rachel added that StJohn would like all Governing Body GPs, Clinical Directors, Primary Care Sheffield representatives and 3 other GPs from each Locality who may not necessarily be involved in the CCG. The workshops sessions will likely be held on Tuesday evening.
13. Rachel advised that the final report from the Unremunerated Work Audit has raised additional questions at CLG. Rachel is working on a covering letter for the West Locality report which will be circulated to practices.

#### CET Approvals

14. Rachel advised that there was one mandate sent to CET Approvals Group originally initiated by the West Locality's audit of direct access to diagnostics which showed a wide variation in practice referrals. The mandate recommended no further action however Katrina Cleary was interested in picking this up in quality discussions at practice visits.
15. **Action: Rachel to circulate the direct access report to practices.**  
**Action: Rachel Dillon**

#### **Medicines Management Team Update:**

16. Isobel advised that she will be taking over Charlotte McMurray's duties while she is on maternity leave. Isobel updated the group on the current work of the Medicines Management Team and will produce a summary report of the items discussed. The main issues raised were:
17. The Amiodarone audit work performed jointly with STH does not appear to have been publicised to practices. Isobel will raise this with the team.
18. Anne raised difficulties using the Stopp/Start tool at Porter Brook. Isobel will raise this with Emily Peach (Clinical Systems Lead for Medicines Management).
19. Peter Magirr attended CET in August to outline the current cost pressures of Medicines Management.

**Action: Isobel to produce a summary report and feedback items raised above.**

**Action: Isobel Bancroft**

**Prescribing Incentive Scheme:**

20. Rachel advised that, in light of the cost pressures outlined caused by increase in pricing, CET have also reviewed a paper proposing amendments to the PIS. The same areas will be targeted however the savings will be based on reducing volume of prescribing instead of spend. Rachel shared the proposal with the group and advised that practices will be receiving communication regarding this shortly.

**QIPP:**

21. Rachel advised the CCG are encouraging ideas for saving money. Rachel has already fed back ideas regarding 12 lead ECGs in the community. The group discussed the relevance of commissioning data and discussions with practices in order to assist innovation. The group also agreed that there is currently a sense of non engagement due to practices previously suggesting many projects that have not been taken forward.

**Locality Manager's Update:**

22. Rachel circulated a summary paper outlining the views of the West Locality following from Practice Visits. The group agreed that the paper is useful and Rachel will take this forward to the Citywide Locality Group.

**Action: Rachel to share the West Locality Primary Care report to Citywide Locality Group.**

**Action: Rachel Dillon**

**Primary Care Sheffield Update:**

23. Julie updated the group on ongoing work with the PMCF scheme. There has been good sign up with over 80 practices signing up. The rotas for satellite hubs have been released to practices for October shifts and the other 17 services are getting up and running. Kate added that she is currently working on the Roving GP service. Julie advised that PCS must now start planning for when the scheme ends.

**AOB**

24. There was no other business.

**Date and Time of next meeting:**

**Thursday 1<sup>st</sup> October 2015, 8.00am – 9.30am, Boardroom, Fairlawns**

## CITYWIDE LOCALITY GROUP

Tuesday 15<sup>th</sup> September 2015, 9am – 11.30am

**Attendees:** Amir Afzal, Nikki Bates, Helen Chapman, Katrina Cleary, Rachel Dillon, Nicki Doherty, Kerry Dunne (note-taker), Trish Edney, Anthony Gore, Marianna Hargreaves, Siobhan Horsley, Jennie Joyce, Simon Kirby (chair), Nicky Normington, Gordon Osborne, Rebecca Matthews, Louise Metcalfe, Tim Moorhead, Maria Read, Louise Robinson, Maddy Ruff, Jill Sanderson, Leigh Sorsbie, Michelle Wilde

- Siobhan Horsley, Public Health, and Drs Marianna Hargreaves and Antony Gore attended to give a presentation regarding the **cancer programme**. The team requested that **Localities assist in increasing awareness of the issues with practices. Marianna will contact Locality Managers** to arrange this further and will circulate the **full report to the group**.
- Helen Chapman and the Integrated Pathways Leads for each Locality attended the meeting to discuss **ongoing difficulties with the District Nursing teams**. The group discussed the **varying quality of the service in practices** and agreed to **draft a questionnaire** to practices to collate feedback. Nicki Doherty advised that many issues raised will be addressed through the **Active Support & Recovery** workstream.
- **Maddy Ruff, Chief Accountable Officer for Sheffield CCG**, introduced herself to the group. Maddy shared her thoughts on the priorities for Primary Care for the future including establishing a **Primary Care Strategy**, ongoing **integration work** via different workstreams and the effects of **co-commissioning** on general practice. Maddy also advised that the **360° Feedback report** is a concern and that there needs to be improvement on **membership engagement**. Maddy advised that there may be changes to the Locality structure following from a CET 'time-out' session in October. The group raised that since the Localities are no longer represented at CET meetings there has been a **marked decrease of engagement with Localities** as Locality Managers now have limited involvement in CCG business. It was also felt that **practices and Localities require a conduit into CCG discussions** as there is no formal route for feedback.
- The group also discussed **co-commissioning**. Katrina Cleary advised that this will be discussed in a wider context during the **October Governing Body meeting**.

## **HALLAM AND SOUTH COMMISSIONING LOCALITY**

### **Local Executive Group (LEG) Meeting**

**Thursday 17<sup>th</sup> Sept 2015 at Charnock Health Centre 2-4pm**

#### **Minutes Part A**

**Members:** Mrs J Coakley , Dr S Davidson, Mr G Osborne , Mrs M Smith,

**Attending:** Mrs Lynda Liddament CCG Mr R Crosby CCG

**Apologies:** Mrs J Hoskin Dr M Boyle Dr K Gillgrass Dr N Anumba

**Note Taker** Mrs Susan Lister

#### **Declaration of Interests**

None in conflict with the Agenda

#### **Minutes of last meeting**

These were accepted as a true reflection of proceedings by the members present.

NB. Although the meeting was not quorate due to 4 absences it was decided to go ahead as no decisions had to be made and an update was felt to be beneficial to the members present.

#### **1. Feedback Governing Body.**

Mr Osborne reported that a PMS(Personal Medical Services) Equalisation paper had been circulated to the localities. Around PMS there is a support program available for practices that require help and support. Discussions are taking place via the Governing Body - amongst the four Localities, the Local Medical Committee and NHS England. Sharing Information / Caldicott Guardian was also discussed. It was felt that a more transparent policy could be sought for the city – this will be presented to Governing Body and would be a document for Sheffield.

#### **2. Feedback City-wide Locality.**

Mr Osborne had attended this meeting. There was a presentation from the new Accountable Officer for Sheffield Ms Maddie Ruff who fully supported the notion of Localities and was positive that this was the way forward.

District Nurses representatives were also discussed and there is a survey available for practices to complete and give their views on the District Nurse Managers. This is a good opportunity for practices to give their feedback on the service they and their patients receive.

### **3. Update MMT (Medicine Management Team) and Primary Care Development Team.**

Mr Richard Crosby who is Head of Practice Support within MMT circulated to the LEG the draft GRASP Report for the Hallam and South Locality.

GRASP is a suite of tools that assist GP practices to interrogate their clinical data enabling them to improve the management and care of patients with long term conditions. Various conditions were highlighted in the report and this will be sent out to all practices. Mr Osborne questioned if the CCG had a license to use certain tools that are freely available as Primis attracts a charge.

Prescribing Incentive Scheme – there is a budget overspend .The system will change in order to keep practices engaged. The last 3 months prescribing figure has gone up but it may still be possible to make savings on volume rather than cost.

Mr Crosby is to attend the LEG on a quarterly basis to update on any progress made. The LEG thanked him for attending.

**ACTION – Mrs Lister to send out dates of future meetings – 17<sup>th</sup> Dec 17<sup>th</sup> Mar  
16<sup>th</sup> Jun.**

### **4. Clinical Council Feedback + Update 12<sup>th</sup> Nov.**

The Clinical Council in Sept was not as well attended as it could have been. Concern was raised by the LEG that we are not getting the subject matter right and that we need to get GPs opinion on the clinical areas they would like to be included. This could be discussed at the next council meeting if time permits or perhaps their views could be sought by e-mail via the Practice Managers. The LEG also raised the question of how professional and prepared we appeared at the meeting - which was attended by the CCG(Clinical Commissioning Group) Sheffield.

**Action – Mrs Lister to e-mail practices.**

**Update 12<sup>th</sup> Nov.**

To date the agenda is as follows:

2pm –Welcome and Introduction

New joint primary/secondary care guidance for anticoagulation in AF.

2.45-3.15 Equalisation

Dr Livesey

3.15. Inhaler Techniques

Colette Mcdermott –GOLD guidelines in COPD overview  
New Inhalers how they relate to the above.  
Guide to spirometry (If time allows)

3.45 MSK

Jill Lomas



**CITYWIDE LOCALITY GROUP****Tuesday 29<sup>th</sup> September 2015, 9am – 11.30am**

**Attendees:** Dr Amir Afzal, Dr Nikki Bates, Katrina Cleary, Rachel Dillon, Nicki Doherty, Kerry Dunne, Dr Kirsty Gillgrass, Dr Jennie Joyce, Simon Kirby, Dr Zak McMurray, Dr Karen O'Connor, Dr Maria Read, Paul Wike, Michelle Wilde

- The group discussed the **Community Nursing survey** circulated to practices as there was some **disagreement as to whether other referrers should have been included**. The Locality Managers assured the group that the reasoning behind sending the survey out quickly was to **gauge practice opinion** and was not intended to interfere with the work of the Active Support & Recovery team. The group agreed that it would be useful to have an update regarding Community Nursing at the upcoming **member's meeting** as this issue has been raised by member practices since the inception of the CCG.
- The group discussed the overall **Active Support & Recovery** workstream and queried the procurement process as it was felt that **limited information** had been supplied to Localities/practices so far. It was also felt that the team had **not been engaging with practices effectively**.
- Simon raised the **format of the CLG meetings** and the **Terms of Reference** that will need to be reviewed. The group discussed the **difficulties of feeding into wider discussions** but also the **limited amount of time** the group has at meetings when too many visitors take up the agenda. This will be discussed further following from the Exec Team break-out session.
- Katrina gave an update on the **LCS for PMS redistribution**. The spec of which will be circulated to practices shortly. Concerns were raised regarding **the clinical risk** of any Shared Care Protocol and the need for practices to **perform all services** listed in the LCS.
- Katrina also updated the group regarding **co-commissioning with NHS England**. A paper will be discussed at the next Governing Body meeting to increase the level of co-commissioning. Practices will be consulted via a **survey** with additional information being circulated so that the practices can make an informed decision. The timescales have put pressures on the CCG to make a decision quickly however Katrina assured the group that the **practices will be engaged as much as possible**.

- Kirsty raised issues with **Community Phlebotomy**. The group were unsure on whether **District Nurses** are performing bloods for housebound patients as there seems to be **varying services in practices**. A **survey** has been circulated to practices regarding the phlebotomy service which may help inform further discussion. **Paul agreed to take this further and feedback.**
- Nicki advised that the CCG are in early conversations for **2016/17 planning**. Once the aims have been drawn up they will be more widely circulated. Nicki advised that there needs to be the large-scale projects with **smaller, in-year steps and milestones to take forward the radical larger changes.**
- Paul raised that the **Active Support & Recovery service scope** has been circulated to Governing Body for the private section of the meeting. It was felt that Localities should have been involved at an earlier stage in order to provide comments.
- Rachel raised that the West Locality have been feeding back that there are **communication and organisational issues with IAPT**. The other Locality Managers agreed that this **does not appear to be an issue for their Localities**. Rachel advised that the West Locality IAPT manager will be attending a West Council meeting to discuss further. Karen advised that there could also be problems with **practice expectation**. There are many other services offered by IAPT that can be used without referral but there have been apparent issues in certain areas, such as staff capacity.