Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

HALLAM AND SOUTH COMMISSIONING LOCALITY

Local Executive Group (LEG) Meeting

Thursday 18th February 2016 at Charnock Health Centre 2-4pm

Minutes Part A

Members: Mrs J Coakley, Mr G Osborne , Mrs M Smith, Dr M Boyle, Dr N Anumba, Dr K Gillgrass (chair), Mrs J Hoskin

Apologies: Dr S Davidson. Mrs L Liddament

Attending: Dr S Nutbrown
Ms A Tebbs (CCG) Clinical Commissioning Group-Deputy Director of Contracting

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 proceeding.

1.Feedback Governing Body

Dr Anumba had attended the meeting on the 4th February. Discussions took place around the financial pressures of the CCG to achieve their budgets and targets. An outline plan of the Primary Care Strategy was discussed and a collation of ideas came from the meeting. Clarity of delivery was sought. The strategy is to be overseen by GPs.

Dr Anumba mentioned and the LEG agreed that the roving GP through the PMCF (Prime Ministers Challenge Fund) had been very successful and helpful to practices but this was due to come to an end as all the finance had been used to support this. Once the neighbourhood practices are set up, this might be something that we look at again, however to resource this was always going to be a concern.

The CCG will be attending Clinical Councils across the city to discuss the Primary Care Strategy possibly in April. A paper is to be distributed outlining the plans shortly. This will give practices time to discuss the proposals. Although March Clinical Council is a busy one we have agreed a space for the Primary Care Strategy to start conversations.

CASES – model and referral management was discussed.

2.Feedback City-Wide Locality.

Mr Osborne and Dr Gillgrass had attended the meeting. The Chair was Dr Tim Moorhead. Mr Osborne reported that Neighbourhood Pilots were discussed - this is a group of practices working together to offer services. An example of this would be for a practice with an available room being able to offer a test eg, echo cardiogram, spirometry etc that nearby practices could utilise. This would be to the benefit of patients and better use of resources. A collaboration between a group of practices in nearby areas would enable better use of space and would save patients having to attend one of the hospitals in the city for minor tests. This would certainly help patients belonging to smaller practices. In time it is hoped that services are aligned to support the neighbourhoods.
The LEG also agreed that the Portfolio Managers do not cascade enough information down to the localities. To resolve this maybe they should be requested to attend the Clinical Councils. There is a briefing paper which was thought to be a useful report on key areas that the CCG is working on.

3.Clinical Council

The next Clinical Council is on the 10th March. The agenda is as follows:

2pm – Primary Care Strategy – Mr Osborne to organise speaker.

2.20pm – QIS (Quality Incentive Scheme) Peer Review followed by a discussion within groups around the Neighbourhood Scheme.

3.15-4pm – Erectile Dysfunction –Sister Allen/ Ms D Davies-South.

4.SMA (Shared Medical Appointments) Update.

The service co-ordinator is Mr Ian Carey. Mr Carey is willing to help participating practices to get started. The LEG would like to ascertain how many hours Mr Carey would be able to give them. The practices that may be involved so far are: Crystal Peaks, Woodhouse, Birley and Charnock?

ACTION _ Dr Boyle to approach Mr Carey.

5.Asthma Guidance Pilot

Dr Boyle reported that NICE are offering as part of a study on spirometry and nitrate tests – monies to a participating practice. Any practice wishing to participate would need to express an interest. Timescales are tight.

ACTION – Dr Boyle to send the e-mail link to Mrs Lister to circulate to practices.

6.Screening

A mobile breast screening unit is not available in Sheffield. It was agreed by the LEG that this had an impact on the number of patients attending for screening – due to travelling distance.

Mrs Coakley is to approach the screening services to ask why this was stopped. Mr Osborne will ascertain if there is a budget for screening to raise attendance. Ms Tebbs offered to seek information from the CCG.

ACTION – Mrs Coakley, Mr Osborne.

7.Care Home Audit UTI (Urinary Tract Infection).

Dr Boyle had circulated a graph showing the improvement a UTI Pilot had made across 4 care homes. It highlighted a substantial decrease in UTI. Feedback is to be requested from the care homes with a view to a possible new phase. Dr Boyle is to ask Bala Subramanian to assist with this re-education and attend a further Clinical Council.

ACTION – Dr Boyle.

8.Practice Visits

The CCG has informed the Locality Managers that practices within their localities should be visited twice a year by the Locality Manager, Chair and 2 members of the CCG. In total this would include aligning at least 5 diaries. The CCG had provided a template of what they would wish to discuss at these meetings. The LEG agreed that this would be inhibitory and intimidating to the practices and also onerous to busy practices. It was also agreed that this should have been initially discussed with the Localities so that they could raise their realistic concerns. An alternative to this - that would enable the CCG to seek engagement would be for the Locality Directors from the CCG to attend the Clinical Councils.

ACTION – Mr Osborne to feedback concerns to CCG.

AOB

1.Primary Care Transformation Fund.

Practices had been asked to put bids in for development of their practices to enable them to deliver a better service for their patients. This could include new buildings, extensions, conversion of rooms to consulting rooms and general improvements. This is in its initial stages and a team of colleagues from NHS England and the CCG will make any final decision possibly by June. This will not be 100% funded.

DONM 17th March 2016 1.45 – 2pm Charnock Health Centre.