

**HALLAM AND SOUTH COMMISSIONING LOCALITY**

**Local Executive Group (LEG) Meeting**

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

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

**Apologies:** Dr K Gillgrass Dr N Anumba

**Attending:** Ms L Liddament Mr R Crosby Mrs S Nutbrown

**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.Update Medicine Management Team**

Mr Richard Crosby reported that the prescribing budget across the city was in excess and that further savings were required. He advised that more needed to be done to change practice cultures and the brands that they prescribe. Practices would be informed of the branded drugs that should be avoided and a national list would be put into place of drugs that are available in their place - that offer the same outcome.

Patients who require more mundane drugs for short term illnesses could be advised that these are readily available over the counter.

A pilot is being worked on around all repeat prescription ordering going to a central point. This is in its very early stage but is already showing some success.

As part of the Prime Minister Challenge Fund and the Prescribing Incentive Scheme - pharmacists and nurses will work more closely together and be more hands on, around prescribing alleviating GP time.

Mr Crosby is to present at the next Clinical Council on the 7<sup>th</sup> Jan 2016.

## **2.Update Shared Medical Appointments.**

Mr Osborne reported that they were awaiting the appointment of the co-ordinator role. There is to be a meeting with Katherine Robertshaw – project manager for the Prime Ministers Challenge Fund. We are awaiting the go ahead from the PMCF to proceed with this initiative. Funding for the coordinating role is available but how to implement this requires further discussion which can commence once it is known who has been appointed.

Mrs Nutbrown had worked on a template as to how it could be rolled out to practices within the Locality. Not all practices would be involved in the initial stages. A facilitator is required for each shared appointment and this will be offered to practices if they have anyone with facilitating experience.

It was decided that a sub group should be formed to take this forward. Mrs Nutbrown, Dr Boyle, Mrs Hoskin and Mrs Liddament volunteered.

Dr Boyle is to go to Scotland to meet up with Dr R Lawson on the 15<sup>th</sup> January to attend and experience this initiative first hand.

## **3.Feedback Governing Body.**

Unfortunately, Dr Anumba was unavailable due to other commitments.

## **4.Feedback City-Wide Locality.**

Mr Osborne reported that there had been 3 recent meetings with Dr S Livesey to discuss the way forward for General Practice within the Primary Care Strategy. Mrs Nutbrown had attended a meeting with GPs and then a further meeting with nurses, pharmacists and the multi disciplinary teams who all need to be involved with this. The concern is for smaller practices who may need to federate or become larger practices in order to remain viable.

There is to be a review of Walk in Centres of GPs at the forefront of the Accident and Emergency Department.

## **5.Clinical Council 7<sup>th</sup> January 2016**

The clinical session will be around Developing the Cancer work program at 3pm.

Prior to that there will be presentations from Mrs C Hemingway around the District Nurse Teams and Mr R Crosby on Prescribing. Following this there will a be short break out sessions for discussion.

Action – Mrs Lister to send out Agenda.

## **6. Care Quality Commission.**

All the practices within the Locality will have had a visit from CQC before the end of March. Support will be offered to any practice that is in difficulty. The LEG will take forward the UTI (urinary tract infection) project when all the CQC visits have been completed.

## **7. Executive Director for HAS Locality**

Mr Osborne advised that Tim Furness had been appointed. He will assist in Planning and Delivery. In order to forge a relationship within the Locality he will attend the LEG, Clinical Council and the Practice Managers meetings when he is available.

## **8. Frequency of LEG Meetings.**

The LEG agreed that although they do not meet as often as other Localities the once a month meeting was sufficient.

## **AOB**

- One or two of our practices may be closing in the near future but will meet with surrounding practices in January to discuss the way forward.
- Mrs Coakley was concerned that the Caldicott principle is changing and that no training was available. Although the Caldicott Guardian has to be a GP the training needs to be with all staff involved in patient records. Mrs Coakley will pursue this matter.
- Mrs Coakley also raised the concern about codings for recompense from other departments in the NHS. It appears that practices are unable to challenge if a coding is put on by mistake either by themselves or another department. She advised that practices need to individually raise their concern on this matter with Ms S Barringer at the CCG (Clinical Commissioning Group)

**DONM 21st JANUARY 2016 CHARNOCK HEALTH 2-4PM (This has been changed from the 14<sup>th</sup> Jan in order to update on Dr Boyles visit around SMA)**