

**HALLAM AND SOUTH COMMISSIONING LOCALITY**

**Local Executive Group (LEG) Meeting**

Item 22d

**Thursday 14<sup>th</sup> April 2016 at Charnock Health Centre 2-4pm**

**Members:** Mrs J Coakley Mr G Osborne Mrs M Smith Dr M Boyle  
Dr S Davidson Dr K Gillgrass (chair) Dr N Anumba

**Attending** Dr S Nutbrown Mr K Clifford CCG (Clinical Commissioning Group)

**Apologies:** Mrs J Hoskin Mrs L Liddament

**Note Taker** Mrs Susan Lister

**Declaration of Interests**

None in conflict with the Agenda.

In future if any member present has any conflict with the agenda they are to inform Mrs Lister prior to meeting.

**Minutes of last meeting**

These were accepted as a true reflection of proceeding.

**Matters Arising**

**Practice Visits** – Discussions re format are still ongoing. When this has been finalised Charnock Health requested to be considered first for a visit.

**Sepsis Toolkit** - The LEG agreed that Dr Gillgrass should approach Mr Rob Townsend to speak at a future clinical council. The Sepsis Toolkit was available but at a cost to the practice.

**Screening** – Dr Boyle had contacted Ms R Staniforth to present at July's Clinical Council from 3pm. There would be a 15min slot for each - breast screening, smear tests and colorectal screening.

**1.Feedback Governing Body.**

Dr Anumba had attended the meeting which was a public session around the Primary Care Strategy. This was then followed by a strategy meeting with more details and options of delivery of the package with wider options to other services. This is fundamentally to help keep Patients out of Hospital .where safe to do so There are wide differentials across the practices, but practices that are near to each other need to work together to buy in services to help each other. There was

concern around how this will be commissioned. It was hoped that the Neighbourhood Scheme would help with this strategy and that the LEG could help with getting all GPs and practices on board. Low engagement by some practices was also discussed and the LEG felt it imperative that all practices should be aware of the importance of this new initiative and how it will impact for the better on their patients. It was also mentioned that a lot of trainee doctors and nurses do not first come to Primary Care as a career path, partly due to a lack of a career structure. This of course impacts on replacing staff who retire etc.

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

Dr Gillgrass reported that the meeting focussed on SMA (Shared Medical Appointments) CQC (Care Quality Commission) Equalisation and Phlebotomy. Also discussed was the projection that the NHS should become more or less paperless by 2020. This raised the issue of how we contact our GPs in HASL to inform them of the changes that are taking place. Ms Smith is in the process of asking practices for their lead GP who will be the contact for the LEG. When this is complete she will advise Mrs Lister of the new contacts.

There is to be a workshop on the 12<sup>th</sup> May around IT – Innovation, Integration and Interoperability that practices have been invited to. Unfortunately this is on the same date as the Clinical Council. Dr Gillgrass advised that she would try to attend the morning session. The LEG felt that a lot of ideas were coming through around IT but there seemed little regard for the people who had to use it, their level of competence and the time required to complete some of the documents.

**ACTION – Ms Smith**

### **3.SMA Update (Shared Medical Appointments)**

Dr Boyle reported that the first session had gone very well indeed with positive comments from patients. Mr Carey ( Care coordinator) had been very helpful to the session which was around Hypertension. There will be a further session with these patients in May. The LEG agreed that more practices can be involved possibly a further 12. Mr Carey is to be approached to visit practices explaining the concept. All practices participating will receive funding. Dr Boyle / Dr Nutbrown will do a brief presentation at the next Clinical Council.

**ACTION – Dr Boyle to send out results to LEG**

### **4.Clinical Council Update 12<sup>th</sup> May**

After discussion around the first topic of the Meeting it was decided that this should be around Neighbourhoods. This will be discussed initially at the Practice Managers meeting prior to Clinical Council. It is hoped that Dr Heatley may be able to address this topic. The draft agenda is below.

2pm – Feedback PMs / Neighbourhoods/ CASES

Dr Heatley /  
Mr Osborne

3.10 – MMT QIPP/Cost Saving Programme

R.Crosby

3.20 – Shared Medical Appointments

Dr Boyle

3.30 – Primary Care Sheffield

Ms J Endacott /  
Mr S Knight

## **5.Practice Nurse Network.**

Dr Nutbrown advised that there had been a meeting in early March to discuss Revalidation and the Care Quality Commission visits and findings. The room and the refreshments had been sponsored. It came to light that nurses did not receive a letter informing them that their revalidation was due. They would receive an e-mail but this was dependant on them having an e-mail address. Nurses are unable to carry out their duties without this revalidation – it was therefor important that this information is cascaded.

## **6.Locality Terms of Reference.**

Due to time restraints this was rolled over to the next meeting in May.

## **7.Neighbourhoods**

This was discussed in item 1. There will be a presentation at the next Clinical Council in May.

## **8. Locality Budget.**

Mr Osborne advised that the budget had still not been finalised.

## **9.Prescribing Incentive Scheme**

Mr Osborne reported that a new incentive scheme was being planned further details would be available shortly.

## **AOB**

**1.Transformation Fund** - Further information is imminent. Initially it was to be a one off funding but now funding will be available every year for the next 4 years. There is to be a meeting with the CCG next week which Mr Osborne will attend.

**2.Feedback CCG Members.** -Mr Osborne had attended the meeting and advised that they were held twice a year. A lot of new members had attended. Discussion had mainly been around the Neighbourhood scheme.

**DONM 19<sup>th</sup> May 2016 2-4pm Charnock Health.**

**HALLAM AND SOUTH COMMISSIONING LOCALITY**

**Local Executive Group (LEG) Meeting**

**Thursday 19<sup>th</sup> May 2016 at Charnock Health Centre 2-4pm**

**Minutes Part A**

**Members:** Dr M Boyle, Mrs J Coakley, Dr S Davidson, Mrs J Hoskin, Dr K Gillgrass (chair), Mr G Osborne

**Apologies:** Dr N Anumba, Mrs M Smith

**Attending:** Mr Tim Furness Director of Delivery, Sheffield CCG  
Dr S Nutbrown Mrs L Liddament

**Note Taker** Mrs Lynda Liddament

**Declaration of Interests**

None in conflict with the Agenda

**Minutes of last meeting**

These were accepted as a true reflection of proceeding.

**Matters Arising not covered in agenda**

Practice Visits

Visits to HASL practices are on hold at present, awaiting agreement on a city wide format. Locality briefing packs are so full of information that practices would struggle to pick out what is relevant for them. It was suggested that some practices are asked what they would like to get out of a visit and the Locality use the replies to try to pair this with what the Locality can offer. It is hard to get practices more engaged when they are all busy working for patients. Done correctly, practice visits can help improve engagement with the CCG. Practices going through change may welcome a visit and the opportunity to ask for support. Mr Osborne and Dr Gillgrass are seen by the practices as HASL rather than CCG. It was agreed that visits should resume and Mr Osborne will let practices know they are available.

IT Issues

There was no feedback to the LEG on the event at The Source as nobody had been able to attend.

Local digital road maps will be developed to reflect the needs in Sheffield.

Embed not provide reports and data. There are lots of issues around what is or is not part of the contract. Many services are not now part of the core contract. Embed will provide these services but at a cost to the CCG. Victoria McGregor Riley at the CCG is going through the contract. Mr Osborne has asked HASL practices to contact him with IT issues rather than go to Embed direct.

### Sheffield Aches and Pains Website (SAP)

The website is fine for those who can access it. Several GPs have asked for exercise sheets to give out to patients.

Post meeting note: SAP is being taken over by the MSK Directorate at STH. Similar comments were made at the MSK PLI and the team is looking into this.

## **1 Feedback Governing Body**

A lot of the meeting was taken up with accepting the CCG financial reports for the last year.

Patient Transport Services are being reviewed across the Yorkshire and Humber area. There will be two procurements across the area.

The LEG discussed the Yorkshire Ambulance Service (YAS) letter sent to all GPs. There was concern about the conditions listed as needing emergency, urgent and routine care and the response times. Mr Furness asked for a copy of the letter to share with Mr Zak McMurray, CCG Clinical Director.

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

Mr Osborne and Dr Gillgrass attended the meeting. The Chair was Dr Tim Moorhead.

Dr Moorhead talked about various models used by other CCGs across the country.

The Primary Care Strategy has had lots of input and Nikki Doherty and colleagues are writing the STP. There will be a briefing at the next CWLG and Mr Osborne will feedback. There needs to be an operational plan. GPs should remind the group of their unique selling points and the registered list pressures.

There may be cuts in the mental health budget to help fund the voluntary sector. HASL does not have many community services and they are not well developed and there are fewer voluntary sector agencies. HASL should talk to its Community Support Workers (CSWs) to find out what is available locally. Many things go on at practice level and CSWs need to be aware of this

so they can do a service gap analysis. The voluntary sector must be involved in the neighbourhoods.

### **3. Clinical Council**

Feedback from the meeting on 12<sup>th</sup> May was quite positive. Dr Boyle had emailed Maria and Steve Knight for their presentation on PMCF

Julie has the responses from practice about neighbourhoods after the group discussions and will forward them to Mr Osborne and Dr Gillgrass.

The Transformation Fund still seems unclear how this will work, but the CCG will need to prioritise the bids and attach them to a portal for further perusal by NHS England. At present there is confusion about the percentage of funding practices will receive. At the moment the split is 66%/33%, but from September bids may be up to a 100% funded. If this is the case, it will have an impact on bids.

The next Clinical Council is on the 7<sup>th</sup> July. There was a lot of discussion about the content of this meeting and potential re-arranging of invited speakers. The LEG agreed that working towards neighbourhoods is a priority and the meeting would concentrate on this. Practice need to come with ideas. The CSWs will be invited to the meeting and asked to join their neighbourhood table.

It was agreed that neighbourhoods should be a standing Council agenda item and would come before any clinical education.

For future meetings it was agreed that Rachel would be asked to come to the September meeting to talk about sepsis and James Hall to attend in October to give his presentation on renal stones

### **4. SMA (Shared Medical Appointments) Update.**

Dr Gillgrass is going to a conference and training session in Liverpool at the weekend and will report back. She offered to contact interested practices to try to organise a training session, probably in the evening. After some discussion, it was felt that it might be better to contact practices individually when they are ready to start sessions. So far, the following practices have expressed an interest:

Birley – piloting the scheme  
Carterknowle  
Charnock  
Crystal Peaks  
Greystones  
Hackenthorpe  
Manchester Road

The Avenue  
The Meadowgreen Group  
Woodhouse

Dr Boyle reported that patients liked the sessions. Self-help groups could result from them. This could tie in with the CASES model of supported self-care.

Crystal Peaks are ready to start sessions. There is a charge of £14.00 for the handbook.

**5      AOB**

**DONM 16<sup>th</sup> June 2016 1.45 – 2pm Charnock Health Centre.**