

SHEFFIELD CCG WEST LOCALITY
Executive Team meeting
Public minutes
Thursday 3 March 2016
8.00am Fairlawns

Item 18e

Members Attending: Anne Baird, Dr Nikki Bates, Rachel Dillon, Rachel Gillott, Dr Mike Jakubovic, Dr Tim Moorhead, Dr Emma Reynolds, Lisa Shackleton, Dr Jenny Stephenson, Susie Uprichard (Chair).

In attendance: Richard Crosby, Dr Charles Heatley.

Apologies: Kate Carr, Kevin Clifford.

Welcome and Apologies:

1. The apologies above were accepted. Rachel G was welcomed to the group as Kevin's locality deputy.

Minutes of meeting 7th January 2016 and Matters Arising:

2. The minutes were agreed to be a true and accurate record.
3. Transformation Fund Bids
Rachel D advised that she met with Katrina Cleary, NHS England and the finance department to review all bids citywide. There needs to be a balance between the basic renovation needs of the practices and the transformational criteria given by NHS England. There will also be a separate IT bid. The bids will now be sent to the Primary Care Committee on 1st April.

Clinical Assessment, Support and Education Service (CASES):

4. Dr Charles Heatley introduced himself as the Clinical Director for the Elective Care Portfolio and GP at Birley Medical Centre. Charles gave an overview of the context of CASES with a continuing rise in referrals citywide. The Elective Portfolio would like to transform the referral process for the long-term instead of using piecemeal initiatives to reduce the referrals short-term. This process will concentrate on educational innovation and intervention and will likely affect approximately 20% of referrals based on national figures. CASES will start in 5 areas; Cardiology, Respiratory, Urology, Dermatology and ENT. The CCG are working with Primary Care Sheffield (PCS) and Sheffield Teaching Hospitals (STH) to develop the programme.

Medicines Management Team Update:

5. Richard gave an update on the work of the Medicines Management Team:

Primary Care Strategy:

6. The group discussed the recent papers regarding Care Outside of Hospital and the Primary Care Strategy including the neighbourhood model working.

Governing Body Update:

7. Tim advised that the decrease in Sheffield CCG budget will be a challenge. The financial plan will be reviewed mid-year to ensure that the CCG are delivering the financial requirements. The CCG is focusing on delivering a really large robust savings plan in order to be in a stronger position.

AOB

8. There was no additional business

Date and Time of next meeting:

Thursday 7th April 2016, 8.00am – 9.30am, Clinical Rooms A&B, Fairlawns

HALLAM AND SOUTH COMMISSIONING LOCALITY

Local Executive Group (LEG) Meeting

Thursday 17th March 2016 at Charnock Health Centre 2-4pm

Minutes Part A

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

Apologies: Dr N Anumba. Mrs J Hoskin Mrs L Liddament

The LEG was disappointed that no Executive member of the CCG was present at this meeting and the latest initiative of engagement had not taken place. The CCG had been given previous dates to all our meetings. The LEG felt that this initiative would soon fall by the way side. This then makes our job increasingly difficult when we discuss with member practices about how important the CCG feel it is to engage with the membership.

Attending: Dr S Nutbrown

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

Screening – Screening services are to attend the Clinical Council in July.

Practice Visits – These are on hold until beginning of April.

Primary Care Transformation Fund. Dr Gillgrass is to attend conference.

1.Feedback Governing Body Mr Osborne had been given brief details of what was discussed at the meeting which was attended by Dr Anumba. He circulated a briefing paper summarising what is currently being taken forward by the CCG. (Clinical Commissioning Group) It is in its draft form but has to be signed off by the governing body by the 7th April.

Dr S Livesey had reported on the Primary Care Strategy. A discussion also took place around a GP, Nurse Practitioner and Nurse Specialist being available in A&E departments. This was subject to conjecture and no final decision has yet been made.

ACTION – Mr Osborne to circulate paper to all practices.

2.City-Wide Locality.

Dr Gillgrass reported that Dr Charles Heatley had attended the meeting to talk about C.A.S.E.S (Clinical Assessment Services Education and Support) and to outline what specialities might be included. There are seven to be chosen and there will be a referral enhancement to these specialities. Practices who sign up for this initiative (it is not compulsory) will be funded. Monies will be available to support the practices who participate. A new template referral letter to secondary care is to be distributed. Dr Heatley is to be invited to the Clinical Council on the 12th May.

3. SMA (Shared medical Appointments).

Dr Nutbrown reported on the meeting on the 10 March with Dr Boyle and Mr Ian Carey. The discussion involved the use of Patient Activation Measure (PAM) as a tool for evaluation. The users of PAM are required to undergo training which can be done on-line. The pilot involving Birley, Crystal Peaks and Woodhouse practices is to begin on the 22nd April. Between 9/12 patients will be invited all with the condition Hypertension. Mr Carey will be preparing a paper for the CCG. If this is successful further practices will be approached.

4.Clinical Council IFeedback and Update.

The Council on the 10 Mar had been well attended. The LEG agreed that the Primary Care Strategy that was presented by the CCG was difficult to understand and clarity of direction was required.

The next council meeting is on the 12th May and so far the agenda includes:

2.50-3.00pm-SMA	Dr M Boyle
3 -3.10pm – MMT QIPP/Cost Saving Programme	R. Crosby
3.10-3.30pm – CASES –	Dr C Heatley MBE
3.30-4.00pm – Primary Care Sheffield	Ms J Endacott/Mr S Knight.

All presentation are to come via Mrs Lister who will then distribute to all practices after the meeting.

5.Primary Care Strategy

Mr Osborne advised that every practice in the locality will have the opportunity to be placed in a neighbourhood group with nearby practices and that monies are being made available to facilitate this. Early adoptees were being sought across the city for groupings of practices that were already wishing to move forward with this venture.

6.CCG Briefing Paper.

Mr Osborne reported that this paper had been delayed. When available it will be distributed to practices.

7.Practice Visits.

These are on hold until until the beginning of April when the format is decided by CCG and the Localities.

8.Sepsis Toolkit

Dr Boyle had attended this meeting. This was to highlight awareness of the toolkit that could be used to help diagnose this condition. Dr Boyle is to approach the National Sepsis Trust to invite a speaker to the Clinical Council on the 8th September.

ACTION _ Dr Boyle.

9.Screening.

The LEG agreed that the Clinical Council on the 7th July should include presentations around breast screening, smear tests and colorectal screening with 15mins allotted to each. Dr Boyle is to approach Rachel Staniforth to take this forward.

ACTION- Dr Boyle.

10.Work Program for CCG and Localities.

This program is available on-line. It outlines the timescales that all should be working towards and also the changes that are required to be made to address the decrease in budget.

11.Communication – LEG Members and Practices.

The LEG agreed that all presentations should be circulated to lead GPs and Practice Managers to distribute as appropriate within their practice.

12.Feedback Conference with Maureen Baker.

Dr Gillgrass had attended this conference which was held in Leicester. Ms Maureen Baker was the speaker and in attendance was NHS England.

Ms Baker highlighted the shortcomings and the changes that maybe coming. Dr Gillgrass gave a brief account of these to the LEG.

AOB

Sheffield Neighbourhood Care Model – Mr Osborne had circulated the model paper to the LEG.

CQC continue to visit practices in our Locality.

DONM – 14th April at Charnock Health 2-4pm

CITYWIDE LOCALITY GROUP

12 April 2016, 9am – 11am

Attendees: Dr Nikki Bates, Rachel Dillon, Kerry Dunne, Dr Kirsty Gillgrass, Dr Jennie Joyce, Simon Kirby, Dr StJohn Livesey, Dr Victoria McGregor-Riley, Dr Zak McMurray, Dr Tim Moorhead (chair), Gordon Osborne, Dr Ted Turner

Central Update

- As Central Locality representatives were unable to attend there was no update.

HaS Update

- There have been positive conversations with practices regarding neighbourhoods and there will be a further meeting dedicated to discussing what the neighbourhood model could look like in HaS Locality.
- Feedback has been positive regarding the new prescribing incentive scheme.
- The first Shared Medical Appointment (SMA) has been conducted at Birley and was successful. Three other practices will also be offering SMAs. Gordon advised that the COPD shared education sessions could be tied into the SMAs that HaS are organising for shared learning as the two are quite similar.
- Concerns have been raised regarding the Transformation Fund bids and there is uncertainty regarding what the message to practices is.

West Update

- The West Locality have also continued discussions regarding neighbourhoods via the Locality Exec Group to identify risks and issues.
- Five practices in the Locality are potentially not signing up to Care Planning for 2016/17. There could be an opportunity to put an alternative in place that would focus on the same outcomes and not the contract activity which would be tested via the neighbourhoods. Rachel added that many unplanned admissions originate from care homes so an alternative to Care Planning could be a taskforce to assist care homes.
- Sheffield City Council has been leading on a Homeless Health Needs Assessment which has involved Devonshire Green Medical Centre. This will be presented to CET shortly.
- The West Locality would also be interested in addressing the ad-hoc phlebotomy service that is currently available, especially for housebound patients. The group discussed the possibility of a more centralised system, similar to the Roving GP scheme, within neighbourhoods. STH have performed a review of the community phlebotomy service but Locality representatives were unaware of the results.

North Update

- There have been strong conversations regarding neighbourhoods in the North Locality with three possible pilot groups however further steer is required to understand what the neighbourhoods will be responsible for.

Citywide Discussions

- The group discussed the neighbourhood model of working and agreed that further clarification is required now that each Locality has identified a pilot grouping. Rachel raised that the Active Support & Recovery alliance of providers are key to understanding which services could be part of the neighbourhood model. The group also discussed the possibility of neighbourhoods receiving block funding to decide on how to care for their patient demographics, and the related governance issues that this would raise. Rachel

suggested that neighbourhood concerns could be taken to the alliance of provider group and any common themes could be addressed by a task and finish group.

- Victoria updated the group on the Digital Roadmap which includes 17 competencies such as interoperability and becoming paper-free at the point of care by 2020. The roadmap is currently for Sheffield only but will join with the wider STP footprint. There will be an event on 12th May for Localities to discuss specific challenges in practices that could be addressed via technological solutions. Gordon raised that the event clashes with HaS Locality's Council meeting.
- Victoria also updated the group on the Test Bed progress which will focus on addressing long-term conditions and mental health management with knowledge from international technological innovators. Kirsty queried whether local companies will also be approached, which Victoria confirmed and added that Sheffield CCG will demonstrate their own social values.
- Victoria informed the group of an ongoing issue regarding the flow of data from NECS to the CCG due to concerns with the CCG contract with Embed for IT services.
- Rachel asked for clarity on the IT parts of the Transformation Fund bids. Victoria advised that 100 laptops have been ordered for practices citywide, however this is not part of the Transformation Fund. The Primary Care Co-Commissioning Committee have reviewed the bids, including the IT bids, and have decided which will be supported and their prioritisation.
- Simon queried the contract changes to Embed as the North Locality have requested hardware but have been advised that this is currently not possible. Gordon also raised that Practice Managers should be given more control for IT processes instead of a centralised administrator password. Victoria agreed to feedback.
- Victoria asked the group whether there would be interest in an organisation that performs diagnostics around support and demand for telephone triage access. The group agreed that there might be interest if further information is made available.
- Victoria advised that the CCG are looking into the practice reporting system and the data mix used for risk stratification.
- The group signed off the Locality Information Pack. Simon queried how this information may now be used.
- Rachel raised that a West Locality practice has received communication from the Community Mental Health team which advised them that they did not have a psychologist on their team and so the patient could consider private healthcare instead.
- The group discussed the need for clarity and a consistent message to practices regarding the Transformation Fund bids. Victoria agreed to liaise with Katrina Cleary who was unable to attend.