Local Executive Group (LEG) Meeting

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

Minutes Part A

Members:  Mr G Osborne  Dr K Gillgrass (Chair)  Mrs J Coakley
Mrs M Smith  Mrs J Hoskin  Dr S. Nutbrown  Dr S Davison
Dr N Anumba

Apologies:  Ms Abigail Tebbs CCG  Mr Matt Powls CCG

Attending:  Mrs L Liddament

Note Taker  Susan Lister

Declaration of Interests

None in conflict with the Agenda

Minutes of last meeting – were accepted.

Matters Arising.

Dr Nutbrown reported that the CCG had taken over the role of ascertaining the quality and standard of training of nurses and HCAs in the localities.

Mr Osborne will circulate the Health Outcomes Paper to the LEG

1. Feedback Meetings.

City-wide Locality Group.

Mr Osborne reported that monies were available for innovative ideas that would benefit patients and prevent them from going to the hospital for treatments. He was rather concerned that the Localities had not been made aware of this until the last minute. It was imperative that bids were made as soon as possible.

The LEG discussed the idea of an Emergency Care Practitioner for the locality, also the possibility of a Dressings Clinic. The purchase of a Microsuck ear machine and training for the nurses who would operate the machine was also discussed.

Mrs Smith offered to send data around wound care to Mrs Hoskin to see if the dressing clinic was viable. This is part of the Pioneer round of bids.
The Locality Manager would co-ordinate the sending of the ideas and Mr Osborne will send out the template for completion by practices.

Winter Resilience – a discussion around what was required over the forthcoming Christmas Holidays was debated and how primary care would cover. It was agreed that firstly all patients need to be made aware of the Hubs that are available. Practices will make their own arrangements to raise the profile.

CASES Update – There is to be a bid for a PLI next year and educational videos. Primary Care Sheffield are to be involved.

**Practice Managers Meeting.**

Mrs Smith reported that all practices had been reminded of the deadline for Core Capital Funding. Neighbourhoods was also discussed. Mr Chris Kearton from Primary Care Sheffield, had given a talk around working together in our neighbourhoods, including a buying group initiative. This would help to lower prices and save money across the locality.

**2.Shared Medical Appointments Update.**

Dr Nutbrown advised that all the practices involved in the Locality had organised their meetings. Dr Nutbrown had attended the meeting at Hackenthorpe and also sat in the follow up meeting. The practice had a good system in place and it had been a well conducted SMA.

Venue can be an issue as some practices do not have a room that would accommodate 10 patients and the clinicians – other venues nearby may be required.

**3.Clinical Council Feedback.**

This had been well attended by 19 clinicians and 13 practice managers. The feedback was positive. The CCG had provided useful, appropriate and relevant information on their various subjects. Dr Davison had presented around ENT and the final speaker was Mr Kearton from Primary Care Sheffield.

The next Clinical Council was due to be on the 12th Jan but unfortunately this has been deferred to the 19th Jan – due to the availability of the Locality Manager and the Chair. Mrs Lister is to contact The Doubletree for availability. Possible speakers are as follows:

2pm – CCG speaker (Matt Powls ?)
2.15 - Mr Steve Thomas on Mental Health. Sue Lister to e-mail
3pm – CASES – Marianne Sloan – Dr Anumba to contact.
3.45 – Primary Care Sheffield – Sue Lister to contact Chris Kearton for speaker.

**4.Locality Briefing Paper.**
This is sent out monthly by the CCG to the Locality Managers to be circulated to the practices. This is rather a lengthy paper for practices to read and digest given the time constraints that they are under. Perhaps it could be shortened.

**ACTION**  _Mr Osborne to e-mail Oct paper to Mrs Lister for circulation._

5. **Neighbourhood Commissioning Intentions.**

This document had been sent to members of the LEG and will be circulated to practices. There will be a Neighbourhood Acute Hub manned by various clinicians who can prescribe. Acute home visits would be done by a roving GP or by the emergency care practitioner. All acute demand will be dealt with on the same day. Each Locality Manager is required to commit to this initiative and any inclusions to the document are to be submitted ASAP. It is hope that this will help reduce unplanned admissions.

6. **Practice Visits.**

These are going well and a further set of dates are required. Due to the forthcoming Christmas period the LEG decided that these would be placed on hold till mid January.

**DONM 15th December 2-4pm Charnock Health,**
West Locality Executive Minutes

1 December 2016, 8.00am-9.30am
Clinical Rooms A&B, Fairlawns

Members Attending: Susie Uprichard (chair), Kate Carr, Dr Nikki Bates, Dr Emma Reynolds, Anne Baird, Rachel Dillon, Lisa Shackleton, Dr Mike Jakubovic, Dr Jenny Stephenson

Other Attendees: Richard Crosby (SCCG)

1. Welcome and Apologies

The apologies above were received from Penny Brooks and Dr Tim Moorhead.

2. Minutes of Meeting 3rd November 2016

The minutes were agreed to be a true and accurate record.

3. Matters Arising

Rachel had not seen a response regarding IAPT waits and if there are any links to the increase of anti-depressants. Mike said that he had seen a recent audit and the waiting times are better. Nikki also informed the group that in a Governing Body paper the waits are described as reasonable. The group asked if it was possible to see further information on waiting times in IAPT.

Action: Nikki and Rachel to raise at Governing Body.

Nikki Bates was re-elected as a Governing Body GP and Terry Hudson from the University Practice was successful as securing a post too.

The adverts for the Neighbourhood GP and manager posts have been sent to West colleagues and there has been some interest.

4. Executive Updates

Emma is attending a CASES meeting to discuss community clinics and moving these forward. Emma in particular wants to push forward Gynaecology. A proposal has been sent to the Elective Care Portfolio colleagues.

There was a discussion around how long any new proposals take to be developed. It seems that lack of resources is the main issue however there seems to be a theme of how long any new service takes to be developed and implemented.

12 lead ECGs – a paper is going to CCC next week however some central changes to tariff may hinder this.
A rapid access clinic for children has been launched. Details were sent out in the 22\textsuperscript{nd} November GP bulletin.

5. Prescribing

The prescribing report this month is concentrating on COPD. This is an area where we fair better in some areas when comparing nationally but also we are worse in some areas. One positive to take away from the data is that our mortality rate from COPD is less than other similar CCGs. The presentation includes videos from patients that have accessed Pulmonary Rehab and the benefits they have seen. The PQIS position has not improved since last month.

6. Neighbourhoods

- University – next meeting on Monday.
- City Centre – have had their big tent event and their steering group is 6/12/16.
- West 4 – have had another steering group meeting. Progress is slow. They have put in a bid to the pioneer fund to pay for a service co-ordinator and have still not heard the outcome from this bid.
- Hillsborough – have had their big tent event which was a successful meeting. The next steps are to organise a steering group to take forward their priorities.

Nurse forum: A successful nurse meeting has taken place. Both district nurses and practice nurses in West attended this meeting. A lengthy discussion took place regarding LTC checks and wound dressings. The nurse group agreed to do an audit to inform next steps on how best to provide both LTC checks and wound dressings in the community.

Commissioning Intentions: Both Emma and Jenny had reflected on the paper and Rachel had shared this feedback with PCS who are working with the locality managers to produce commissioning intentions that are right for Primary Care.

7. Locality Update

Winter Resilience: All practices have been sent the documentation to sign up to the Winter Resilience funding.

Admin Support: An offer of employment has been made to replace Kerry.

Rachel annual leave: As Rachel is on annual leave for a month Kate has kindly agreed to attend the meetings that Rachel would have attended and report back at relevant meetings.

Next Executive: As the next Executive falls on the first week after New Year it was agreed to change this to the 12\textsuperscript{th} January 2017.

8. Business Development

The practices involved in the Business Development programme met after the last Council meeting. It was agreed in principle that each practice would put 0.50p in a pot per
weighted population but that Rachel would do some work on what 0.50p per patient could buy.

9. **AOB**

There was no other business.

**Date and Time of Next Meeting**

Thursday 12\textsuperscript{th} January 2017, 8-9.30am, Clinical Rooms A&B, Fairlawn's
1. Prescribing

- Richard shared a report that concentrated on diabetes. This is an area where we compare poorly especially with neighbouring CCG and the national average so work is going on to tackle this.
- NHS England have emailed GP practices informing them that a portal to bid for some funding to access the clinical pharmacy programme is now live. Peter Magirr is working closely with Primary Care Sheffield to bid on behalf of the city for 16 clinical pharmacists. This would be 1 clinical pharmacist per neighbourhood. Practices can bid themselves however the criteria are quite strict and a bid can only be made for a practice population of at least 30,000 patients.
- The funding for this scheme is 60% funded for year 1, 40% funded for year 2 and 20% funded for year 3.
- More information regarding this will be sent out to practices by the end of the week from the CCG and PCS.

2. Locally Commissioned Services

- All practices should have now received their 6 months upfront payment for neighbourhoods.

3. Neighbourhoods

GPA1 Neighbourhood

- Virtual Ward in full operation at one Practice, cohort of frail elderly patients being identified at other Practices – PCDN seconded from CCG as the ‘ward manager’ – 38 patients on the ward – 3 admissions over 3 months from September – November: 1 direct for HF clinic; 1 from a carer even though a GP had been in the morning and 1 discharge failure leading to readmission
- Age UK to undertake the non-health part of the OK to Stay Plan being used on this cohort of patients.
- Social Prescribing – ongoing work with Manor and Castle Development Trust Group – 60 referrals, no admissions – Pioneer Bid submitted
- Test Bed Programme
  - Electronic capped inhaler
  - Work with the Big White Wall, Get Well Foundation and Active – working with COPD patients for them to better handle exacerbations
• Two Practices piloting the use of paramedics to undertake acute visits 53 seen over a two week period, 3 admissions, all appropriate, patient feedback excellent

• Primary Care Development – meeting with all Practices to look at new ways or working and models of care

Non-elective spell costs at STHFT Actual vs Target – October : -£320k

Darnall Neighbourhood

• Frail Elderly housebound and non-housebound patients - Practices to identify this cohort of patients and start the virtual ward process, Handsworth MC working with the Coordinator to implement the virtual ward process

• Social Prescribing – ongoing work with Darnall Well Being Group, referrals now accepted from all Neighbourhood Practices – Pioneer Bid submitted

Non-elective spell costs at STHFT Actual vs Target – October : -£50k

Heeley Neighbourhood

• Work towards reducing unplanned admissions – working to the same process as other Neighbourhoods

• Engagement of local voluntary and community groups - close working relationships with CSWs, meeting to agree single point of referral arranged to rationalise the social prescribing process – a neighbourhood SPA

• Steering group meeting planned for January

Non-elective spell costs at STHFT Actual vs Target – October : -£437k

SWAC Neighbourhood

• Looking to reduce unplanned admissions and enhance social prescribing also keen to look at prevention of illness and disease.

• Initial meeting with all diagnosed diabetic patients to discuss self-management of their disease.

• Considering option to second a microsystems coach to facilitate quality work within the Neighbourhood

Non-elective spell costs at STHFT Actual vs Target – October : -£431k

4. AOB

• Amir raised a query regarding bloods for housebound patients. The group were clear that if a patient was on any of your LTC register and they are housebound that it was a legitimate reason for them to be on the district nurse register.

• Marion has organised some Pipelle update training for 28th February. Information has been sent out via the GP bulletin.
• Marion also told the group that she is looking to organise some ring pessary training.
• Tim informed the group that they are continuing with their paramedic visits, which was initially a pilot. If practices want to access this service they can do on a cost per appointment basis. Any practices interested to contact Tim or Sharon.
• The group discussed Central Care Sheffield. It was agreed to keep the company active but any Practice wanting to sell their shares can make a request to the company.

Date and Time of Next Meeting

Wednesday 8th February, 12.30pm - 2pm, Dovercourt Surgery