

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF EDEN LOCALITY EXECUTIVE MEETING**

Thursday 29 January 2015, 13:00

Penrith Rugby Club, Penrith, CA11 8RG

Present	Dr Rachel Preston	GP Lead (Chair) (RP)
	Dr Helen Dunning	Shap Medical Practice (HD)
	Lisa Gibbons	Senior Commissioner, Eden (LG)
	Andrew Gosling	Business, Finance & Performance Manager (AG)
	Dr Lynne Harris	Court Thorn Surgery (LG)
	Dr Stephen Huck	Upper Eden Medical Practice (SH)
	Neil Hughes	Lay Member (NH)
	Andrea Loudon	Primary Care Development Lead (AL)
	Dr Mark Plenderleith	The Lakes Medical Practice (MP)
	Amanda Riley	Practice Manager Rep (AR)
	Dr Jonathan Smith	Glenridding Health Centre (JS)
In attendance:	Noleen Devlin	Adult Safeguarding & Safety Lead (JNS)
	William Lumb	Chief Clinical Information Officer (WL)
	Zoe Hedges	Eden Administrator (Minutes) (ZH)

EL 1/15 **Agenda Item 1: Welcome and Apologies**
 RP welcomed everyone to the meeting. Apologies were received from; Andy Airey, Cathryn Beckett-Hill, Sally Jenkins, Caroline Rea, Alston Medical Practice, Appleby Medical Practice, Birbeck Medical Group & Temple Sowerby Medical Practice.

EL 2/15 **Agenda Item 2: Declarations of Interest**
 All GPs attending declared an interest regarding any provider and dispensing issues which may appear on the agenda. Also practices declared an interest that they are signed up to the Federation company – 1st Care Cumbria. Neil Hughes declared an interest, as a member of Eden Council, regarding the paper on Bus Service provision.

EL 3/15 **Agenda Item 3: Minutes & Action Log of November 2014**
 The minutes from the last meeting were agreed as an accurate record and the action log.

EL 4/15 **Agenda Item 4: Matters Arising**
Getting involved in delivering change
 LG reminded everyone that an email was sent regarding GP involvement in projects. It was felt that this was a better way of getting clinical input without needing to have regular roles; projects could be supported by GPs on a sessional basis. GPs were encouraged to contact the locality about this.

EL 5/15

Agenda Item 5: Chair Update/CCG Update

Mental Health PLT – A reminder that the Mental Health PLT is on 10 February 2015 at Penrith Rugby Club and will be very informative.

Structure – There were to be some structural changes in Cumbria CCG but these were been put on hold until Nigel Maguire returns to work. Current changes have affected Director level with Caroline Rea taking on the role of Director of Primary Care.

Workforce Recruitment – There had been a small amount of money set aside to help to set up a central place to look at recruitment and retention. The admin role working out of CLIC will coordinate where there are gaps and find the resources to fill those gaps. This is a new project, it is the hope there would be a pool of available people to use.

Together for a Healthier Future – RP explained this is the North network strategy to enable us to improve the quality of the care provided, similar to the South strategy Better Care Together. An update had been attached to the agenda.

Glenridding Health Centre – JS explained that Glenridding has been on a PMS contract which had been awarded due to them being an unusual practice where GMS doesn't work well. JS has had notification from the Area Team that this will be changing and the GMS contract will reduce the payment by £60,000/year over 4 or 7 years. The practice serves 720 patients plus part time residents and the practice struggles to recruit to posts. JS will be retiring and the partner in the practice does not want to take over the contract. JS has until 28/02 to respond to the Area Team with his intentions. There is a 6 month notice period for termination of the contract. Appeals can be put forward. The Executive felt they needed some more information on the population before deciding what the best direction would be.

ACTION: RP to email practices who did not attend the meeting and for each Executive member to contact JS with their ideas by 13 February 2015.

ACTION: LG to speak to the communication team as this will likely cause some media coverage.

EL 6/15

Agenda Item 6: Performance Management

Contracts Update & PbR – AG updated that there had been a block contract in place with CIC 14/15 to help with the pressures felt there but there is a view to now revert back to a tariff contract for 15/16. GS asked for the opinion of the Executive and everyone agreed that their preference would be a tariff contract.

Finance & Performance – AG presented the finance and performance report. AG highlighted the breach analysis, 88% of breaches in NHUCT were bed management. It seems that A&E is not busy and does work well. However, it seems the issues were around patient flow through the hospitals. The number of 18 week breaches had reduced from Autumn 14 but has steadily started to increase again.

AL noted from the report that in Eden there had been a forecast in the prescribing

budget of £120,000 overspent. It was felt that some of this is due to the price increase in category 'M' drugs which had been bigger than expected.

EL 7/15

Agenda Item 7: Bus Route Funding

NH presented a paper of bus route 106. Cumbria County Council had been subsidising the bus service which ceased last year due to cuts, there had been an interim payment of £1m until October 14 to give the bus companies a chance to better organise how to best run the services without subsidies. Bus company Reays was due to take over the route in November 14 but within 24 hours of starting the service they pulled out, later disclosing that they did not register the service. Since then £10,000 had been raised to run a skeleton service on Tuesdays, Thursdays & Fridays, this funding will last one year. NH asked if Eden Locality can fund some money towards the bus service start up costs and running costs for one year. It is then hoped that Stagecoach could find the service viable to run off the profits. Though it is not a health issue it was felt by the Executive that there were health implications due to patients not getting to appointments and GPs needing to do more home visits, but that transport was generic issue which should be addressed on a Cumbria wide footing.

ACTION: RP agreed to take the paper to the next Together For A Healthier Future meeting where transport was discussed.

EL 8/15

Agenda Item 8: PCC Development Update

LG Presented agenda the update. COPD is back out to contract after the interim contract with North Cumbria Acute. There had been a hope that it would be moved onto the block contract but that had not happened this time, though it is in the block contract for the rest of the County. LG explained they had been working on trying to meet half way by using slippage money so Eden are not paying for the service fully.

The Clinical Facilitators started on 2 February. The Questionnaire had been submitted to Governing Body for approval on 4 February.

LG also explained there were 8 beds available at Greengarth Residential Care Home and these were to be used for step up and step down intense rehab & reablement for max of 2 weeks. The beds would be suitable as step up if there were patients that could benefit from rehab & reablement who cannot have it at home for example their home environment is not suitable due to stairs etc. To utilise these beds practices could contact the ECRT team if they fit criteria. LH expressed concerns that Court Thorn had received requests for GP visits when they should have been registered as temporary residents with closer practices.

ACTION: LG speak to Greengarth and explain that practices in Penrith are happy to see temporary residents.

EL 9/15

Agenda Item 9: Nursing Homes Update

Nursing Homes are struggling to recruit nurses as staff want to work in the NHS rather than private companies due to the benefits of employment, there had been a recruitment drive to try to solve these issues. Cumbria Safeguarding Adults Board have

identified that there are significant problems with safeguarding and much of this is due to low staffing levels & skills of the nurses. Under the umbrella of the board, there are 6 workstreams to look at what can be done to solve the issues in a strategic way. There are; Leadership & Management, Staffing, Skills, Regulation, Environment & dementia friendly care homes, Safeguarding & early indicators. Currently there are more patients being cared for in care homes than in hospitals

EL 10/15

Agenda Item 10: IT Update

William Lumb attended to give an update on IT systems. Servers to be removed from all practices and there is to be desktop virtualization. Everyone will log on like VPN and the programmes are viewable from the desktop but will be running from a centralized computer. This means no one will be able to download new software. From home there will be an icon on the device being used which will divert the user to a website where you log in and complete a security question and you will then see your desktop view. This is due to be set up by mid-August.

ACTION: Glenridding & Shap noted that their wifi was not working in their practice, WL to take this action to ensure they work in future.

Everyone will be on Windows 7, smartcards have been upgraded. WL reminded everyone to stop using Google Chrome & stop downloading it. Firefox is the modern browser to use as it is compatible with all websites.

The new system will allow there to be linked referrals between 3rd sector and the Acutes, it will produce referrals documents on a template and these will be sent electronically on EMIS and will share information across the system, between organisations. IT will be refreshing the sharing agreements & structure and there will be a clear risk assessment tool for sharing information which should only take 3-5 mins. NHS Faxing will be stopped at the end of March 15 and will not be replaced. Two Week waits will still have to be faxed. At the end of September 15 NHS SMS texting is finishing and practices will need to find an alternative.

CPFT will not be using EMIS. The intranet project will be starting again and this will be pushed to ensure progression. NHSmail 2 is still planned but is behind schedule. The issue between files of patients moving practices was explained as being an issue with files sizes. Not everyone had been signed up to share information electronically and some practices were still sharing manual files. The new system will share information and will split large files down so they can be transferred.

By 31/03/2015 patients will be able to see their records online. Practices must offer this. A question was asked around child records under the age of 18 and at what age the information is no longer shared with parents. WL explained that in their practice it was age 12 and they also remove the parent's phone number from the record this is what he would suggest however practices can make their own decisions. In cases where parents are separated, either both parents are asked to have a joint email address for the sake of viewing the record or not to view it at all.

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- EL 11/15 **Agenda Item 11: Dementia Figures**
AL discussed the dementia figures from 16 December 2014.
- ACTION:** It was agreed that AL would bring the new figures once those were analysed.
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- EL 12/15 **Agenda Item 12: CRG Update – Practice Outliers**
AL explained that the practices had looked at their outliers at the November CRG and will share the information and some of the actions the Primary Care Team are trying to resolve.
- ACTION:** ZH to distribute the Practice Outlier information with the minutes of this meeting.
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- EL 13/15 **Agenda Item 13: GP Leads Update**
Children’s Lead – Helen May to step down from her post as would be working full time as a Health Visitor in Carlisle. Eden locality expressed regret at the loss of School Nurses in Eden. There would be no specific children’s lead in Eden but there continues to be a team and a Cumbria wide Lead. Not every locality had a specific lead but where they do they are mostly GPs. The group expressed a preference to a sessional post rather than a commitment.
- ACTION:** RP asked that if anyone knows of someone with an interest in Childrens that would be interested in a sessional post, then to let the locality know of any ideas.
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- EL 14/15 **Any Other Business:**
LH expressed that around the consultant to consultant referrals where the GP is included as a middleman to refer onwards back to the acute where is would make more sense to refer directly between specialties. RP explained that sometimes it is felt that the GP understands the patient more holistically as a whole rather than just keep referring to sense check that referring again is the best thing to do.
- AH expressed problems with the SGRAL MRI scanning team and the ability for the Acutes to read and access the scanned pictures. Example of a patient that arrived at an appointment and the consultant could not view the images that had been produced a few weeks before leading to a waste of appointment.
- ACTION:** If GPs find that the Hospital cannot see scans from Penrith Hospital then LG requested that the specifics be passed on to her to be discussed with Ray Beale-Pratt as they are contractually obliged to share the images and ensure they are viewable in the hospital.
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- EL 15/15 **Date and time of next meeting approved:**
13:00 – 16:00, Thursday 26 February 2015, Windermere Suite, Stoneybeck Inn, Bowscar, Penrith, Cumbria CA11 8RP.
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