

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE SOUTH LAKES LOCALITY EXECUTIVE
Thursday, 5 November 2015 at 14:00
Conference Room, Enterprise House, Kendal

Present: Dr Jim Hacking GP Lead (Chair) (JH)
Dr Julia Neaves Exec GP (JN)
Dr Julia Smith Exec GP (JS)
Helen Bailey Senior Commissioning Manager (HB)
Dr John Wood Exec GP (JW)
Dr Amy Lee Exec GP (AL)
Hazel Smith Primary Care Development Lead (HS)

SLE 44/15 **AGENDA ITEM 1: Apologies for Absence**

Apologies for Absence were received from:

Anthony Gardner, Julia Smith, John Keen, Mike Eddy, Liz Dover

SLE 45/15 **AGENDA ITEM 2 : Declarations of Interest**

There were no Declarations of Interest made.

SLE 46/15 **AGENDA ITEM 3: Minutes of Previous Meeting (3 September 2015) and Matters Arising**

Agreed correct record.

SLE 47/15 **AGENDA ITEM 4 : Vanguard Update**

Helen gave an update on Vanguard progress.

Two new project managers have recently started – Kay Dhesi, supporting WGH, Frail Elderly; Adam Gowllant supporting ICC work with Roz Bradshaw. (Pim Mission is supporting the FGH Front Door work; Dr Ian Chadwick and Dr Jo White also have 1 protected day per week with Vanguard). Of the 5 areas highlighted in the WGH Frail Elderly project- 2 are priorities: Discharge to assess (RLI to Langdales and STINT) and Mental Health (Frail Elderly).

HB emphasized that it is important to implement any learning from these PDSA cycles at both ends, using common themes and ensuring consistency. JN noted the need to engage GPs, HB agreed useful for Pim Mission to attend the next South Members meeting and to come to Furness and South Execs.

Action: HB

AL said the Single Point of Access nurse is off sick for 3 months and AL had to ring PCAS direct to request assessment of an unwell patient. JM has let Liz Dover know, HB to advise Dee Houghton.

The University of Cumbria is evaluating the Case Manager & Care Navigator pilot and the Kendal Care Home project. Noted that the variables are difficult to assess and the impact of Adult Social Care major on-going re-organisation is having an impact.

Better Care Together update

Tranch 2 Planned Care Launch was held recently. JN noted that in Tranch 1 (Orthopaedics) the pathways for care were more complex than first envisaged; clinical perspective is more useful than relying on too much detailed data.

AL said that she is expecting to join the Urology Pathway group and is waiting for an invite.

SLE 48/15 **AGENDA ITEM 5 : ICC Updates/GP Leadership Role**

HS noted need to check the basic circulation lists to ensure information is going to the correct practice contacts.

HB – now as Vanguard impetus develops, important to strengthen the Exec and ICC links with the GP community and to include stronger links with ASC, community services and third sector colleagues.

Data Dashboards – JH circulates a monthly dashboard to each practice in SL, it was agreed this gives useful feedback and reflection for each ICC.

Action RB &VF : Dashboard to be available at each monthly ICC meeting.

Ulverston & Dalton: JN is not involved with the ICC. Vanguard area of work is children and mental health, HS noted that at the last meeting, the 2 Ulverston practices attended but not Dalton or Askam.

Lakes & Grange: there is no Exec representative recruited (Dan Golding is the Vanguard link).

Noted there is a geographical challenge (ASC packages are a problem in the Windermere area).

The initial ICC meeting was good, lately has been slowing down, not clear what their Vanguard area of work is.

It was agreed that at the next Members meeting engagement will be sought and encouraged.

Kendal: The Case Manager has just resigned, not yet clear how this post will be filled.

East: Working well, the Care Navigator is now employed by the practices.

The ICC organisational development session dates have been arranged, further details to be clarified.

SLE 49/15 **AGENDA ITEM 6: Finance & Performance**

HB gave an update on behalf of JK who is away.

The CCG is currently in a position of financial recovery and a central cost improvement plan is in place. As part of this HB noted that each ICC needs to prevent 2 admissions per week. HS noted that with closer scrutiny, system issues arise, such as the frequent flier who was returning to A&E on 3 days for change of dressings. CIMS are looking in more detail.

SLE 50/15 **AGENDA ITEM 7: GP Representation (Lakes & Grange)**

East, Kendal, Ulverston & Grange ICCs all have Exec members, co-opted members and an ICC Vanguard member identified. Lakes & Grange have no Exec member or co-opted member elected; they do have Dan Golding as ICC Vanguard Lead and may possibly in the future be willing to join the Exec.

SLE 51/15 **AGENDA ITEM 8: Minor Ailments Scheme Evaluation Report (MAS)**

HS described the Minor Ailments Scheme which is being piloted, firstly in Barrow and since March 15 in South Lakes, supported by advanced consultation skills training, the Lothian Minor Ailments Formulary and a Governance Framework. The Furness locality has developed a unique 2 tier scheme whereby a community pharmacist can access GP records and prescribe legally due to availability of co-terminus records. Consultations have risen month on month, the majority being for skin, infections and pain.

Pharmacists have the opportunity to fast track if necessary to the GP. Feedback responses have shown that patients would have accessed healthcare from GPs, A&E and CHOC if the MAS had not been available.

HS confirmed that any issues GPs might have with the service should be feedback to the practice medicine manager. HS may consider a PLT session for admin staff to raise awareness of the Scheme. AL requested that the MAS Evaluation be shared with GP practices for information. **Action: HS to circulate.**

It was also confirmed that the Pharmacy Flu vaccination service is a national service this year organised by NHS England.

SLE 52/15 **AGENDA ITEM 9: Update from CCG Clinical Leads (including Network Leadership Roles)**

The CCG clinical leaders and directors met on 14th October to consider most effectively working towards achieving 'Better Health, Best Care, Delivered Sustainably'.

Hugh Reeve subsequently circulated outcomes information to the CCG; commissioning hospital and community services will be north and south (not localities/networks) and for the south this will mean closer working with Lancashire North CCG. Locality focus will include refreshing membership engagement, Hugh Reeve asked for GPs to come

forward willing to become involved, several of whom in south lakes have done so.

Special Funding applications to the IFR panel

JH noted that a new list of 33 procedures deemed of 'limited clinical value' now require special funding approval, communications is due to go out to all practices.

It was agreed that JH will feedback to the CCG central team that there needs to be a clear process for GPs to follow.

HS raised the concern that patients may be referred to secondary care for an opinion and may bounce back to the GP.

HB to feed in to the planned care group and with David Rogers.

Action: JH, HB

SLE 53/15 **AGENDA ITEM 10: BCT Planned Care Update**

Covered above in Agenda item 4.

SLE 54/15 **AGENDA ITEM 11: Referral Support GP Update**

Sheelagh Donnelly, (GP at Grange and Duddon) has met with HS and Angie Takac to re-invigorate the GP Referral Support meetings to promote clinical engagement.

JN noted that this should link to BCT Tranch 1 (respiratory) to capitalize on the work already progressed.

SLE 55/15 **AGENDA ITEM 12: Any Other Business**

Local Incentive Scheme - JW queried if the LIS is being changed. HS said that it is in the Development plan and would be discussed at the forthcoming CCG Council of Members meeting on the 19th November.

CCG Full Council of Members meeting being held on 19th November at the Roundthorn Hotel, Penrith, GPs encouraged to attend, although there is a clash with a local meeting.

AL is pleased that the Kendal Care Home project has been nominated for a national award.

SIRMS – JN concerned that there is no feedback to practices from a serious incident report, she felt that staff need encouragement to spend time reporting on the system. HB thought it useful for the Quality team to attend the Exec from time to time.

Action: HB to contact Richeldis Messam, Quality team.

Members Meeting

It was agreed to hold the next Members meeting on Thursday 10th December 1.00 sandwiches for 1.30-3.30pm meeting at the Gilpin Bridge Inn, with a short Exec meeting following on 3.30-5.30pm.

Quarterly Members meetings will be held, alternating afternoon and evening, dates to be arranged, January /evening meeting.

SLE 56/15 **Date and Time of Next Meeting:**

Following Members meeting: **10th December , 3.30pm Gilpin Bridge Inn**
