

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE SOUTH LAKES LOCALITY EXECUTIVE
Held On Thursday, 7 January 2016 – 14:00
Conference Room, Enterprise House Kendal

Present:	Dr Jim Hacking	GP Lead (Chair) (JH)
	Dr Julia Smith	Exec GP (JS)
	Dr John Wood	Exec GP (JW)
	Dr Amy Lee	Exec GP (AL)
	Helen Bailey	Senior Commissioning Manager (HB)
	John Keen	Finance, Business & Performance Manager South Cumbria (JK)
	Hazel Smith	Primary Care Development Lead (HS)
	Mike Eddy	Practice Manager Representative (ME)
	Liz Dover	Deputy Network Director South Cumbria (LD)
In attendance:		Val Ferriman (minutes)
		Jim Fraser, Manager Clinical Quality NECSU (JF)

SLE 01/16 **AGENDA ITEM 1: Apologies for Absence**

Apologies for Absence were received from:
John Wood, Anthony Gardner, William Lumb, Judith Neaves

SLE 02/16 **AGENDA ITEM 2 : Declarations of Interest**

AL – Kendal Care Home Pilot

SLE 03/16 **AGENDA ITEM 3: Minutes of Previous Meeting (10 December 2015) and Matters Arising**

Agreed correct record.

SLE 04/16 **AGENDA ITEM 4 : Chair's Update – CCG Clinical Leads**

JH update from the December informal clinical leads meeting on the LIS, which has been updated to a more manageable version. There is still work to do on it but data measurable have been identified which use data sources already in place. JH noted the ideal is to check quality at a high level whilst allowing practices to get on with day to day provision of good quality. HS said the aim is to leave practices to develop systems using their CIMS and Medicines managers who provide a valuable link between the CCG and practices.

AL asked if children's would be included in the LIS, AL to pass on her comments for HS to feedback.

ME expressed concern that in general, practices would find it difficult to budget when there was significant risk that they may not receive the income as the LIS represented a significant amount of practice funding.

JK noted that it has been done in other areas and it would be a moderate 80/20 split in the first year, the LMC and Federation are also involved in discussions.

The final version will go to clinical leads in January and then for sign off by the Governing Body.

11 February Members Meeting – JH asked for agenda topics.

HS to present a LIS item; Prescribing update (prescribing leads meeting 28th January); hopefully also discuss Mental Health (due to be discussed at the next Joint Exec on 4th Feb); AL planning to give update on BCT children's with Gill Huntingdon.

SLE 05/16 **AGENDA ITEM 5 : Finance & Performance**

JK advised that as the organisational Financial Recovery is on-going, clinically the position is very good but the health economy position is less good leading to a harder drive for results.

JK noted that the recovery model was to prevent 1 avoidable (direct from GP practice) admission per day across the locality, but that it has been less than this.

JK said that in view of the financial position, activity would be compared to last years and project outcomes assessed for viability.

LD noted that growth has been stemmed this year and A&E activity has decreased but admission costs are rising, JK said that Selina Gregg was looking at the complexity of this.

HS said that a residential home in Grange refuses to engage with the GPs, has patients with complex needs and calls an ambulance. There are similar issues in Ulverston).

HS to look at the perceived barriers and to use the experience of the Kendal Care Home pilot to build a rapport and links with the locality case manager and with Adult social care (ASC). **Action: HS**

LD noted that 4 UHMBT wards currently all have patients medically fit for discharge, HB said this was being addressed through BCT (however ASC difficulties and the recent floods had reduced the residential care capacity).

JK noted that Scheduled Care (planned, elective, OPD) was slightly over with 1 practice an outlier, and the monthly practice dashboards produced by Selina Gregg are liked by the practices.

HS noted that prescribing cost growth was lower in the south compared to the north (and lower than the north-west), the majority of practices were doing well, however one Kendal practice had seen a 10% growth rate. HS had visited the practice and a medicines optimisation pharmacist from Eden will be working with the practice as their

pharmacist was engaged in the Kendal Care Home project.

SLE 06/16 **AGENDA ITEM 6: ICC update**

East: JS advised that the CN role is busier (busy, increased workload, engaging with voluntary sector) than the CM role (who is struggling to engage patients).

Kendal: AL noted the CN is working well at Captain French but the CM has left, in contrast the Ulverston CM is very good. It was agreed vital that there is good management of the frail elderly and a 'super DN' role is needed.

LD asked for ideas on how the ICC will develop, it was suggested East ICC may develop projects with teenage mental health, reablement.

SLE 07/16 **AGENDA ITEM 7: Review of Investments**

HB said the effectiveness of investments made in the south network will be reviewed and decisions made before the end of March to ensure that if continued outcomes are delivered.

- CN/CM
- IRR (Stint)
- Kendal Care Home Pilot
Hospices
Early Supported Discharge Stroke (Furness)

CN/CM

The University of Cumbria was asked to do an evaluation of the CN/CM roles (but the report as it stands is not very helpful). HB is meeting with Emily Griffiths to discuss the development of the roles and how to resource it differently to maximise the investment. JK noted that governance is provided by the Out of Hospital BCT workstream and the funding decision is made by the Executive and ratified at Governing Body. **Action: HB**

Kendal Care Home Review

HB to circulate the full report. **Action: HB**

HB noted that the main outcome required is that the project covers its costs, eg unscheduled admissions down 20% and prescribing costs down 30% (on schedule to achieve), 60% savings being made against target of 66%. The pharmacist and medicines management costs are in the region of £40k and they have been looking at polypharmacy, unnecessary medicines and medicine queries, thereby allowing raising the GP clinical focus in the care home. Dietetic support has started recently looking at sip feeds and patient nutrition.

It was acknowledged that the project has provided a very valued effective service for the Kendal care homes and is a key contact for care home staff into health.

It was noted that Care Home staff have asked for more mental health expertise.

Should be noted that the geographical area of the KCH project is small and is a close-knit team.

The Nurse Practitioner, Alison Nicholson has picked up acute illness and prescribed medication without the need to call the GP, she has also improved end of life and DNARs. Alison visits the large care homes weekly and the smaller homes monthly, she clearly makes a difference when at a home, compared to when not there.

Discussion around continuation/development of Alison Nicholson's role, as the post is funded until end of March, possibly as a mentor training other nurses across the locality. LD noted that need to ensure funding equity across the locality. Need to look at different ways of working in other areas, such as virtual communities in Carlisle and Workington.

To bring back to February Executive for discussion and decision (sign off at Governing Body).

Action: HB to compare schemes in other localities (if capacity allows).

HB advised that an area of concern is unscheduled admissions down 10%, indicating that more appropriate people are being admitted but costing more. HB noted that Alison Nicholson is frustrated that the RLI is reluctant to release patients when she has judged them ok to be returned to their care home. LD emphasised that the role of Community Matron has worked well in the West, as an expert in the care of the frail elderly, nurse practitioner and prescriber.

SLE 08/16 **AGENDA ITEM 8: BCT Vanguard Update**

South Lakes Frail Elderly

HB updated, Kay Dhesi is currently working on PDSA cycles, discharge to assess, looking at length of stays in Langdale, additional STINT capacity, will be doing a table top exercise next Tuesday looking at case studies. Langdale staff are doing 6 training sessions on mental health (CHESS model) and have access to advice when needed.

SLE/09/16 **AGENDA ITEM 9: Quality Update**

Quality Report received for information, Jim Fraser (NECSU Clinical Quality Manager) discussed clinical quality and safety and incident reporting on SIRMS, encouraging GPs to use the system, saying that the reporting process gathers trends and is also committed to providing feedback to the Trust Medical Director and for every incident logged.

HS asked to be added to the monthly report circulation list, there is a regular SIRMS bulletin in the GP News. **Action: JF**

Agreed it would be useful to have an item at the Members meeting, JF thanked for attending.

SLE 10/16 **ANY OTHER BUSINESS**

Next Members meeting to be held on 11th February, 1.00 for 1.30pm at Gilpin Bridge Inn

Joint Exec with Furness at Gilpin Bridge.

SLE 11/16 **Date and Time of Next Meeting: JOINT EXECUTIVE**

Thursday 4th February, 2pm Conference Room Enterprise House
