NHS Cumbria Clinical Commissioning Group

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE COPELAND LOCALITY EXECUTIVE
THURSDAY, 28 APRIL 2016, 13:30 HOURS
CLEATOR MOOR HEALTH CENTRE

Present:	Celia Heasman, GP Westcroft **CH** Helen Horton, GP Distington **HH (Chair)** Kathryn Illsley, GP Seascale **KI** Fiona Ironside, GP Lowther Medical Centre **FI** Graham Ironside, GP Queen Street **GI** Rick Tranter, GP Mansion House Surgery **RT** Marieke van Bussel, GP Fellview Health Care **MvB**
In Attendance:	Anita Barker, Deputy Network Director (West) **AB** Ray Beale-Pratt, Business, Performance & Finance Lead (West) **RBP** Mel Bradley, Primary Care Development Lead **MB** Brenda Bragg, Locality Administrator (minute taker) **BB** Jo Cloudsdale, CPFT Community Manager (Copeland) **JC** (agenda item10) Bernard Courtney, Patient Rep **BC** Ann-Marie Grady, Senior Commissioning Manager **AMG** Linda Haig, Commissioning Officer **LH** Sue Halsall, Director of WCH Re-development, NCUHT **SH** (agenda item 5) Dr Niall McGreevy, Allerdale GP Lead **NMcG** Steven Toulmin, Local Medical Committee rep **ST** Mike Walker, Consultant, NCUHT **MW** (agenda item 5) Angelique Weiss, Practice Manager, WMC **AW**

COE 14/2016 **AGENDA ITEM 1: Welcome and Apologies**

Apologies were received from: Chris Wood, Judith Spencer

COE 15/2016 **AGENDA ITEM 2: Declaration of Interest**

All Practices: QIS and Gainshare

COE 16/2016 **AGENDA ITEM 3: Minutes of previous meeting / action log**

The minutes from February meeting were approved as an accurate record.

COE 17/2016 **AGENDA ITEM 4: Action Log**

Action Log updated and items removed from list:

- GPs with Special Interest
- Long Term Oxygen Therapy
- Primary Care: prescribing and referrals
- Fit4Life
- Paediatrics – circulate Cow's Milk Intolerance Pathway

Action: Elspeth Desert (New Persistent Pain Service) and Dr Sam Dearman (Cons Psychologist) to be invited to June Executive. **HH/BB**

Action: Resend details of New Pain Service launch. **HH/BB**

COE 18/2016 **AGENDA ITEM 5: Urgent Care Centre**

Consultant Mike Walker (WCH project team) and Sue Hallsall (Director of WCH re-development) NCUHT, joined the Executive to inform of options available for Primary Care to be involved in Phase 2 of WCH re-development. One of the options being an urgent care centre. There was a lengthy discussion around the 2nd new build which was positively received. **Action: Exec GPs would take back to their Practices for further discussion and let Helen Horton know within 2 weeks if their Practices wishes to pursue and, if so, whether they, or any of their colleagues, would be willing to be involved in a workgroup to progress.** **Exec GPs**

COE 19/2016 **AGENDA ITEM 6: Integrated Care Community**

Dr Niall McGreevy gave a brief overview of an ICC. Workington being an early adopter site.

ICCs will enable the development of a population based model of health and social care where an individual's wellbeing is maximised through communities, voluntary and statutory services working together to co-ordinate and deliver care with an integrated approach at a place based level. ICCs will form an extended primary health and care team based around clusters of GP practices. They will ultimately have integrated budgets, enabling them to flexibly respond to local population need. The success of the ICC model will draw on the skills, expertise and collaborative working from a range of different disciplines and services all working together to support the needs of the local community, with specific focus on those most vulnerable and complex.

COE 20/2016 **AGENDA ITEM 7: Clinical Leads / NCMG /Success Regime update**

Success Regime:

CQC response by March

Pre Consultation Business Case (PCBC) document by May to include options around future of community hospitals and acute services based at WCH.

Public Consultation: July.

ICCs – early adopter sites to start in April.

Locality schemes: Single point of access and Care Co-ordinators are ongoing to end of year. We need to proactively work with these teams to continue to

demonstrate their impact on admissions. It was noted that the CCG Lead for frailty services (Dr Rachel Preston) has visited Distington Surgery and met with the Care Coordinator to discuss their role and impact.

COE 21/2016 AGENDA ITEM 8: Locality Issues

(a) Care Coordinators: There was a discussion about impact of care coordinators, the evaluation had shown that general admission figures had gone down, also a snapshot audit of patients taken on caseload comparison of admissions prior to caseload to after being on caseload showed reduction. Although not possible to wholly attribute this to the coordinators, they are showing a positive impact.
This led onto a point about needing to demonstrate value for money and Helen asked for ideas/suggestions about this.

(b) GP Development Update:
Emergency Plan – **All GPs present (7) were in agreement to take the Emergency plan forward.** There would be a discussion with CHOC to see what help can be provided and after finalising and agreeing with CCG would be taken to NHS England.
Health Promotion Calendar – minor amendments made. **Action: Helen Horton to inform Georgina Ternent (Public Health).** **HH**
Care Homes Nurse Business Plan – LH talked through the business plan for a frail elderly team in Copeland should funding become available. The plan is based on a model of care management of patients in care homes delivered by Fellview Healthcare. It has been suggested that as the service positively impacts on GP time, practices make a contribution to the overall costs of the service. Additionally the chronic disease nurse and senior community nurse could be seconded into the team from the wider community nursing team; this model of working is based on the integrated care community model and would provide the basis of shared resources across Copeland.

HH informed the Executive that Angelique Weiss was representing Whitehaven Medical Centre in a non-voting capacity until position verified.

COE 22/2016 AGENDA ITEM 9: Primary Care Update

QIS 2016/18: MB revisited the new 2-year QIS (Quality Incentive Scheme) which commenced on 1 April. Practices have now received all the documentation with an aim to have an approach which will work to deliver patient outcomes and continuing improvements with easily measureable targets. The QIS will incorporate the current Medicines Management and CIM monies but will give Practices more flexibility about how this funding is used. In 1617 practices will receive 70% of the QIS as block funding (which will more than cover CIM and MM salaries) and 30% will be paid on outcomes.

In both the first and second years of the scheme Practices must submit an improvement plan (by 9 September). If a Practice fails to achieve a planned metric then the practice improvement plan, including the actions undertaken

to support the improvement cycle, can be submitted as evidence in an appeals process. A validation committee including LMC representation will consider the evidence submitted by the Practice and any other mitigating factors as well as the degree of failure to reach target.

Action: Exec GPs were asked to discuss with their Practices the kind of support they may need from the primary care team and e-mail Mel Bradley (this may be a full session around the QIS). **Exec GPs**

Referral Leads and CIM meetings may not continue in the usual format although Prescribing Medicines Managers would.

MB circulated individual Practice metrics. These are derived from 14/15 data so Practices may be better off when 15/16 data is available. Working from the right hand column - red areas highlighted are where improvement can be achieved. Data sets will be available giving codes that PRIMIS have searched on which should indicate if there are coding errors.

Gain Share Agreement: CCG 1617 funding plans assume savings in prescribing budgets and direct access pathology and radiology tests. For Practices who sign up to the QIS there will be a further opportunity to generate finance (40% of the savings achieved) for investment in primary care services through participation in the gain share agreement. From a gains share perspective it would make sense for Copeland Practices to work together. Further discussions to agree an approach for the local area will be looked at when the Executive Development group meets on 26 May.

Action: MB to arrange for data sets to be available for the development session. **MB**

Pharmacist Resource: MB advised that there are only 2 pharmacists in Copeland and would like Practices to give some thought on priority for the MOPs given the finite amount of resource. How much time would be spent on medication reviews and whether care homes are the best focus or housebound patients are a greater need? Time freed up will give capacity for MOPs to work with QIS/gainshare.

Action: Exec GPs to take back to Practice and respond back to Mel. **Exec GPs**

COE 23/2016 AGENDA ITEM 10: Single Point of Access

Jo Cloudsdale (CPFT, Copeland Manager) attended to review the development of SPA with the Executive.

Activity data was presented on:

- SPA calls
- Tissue Viability Nurse
- Home Care Practitioners and Rapid Team

Jo highlighted the risks:

- Reduction in funding by £45k 2016 /17 – unable to develop the team to include Social Care coordinator role
- Potential of further reduction in funding / decommissioning of the team

- Unable to roll out phases 2 (Acute Trust discharges) and phase 3 (self referrals)
- Demoralised staff who will leave posts and service will be inoperable without a secure future

And Potential for Development:

- Manage all Hospital Discharges (call handlers)
- Deal with direct Patient referrals (call handlers)
- Merge with ASC call handler service (whole team)
- Have a SW / SCW merged into the team (whole team)
- Integrated working between CPFT and Primary Care – particularly at Nurse level – skills exchange re CDM and catheter care for example – DNs, HCPs
- Working alongside colleagues in Acute Trust i.e. Frailty Pathway- Rapid Team, DNs, STINT
- Working with Primary care colleagues in Copeland Access / Walk in centre – Rapid Team, DNs, STINT, HCPs, TVN
- Rapid Project with NWAS – Rapid Team, SPA and DNs
- The framework for Copeland Integrated Care Community

Jo requested that the current finish time for the SPA call handlers of 20:00 hours be reduced to 19:00 hours. Resource saved would be moved to a busier part of the day.
Executive GPs were in agreement to the earlier finish time by SPA call handlers (5 GPs).

It was noted that when the scheme was funded the intention was that it become more than route for referrals into STINT and nursing team but should be a point of referral for acute discharges, social care, etc. Members were keen that links be established with NCUH as soon as possible to maximize benefits of the scheme.

COE 24/2016 AGENDA ITEM 11: Performance Report

The Locality Reporting Framework was received by the Executive for information.
Copeland reported a further positive month in February, with urgent care continuing to deliver close to plan. The challenge set for the year of '2 a day' reduction in emergency admissions was achieved over the 2 months January / February 2016. The overall trend is an improving one, although the locality remains above its plan for the year to date, due to the higher levels of activity earlier in the year. Planned care admissions are delivering to plan although there is some evidence of a shift away from admission to seeing patients in an outpatient setting and managing them as outpatient procedures.

COE 25/2016 AGENDA ITEM 12: Any Other Business

'Event Monitor': Rick Tranter informed that the locality had been offered a monitor for free. HH was aware of the offer (along with training monies) and it was in hand.

COE	**26/2016**	**AGENDA ITEM 13: Date and Time of Next Meeting** Executive Development: **Thursday, 26 May** Executive Business: **Thursday, 23 June** Cleator Moor Health Centre