

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP (CCG)**

**MINUTES OF THE EDEN LOCALITY EXECUTIVE**

**Thursday 27<sup>th</sup> February 2014, 1pm**

**The Conference Room, Hackthorpe**

Present: Dr Helen Dunning, GP, Shap Medical Practice (HD)  
 Jane Edwards, Business Manager, Lakes Medical Practice (JE)  
 Dr Michael Hanley, GP, Alston Medical Practice (MH)  
 Kerry Harmer, Practice Manager (KH)  
 Dr Peter Hodkin, GP, Birbeck Medical Group (PH)  
 Dr Stephen Huck, GP, Upper Eden Medical Practice (SH)  
 Dr Helen Jervis, GP, Temple Sowerby Medical Practice (HJ)  
 Dr Rachel Preston, GP Lead **(Chair)** (RP)  
 Dr Geoff Sharp, GP, Kirkoswald Surgery (GS)  
 Dr Jonathan Smith, GP, Glenridding Health Centre (JS)  
 Dr Shonagh Speed-Andrews, GP, Appleby Medical Practice (SSA)  
 Dr Ken Sutton, GP, Court Thorn  
 Lisa Gibbons, Commissioning Manager (LG)  
 Andrew Gosling, Finance Business & Perf Mgr (Carlisle & Eden) (AG)  
 Karen Morley-Chesworth, Communications Officer (KMC)

In Attendance: Lynne O'Neill, Carlisle Locality Administrator (LO'N)

Items 1 to 10: Neil Hughes, Lay Representative (NH)

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**1. AGENDA ITEM 1: WELCOME AND APOLOGIES**

*Action*

The Chair welcomed everyone to the meeting.

Apologies were received from:

Laura Carr, Lead Nurse Quality & Safety (LC)  
 Helen May, School Nurse (HM)  
 Andrea Loudon, Primary Care Development Lead (AL)  
 Caroline Rea, Network Director (North) (CR)  
 Andy Airey, Deputy Network director, Carlisle & Eden (AA)

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**2. AGENDA ITEM 2: DECLARATIONS OF INTEREST**

All GPs present declare an interest regards any provider and dispensing issues which may appear on the agenda.

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### 3. AGENDA ITEM 3: MINUTES OF 30<sup>TH</sup> JANUARY 2014

The minutes of the previous meeting were approved as a true and accurate record.

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### 4. AGENDA ITEM 4: ACTION LOG

The action log of the previous meeting was updated and approved.

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### 5. AGENDA ITEM 5: MATTERS ARISING

(i) Pulmonary Rehabilitation

The CQUIN target in the existing contract was to deliver a 10% increase across localities. However the wording was insufficiently robust and CPFT had not delivered against what was a very low baseline. Historically there was no local service in Eden.

The new contract would have the same CQUIN but more robust wording. CPFT would need to deliver a list of addition contacts and the end of the first quarter. Once embedded the improvement should continue.

**ACTION: LG to request PRIMIS to pull data off the system.**

**LG**

**ACTION: SSA to provide a list of unscheduled COPD admissions due to lack of pulmonary rehab.**

**SSA**

(ii) Pain Management

AG advised that the Academic Science Network for the North East and Cumbria were inviting bids for £120k to pump prime a community based pain management service. The money would be supplemented with £25k from the CCG. A decision was expected early March and if successful they would be asked to come and present their model.

**ACTION: To be added to next month's agenda.**

**Admin**

(iii) Mindfulness

Mindfulness could also be helpful for chronic pain and depression. This had been put out to tender in Eden for an 8 week programme. A decision would be made in the next few weeks and the scheme would be rolled out with a view to collecting feedback and data.

**ACTION: As part of programme, LG to speak to Jim Hacking with regard to problems re upskilling CPFT therapy staff.**

**LG**

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## 6. AGENDA ITEM 6: CHAIR UPDATE/CCG UPDATE (Team changes)

Action

RP confirmed that Rachel Fleming had now taken up her role with CLIC and LG had now stepped into the role of Senior Commissioner. The Locality administrator had also gone to CLIC and her replacement would join the Locality on 18 March. Sally Jenkins would also join the team in a commissioning support role.

RP advised the group that the role of CLIC was to improve quality across the board and training and skill mix would be part of that.

Issues in achieving LIS targets were raised and it was advised these should be passed to AL though CLIC would also be part of supporting this.

ACTION: Practices to pick up issues with LIS targets with AL.

ALL

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## 7. AGENDA ITEM 7: PERFORMANCE MANAGEMENT

(i) Contracts Update

The deadline for contracts to be signed is 28 February.

AG reported good progress with all for CPFT. Discussions had taken place re how a deflator of 1.5% would be handled. This would not be applied if they achieved certain indicators. It was hoped they would sign tomorrow.

No information was available for the NCUHT contract.

KH stated that practices were being supported to sign up for Public Health Contracts in readiness to tender in September 2015.

(ii) Finance & Performance Report

AG presented the report and asked that the Executive note its contents.

(iii) Cancer Performance

No new information. Monitoring and support would continue.

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## 8. AGENDA ITEM 8: GP LEAD ROLES

RP raised the need to make best use of resources available for clinical engagement and asked for feedback as to whether this would be better spent by asking GPs within practices to give advice on special interests. Practices agreed that they would be happy to do this. If it was quick, straightforward advice it would be undertaken as part of a membership role but if the work required more in depth input then remuneration reflecting that could be agreed.

RP

**ACTION: RP to email all practices for comments.**

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## 9. AGENDA ITEM 9: GP LEADS UPDATE

### Healthcare Communities

A start date of 1 April was still planned for Healthcare Communities. CPFT were looking at Eden Valley as a pilot for other areas. It was agreed to invite Kath McGleenan to attend to talk about the recovery project.

**ACTION: Locality Admin to invite Kath McGleenan to the April Executive**

**Admin**

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## 10. AGENDA ITEM 10: ANY OTHER BUSINESS

(i) Visiting Service – Payment for Locum

RP stated there was a need to show a response in timely fashion to requests for visits and avoidance of admission.

(ii) Patient Online – Road Map

There was concern re information that would need to be sent via email and consultancy and agreed that Medical Defence needed to look at this.

(iii) Carers

There was concern over poor treatment of carers who only received remuneration for time spent in client's houses and not travelling time. It was agreed this was something health and social care needed to work together on.

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## 11. DATE AND TIME OF NEXT MEETING:

Thursday 27th March, 1pm in the Conference Room, Hackthorpe Hall Business Centre

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