

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP  
MINUTES OF THE FURNESS LOCALITY EXECUTIVE**

**Friday 10 January 2014, 09:15**

**Barrow Town Hall**

Present:	Dr Geoff Jolliffe	GP Lead, <b>Chair</b> (GJ)
	Dr Sarah Arun	GP lead - CVD (SA)
	Dr Amanda Boardman	GP lead – Children (AB)
	Anthony Gardner	Network Director, South Cumbria(AG)
	Caroline Lee	Practice Manager -Norwood Medical Centre (CL)
	Corrine Ralph	Senior Commissioning Manager (CR)
	Dr Arun Thimmiah	GP lead - Cancer (AT)
In Attendance:	Helen Coffey	Communications Officer, Cumbria CCG (HC)
	Wendy Gillen	Commissioning Manager(WG)
	Dr Cathy Hay	Clinical Director Furness Locality CPFT (CH)
	Eleanor Hodgson	Director for Children and families (EH)
	John Keen	Finance, Business & Performance Lead (JK)
	Dr Gill O’Connell	Associate Specialist, UHMBFT (GO)
	Dr Amanda Pugh	Prescribing Lead (AP)
	Clare Sewell	Admin Assistant (CS)
	Hazel Smith	Primary Care Development Lead (HS)

**1. AGENDA ITEM 1/2: WELCOME AND APOLOGIES Action**

Apologies were received from Dr Arabella Onslow and Dr Paul Grout.

**2. AGENDA ITEM 3: DECLARATION OF INTEREST**

All GPs expressed an interest in item 9 – Premises Development.

**3. AGENDA ITEM 4: NOTES OF THE PREVIOUS MEETING (ENC 1)**

The previous meeting notes state Dr Sarah Arun was present, this was not the case.

In relation to FL 25/13, AG queried if the minutes presented to the group were not the most recently amended version. CR to check and will re-circulate if appropriate.

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With the above exceptions the minutes were accepted as a true record.

**Action:**

1. The amendment of the minutes to be noted
2. The re-circulation of the notes if required

**CR**

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4. **AGENDA ITEM 5: REVIEW OF ACTION LOG (ENC 2)**

**FL 08/13 – Ramsey unit:** CH advised that all vacancies had been fully recruited to, being fully opened by 3<sup>rd</sup> February. She advised that it had been re-assessed by CQC with no further conditions.

**FL23/13 – Out of Hospital Update:** AG advised that the PID is not yet released. He advised it will be presented to the board upon completion.

**FL24/13 – Millom:** CR/GJ updated the group on progress. It was agreed that a paper should be produced at the next meeting.

**FL30/13- ChoC report:** CR advised this work is still outstanding as CCG in process of identifying a new contract lead. It was agreed that CHOc should be invited to the Executive at a later date.

**Action:-**

1. AG to bring out of hospital paper to the board when completed
2. CR to produce Millom paper.
3. CR to invite CHOc

**AG  
CR  
CR**

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5. **AGENDA ITEM 6: MATTERS ARISING**

None.

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6. **AGENDA ITEM 7: CHAIR'S REPORT**

GJ gave the group an update on the following two areas:

**Better care together:** the out of hospital workstream has now met as a group 3 or 4 times and is starting to gathering pace with a strong focus on South Cumbria. Dr Jonathan Steel is leading the project from Price Waterhouse Cooper. Draft plans are to be submitted to NHS England in February with a proposal for May.

Timetables are aligned with the CCG and monitor. A summit planned to pull all the work together. Public engagement is the main focus with a better use of existing material and better ways of working for out of hospital.

AG advised that a communication plan is due for circulation. He advised that GJ will be leading the engagement work - he advised there is a real need to

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ensure GP involvement.

**The Alliance:** a CCG project concept of Health and Social care working collaboratively. The intention is to develop a plan for Cumbria, to reduce the financial deficit. He advised that the proposals for Millom are a test bed of what may be possible for the rest of the county. AG proposed inviting Clare Malloy (CEO of CPFT) to attend the Executive.

**Action:-**

1. SF to invite Clare Malloy to the Executive

**SF**

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**7. AGENDA ITEM 8: TERMS OF REFERENCE (ENC 3)**

CR presented the draft document. AG advised these need to be signed off before April 2014. It was noted that the core membership should include a practice manager. CL noted that at the moment she was not elected to represent the views of the practice managers. After discussion it was agreed that an election process should be established. In the short term CL would remain as a co-opted member.

It was noted that the nomination of the lay person onto the executive was not yet identified. It was anticipated that the ongoing engagement work would help to provide the framework to ensure a representative with clear links back to our community was identified.

**Action:-**

1. HS to ensure an election process is established
2. CR to amend the terms of reference

**HS/CL  
CR**

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**8. AGENDA ITEM 9: PID PREMISES DEVELOPMENT**

GJ informed the group the site (Alfred Barrow School) had been purchased (subject to contract) and approved by the LAT. The next year's phase of the new build will be to decide who and what services will be based in the building, with the building phase commencing in 2015, and then occupy in Spring 2016.

AG added that a PID is currently being constructed in line with NHS England's request.

E-Lift will manage the build and are keen to work with the public on the design. All practices will have the opportunity to be involved in the decision making of the services whether they are moving into the new build or not. It was noted sign off for the build will be this year.

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9. **AGENDA ITEM 10: CQUIN DEVELOPMENT (ENC 4)**

AG advised this item has been brought to the meeting for awareness not a decision. National guidance advises of the reduction of the number of schemes. Meeting arranged on 21 February where the broad areas will be selected.

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10. **AGENDA ITEM 11: FEEDBACK FROM LISTENING EVENT**

CR informed the group a listening event took place last Friday evening; the event was led by Dr Arabella Onslow and supported by Phil Woodford. There was a good public attendance and local press coverage. The team is currently planning a second event.

**Action:**

1. HC agreed to help in the production of profiles so the visitors are more aware of the people and the responsibilities.

**HC**

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11. **AGENDA ITEM 12: PRESCRIBING LEAD UPDATE**

AP gave an update on prescribing.

Medicines managers' meetings occur monthly in practices. Attendance at the hospital drug and therapeutic committee is helping to build the links with secondary care. She suggested that she was surprised with the amount of influence she had within this forum. She added that the area prescribing team helping to pull themes together from the DTCs.

She felt that the savings are reflected positively in the budgetary performance made by the practice medicines managers, but this may not be reflected/compared with other localities, although other localities appear to have identified greater savings from their PMM schemes.

After discussion it was agreed that AP should have a regular slot on the executive agenda, with the opportunity to attend the cabinet if she has any specific issues to discuss. Additionally, it was agreed to ensure that significant events were discussed within a PLT session.

GJ thanked AP for her attendance and her ongoing work.

**Action:-**

1. To ensure AP regular slot on the executive agenda
2. To ensure has access to the cabinet when required
3. To build in a slot for untoward issues into PLT

**SF**

**CR**

**HS**

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12. **AGENDA ITEM 13: COMMISSIONING SERVICES FOR CHILDREN & FAMILIES (ENC 5)**

EH advised that Furness Locality are the most involved in the commissioning of

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children's' services. She hopes the team will visit regularly to present their progress report.

She advised that the team is currently working on a Cumbria wide strategy that integrates with BCT. She advised that the children's' team support the maintenance of the consultant lead service in Furness. Acute trust currently exploring the concept of networking with Liverpool.

They are currently working on the development of a centre of excellence for children who are vulnerable/complex

She advised that the CAMHS tier III have issues with the length of wait, but will be improving.

CQC have recently re-visited, and noted significant improvement.

One of the issues raised is the links with health visiting services and GP practices. There is a LAT specification that advises these parties should meet monthly. This is being picked up by AB.

The board discussed the ongoing work to establish MLSC. AB advised this was being led by Lauren Dixon, although it appears that Mandy Telford is likely to chair.

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**13. AGENDA ITEM 14:STROKE COMMUNICATION SUPPORT (ENC 6)**

CR informed the current contract value equates to £28,000 and expires in March 2014. CR asked the Executive to allocate a further six months of funding (equating to £7,000 per locality) and note the network is planning an event in January to review the post event pathway. All members were in agreement.

**Action:**

1. CR to notify the stroke association

**CR**

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**14. AGENDA ITEM 15: SERVICE DEVELOPMENTS UHMBT (ENC 7)**

AG – advised that papers set out the proposals received from UHMBFT regarding their service developments planned for the forthcoming year. The response was a high level response, specifically focusing on the centralisation of services and the requirements of service location based on a strategic approach modelled through the better care together programme.

Additional work will be required in order to respond to the specific issues identified in the initial letter - this is set out in the response. There is a meeting taking place on the 23<sup>rd</sup> of January where the Trust will discuss the plans before submission to Monitor. The group agreed to support the further discussion in detail of the specific issues identified by UHMBT.

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15. **AGENDA ITEM 16: MUSCULOSKELETAL SERVICES**

CR informed the group in line with Better Care Together it is proposed that a further rapid review is undertaken between January and March 2014 to assess what changes to current services and pathways should be made to ensure the most effective use of resources across the whole patient pathway.

This work would be led by Judith Neaves and supported by a member of the NECS team and feeding into the work of the Planned Care Network. South Lakes are acting on behalf of Furness in the absence of a clinical lead. AT offered to liaise with Judith Neaves in the interim. All members were in agreement.

**Action:**

1. AT to liaise with Judith Neaves.

**AT**

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16. **AGENDA ITEM 17: PERFORMANCE REPORT**

CR described the process for “turning performance information into intelligence” designed to ensure a speedy timely response to unexplained increases in activity and/or cost. AT has agreed to pick up the role of intelligence lead, actively engaging with the relevant clinical lead as required. It was noted that this approach may generate significant additional work that may require the re-alignment of other priorities in order to achieve progress and work towards limiting the financial impact of issues identified. All members agreed.

JK presented the Furness Performance and Finance data, a brief discussion took place regarding the practice NEL admissions, and this has shown significant variations. AT to look further into the practice data.

Month 8 headlines reported:

- £3.1m over contract (c.£600k increase from M7)
- £2.8m PbR (Furness & South Lakes) - £700k increase from M7
- Unscheduled admissions & new OP being main Furness pressure.
- Contractually elective (DC,OPROC ) over performance is the pressure across the network

CS to circulate the presentation with the minutes of the meeting.

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17. **AGENDA ITEM 18: URGENT CARE NETWORK UPDATE**

WG updated members on the following:

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18. **AGENDA ITEM 19: ANY OTHER BUSINESS**

CR informed the group oncology has now moved on to ward 9. Cardiology patients are now co-located in this unit.

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19. **DATE AND TIME OF NEXT MEETING APPROVED:**

09:15 – 11:30, Friday 14<sup>th</sup> February 2014, Committee Room 4, Barrow Town Hall

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