

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE ALLERDALE LOCALITY EXECUTIVE
 Thursday 27th February 2014, 9.00am
 Ann Burrow Thomas Health Centre, Workington

Present:	Simon Desert Tim Hooper Sean Hudson Niall McGreevy Anna Turnbull Ray Beale-Pratt Rachael Brown Ann-Marie Grady Linda Moore Caroline Rea Anna Scamans	Lead GP Cocker mouth SD Lead GP Keswick TH Lead GP Maryport SH Lead GP Workington NMcG (Chair) Lead GP Solway AT Business & Finance RBP Sub-locality Lead Cocker mouth/Maryport RB Senior Commissioning Manager AMG Sub-locality Lead Workington LM Network Director CR Sub-locality Lead Solway AS
In Attendance:	Lyn Hardie	Locality Administrator (minute taker)

1. CHAIRS WELCOME & APOLOGIES

Action

The chair thanked everyone for their contribution to the Governing Body meeting which was held in the locality on 20 February. There has been positive feedback to Allerdale's presentation which was described as very impressive. The patient focused nature of the presentations was commended.

Apologies from Anita Barker

2. DECLARATIONS OF INTEREST

None were declared

3. MINUTES OF 23 JANUARY were declared accurate
Action Log

Elective Activity: It was reported that Roger Moore has now made contact with AMG & dates were being suggested for meeting Workington GPs.

Post Diagnosis Dementia Support: The target proposed around post-diagnosis support has been included in CPFT CQUIN schedule.

Diabetic Clinics at Maryport & Dietary Clinics at Solway: contract will include requirement for CPFT to inform the CCG before any service change implemented.

Commissioning Intentions – Care Homes: AMG reported difficulties in obtaining comparable data and especially care home or patient specific data. CR suggested contacting the Ambulance Service for this information. The meeting then discussed the difficulty with gathering meaningful data. CR reported that this issue has been escalated.

Health of Children: There has been no progress on a named paediatric consultant for Keswick and Solway, although AT commented that although Solway has a good relationship with the CIC consultant, there is nothing official.

Core Syllabus of GP training: SH has not been able to contact either Deb Lee or Paul Whitehead. MB reported that Deb Lee is presenting at the PLT session on March 20th and this may be a good opportunity to ask her about the training.

Maryport Paediatric Nursing Scheme Evaluation: RB and Steph Mallinson from NECSU have been looking at data. RAIDR updates have made comparison with other sub-localities difficult. However, evaluation demonstrated that there were positive impacts on activity in Maryport & since the pilot finished admissions and OP appointments have increased. The meeting decided that for a small investment, the project has made a significant difference and should be continued in Maryport next year and we look at potential for rolling out the service in other areas. There was a discussion as to role of Acute and some feeling that if OP tariffs include an element of nursing support by paying practices to provide nursing there could be an element of double paying. It was agreed that this should be an area of discussion as we look at rolling out the scheme to other sub localities.

AS

4. CUMBRIA CLINICAL LEADS GROUP UPDATE

NMcG gave an update on the meeting. Key points were:

- NICE guidance of statins was discussed. Concerns expressed about proposals.
- David Rogers fed back on consultant staff issues at WCH and discussions with NHS England around the serious recruitment issues. It was noted that an update had been provided to GPs in the West.
- **Developing Primary Care Communities:** CR informed the meeting that she is leading on this from CCG. The meeting discussed where the 'natural' communities might be in Allerdale and was keen to be involved in taking this forward. NMcG encouraged the members to read through the paper on this.
- CCG Contracts/ Financial Plan – Cumbria's main contracts will be agreed by end Feb. Once these agreed there will be more clarity around

availability of Locality development funds though the split of this still requires confirmation. It was noted that the Locality has identified a number of schemes requiring ongoing funding.

5. **PRODUCTIVE PRIMARY CARE LEAD UPDATE**

- MB reported that the budget next year will be increased nationally by 4%
- PMM scheme and Script Switch are doing well in the West this year.
- Prescribing Lead meetings discussions have started for next year and it is hoped to have at least one common theme across the area. For Allerdale it will be the Benzos campaign and the reduction in the use of Glargine.
- The biggest spend across Cumbria is £5m on inhaled cortico-steroids. Training around this needs to be addressed and developed with CLIC and through the Practice Nurse strategy.
- There are to be some Healthy Living Pharmacies throughout Cumbria funded by the County Council Public Health. There is also a push for pharmacies to become 'Minor Ailments Treatment Centres'.
- Referral Lead Support meetings – MB /AT outlined some of the work done over the year in Practices which was welcomed though it was acknowledged that approach to referral support needs to be continually under review.

LIS & CLIC: Practices have been reminded that the Deciding Right and Cancer Audits are due by the end of March.

Preliminary PRIMIS data for Deciding Right is not encouraging for some practices. It was confirmed that Melvyn Laycock, (DR facilitator) is available to support this work with individual practices in the locality.

Year of Care initial training events for practice staff are underway. To fulfil the terms of the LIS a practice team must also attend the **Year of Care 'Getting Your House in Order'** event on **10th April** at Hundith Hill Hotel .

A **CLIC** event is scheduled for Allerdale on **May 20th** venue to be arranged All practices should attend as part of the LIS.

CLIC will fund practices for the initial one year subscription to Bluestream ,the on line practice training resource. Details will follow from CLIC as to the sign up and/or refund mechanism for those practices which have already joined.

Feedback is sought as to the proposal to fund some local GP update sessions and as to the preferred subjects. AT reported back from a session she had attended run by Northumbria which was free to attend and high quality.

PLT : It was confirmed that the next West PLT will be held on March 20th in GreenHill Hotel, Wigton - the subject will be Paediatrics with Deb Lee.

6. PERFORMANCE REPORT

- RBP reported on some recent improvement in NCUH achievement of the 95% target. It was noted that although position at CIC had improved there had been some deterioration at WCH.
- It was noted that the CCC hub has been more active in assessments and discharges but SD commented that there is now less access to consultants for GPs since the hub was in operation. AT mentioned the wait for a response from the hub. Some concern was expressed around individual discharge decisions. **Action: SD to give details of these cases to CR for feedback**
- The number of community bed closures reduced in February.
- Waiting times are still deteriorating with figures for over 18 weeks wait going up in the last 3 weeks by 100.
- It was noted that the CCG benefit from additional funding if certain targets are met. One of these targets relates to reducing avoidable emergency admissions. Allerdale generally performs favourably on these measures compared to other Localities but it was suggested that outlier practices may wish to consider what they are doing differently which might explain the differences. This will be part of the programme of work for the Locality Primary Care Team and CIMS.

SD/CR

7. WORKINGTON BID TO PRIME MINISTER'S CHALLENGE FUND

NMcG reported that the bid has been submitted and we expect the national panel to meet to discuss bids on 10th or 11th March.

8. MINOR INJURY UNITS: COCKERMOUTH AND MARYPORT

Cockermouth: SD reported that at present Cockermouth practices provide minor injury services via the Enhanced Service scheme during practice hours. There is interest in expanding the provision to provide an evening and weekend service. The numbers of Cockermouth patients attending A&E and other MIUs indicates that there is potential demand for MIU services for the population. The proposal would involve accessing Enhanced Service payments for extended hours and minor injury services but would require additional nursing support and funding for this. RB to further develop the proposal to clearly identify costs and sources of funding.

Maryport: Clarity is still required around future operation of Maryport MIU. Currently the practice is being paid by CPFT to provide the MIU service in the mornings as CPFT do not have sufficient staff in post. This is a temporary measure and a long term solution is required. It was noted that any proposal for primary care to provide the service would require Governing Body

approval. A meeting has been arranged with CPFT for beginning of March to look at the options.

9. **LOCALITY ENGAGEMENT STRATEGY**

AMG gave a review of the Cumbria approach to engagement and made suggestions as to how we can develop a Locality specific strategy. It was noted that the Locality and sublocalities needed to be better at engaging with patients and the general public to ensure that their views are considered at each stage of the commissioning process.

It was agreed that Anna Scamans will lead on the development for the Locality but it was noted that all staff have a role in patient /public engagement.

Action: Report on progress to be made at future meeting.

AS

It was noted that the Exec had previously agreed to appoint a lay member to the group and it was confirmed that the approach to this is being dealt with at county level.

10. **COMMUNITY GP LEAD JOB DESCRIPTION**

It was agreed that the job description will need to be revised to reflect the role of GP in relation to Primary Care Communities.

**AMG/
NMCG**

11. **GOOD PRACTICE GUIDANCE BETWEEN GP PRACTICES AND HV TEAMS**

The meeting discussed the CPFT proposals around GP / HV relationships. It was noted that contact with HVs is variable across practices and there was discussion about importance of sharing patient info and access to records. It was agreed that the guidance should state that attendance at Safeguarding meetings is obligatory for Health Visitors and not just 'an aim'. It was agreed to invite HV manager to next meeting to discuss guidance and issues in more detail.

Action: AMG to invite a Health Visitor to the next Exec

AMG

12. **SUB-LOCALITY UPDATES**

Keswick: TH reported that there is a training package being put together for GPs doing minor injury work. It was noted that GPs still have concern around acute input to OP clinics. It was confirmed that a meeting with OP manager (Ian Donnan) has been arranged for beginning of March at Keswick.

Cockermouth: SD reported that bed closures are still an issue at the new hospital. They are now up to nine beds. Staffing is still an issue and a recruitment advert is going out this week.

13. **ANY OTHER BUSINESS**

It was noted that some Practices have raised an issue with NWAS transport relating to the changes in criteria which mean fewer people are eligible for patient transport.

It was confirmed that the process should be that when patients are turned down for transport and challenge this decision they should be directed to NECS for advice. It was noted that NWAS call handlers were directing patients with queries to their GP which was creating extra work for Practices. Call handlers have been reminded of correct process. It was confirmed that GPs are able to override PTS decision on behalf of their patient but NECS will screen queries so only relevant cases are directed back to practices.

SD noted that patient transfers from Community Hospitals were still an issue. It was agreed to escalate concerns to NWAS contract meetings.

Action: AMG to escalate

AMG

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

Please note different time and location for this meeting.

Thursday 27th March 10.30 am -2.00pm

Energus, Lillyhall – lunch is included
