

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF SOUTH LAKES LOCALITY EXECUTIVE**  
**Thursday 2 January 2014, 14:00**  
**Conference Room, NHS Cumbria, Tenterfield, Kendal**

Present:	Dr Alistair MacKenzie Dr Jim Hacking, Dr Judith Neeves Dr Julia Smith Hazel Smith Mike Eddy Anthony Gardner John Keen	GP Lead ( <b>Chair</b> ) (AM) Deputy Chair (JH) Exec GP (JN) Exec GP (JS) Primary Care Lead (HS) Practice Manager Representative Network Director, South (AG) Finance & Performance Lead (JK)
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In Attendance:	Roz Bradshaw Val Ferriman	Commissioning Manager South (RB) Locality Administrator, South (VF)
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**1. APOLOGIES FOR ABSENCE**

Action

Apologies for Absence were received from:  
 Helen Bailey, Senior Commissioning Manager, South Lakes

**2. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made.

**3. MINUTES OF THE LAST MEETING HELD ON THURSDAY 5<sup>TH</sup> DECEMBER 2013**

The minutes of the meeting held on 5<sup>th</sup> December were approved as a correct record.

**4. MUSCULOSKELETAL ACTION PLAN**

Dr Neeves described the present surgery-based service as expensive, need to build on the Lancashire North & UHMBT work (Interface Triage clinic). As the time-scale is very short, agreed scoping document by Roz Bradshaw and NECs commissioning support to the next Executive meeting.

**RB**

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## 5. CQUIN PROCESS & PROPOSALS

Guidance documents received for information. It was agreed that the focus must this year be on outcomes rather than developing processes, maintaining the link with strategic priorities.

End of Life to continue to third year.

It was suggested that the IT CQUIN could include several schemes within it, such as the use of INR\* on the wards (improving the management of anti-coagulated patients), development of electronic referral templates, improvement of electronic discharges, also possibly linking in to tele-health pilot in Millom.

RB

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## 6. EXEC TERMS OF REFERENCE

Draft Terms of Reference discussed and the following changes agreed:

### **2) Membership para changed to say -**

- The core membership of the South Lakes Executive will be:
- Five elected GPs
- Practice Manager representative
- Network Director
- Senior Commissioning Manager
- Primary Care Development Lead
- Business, Finance & Performance Manager
- Network Lead

Further personnel may be coopted for a period or invited to join the Locality Executive meeting on specific occasions, and take forward specific work on its behalf, as required.

### **3) Committee Support – as in draft.**

### **4) Quorum – amended to say:**

A quorum shall be five members, with at least 3 practice members (either 3 GPs or 2 GPs and the practice manager) and two management members.

Anthony Gardner noted that in the future it is hoped to have a GP practice representative from each sub-locality (cluster groups in South Lakes, Grange Peninsula and East).

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## 7. NHS/ASC FLEXIBLE SPEND – COMMUNITY GERIATRICIAN

To prevent losing all benefit from the allocated money (if returned to Cumbria County Council unspent) and due to the short time-scale available, it was agreed that Roz Bradshaw and Dr MacKenzie will work up a Tender pack to go out to interested parties, replicating the Kendal Nursing Home pilot, using GP

RB, AMcK

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hours (incorporating tele-triage, education & prevention, advanced care planning, evaluation of outcomes).

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## 8. ACTION PLANS – EXCEPTION REPORTING

**Urgent Care:** House of Care document to next Executive.

**Primary Care Development:** Hazel Smith reported that a Primary Care Development Questionnaire had been circulated to practices. Hazel is attending a GP data collection webinar session on 6<sup>th</sup>. Dr David Carson (Primary Care Foundation) is delivering a workshop on 14<sup>th</sup> for practices. PLT dates for 2014 have been drafted and a planning meeting will be held at the end of January.

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## 9. STROKE ASSOCIATION COMMUNICATION SUPPORT

The current contract (£28k) expires in March, a network event is planned end of January to review the post event pathway. It was agreed that in the event of the review and new specification not being finalized within 6 months the contract was agreed for extension up to a 12 month period without needing to be referred back to the executive for further approval.

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## 10. FINANCE AND PERFORMANCE REPORT

Verbal report received from John Keen, nothing new to add to December's report. John Keen noted the prescribing performance challenges, which Hazel Smith said were partly due to Category M changes to medicine costs.

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## 11. TELE-HEALTH PROGRESS

Roz Bradshaw had attended a meeting in Penrith on 11 December. Cumbria County Council are seeking approval with the 4 Kendal Care Homes next week. Roz Bradshaw is arranging for a Tele-health presentation to be given at the South Cumbria Care Home Forum on 29<sup>th</sup> January. The planned go-live date is for end of January.

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## 12. ADVICE & GUIDANCE

Further information to be brought to February Executive. A small pilot had been conducted by Morecambe Bay IT dept in North Lancs with 13 practices and MB consultant support, however South Lakes is on a bigger scale.

**ME**

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## 13. ANY OTHER BUSINESS

a) It was noted for information that Heron Hill and Kendal Care Home are currently not admitting patients, following a CQC inspection with concerns around medicines. Hazel Smith and Dr MacKenzie to look into.

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**UHMBT Notice of Proposed Service Developments 14-15:** Anthony Gardner has responded with concerns for patients in the Ulverston area, Dr MacKenzie has also highlighted to Dr Jolliffe. Anthony Gardner noted that a broader strategic rationale needs to be understood as to which service should be positioned where and why; that South Cumbria needs to be mindful of the danger of North Lancs GPs referring to Preston rather than using a Barrow centre. Also the implications for patients on longer travel distances.

**AMcK  
HS**

**Vascular ultrasound:** Dr MacKenzie asked why patients have to attend a clinic in Dalton in Furness for vascular ultrasounds ?

**Cumbria-wide Template for referrals to secondary care:** Dr Neeves noted that recently several GPs had had referral forms to secondary care sent back due to a box not being ticked, this should be raised with the LMC. Dr Neeves asked if one template can be used for referrals to secondary care, as over 39 are currently in use. Mike Eddy responded that there is a hospital approval group for new forms, Hazel Smith said that the PRIMIS team are working to make referral forms compatible with EMIS.

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

Thursday 6<sup>th</sup> February 2014, 2pm, Conference Room, Tenterfield

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