

NHS CUMBRIA CLINICAL COMMISSIONING GROUP (CCG)
MINUTES OF THE EDEN LOCALITY EXECUTIVE
Thursday 27 November 2014, 13:00
Windermere Suite, Stoneybeck Inn

Chair:	Dr Rachel Preston	GP Lead (Chair) (RP)
Present:	Andy Airey	Deputy Network Director (C&E) (AA)
	Lisa Gibbons	Senior Commissioner, Eden (LG)
	Sally Jenkins	Commissioning Manager, Eden (SJ)
	Andrew Gosling	Business, Finance & Performance Manager (AG)
	Andrea Loudon	Primary Care Development Lead (C&E) (AL)
	Neil Hughes	Lay Member (NH)
Item 10 only	Dr Venetia Young	Safeguarding Lead (VY)
	Helen May	Children's Lead (HM)
	Dr Michael Hanley	Alston Medical Practice (MH)
	Dr Peter Hodkin	Birbeck Medical Group (PH)
	Dr Lynne Harris	Court Thorn Surgery (LH)
	Dr Jonathan Smith	Glenridding Health Centre (JS)
	Dr Geoff Sharpe	Kirkoswald Surgery (KS)
	Dr Helen Jervis	Temple Sowerby Medical Practice (HJ)
	Dr Stephen Huck	Upper Eden Medical Practice (SH)
In attendance:	Zoe Hedges	Eden Administrator (ZH)
Item 3 only	Russell Thompson	Clinical Quality & Safety Manager (RT)

EL1. AGENDA ITEM 1: Welcome and Apologies
Action

The Chair welcomed everyone to the meeting.

Apologies were received from:

Dr Mark Plenderleith (The Lakes Medical Practice), Cathryn Beckett-Hill (Public Health), Caroline Rea (CCG), Dr Helen Dunning & Sue Graham (Shap Medical Practice)

EL2. AGENDA ITEM 2: Declarations of Interest

All GPs attending declare an interest regarding any provider and dispensing issues which may appear on the agenda. Also all practices declared an interest that they are signed up to the Federation company – 1st Care Cumbria. Dr Helen Jervis & Dr Geoff Sharpe declared their interest in 1st Care Cumbria as directors.

EL3. AGENDA ITEM 3: SIRMS – Russell Thompson

Russell attended to give an overview of SIRMS and answer any questions. He

explained that as CCGs cannot view any person identifiable data (PID) all information goes to NECS who would remove the PID before forwarding to the Quality team. Quality review all incidents and reports of flagged concerns. All feedback is given from a person within the team and if immediate action was needed then the team would call the reporter of the incident. The system has only been operational for 2-3 months and average 30 reports a month. Most of the reports to date were regarding CIC discharges and communication issues. It was expressed that the free text box was very helpful when completed. To date the team were not receiving any CPFT reports, the members stated they would normally send issues directly to providers – Russell explained the importance of reporting these issues through SIRMS so they can be addressed at the quality meetings.

Russell agreed to attend the Executive meeting again.

EL4. AGENDA ITEM 4: Minutes of 30 October 2014

The minutes were updated and agreed.

EL5. AGENDA ITEM 5: Action Log

The action log was updated.

COPD – SJ investigated the incidents of missing referrals, the service apologised for the two referrals which went missing and assured SJ that the fax machine was in a safe place. They also confirmed the Eden patients who had appointments in Carlisle was patient choice.

EL6. AGENDA ITEM 6: Matters Arising

None.

EL7. AGENDA ITEM 7: Chair Update

Primary Care Co-commissioning

RP explained that there were 3 levels of opportunity for co-commissioning;

1. Remaining the same,
2. Joint commissioning working with the area team & general practice,
3. Taking over the commissioning of general practice.

The Clinical Leads are holding a Full Council of Members meeting in December to discuss the options and a response is needed by NHS England by January 2015. In Eden it was felt that option 1 would be best as the decision was due quite quickly and given the decisions magnitude, a rushed decision wasn't felt to be wise. The feeling was that other CCGs could establish their co-commissioning committees and set an example of how best to improve general practice and Cumbria could follow suit once others are established.

EL8. AGENDA ITEM 8: Performance Management

AG presented the report and highlighted the increasing emergency admissions at NCUHT had begun to slow in recent months. There had also been a reduction in elective surgery and the number of patients waiting over 18 weeks date is reducing. The number of A&E attendances continued to significantly increase at CIC of more than 2% more than the UHMB and NCUHT average. NCUHT had not been reaching the 95% 4 hour target and CIC was at 91.1%. Eden was to date underspent on prescribing budgets.

Children's

AG presented some highlights from the Children's dashboard. Highlighted for Eden was just 3.8% of 15-24 year olds have been screened for chlamydia. 10.8% of Eden's Reception year children are obese, 17.3% of Eden's year 6 children are obese. The Children's team are confirmed to attend in February to fully discuss the data.

EL9. AGENDA ITEM 9: GP Leads Paper

The GP leads draft paper was discussed at the meeting. Dave Rogers had been asked to review the GP leads budget across Cumbria, he found Cumbria CCG's localities follow some of the same themes for spending but there was no consistency across Cumbria. When compared with the rest of the Country during a survey, Cumbria fared badly for engagement with their practices and staff did not know what Cumbria CCG was working on. It was recommended from the report that GP leads starts to operate in a more standardised way with appraisals and goal settings.

ACTION: RP asked if the members could think about how they want Eden leads and meetings to be working and come back with ideas.

EL10. AGENDA ITEM 10: Care Homes and Safeguarding

VY discussed the Early Indicators Practitioners Guide emphasising page 3 & 4 examples of concern indicators about staff and management behaviour. VY asked all GPs to be mindful of these when visiting care homes and to raise any concerns to her as the adult safeguarding lead so she could gather evidence and put to the providers. Concerns should still also be reported to social care.

EL11. AGENDA ITEM 11: Primary Care Communities Development

LG presented and spoke through the Out of Hospital model for the Eden Primary Care Communities as attached.

EL12. AGENDA ITEM 12: Prime Ministers Challenge Fund

Wave two of Prime Ministers Challenge Fund had been announced with a deadline of 16 January 2015. The pilots that could be awarded the funds included longer opening hours of GP practices 0800-2000 7 days a week, joined up out of hours care or improved online services.

ACTION: It was agreed that the practices could have two weeks to think about ideas they might like to put forward and to send these to the locality by 12 December.

EL13. AGENDA ITEM 13: Transgender Pathway – Awareness

AA wanted to raise awareness of the transgender pathway which is a Country wide provision. All at the meeting agreed that their CIMs would be able to find the pathway if the need had arisen. AL said that a pathway or something similar had been sent to all practices previously.

ACTION: AL to find out what was sent before and distribute again.

EL14. AGENDA ITEM 14: GP Leads Update**Mental Health**

MH had been meeting with David Mansfield monthly. It had been agreed that 3 CMHT staff would be allocated to each practice. David was working on a GP guide pack with cluster and pathway information. Caseloads in CMHT were being reduced by half by increasing number of discharges from the service. A Mental Health PLT due to take place in February would be focussed on suicide prevention & self-harm. It was the consensus that a dementia PLT was needed but could not be condensed into a slot this time around.

AL told the members that there would be a separate PLT at the same time for Nurses and Administrators in general practice.

Taken retrospectively from Davina's update for information**Cancer – Early Diagnosis:**

1. Continue to visit practices to feedback cancer audit and identify any problems with current audit. Also filtering back information gathered at various cancer meetings such as roll out of cancer diagnosis decision tool into EMIS web.
2. Presentation at Allerdale and Copeland cancer PLT.

Survivorship:

1. Attending survivorship workshops and presenting at local survivorship workshop.
 2. Developing support group for anyone affected by cancer with support from Macmillan.
-

EL15. AGENDA ITEM 15: Any Other Business**December Executive meeting**

RP asked the members if they were able to attend the Executive due to be held on 18 December. Due to the limited number of hands shown it was agreed that the December Executive would be cancelled and would meet again on the agreed date of 29 January 2015.

Pain Clinics

GPs expressed concerns that patients are being sent back to GP practices with no indication as to what is going to happen to their pain clinic appointments. AA explained that he would be meeting Elspeth Desert & Cate Swift early in December to discuss the current pathways for pain management and is keen to create a countywide approach.

Date And Time of Next Meeting:

Thursday 29 January 2014 13:00 Penrith Rugby Club

DRAFT