

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE FURNESS LOCALITY EXECUTIVE
Friday 10 October 2014, 09:15
Barrow Town Hall**

Present:	Dr Geoff Jolliffe	GP Lead (Chair) (GJ)
	Dr Arabella Onslow	GP Lead – Urgent Care (AO)
	Dr Sarah Arun	GP Lead – CVD (SA)
	Dr Amanda Boardman	GP Lead – Children (AB)
	Corrine Ralph	Senior Commissioning Manager (CR)
	Anthony Gardner	Network Director (AG)
	Caroline Lee	Practice Manager – Norwood Medical Centre (CL)
	Hazel Smith	Primary Care development Lead (HS)
	John Keen	Finance, Business & Performance Lead (JK)
	Gill O’Connell	Associate Specialist, UHMBT (GO)
In attendance:	Ian Reed	Lay member (IR)
	Kath Simm	Lay member (KS)
	Helen Coffey	Communications Officer (HC)
	Shirley Forrest	Network Administrator (Minutes)(SF)

FL116/14 **AGENDA ITEM 1: Welcome and Apologies** Action

Apologies were received from Dr Arun Thimmiah, Paul Grout and Liz Dover

FL117/14 **AGENDA ITEM 2: Declaration of Interest**

There were no declarations of interest.

FL118/14 **AGENDA ITEM 3: Minutes Of Previous Meeting (12th September 2014)**

The minutes of the meeting held 12th September 2014 were accepted as a true and accurate record.

FL119/14 **AGENDA ITEM 4: Matters Arising**

No matters arising.

FL120/14 **AGENDA ITEM 5: Review of Action Log**

The board discussed the action log and updates were given as follows:

- FL76/14 – GOC confirmed she is monitoring this work – item removed.

The Executive discussed the locality risk log. It was agreed that following the review and changes to the corporate risk approach, the current locality risk log should be slimmed down. Wendy Gillen had agreed to pick this action up at the staff event.

Action:

CR to WG

1. To ensure the risk log is reviewed.
- FL74/14 - Meeting re-scheduled for November.

Action:

1. AB to meet with SS first, and confirm if meeting with Executive GPs is required **AB**
- FL89/14 – in progress
 - FL90/14 – completed/remove.
 - FL91/14 – Furness not engaged in the completion of the survey responses. Need to work to ensure our GP colleagues feel integrated into the work of the locality. AO has made contact with all her names practices.

Action:

1. GPs to make contact with all of their named practices **All**
 2. Clare Sewell to be provide up to date lists of GPs and contacts to the relevant lead GP **SF to CS**
- FL96/14 – Quality on the agenda (as a standing item)

Action:

1. Ensure Dave Rogers is on the Executive planner **SF**
 2. Ensure AO is on the distribution list for all UHMBFT quality meetings **SF**
 3. AO to send reports on a quarterly basis for the quality meetings **AO**
 4. To ensure the quality team plan have scheduled these reports **SF**
- FL100/14

Action:

1. SF to re-circulate schedule of guests attendance at Executive meetings to AO **SF**
- FL106/14

Action:

1. Dates of the fortnightly FQUIN meetings to be sent to both lay members. **SF**
2. To ensure the FQUIN group continues the work on the primary care standards **AO**
 - FL/107/14 - template completed, on the agenda for the next cabinet. **AT/CR**
Item can be removed.
 - FL/108/14 – task completed, remove.
 - FL109/14 – Work completed.

Action:

1. AT to present at the Cabinet meeting
-

FL121/14 **AGENDA ITEM 6 : Better Care Together**

AG summarized progress advising that currently the focus is on working on the Implementation Plan which sets out the priorities for attention and has to be completed by end of October. He added that the focus at the moment is to ensure investment is in place and to ensure case management and care navigation gets off the ground.

He advised there has been a meeting with NHS England/Monitor to discuss their expectations, especially regarding and pump priming support.

AG also advised of the importance of the Alfred Barrow development to the OOH model primary care, and the need to speed up the assurance processes to ensure NHS England support is secured.

Planned care programme has been launched, identifying eight core pathways for attention.

GJ advised that some have a good knowledge of the programme, he voiced his concerns regarding the level of awareness in the GP and wider public communities. Communication should be a big facet of the implementation.

IR suggested that if going to the public then we need to be clear that the programme is going to happen.

AG added that one of the risks going forward is the provision of project management support, as the capacity is limited. Dilemma is to spend the resources on project management or on delivery of initiatives.

AO voiced concerns around recruitment and the lack of a visible strategy in the Better Care Together programme. She added that the locality were not aware of the work/outputs from the Cumbria wide group that had been working on this issue.

Action:

1. GJ agreed to discuss and confirm the current position of the recruitment work. **GJ**
-

FL122/14 **AGENDA ITEM 7: Primary Care Community Progress**

CR advised that a meeting had occurred with members which discussed the options for the clustering of practices. The members had tentatively agreed a model.

HS added that there is a further meeting on Wednesday 15th October to discuss the early work required and to explore the case management/care navigation roles.

Action:

1. To ensure the executive are updated of progress at the next meeting. **HS/CR**

CL re-iterated concerns regarding the impact the OOH model is likely to have on primary care.

FL123/14 **AGENDA ITEM 8 : Choc Report**

CR presented the report from the first quarter. She advised that work is still ongoing to produce a report that combines historical data so trends can be captured more easily.

She advised of the increases in CHoC calls across most practices, but the top three users remained relatively constant.

The groups discussed the potential to identify how to confirm if patients had made direct contact with the practice prior to contact with CHoC. After discussion it was agreed that HS and CL will discuss this in more detail.

Action:

1. To invite CHoC to attend the Executive at regular intervals (to be added to the plan template) **SF**
 2. To discuss the potential to audit practice to identify reasons for CHoC usage **CL/HS**
-

FL124/14 **AGENDA ITEM 9: Quality Issues**

Item deferred as the Quality Group has not met.

FL125/14 **AGENDA ITEM 10: Feedback From The Listening Event**

AO advised that the event went well. Representatives from patient groups in practices were limited. The events have evolved and the public are requesting targeted sessions which the public representatives believe will increase attendance.

AO proposed asking lead GPs to ensure as part of their function they ensure they attend the patient for a in the practices they are the lead for. This was agreed.

Action:

1. GPs to ensure that over the next 2-3 months they make contact with their link practices and they attend a PPG, advising of the localities engagement work. **Exec GPs**
 2. AB and SA to meet to discuss the approach for their shared practices **AB/SA**
-

FL126/14 **AGENDA ITEM 11: Programme Management Approach**

CR presented members with a report summarizing the progress of work against the locality plan. She advised this was work in progress, and was aimed at promoting discussion and to provide assurance of the work.

IR noted the volume of work underway, and pointed out that the programme did not identify the priority of each of the items.

CR advised that this was the plan that set out the main delivery work, it did not include the individual GP work that did not require management support, nor did it include business as usual work. She advised she has been working with GPs to confirm their own specific priorities. AO also suggested that it did not include the enabling work that was also going on.

After a lengthy discussion it was agreed that:

- All areas of work should be included in the document
- The priorities for BCT and the implementation stages needs to be included/aligned
- A draft to be presented at the cabinet meeting
- When the format is agreed, then the Executive to receive regular updates, particularly when elements of work are not progressing.

CR added that she is working to design a strategy day in December that she envisaged would enable us to review all the strategic priorities, JSNA, and identify our shared plan of work for the forthcoming year.

Action:

1. To review and amend the programme plan
 2. To ensure the strategy day is identified as soon as possible. **CR
SF to CS**
-

FL127/14 **AGENDA ITEM 12: Clinical Lead's Report**

GJ updated members as follows:

- The North of the County is exploring the potential to federate. It is envisaged that this approach has three benefits:-
 - Not part of top table discussions - will give primary care a stronger voice, specifically as a group of providers
 - provides some financial benefit (shared back office functions)
-

-
- clinical advantages

The south is currently discussing its views/direction.

- There are concerns regarding CAMHS services, although there are no concerns raised by GPs in Furness. The GPs advised that difficulties experienced in accessing services suggested that GPs don't routinely refer. After discussion it was agreed that work was required to ensure GPs reported any concerns regarding provision.

Action:

1. Lead GPs to make contact with their link practices to discuss their concerns and promote the raising of issues. **Exec GPs**

FL128/14 **AGENDA ITEM 13: Performance Report- Heart Failure Dashboard**

CR reminded members that at a previous Executive it was agreed that performance reports should be amended to reflect priorities. SA and SA routinely review the attached report, but it was felt this report would test out alternative reports/details.

After discussion it was agreed that this type of report is very useful, GJ added that he would like to see the inclusion of prescribing data and QoF performance to provide a fuller picture.

The executive agreed that this type of paper was useful and to have clinical discussions should be continued.

Action:

1. To ensure the current HF report is amended to include the details identified above **CR – SG**
2. To develop a programme of clinical reviews throughout the year - in line with priorities **CR - SG**

FL129/14 **AGENDA ITEM 14: Commissioner Report**

Received for information only.

FL130/14 **AGENDA ITEM 16: Any Other Business**

There was no further business to discuss.

Date And Time Of Next Meeting Approved:

Friday 14 November 2014, 09:15 – 11:30, Committee Room 4, Town Hall, Barrow in Furness.
