

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE COPELAND LOCALITY EXECUTIVE
22 JANUARY 2015, 13.30 HOURS
CLEATOR MOOR HEALTH CENTRE

- Present: Eric Bater, GP Distington Surgery **EB**
Tom Ickes, GP Whitehaven Medical Centre **TI**
Fiona Ironside, GP Lowther Medical **FI**
Graham Ironside, GP Queen Street
Kathryn Illsley, GP Seascale **KI**
Juliet Rhodes, GP Lead Fellview HC **JR (Chair)**
Judith Spencer, GP Catherine Street **JS**
John Telford, GP Mansion House **JT**
- In Attendance: Anita Barker, West Network Lead **AB**
Mel Bradley, Primary Care Lead **MB**
Bernard Courtney, Patient Rep **BC**
Barbara Fleary, Senior Commissioning Manager **BF**
Linda Steel, Acting Practice Manager, LMC **LS** (agenda item 12)

COE 01/2015 AGENDA ITEM 1: Welcome and Apologies

Apologies were received from: Claire King, Caroline Rea, Ray Beale-Pratt, Celia Heasman, Linda Haig.
JR welcomed Chris Wood (Lay Rep) to his first Executive.

COE 02/2015 AGENDA ITEM 2: Declaration of Interest

GPs present declared an interest in Care Homes, Lowther Medical Centre and Copeland Unit.

COE 03/2015 AGENDA ITEM 3: Minutes of Previous Meeting / Matters Arising

GI omitted from list of those present. Once this amendment was made the minutes of 17 December were agreed as accurate.

COE 04/2015 AGENDA ITEM 4: Action Log

For the record:

COE 66/2014 Pathology Services: Fiona Ironside had e-mailed Wayne Bradbury re LMC centrifuging issue.

Actions complete:

GP2GP Notes Transfer: (e-mail from Dr William Lumb) A national fix is on the way. For GP summary records into NCUHT the functionality is now live via

the Shared Record Viewer (SRV) that can sit on any desktop in any provider. Needs a sharing agreement and the users to be enabled. There is a process being developed to allow this functionality to roll out. Radiology ordering in the north will be via ICE. It is unknown what will be in the catalogue.

Low Level Mental Health: link circulated

NB: Paul Musgrave from Public Health has been invited to February Executive for a discussion on Substance Misuse and Shared Recovery.

Meeting Behaviours: BB to circulate copy to FI, CW and JT

BB

COE 05/2015 AGENDA ITEM 5: Mental Health Update

Deferred to February.

COE 06/2015 AGENDA ITEM 6: Practice Nurse Development / training needs analysis

Deferred to February

COE 07/2015 AGENDA ITEM 7: Cumbria Care Homes Report

Deferred to February

COE 08/2015 AGENDA ITEM 12: Locality Issues

Lowther Medical Centre:

Fiona Ironside introduced Linda Steel (Acting Practice Manager) to the Executive. FI explained to the Executive that Lowther now have sufficient GP manpower going forward excluding another crisis. Linda Steel, although having retired as Practice Manager from Oxford Street Practice, would remain supporting Lowther MC for as long as she is needed. FI thanked Linda for coming to Lowther MC's aid and acknowledged the support received from Karen McAllister from CLIC.

The Executive welcomed the news that Lowther MC's position was stable but expressed caution as to how robust these arrangements were.

It is a fact that the over 40% of GPs in Copeland are nearing retirement and the difficulties in recruiting new GPs means there is a need to look at a new model of working.

- JR/BF to look at dates for getting GPs together facilitated by the LMC for a 'brainstorming' session.
- BF would work up a proposal for Copeland improving access to services.
- MB would contact the Primary Care Foundation to arrange for them to collect data from Practices as soon as possible.

JR/BF

BF

MB

BF informed the Executive of a Primary Care Infrastructure fund. GPs across the country are being invited to submit bids to improve their premises, either through making improvements to existing buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes which are in the pipeline, bringing benefits to patients

more quickly. GPs are being invited to bid for the investment funding. They will need to set out how practices will give them the capacity to do more; provide value for money; improvements in access and services for the frail and elderly. The deadline for submitting bids is **16 February**. Practices to contact the locality office if assistance is required.

PLT Planning:

Covered in Clinical Leads report.

COE 09/2015 AGENDA ITEM 8: Northumbria Trust

Derek Thomson (Medical Director for Northumbria Trust) joined the Executive to inform GPs of the Northumbria education programme. Six hundred and fifty GPs have already gone through the programme and dates have been set for February, March and October 2015. Derek to forward a hyperlink for Copeland GPs to access (Brenda to circulate). The programme is free. No NHS money is used for this Education Programme as it is financed by a Corporate Business Team who create income for Northumbria Trust. To address recruitment issues Northumbria have a number of initiatives in place:

- Joint posts, ie half in A&E and half Practice
- Clinical pharmacists were in a couple of practices (being reviewed in March)
- Nurse Practitioner refresher courses

DT would enquire with the Deanary as to how they can encourage VTS applicants to come to Cumbria and report back.

Post Exec Note: Jim Mackey (Chief Executive of Northumbria Trust) is progressing nationally the issue of VTS applicants being encouraged into Cumbria.

DT listened to concerns from the Executive on the pathway for surgical referrals including:

- Calls diverted to CIC answer phone as Consultants mobile phone switched off
- Surgical opinion why not available at WCH.
- Will not take calls one minute after 5
- Bleep cover goes over at 5 or after 4 in some cases
- Flow problems at CIC where patients should have had tests at WCH causes more work for them.
- GPs keen to support local hospital then find patient has been treated at Hexham which is business going out of the area.

David Rogers advised that the £1M transfer of money to Northumbria was being looked at through the Contract.

DT advised that the acquisition process hasn't happened as yet. The CQC visit planned for December did not take place so NCUHT is still in special measures although mortality has improved.

BB

COE 010/2015 AGENDA ITEM 9: Copeland Unit

BF presented a paper which provided data and information to support an options appraisal for the future of the Copeland Unit. The Executive were unanimous that the majority of funding from potentially decommissioning of Copeland Unit comes back into Copeland Primary Care Community. JR to contact NCUHT Senior Managers to discuss.

JR

----- Angie Reynold accompanied by Liz Turnbull (CPFT) gave a presentation "Out of Hospital Care" which gives an historical journey of Reiver House from it's take over from the Acute Trust in 2009 by the PCT through to it being decommissioned and handed back to NCUHT in October 2014.

COE 010/2015 AGENDA ITEM 10: Care Homes**Lead GP:**

Juliet Rhodes briefed the Executive on the proposal to have a lead Care Home GP who will deliver one session per week on a pilot basis, initially into one Copeland Care Home. It is suggested that one of the larger homes is chosen as there is potential for greater impact.

Multi-agency support strategy:

BF informed the Executive that she had met with ASC, CPFT and a rep from the CQC to develop a strategy for Care Homes. Support will be based on a 3 tier system with Homes rated Red, Amber or Green. This strategy would be brought to next Executive for information.

BF

BF suggested that the care home pilot work with homes graded 'red'.

Telehealth:

The care homes that have telehealth installed were not utilising. The support strategy would encourage the homes to use more effectively.

COE 011/2015 AGENDA ITEM 11: Clinical Leads Update

Juliet Rhodes updated from January meeting.

1. Medical Director Update

- a) Contingency at West Cumberland Hospital worked well over the Christmas period. Any 12 hour breach in A&E is now reported as SUI.
- b) Mental Health Strategy meetings are underway.
- c) A further 10 PLT sessions has been agreed for 15/16. The CCG needs to ensure value for money, therefore attendance at suitable in-house development training / CCG events will be more closely monitored by completion of a register. Failure to attend may result in cover for practices being removed or practices being charged.

2. The IVF policy has been reviewed and a decision taken NOT to extend the offer of NHS funded treatment to childless couples with children from pre-existing relationships.

3. Options to augment patient transport services using a private provider are being explored. This is likely to be piloted in Copeland/Allerdale for HCP calls due to pressure on NWAS/PTS with transfers between CIC/WCH.

4. Public Health Commissioning update

The UNITY contract ends in September and is to be reviewed before considering re-commissioning from UNITY. A shift towards alcohol misuse

was agreed with a proposed dialogue between Public Health and shared care practitioners to develop this. Concern was raised over a proposed 25% cut in funding to drug and alcohol with 'creative deployment' in other Public Health areas. There will be a re-procurement of sexual health services with the possibility of a collaborative approach with primary care. Health and Wellbeing core services are to work closely with primary care and local services to support lifestyle change tailored to meet local need and will integrate with mental health and chronic disease services.

5. NICE are reviewing the 2ww pathway. The aim is to reduce the threshold for referral towards earlier diagnosis. Guidance is likely to be released early May. Concern was expressed regarding capacity of secondary care to deliver what will be required..
6. Clinical Leads supported the proposal for appointment of administrator / development of 'host employer' model to build workforce capacity. These are the first steps in addressing workforce issues.
7. Cost Improvement Plan was circulated detailing multiple possible avenues to achieve 1.5% (£10M) savings requirement. Locality Leads agreed to explore all options.

COE 012/2015 AGENDA ITEM 13: Performance and Finance Paper

BF presented key outlines on Ray's paper in his absence.

Presenting updated practice figures for urgent care – theme as before – increased activity overall but stems from a few specific practices.

Every locality has committed to activity reductions for next year on the back of the investments which are being made. The CCG is relying on these savings to meet next year's commitments. For Copeland the expectation is 2 admissions per day. In fact, the activity increase last year to this is around 1.5 admissions per day so the initial challenge is to return to levels of admission seen a year ago.

A&E relatively stable but a small increase year on year (mainly later in the day).

Copeland Unit figures presented after concerns last month. Issue was around planned patients coming for bloods etc being classed as Step Up. Data in this report reflects a truer picture with over 80% Step Down and very little Step Up. LOS hovers around 14 days.

COE 013/2015 AGENDA ITEM 14: Public Health Update

Claire King provided a paper. If there are any questions arising from this they can be taken up with Claire at next meeting.

COE 014/2015 AGENDA ITEM 15: Any Other Business

Age UK have a Red Car (7 seater) which could be used to facilitate and support home from hospital (eg patient doesn't need to wait for medication before they can be discharged – will be delivered by Red Car – although not controlled drugs). Is available 6 days (not Sunday) and comes with a driver. Contact number to book is **07530851753**.

COE 015/2015 AGENDA ITEM 16: Date and Time of Next Meeting

Thursday 26 February 2015 at 13:30 hours

Cleator Moor Health Centre
