

**MEETING:** Governing Body

**Item Number:** 11.1

**DATE:** 25<sup>th</sup> November 2014

<b>REPORT TITLE:</b>	<b>Chairperson's Report for Atherleigh Locality</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>Function as an effective commissioning organisation that puts patients first</b>
<b>REPORT AUTHOR:</b>	<b>Dr Deepak Trivedi</b>
<b>PRESENTED BY:</b>	<b>Dr Deepak Trivedi</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>For information</b>
<p><b>EXECUTIVE SUMMARY</b></p> <p>This report provides an overview of activity within the Atherleigh Locality. The report provides a summary of the Locality meetings that have taken place within Atherleigh for the period October 2014. The report also highlights any issues that have been raised by member practices during this period.</p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>N/A</b>
<p><b>EQUALITY AND DIVERSITY:</b> Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr Deepak Trivedi
<b>Committee Name</b>	Atherleigh Locality meetings
<b>Date of Meetings</b>	October 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> November 2014
<b>Officer Lead</b>	Diane Nicholls

<i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i>		
1.		
2.		
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<b>Attendance at the meetings<sup>#</sup>:</b>	Excellent
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the activities</b>
<p><b><u>GP Forum</u></b></p> <p>The GP Forum was cancelled for October as member practices were required under SCEOS to attend an Outpatient Referral and Finance Peer Review.</p> <p><b><u>Outpatient Referral and Finance Peer Reviews</u></b></p> <p>Atherleigh member practices met on the 16<sup>th</sup> and 24<sup>th</sup> October 2014 and went through the four areas which were ENT, T&amp;O, Dermatology and A&amp;E.</p> <p>Within the four areas member practices outlined their thoughts on opportunities to clinically manage patients in a different way, outline any training needs for their practice, outline any proposals for business cases and outline any examples of best clinical ways of working.</p> <p>Data has been collated across all peer reviews to identify common themes and issues. The data will be presented back to the Locality meeting on the 21<sup>st</sup> November where we will</p>

<sup>#</sup> **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

agree actions to take forward.

### **Practice Managers Forum**

The Practice Managers Forum was held on the 9<sup>th</sup> October 2014 and the meeting was well attended. The following areas were covered:

#### **Raidr**

Ben Smith and Catherine O'Neill undertook to introduce Raidr and gave an overview about what Raidr is, what practices can get from the system, the dashboards and what the system limitations and restrictions are. Basic Raidr Training was also delivered to the group from Laura Crank.

#### **AUA Register**

Congratulations were given to the Practice Managers on successfully achieving their targets for Unplanned Admissions.

#### **Informatics Officer**

Practice Managers were informed that Mick Davies had been appointed as Informatics Officer and any issues with equipment and feedback, regarding the CSU were to be directed to him.

### **Operations Group**

There was no meeting of the Operations Group this month due to the QiPP SCEOS Event.

### **Patient Participation Group**

The Patient Participation Group took place on the 23<sup>rd</sup> October 2014 and had good representation from Atherleigh PPGs.

This month's meeting was a themed meeting which focussed on Primary Care Access, the Patient Engagement Menu and presenting proposals for Connecting Patients to Voluntary and Community Services.

#### **Primary Care Access**

A presentation was given and there was a discussion around GP access/7 day week. It was acknowledged that there is a lot of work needed to manage patient expectations on 7 day access.

Patient Engagement Menu

The Patient Engagement Menu of Opportunities was shared with members of the group and they were asked to let us know if they were interested in getting involved in any of the areas. A number of members stated their interest in getting involved in the work on outpatients and day case procedures.

Connecting Patients to Voluntary and Community Services

A presentation around Supporting Self-Management in Primary Care was given. Background and context was given around the pilot of a new Liaison Officer/Community Connector and Volunteer Co-Ordinator which will be piloted in 2 clusters, one in Leigh and one in Wigan. The Liaison Officer/Community Connector will be part of the practice team and will provide a good non clinical support/knowledge of what is available in the community. They will spend time with the patient to understand their circumstances and help them to connect to other areas in the community. They will work with the age group of 18+. The Volunteer Co-Ordinator post will also be part of the practice team and will work alongside the Liaison Worker/Community Connector to provide non clinical support/knowledge to ages 65+. The post will be provided by a voluntary sector consortium which is made up from Age UK, Think Ahead Community Stroke Group, the Alzheimer's Society, Wigan and Leigh Carers and Wigan and Leigh Pensioner's Link. There will also be volunteers that will help patients to get past barriers and go with them to groups.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Chairperson's Additional Comments	

**MEETING:** Governing Body

**Item Number:** 11.2

**DATE:** 25<sup>th</sup> November 2014

<b>REPORT TITLE:</b>	<b>Chairperson's Report for Patient Focus Executive Locality</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>Function as an effective commissioning organisation that puts patients first</b>
<b>REPORT AUTHOR:</b>	<b>Dr Mohan Kumar</b>
<b>PRESENTED BY:</b>	<b>Dr Mohan Kumar</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>For information</b>
<p><b>EXECUTIVE SUMMARY</b></p> <p>This report provides an overview of activity within the Patient Focus Locality. The report provides a summary of all the Locality meetings that have taken place within Patient Focus for the period October 2014. The report also highlights any issues that have been raised by member practices during this period.</p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>N/A</b>
<p><b>EQUALITY AND DIVERSITY:</b> Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr Mohan Kumar
<b>Committee Name</b>	Patient Focus Executive
<b>Date of Meeting</b>	October 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25th November 2014
<b>Officer Lead</b>	Laura Crank

<b><i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i></b>		
1.		
2.		
3.		

<b>Attendance at the meetings<sup>#</sup>:</b>	Excellent
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the activities</b>
<p><b><u>GP Forum</u></b></p> <p>The GP Forum for October 2014 was scheduled as an Outpatient Referral and Finance Peer Review for the purposes of SCEOS</p> <p><u>Outpatient Referral Peer Review Meetings</u></p> <p>The Outpatient Referral Peer Review Meetings took place over two days - the 16<sup>th</sup> October 2014 and 24<sup>th</sup> October 2014. Representatives from Patient Focus member practices were present and discussed four areas - ENT, T&amp;O, Dermatology and A&amp;E. Practices outlined their thoughts on opportunities to clinically manage patients in a different way, any training needs and to any proposals for business cases. Practices also outlined any examples of best clinical way of working. Some of the key points raised at the Patient Focus Peer reviews included:</p> <ul style="list-style-type: none"> <li>• Need for a dashboard/local primary care protocol with agreed pathways updated annually</li> <li>• Ensure internal discussions to share expertise within practice</li> <li>• There was an appetite for community clinics, especially Dermatology</li> </ul>

<sup>#</sup> **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

- Need for Pathways for all practices to use before referring to A&E – reference made to Brant Daroff
- Room for Joint Injection, Community Crio, Dermatology within practice – need clarification around Ear Syringing and Epley Maneaover
- Room for GP unit/WIC at Wigan Infirmary – suggested approach for 7 day, 8-8 access
- Need to share triage document and A&E leaflets
- Strategy for cohort of revolving door patients with psychological and social problems required. On 24<sup>th</sup> October, practices identified revolving door patients running up costs of around £150k per year.

Data has been collated across all peer reviews to identify common themes and issues. The data will be presented back to the Locality meeting on the 21st November where we will agree actions to take forward.

### **Practice Managers Forum**

The Practice Managers Forum was held on the 9<sup>th</sup> October 2014 and the meeting was well attended. The key highlights were:

- Forum members received an overview of Raidr and basic training which was delivered collaboratively by Ben Smith and Catherine O’Neil from Finance and Laura Crank, Locality Executive Support Officer for Patient Focus. Further 1:1 training / in-house training was offered to all practices.
- Practices were congratulated on achievement of their 2% for the unplanned admissions.
- It was announced that Susan Hiley, Practice Manager at Hawkley Brook Medical was leaving her role. On behalf of all practices within the Patient Focus Locality Karen Holgate, Lead Practice Manager for Patient Focus, wished her well and presented a farewell gift.
- Practice Managers were informed that Mick Davies had been appointed as Informatics Officer and any issues with equipment and feedback regarding the CSU was to be directed to him.

### **Operations Group**

- There was no meeting of the Operations Group this month due to the QiPP SCEOS Event.

### **Patient Participation Group**

The Patient Participation Group took place on the 23rd October 2014 and had good representation from Patient Focus PPGs. This was a themed meeting on Primary Care Access, the Patient Engagement Menu and presenting proposals for Connecting Patients to Voluntary and Community Services.

#### **Primary Care Access**

Following a presentation there was a discussion around GP access/7 day week. It was acknowledged that there is a lot of work needed to manage patient expectations on 7 day access.

#### **Patient Engagement Menu**

The Patient Engagement Menu of Opportunities was circulated at the meeting and members were asked to

express their interest should they wish to be involved in any of the areas identified. A number of members expressed their interest in getting involved in the work on outpatients and day case procedures.

Connecting Patients to Voluntary and Community Services

Members observed a presentation around Supporting Self-Management in Primary Care. The key highlights were:

- A pilot of a new Liaison Officer/Community Connector and Volunteer Co-ordinator will take place in both Wigan and Leigh.
- The Liaison Officer/Community Connector will be part of the practice team and will be responsible for providing non clinical support to patients over the age of 18 in respect of what is available in the community.
- The Volunteer Co-Ordinator post will also be part of the practice team and will work alongside the Liaison Worker/Community Connector to provide non clinical support/knowledge to patients over the age of 65. The post will be provided by a voluntary sector consortium which is made up from Age UK, Think Ahead Community Stroke Group, the Alzheimer’s Society, Wigan and Leigh Carers and Wigan and Leigh Pensioner’s Link. There will also be volunteers that will help patients to get past barriers and go with them to groups.

**Other Meetings and Activities**

- Raidr Training - further 1:1 / in-house training sessions have been delivered to member practices at their request.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Chairperson’s Additional Comments	



**MEETING:** Governing Body

**Item Number:** 11.3

**DATE:** 25<sup>th</sup> November 2014

<b>REPORT TITLE:</b>	<b>TABA LOCALITY EXECUTIVE GROUP REPORT (October 2014)</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>Function as an effective commissioning organisation that puts patients first.</b>
<b>REPORT AUTHOR:</b>	<b>Dr Ashok Atrey</b>
<b>PRESENTED BY:</b>	<b>Dr Ashok Atrey</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>None</b>
<b>EXECUTIVE SUMMARY</b>	
<p><b>This report provides an overview of activity within TABA locality in October 2014</b></p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>None</b>
<p><b>EQUALITY AND DIVERSITY:</b> Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr Ashok Atrey
<b>Committee Name</b>	TABA Locality Executive Meeting
<b>Date of Meeting</b>	
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> November 2014
<b>Officer Lead</b>	Stephen Green (Locality Executive Support Officer)

<b><i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i></b>		
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<b>Attendance at the meeting<sup>#</sup>:</b>	
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	
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<b>Narrative report outlining the key issues of the meeting</b>
<p><b><u>TABA GP Locality Meeting</u></b></p> <p>This meeting was cancelled due to the Referral / Financial Peer Reviews.</p> <p><b><u>ULC &amp; TABA Referral / Financial Peer Reviews</u></b></p> <p>The peer review session on 15<sup>th</sup> October gave the opportunity for GPs and Practice Managers to feed back their findings from their review of outpatient referrals and primary care access. There was a discussion within the group on how the referral process might be improved and a number of ideas were put forward for this. These are being collated across the six localities to be presented to the November locality meetings.</p> <p><b><u>RAIDR Training</u></b></p> <p>Practice Managers received RAIDR training on the 15<sup>th</sup> October.</p> <p><b><u>TABA Practice Managers Meeting</u></b></p> <p>This meeting was cancelled due to the Referral / Financial Peer Reviews.</p>

<sup>#</sup> **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

<b>Agreed actions from the Meeting</b>	<b>Name of lead with designated responsibility for the action/s</b>

<b>Chairperson's Additional Comments</b>

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**MEETING:** Governing Body

**Item Number:** 11.4

**DATE:** 25th November 2014

<b>REPORT TITLE:</b>	<b>Chairpersons Report for Central Wigan Locality</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>1. Supporting our population to stay healthy and live longer in all areas of the Borough.</b>
<b>REPORT AUTHOR:</b>	<b>Matthew Cooper</b>
<b>PRESENTED BY:</b>	<b>Dr Tony Ellis</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>For Information</b>
<p><b>EXECUTIVE SUMMARY</b></p> <p>This report provides an overview of activity within Central Wigan locality in October 2014</p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>NONE</b>
<p><b>EQUALITY AND DIVERSITY:</b> Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

### CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Dr T Ellis
<b>Committee Name</b>	Central Wigan Locality Committee
<b>Date of Meeting</b>	21st October 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25th November 2014
<b>Officer Lead</b>	Kate Davenport Executive Support Officer

<b>Attendance at the meeting<sup>#</sup>:</b>	Excellent
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the meeting</b>
<p><b><u>GP Locality Meeting</u></b></p> <p>This meeting was cancelled due to the Referral / Financial Peer Reviews.</p> <p><b><u>North &amp; Central Wigan Referral / Financial Peer Reviews</u></b></p> <p>The peer review session on 15<sup>th</sup> October gave the opportunity for GPs and Practice Managers to feed back their findings from their review of outpatient referrals and primary care access. There was a discussion within the group on how the referral process might be improved and a number of ideas were put forward for this. These are being collated across the six localities to be presented to the November locality meetings.</p> <p><b><u>North &amp; Central Practice Managers Meeting</u></b></p> <p><b>Friends and Family</b></p> <p>Caroline Seabrook has designed a standard template for this. Results must be published somewhere, either on the practice website or within the practice. Email Caroline for your copy of the template, submit onto CQS monthly and then publish results in your practice.</p> <p><b>Unplanned admissions</b></p> <p>64/65 Practices achieved their target for the creation of their care plans. There is a new template for admissions and one for A&amp;E created by Rob Wilson which are to be circulated. These templates are to be completed monthly. There is also a discharge</p>

<sup>#</sup> **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

checklist, which must then be added to 'New to Cohort' and 'Increased Risk. Once they have been renewed they will then come off the 'New to Cohort' register.

Unplanned admissions are to be coded within 3 days of receipt. Until the system is set up formally practices should have their own in house systems.

Care Plans to be looked at in more detail and possibly develop a template that can be adapted.

### **Pharmacy Ordering**

Practices have to try to decipher if it's the patient or the pharmacy that is ordering the repeat prescription for the patient, regarding this a letter has been sent out highlight possible ways to ensure the request for medication are correct and from the Patient.

Shelley Davies will re-send the letter discussed for managers to check with GPs before they agree to send a blanket message out to pharmacies.

Shelley Davies has contacted the nursing homes to advise them that prescriptions will not be processed unless they are on an FP69 form.

### **CQC**

Shelley Davies will re-send the LMC checklist to all managers.

Practices receiving a CQC visit have been sent a large pack with comment cards to be placed in their reception area to collect patient feedback (around 50 cards in total)

Managers would like the GP PIT programme documents sharing electronically especially the cleaning checklist to help with CQC visits.

Martyn will ask Julie O'Malley to send out an electronic copy of the cleaning checklist to all practices.

### **Winter Pressures**

The scheme has been approved and the service spec and accompanying letter regarding this will be sent out to all practices, deadline for sign up is the 14<sup>th</sup> November.

### **First Aid Training**

Dave Farrington Attended the meeting discussing the training his company offers to practices. Information packs were given to all North & Central Wigan practices.

### **Additional information**

Matthew Cooper has been developing a Practice Access Technology Business case, which looks at improving & increasing the use of technology in GP Practices to improve ease of access to GP practices, improve the quality and increase the number of access methods.

Kate Davenport has been developing an Options appraisal for potential GP Extended Access Level Hubs, a pre cursor for the November the 26<sup>th</sup> Workshop.

### **Chairperson's Additional Comments**

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**MEETING:** Governing Body

**Item Number:** 11.5

**DATE:** 25th November 2014

<b>REPORT TITLE:</b>	<b>Chairpersons Report for North Wigan Locality</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>1. Supporting our population to stay healthy and live longer in all areas of the Borough.</b>
<b>REPORT AUTHOR:</b>	<b>Matthew Cooper</b>
<b>PRESENTED BY:</b>	<b>Dr Peter Marwick</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>For Information</b>
<b>EXECUTIVE SUMMARY</b>	
<p><b>This report provides an overview of activity within North Wigan locality in October 2014</b></p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>NONE</b>
<p><b>EQUALITY AND DIVERSITY:</b> Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr P Marwick (PM)
<b>Committee Name</b>	North Wigan Locality Committee
<b>Date of Meeting</b>	21st October 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25th November 2014
<b>Officer Lead</b>	Matthew Cooper Executive Support Officer

<b>Attendance at the meeting<sup>#</sup>:</b>	Excellent
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the meeting</b>
<p><b><u>GP Locality Meeting</u></b></p> <p>This meeting was cancelled due to the Referral / Financial Peer Reviews.</p> <p><b><u>North &amp; Central Wigan Referral / Financial Peer Reviews</u></b></p> <p>The peer review session on 15<sup>th</sup> October gave the opportunity for GPs and Practice Managers to feed back their findings from their review of outpatient referrals and primary care access. There was a discussion within the group on how the referral process might be improved and a number of ideas were put forward for this. These are being collated across the six localities to be presented to the November locality meetings.</p> <p><b><u>North &amp; Central Practice Managers Meeting</u></b></p> <p><b>Friends and Family</b></p> <p>Caroline Seabrook has designed a standard template for this. Results must be published somewhere, either on the practice website or within the practice. Email Caroline for your copy of the template, submit onto CQS monthly and then publish results in your practice.</p> <p><b>Unplanned admissions</b></p> <p>64/65 Practices achieved their target for the creation of their care plans. There is a new template for admissions and one for A&amp;E created by Rob Wilson which are to be circulated. These templates are to be completed monthly. There is also a discharge</p>

<sup>#</sup> **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

checklist, which must then be added to 'New to Cohort' and 'Increased Risk. Once they have been renewed they will then come off the 'New to Cohort' register.

Unplanned admissions are to be coded within 3 days of receipt. Until the system is set up formally practices should have their own in house systems.

Care Plans to be looked at in more detail and possibly develop a template that can be adapted.

### **Pharmacy Ordering**

Practices have to try to decipher if it's the patient or the pharmacy that is ordering the repeat prescription for the patient, regarding this a letter has been sent out highlight possible ways to ensure the request for medication are correct and from the Patient.

Shelley Davies will re-send the letter discussed for managers to check with GPs before they agree to send a blanket message out to pharmacies.

Shelley Davies has contacted the nursing homes to advise them that prescriptions will not be processed unless they are on an FP69 form.

### **CQC**

Shelley Davies will re-send the LMC checklist to all managers.

Practices receiving a CQC visit have been sent a large pack with comment cards to be placed in their reception area to collect patient feedback (around 50 cards in total)

Managers would like the GP PIT programme documents sharing electronically especially the cleaning checklist to help with CQC visits.

Martyn will ask Julie O'Malley to send out an electronic copy of the cleaning checklist to all practices.

### **Winter Pressures**

The scheme has been approved and the service spec and accompanying letter regarding this will be sent out to all practices, deadline for sign up is the 14<sup>th</sup> November.

### **First Aid Training**

Dave Farrington Attended the meeting discussing the training his company offers to practices. Information packs were given to all North & Central Wigan practices.

### **Additional information**

Matthew Cooper has been developing a Practice Access Technology Business case, which looks at improving & increasing the use of technology in GP Practices to improve ease of access to GP practices, improve the quality and increase the number of access methods.

Kate Davenport has been developing an Options appraisal for potential GP access Level Hubs, a pre cursor for the November the 26<sup>th</sup> Workshop.

### **Chairperson's Additional Comments**

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**MEETING:** Governing Body

**Item Number:** 11.6

**DATE:** 28<sup>th</sup> October 2014

<b>REPORT TITLE:</b>	<b>ULC LOCALITY EXECUTIVE GROUP REPORT (October 2014)</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>Function as an effective commissioning organisation that puts patients first.</b>
<b>REPORT AUTHOR:</b>	<b>Dr Sanjay Wahie</b>
<b>PRESENTED BY:</b>	<b>Dr Sanjay Wahie</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>None</b>
<b>EXECUTIVE SUMMARY</b>	
<p><b>This report provides an overview of activity within ULC locality in October 2014</b></p>	
<b>FURTHER ACTION REQUIRED:</b>	
<p><b>EQUALITY AND DIVERSITY:</b> Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr Sanjay Wahie
<b>Committee Name</b>	ULC Locality Executive Meeting
<b>Date of Meeting</b>	
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> November 2014
<b>Officer Lead</b>	Gillian Gittins (Locality Executive Support Officer)

<b><i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i></b>		
1.		
2.		
3.		

<b>Attendance at the meeting<sup>#</sup>:</b>	Excellent
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the meeting</b>
<p><b><u>ULC GP Locality Meeting</u></b></p> <p>This meeting was cancelled due to the Referral Peer Reviews.</p> <p><b><u>ULC Referral Peer Reviews</u></b></p> <p>The peer review session on 15<sup>th</sup> October gave the opportunity for GPs and Practice Managers to feed back their findings from their review of outpatient referrals and primary care access. There was a discussion within the group on how the referral process might be improved and a number of ideas were put forward for this. These are being collated across the six localities to be presented to the November locality meetings.</p> <p><b><u>ULC Practice Managers Meeting</u></b></p> <p>This meeting was cancelled due to the QIPP event.</p>

<sup>#</sup> **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

<p><b><u>RAIDR Training</u></b></p> <p>Some ULC Practice Managers had training on the 15<sup>th</sup> October to support them with RAIDR.</p>	
Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s

Chairperson's Additional Comments

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