

MEETING: Governing Body

Item Number: 11.1

DATE: 27 September 2016

REPORT TITLE:	Chairperson's Report for Atherleigh Locality
CORPORATE OBJECTIVE ADDRESSED:	Function as an effective commissioning organisation that puts patients first
REPORT AUTHOR:	Dr Gen Wong
PRESENTED BY:	Dr Gen Wong
RECOMMENDATIONS/DECISION REQUIRED:	For information
<p>EXECUTIVE SUMMARY</p> <p>This report provides an overview of activity within the Atherleigh Locality. The report provides a summary of all the Locality meetings that have taken place within Atherleigh for the period July & August 2016. The report also highlights any issues that have been raised by member practices during this period.</p>	
FURTHER ACTION REQUIRED:	N/A
<p>EQUALITY AND DIVERSITY: 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

Chairperson's Name	Dr Gen Wong
Committee Name	Atherleigh Locality meeting
Date of Meetings	July & August 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th September 2016
Officer Lead	Diane Nicholls

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

Attendance at the meetings[#]:	Excellent
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the activities
<p><u>GP Forum</u></p> <p>The GP Forum was held on the 22nd July 2016 and was well attended. The key highlights were:</p> <ul style="list-style-type: none"> • There was an education session on Pain Management which was provided by Dr Julia Goeke-Gatzel from WWL and Dr Sunil Kumar, CCG lead on Pain Management, to go through: <ul style="list-style-type: none"> - Pain medication - Management of pain patients - The pain clinic itself - Accessibility <p>It was an informative session which gave information/feedback into the redesign of the service that is currently underway.</p> • Members discussed queries/issues regarding the Primary Care Standards and it was agreed to have this on as a standing item. • Updates were given on New Models of Care and ICO Developments: <ul style="list-style-type: none"> - Leigh Cluster have a few projects underway which are Clinical Pharmacists, Mental Health and Dermatology

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

- Members were informed that there is a lot of enthusiasm from practices
- There will be a wider meeting of all the Cluster Leads held at the end of September 2016.
- Further information/updates were given on prescribing and the Wigan CCG AGM Healthy Living Festival which is scheduled for Saturday, 10th September 2016.
- Members were reminded that the next Forum would be held on the 23rd September 2016.

Practice Managers Forum

The Practice Managers Forum was held on the 14th July 2016 and was well attended. The key highlights were:

- The Quality and Engagement documentation has been circulated to the members of the group. The Quality and Engagement scheme is now a standard item for future agendas.
- Members were reminded to submit examples of issues surrounding data validation.
- All members of the group were reminded that business cases for the New Models of Care were to be submitted for no later than 25th July 2016.
- It was reported that an email update had been circulated to the group to input any outstanding issues onto the Ulysses system.
- Members of the group were advised to direct any comments/issues to the Locality Executive Support Officers surrounding the Quality and Engagement Scheme/Primary Care Standards.
- Members of the group were reminded the Inaugural Meeting of the CCG's Internal Oversight Group will be held on the 19th July 2016.
- There was a discussion held within the group regarding Bowel Screening, all members agreed to inviting a speaker to attend the next meeting.
- It was reported to the group there is a template available for IAPT Military Veterans, there is also a poster which has been produced for practices and this will be formatted so it can be put up onto the TV screens within the practices.
- Members of the group were advised the National Diabetes Audit was discussed at the previous GP Forum, it was reported that 32 out of 63 practices had taken part, other members were encouraged to take part.
- A discussion was held regarding confidentiality agreements and the DQF's having remote access to practice systems.
- An update was received in respect of the Apollo Software which is being rolled out to practices.

Patient Participation Group (PPG)

The Patient Participation Group meeting was held on the 28th July 2016.

The key highlights were:

- An issue was raised regarding Bridgewater Podiatry and the after care service for patients is being raised with Bridgewater Community Healthcare Trust.
- Members of the group requested breakdown with site/location and positives/negatives for the Ulysses reports, this was to be picked up back at the CCG.
- A member of the SWAN cluster attended the meeting to provide information and gain comments on the proposals to create an 'in hours' Acute Primary Care Access Hub.

A member of the group commented that some practices already offer a slot on the day for the patients that need to see a GP urgently, also that some patients are happy to wait to see their own GP.

It was reported that discussions have been held regarding potential sites, there were suggestions including Chandler House and an old B&M building in Marus Bridge. Another suggestion was the new LIFT building in North Ashton which could be used as a second site as the hub grows.

Members of the group were told the Acute Primary Care Access Hub will be delivered by GP's and Advanced Nurse Practitioners as well as professionals from other services including physio and the mental health team.

Members of the group were updated on a piece of work which has been undertaken by the CCG regarding the GP Fellowship Scheme, there will be 5 newly qualified GP's recruited to work across the 5 clusters.

There was a discussion around the future engagement from clusters with patient groups.

The aim is to have the hub operational by September/October time.

Members were advised of an Information Day that was being arranged for the 22nd September 2016.

- Two members from the Drug and Alcohol Team and Addaction attended the meeting to provide an update on the services which are offered by them. This was a follow up from their attendance at a previous meeting.
- The chair tabled a letter regarding Health Watch Wigan and reported that from September 2016, business will be conducted by Health Watch Bolton.
- It was reported the CCG AGM will be taking place on Saturday 10th September in Mesnes Park, Wigan.

Other areas/activities

Practice Visits

Schedule of practice visits for 16/17 is being arranged.

Community Link Worker Pilot

The evaluation of the Community Link Worker project has been received and the findings are being worked upon.

<u>Clusters</u>	
Ongoing work is progressing with regards to the Leigh Cluster.	
Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Chairperson's Additional Comments	

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MEETING: Governing Body

Item Number: 11.2

DATE: 27 September 2016

REPORT TITLE:	Chairperson's Report for Patient Focus
CORPORATE OBJECTIVE ADDRESSED:	Function as an effective commissioning organisation that puts patients first
REPORT AUTHOR:	Dr Mohan Kumar
PRESENTED BY:	Dr Mohan Kumar
RECOMMENDATIONS/DECISION REQUIRED:	For information
<p>EXECUTIVE SUMMARY</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 July & August 2016. The report also highlights any issues that have been raised by member practices during this period.</p>	
FURTHER ACTION REQUIRED:	N/A
<p>EQUALITY AND DIVERSITY: 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

Chairperson's Name	Dr Mohan Kumar
Committee Name	Patient Focus Locality meeting
Date of Meetings	July & August 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th September 2016
Officer Lead	Laura Midgley (Crank)

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

Attendance at the meetings[#]:	Excellent
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the activities

GP Forum

The GP Forum was held on the 22nd July 2016 and was well attended. The highlights were:

- Dr Julia Goeke-Glatzel, Pain Management Consultant from WWL and Dr Sunil Kumar, Pain Management Lead for the CCG attended to provide information on questions previously received from members and to start discussions on the Pain Management Service. Topics discussed included pain medication, management of pain patients, the pain clinic itself and accessibility. There was a consensus that it was an informative session which gave information/feedback into the redesign of the service that is currently underway.
- An update was provided in respect to of the Quality and Engagement Scheme and discussion took place regarding Indemnity Issues and the Access Standard. It was agreed that this be a standing item on future agendas.
- Updates were given on New Models of Care and ICO Developments and it was reported that the SWAN Cluster was submitting the Acute Same Day Access business case next week. Members were informed that there is a lot of enthusiasm from practices. There will be a wider meeting of all the Cluster Leads held at the end of September 2016.

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

- Further information/updates were given on prescribing and the Wigan CCG AGM Healthy Living Festival which is scheduled for Saturday, 10th September 2016.
- Members were reminded that the next Forum would be held on the 23rd September 2016.

Locality Practice Managers Forum

The Practice Managers Forum was held on the 14th July 2016 and was well attended. The key highlights were:

- Discussion was held regarding New Models of Care and the Cluster Business Cases. It was reported that the deadline was the end of July 2016.
- It was reported that an email update had been circulated to all practices regarding the Transportation of Medical Records. Members were reminded to input outstanding issues into Ulysses.
- An update was provided on the Quality and Engagement Scheme. It was reported that all practices had signed up to the scheme and Version 1 of the Guidance for General Practice had been published on Sharepoint. A Review and Development Group will be established which will be a clinically led group. Issues discussed included Bowel Screening and Access. Members were asked to direct issues to the Locality Executive Support Officer or AD. It was agreed that the scheme be a standing item on future agendas.
- It was reported 32 out of 63 practices had taken part in the National Diabetes Audit. Members were encouraged to take part in the audit.

Locality PPG Meeting

The Locality PPG Meeting was held on the 28th July 2016.

- Dr Adam Devaney, Medical Director for the SWAN cluster, attended the meeting and gave an update on the proposals to create an 'in hours' Acute Primary Care Access Hub. Also to gain feedback from members of the group on the proposals. Discussion was held regarding Estates, Staffing, Training and Education, Patient Engagement/Consultation and Timescales.

Feedback was received:

- Concerns were raised regarding delivering the service from Chandler House due to the parking issues. There was a suggestion made about utilising accommodation that is already available – for example, rotating services between all SWAN practices. In response, Dr Devaney advised that this had been discussed within a recent cluster meeting and the difficulty of accessing clinical rooms within practice.
- Members asked if the cluster had considered the current GP shortage and the difficulties that may arise in recruitment GPs as a result. Dr Devaney updated members on a piece of work being undertaken to retain newly qualified GPs within the Wigan Borough called the GP Fellowship Scheme.

- Patient Education is essential.
- Concerns were raised regarding the lack of engagement and communication with patients on the work being undertaken within the cluster and around the New Models of Care in general. A discussion was held regarding inviting the other clusters to present to the group.
- There was a general consensus that the concept and idea has merit for patients. Clusters should consult with patients regularly regarding the work they are undertaking.
- David Gray and Wayne McGarrigan attended the meeting to give an update on the services offered by the Drug and Alcohol Team and Addaction. The key highlights were:
 - The Drug and Alcohol Team and Addaction work together and with other organisations and charities to help people make lasting changes in their lives.
 - Work is undertaken to support adults, children, young adults and older people to make positive behavioural changes. This can be help with alcohol, drugs, or mental health and wellbeing.
 - Support is offered to family and friends to help them to understand and cope with a loved one's addiction.
 - Wayne McGarrigan updated the group on his recovery journey and the work he is now undertaking with Addaction to help others.
- The chair tabled a letter that had been received regarding Health Watch Wigan and reported that from September 2016 business will be conducted by Health Watch Bolton. This means that people will have to approach Health Watch Bolton in future if they have an issue with regards to health services. Plans on how this will be delivered are still awaited. There was a meeting scheduled for the 2nd August 2016, which was postponed.
- It was reported that the CCG AGM will take place on Saturday 10th September 2016 in Wigan Park and the CCG are in the process of booking in stalls. Rachel Richardson agreed to circulate further details when they are available.

There were no Locality meetings held in August 2016.

Other areas/activities

Practice Visits

The schedule of practice visits for 16/17 is being arranged.

Community Link Worker Pilot

The evaluation of the Community Link Worker project has been received and the findings are being worked upon.

Clusters

Ongoing work is progressing with regards to Clusters. The SWAN Cluster have	
Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Chairperson's Additional Comments	

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MEETING: Governing Body

Item Number: 11.3

DATE: September 2016

REPORT TITLE:	TABA LOCALITY EXECUTIVE GROUP REPORT September 2016
CORPORATE OBJECTIVE ADDRESSED:	Function as an effective commissioning organisation that puts patients first.
REPORT AUTHOR:	Dr Ashok Atrey
PRESENTED BY:	Dr Ashok Atrey
RECOMMENDATIONS/DECISION REQUIRED:	None
<p>EXECUTIVE SUMMARY</p> <p>This report provides an overview of activity within TABA locality in July and August 2016. There was no GP Locality Executive Group meeting held in July. GP Locality Executive Group Meeting – Notes from the meeting held 16 August</p> <p>Main topics of discussion:</p> <ul style="list-style-type: none"> • Cardiology Presentation • BOC Presentation • <p>TABA Practice Manager meetings – July & August meetings Joint TABA ULC PPG held 13th July</p>	
FURTHER ACTION REQUIRED:	
<p>EQUALITY AND DIVERSITY: 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

Chairperson's Name	Dr Ashok Atrey
Committee Name	TABA Locality Executive Meeting
Date of Meeting	16 th August 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	September 2016
Officer Lead	Lynne Hogan (Locality Executive Support Officer)

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

Attendance at the LEG meeting[#]:	Well attended
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the GP meeting
<p>GP Locality meeting 16th August Holiday Inn Express, LSV Key Discussions:</p> <p>Paul Lynch attended to the meeting to provide updates in the absence of Rob Wilson.</p> <p>Both ULC and TABA members joined together for the Cardiology presentation. Dr Arya presented to members and discussion was held regarding cardiac symptoms, the pathway redesign and signs to look out for.</p> <p>Feedback received from members:</p> <ul style="list-style-type: none"> • Assistance welcome for triage including questions for Receptionists. • Pathway is not complete until Primary Care knows what happens once patient has been taken to hospital. • Consultant to Consultant referral should follow some pathway. • Need 24 hour on call consultant/specialist for advice. • When GP phones Ambulatory Service they are told to send to A&E. Dr Arya confirmed that this should not happen and that he would look into this. <p>Dr Atrey thanked Dr Arya for attending the meeting.</p>

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

Vicky McKelvie from BOC Healthcare attended to provide an update in respect of the Respiratory Service. BOC Healthcare has been appointed as the provider of the new CCG Primary Care Respiratory Service. The specialist team are working with practices to support the delivery of the best possible health outcomes for mild to moderate COPD and asthma sufferers across the borough.

BOC Breathlessness Service The objectives of the service are:

- Identifying the 'missing'/undiagnosed COPD and asthma sufferers and ensuring registers are up to date.
- Providing and ensuring quality-assured diagnoses.
- Promoting optimal treatment for diagnosed COPD and asthma sufferers.
- Raising awareness of the conditions across the CCG's population and healthcare agencies.

Clinical sessions are to be held within practices across the borough - further information to follow

The referral criteria is:

- Adult (18 years or over).
- Patients with suspected COPD or asthma who need a confirmed diagnosis.

Peer support and training is available on a 1:1 basis or group setting including Practice Nurses.

TABA Quality Peer Reviews - will be held on the 24th November 2016 and the 20th December 2016.

The topic areas for discussion will include:

- A review of the Primary Care Quality Peer Review topics 2015/2016, inclusive of the Safeguarding self-assessment tool.
- Focus on Learning from Significant Event Analysis (SEA). In preparation for the review meeting, each practice were asked to submit an anonymised Practice SEA

Medicines Management / Clostridium Difficile Update – 1 case was reported

AOB - Estates Audit Discussion was held regarding the Estates Audit and a query was raised around funding for improvements

Details of the Healthy Living Festival and Annual General Meeting Saturday 10th September 2016, 12-3pm in Mesnes Park, Wigan were supplied.

TABA Practice managers meeting - 14th July - Very well attended

Lisa Jowitt, Bowel Screening Programme Manager for Greater Manchester attended to provide information to practices on the Bowel Screening Programme:

- National target for taking up the programme is 55%, Wigan's target is 70% - Wigan is top of the league. Screening test is sent out to 60 year olds + and is sent out every 2 years – need to take 3 samples over a 2 week period. This will be changing to a Fit Test commencing in Autumn 2017 consisting of one test. Even after patients were diagnosed and invited to clinic, they were not attending the appointment.

- Survival rates: Stage 1 = 98% if caught early Stage 4 = 8%.
- Patients can order kits at any time. Practices can order the kits but the patient needs to be present when the call is made.
- Offer made to undertake training for nurses – this can be 1 hour and will include the survival rates. There is also a 3 hour session which is around promoting motivational interviewing techniques – these details have been passed to Helen Cooper.
- Members asked if practices could have the kits to send out – unfortunately this was not possible due to quality assurance issues.

PC Standards – Version 1 of the Guidance had been sent out to practices, Version 2 was now being worked on and would be issued when completed.

Accessible info – Guidance and information had been provided. Further guidance around Read Codes was requested. All Receptionists should now be actively asking patients if they need any help. Jonathan Kerry will be looking to set up templates. One Issue reported - Practice managers were struggling to order portable hearing loops

TABA Practice Managers Meeting 11th August – Key discussions:

Meds Management's Zoe Trumper attended to discuss PMgr's concerns about reducing the amount of medicines being over-ordered via repeat prescriptions as they felt savings could be made. Zoe asked for examples - advising that Meds Management would be re-launching the letter re repeat ordering [following which they would be carrying out spot checks and interviews with patients].

Ian Riding and Jackie Miller attended and gave a presentation and guidance around Asylum Seekers following which the length of time taken to register these patients was discussed. It was suggested that maybe the hubs could set up screening centres as GP's cannot give an hour to each person as they have just not got the available manpower and facilities.

PC Standards – practices were advised that a lot of work was going on in the background and the CCG were logging all questions and queries. Also DQF's were working on getting all the codes together with the aim of practices just pressing a button to obtain their submission data. Also informed DQF's would also be going out to all practices to support and help with these submissions. PMgrs very keen to have this as soon as possible. As many practices had changed their systems over quite recently and not all the data had migrated yet, PMgrs felt it may be best to start the baseline from now and not try to go back a number of years.

Registering of Patients from Overseas, eg Australia. Guidance supplied has suggested this was "open to interpretation" therefore practices raised concerns that the onus was being put on them and had requested clarification.

Quality Peer review letter detailing the requirements and dates was provided within the pack as well as a poster giving details of the AGM.

Accessible information. All encouraged to comply and to ensure posters were displayed and information put on practice websites etc. PMgrs asked to ensure receptionists ask Patients both new and old [as their condition may have deteriorated over the years].

Mark Glover attended to talk about Shared Care Champions asking for PMgrs help and to try and identify potential champions and also to ask for their support in taking this back to their respective PPG's.

Background of New Models of Care. Development of TABA+ Proposals - all advised meeting had been arranged for Wednesday, 27th July 2016 to and were encouraged to ask their PPG representatives to attend.

TABA / TABA Joint Patient Participation Group (bi monthly): Meeting held 13th July

General discussion around reducing numbers and the difficulty of getting new members.

Briefing given around clusters and how GP practices will be organised in the future. Also provided with Minutes from the Patients Forum. Currently working on producing Forward Plan.

	Name of lead with designated responsibility for the action/s

Chairperson's Additional Comments

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MEETING: Governing Body

Item Number: 11.4

DATE: 27th September 2016

REPORT TITLE:	Chairpersons Report for Wigan Central & North Locality
CORPORATE OBJECTIVE ADDRESSED:	1. Supporting our population to stay healthy and live longer in all areas of the Borough.
REPORT AUTHOR:	Kate Davenport
PRESENTED BY:	Dr Peter Marwick
RECOMMENDATIONS/DECISION REQUIRED:	For Information
EXECUTIVE SUMMARY	
<p>This report provides an overview of activity within Wigan Central & Wigan North locality in August 2016</p>	
FURTHER ACTION REQUIRED:	NONE
EQUALITY AND DIVERSITY: 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.	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr T Ellis
Committee Name	Wigan Central & North Locality Committee
Date of Meeting	16 th August 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th September 2016
Officer Lead	Kate Davenport Executive Support Officer

Attendance at the meeting[#]:	Excellent
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Was the agenda fit for purpose and reflective of the committees Terms of Reference?	N/A
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Narrative report outlining the key issues of the meeting

GP Locality Meeting

Paul Campbell from 5 Boroughs Partnership attended the meeting to talk to the group about the 5 Boroughs Partnership IAPT Service. There were the following questions and answers from the members:

Q: Are there any services for military veterans?

A: 5BP abide by the military covenant and prioritise services for those in the military. They also have a Military Veteran lead to see patients and have recently commissioned IAPT Military Veteran service and they refer here for dual diagnosis patients.

Q: Can you provide an update on Mental Health therapist access?

A: Every GP should have the mobile number and an assigned practitioner. 5BP are also happy to provide a therapist for your practice, they will need to see patients from all practices at your premises and not just your own register. If you would like the contact details please contact Paul Campbell Paul.Campbell@5bp.nhs.uk.

Q: Is it true that patients are videoed during consultations?

A: Yes, for some therapies some part of the treatment involves videoing the patient, such as if a patient believes they blush a lot when talking you can demonstrate to them that they don't. But we would never force a patient to be videoed and would always ask permission first.

Q: Do you treat patients in residential or nursing homes?

A: We do but the problem with this is that staff don't have the time to travel to patients and when we have piloted the treatment plans, there have not been availability of rooms etc. This tended to work better for staff in the nursing home than the patients themselves. Would do first assessment of the nursing home with a view to continue the treatment outside of the home.

Q: Are there any plans to address Chronic Pain Management in the plans around LTC?

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

A: Yes, 5BP are introducing a mindfulness group and also have an IAPT service that links to the chronic pain team.

Standing item - Primary Care Standards

The technical guidance has been released for feedback and the CCG team are currently finalising this document before it is printed and issued to practices. The DQFs are working on submission templates and read codes. Once these have been agreed the DQFs will then carry out practice visits in September to upload all the searches and relevant templates to practice systems.

Prescribing Update / Vacancy

The vacancy for a Wigan Central GP Prescribing Lead has now been advertised and expressions of interest are to be sent to Linda Scott by 2nd September 2016.

New Models of Care / ICO Developments

Business case proposals have been received by the CCG. Dr Tim Dalton and Julie Southworth are doing a baseline assessment of these and will feedback to the Cluster by letter once this has been done.

The ICO board met last week, they are currently looking at the development of the ICO and are working through the processes surrounding this. The Terms of Reference is a working document and there may be changes to the CCG voting rights when finalised.

Any Other Business

Update on GP fellowship scheme - the team is going out to advert for the remaining 2 posts. They will go out to NHS jobs to source this.

Dermatology – WWL have closed their e-referral system, you can still refer by fax/email. They are going out to advert for two full time dermatologists, they will not be able to do waiting list transfers due to the problems with transferring from NHS to private. Tier 2 service is still available on e-referral.

QIPP – the CCG have identified a £3.9m QIPP gap, activity is on the increase at WWL and the gap has now grown to reach a projected £8.9m by year end. The CCG are asking practices for feedback on how we can make efficiencies or to share ideas on possible redesigns in order to reduce referral activity into secondary care, please feed these back to Jennie Gammack/Kate Davenport

Additional Information

Chairperson's Additional Comments

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MEETING: Governing Body

Item Number: 11.5

DATE: September 2016

REPORT TITLE:	ULC LOCALITY EXECUTIVE GROUP REPORT September 2016
CORPORATE OBJECTIVE ADDRESSED:	Function as an effective commissioning organisation that puts patients first.
REPORT AUTHOR:	Dr Sanjay Wahie
PRESENTED BY:	Dr Sanjay Wahie
RECOMMENDATIONS/DECISION REQUIRED:	None
<p>EXECUTIVE SUMMARY</p> <p>This report provides an overview of activity within ULC locality in July and August 2016.</p> <p>There were no GP or PMgr meetings held in July.</p> <p>GP Locality Meeting – was held on 16th August. The main topics of discussion:</p> <ul style="list-style-type: none"> ○ Cardiology Pathway ○ PC Standards ○ Dementia Guidelines <p>ULC PMgr meeting was held on 9th August</p> <p>Joint TABA ULC PPG held 11th July</p>	
FURTHER ACTION REQUIRED:	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Sanjay Wahie
Committee Name	Joint ULC Locality Executive Meeting
Date of Meeting	16 th August 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	September 2016
Officer Lead	Lynne Hogan (Locality Executive Support Officer)

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

Attendance at the meeting[#]:	Attendance Acceptable
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the GP meeting

GP Locality meeting 16 August - Key Discussions:

Members all found the presentation around the new Cardiology pathways helpful. Dr Atrey thanked Dr Arya for taking the time to come out to GPs and go through this with them.

Business Cases – Clusters :

Paul Leach updated: The CCG have received 6 business cases – 2 have gone in from LIGA. Following review feedback will be provided to those who have submitted. After this initial stage there will be a more detailed review including Cost Benefit Analysis.

GM Primary Care Standards and Solutions

Some practices expressed concern that they were being requested to go back over five years for the baseline of the primary care standards. Many practices had changed systems over in the last few years and thought it perhaps better to use data from now as our starting point

Re: CCG Task Group working on PC Standards Dr Leena Saxena and Dr Sunil Kumar had expressed interest in joining this Task Group from ULC. The first meeting had not been arranged as yet.

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

Dementia - the chair provided advice and guidance and asked all to consider using the “6 Questions for dementia”.

MSK Cats being bypassed by patients showing up in A&E and then ending up into orthopaedic outpatient appointment. Sanjay Wahie commented this was a borough-wide pathway which all should follow.

Med Management feedback – the Chair discussed Pregabalin and Ticagrelor asking all to work with their CCG technicians.

BOC Breathlessness feedback: BOC have done an audit at member’s practice and have carried out the searches and picked some patients out. It was felt this would be a useful service, but will take time to bed in for all to fully assess.

Issued for information:

- Quality Peer Reviews - Letter detailing all the requirements and the session dates issued.
- The Healthy living Festival taking place at noon to 3pm on Saturday 10th September in Mesnes Park, Wigan. The AGM was being held during this festival. The Chair encouraged all to attend.
- GP’s Leaflet re Mental Health Consultants Pathway
- PADM payments letter
- Pain meeting Notes at the request of Dr N Forsdyke

ULC Practice Managers meeting 9th August

- Capita issues re medical records still ongoing – updates discussed. Notes were piling up and becoming a clinical problem. ULC lead PMgr was continuing to make representations.
- Mark Glover attended re Share Care champions explain all they do and asked for help and support from PMgrs in identifying potential champions – all asked to try and promote within their PPG’s also.
- Accessible Information was supplied and prompts, etc. and further information and guidance from new PMgr from Manchester area was circulated to all for information.
- PC Standards were discussed and any queries fed back to Claire Roberts. Members advised of Task Group being set up to log all such queries. All advised that the submissions template was still being worked on and would be issued soon. DQF were working on all this in the background so hopefully soon practices would be able to just press a button run the data and have your figures for submission DQF’s would also be coming out to practices to support and assist them with this in September.
- The size of discharge letters coming through now was also commented on.

TABA / ULC Joint Patient Participation Group (bi monthly): Meeting held 13th July

Conversations held around difficulty of getting new members to attend and diversifying.

Discussion also about how GP practices will be organised in the future and the establishment of GP clusters; the group also requested more information about the Community Link Workers.

Patients Forum minutes were provided in the meeting pack for information.

The group are now identifying topics they would like to work on and on producing a Forward Plan.

	Name of lead with designated responsibility for the action/s

Chairperson's Additional Comments