

MEETING: Governing Body – Open Meeting

Item Number: 11.1

DATE: 22 October 2013

REPORT TITLE:	Chairperson’s Report for Atherleigh Executive
REPORT AUTHOR:	Diane Nicholls
PRESENTED BY:	Dr Deepak Trivedi
RECOMMENDATIONS/DECISION REQUIRED:	For information
<p>EXECUTIVE SUMMARY</p> <p>This meeting took place on the 20th September 2013 with the members of the Locality and a summary is outlined below.</p>	
FURTHER ACTION REQUIRED:	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Deepak Trivedi
Committee Name	Atherleigh Executive
Date of Meeting	20 th September 2013
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	22 nd October 2013
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 meeting[#]:	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 meeting
<p>Prescribing Update – Dr Lindsay McClelland</p> <p>LMcC talked through the prescribing budgets which had previously been circulated. She commented that there are still some Form As which have not been sent in – could these please be completed and sent in.</p> <p>LMcC reported on the Guidelines for Prescribing/Repeat Prescribing which had previously been circulated. She commented that this was very good guidance and would be put on SharePoint. She advised that some parts of the document could help save money.</p> <p>LMcC advised that the CQC had issued a warning for the Trust after an unannounced inspection in April. The warning was due to drugs not being given. The warning has now been withdrawn. The CCG carried out an unannounced inspection in June and were not happy with the findings. Prescribing has now been asked to carry out soft intelligence. LMcC commented the icon called Ulysees which will be put on all computers should be used to report problems that they are made aware of.</p> <p>The Home Oxygen Service Report has been produced. This will be a pilot which will initially be in the Prescribing Leads Practices.</p> <p>Osteoarthritis Guidance circulated.</p> <p>Healthier Together Programme Update</p> <p>Dr Trivedi gave an update on the programme and explained that Wigan has now signed and is part of the</p>

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

Committee in Common.

There will be a Health Economy Seminar on the 3rd October 2013 where all providers will be invited to attend.

There was an A&E Department presentation last Wednesday which there was very good interaction between secondary and primary care. A further one will be held in November.

In response to a question asking who the boundaries are, CM agreed to find out and will send in an email.

There was a discussion around A&E and there was a question asked about whether there is any clarification on what services may be moving. It was advised that discussions are ongoing. Further updates to be given at the next meeting.

Shared Decision Making

Claire Roberts (CR) reported on Shared Decision Making. There are 38 decision aids which have been accredited/approved through NHS Right Care and these are available through Sharepoint. Examples of decision aids were circulated.

There were discussions around some of the decision aids and most thought that the principles of Shared Decision Making were good.

CR asked if anyone would be interested in being involved in this then to please let CR know. Dr Kirk registered his interest.

Out of Hours

Dr D Trivedi explained that the contract for the Out of Hours Service is coming to an end with Bridgewater in March.

CR explained that there has been an online questionnaire with regards to the service. Dr Sharma commented that he had contacted Andy Sutton but hadn't received a reply from him.

In total there were 46 completed surveys:

- 50% gave an average score
- High areas were timeliness and admin
- Areas that did well were location and the fact that local GPs provide the cover
- The concerns were:
 - Access to equipment for GPs
 - Inappropriate prescribing
 - Inappropriate management of patients
 - Provision for the East side of the Borough
 - Poor outcomes
 - Staffing levels during the night
 - Felt service was a breaking point.

For the options, there were 34 responses regarding co-locating to A&E:

- Makes sense
- Approach won't deliver outcomes
- Relocation would have an impact on the East side of the Borough
- Also have GP led service at the Walk in Centre
- Problems with parking/access

- Need to commission extended pharmacy hours.

In response to this information, the meeting felt:

- the quality of reports were poor and too long
- training needs to be commissioned as well as the service
- also there needs to be sessions for GP trainees
- need to take into account the changes from NHS England with respect to extended hours for GPs which is coming.

Winter Pressures

Dr D Trivedi reported that a paper had been produced which was circulated to the Clinical Leads but comments had been sent back as there was no primary care element in it.

Discussions ensued and it was felt that putting on extra sessions/appointments helped last year and if there could be extra payments that would enable primary care to help.

Flu Vaccinations

Dr D Trivedi explained that looking at better outcomes for nursing homes and rest homes. There was a discussion around District Nurses should be commissioned again as last year to give the vaccinations. Discussions are ongoing with regards to this.

CCG Update

a) Finance – Chris Melling

As a result of comments made last month, CM handed out the latest version of figures. This included a comparison of referrals. Any comments/queries please let CM know. All agreed that they are happy with the information being produced, so CM to ask the CSU to produce this.

b) QIPP – Chris Melling

The amount has risen from £40m to £50m. There are going to be mini workshops throughout the year. The annual QIPP Event will be held on Tuesday, 19th November 2013 in the afternoon which will predominantly be to tackle bid ideas. In response to a request last month CM sent out the statistics from 5BP regarding mental health. If this was felt useful please let CM know and he will send again.

c) Primary Care Strategy

More clinical representation is required at this group. Meeting is held fortnightly on a Wednesday. An alternate day is being looked into. If you would be interested in attending please let DN know.

d) Minutes of Patients Forum, Practice Managers Forum

Minutes emailed.

e) Amends to the Constitution

Document previously circulated for information.

Trauma and Orthopaedic Workshop Feedback

Dr Weerasekara attended the workshop which was held on Monday, 2nd September 2013 and gave feedback.

Any Other Business

GP Forum Meetings

- November meeting cancelled due to QIPP Event on Tuesday, 19th November 2013
- December meeting (20th December) – agreed that this will be a small meeting

C-DIFF

Circulated for information – this will be put on as a standard item.

CQC

Visit took place at one of Leigh Practices. Concentrated on Clinical Governance, Child Protection Register and Vulnerable Adults Register. Also interviewed patients on performance.

QP Reviews

It was agreed to hold 2 QP Reviews for QP1 and these will take place on:

Friday, 11th October 2013 – 1-2 pm – Lowton Business Park

Friday, 18th October 2013 – 12.30-1.30 pm – Leigh Sports Village

Computers

Dr Kirk raised the issue of problems with the computers in his practice. CR agreed to raise with Jonathan Kerry.

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 – Open Meeting

Item Number: 11.2

DATE: 22 October 2013

REPORT TITLE:	Chairperson’s Report for Patient Focus Executive
REPORT AUTHOR:	Laura Crank
PRESENTED BY:	Dr Mohan Kumar
RECOMMENDATIONS/DECISION REQUIRED:	For information
EXECUTIVE SUMMARY	
<p>This meeting took place on the 20th September 2013 with the members of the Locality and a summary is outlined below.</p>	
FURTHER ACTION REQUIRED:	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Mohan Kumar
Committee Name	Patient Focus Executive
Date of Meeting	20 th September 2013
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	22 nd October 2013
Officer Lead	Laura Crank

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

Attendance at the meeting[#]:	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 meeting
<p>Prescribing Update – Dr Lindsay McClelland</p> <p>LMcC talked through the prescribing budgets which had previously been circulated. She commented that there are still some Form As which have not been sent in – could these please be completed and sent in.</p> <p>LMcC reported on the Guidelines for Prescribing/Repeat Prescribing which had previously been circulated. She commented that this was very good guidance and would be put on SharePoint. She advised that some parts of the document could help save money.</p> <p>LMcC advised that the CQC had issued a warning for the Trust after an unannounced inspection in April. The warning was due to drugs not being given. The warning has now been withdrawn. The CCG carried out an unannounced inspection in June and were not happy with the findings. Prescribing has now been asked to carry out soft intelligence. LMcC commented the icon called Ulysees which will be put on all computers should be used to report problems that they are made aware of.</p> <p>The Home Oxygen Service Report has been produced. This will be a pilot which will initially be in the Prescribing Leads Practices.</p> <p>Osteoarthritis Guidance circulated.</p> <p>Healthier Together Programme Update</p> <p>Dr Kumar gave an update on the programme and explained that Wigan has now signed and is part of the</p>

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

Committee in Common.

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There was an A&E Department presentation last Wednesday which there was very good interaction between secondary and primary care. A further one will be held in November.

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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 – Open Meeting

Item Number: 11.3

DATE: 22 October 2013

REPORT TITLE:	TABA Locality Executive Group (September 2013)
REPORT AUTHOR:	Dr Ashok Atrey
PRESENTED BY:	Dr Ashok Atrey
RECOMMENDATIONS/DECISION REQUIRED:	For Information
<p>EXECUTIVE SUMMARY</p> <p>The attached narrative report from the September 2013 TABA Locality meeting is presented to the Governing Body to receive and note.</p>	
FURTHER ACTION REQUIRED:	None

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Ashok Atrey
Committee Name	TABA
Date of Meeting	17 th September 2013
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	29 th October 2013
Officer Lead	Stephen Green – Locality Executive Support Officer

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>		
1.	Healthier Together – expression of concern by some member of size of payment to demonstration sites as well as Red and Green Hospital	AA
2.	New Prescribing Budgets are very different –need explanation as to methodology used to arrive at these budgets. It could affect QIPP savings	AF
3.	No new case of CDI reported in TABA but overall numbers in CCG continue to rise.	All

Attendance at the meeting[#]:	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 meeting	
Healthier together continues to cause concerns – both issues of Red and Green Hospitals as well as Primary care with Demonstration sites.	
Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Amendments of Constitution both clauses – accepted unanimously	AA
Flu for house bound patient on district nurses case load will be done by them as in previous years and others by Bank nurses	AA
Integrated Neighbourhood teams meeting on regular basis and some progress being made	AA

Chairperson's Additional Comments
<p>Kerry Ann Wheat made members aware of issues with declaration of interest and Fraud with examples. No issues reported by any member. SharePoint discussed for further help if needed.</p> <p>Brief discussion on Infection Prevention and Control but needs further elaboration as to what needs to be done in Primary Care.</p> <p>Concern regarding new Primary Care contracts being mentioned in medical Journals.</p>

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

MEETING: Governing Body – Open Meeting

Item Number: 11.4

DATE: 22 October 2013

REPORT TITLE:	Wigan Central Locality Chairperson’s Report
REPORT AUTHOR:	Viv Smith, Locality Executive Support Officer, (Wigan Central Locality)
PRESENTED BY:	Dr Tony Ellis, Clinical Lead of Wigan Central Locality
RECOMMENDATIONS/DECISION REQUIRED:	The Governing Body is asked to receive and note the report
<p>EXECUTIVE SUMMARY</p> <p>The attached narrative report from the September Wigan Central Locality meeting is presented to the Governing Body to receive and note.</p>	
FURTHER ACTION REQUIRED:	None

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Tony Ellis, Clinical Lead
Committee Name	Wigan Central Locality Meeting
Date of Meeting	17 th September 2013
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	22 nd October 2013
Officer Lead	Viv Smith, Locality Executive Support Officer

Attendance at the meeting[#]:	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 meeting
<p>Primary Care Strategy Martyn Kent tabled the Wigan Borough CCG Primary Care Strategy Outcomes paper for discussion and comments. MK recorded all suggestions which will be presented to the CCG's Primary Care Strategy Group for consideration.</p> <p>Enhanced Services Claims The Local Authority had recently shared information advising on their claims process to all practices which is also now on Sharepoint to access. The CCG recently issued a Contract Variation letter to be signed by practices and information on how practices should claim. LASCA will cease making payments from the end of September 2013</p> <p>QP Work Programme It was agreed to utilise the December Locality meeting to undertake QP peer reviews.</p> <p>Remote Monitoring DES There is to be a workshop for practices to attend on 6th November, venue to be confirmed. The workshop will require clinical attendance (attendance is not mandatory). The workshop will focus on presenting two Telehealth systems that practices could support development and referral of patients to:</p> <ul style="list-style-type: none"> • Bridgwater Long Term Conditions Telehealth Pilot (already commissioned) • Florence Telehealth, a text messaging service covering a wide range of clinical pathways. (For consideration to commission) <p>The workshop will support practices to answer the questions outlined in NHS England's DES submission template.</p>

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

Out Of Hours

Martyn Kent tabled a questionnaire on the Out Of Hours service which had been circulated to WB CCG Members. MK asked for comments on the current OOH service and for comments on how the service can be improved. The current contract for the Out Of Hours service expires at the end of March 2014. The views of the Localities will be fed into the contracting process.

T&O Workshop

Martyn Kent reported that the T&O workshop held on 2nd September was attended by representatives from all 6 Localities. Consultants from WWL presented current pathways for Foot & Ankle, Hip and Knee and there was debate and challenge around each of these. New pathways may be presented at the QIPP event in November with an opportunity for further clinical challenge and discussion with consultants from WWL.

Changes to the WB CCG Constitution

Dr Ellis advised of 2 recent changes to the WB CCG Constitution.

1. The first relates to arrangements around collaborative working within Greater Manchester and the establishment of the Committee in Common relating to the Healthier Together programme.
2. The second change is resulting from a David Nicholson letter to CCGs on 2 May 2013, encouraging CCGs to include a statement in their constitutions that specifically references the right of members or employees of CCGs to make a protected disclosure.

The changes were noted.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
1. Action: MK to record suggestions regarding Primary Care Strategy and present them to the CCG's Primary Care Strategy Group for consideration.	MK

Chairperson's Additional Comments

None

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MEETING: Governing Body – Open Meeting

Item Number: 11.5

DATE: 22 October 2013

REPORT TITLE:	Chairpersons Report for North Wigan Locality
REPORT AUTHOR:	Matthew Cooper
PRESENTED BY:	Dr Peter Marwick
RECOMMENDATIONS/DECISION REQUIRED:	For Information
<p>EXECUTIVE SUMMARY</p> <p>The attached narrative report from the September North Wigan Locality meeting is presented to the Governing Body to receive and note.</p>	
FURTHER ACTION REQUIRED:	None

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Peter Marwick
Committee Name	North Wigan Locality Committee
Date of Meeting	17th September 2013
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	22 nd October 2013
Officer Lead	Matthew Cooper Locality Executive Support Officer

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

Attendance at the meeting[#]:	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 meeting
<p>Matters Arising</p> <p><u>WWL</u>: last meeting went well, WWL have already made changes to letters making them clearer and stopped the ophthalmology letter.</p> <p><u>5 Boroughs service</u> – Further Clinical feedback</p> <p>5BP Changing Priority from urgent to routine, without informing the practice, no feedback on downgrade! No access for a second opinion, not able to get feedback/opinion.</p> <p>3 actions highlighted – Invite senior 5BP member to meet the locality and discuss there service. Send further examples to MC. MC to send feedback to CCG.</p> <p>Changes to the Constitution & Healthier Together</p> <p>Tim Dalton discussed the changes to the Constitution and updated the group on Healthier Together. TD then got feedback from the Group for which he agreed to action with the LAT regarding Housebound flu's & practices problems over contacting LAT to resolve payment issues.</p>

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

Federation update

Meeting was positive and well attended practices gave named contact to find out more information.

CCG Updates

Draft primary care strategy outcome indicators doc shown. All points ok but require funding to achieve. Need education to be part of the strategy. Document to be reviewed back in practices. Remote monitoring Workshop 6th Nov & 19th Nov QIPP Event.

Prescribing

Reviewed budget documents & Prescribing data.
Potential pilot or redesign of Oxygen Supplies mentioned.

AOB

Finance update – Sollis being reviewed to access use & value, IG matter raised to highest department.

Education GP Role – Highlighted an email had gone out for a new role for GP Education.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Send further feedback on 5BP to MC	Practice Reps
Send 5BP feedback to CCG	M Cooper
Invite 5BP to future Locality meeting	M Cooper
Review MK's Primary care Strategy outcome indicators	Practice Reps

Chairperson's Additional Comments

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MEETING: Governing Body – Open Meeting

Item Number: 11.6

DATE: 22 October 2013

REPORT TITLE:	ULC LOCALITY EXECUTIVE GROUP REPORT (September 2013)
REPORT AUTHOR:	Dr Sanjay Wahie
PRESENTED BY:	Dr Sanjay Wahie
RECOMMENDATIONS/DECISION REQUIRED:	The Board is asked to receive and note the report
EXECUTIVE SUMMARY	
<p>Meeting was well attended. Unfortunately due to constructive discussions on certain items the whole agenda could not be completed. I will bring up Issues about agenda construction and timelines for circulation during the Masterclass.</p>	
FURTHER ACTION REQUIRED:	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Sanjay Wahie
Committee Name	ULC Locality Executive Meeting
Date of Meeting	17 th September 2013
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	22 nd October 2013
Officer Lead	Diane Nicholls

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>	
1.	Patient identifiable data. Inability to refresh risk stratification data and for the GP commissioning scheme
2.	Awaiting new financial report for ULC
3.	

Attendance at the meeting[#]:	Excellent
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	
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Narrative report outlining the key issues of the meeting
<p>Out of Hours</p> <p>SW went through the Out of Hours Questionnaire results that had been distributed with the minutes and asked for comments.</p> <p>The embedded document was received and discussed and there was issues with the grading system, 1-5 – which is high and which is low. Some of the clinicians made a comment that they hadn't received the solutions.</p> <p>The group discussed the above and agreed with the results and made some suggestions:</p> <ul style="list-style-type: none"> • It was felt that by not having an appointment system in OOH patients won't wait hours to be seen so take themselves to A&E instead. • A question was raised as to who audits the OOH GP work. It was agreed that this would be raised with Kim Godsman. • Concern at poor quality clinical decision making which was felt could be due to some GPs working very long hours. Query as to whether there is guidance on how long GPs should work. To be checked. • Monthly statements was felt not to be needed just the outcomes. • It was commented that proper assessments are needed and that this would be indicative of a resource issue. A suggestion was made that multiple centres would be better. There was a time when cover from Salford and Warrington was requested for the areas on the border, but that doesn't happen now.

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

Mixed feelings were received guided by outcomes and possibly in theory it should work.

The group agreed with the results and made the following suggestions:

- Pros and cons for limited OOHs in the Walk in Centre.
- Look at outcomes from other boroughs and would be ideal if have multiple centres.
- It was felt that OOH / A&E should be triaged. A comment was made that it works in Salford and Stepping Hill.

If OOH was within walking distance of A&E that may help.

Trauma and Orthopaedics Workshop

Dr Lokikere gave an update on the T&O Workshop that he attended on the 2nd September 2013.

The following areas were discussed:

- Hip Pathway
- Knee Pathway
- Foot and Ankle Pathway

Consultants from secondary care presented the current pathways for Foot and Ankle, Hip, Knee and there was debate and challenge around each of them. The key points were:

- X-ray would be the most appropriate form of investigation than MRI for hip / knees – weight bearing for knee and the hip AP and lateral
- Secondary care clinicians were more favourable if they can order the MRI scan as they can get more detailed report
- GPs will get access to fracture clinic appointments referral directly to avoid attendance to A&E
- GPs will get access to Acute Knee Clinics run at RAEI for knee injuries which will avoid attendance at A&E
- Access to appliances – this will be looked into to enable the GP to directly refer to the appliance department
- Ankle and foot problems – asked to manage conservatively at least 6 months before referral to secondary care as treatment options are limited and could be managed by GPs.
- Can GPs do routine blood and urine tests when patients are referred with a view to surgery?
- Improve on the referral letter eg attach medication list
- Check blood pressure, bloods, BMI before referral.

The pathways were discussed and generally accepted. However, there was concerns that MKATS wasn't reflected in the pathways. GPs debated whether they did in fact get MRI access – protocol request. There was acceptance by the GPs that improved referral letters would be better. However, they felt that if they had reference to the Oxford hip score that would help – there would be a need for training and funding. Podiatry access would this be through Bridgewater/MKATs and WWL.

Dr Lokikere to feedback to the chair of the Workshop with the group's comments.

Amends to the Constitution

SW explained to the group that this paper has been circulated with the agenda and had been accepted and was for information purposes.

Prescribing Update

Dr Lokikere gave an update on the information which had been circulated with the agenda and thanked

everyone for the good work.

The forecast for this year's savings is 1.4%.

SW to write to offer assistance to Braithwaite Road.

There will be 6 Oxygen Pilots across the Borough, initially with the 6 Prescribing Leads.

SW informed the group that CQC had been to WWL and marked them red as it was identified that there was problems with medicines around what was prescribed and administered. Work has been carried out and the CQC has removed the red status. SW asked that GPs tried to obtain patient feedback from hospital stays and collate the information on Ulysees.

PPG Update

The second ULC Locality meeting was held on the 21st August where 4 practices were represented. Various issues / concerns were raised, one being OOHs and the effect it would have on areas such as Ashton and Atherton if it was moved to Wigan.

It was agreed that expenses would be paid for PPG members.

There are 2 PPG Workshops on the 24th September and 1st October 2013 for PPG members and Practice Managers to attend. The sessions will be run by Doreen Hounslea. An update will be given at the next meeting.

Primary Care Strategy Update

Jo Culshaw informed the group that there was a further meeting to be held on the 18th September 2013. At the last meeting there was a big debate regarding access to GP appointments, 8 am to 8 pm working which could be carried out on a federated working basis. Discussions are ongoing and the LMC are involved. SW asked that contract owners have discussions regarding this.

Comments were made that if the GPs hours were extended as being proposed that GPs couldn't work 7 days per week, there would have to be a change of working pattern and change of resource.

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

Chairperson's Additional Comments

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