

**MEETING:** Governing Body

Item Number: 11.1

**DATE:** 24<sup>th</sup> January 2017

<b>REPORT TITLE:</b>	Chairperson's Report for Atherleigh Locality
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	Function as an effective commissioning organisation that puts patients first
<b>REPORT AUTHOR:</b>	Dr Gen Wong
<b>PRESENTED BY:</b>	Dr Gen Wong
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	For information
<b>EXECUTIVE SUMMARY</b>	
<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 October, November and December 2016. The report also highlights any issues that have been raised by member practices during this period.</p>	
<b>FURTHER ACTION REQUIRED:</b>	N/A
<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 Gen Wong
<b>Committee Name</b>	Atherleigh Locality meeting
<b>Date of Meetings</b>	October, November and December 2016
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	24 <sup>th</sup> January 2017
<b>Officer Lead</b>	Diane Nicholls

<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#:</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>Below provides a summary of all the Locality meetings that have taken place within Atherleigh for the period October, November and December 2016.</p> <p><b><u>GP Forum</u></b></p> <p>There was no GP Forum held in October due to the mandatory Boroughwide Event that was taking place for Practices. There was also no GP Forum held in December due to the Governing Body arrangements.</p> <p>The GP Forum was held on the 18<sup>th</sup> November 2016 and was well attended. The whole of the meeting was dedicated to the Outpatients Redesign. The key highlights were:</p> <ul style="list-style-type: none"> <li>• Dr Sanjay Arya, Cardiology Consultant from WWL attended to talk through the Cardiology pathway. Areas covered were the BNP pathway, rapid access chest pain clinic and the AAA Unit.</li> <li>• Presentation was given by Jennie Gammack, Assistant Director on the Outpatients Redesign. Members were updated on the progress so far and there were discussions around how this can link with cluster working, concern about the impact on primary care and barriers.</li> </ul>

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

- Outpatient activity was shared with members and they were informed that this information will be shared on a monthly basis.

### **Practice Managers Forum**

The Practice Managers Forum was held on the 13<sup>th</sup> October 2016 and was well attended. The key highlights were:

- Two members from Manchester Cytology attended to provide an update in respect of the Cytology changes. Discussions were held in relation to changes to the process, forms and how to order on the ICE system.
- Discussions/updates were held with regards to Respiratory Services, transportation of medical records, cancer champion's programme, DES and LES schemes, Quality Engagement Scheme, medical device alerts, child phlebotomy clinics, accessible information standards, clusters and primary care standards.

The Practice Managers Forum was held on the 10<sup>th</sup> November 2016 and was well attended. The main body of the meeting was to go through the Quality Engagement Scheme / Primary Care Standards after the Quarter 2 submissions.

- Discussion, feedback and clarification were held in respect of each section of the Quality Engagement Scheme / Primary Care Standards. Members were informed that the monitoring form will be amended to reflect the feedback received from practices and the MIAA following the Quarter 2 submissions.
- Members were also informed that there will be a working group to look at the templates for the standards and as agreed by the Review and Development Group, priority will be given to the Carers and Childhood Asthma templates.
- New Models of Care – it was reported that the business cases were being discussed, and if given the go ahead, clusters would need to start thinking about their implementation plan.
- Training and Education Programme – further training had been arranged for Chaperoning, Medical Terminology and Read Code and details would be circulated on the 14<sup>th</sup> November. Practices were informed that places were limited and priority would be given to those practices that had not yet had the opportunity to send a member of staff.
- Other areas covered were online access, practice manager event, occupational health for new staff and feedback was sort on the borough wide event held in October.

The Practice Managers Forum was held on the 8<sup>th</sup> December 2016 and was well attended. The key highlights were:

- Confirmation given to members that the Practice Manager Event will now be held on the 26<sup>th</sup> April 2017 and were asked to forward any ideas they have for the event to Diane Nicholls.
- Updates were given with regards to the Quality Engagement Scheme as follows:
  - Draft notes were tabled for information of the recent Primary Care Standards Review and Development Group that had taken place on the 6<sup>th</sup> December 2016.

- Discussion held regarding opening times under the access section of the standards. Clarification to be sought.
  - Members were advised that the Guidance for General Practice and FAQs are being updated and will be published by the 16<sup>th</sup> December 2016.
  - Members were informed that the Quarter 3 monitoring template had been amended and the changes were:
    - Standard 10 has been removed from the declaration section
    - A formula has been included to automatically calculate 75 per 1000 appointments
    - Prompts have been added for an incomplete form
    - Practices no longer have to complete the assurance box if they have answered yes
  - Feedback given from the templates working group that met at the beginning of December. Members were informed that there will be a pilot for the Childhood Asthma template and if they were interested in taking part to contact Diane Nicholls.
  - The SEA template has now been revised following feedback received from practices. This will be sent out to practices soon.
  - The deadline for the Quarter 3 monitoring form submission has been extended to Monday, 16<sup>th</sup> January 2017 to take into account the holiday period.
- Sarah Seddon and Sarah Murphy attended to update members on the ICS Service.
  - Lisa Jowitt from the Bowel Screening Programme attended the meeting to provide information on the service and to encourage practices to raise awareness of Bowel Screening and to update on the support available to practices to assist in increasing uptake.
  - Members wished to send their best wishes for the future to Mina Das, Practice Manager who was retiring at the end of December 2016.

### **Patient Participation Group (PPG)**

The Patient Participation Group meeting was held on the 27<sup>th</sup> October 2016.

The key highlights were:

- Two representatives from NHS111 attended the meeting to provide details on what NHS111 do. A presentation was given. Members felt that the presentation would be good to have on TV screens within practices. This is the aim of NHS111.
- Two representatives from Bridgewater District Nursing Service attended to provide an update following their attendance in February. The areas covered were ear care and dressings.
- Members were informed of cluster developments that are underway. Live discussions are taking place with practices to agree how they can best organise themselves to lead new integrated care arrangements. Members were informed that we want to ensure that PPGs are aware of the discussions and have the opportunity to share views. Members expressed

a real interest of being involved in this work.

- Other areas covered were feedback from the CCG Patients Forum and an update on forthcoming speakers was provided.

The Patient Participation Group meeting was held on the 24<sup>th</sup> November 2016.

The key highlights were:

- A representative from the Youth Cabinet attended to provide information to members of the work undertaken by the Youth Parliament and Youth Cabinets. The key points were:
  - Youth Cabinet is a place where young people are listened to and get the support to have their views heard by people who make decisions in the Wigan Borough such as people who run Wigan Council, Health Services and Transport. They meet weekly.
  - The UK Youth Parliament provides opportunities for 11-18 year olds to use their elected voice to bring about social change through meaningful representation and campaigning. It represents young people from Wigan and Leigh at a national level.
  - Each year different national campaigns are chosen for them to work on.
  - Young people are interested in attending PPGs but comment was made that they would need to be at a time that was accessible by them.
- Members were informed that after 21 years of service at the Direct Access Surgery, Leigh, Dr Das and his wife Mina will be retiring on the 31<sup>st</sup> December 2016. Dr Das and Wigan Borough Clinical Commissioning Group are working hard to make this change as easy as possible for patients and all patients will continue to have access to GP services at all times.
- Rachel Richardson, Patient and Public Engagement Officer for the CCG provided members with an update in respect of the Alternative Provider Medical Service (APMS) practices consultation. The consultation will be launched in December and further information to be provided then.

The Patient Participation Group meeting was held on the 15<sup>th</sup> December 2016, this was an Annual General Meeting.

The key highlights were:

- Frank Costello, Governing Body Lay Member and Vice Chair for the CCG attended to provide an annual review update on the CCG which included information around the 5 year forward view; Multi-Specialist Community Providers; workforce redesign; clusters and changes to the CCG Patients Forum.
- Ernie Rothwell, Chair highlighted the work that the Locality PPG had undergone over the last 12 months which included over 20 speakers who covered areas such as Community Nursing, Public Health, Brook Advisory, Discharge Services, Drug and Alcohol, Extended Hours and many more. There was reflection on what a difference this had made as services such as the discharge services had took on board patients comments, patients had put their views forward with regards to the outpatients redesign and members were excited about working with the clusters, but raised concerns about the future of the Locality PPG and that their view was that the meeting is invaluable.
- Members were asked to review the PPG Toolkit and forward any comments to Diane Nicholls.
- In light of the forthcoming changes with clusters and the effect this will have on Locality PPGs it was decided to hold reviewing the Terms of Reference until March to align with the

changes.

- Members were presented with the APMS Consultation documents which commenced on the 12<sup>th</sup> December 2016 and will finish on the 1<sup>st</sup> February 2017. Members were informed that there are easy read/summary versions available and were encouraged to send any comments/observations in.

**Other areas/activities**

All practices engaged in the Borough Wide Event which was held in October and the main focus of the event was the Primary Care Standards.

The Locality has representation of the Primary Care Standards Review and Development Group.

The Community Link Worker project has been extended until the end of March 2018.

Dr Das and Mina Das from the Direct Access Surgery retired at the end of December 2016.

Ongoing work is progressing with regards to the Leigh Cluster.

Congratulations have been given to Premier Health Practice who has received an overall outstanding in the CQC Inspection.

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:** 24<sup>th</sup> January 2017

<b>REPORT TITLE:</b>	<b>Chairperson's Report for Patient Focus</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>
<b>EXECUTIVE SUMMARY</b>	
<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 for October, November and December 2016. 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 Locality meeting
<b>Date of Meetings</b>	October, November and December 2016
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	24 <sup>th</sup> January 2017
<b>Officer Lead</b>	Laura Midgley (Crank)

***The top 3 risks identified during the meeting & initials of lead with designated responsibility***

1.		
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<b>Attendance at the meetings#:</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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**Narrative report outlining the key issues of the activities**

**Locality GP Forum**

There was no GP Forum held in October 2016 and December 2016 due to the Borough Wide Event and Governing Body arrangements.

A meeting of the GP Forum was held on the 18<sup>th</sup> November 2016 and was well attended. The key highlights were:

- ❖ Jennie Gammack, Assistant Director for Strategy and Programme Management attended the Forum to provide an update on the Outpatients Redesign. Information was shared in respect of the Redesign Process and an update was given regarding progress against the Implementation Plan. Members were encouraged to engage with the redesign and commit to it being a priority, to continue to give feedback and to share views and concerns.
- ❖ Dr Sanjay Arya, Cardiology Consultant from Wrightington, Wigan and Leigh NHS Trust (WWL) attended to the meeting to talk through the Cardiology Pathway. Guidance was offered in respect of those patients that can be seen in primary care, with the right access to diagnostics. Members were advised that WWL would like to see more specialist patients.

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

- ❖ Outpatients Activity was shared and there was a consensus that the information was useful. It was proposed that this be presented on a quarterly basis.
- ❖ A financial update was provided. It was reported that the CCG are under significant financial pressure and that a £3.5m shortfall is expected at the financial year end. A viable turnaround programme is needed and if pathways are followed, there is potentially a £1.6m saving per year.
- ❖ Discussion was held regarding NOAC and the quality of care/patient choice.

### **Locality Practice Managers Forum**

Practice Managers Forums were held on the 13<sup>th</sup> October 2016, 10<sup>th</sup> November 2016 and December 2016. All meetings were well attended.

- ❖ Mateusz Labiak and Richard Lambert from Manchester Cytology attended a meeting to inform members of the changes to Cytology services. Discussion was held regarding changes to the process, forms and how to order on the ICE system.
- ❖ Lisa Jowitt, Bowel Screening Programme Manager attended a meeting to encourage practices to raise awareness of Bowel Screening and to update on the support available to practices to assist in increasing uptake.
- ❖ An update was received in respect of the Integrated Community Services (ICS). Sarah Seddon and Sarah Murphy provided an overview of the new model of community health and social care that is being designed and mobilised across Wigan and what it means to the service user. They also provided an updated on progress and achievements to date.
- ❖ Regular progress updates were provided in respect of the Quality and Engagement Scheme. Feedback was sought from members following the Quarter 2 returns, which informed the changes that were made to the monitoring form, read code specification, searches and practice guidance in readiness for Quarter 3 returns. Members were advised that individual practice feedback would be provided following the Quarter 3 returns.
- ❖ Transportation of Medical Records is a regular theme during the reporting period. Practice Managers shared their experiences and voiced their concerns regarding the service provided by Capita. Members agreed to continue to report issues via the Ulysses Reporting System.
- ❖ Learning and experiences were shared following CQC Inspections.
- ❖ Other topics discussed by Practice Managers during the reporting period included:
  - Primary Care Training and Education Programme
  - Online Access
  - Practice Manager Event January 2017
  - Occupational Health for new Practice Staff

### Locality PPG Meeting

Locality PPG Meetings were held on the 27<sup>th</sup> October 2016 and the 24<sup>th</sup> November 2016.

- ❖ Members observed presentations including:
  - Information regarding services offered by NHS111. Members felt that the presentation would be good to have on TV screens within practices.
  - An update in respect of the District Nursing Service whereby topics including Ear Care and Dressings were discussed.
  - An update from a member of the Youth Cabinet whereby discussions were held regarding the work undertaken by the Youth Cabinet and how the Locality PPG can engage with young people.
- ❖ Discussions were held regarding the development of clusters. Live discussions are taking place with practices to agree how they can best organise themselves to lead new integrated care arrangements. Members were informed that we want to ensure that PPGs are aware of the discussions and have the opportunity to share views. Members expressed a real interest in being involved in this work.
- ❖ The CCG Patient Engagement Officer provided an update on the retirement of Dr Das and the impending closure of the practice. Dr Das and Wigan Borough Clinical Commissioning Group are working hard to make this change as easy as possible for patients and all patients will continue to have access to GP services at all times.
- ❖ An update was also provided in respect of the Alternative Provider Medical Service (APMS) practices consultation. Members were advised of the consultation process and were informed that this would launch in December 2016.
- ❖ Feedback was received from the CCG Patients Forum and minutes of meetings were disseminated to members for information.
- ❖ Other key discussion points included:
  - Medicines Waste Management
  - Testing Strips
  - Wrightington Hospital Signage and Communications

### Locality PPG Annual General Meeting

The Locality PPG Annual General Meeting was held on the 15<sup>th</sup> December 2016. The key highlights were:

- ❖ Frank Costello, Governing Body Lay Member and Vice Chair for the CCG attended to provide an annual review update on the CCG which included information around the 5 year forward view, Multi-Specialist Community Providers, Workforce Redesign, Clusters and changes to the CCG Patients Forum.

- ❖ Members celebrated their achievements over the last 12 months including their input into the Discharge Services and Outpatients Redesign.
- ❖ Members were presented with the APMS Consultation documents which commenced on the 12<sup>th</sup> December 2016 and will finish on the 1<sup>st</sup> February 2017. Members were informed that there are easy read/summary versions available and were encouraged to send any comments/observations in.
- ❖ Members were asked to review the PPG Toolkit and provide comments.
- ❖ In light of the forthcoming changes with clusters and the effect this will have on Locality PPGs it was decided to hold reviewing the Terms of Reference until March to align with the changes.
- ❖ Some concerns were raised regarding the future of the Locality PPG. There was a consensus that the meeting was invaluable and should be protected.

**Other Activities**

- ❖ All Patient Focus practices were adequately represented at the Borough Wide Event held on the 18<sup>th</sup> October 2016.
- ❖ Patient Focus is well represented on the Primary Care Standards Review and Development Group and Clinical Templates Working Group.
- ❖ Foxleigh Surgery is actively partaking in the Childhood Asthma Pilot to test the effectiveness of a new proposed Childhood Asthma Template. A piece of work to support the development of Standard 8 – Childhood Asthma.
- ❖ Congratulations to Marus Bridge Practice who have had their CQC inspection and received an “outstanding” rating.
- ❖ The Community Link Workers service contract has now been extended for a further 12 months (up to end of March 2018).

<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: 11.3

**DATE:** January 2017

<b>REPORT TITLE:</b>	<b>TABA LOCALITY EXECUTIVE GROUP REPORT October / November / December 2016</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	Functioning as an effective strategic commissioning organisation that puts the patient first.
<b>REPORT AUTHOR:</b>	Dr Ashok Atrey
<b>PRESENTED BY:</b>	Dr Ashok Atrey
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	None
<b>EXECUTIVE SUMMARY</b>	
<p>This report provides an overview of activity within TABA locality in October, November and December 2016</p> <p>There was no meeting held in December 2015</p> <p><b>Main topics of discussion:</b></p> <ul style="list-style-type: none"> <li>○ Ophthalmology</li> <li>○ Outpatient Activity &amp; Pathways – Urology, ENT, Cardiology</li> <li>○ Seven Brooks Practice P92652 joined TABA locality</li> </ul>	
<b>FURTHER ACTION REQUIRED:</b>	No
<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.	

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr Ashok Atrey
<b>Committee Name</b>	Joint TABA Locality Executive Meeting
<b>Date of Meetings</b>	October to December 2016
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	<b>January 2017</b>
<b>Officer Lead</b>	Rob Wilson (Assistant Director) 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>	
1.	
2.	
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<b>Attendance at the meeting#:</b>	Very Well Attended
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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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**Narrative report outlining the key issues of the GP meeting**

There was no GP meeting held in October due to Borough Wide Event held on 18<sup>th</sup> October and also no GP meeting held in December.

**Joint TABA / ULC GP Board Meeting Held Tuesday, 15<sup>th</sup> November 2016 was very well attended**

**Key Discussions:**

TABA were very pleased to welcome Seven Brooks Practice P92652 to the locality.

**Ophthalmology Pathway** - Joint Education Session was given by Simon Mars, Manoj Mathai & Nicholas Jones WWL which members found interesting:

- Query as to why One Stop Service was offered only at Wigan and not also in Leigh as patients could not drive after having drops in their eyes and many needed to attend clinics 2/3 times. WWL said they would be keen to do this but would require additional equipment.
- Optometrists referring directly to WWL would be an improvement and also save GP appointments. WWL indicated they would be happy to accept such referrals. RW indicated all of the referral processes and pathways needed review.

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

- GP's requested feedback on patients they had referred into this service.
- The one stop service had improved matters as patients were now being seen relatively quickly.

### **Outpatient Activity & Pathways – Urology, ENT, Cardiology**

Deirdre O'Brien CCG then gave a presentation reviewing the history of these pathways and checking if there were any engagement barriers or burning issues:

- GP's requested that WBCCG (Hari Sukhavasi on CCG's behalf) endorses all pathway documents and that they should also be endorsed by WWL and Version Control and Date of issue added. Latest versions of all pathways would be held on SharePoint, and, hopefully DXS software coming in soon would mean that GP's could access the pathways via their practice systems.
- A lot of the high numbers of referrals were to diagnostics / or Bridgewater – the CCG would check if these could be split out to give GP's a more meaningful breakdown of referrals.

### **TABA Practice Managers meeting held 13<sup>th</sup> October 2016**

**AUA:** It was reported that all practices have met the deadline and that the majority of practices have also received payments. Everyone was advised to check their accounts to ensure that the payments have been made; if a practice hasn't been paid then they are to let the CCG know.

**Feedback QES Submission:** All were advised that we are asking some practices to update their baselines and some additional various questions are then being asked i.e. how are they working towards the baselines etc. It was noted that this is the first attempt at the audit tool and the data needs to be correct in order to retrieve and gain anything from it. Errors do need to be highlighted and corrected.

### **New Models of Care / Clusters Update / GM Transformation:**

One suggestion made has been that we go back to having Ashton, Leigh and Wigan (x 3 clusters) rather than 5 or 6. The general feeling from all in attendance is that there are far too many meetings and this really does need addressing. It was advised that the CCG will still need to deliver but it may well be in a different way to how it currently works, the CCG is about commissioning and ICO (for example) is about commissioning and delivery.

### **TABA Practice Manager meeting held 10<sup>th</sup> November 2016**

**New Models of Care / Clusters Update / GM Transformation:** All were informed that there is now approval in principal to take forward and implement the TABA+ business cases. If staff are recruited in posts then the cost for this will come from WBCCG, the funds are there now for this year and for next year. It was asked for representation from TABA+ to attend safeguarding meetings. It was acknowledged that it has taken a lot of hard work and commitment to get to this stage and we are now ready to move on as the go ahead has

finally been given. It is now about how we move forward and progress. The Age Well Unit at RAEI is now up and running for the next six months and if this is a success it is envisaged that any funds to continue will be submitted via the transformation bid for 2017

### **TABA Practice Manager meeting held 8<sup>th</sup> December 2016**

Representatives from ICNT Bridgewater attended the meeting and gave an overview and presentation of the Integrated Care Service (ICS) Project. Points were discussed followed by a Q&A session.

**GP Electronic Annual Practice Declaration (eDEC) 2016/17:** A reminder that the 2016/17 eDEC will be opened for submissions over a six week period: from Wednesday, 9<sup>th</sup> November to Wednesday 21<sup>st</sup> December 2016. All GP practices are required to submit their eDEC electronically through the primary care website: [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk) as per the Assurance Management Framework of Primary Medical Services Policy and Guidance.

### **TABA / ULC Joint Patient Participation Group (bi monthly): 9<sup>th</sup> held November – Well attended:**

**New Models of Care (NMoC) Clusters:** It was explained about clusters and how they will work. Questions were raised on how this will affect patients; RW explained that this should take away and relieve some pressures i.e. practices will collectively be doing things rather than 63 practices doing them individually. Each Cluster was looking at new ways of working collaboratively rather than individually. RW also explained what projects / services each cluster were currently looking at working on which will then feed into the Integrated Care Organisation (ICO). There were queries on how this will work if there are constant financial cuts with social care? RW advised that the aim was to work seamlessly and collaboratively and WBCCG are looking at what they can influence, develop and improve. Toni Cooper informed the group that there had been a Borough Wide Event to which stakeholders were also invited and all had agreed to work in collaboration to provide a good standard of care across the borough, which should hopefully lead to reductions both in ambulances and blocking of hospital beds which was a good step forward. It should be known how much funding there will be by 5<sup>th</sup> December 2016 (£15.1m had been applied for). How would this affect localities? RW explained that the move is to a more sensible geographical footprint which will move from locality based to cluster based. PPG's may change on the same geographical footprint; however, nothing had been confirmed or decided as yet.

### **Frank Costello [FC] Governing Body Deputy Chair and Lay Member**

attended explaining the Patient Forum felt there was a need to improve the flow of communication and impact. FC offered to attend every third meeting of the Locality PPG to learn what the issues are and to honour commitment to patients and that this is also a way of empowering to support and challenge the levels of service that are being received. 5 Year Plan, improving services, outcomes etc, all these needed to be managed in a process that

does not destabilise our hospitals. FC asked members for any issues and problems to be fed back to him and to hold him to account. The CCG board is accountable to deliver effective patient services and the PPG's assistance was key to ensure that this was happening.

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: 11.4

**DATE:** 24 January 2017

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

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr P Marwick
<b>Committee Name</b>	Wigan Central & North Locality Committee
<b>Date of Meeting</b>	15 <sup>th</sup> November 2016
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	31 <sup>st</sup> January 2017
<b>Officer Lead</b>	Kate Davenport Executive Support Officer

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

**GP Locality Meeting**

**ENT Pathway**

Professor Niral Kumar attended the meeting to talk to the group about the ENT pathway that is currently in place. There were a number of questions from the room and answers were provided by Professor Kumar.

**Medicines Management Update**

There is a 40 fold difference in price (Drug Tariff November 2015):

- Quetiapine IR 300mg tablet      £0.07
- Quetiapine MR 300mg tablet      £2.83

Annually we spend around £320k on quetiapine, with a total of £280k of this being spent on Quetiapine MR. If the IR product was prescribed instead of the MR product this would result in annual savings of £270k.

There is a significant price difference (Drug Tariff November 2015):

- Venlafaxine IR 75mg tablet      £0.05
- Venlafaxine MR 75mg tablet      £0.37
- Venlafaxine MR 75mg capsule      £0.79

Annually we spend around £270k on venlafaxine, with a total of £260k of this being spent on Venlafaxine MR. If the MR product was prescribed as the IR product this would result in annual savings of £233k.

Please feedback to Anna Swift if patients aren't being switched to IR capsules. If you could also scan and send a copy of the correspondence (anonymised) with your email that would also assist Anna in addressing this.

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

Pharmacists are repeat prescribing all medications without speaking to the patient first. This has been picked up in the Practice Manager's meeting.

Multiple antidepressants – please can we remind psychiatrists to notify GPs which medications needs stopping before starting another.

5BP should be prescribing antipsychotics until the patient is stable, if this is not happening please raise this with Dr Ellis who will address at the exec to exec with 5BP.

COPD rescue packs – it is recommended that GPs start to code rescue packs as there is likely to be more work taking place around these in the coming few months.

### **Outpatient Redesign Discussion**

Dr Marwick introduced this item, it is necessary for us to look at the number of referrals to the outpatient services due to a potential financial deficit for 2016/17. Jennie Gammack talked the group through the outpatient redesign presentation. Questions from the group were as follows:

Q: We are still waiting for ECG/BP monitors to be set up. Does referral for an echo count towards referrals?

A: No, only referrals to a consultant are counted. Jennie will pick the issue with the ECG/BP monitors up with the IT team at the CCG.

Q: How many referrals would we need to reduce by in order to bridge the deficit?

A: Jennie advised that she would do further analysis of the data/activity to understand this.

Q: How much of the deficit is caused by increased activity at WWL and how much is caused by cuts to funding?

A: This is all due to increase in activity across all secondary care providers including WWL and the Independent Sector.

Q: Why was the Choose & Book advice and guidance function stopped?

A: Advice and Guidance was introduced in May 2015 but with the migration from Choose and Book to eReferral there were technical issues nationally which prevented the function from working. This issue is understood to have been rectified and we need to look at the reintroduction of Advice and Guidance. Jennie will pick this up.

There was an offer from Dr Vernon and Dr Seabrook to provide a referral review process whereby referrals to one specialty will be looked at. On a trial basis, Dr Vernon and Dr Seabrook will review all referrals made by Wigan Central & Wigan North GPs to this particular specialty. Jennie will feedback to the CCG executives and clinical lead that the Wigan Central and North Localities would be happy to trial something from January 2017 and will be in contact with Dr Vernon and Dr Seabrook to discuss this further.

### **Additional Information**

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

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**MEETING:** Governing Body

Item Number: 11.5

**DATE:** January 2017

<b>REPORT TITLE:</b>	<b>ULC LOCALITY EXECUTIVE GROUP REPORT October/November / December</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	Functioning as an effective strategic commissioning organisation that puts the patient first.
<b>REPORT AUTHOR:</b>	Dr Sanjay Wahie
<b>PRESENTED BY:</b>	Dr Sanjay Wahie
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	None
<b>EXECUTIVE SUMMARY</b>	
<p>This report provides an overview of activity within ULC locality during October to December 2016.</p> <p><b>Main topics of discussion:</b></p> <ul style="list-style-type: none"> <li>○ Ophthalmology</li> <li>○ Outpatient Activity + Pathways – Urology, ENT, Cardiology</li> <li>○ Seven Brooks Practice P92652 joined TABA locality</li> </ul>	
<b>FURTHER ACTION REQUIRED:</b>	
<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.	

**CHAIRPERSON'S REPORT**

<b>Chairperson's Name</b>	Dr Sanjay Wahie
<b>Committee Name</b>	Joint ULC Locality Executive Meeting
<b>Date of Meetings</b>	October to December 2016
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	<b>January 2017</b>
<b>Officer Lead</b>	Lynne Hogan (Locality Executive Support Officer)

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

<b>Attendance at the meeting#:</b>	Very Well attended
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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 GP meeting</b>
<p>No GP meeting held in October due to Borough Wide Event 18<sup>th</sup> October also no GP meeting held in December.</p> <p><b>Joint TABA ULC GP Board Meeting Held Tuesday 15 November 2016 was very well attended</b></p> <p><b>Key Discussions:</b></p> <p>TABA were very pleased to welcome Seven Brooks Practice P92652 to the locality.</p> <p><b>Ophthalmology Pathway</b> - Joint Education Session was given by Simon Mars, Manoj Mathai &amp; Nicholas Jones WWL which members found interesting:</p> <ul style="list-style-type: none"> <li>• Query as to why One Stop Service was offered only at Wigan and not also in Leigh as patients could not drive after having drops in their eyes and many needed to attend clinics 2/3 times. WWL said they would be keen to do this but would require additional equipment.</li> <li>• Optometrists referring directly to WWL would be an improvement and also save GP appointments. WWL indicated they would be happy to accept such referrals. RW indicated all of the referral processes and pathways needed review.</li> <li>• GP's requested feedback on patients they had referred into this service.</li> <li>• The one stop service had improved matters as patients were now being seen relatively quickly.</li> </ul>

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

### **Outpatient Activity + Pathways – Urology, ENT, Cardiology**

Deirdre o'Brien CCG then gave a presentation reviewing the history of these pathways and checking if there were any engagement barriers or burning issues:

- GP's requested that WBCCG (Hari Sukhavasi on CCG's behalf) endorses all pathway documents and that they should also be endorsed by WWL and Version Control and Date of issue added. Latest versions of all pathways would be held on SharePoint, and, hopefully DXS software coming in soon would mean that GP's could access the pathways via their practice systems.
- A lot of the high numbers of referrals were to diagnostics / or Bridgewater – the CCG would check if these could be split out to give GP's a more meaningful breakdown of referrals.

### **ULC Practice Managers meeting held 15th October was well attended:**

**Medical Records – ongoing Capita issues:** These are continuing to be reported via Ulysses.

**Kathryn Place attended from Living with Cancer** 01942 773248 Kathryn.Place@wwl.nhs.uk  
Kathryn Place [KP] has been seconded to Macmillan, dealing with patients living with and beyond cancer and working with NHS England and Macmillan to improve care plans for Wigan Patients.

**QES Q2 submissions** £6 million had been invested therefore there needed to be a robust audit trail and this work would need evidencing. Primary Care Standards Review & Development Group would continue to meet for the foreseeable future. GP Sunil Kumar and ULC Lead Practice manager Margaret Riley attend this group representing ULC.

**LIGA Business Cases** Rob Wilson briefed two business cases going forward for LIGA and that Cost Benefit Analysis needs to be undertaken for all Business Cases prior to their approval advising all that attendance sheets and minutes of meetings needed to be supplied to the CCG to evidence meetings for internal audit purposes prior to funds being released to practices.

**Clusters:** Rob Wilson briefed re 5 clusters have formed currently - of which two are fully geographically based (Leigh and TABA+) the rest are less geographical.

**Repeat prescription information** provided to try and help PMgrs reduce the number of medications being wasted.

**Accessible Information** – Practices urged to keep identifying these patients and ensuring all was annotated in any referral letters.

**Feedback from IG Training** - Re: patient details of +11 year olds. Practices advised to be extremely cautious as to who had on-line proxy access to any patient 11 years old or over.

### **Practice Manager meeting held 14th November Braithwaite Road – Attendance Good**

**Capita** issues – continuing to be reported on Ulysses

Kerry White Ashton Medical Centre working with Jonathan Kerry advising on which departments were sending the most duplications of discharge letters.

**Workforce strategy** – all encouraged to provide their workforce information to CCG to inform future training needs/succession planning.

Primary care standards - questions raised by PMgrs were taken back to CCG to be worked on at the next PC Task Group – also the Notes from November's PC Task group were provided to update PMgrs on current situation.

INT – discussion and comments made by PMgrs fed back via Rob Wilson during the meeting.

Borough Wide Event 18<sup>th</sup> October - notes provided within the pack for information.

**Very well attended ULC Practice Manager Meeting held on Tuesday 13 December 2016  
Braithwaite Road Surgery**

Faye Dixon was welcomed to her first ULC PMgr meeting (covering Vicky Walsh's Maternity Leave at Braithwaite Road).

**Capita issues** – ongoing problems which are all being escalated back to Capita.

**ULC switchover to electronic letters only** - Kerry White Ashton Medical Centre had fed back to Jonathan Kerry where the worst duplications were occurring [mainly A&E RAEI].

Several PMgrs advised that Discharge Letters were not being received by practices within 2 days often only receiving them a couple of weeks [or more] after discharge. This and other discharge issues around Statements of Intent / Do Not Resuscitate and Syringe Drivers – have been fed back to Lucy Lyons EOL and Hara Sukhavasi.

Sarah Seddon BCHT and Sara Murphy INT Project also attended - ICNT is to be known as Integrated Community Services going forward – [ICS]. All their communications and posters were currently being re-vamped and re-issued. .

- ICS aim is trying to reduce avoidable admissions. Statistics indicate there are 16 Key conditions. They have looked at Top 4 – aiming to prevent duplication. 4800 referrals saving 197 admissions lately – this service would prove beneficial to carers also as services would be much closer to home reducing their admissions.
- Referrals come in through single point of access and go through daily huddle meeting [with Community Matrons, Social Workers district nurses Reablement, Therapists, and hospital at home services]. Care Plan is developed with all of these present. It's on System 1 and can be shared with everyone. Patients then move onto weekly meeting then INT.
- 3 Hubs - the teams have been co-located
  - Ashton Integrated Team – Hindley Town Hall
  - Leigh Integrated Team – Leigh Infirmary
  - Wigan Integrated Team – Pemberton Clinic

Third Sector to be involved and also would like in New Year to include ANP for care homes and Admin Co-ordinator, and to link into infection control team. Rob Wilson said that they would also be working on links into the new Business cases

All provided with notes from the latest Primary Care Standards Review and Development Group held 6<sup>th</sup> December and taken through latest work in this area. For the second submission (Q3) data PMgrs were reminded to put in all the extended hours and ensure all activity [i.e. home visits; phone consultations, nurse practitioner (prescribers) appointments were included. The CCG offered support if any practices were struggling. Q3 submissions Deadline had now been extended to 16<sup>th</sup>

January. All PMgrs asked to ensure their nurses and admin staff were using the correct codes. PMgrs were advised that various Care Plans were currently being worked on - Childhood asthma as priority and Carer's template to be worked on also.

Rob Wilson briefed that Transformation fund had been accepted – £15million across borough. This would be going to ICS New Models of Primary Care and towards 2nd Phase – Age Well. Also the Constitution of the CCG would also need to be looked at between now and April.

**LIGA Cluster** - RW reported last week's central borough meeting had been very positive. Needed consensus now on how we want to work – deadline to feedback to Tim Dalton's email (for those practices involved) was 13 December.

**TABA / ULC Joint Patient Participation Group (bi monthly): held November 9<sup>th</sup> – well attended:**

**New Models of Care (NMoC) Clusters** - Rob Wilson [RW] explained about clusters and how they will work. Questions were raised on how this will affect patients; RW explained that this should take away and relieve some pressures i.e. practices will collectively be doing things rather than 63 practices doing them individually. Each Cluster was looking at new ways of working collaboratively rather than individually. RW also explained what projects / services each cluster were currently looking at working on which will then feed into the Integrated Care Organisation (ICO). There were queries on how this will work if there are constant financial cuts with social care? RW advised that the aim was to work seamlessly and collaboratively and WBCCG are looking at what they can influence, develop and improve. Toni Cooper informed the group that there had been a Borough Wide Event to which stakeholders were also invited and all had agreed to work in collaboration to provide a good standard of care across the borough, which should hopefully lead to reductions both in ambulances and blocking of hospital beds which was a good step forward. It should be known how much funding there will be by 5th December 2016 (£15.1m had been applied for). How would this affect localities? RW explained that the move is to a more sensible geographical footprint which will move from locality based to cluster based. PPG's may change on the same geographical footprint; however, nothing had been confirmed or decided as yet.

**Frank Costello [FC] Governing Body Deputy Chair and Lay Member** attended explaining the Patient Forum felt there was a need to improve the flow of communication and impact. FC offered to attend every third meeting of the Locality PPG to learn what the issues are and to honour commitment to patients and that this is also a way of empowering to support and challenge the levels of service that are being received. 5 Year Plan, improving services, outcomes etc, all these needed to be managed in a process that does not destabilise our hospitals. FC asked members for any issues and problems to be fed back to him and to hold him to account. The CCG board is accountable to deliver effective patient services and the PPG's assistance was key to ensure that this was happening.

	<b>Name of lead with designated responsibility for the action/s</b>

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

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