

**MEETING:** Governing Body – Open Meeting

**Item Number:** 11.1

**DATE:** 25 March 2014

<b>REPORT TITLE:</b>	Chairperson’s Report for Atherleigh Executive
<b>REPORT AUTHOR:</b>	Dr Deepak Trivedi
<b>PRESENTED BY:</b>	Dr Deepak Trivedi
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	For information
<b>EXECUTIVE SUMMARY</b>	
<p>This meeting took place on the 21<sup>st</sup> February 2014 with the members of the Locality and a summary is outlined below.</p>	
<b>FURTHER ACTION REQUIRED:</b>	

## CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Dr Deepak Trivedi
<b>Committee Name</b>	Atherleigh Executive
<b>Date of Meeting</b>	21 <sup>st</sup> February 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> March 2014
<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 meeting<sup>#</sup>:</b>	Excellent
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the meeting</b>
<p><b>T &amp; O Pathways Redesign</b></p> <p>This item was presented and a discussion took place with the key highlights being:</p> <ul style="list-style-type: none"> <li>• As a future aim these services should be delivered in primary care. Delivering these services in primary care would save GP time.</li> <li>• GPs would like something readily accessible and built into the clinical system.</li> <li>• GPs would find it useful to have access to diagnostics and that this should be built into the pathway.</li> <li>• Patients were satisfied with the Physiotherapy Service but not happy with the waiting time.</li> <li>• It was questioned if there needs to be a place in the pathway in terms of using private providers.</li> <li>• In terms of Joint Injections, MSK CATs do all joints, feet and elbows. A show of hands identified that 5/6 practices of those present today do joint injections.</li> </ul> <p>There will be an update on T&amp;O at a future meeting.</p>

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

## **Safeguarding Agenda**

This item was presented which undertook to give an update on the main aspects of the Children's Agenda and also a brief update on Adult Safeguarding.

The key highlights were:

- Asthma Pathway - is being redesigned with a focus on identifying what can be delivered out in the community to prevent young people going to hospital.
- Mental Health Services - there will be a single point of access in respect of Mental Health Services which will be commissioned in September and hosted at Bridgewater.
- S.E.N.D Agenda - there were 35 individual personalized budgets in Wigan currently being tested.
- Integration Agenda – looking at designing model to reduce admissions and the intention is to have five pediatricians sited out in the community. Looking for GP colleagues to work on this.
- Serious Case Reviews – a system exists whereby lessons are learned and a report produced.

Further updates to be given at future meetings.

## **Prescribing Update**

The Prescribing Leads were unable to attend the meeting but had circulated in advance of the meeting information detailing a GMMMG Formulary Group response to the inaccuracies in Esperehealth's promotional material for DermaSilk.

## **Shared Decision Making Workshop**

An update was given on the recent Shared Decision Making Workshop which was held on the 6<sup>th</sup> February 2014.

Key themes had been identified at the workshop for further consideration including GP time constraints, applicability according to the situation, raising awareness, patient education and suitability of systems. Claire added that the 3 questions leaflet to assist in preparing for appointments was available to practices upon request and that a Task and Finish Group was being established.

## **Extended Integrated Neighbourhood Team Update**

An update was given on this and the key highlights were:

- the Operational Manager had been recruited and would take up post soon
- a series of Task and Finish Groups were being established
- 21 practices had expressed an interest, all of which had been accepted
- overall population coverage is £131,000 and the potential cohort is 2,900.
- practices will be split into three geographic clusters; Wigan, Ashton and Leigh.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Agreed items for the next meeting in March: <ul style="list-style-type: none"> <li>• SCEOS</li> <li>• Health Care Required Infections</li> <li>• QIPP update</li> <li>• Update on Business Cases</li> </ul>	Claire Roberts Presenter attending Finance representative Claire Roberts
Chairperson's Additional Comments	

**MEETING:** Governing Body – Open Meeting

Item Number: 11.2

**DATE:** 25 March 2014

<b>REPORT TITLE:</b>	<b>Chairperson’s Report for Patient Focus Executive</b>
<b>REPORT AUTHOR:</b>	<b>Dr Mohan Kumar</b>
<b>PRESENTED BY:</b>	<b>Dr Mohan Kumar</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>For information</b>
<p><b>EXECUTIVE SUMMARY</b></p> <p>This meeting took place on the 21<sup>st</sup> February 2014 with the members of the Locality and a summary is outlined below.</p>	
<b>FURTHER ACTION REQUIRED:</b>	

## CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Dr Mohan Kumar
<b>Committee Name</b>	Patient Focus Executive
<b>Date of Meeting</b>	21 <sup>st</sup> February 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> March 2014
<b>Officer Lead</b>	Laura Crank

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

<b>Attendance at the meeting<sup>#</sup>:</b>	Excellent
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the meeting</b>
<p><b>T &amp; O Pathways Redesign</b></p> <p>This item was presented and a discussion took place with the key highlights being:</p> <ul style="list-style-type: none"> <li>• As a future aim these services should be delivered in primary care. Delivering these services in primary care would save GP time.</li> <li>• GPs would like something readily accessible and built into the clinical system.</li> <li>• GPs would find it useful to have access to diagnostics and that this should be built into the pathway.</li> <li>• Patients were satisfied with the Physiotherapy Service but not happy with the waiting time.</li> <li>• It was questioned if there needs to be a place in the pathway in terms of using private providers.</li> <li>• In terms of Joint Injections, MSK CATs do all joints, feet and elbows. A show of hands identified that 5/6 practices of those present today do joint injections.</li> </ul> <p>There will be an update on T&amp;O at a future meeting.</p>

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

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Chairperson's Additional Comments	

**MEETING:** Governing Body – Open Meeting

**Item Number:** 11.3

**DATE:** 25 March 2014

<b>REPORT TITLE:</b>	TABA Locality Executive Group (February 2014)
<b>REPORT AUTHOR:</b>	Dr Ashok Atrey
<b>PRESENTED BY:</b>	Dr Ashok Atrey
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	For Information
<b>EXECUTIVE SUMMARY</b>	
<p>The attached narrative report from the February 2014 TABA Locality Meeting is presented to the Governing Body to receive and note.</p>	
<b>FURTHER ACTION REQUIRED:</b>	None

## CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Dr Ashok Atrey
<b>Committee Name</b>	TABA
<b>Date of Meeting</b>	18 <sup>th</sup> February 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> March 2014
<b>Officer Lead</b>	Stephen Green – Locality Executive Support Officer

<b><i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i></b>		
1.	C. Dif case raised in January's meeting, information has been sent and waiting to hear.	
2.	One new case of C. Dif reported; the patient was C. Dif+ on admission to hospital so this was classed as a community based infection.	
3.		

<b>Attendance at the meeting<sup>#</sup>:</b>	100%
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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<b>Narrative report outlining the key issues of the meeting</b>	
<ol style="list-style-type: none"> <li>1. Medicines Management Peer Review Dates agreed. Tuesday, 27<sup>th</sup> May 2014 – 13:00-15:00 – Ormerod House &amp; Thursday, 26<sup>th</sup> June 2014 – 13:00-15:00 – Ormerod House.</li> <li>2. Feedback from the T&amp;O Workshop held in January 2014.</li> <li>3. CCG Strategy was discussed – feedback and thoughts were given re: Wigan Leaders Presentation.</li> <li>4. Viv Entwistle, TABA Nurse Champion attended.</li> <li>5. Dr Sakir Patel, Quality Lead for WBCCG attended and discussed what the Quality Team do.</li> </ol>	
<b>Agreed actions from the Meeting</b>	<b>Name of lead with designated responsibility for the action/s</b>
PL to take the questions raised from the Wigan Leaders Presentation forward.	PL

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

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

**MEETING:** Governing Body – Open Meeting

**Item Number:** 11.4

**DATE:** 25 March 2014

<b>REPORT TITLE:</b>	<b>Wigan Central Locality Chairperson’s Report</b>
<b>REPORT AUTHOR:</b>	<b>Viv Smith, Locality Executive Support Officer, (Wigan Central Locality)</b>
<b>PRESENTED BY:</b>	<b>Dr Tony Ellis, Clinical Lead of Wigan Central Locality</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>The Governing Body is asked to receive and note the report</b>
<p><b>EXECUTIVE SUMMARY</b></p> <p>The attached narrative report from the February 2014 Wigan Central Locality meeting is presented to the Governing Body to receive and note.</p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>None</b>

## CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Dr Tony Ellis
<b>Committee Name</b>	Wigan Central Locality Meeting
<b>Date of Meeting</b>	25 <sup>th</sup> February 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> March 2014
<b>Officer Lead</b>	Viv Smith, Locality Executive Support Officer

<b>Attendance at the meeting<sup>#</sup>:</b>	Acceptable
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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 meeting

#### **Integrated Care - Vision Paper Strategy Update**

A paper was presented which outlined the progress towards developing the CCGs Integrated Care Strategy. Group members were asked to comment on whether they agreed with the general overall aims and objectives of the paper.

The document set out three key principles for how the CCG will work to deliver a more integrated healthcare system:

1. People to be well and independent and to take control of their own care
2. That health and social care services should be provided at home, in the community or in primary care, unless there is a good reason why this should not be the case.
3. That all services in our Borough should be safe and of a high quality and part of an integrated system led by primary care.

The vision is for an integrated care system that puts patients at the centre and that is led from primary care. As holder of the registered list of patients, primary care is in a unique position as the coordinator of care - shaping services around the patient, creating a joined up system and dramatically reducing the fragmentation of services. The co-ordination of services around patients will be led by GPs, who have the greatest understanding of the 'whole-person care needs' of their patients.

#### **Prime Ministers Challenge Fund: Extending Access to General Practice**

A paper was presented detailing the expression of interest for the three Wigan GP Federations. The fund is £50m non-recurrent pot for Primary care. The Wigan proposal is to support:

1. Improving overall GP access via online booking, video consultations and automated telephone booking systems.

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

2. Patients under 65 who are already or at future high risk of becoming high intensity public service users – Via improved access to dedicated extended GP appointments, Referral to MDT Panels and allocation to 'Live Well' Key Workers and overall Public Service 'High Impact Intervention' Directory of Services.

The proposal was designed to support an overall targeted approach to integrated care from young (Early Years/Troubled Families) to old age (EINT).

### **Medicines Management**

Dr Jonathan Seabrook gave an update on medicines management issues covering the following:

- Anti-coagulation clinic referrals pathway
- Specialist eye doctors are no longer located at Wigan Infirmary; all eye treatment is now undertaken at Boston House. There is a need to raise awareness of this, particularly within the Out Of Hours service.

### **Early Detection & Intervention Team (EDIT)**

Paul Earnshaw and Dr James Dixon, Early Detection and Intervention Team (EDIT) delivered a presentation giving an update on the service and advising of changes.

The team works closely with patients with co-morbidities; typically alcohol and substance misuse. There are no exclusion criteria for drugs/substance misusers.

Feedback is given to GPs at each assessment point and at the end of therapy. GPs also receive copies of appointment letters. The service is flexible – referrals by telephone are accepted

The single point of referral is the mental health assessment team.

### **SCEOS 2014/15 – Meeting dates**

There will be a Locality meeting on 15th April 2014. Further meetings will be scheduled subject to the new SCEOS agreement

Controlled drugs for End Of Life.

A concern was raised around prescribing palliative care drugs. Pharmacists generally stock only vials and not ampoules leading to a change of prescription. This creates unnecessary stress on families. Dr Seabrook agreed to raise the issue with Linda Scott

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

None

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**MEETING:** Governing Body – Open Meeting

Item Number: 11.5

**DATE:** 25 March 2014

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

## CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Dr Lisa Bose
<b>Committee Name</b>	North Wigan Locality Committee
<b>Date of Meeting</b>	18th February 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25th March 2014
<b>Officer Lead</b>	Matthew Cooper Locality Executive Support Officer

<b>Attendance at the meeting<sup>#</sup>:</b>	Acceptable
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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 meeting

**Action log from previous meeting**  
Completed

**Prescribing**  
Script Switch needs updating, LB will take feedback to Meds man.  
Pennygate starting Electronic Prescribing in March will keep the group informed on progress.

**CCG Updates**  
Integrated Care Vision paper share with the group awaiting final sign off.  
Prime minster Challenge fund Joint federation paper shared & main points highlighted.  
Pathology Result Changes (Handouts given)  
A table showing the limits & ranges of when the Pathology service will call the practice to tell them of an abnormal result.

**EDIT Mental Health Team** (presentation shown)  
Dr James Dixon & Paul Earnshaw from EDIT shared service leaflets and guidelines with the group and presented the EDIT service to the team. Group have always found the service useful.

**AOB**  
Pennygate practice with the help of a medical student has performed an audit of Epileptic patients. Fit rates of those under the care of the neurologists 50% fit free so could be released. 60 out of 120 attend hospital 30/60 fit free. Appointments could be done in the community/practice.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Query to take to Meds Man re: Champix	LB
Script switch Feedback	LB

### Chairperson's Additional Comments

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



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**MEETING:** Governing Body – Open Meeting

Item Number: 11.6

**DATE:** 25 March 2014

<b>REPORT TITLE:</b>	<b>ULC LOCALITY EXECUTIVE GROUP REPORT (February 2014)</b>
<b>REPORT AUTHOR:</b>	<b>Dr Sanjay Wahie</b>
<b>PRESENTED BY:</b>	<b>Dr Sanjay Wahie</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>The Governing Body is asked to receive and note the report</b>
<p><b>EXECUTIVE SUMMARY</b></p> <p>The meeting was well attended. The main topics of discussion were:</p> <ol style="list-style-type: none"> <li>1. ULC Practices &amp; Integrated Care Pilot</li> <li>2. Medicines Management Update</li> <li>3. T&amp;O Event / 29.01.2014</li> </ol>	
<b>FURTHER ACTION REQUIRED:</b>	<b>None</b>

## CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Dr Sanjay Wahie
<b>Committee Name</b>	ULC Locality Executive Meeting
<b>Date of Meeting</b>	18 <sup>th</sup> February 2014
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	25 <sup>th</sup> March 2014
<b>Officer Lead</b>	Stephen Green (Locality Executive Support Officer)

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

<b>Attendance at the meeting<sup>#</sup>:</b>	Excellent
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<b>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</b>	Yes
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<b>Narrative report outlining the key issues of the meeting</b>
<p>1. SW asked if members had any concerns re: the In &amp; Out of Hospital Services / Nursing &amp; Therapies Review, the general view from those present was that GPs did not have much control with this.</p> <p>2. <b>ULC Practices &amp; Integrated Care Pilot</b> With regard to the question which was raised at the previous meeting as to why no ULC practices had chosen to partake in the INT Pilot, Paul Lynch gave a brief overview of the Pilot advising that the plan was to put an Operational Manager in place to manage the cohort of patients, enhance the existing INT and make it a smoother process. Risk stratification would look at patients with a 15% risk of admission; Paul advised members that hospital admissions were showing a reduction.</p> <p>3. <b>Medicines Management Update</b> SW advised that the Medicines Management Group was meeting week commencing: 24.02.2014 and asked if any members had any issues that they would like to be taken to the meeting? There were no issues raised to take forward. SW also informed member's that work was currently ongoing re: Peer Review's and that Practice's would be given a selection of dates and should liaise with NL to ensure he was available for any dates.</p> <p>4. <b>T&amp;O Event / 29.01.2014</b> NL reported on the T&amp;O event at Wrightington Hospital which was held on 29<sup>th</sup> January 2014 when improvements to the service, both for community and the hospitals, had been considered. Basically, there were two pathways – Spinal &amp; Lower Limb.</p>

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

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
NL to email T&O Spinal Pathway Assessment Tool out to members to invite comments.	NL
MR to clarify with KG who runs the Bolton MSK CATS and if there is a block contract in place.	MR
MR to ask MK to re-circulate details of Dermatology event.	MR / MK
Copy of MH referral form to be circulated to members.	MR
J? from 5BP to liaise with IT re: possibility of electronic response form following patient assessment.	5BP

Chairperson's Additional Comments

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