

MEETING: Governing Body

Item Number: 11.1

DATE: 29th April 2014

REPORT TITLE:	Chairperson's Report for Atherleigh Executive
REPORT AUTHOR:	Dr Deepak Trivedi
PRESENTED BY:	Dr Deepak Trivedi
RECOMMENDATIONS/DECISION REQUIRED:	For information
<p>EXECUTIVE SUMMARY</p> <p>This meeting took place on the 21st March 2014 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	21 st March 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	29 th April 2014
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>Healthcare Acquired Infections There was a presentation on the above. Overview of all areas of Secondary, Community & Primary cares responsibilities to reduce acquired infections.</p> <p>SCEOS The new SCEOS for 14/15 document was presented and discussions ensued. All agreed to take away the document and send any further feedback to their respective Locality Clinical Leads.</p> <p>Business Development/Service Redesign GP Clinical Role Opportunities available via SCEOS funding. Looking for Clinicians to lead projects or take part in projects/redesigns.</p> <p>Wigan Borough 5 Year Strategic Plan The 5 Year Plan was presented. Vision – to reduce the acute sector. Potentially reducing from 4 sites to 2 sites.</p>

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

2014/15 Primary Care Schemes

The report was presented.

CCG will commission services to improve older people's services.

Future updates & Improvements are coming to the risk stratification tool to improve social care information.

It was agreed an updated Risk Stratification document with planned updates will be produced.

Community Nursing and Therapies Integration Project

An update was given to the group:

- Workshops identified Gaps in service.
- Discussed the model of care Matrix.
- Discussed need for Increased Education
- Need Increased Pharmacy involvement
- Discussed ANP care & service modeling
- South Manchester GP's work closely with care Homes & a named consultant for Care & Nursing Homes.

Prescribing Update

Update given.

Prescribing QIPP going well.

Do Not Prescribe list will be emailed out again.

As a CCG prescribing is on Target..

Francis Report

Document presented and the group went through it.

Quality Team in Place. Infection control lead for the CCG has been put in place.

Utilising the Ulysses System to capture trends in General Practice used as an early detection system for trends occurring in services.

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

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MEETING: Governing Body

Item Number: 11.2

DATE: 29th April 2014

REPORT TITLE:	Chairperson's Report for Patient Focus Executive
REPORT AUTHOR:	Dr Mohan Kumar
PRESENTED BY:	Dr Mohan Kumar
RECOMMENDATIONS/DECISION REQUIRED:	For information
<p>EXECUTIVE SUMMARY</p> <p>This meeting took place on the 21st March 2014 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	Atherleigh Executive
Date of Meeting	21 st March 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	29 th April 2014
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>Healthcare Acquired Infections There was a presentation on the above. Overview of all areas of Secondary, Community & Primary cares responsibilities to reduce acquired infections.</p> <p>SCEOS The new SCEOS for 14/15 document was presented and discussions ensued. All agreed to take away the document and send any further feedback to their respective Locality Clinical Leads.</p> <p>Business Development/Service Redesign GP Clinical Role Opportunities available via SCEOS funding. Looking for Clinicians to lead projects or take part in projects/redesigns.</p> <p>Wigan Borough 5 Year Strategic Plan The 5 Year Plan was presented. Vision – to reduce the acute sector. Potentially reducing from 4 sites to 2 sites.</p>

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

2014/15 Primary Care Schemes

The report was presented.

CCG will commission services to improve older people's services.

Future updates & Improvements are coming to the risk stratification tool to improve social care information.

It was agreed an updated Risk Stratification document with planned updates will be produced.

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Prescribing Update

Update given.

Prescribing QIPP going well.

Do Not Prescribe list will be emailed out again.

As a CCG prescribing is on Target..

Francis Report

Document presented and the group went through it.

Quality Team in Place. Infection control lead for the CCG has been put in place.

Utilising the Ulysses System to capture trends in General Practice used as an early detection system for trends occurring in services.

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

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MEETING: Governing Body

Item Number: 11.3

DATE: 29th April 2014

REPORT TITLE:	TABA Locality Executive Group (March 2014)
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 March 2014 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	18 th March 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	29 th April 2014
Officer Lead	Stephen Green – Locality Executive Support Officer

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

1.	C. Dif case raised at January & February's meeting, information has been sent and still waiting to hear. One new case reported, awaiting details.	
2.		
3.		

Attendance at the meeting:	100%
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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

1. Francis Report – Members advised to read the report or at the very least the executive summary as the main report is over 2000 pages and in 3 volumes. Comments and feedback asked for.
2. Prescribing – Everyone present was advised to speak to their practice prescribing technician. Online ordering will commence from 01/04/2014 and NF will find out what's happening in other areas and see if they've encountered any problems.
3. If anyone is interested in the Clinical Leads for Redesign Projects they will need to submit a short expression of interest explaining why they think that their experience and skills would be relevant to the project to Ian Kewley at WBCCG.
4. SCEOS 2014/15 discussed.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
NF to circulate TABA prescribing information.	NF

Chairperson's Additional Comments

SCEOS for 2014-15 discussed and acceptable to all practice. One practice has an issue with their GP attending LEG and other meetings such as SCEOS and will be discussed with JM outside LEG meeting.

One new case of C Diff reported, RCA outcome awaited.

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MEETING: Governing Body

Item Number: 11.4

DATE: 29th April 2014

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 March 2014 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
Committee Name	Wigan Central Locality Meeting
Date of Meeting	18 th March 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	29 th April 2014
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

WBCCG 5 Year Commissioning Plan

Every CCG in England has been asked by NHS England to produce a 5 year plan to be in place by 31 March 2014. The planning process needs to address health & social care integration. Wigan Borough CCG faces a 9% efficiency requirement for 2014/15 and also for 2015/16. Of particular interest to practices is that services within the community will be focused around groups of GP practices providing integrated health & social care for the patient which can be aligned to the local development of GP federations.

Clinical Lead/Clinical Redesign Project Opportunities

Martyn Kent presented a letter sent to all practices and a list of CCG projects as part of the 5 year Commissioning strategy. The CCG is keen to encourage clinical involvement and is recruiting to a number of Clinical Lead and Clinical Project Support roles. The roles will drive through the projects and sign off the business cases. Although it is predominately aimed at clinician involvement, Practice Managers are also encouraged to express an interest in specific projects.

Francis Report update

Martyn Kent gave a Francis Report summary briefing which the CCG has requested is discussed at Locality meetings to discuss the actions and implications specific to Primary Care. The briefing outlined the response of the CCG to the report and outlines a number of new actions to be taken within the NHS including:

- Safe staffing
- Complaints reporting and better complaints information.
- A new criminal offence for wilful neglect
- A new Fit and proper person test which will enable the CQC to bar unsuitable senior managers

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

- A new Care Certificate to ensure that HC Assistants and Social care support workers have the fundamental training and skills needed

Standard 123 of the report requires GPs to undertake more of a monitoring role on behalf of their patients who receive acute hospital and other specialist services.

To support GP to work in this way the CCG is supporting Primary Care through:

- CCG Locality structures – practices can report concerns using them either in the meeting or to the support team.
- CCG Clinical Governance Committee, chaired by Dr Ashok Atrey
- Director of Quality Board member (Julie Southworth) and Quality & Safety team
- Quality & Safeguarding groups to monitor our local providers
- A pilot of a patient experience project (Safeguard Ulysses) across the Wigan Borough Localities.

SCEOS – Single Commissioning and Engagement Framework)

Martyn Kent presented the review of the SCEOS for Wigan Borough CCG practices which provides a brief review and outlines the proposals for revisions during 2014/15.

Martyn Kent requested that the draft paper be taken back to practices and any feedback be provided by 25th March 2014.

2014/15 Primary Care Schemes

Martyn Kent presented the briefing which sets out the main information currently available on the planned changes for 2014/15.

The points to note include:

- As part of a commitment to more personalised care for patients with long term conditions, all patients aged 75 and over will have a named, accountable GP.
- New patients are to be notified of the named GP within 21 days of the change coming into effect; existing patients by June 30th 2014.
- NHS planning guidance describes that CCGs should make available £5 per head on a non-recurrent basis from their funding allocation to improve services for older people. This equates to around £1.6m for Wigan Borough CCG. This must be spent on commissioning additional services rather than supporting practice income.
- An enhanced service for unplanned admissions will be put in place for one year. The Enhanced Service will be paid for using the funding from the QP scheme in QOF (100 points) and the funding from the Risk Profiling Enhanced Service

Adult & Child Safeguarding

Debbie Ward, Assistant Director for Safeguarding Adults, joined the meeting to share the Safeguarding Adult processes and to share two flow charts showing the process for what to do if a person is at risk of harm including relevant contact details for both Adults at risk and Children at risk.

Safeguarding is currently led by the Local Authority rather than health. The intention is to ensure that the health perspective is included at Safeguarding patient investigations.

Practices are encouraged to contact the Safeguarding team with any issues or comments.

Supported Employment Service

Mark Glover, from the Supported Employment Service, joined the meeting to talk about the service which is funded by Wigan Council and the Department of Work and Pensions. The role of the service is to support people with a range of disabilities to gain and sustain employment, supporting people who are off work due to a disability or a condition that falls under the Equality

Act.

The aim is to allow GPs to refer directly into the service any patient whose job is at risk due to their disability. Funding will be required by the CCG to enable direct referrals from GPs.

The service receives many referrals by chance and the aim is to minimise this through working with GP Practices.

Chairperson's Additional Comments

MEETING: Governing Body

Item Number: 11.5

DATE: 29th April 2014

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 March 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 P Marwick
Committee Name	North Wigan Locality Committee
Date of Meeting	18th March 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	29th April 2014
Officer Lead	Matthew Cooper Locality Executive Support Officer

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 Dr Lisa Bose Prescribing lead shared the prescribing QIPP Plans with the group. Plans & Graphs shown to the group were discussed.</p> <p>CCG Updates</p> <p>1. Francis Report Dr Marwick made the group aware of WBCCG response to the Francis report. Highlighted actions from the CCG.</p> <ul style="list-style-type: none"> • Hospitals have to announce safe staff levels, which they set the safe staff level. • Better Complaints process. • Professional Duty to report concerns. • Wilful Neglect law to stop mismanagement • Regulating certificate logs. • Primary care should have an independent check of outcomes, should have internal tool to spot trends among complaints. Ulysses tool available on Share Point is for gathering soft intel & spotting Trends. All soft intelligence should be put on Ulysses. • Quality Team established – Julie Southworth's Team. <p>2. WBCCG 5y Commissioning Strategic Plan Dr Peter Marwick & Dr Tim Dalton feedback the plan. Vision Document set of Principals, reducing 2nd Care, moving services to community & Primary care.</p> <p>3. Clinical Lead / Clinical Redesign Project Opportunities Dr Marwick asked the group to Express interests to be involved in redesign areas either as a lead or just to comment on paper or be involved in group work & to ask their colleagues. Contact Ian Kewley or Matt Cooper to be involved.</p> <p>4. Community Nursing & Therapy Services Project Postponed item to next meeting.</p> <p>5. SCEOS MK Summarised the Changes. Group discussed and will send feedback to MC.</p>

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

6. 2014/15 Primary Care Schemes

FYI - Update next month. Practices to read and share any comments with MC

WBCCG Safeguarding

Debbie Ward introduced her role and presented 2 safeguarding charts to the Group.

Supporting Employment Service (Wigan Council)

Mark Glover presented the service to the group and informed them it is available for GP to refer to via telephone or template.

AOB

M Cooper gave an update on Data Sharing & MIG, explained the presentation gave by Jonathan Kerry at the Practice Managers Group.

Dr T Dalton informed the group that a new GP OOH service spec was in development.

Group asked if a copy could be sent for review by the LMC.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
All to review the SCEOS and send comments to MC	All

Chairperson's Additional Comments

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MEETING: Governing Body

Item Number: 11.6

DATE: 29nd April 2014

REPORT TITLE:	ULC LOCALITY EXECUTIVE GROUP REPORT (March 2014)
REPORT AUTHOR:	Dr Sanjay Wahie
PRESENTED BY:	Dr Sanjay Wahie
RECOMMENDATIONS/DECISION REQUIRED:	
EXECUTIVE SUMMARY <p>The meeting was well attended. The main topics of discussion were:</p> <ol style="list-style-type: none"> 1. Commissioning Strategy 2. Primary Care Schemes 3. SCEOS 2014 / 15 	
FURTHER ACTION REQUIRED:	None

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Sanjay Wahie
Committee Name	ULC Locality Executive Meeting
Date of Meeting	18 th March 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	29 nd April 2014
Officer Lead	Gillian Gittins (Locality Executive Support Officer)

<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>Commissioning Strategy</p> <p>PL gave update on WBCCG 5 year Commissioning Strategy and the ambitions for the Borough of Wigan. NHS England have asked each CCG to develop ambitious plans for the next 5 years, with the first two years in detailed operating plans. Any suggestions to be forwarded onto PL</p> <p>Primary Care Schemes 2014/15</p> <p>PL discussed the papers in regards to Primary care Scheme for 2014/15, the main areas of discussed were:</p> <ol style="list-style-type: none"> 1. 2014 / 15 GP Contract – Named Doctor 2. Support for Improving Services for Older People 3. Enhanced Services for Unplanned Admissions <p>SW informed that as a group we will need to decide on what the £5 a head is used for. It needs to support and fulfil the role to benefit patients. The monies will be held in an account at CCG. Doesn't want 65 Business plans but more as a locality footprint or Borough Wide. Ideally would like the £5 to use for INT pilot, single uniform study across the borough, there were issues around the pilot last year but this has since been resolved.</p>

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

SCEOS 2014/15

SW asked what the group what their general thoughts and opinions are in regards to the new SCEOS scheme; all members indicated that they were happy with the scheme. SW detailed the changes within the SCEOS for 2014/15. Hopefully finance data will be available to report from June using the new system Radar.

Community Nursing & Therapies Project Update

PL updated all on the 2 papers titled Community Gaps and Aims & Objectives integrated service. Any concerns or queries to feedback to LESO.

District Nursing

SW asked the group what their thoughts were on District Nursing since they last attended the locality meeting on 16th July

Queries raised at today's meeting:

- Key Contacts – Some practices are still not received a key contacts list.
- Boundary issues – Unsure as situation hasn't occurred.
- District Nurses Mobile number – Unsure.
- No protocols – still not aware of what's routine, non – routine and urgent.
- Less and Less accessible, want patients to go to them, reluctant to do bloods.

Positives received:

- Dedicated admin telephone line now in place.
- Practices aware of individual nurse dedicated to them.
- Coming to Palliative care meetings.
- End of life very good.
- Getting written requests.

SW asked for all members to try and get more feedback from the practice staff and feedback to group. LESO will arrange for them to attend another locality meeting.

Clinical Leads for Redesign Projects

SW asked if there is any GP's interested in the clinical redesign projects. Anyone interested to contact LESO.

Francis Report

Discussed the Francis report and how Ulysses will be used to support the role.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Commissioning Strategy - Any suggestions to be forwarded onto PL	PL
Community Nursing & Therapies Project Update - Any concerns or queries to feedback to LESO.	LESO
Clinical Leads for Redesign Projects - Anyone interested to contact LESO.	LESO

Chairperson's Additional Comments