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# North Wigan Locality Group

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## EXECUTIVE COMMITTEE MEETING HELD ON TUESDAY 20 MARCH 2012 AT STANDISH MEDICAL PRACTICE

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**PRESENT:** Dr P Marwick (PM) Dr A Graham (AG), Scott McKenzie (SM), Dr J Van Spelde (VS), Dr J Morgan (JM), Matthew Cooper (MC), Dr D Humphreys (DH) Sarah Gray (SG), Dr L Bose (LB)  
**PCT:** Linda Scott (LS) Liz Dalglish (LD), Catherine Johnson (CJ)

**APOLOGIES:** Dr Brodie (DB) Dr P Burkinshaw (PB)

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1. **Apologies** – As above

Declarations of interests – No Conflicts of Interest.

2. **Minutes of last meeting** – Agreed.

3. **Updates & Actions from previous meeting**

Script Switch in 2 practices and booked to be installed in the remaining.

Last CCG board mentioned by name.

Dr Marwick will be attending Practice GP meetings and started by going to Shevington on the 13<sup>th</sup> March.

The meetings are to give updates and receive feedback on the CCG and to introduce the lead to all GP's.

Shevington affected by National prescribing budget formula. Need to look and compare the winners & losers of the formula. Next meeting will be at Pennygate Medical centre, followed by Standish & Beech Hill.

4. **Finance Update-**

Overview of borough finances given. ALW is on plan and on track to achieve surplus required by the SHA.

WWL contract including QIPP signed off reducing risk of change. On plan key message.

91% QIPP achieved 10.3 million achieved too date out of 12. 1 red, 1 red/orange Cdifff & MRSA.

WBCCG overspent by 1.2 million. NW over by 1.3 m, elective problem for everyone.

Elective hard to cut down, timely referral ,appropriate, reduced referral or referring to a different setting only way to reduce and effect. More pathways to Community or primary care setting needed.

DH- What comes under OP procedures and what's the highest cost. Can we have elective split by Day case

**Action LD:** produce a list of contents of OP procedures header and costing of sub-headers.

SM- figures not to large to change around just need a few less referrals per GP per practice.

Demand higher in higher educated areas, same pattern seen across the country.

Risk pool for high cost patients to be looked at, requested by MC.

**Action LD:** will look at how to identify the high cost patients and show as a sub header of the budget.

Referral data shown (SUS)

Ophthalmology stands out and dermatology for one practice. Not many GP's have full confidence in demo.

Ophth & Derma will be added too the audit identify at the last meeting of T&O & Gastro.

PM will review Dermatology. Nice guidelines & numbers to be reviewed.

**ACTIONS**

MC

LD

LD

MC

5. **Prescribing – Linda Scott**

QOF indicators show great improvement.

Specials discussed, Shevington example discussed.

Idea is not to stop prescribing of Specials just to make people aware what the specials are and that they are appropriate.

**Melation** & other special mentioned med management are working on this. Challenge to keep track on prices.

6. **CCG updates**

PM gave a brief overview of current stance & updates.

35k has been set as the limit for locality size, can't be classed as a locality below 35k.

Management allowance stopping on 1<sup>st</sup> April inline with Mike Burrows letter.

Will have to invoice to the CCG, TG – highlighted the possible delays could occur from an extra layer.

No clear costing of CSS yet!

Diabetes meeting tomorrow to discuss restart of trying to improve the diabetes pathway. Creating a dialogue between primary care & WWL.

Website update. **Action MC:** Share website link.

7. **AOB**

JM- Primary prevention meeting at Pennygate Wednesday 2-4pm

Speaker: William MBA. **Action JM:** send MC info and date

8. **Date & Time of next meeting**

17<sup>th</sup> April 2012- **Beech Hill Medical Practice**

**ACTIONS**

**MC**

**JM  
MC**