NHS
Wigan Borough
Clinical Commissioning Group

MEETING: Governing Body **Item Number: 11.1**

DATE: 24th June 2014

REPORT TITLE:	**Chairperson's Report for Atherleigh Executive**
REPORT AUTHOR:	**Dr Deepak Trivedi**
PRESENTED BY:	**Dr Deepak Trivedi**
RECOMMENDATIONS/DECISION REQUIRED:	**For information**

EXECUTIVE SUMMARY

This meeting took place on the 23rd May 2014 with the members of the Locality and a summary is outlined below.

FURTHER ACTION REQUIRED:	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Deepak Trivedi
Committee Name	Atherleigh Executive
Date of Meeting	23rd May 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	24th June 2014
Officer Lead	Diane Nicholls

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

Attendance at the meeting[#]:	Excellent

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting

Presentation on the Hannover Unit and Gynae Pathways

Presentation/virtual tour of the new Hannover Unit, Urology and Endoscopy Suites were given. The unit offers a one stop service.

The virtual tour showed/informed us of the following:

- Adequate parking
- Purely women's healthcare unit
- Seating for 30 people
- Consulting suite
- Able to run 2 clinics at any one time
- Comfortable patient lounge
- 3 diagnostic treatment rooms
- See and treat rate is over 80%
- Ultrasound scans can be carried out there and then
- There is a 2-bed recovery area
- Developing nurse led clinics
- Opened in June 2013
- Services up and running in October 2013.

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

Mental Health Review

Paper circulated which summarises the work currently ongoing with Wigan Council on a 5 year strategy. Practices were reminded to complete and return the mental health survey by the 29th May 2014. Members were invited to attend a Strategy Steering Group being held on Monday, 16th June 2014.

Some views on current mental health service provision were shared:

- Inappropriate service currently
- Better service in the 90s
- Please arrange further Steering Group meetings on a different day
- Agenda for the June meeting and possibly invite someone from 5BP

Unplanned Admissions DES

The Draft Implementation Guidance and Service Specifications were circulated for comments. Members were advised that the final version of the guidance would be circulated when available.

The following was noted/discussed:

- Need to target population based on current risk assessment tool which is already in use
- Case management of 3 levels – high, medium and low level
- Ongoing discussions regarding multi-disciplinary approach
- Writing a specification to ensure get support at the meetings
- Multi-disciplinary approach to case management is required. Practices can use the commissioned INT service to facilitate this
- Highest risk report is the ability for the community matrons for them to deliver timely case management plans
- Some practices have stopped referring to community matrons because they are concerned about their workload
- Suggestion to hold/book meetings every week/monthly depending on size of practice – don't need to use them if not required
- More active role in monitoring team/job role of community matrons
- As part of the enhanced services care homes should be contacting practices prior to transfer to emergency departments
- Currently a number of projects across nursing homes that are being pulled together in one workstream
- Attendance by nursing home can be collated and shared
- Locality management team to support the development of INT

Transforming Primary Care in Wigan

Paper circulated for discussion and member practices asked to endorse the approach.
Comments were received as follows:

- The paper was a good start but needs to go further
- Good opportunity to think differently
- Patients want health services all hours of the day
- The need to re-set the balance – important to see patients with long term conditions
- Needs a vision of what the service may look like from commissioners
- Continuity of elderly care – in house care needs to be good
- Location/time – is that a factor? If had more Walk in Centres would they attend? It was felt that based on the OOHs Centre in Leigh that there is a need to have better education given to patients

as they won't accept telephone triage
- Access needs to change – need to get point over of what that means, is it specific areas to provide, need to clearly define how provide the services.

Keele Lower Back Pain Project

Update given on the recent Pilot Project of the Keele Lower Back Pain Tool.

Prescribing Update

Papers circulated:

Carbapenemase – information leaflet circulated.

Quetiapine prescribing – information circulated. Don't prescribe.

Oral amoxicillin dose change in children – information circulated regarding change in dose.

Management of Red listed drugs in primary care – update circulated. Need to flag in practice system as could interact with other medicines.

Prescribing Peer Reviews – these have started and the 4 dates run over May, June and July.

Finance Update

Referral information previously circulated via email was discussed.

Update report provided on the quarterly checkpoint meeting with NHS England.

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

NHS
Wigan Borough
Clinical Commissioning Group

MEETING: Governing Body **Item Number: 11.2**

DATE: 24th June 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**

EXECUTIVE SUMMARY

This meeting took place on the 23rd May 2014 with the members of the Locality and a summary is outlined below.

FURTHER ACTION REQUIRED:	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Mohan Kumar
Committee Name	Patient Focus Executive
Date of Meeting	23rd May 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	24th June 2014
Officer Lead	Laura Crank

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

Attendance at the meeting[#]:	Excellent

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting

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Some views on current mental health service provision were shared:

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Chairperson's Additional Comments	

NHS
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MEETING: **Governing Body** **Item Number: 11.3**

DATE: **24th May 2014**

REPORT TITLE:	**TABA Locality Executive Group (May 2014)**
REPORT AUTHOR:	**Dr Ashok Atrey**
PRESENTED BY:	**Dr Ashok Atrey**
RECOMMENDATIONS/DECISION REQUIRED:	**For Information**

EXECUTIVE SUMMARY

The attached narrative report from the May 2014 TABA Locality Meeting is presented to the Governing Body to receive and note.

FURTHER ACTION REQUIRED:	**None**

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Ashok Atrey
Committee Name	TABA
Date of Meeting	20th May 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	24th June 2014
Officer Lead	Stephen Green – Locality Executive Support Officer

The top 3 risks identified during the meeting & initials of lead with designated responsibility		
1.	4 cases of Clostridium Difficile over last few months. RCA actioned.	
2.	Issues with Diabetic Foot Screening.	
3.		

Attendance at the meeting:	100%

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting

1. **Carole Hugall & Sonya Currey**
   - **District Nursing / Updates on District Nurses**

CH left the meeting last year with ideas and suggestions from members of TABA and has come back to the group with some changes and improvements, these include:

1. **Communication**
   - A HCA has now been employed to improve liaison with Primary Care
   - Contact times have been re-affirmed
   - A mobile telephone has been introduced
   - Clear escalation routes have been set out
2. **Other items looked at:**
   - Workforce Planning
   - Patient Registers
   - Escalation Processes

If any other issues arise, CH or SC can be contacted directly. AA thanked Carole and Sonya for their efforts in making improvements and commented that on the whole he thinks that the liaison with District Nursing has improved with the assistance of INT meetings, Palliative Care Meetings and access over the phone.

An issue was raised about delays in getting Diabetic Foot Check report, at times by more than 6 months, some practices received a bundle of 10-20 reports just after the end of QoF report resulting in a reduced practice income.

CH informed everyone that all diabetic foot checks should now be up-to-date as there has been a lot of work done to complete this. SS commented that the format of the report and size of the paper used as it is currently very 'cramped' and needs to be addressed. CH said that she will take away all the points raised and ensure that they are look at and will contact SG with answers during week commencing 26:05.2014

2. PL gave an update on the Mental Health Service Strategy, Palliative Care Education Sessions and Gastroscopy Referrals.

3. A discussion took place re: the Development of Primary Care. All comments need to be passed onto WBCCG. All present were asked to pass any suggestions on to AA or SG.

4. **Rob Wilson**

   - **WBCCG – Unplanned Admissions / Feedback on Local CCG approach & Named GP for Over 75's**

Draft proposals were handed out; RW went through the drafts and asked for any comments.

Comments raised:

- The meeting noted some concern about some calls potentially going unanswered if a member of staff was not available;
- The meeting saw a potential issue with high usage of calls by Care Homes;
- The group asked how often patients would be reviewed. This will be every three months;
- It was clarified that care plans need to be completed by the end of September rather than June;
- It was also confirmed that existing INT forms can be used;
- It was asked whether the forms are similar to those from the GPC – it was confirmed that this is the case;
- It was also noted that DNRs recorded on existing templates will be valid

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
1. Follow up any EOI's for Clinical Leads for Redesign Projects vacancies.	SG
2. Re-schedule for Jonathan Kerry to attend June's Locality meeting to give a presentation on current IT systems.	SG
3. C.Dif case details to be sent to AA to speak to Julie O'Malley.	CK / AA
4. Email link for the mandatory SCEOS Mental Health Service questionnaire to be re-sent.	SG
5. Any suggestions re: The Development of Primary Care to be passed on to AA or SG.	ALL

Chairperson's Additional Comments

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MEETING: **Governing Body** **Item Number: 11.4**

DATE: **24th June 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**

EXECUTIVE SUMMARY

The attached narrative report from the May 2014 Wigan Central Locality meeting is presented to the Governing Body to receive and note.

FURTHER ACTION REQUIRED:	**None**

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Tony Ellis
Committee Name	Wigan Central Locality Meeting
Date of Meeting	20th May 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	24th June 2014
Officer Lead	Viv Smith, Locality Executive Support Officer

Attendance at the meeting[#]:	Acceptable
Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting

Appointment of Locality Lead
Dr Ellis was reappointed as Locality Lead for Wigan Central from a vote of peers. Votes were counted with the LMC in attendance.

Unplanned Admissions DES - Local CCG approach
The CCG is still awaiting the final service specification to be released at a national level. It is the intention of the CCG if the ability is given to issue a Locally Commissioned service to better co-ordinate and standardise activities locally.
The group discussed the best use of INT's and where community matrons should be located.

Transforming Primary Care
Martyn Kent gave the group an update on the primary care strategy and presented the supporting discussion document.
The group discussed how systems within the borough needs could be changed in order to meet 7 day working challenges. New models of delivering care e.g. locality hubs to support extra capacity to support 24/7 care focusing on patients who don't have complex or essential continuity of care needs.

Palliative Care Educational Sessions
Dr McClelland will be hosting two events to discuss the new proposals for the End Of Life pathway.

New suspected Upper GI Cancer & Open Access Gastroscopy referral forms
The new referral forms would be installed on all GP systems after 9th June. Contact details for Claire McComish from DQS are contained in the supporting letter.

Mental Health Strategy Update Briefing
The CCG has recently commenced work, in partnership with Wigan Council, on the development of a five-year mental health strategy for the Borough and is seeking the views of member practices.

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

The development of the strategy follows on from the service review of 5 Boroughs Partnership carried out by the Commissioning Support Unit. The strategy is for adults of all ages and will be using national policy such as 'no health without mental health' as a backdrop, but wants to focus on developing a range of approaches across the spectrum of mental health need that are appropriate and respond to the local population.
Actions requested include:

- Practices are asked to complete a questionnaire on mental health services and the development of the strategy.
- GPs from the localities were invited to attend the Strategy Steering Group meeting on 15th May to give a primary care perspective on the development of the strategy.The CCG is looking for further representation from the localities to attend the next steering group meeting. The locality representatives will also be asked to comment on draft documents as part of the process;
- Locality GP representatives are asked to provide any views on what they feel primary care's leadership role in mental health should be and what additional support they consider is needed for primary care.

It was suggested that practices can note all issues and concerns around mental health services on the Ullyses system
.

Medicines Management Update – Dr Seabrook
Dr Seabrook gave the group a background on the current prescribing of dementia drugs.

Locality Meetings
Dr Ellis suggested reviewing how the locality meetings were formatted. Dr Sutton suggested providing a summary of Governing Body papers to the Locality meeting.

Chairperson's Additional Comments

None

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MEETING: **Governing Body** **Item Number: 11.5**

DATE: **24th June 2014**

REPORT TITLE:	**Chairpersons Report for North Wigan Locality**
REPORT AUTHOR:	**Matthew Cooper**
PRESENTED BY:	**Dr Peter Marwick**
RECOMMENDATIONS/DECISION REQUIRED:	**For Information**

EXECUTIVE SUMMARY

The attached narrative report from the May North Wigan Locality meeting is presented to the Governing Body to receive and note.

FURTHER ACTION REQUIRED:	**None**

CHAIRPERSON'S REPORT

Chairperson's Name	Dr P Marwick (PM)
Committee Name	North Wigan Locality Committee
Date of Meeting	20th May 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	24th June 2014
Officer Lead	Matthew Cooper Locality Executive Support Officer

Attendance at the meeting[#]:	Excellent

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting

Prescribing

- Final QIPP results very positive. GMMMG Guidance documents on red drugs & neuropathic pain shared with the group.
- Few questions regarding medicines that can be either red or amber answered by Dr L Bose Guidance to be used whenever GP's are unsure.
- 5 Boroughs agreed to prescribe Quetiapine immediate release instead of modified release as default.
- Dose of amoxicillin has changed. Dosage has been doubled in children and adults.

CCG Updates

1. **Palliative Care Educational Sessions**
   Wednesday July 2nd & Wednesday July 9th 2014. Time 2-5pm.
   Gold Standard Framework continuing.
   Seem to spend ½ the meetings going through the framework. Putting everyone on it will flood the service. Apparently 1% of the practice population should be on the Gold Framework making it meaning less.
2. **New suspected Upper GI Cancer & Open Access Gastroscopy referral forms Clinical Lead / Clinical Redesign Project Opportunities**
   Reviewed letter & Templates
3. **Mental Health Strategy Update Briefing**
   Update briefing shared with the group.
   Group surprised that there is only one consultant for Wigan Borough Assessment team. Processes & structures of 5BP needs reviewing, lots of inquests are requiring changes in 5BP. Good Clinicians in 5BP but do not seem to communicate or process information quickly at 5BP. Lack of consultant access would like an advice line or access to consultant via phone on a set day or time.

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

GP's do not believe a telephone consultation is right for all.
Telephone consultation risky when you have had a face to face and seen the need to refer. Would like Certain patients to be seen face to face.
Mental Health never take part in INT, so do not refer patients to INT for that reason.
A named consultant for an area would work well.

4. **Transforming Primary Care**
   Document shared & reviewed by the group.
   No Funding mentioned, With funding is able to do but without not workable or reasonable.
   Not sure what they want from reading the document, unsure the goals, outcomes or what's required. Is their capacity to provide? Hard to comment without more detail.
   Suggested the CCG should discuss it with the federations.
   OOH redesign?
   Clarified the document is an Opportunity Document. It is not detailed as it is asking for interest in idea. If they gave funding or TUPE workers etc. Alongside Funding for sustainable future.
   Group see's risks as reason for caution, but there are still opportunities for new ways of working but need to be planned out.
   Group willing to look at documents and think of ideas to work at federated/hub level.
5. **Over 75 named Doctor.**
   No Document Shared
   Over 75 part of contract

Unplanned Admissions DES

- Rob Wilson presented & shared draft documents with the group.
- CCG will support practices via the risk tool & help with the Bypass number.
- Other existing registers along with the risk tool will help build the 2% register required.
- Risk Stratification tool will include social care data & team to help co-ordinate & case manage. Practices advised to use standard local risk tool. CCG will look at Vision & Emis Tool to see what data they show.
- Appendix B of Service Delivery Doc. Shows an example of a care Plan
- Group asked the medication section to be a separate section as the section will change more regular than the rest of the document or an update document to be added.
- Live Document once the GP's review the case plans, then will require 3 month review. Bridgewater & other services will also do a 3 month review for patients they case manage.
- Group asked for Appendix C checklist to be changed.
  Action: Add has "medication been changed" to checklist.
- Group stated Access may be affected as GP's will need to write and update care plans & when do they come off the register?
- 2% is taken from the 1st day of the quarter
- Will be monthly data not just 3 monthly, so will be more up to date information.

AOB

- **Palliative Care Letter**
  Copies given out to the group for information, comments to Dr Hari Sukhavasi
- **Keele Lower Back Pain Tool**
  Greater Manchester back pain PDF shared with the group, due to time Keele was not discussed and was agreed by the group. Keele Back Pain tool Information will be sent out by email & discussed at the next locality meeting.
- **Queries**
  DB – Receiving letters asking for referrals to themselves or same department.
  DB – WWL asking for BP's.
  DH – Reiki healers in WWL, gave a patient the impression they had breast cancer, then consultant said get a referral from your GP.
  GP's have been asked to add to Ulysses and the Reiki Healer to be highlighted to the quality team in writing.
- **Fire Safety Checks**
  Vulnerable patients can be pointed towards the fire service for a fire safety check 0800 555 815

Chairperson's Additional Comments

NHS
Wigan Borough
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MEETING: Governing Body **Item Number: 11.6**

DATE: 24th June 2014

REPORT TITLE:	**ULC LOCALITY EXECUTIVE GROUP REPORT (May 2014)**
REPORT AUTHOR:	**Dr Sanjay Wahie**
PRESENTED BY:	**Dr Sanjay Wahie**
RECOMMENDATIONS/DECISION REQUIRED:	**None**

EXECUTIVE SUMMARY

The meeting was well attended. The main topics of discussion were:

1. **Unplanned Admissions**
2. **Development of Primary Care**
3. **Red drug prescribing**
4. **Palliative Care**

FURTHER ACTION REQUIRED:	**None**

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Sanjay Wahie
Committee Name	ULC Locality Executive Meeting
Date of Meeting	20th May 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	24th June 2014
Officer Lead	Gillian Gittins (Locality Executive Support Officer)

The top 3 risks identified during the meeting & initials of lead with designated responsibility		
1.	Unplanned Admission ES	PL / RW
2.	Development of Primary Care	PL
3.	Palliative Care	SW / HS

Attendance at the meeting[#]:	Excellent

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting

Key Issues at ULC Locality Meeting

Development of Primary Care

The group discussed the ideas paper on the development of Primary care. It was documented that this has to be a meaningful service across the whole patch, where patients have access 7 days a week, which could be done by sharing of work between practices via hubs.

Dr S Wahie asked practices what issues may arise if opening 8 – 8 and how can this be delivered for practices that are single handed.

Practices reported the following comments in terms of the proposals

- Increased workload – Dr Wahie asked whether there are any elements of GP workload that could be centralised. For example, does every Practice Nurse have to offer cervical screening or immunisation & vaccinations – can these be centralised into a hub? Does every practice need a telephonist – can this be centralised?
- Recruitment Difficulties;
- Different IT Systems will cause problems;
- Manpower / Infrastructure;

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

- How will practices feedback clinical information;
- Potential poaching of patients between practices;
- How is this different from the walk in centres?
- CCG support required, to help practices make the transition;
- Uniform standards across all;
- Will it be regular surgeries at weekends or just emergencies?
- ULC has a lot of single handed practices - How can you get medical workforce to fulfil hours?
- It was noted that the current OOH services struggle to meet demand; Detriment of work life balance for all staff
- Risk of continuity of care for some patients
- Will need continuity plans in place
- Patients will still want the same appointments during weekdays

Paul Lynch reported that the report is describing ideas, and will be able to inform how it is going forward following on from the discussions at these localities meetings.

Mental Health Strategy

Paul Lynch updated all in regards to the Mental Health Strategy Development document. Wigan Council and Wigan Borough CCG are currently working together for an Integrated care system and Mental Health will be a part of this. The development strategy will be completed by the end of June. So far there has been one Steering group meeting and there is a further meeting schedule for Monday 16th June at 2pm, PL asked for representatives from ULC to attend the meeting and be involved in the strategy. PL also informed that a mandatory SCEOS questionnaire regarding Mental Health has been sent for practices to complete by the 29th May

Palliative Care Education Sessions

Discussed the two palliative care education events at Wigan and Leigh Hospice on Wednesday 2nd July and Wednesday 09th July 2-5pm The content of these sessions will be the new 'Individual Plan of Care and Support for the Dying Patient'.

New suspected Upper GI Cancer and Open Access Gastroscopy referral forms

PL referred to the letter sent by Dr L Hosie in regards to the New suspected Upper GI Cancer and Open Access Gastroscopy referral forms. The referral forms will be available to upload on your clinical systems. GG to distribute to practices.

Keele Lower Back Tool

PL updated the group regarding the Keele Lower Back Pain Tool project. The project is currently

at the roll-out stage and the tool and all supporting information has been uploaded onto all practice systems and is ready to use. Claire McComish from DQF (Data Quality Facilitator) has been the link and support for this aspect. Pilot practices have been rolling out the project and for ULC this was Dr Xaviers practice. It was reported by the Practice Manager at Dr Xavier's practice that they have not used the tool yet due to different locums being at the practice.However,when they will have a more regular GP in June/July it will be used, she feels that this tool will be very helpful for them.

C-Diff

Dr Wahie indicated that he would like a report showing the number of cases across all localities being discussed. This can be quarterly or every 6 months. GG to contact Julie O'Malley regarding the request.

Unplanned Admissions

Rob Wilson gave an overview on the Unplanned Admission Enhanced Service. The following was reported:

- Telephone Access (dedicated telephone line)

Only available to health professionals – not for patients. Each practice will need to set up a dedicated telephone line. Jonathan Kerry will be able to help practices in setting this up.

- Patient contact

Provide same-day telephone consultation for patients on the case management register with urgent enquiries and follow-up arrangements when required. Patients to contact practices in their normal manner. Telephone call back within 20minutes, which is only available within surgery hours, outside surgery hours the responsibility will be with OOHs. GPs do not have to do face to face contact but someone in the practice has to. All patients have to consent to it.

- Case Management 2%

Proactive case management for vulnerable older people, high risk patients and patients at end of life. People over the age of 18 at the first day in that quarter. Use risk stratification tool or alternative method to identify people at risk of unplanned admission to hospital and establish case management register with minimum of two per cent of adult patients.
The CCG has developed a risk stratification tool, which currently holds social care dataand is in the process of adding primary care data to this. . The strategy is based on the risk tool, but this does not stop practices identifying patients from other registers. Practices have to keep at 2% and have to be agreed by the end of September, RW advised to start now. Case Management Register is available on SharePoint. Who is the case manager is down to the individual practice to choose, this could be Community Matrons, Practice Nurses, District Nurses.

Monthly reviews of case management which will develop further reports; this does nothave to be patient by patient.

- Care plans
    - Based on INT care plan – Standardised
    - INT currently working through 1,000 care plans, this will probably more up to 6,000
    - 1 month to agree care management plan and send back to INT, INT aware and being more proactive
    - All national case management plan
    - Electronic
    - Available on clinical systems
    - Care plans will be available in patient homes
    - Only needs to be amended for significant events
    - Not class as live unless with GP Practice
    - Have to re-code into the system
    - District Nurses have agreed to put care plans into the new format and send to practices
    - Have to be reviewed every 3 months
    - Suggested letter how to inform patients – is available electronically

- Reviewing and improving the discharge process

Admission alerts to case manager and GP will be electronic. Practices will have to contact the patient after being discharged from hospital. Contact will usually be made within three days of the discharge notification being received. There is a checklist available and RW will welcome feedback on this. It was highlighted to RW that there is currently poor discharge planning from hospital / wards.

Internal practice reviews will be assessed on a monthly basis via a root cause analysis tool. All patients that are on the register have to be reviewed if admitted, how this is set up will be by practice choice.

RW happy to come out to practices and help with the data set information. The uptake is optional and to date RW has not received the national guidance yet. GG to circulate RW contact details.

Prescribing Information

Dr Lokikere discussed and updated group on the prescribing data. NL indicated that there have been current issues surrounding Red Drugs prescribed by hospitals and repeat prescriptions for these patients. NL informed that there is GM guidance available on SharePoint, and the pharmacy technicians should be able to identify the Red Drug patients. This was clarified during the meeting – it was noted that there is a letter showing instructions how to do it.

NL then referred to the memorandum regarding Quetiapine prescribing, a 5 Boroughs directive. NL indicated that there is a significant price difference in using Quetiapine immediate release and Quetiapine modified release, which results in a more than 30 fold difference in price. The medicine Management Committee has approved guidance to ensure that Quetiapine MR is only prescribed where appropriate.

It was also noted in the meeting that there is a significant difference for prescribing the generic Magnesium glycerphosphate tablets compare to prescribing MagnaPhate. A price differential of about 5 times. SW to bring to the attention of the medicine management team.

HS Palliative Care

SW referred to the letter by Dr Hari Sukhavasi that has been sent to all practices in regards to Patients being discharged from hospitals as End of Life. Practices support HS viewpoints, however some GPs asked about the permanence of the Statement of Intent. There appeared to be some uncertainty regarding the statement of intent process and function and practices requested if this could be looked into. SW to feed back to HS

Key issues at Practice Managers Meeting

Think Ahead Stroke group

Carol Sankey, at the Think Ahead Stroke group attended the meeting to speak to practice managers about the work her organisation does. CS and her team provide a programme for stroke survivors covering living with stroke, confidence and independence building, accessing services and information, and carers support. Currently there are 500 registered members and they work in partnership with other organisations such as Speak Easy, leisure centres, the Council and Active Living. Each month a newsletter is sent out. CS informed that the initial referral is via telephone, then they look at going out to see what support is required, referrals can be made at any point. CS is happy to visit PPGs and also for PPG members to come to the Stroke Support Centre. GG to send Carol contact details of PMs, so that newsletters can be distributed out each month.

Unplanned Admission

Rob Wilson updated the group on the Unplanned Admission DES (see above)

PPG Meeting

GG discussed the plans for the next PPG Locality meeting. GG is arranging the next locality PPG meeting within the PPG Awareness week, which is between the 2nd June and 7th June.

Key issues at Patient Participation Meeting

Primary Care and improving GP Access in Wigan was main discussion of topic. The following key areas were discussed:-

- Automated telephone booking systems

- Online booking of appointments
- Booking app (Smartphone)
- Patient 'Check In & Call' systems
- Text Reminder Systems
-

The discussions around the table were positive.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Distribute the New suspected Upper GI Cancer and Open Access Gastroscopy referral forms	Gillian Gittins
Contact Julie O'Malley regarding a C-Diff report showing the number of cases across all localities being discussed.	Gillian Gittins
Unplanned Admissions - circulate Rob Wilson contact details.	Gillian Gittins
SW to bring to the attention of the medicine management team that there is a significant difference for prescribing the generic Magnesium glycerphosphate tablets compare to prescribing MagnaPhate.	Dr Sanjay Wahie
Feedback to Dr Sukhavasi in regards to Patients being discharged from hospitals as End of Life letter.	Dr Sanjay Wahie

Chairperson's Additional Comments

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