

**MEETING:** Governing Body

**Item Number:** 11.1

**DATE:** 25<sup>th</sup> October 2016

|   |   |
|---|---|
| <b>REPORT TITLE:</b>  | <b>Chairperson's Report for Atherleigh Locality</b>                                 |
| <b>CORPORATE OBJECTIVE ADDRESSED:</b>   | <b>Function as an effective commissioning organisation that puts patients first</b> |
| <b>REPORT AUTHOR:</b>   | <b>Dr Gen Wong</b>  |
| <b>PRESENTED BY:</b>  | <b>Dr Gen Wong</b>  |
| <b>RECOMMENDATIONS/DECISION REQUIRED:</b>   | <b>For information</b>  |
| <p><b>EXECUTIVE SUMMARY</b></p> <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 September 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

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| <b>Chairperson's Name</b>                  | Dr Gen Wong                   |
| <b>Committee Name</b>                      | Atherleigh Locality meeting   |
| <b>Date of Meetings</b>                    | September 16                  |
| <b>Name of Receiving Committee</b>         | Governing Body                |
| <b>Date of Receiving Committee Meeting</b> | 25 <sup>th</sup> October 2016 |
| <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> |  |
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| <b>Attendance at the meetings<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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**Narrative report outlining the key issues of the activities**

**GP Forum**

The GP Forum was held on the 23<sup>rd</sup> September 2016 and was well attended. The key highlights were:

- There was a pathway session on ENT which was provided by Professor Kumar and members of his team from WWL. Discussions included clarification on the pathways, looking at the appropriate patient journey and to keep the key lines of communication/collaboration ongoing.
- Members were presented with a discussion paper on GP Cluster Developments which captured/summarised discussions that had taken place over the last few weeks. The paper prompted key discussion points around ICO developments, updates from the Systems Alignment Group, along with discussions around the service delivery footprint areas. More in-depth discussions will take place at the Borough wide Event which is taking place on Tuesday, 18<sup>th</sup> October 2016.
- Issues/queries were discussed under the standing item for the Primary Care Standards. Members were advised that the Quarter 2 submission was due on the 10<sup>th</sup> October 2016 and if they had any issues around Read codes or the template to speak to their Locality Team. Members also discussed the Sick Day Guidance for Acute Kidney Injury which had been

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

previously shared.

- Updates were provided on prescribing and ICNT which is due to launch on the 3<sup>rd</sup> October 2016.

### **Practice Managers Forum**

The Practice Managers Forum was held on the 9<sup>th</sup> September 2016 and was well attended. The key highlights were:

- Update was given to members around the transportation of medical records. Member advised around a possible breach and it was agreed that this would be raised within the CCG.
- A verbal update was provided on the DES and LCS Schemes sign up.
- An update was provided in respect of the New Models of Care. The key highlights were:
  - MCP Contract – there is a push nationally around this in that there should be one contract for delivery of services.
  - Integrated Care Arrangements – if there is a move towards MCP there is an assumption that clusters will be the building block. Currently there are 5 clusters, but not all practices are part of a cluster.
  - Clusters and Localities – currently the locality team support both. Feedback is that it should be one or the other. There have been some questions raised in respect of sustainability. Paper will be presented to the GP Forum and then will be presented to Practice Managers in October.
- An update in respect of the Quality and Engagement Scheme was provided. The key highlights were:
  - Quarter 2 submissions are due on the 10<sup>th</sup> October 2016.
  - Upon submission of the monitoring template, the data will be uploaded onto the Sequel Reporting System.
  - Each submission form will be checked by the Executive Support Officers as finance need to ensure there are assurances from practices regarding the standards.
  - A Review and Development Group has been set up and the purpose is to deal with any queries, review the standards and identify any further work we can undertake on a borough wide level to support implementations. The group will meet three times before the end of March 2017 and is made up of CCG staff members, Clinical and non-clinical representatives.
  - Practices were reassured that this is a development year.
- Feedback was provided by members of the group regarding CQC inspections.
- Other issues discussed were child phlebotomy, accessible information standards and the

borough wide event scheduled for the 18<sup>th</sup> October 2016.

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

The Patient Participation Group meeting was held on the 22<sup>nd</sup> September 2016.

The key highlights were:

- A representative from WWL attended following an invite from the Locality Patient Participation Group. The key information shared was:
  - On discharge, each patient would receive a discharge wallet which would include contacts/information pertinent to that patient or the carers. Also included is the Discharge Charter.
  - Last year there were 48,000 discharges in the hospital for in patients.
  - Integrated Discharge Team Tracker – every patient gets pulled electronically on the tracker.
  - This is the standard operating procedure and is also available on the intranet and is reviewed every 12 months.
  - Every patient who goes into hospital will be given an expected date of discharge.
- Amendments to the first ALPF Newsletter were made with a few more suggestions made to include updated information on recent presenters.
- A representative from the CCG attended at members request to provide information on Estates. The main concern was around more services in the community but that there wasn't enough room within LIFT buildings. Assurance was given that services wouldn't be put in buildings if there is no room. Buildings are being looked at for efficiency through the Strategic Estates Group.
- An update was provided on the extended hubs. There are currently 7 hubs that are open Monday to Friday 6.30-8 pm; Saturdays 4 hubs open with 2 GPs and on Sundays 1 hub open. It is hoped that further funding will be available up to March 2017 and further updates will be given once known.

### **Other areas/activities**

#### **Practice Visits**

Schedule of practice visits for 16/17 is being arranged.

#### **Community Link Worker Pilot**

The evaluation of the Community Link Worker project has been received and the findings are being worked upon.

| <p><u>Clusters</u></p> <p>Ongoing work is progressing with regards to the Leigh Cluster.</p> |  |
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| Agreed actions from the Meeting  | Name of lead with designated responsibility for the action/s |
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| <b>Chairperson's Additional Comments</b>   |  |
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**MEETING:** Governing Body

**Item Number:** 11.2

**DATE:** 25<sup>th</sup> October 2016

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| <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 September 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>  |
| <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**

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| <b>Chairperson's Name</b>                  | Dr Mohan Kumar                 |
| <b>Committee Name</b>                      | Patient Focus Locality meeting |
| <b>Date of Meetings</b>                    | September 2016                 |
| <b>Name of Receiving Committee</b>         | Governing Body                 |
| <b>Date of Receiving Committee Meeting</b> | 25 <sup>th</sup> October 2016  |
| <b>Officer Lead</b>                        | Laura Midgley (Crank)          |

| <b><i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i></b> |  |  |
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| <b>Attendance at the meetings<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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**Narrative report outlining the key issues of the activities**

**GP Forum**

The GP Forum was held on the 23<sup>rd</sup> September 2016 and was well attended. The key highlights were:

- An update was provided in respect of the current financial position and the cost benefit analysis process.
- Discussion was held regarding the Quality and Engagement Scheme / Primary Care Standards, which represents a £5m investment in Primary Care. Members were encouraged to bring issues to the Forum so that they can be dealt with collaboratively. Key themes will be identified.

Members were informed of two upcoming events, which are related to the Quality and Engagement Scheme. The Mental Health Event will be held on the 4<sup>th</sup> October and the Borough Wide Event will be held on the 18<sup>th</sup> October.

- Professor Kumar from WWL attended the meeting to update on ENT services. Professor Kumar advised that WWL are working collaboratively with the CCG Clinical Lead for Service

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



Redesign to develop pathways. The proposed pathways were presented. Discussion was held regarding children with hearing loss and the current 3 month wait. It was reported that a common trend includes incorrect referrals and it was agreed that this be audited.

- Background information was provided in respect of GP Cluster development and a paper was circulated that highlights some of the key areas that practices need to discuss. Discussion was held regarding the role of the ICO and it was reported that Terms of Reference and Governance arrangements are still be worked through. The future of Localities and Clusters was also discussed.
- Members observed a presentation in respect of ICNT. Members were informed regarding the changes that practices should expect from the beginning of October. Discussion was held regarding the service delivery model in terms of the location of the services and the makeup of the team. There was a consensus that communication to practices will be issued on 1<sup>st</sup> October with further information.
- A prescribing update was received.

#### **Locality Practice Managers Forum**

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

- Members were advised that an update had been received from NHS England via the Primary Care Commissioning Committee regarding the Transportation of Medical Records. It was reported that all issues raised on Ulysses have been flagged with GM Team and with National Team. A National Action Plan will be shared with practices once received. Concerns were raised by members in respect of incorrect records being received by practices.
- A discussion was held regarding issues surrounding the LCSs processes and procedures. Clarity was offered in respect of how practices are to claim for the services they are providing. It was also highlighted that practices cannot claim for a service that does not appear on their invoice template. The service specification for the 2016/17 Influenza and Pneumonia Vaccination Locally Commissioned Service and Winter Pressures General Practice Locally Commissioned Service 2016/17 had been circulated and members were asked to submit their expressions of interest by 30th September 2016. It was reported that once a practice has signed up to provide a service, a contract variation and a new invoice template will be issued.
- An update was provided on New Models of Care. Members were updated on the MCP Contract and advised that there is a push nationally around this. It was reported that if we move towards MCP there is an assumption that clusters will be the building block. In Wigan there are 5 clusters and not all practices are part of a cluster. Discussion was held regarding the future of Clusters and Localities and it was highlighted that currently the Locality Team are supporting both.
- The Quality and Engagement Scheme/Primary Care Standards is a standing item on the

Practice Managers Agenda. Discussion was held regarding assurances and governance around the scheme and the process in respect of data submission, analysis and reporting. Clarity was offered in respect of when the CCG would consider withholding payment. Members were informed of the intention to establish a Review and Development group, the purpose of which is to deal with queries, review the standards and identify and further work that can be undertaken on a borough wide level to support implementation e.g. sharing template, IT support, training. It will be a clinically led group. Members were advised that this year is a development year.

- Feedback was provided by members of the group regarding CQC Inspections.
- Changes in respect of access to Child Phlebotomy services discussed and how changes had not been communicated to practices.
- A discussion was held regarding Accessible Information Standards and that there is no braille provider in Wigan.
- Information was provided in respect of the Borough Wide Event, which will be held on the 18<sup>th</sup> October 2016. The main focus will be on the development of clusters.

### **Locality PPG Meeting**

The Locality PPG Meeting was held on the 22<sup>nd</sup> September 2016.

- Carolyn Dereszkiwicz, Head of Nursing attended the meeting regarding the WWL Discharge Policy.
  - Discharge wallet – each patient receives – included in that will be contacts/information pertinent to that patient or the carers
  - Last year there were 48,000 discharges in the hospital for in patients
  - Integrated Discharge Team tracker – every patient gets pulled electronically on the tracker. If patient who requires other service ie OT, MH etc. Stay on tracker and reviewed everyday
  - On admission – everything included, every part of the team can input onto the system.
  - Included in the wallet is the Discharge Charter – this is the expectation for every patient who is discharged from the hospital. This is the standard operating procedure and is also available on the intranet. Reviewed every 12 months by Carolyn as she is the lead for the hospital
  - Every patient who goes into hospital will be given an expected date of discharge – have they got the right medicines, can they come back for them. Cut off time for discharge is 8 pm on the wards. If sent patients home after 8 pm classed as red unless patient says 8 pm better for family. It is investigated if don't have that agreement with the patient. Exactly the same procedure 7 days a week (including weekends). Reports produced

about 8 pm discharges and failed discharges.

- Julie Southworth, Executive Director for Quality and Safety attended the meeting to provide information on Estates. They key highlights were:
  - Past 14 years – 8 new buildings built across the borough (LIFT buildings)
  - National initiative that encouraged local health systems to build and develop new buildings to allow a greater range of services to be delivered locally
  - Estates Strategy was devised – had to meet certain criteria which were deprivation, GPs who needed accommodation and level of population. It was also about availability of land.
  - Concerns were raised regarding parking at LIFT buildings and space inside the buildings.
- Karen Holgate provided an update in respect of Extended Hours.
  - Extended hubs were set up to provide appointments evenings and weekends
  - Service been reviewed – was originally set up with the set up costs, now based on the money that is available.
  - Currently have 7 hub sites open Monday to Friday 6.30-8 pm; Saturdays 4 hubs open with 2 GPs – Tyldesley, Hindley, Ashton and Pemberton; Sunday 1 hub open – this rotates across the borough
  - Looks like funding will be extended until after March 2017. Don't know what that will look like as yet. Still trialling as part of the pilot.
  - Originally did have some nurse appointments available in some of the hubs, but patients were not booking those appointments. From October those appointment will no longer be available, but during winter months additional GPs will be available within the hubs
  - Patients will be informed of the changes and the newsletter will be reinstated to include profiling
  - Currently unused capacity for Saturdays but Sundays are full.
- Discussion was held regarding the Locality Newsletter. It was agreed that the document be reviewing by the CCG Head of Communications prior to dissemination.
- Wrightington Hospital – concerns regarding the signage and the terminology within the appointments letter relates to Occupational Health and Physiotherapy Departments but in the signage they come under Therapies.
- End of Life Pathways – concern raised with regards to an article in the paper around not

administering drinks to patients.

- A copy of the CCG Patients Forum minutes and newsletter was circulated.

| <b>Agreed actions from the Meeting</b>   | <b>Name of lead with designated responsibility for the action/s</b> |
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| <b>Chairperson's Additional Comments</b> |   |
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**MEETING:** Governing Body

Item Number: 11.3

**DATE:** October 2016

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| <b>REPORT TITLE:</b>  | <b>TABA LOCALITY EXECUTIVE GROUP REPORT<br/>October 2016</b>                             |
| <b>CORPORATE OBJECTIVE<br/>ADDRESSED:</b>   | <b>Function as an effective commissioning<br/>organisation that puts patients first.</b> |
| <b>REPORT AUTHOR:</b>   | <b>Dr Ashok Atrey</b>  |
| <b>PRESENTED BY:</b>  | <b>Dr Ashok Atrey</b>  |
| <b>RECOMMENDATIONS/<br/>DECISION REQUIRED:</b>  | <b>None</b>  |
| <b>EXECUTIVE SUMMARY</b>  |  |
| <p>This report provides an overview of activity within TABA locality in September 2016.</p> <p><b>Main topics of discussion:</b></p> <ul style="list-style-type: none"> <li>○ <b>Quality &amp; Engagement Scheme</b></li> <li>○ <b>Clusters Update</b></li> <li>○ <b>Urology Pathway - Education Session</b></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**

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| <b>Chairperson's Name</b>                  | Dr Ashok Atrey                                   |
| <b>Committee Name</b>                      | Joint TABA Locality Executive Meeting            |
| <b>Date of Meeting</b>                     | 20 <sup>th</sup> September 2016                  |
| <b>Name of Receiving Committee</b>         | Governing Body                                   |
| <b>Date of Receiving Committee Meeting</b> | October 2016                                     |
| <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> |     |
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| 1.  | N/A |
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| <b>Attendance at the meeting<sup>#</sup>:</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**

**GP Locality meeting held 20<sup>th</sup> September at Holiday Inn Express Leigh**

**CCG Updates – Rob Wilson [RW] was in attendance for this section.**

**Key Discussions:**

**Cluster Development** - General Practice Leadership within the context of New Models of Care - paper had been produced by Claire Roberts and discussions took place around :

- a) Locations
- b) GP Clusters
- c) Who leads the discussions

Members requested updates following on from the workshops held, and concerns were raised over proposed Accountable Care organisation due to replace current ICO CCG in April 2019.

GP's were briefed re Jon Rouse commencing his role, and his reduction in the use of all high cost external agencies within Greater Manchester.

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

JM discussed that at the moment we have Federations, Localities and Clusters and indicated discussions are needed to take place around the future role of these three groups and their Governance structures.

In relation to clusters work; arrangements needed to be clarified for branch surgeries where substantial proportion of registered practice population resides in a service delivery footprint for which the cluster is not responsible.

Further discussion needed also on future role of Federations within new accountable care arrangement, JM suggesting they may become an overarching body.

Dr Atrey suggested that they may need to work together with Leigh, to deliver some services on a wider population footprint where appropriate and where service delivery footprints of 30-50K population are not large enough to deliver some services, where clusters will need to join together and practices will need to work collectively.

**QES Update paper** was also provided within the Pack - RW updated that all practices have signed up to the scheme. An internal assurance group has been established and DQF's will be visiting all practices during September to set up searches on practice systems to provide baseline data and identify system glitches – with aim of producing reports to check for outliers in scheme requirements. Details of the payments scheme for GM Primary Care Standards were supplied and details of follow ups and support being available if required.

**AUA** – RW reminded all practices to check read coding to ensure compliance with end of quarter reporting requirement [briefing paper from RW having been issued after to PMgrs via email].

**Coroners Court requests** – concerns re asking GP's to attend over a number of days. Coroner's court should be informed of charges in advance [£250 per session] which may hopefully reduce the amount of time requested.

**Andy Thompson gave Education Session on New Urology Pathways** - Questions were raised and advice was supplied around the new pathways. Sanjay Wahie thanked him for taking the time to come out to talk to both TABA + TABA and ULC Locality GP's

### **TABA Practice Managers meeting held 9 September – Well attended**

Two new Practice Managers were introduced to the Group - Sharon McAfee (Boothstown Medical Practice) and Maria Manuell (Dr K Khatri's practice The Surgery, Tyldesley).

**Capita** Ongoing issues with medical notes. All practices are receiving notes with significant delays. The notes are miss-ordered and the labels are not updated.

**Standards** – PMgrs advised Data extraction is being carried out by the DQF as they dial in remotely. This data will be used to provide the baseline assessment before the data submission. It was not expected that practices will be at 100% in achieving these measures in the first quarter or even the first year.

**AUA.** The first of this year's reporting deadlines is the end of September position. Practices were reminded to ensure they have 25 of their adult list size active on case management with the read codes entered in the correct order. Each patient requires a review within the past 12 months; this does not need to have been in this financial year. TABA Practices were asked to contact Rob Wilson if they have any concerns or queries.

**TABA / ULC Joint Patient Participation Group (bi monthly): held 14 Sept:**

- Presentation by Community Link Workers who gave an overview of their services.
- Updates from Patients Forum and Ear Care services were supplied within the pack.
- Toni Cooper gave a brief history and update on the extended hours GP Hubs from the Federation.
- Volunteer was being sought to act as Deputy Chair

|  | <b>Name of lead with designated responsibility for the action/s</b> |
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| <b>Chairperson's Additional Comments</b> |
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**MEETING:** Governing Body

Item Number: 11.4

**DATE:** 25<sup>th</sup> October 2016

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

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| <b>Chairperson's Name</b>                  | Dr P Marwick                             |
| <b>Committee Name</b>                      | Wigan Central & North Locality Committee |
| <b>Date of Meeting</b>                     | 20 <sup>th</sup> September 2016          |
| <b>Name of Receiving Committee</b>         | Governing Body                           |
| <b>Date of Receiving Committee Meeting</b> | 25 <sup>th</sup> October 2016            |
| <b>Officer Lead</b>                        | Kate Davenport Executive Support Officer |

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| <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> | N/A |
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**Narrative report outlining the key issues of the meeting**

**GP Locality Meeting**

**Pain Management Service**

A presentation was made to the localities by Dr Julia Goeke and the Pain Management Team. Questions and answers from the members are shown below.

Q: Do the team still offer Lidocaine Infusion as a form of treatment?

A: Yes, the motivation behind this is the Lidocaine Infusion will break the cycle and reset the pain receptors.

Q: When completing interventions, if the patient is offered an alternative treatment are they able to choose not to take it?

A: Yes the patient has the choice whether to take the treatment route or not.

Q: Does the team still offer steroid injections?

A: Yes, we encourage the patient to train themselves up during this time so that they build up strength over a period of time and therefore no longer need injections.

Q: What links do you have within the community?

A: Kath and June work in the community and have close links with the Inspiring Health Lifestyles team. They also run an open support group for people to attend should they wish.

Q: Is there a pain psychology support programme available?

A: There is, this has previously been underfunded but further funding has now been made available. The average availability on the programme is for 8 – 10 patients and there are 2 programmes a year. The team would like to engage with patients earlier in order for the programme to be more effective.

Q: Should we be prescribing amitriptyline or pregabalin?

A: We treat patients on an individual basis and attempt to reduce those who are on a high dose.

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

### **GP Cluster Development**

The paper gave an update on the current position and the implications for general practice, it also gives information on the work taking place at the Systems Alignment Group. Claire Roberts has included a glossary of terms in Appendix 1 to provide definitions for some of the terms being used. As the national guidance advises a 30k – 50k population split it may be necessary for WBFHC to serve two different service delivery footprints.

The CCG will need to have discussions around whether we continue working on a Locality or a Cluster basis. As a CCG we are constituted on the basis of six localities, any changes to this will need to be agreed at Governing Body level, work is being undertaken within the governance team to look at what this means for our constitution.

There are plans to implement an Integrated Care Organisation (ICO) with the vision to move to an Accountable Care Organisation (ACO) this is still being worked through to understand what this will look like and how the funding will flow. There are plans to work in shadow form of an ICO from 2017/18 and move to an ACO in 2018/19,

One comment was that we seem to be creating more and more organisations and would it not be beneficial to go back to the original Primary Care Trust and build up from that? JG advised that as part of developing the CCG it put Primary Care clinicians at the heart of the decision making and we need to learn from that and develop further.

### **Primary Care Standards**

Each practice has now been contacted by the DQFs regarding the process of submission detailed in the paper circulated. The first submissions will be made by the 10<sup>th</sup> October 2016. The payment schedule is also shown in the paper, funding will only be withheld from practices who do not engage with the scheme. It is stressed that the Standards are a work in progress and a working group has been set up to review the process over the year.

### **ICNT Update**

Bridgewater have now collocated staff at Hindley Town Hall. The team that will be linked to WBFHC will be based at Pemberton. The Single Point of Access (SPA) is now staffed at Progress House with the Hospital at Home team. Communications will be sent out to practices soon and the SPA will go live on 3<sup>rd</sup> October 2016. Practices expressed their concerns around the lack of information being shared about the launch.

### **Finance Update**

The CCG are still reporting the overspend which is expected for the end of the financial year. It was agreed at the SDI committee that the 3 pilot Locally Commissioned Services are being extended until the 31<sup>st</sup> March 2017. These are:

- Ring Pessary
- Joint Injection
- Anti-coagulation

During that time we will look to increase the provision and uptake of the services in order look at the commissioning of the service over a longer period of time. . Dr D Humphreys will be emailing the group to update them on the plans to bring joint injections back to primary care, the hope is that this will free up time for specialist nurses and consultants.

### **Any Other Business**

#### BOC

One practice reported that BOC have ordered blood tests for one of their patients, Kate Davenport to pick this up with Jay Mangan at the CCG.

#### Dermatology

Wrightington Wigan and Leigh NHS Foundation Trust has informed the CCG that dermatology is now republished on the e-Referral service.

A&E Diverts

Processes have been put in place at the CCG to ensure future communications to practices regarding the closure of A&E or diverted admissions at WWL will be sent out in a timely manner with all the relevant information.

**Additional Information**

The meeting scheduled for October has been cancelled as members will be attending the Borough wide event on GP Cluster development and New Models of Care.

**Chairperson's Additional Comments**

**MEETING:** Governing Body

Item Number: 11.5

**DATE:** October 2016

|   |  |
|---|--|
| <b>REPORT TITLE:</b>  | <b>ULC LOCALITY EXECUTIVE GROUP REPORT<br/>October 2016</b>                              |
| <b>CORPORATE OBJECTIVE<br/>ADDRESSED:</b>   | <b>Function as an effective commissioning<br/>organisation that puts patients first.</b> |
| <b>REPORT AUTHOR:</b>   | <b>Dr Sanjay Wahie</b>   |
| <b>PRESENTED BY:</b>  | <b>Dr Sanjay Wahie</b>   |
| <b>RECOMMENDATIONS/DECISION<br/>REQUIRED:</b>   | <b>None</b>  |
| <b>EXECUTIVE SUMMARY</b>  |  |
| <p><b>This report provides an overview of activity within ULC locality in September 2016.</b></p> <p><b>Main topics of discussion:</b></p> <ul style="list-style-type: none"> <li>○ <b>Quality + Engagement Scheme</b></li> <li>○ <b>Clusters Update</b></li> <li>○ <b>Urology Pathway - Education Session</b></li> </ul> |  |
| <b>FURTHER ACTION REQUIRED:</b>   |  |
| <b>EQUALITY AND DIVERSITY: 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.</b>  |  |

**CHAIRPERSON'S REPORT**

|  |  |
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| <b>Chairperson's Name</b>                  | Dr Sanjay Wahie [SW]                             |
| <b>Committee Name</b>                      | Joint ULC Locality Executive Meeting             |
| <b>Date of Meeting</b>                     | 20 <sup>th</sup> September 2016                  |
| <b>Name of Receiving Committee</b>         | Governing Body                                   |
| <b>Date of Receiving Committee Meeting</b> | <b>October 2016</b>                              |
| <b>Officer Lead</b>                        | Lynne Hogan (Locality Executive Support Officer) |

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

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|---|-----------|
| <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 |
|--|-----|

**Narrative report outlining the key issues of the GP meeting**

**GP Locality meeting held 20<sup>th</sup> September at Holiday Inn Express Leigh**

**Key Discussions:**

**CCG Updates – Claire Roberts [CR] attended for this section.**

**Quality + Engagement Scheme [QES] Update provided to Localities – was supplied in the pack.**

- All practices had signed up to the Primary Care Standards;
- QES scheme now incorporated GM standards, SCEOS and additional requirements;
- All practices should by now have received information re DQF visits to set up searches and support practices;
- Section 2.6 process and timetable for data submission – GPs were advised all that we are only on Year 1 and that all of this work was still developmental. The CCG did not expect any practice to be at 100% yet. The CCG needed to identify if there were any teething problems or glitches – all were asked to feed back to the CCG then support and assistance could be offered.
- Data submission was due on the 10 Oct – The final template was due to be issued.

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

- MIAA were working with the CCG Localities and Finance teams.
- 2nd part of the submission would be the Self-Declaration.
- CR reported that the Cancer Standard has some exceptions - especially bowel cancers presenting straight into hospital.
- All of this work will be reported into the PC Commissioning Committee

**Payments:** The 1<sup>st</sup> Payment + 2<sup>nd</sup> payments would be made In advance, i.e. these two payments would be made without any submission requirements.

**PC Standards Task Group** had also been set up. The 1st meeting was held Thursday, 15 September. ULC had been represented by Dr Sunil Kumar, Margaret Riley and Kerry White. Notes of the meeting were circulated to GP's for information.

Dr Wahie was very appreciative of all the hard work and effort that Claire Roberts had put in on these primary care standards and thanked her for help and support in this area.

**Cluster Development** – Update paper was provided and the Chair encouraged all to read this very carefully, as it contained the current position and terminology in use currently. This was still moving on at a real pace, and all still fluid. Guidance had also been issued around MCP's – moving to new local system for health and care.

Discussions were held on the Clusters and what we might need to do in order to move all of this forward. All were encouraged by the Chair to raise questions. CR added that she would appreciate any feedback from the GP's present. It may be not be affordable going forward to keep running dual locality meetings and cluster meetings – so these may need to amalgamate at some point and also some clusters could possibly change to align better across the borough

GP's were supplied with the current cluster map. Currently 3 or 4 practices were not in clusters which totalled a significant number of potentially unrepresented patients and the CCG would need to look at this. Concerns had also been raised by those not in Clusters who reported that their PPG members were also getting alarmed fearing they might be left out.

Dr Wahie offered to have meetings to discuss the cluster issue with any of the members in private to discuss all of the issues / and hear their concerns.

**Urology Presentation** - Andy Thomson attended to take GPs through the new Urology pathway. There were a few questions raised and advice and guidance was supplied. The Chair thanked him for taking the time to come and talk to both ULC + TABA GP's.

**Lengthy Discharge Letters** – it was reported these were now far shorter and much improved.

**Moving to single method of receiving and duplication of X-Rays** was still on hold - Jonathan Kerry advised that this was still waiting for WWL following their HIS system update.

**ULC Practice Managers meeting held 13 September – Key issues**

There were still issues being reported re Capita and movement of medical records.

**Choose & Book** – issues with Dermatology and Neurology raised – PMgrs asked to provide illustrations back for Deirdre o’Brien to raise.

**Primary Care Standards** – all ULC practices are signed up. DQF’s will be visiting all practices to put searches on their systems and test these out. All PMgrs to feedback any problems. Only when practices ceased working to improve to meet the standards / or stopped attending locality meetings, peer reviews etc. would payments cease.

Advised re Payments as below. A final balancing payment of 20% of the scheme’s value will be applied in May 2017 based on achievement against the scheme requirements.

|                |  |
|----------------|--|
| July 2016      | 20% of the projected annual income per Practice (based on list sizes as at 1st April 2016) |
| September 2016 | 20% (adjusted for list size changes as at 1st July 2016)                                   |
| December 2016  | 20% (adjusted for list size changes as at 1st October 2016)                                |
| March 2017     | 20% (adjusted for list size changes as at 1st January 2017)                                |

Federations were planning to get something in place by Jan 2017 and should be contacting practices re Wednesday afternoons.

Issue raised with Salford Lab rejecting some lab samples – PMgrs advised to put on Ulysses.

Updates given from the CCG re New Models of Care, Clusters Business Cases and GM transformation fund.

Also briefed that for finance purposes both LIGA business cases would require full cost benefit analysis [CBA]. Evidence would also be needed [i.e. Minutes of meetings and attendance sheets] in order for Finance to make payments.



**AUA** - Rob Wilson briefed all around requirements [needing to have 2% on the AUA register] and briefing paper was circulated via email after the meeting.

**Workforce Data Submissions** – all practices were asked to consider sharing their data submission with the CCG to assist in Succession Planning and to inform recruitment drives/training programmes, etc.

**Seasonal Influenza Vaccination programme** and **Winter Pressures** updates were provided within the pack. All given Dementia information and suggestions to help practices to identify patients just starting to struggle with dementia.

**TABA / ULC Joint Patient Participation Group (bi monthly): held evening 14<sup>th</sup> Sept**

**Community Link Workers [CLW]** Yvonne Hughes attended advising that the service was set up to take pressure away from Dr's surgeries [40% of GP appointments were not medically related but more that patients were really looking for someone to talk to / for stress or depression and also worries and anxiety due to many causes such as bereavement, debts, social isolation and housing problems. There are 500 Voluntary Groups in Leigh and the CLW have a database of them all and know what each one can offer to help these people and they can offer financial support and help them back into the community.

**Patient's Forum notes** were supplied along with feedback from **Ear Care Service**.

**Forward Planning** was discussed and an update on Devo Manc was requested.

**Extended hours GP Hub [Federation]** Toni Cooper briefed around its history and informed that hubs were currently open as below

**Open on Weekday:** Tyldesley / Shevington / Pennygate / Pemberton / Kidglove House nr Golborne / Bridgewater Leigh and Ashton in Makerfield.

**Open on Sat & Sunday** - Ashton Pemberton Pennygate and Tyldesley.

PPG Group found this very interesting and felt the service should be more widely publicised.

**Deputy Chairman** – volunteer was being sought for to cover should the chairman be absent for any reason.

|  | <b>Name of lead with designated responsibility for the action/s</b> |
|--|---|
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| <b>Chairperson's Additional Comments</b> |
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