NHS East Lancashire Clinical Commissioning Group

Meeting of the Pendle Locality Steering Group

MINUTES

Thursday 1 October 2015, 12.30pm – 2.30pm Meeting Room 1, Walshaw House

Present:-					
Chair: Dr Stuart Berry			Minutes: Beth Walker		
Dr Stuart Berry	SB	Pendle Locality GP Lead	Reedyford Health Care		
Jackie Brockman	JB	Practice Nurse	Whitefield Health Care		
Cath Coughlan	CC	Locality Manager	NHS East Lancashire CCG		
Joanne Crowson	JC	Practice Manager	Colne Family Doctors		
Sarah Astin	SA	Principal Policy Officer	Pendle Borough Council		
Kirsty Hollis	KH	Deputy Chief Finance Officer	NHS East Lancashire CCG		
Sandra Fox	SF	Public Health Co-ordinator	Lancashire County Council Public		
			Health & Wellbeing		
Dr Sheila Jackson	SJ	General Practitioner	Barnoldswick Medical Centre		
Beth Walker	BW	Locality Support Officer	NHS East Lancashire CCG		
In Attendance					
Cathy Gardener	CG	Head of Commissioning	NHS East Lancashire CCG		
Mark Youlton	MY	Chief Finance Officer	NHS East Lancashire CCG		

Min No:		ACTION BY
1.0	Apologies Apologies received from Helen Hedges, Mary Thomas, Julie McDonald, Dean Langton, Dr Robert Phillips, Kathryn Clarkson, Nigat Sultana, Dr Catja Schmitgen,	
2.0	Welcome & Introductions SB welcomed everyone to the meeting and a round table introduction was held.	
3.0	Governance 3.1 Declarations of Interest There were no declarations of interest 3.2 Quoracy Due to the number of apologies received, the meeting was not quorate.	
4.0	 Minutes of the meeting held on 13 August 2015 SB confirmed the End of Life booklets had been circulated to Practices but were not yet on the CCG web site. Action: CC will highlight with the CCG that the End of Life booklets are not on the web site. The minutes of the meeting were received as an accurate record. 	сс

5.0	Matters Arising:	
	Helen Hedges and Mary Thomas had submitted documents relating to the Lancashire Wellbeing Service for information. SF advised that the service was now operational but had yet to find a permanent base.	
6.0	Steering Group Membership	
	CC advised that two GP's were still required to complete the membership of the group as a vacancy still existed for Dr Huxley and Dr Arshid has now stepped down. The election process for membership of the Steering Group will commence in December 2015, with new members to take up their role from 1 April 2016, consisting of GP's, Practice Managers and Practice Nurses. Present membership will remain as existing until 31 March 2016.	
7.0	Health Visitor Update	
	Lancashire Care Foundation Trust had given a presentation of the proposed new model at the September Locality Forum which had instigated lots of debate. It was agreed at the Forum to form a Pendle Task and Finish group to look at what Practices required. The new model takes Health Visitors out of some areas which means it will be difficult for patients to access clinics. CC asked for a view from the Steering Group. SJ advised that the LMC is also pursuing. MY commented that clinical staff and managers need to be involved in a meeting as quickly as possible in order to resolve. CG added that there needs to be an East Lancashire footprint. The Task and Finish Group is to be opened up on an East Lancashire basis. SB advised the locality need to be clear about what they require before the meeting. KH advised that the commissioning of the service is going to be by Lancashire County Council (LCC) and issues need to be highlighted with	
	them and whether their savings proposals will impact on the service. Action: SF will speak to the commissioners at LCC.	SF
8.0	Vanguard Update CC advised this is part of the New Models of Care proposed by NHS England. Airedale and Partners have submitted their value proposition and are currently waiting for the funding to be announced. The proposal put in place is to roll out telemedicine implementation by the end of March 2016. Currently 49 homes have been completed but there are 53 where implementation is still required. In addition to Telemedicine being installed in Nursing and Residential Homes, Gold Line will be made available to End of Life patients in the localities. It was noted that GP triage in Pendle has been positively received and as part of the VP it is anticipated that this will be rolled out across Airedale, Bradford, Craven, Wharfedale and East Lancashire. SB asked for assurance around staffing levels with CC replying that it is part of the business case to move the hub to a wing of Airedale which will be shared with Social Care. MY advised the project is being overseen at Director level at Airedale. The work needs to ensure it is reducing admissions. The CCG need to be certain of their position as agreement hasn't been made to roll out the GP triage and Gold Line recurrently. The work will be monitored in the first year then costed for the future.	
	SJ asked whether Community Nurses will be upskilled as some of the procedures they aren't able to undertake mean that some patients need to be admitted when they should be able to remain at home. CC confirmed that they are linking with the community staff at Airedale and discussing	

	what is commissioned and the difference between the borders.	
9.0	Finance Update KH reported on the Month 5 position and confirmed that they are about to close Month 6. The Board report for Month 5 gave a forecast out-turn for ELHT of £4M but is currently £2.9M. Queries have been sent back but this is the figure which is being worked with for Month 6. Airedale Hospital Foundation Trust is underspent on non-elective with a query as to whether Vanguard is affecting this and this is to be monitored. Neil Holt has been asked for the source of admission to see if there has been a reduction in admissions.	
	Prescribing has seen a rise according to data for July and this will be monitored. QIPP has a gap of £2.3M, with identified savings of £6.7M. It was noted that the QIPP group is trying to identify additional schemes.	
	SB brought up an issue about prescribing hearing aids under different CCG's. CG advised that a prioritisation policy is being worked on and this needs to be in place for hearing aids. Different decisions may need to be made as a Health Economy. There are issues around some companies prescribing hearing aids and the cost being met by the CCG. SB thought some CCG's were introducing thresholds and he also raised the issue of some medicines being prescribed outside of the GP Practice. SB has highlighted a particular case with Lisa Rogan. There is also lots of money being spent on prescribing when some medicines are cheaper over the counter.	
	KH advised that Bolton CCG invited the public to an event to decide how the budget was spent and the results had been enlightening. She suggested this was something the CCG could think about, with the help of the PPG's.	
	SJ asked about opticians referring to Ophthalmology being returned to GP's. CC confirmed that as of the 5 October referrals are to a single point of access and can be made electronically for triage.	
	Action: CG to check if the information for GP's about the Integrated Eye Care Pathway is ready for circulation.	CG
10.0	INT Update CC advised that the Band 7 co-ordinator has now been recruited and Catherine Ashworth (occupational therapist) is due to start mid-November. The Band 3 administrator post is now out to advert again, with applicants being offered the option of part time hours if required to be covered with two separate posts.	
	A base for the co-ordinator and administrator is still being sought. It has been suggested that the co-ordinator remains at her present base at the Holden Centre for the time being, with a view to moving to Pendle Community Hospital in the future.	
	MDT meeting dates have been scheduled and sent to Practice Managers and will commence in January, although it is hoped to undertake meetings with two Practices before January.	
	Roll out of EMIS community has commenced. Phase 1 has been	

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	completed, with Phase 2 to include the Intensive Home Support Service and INT's. INT's will commence in February and will be completed by 5 April. Three tablets have been provided for Pendle for EMIS Anywhere and will be available by the end of October. They will be issued to the Band 7 and Band 3 post holders and the ANP at Airedale.	
	The INT Project Team will meet on the 13 October and Sarah Collins from ELHT Community Division will attend to give an update, together with a representative of Age UK.	
11.0	Primary Care Access Update SB advised that there had been lots of discussion at the Access Update about moving to 8am to 8pm working Monday to Friday and limited service at weekends. Break out groups were in Federations/Pendle Care Direct and non-federated Practices. No decisions were made but lots of discussion took place. Groups looked at what they would need to make the new model work, such as IT.	
	SB attended an EMIS National Users Conference and was able to get some answers to IT queries. SB tabled a document which will be circulated with the minutes outlining some of the information he had obtained. This also included links for more information.	Emis Conference Feedback Key Points
12.0.	Items for Corporate Risk Register None.	
13.0	For Information The minutes of the Local Delivery Group dated 10 August 2015 and the minutes of the Pendle Data Group dated 16 June 2015 were received for information.	
14.0	Any Other Business	
	SA highlighted that a GP rep is needed for the Pendle Dementia Action Alliance which is chaired by Paul Gauntlett. CC advised that this would need to go out to the Locality and she will advise Gill Dixon once a representative has been identified. The first meeting is the 4 November and quarterly thereafter.	
	Action: CC to identify GP Lead	СС
	MY advised that he and Mike lons had met with Dean Langton about 20 Syrian refugee families who are locating to Pendle. Need to look at the implications. Overseas fund can be used. It was noted that the LES from West Sussex of £750 per person is to form part of the Pendle Borough Council bid. Not sure how many people will be in the families.	
13.0	Date, Time & Venue of Next Meeting Thursday 10 December 2015, 12.30pm – 2.30pm, Meeting Room 1, Walshaw House	
	Minutes approved by	Dr Stuart Borry
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