

**Meeting of the Pendle Locality
Steering Group**

MINUTES

**Thursday 10 December 2015, 12.30pm – 2.30pm
Meeting Room 1, Walshaw House**

Present:-

Chair: Dr Stuart Berry

Minutes: Julie McDonald

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
Nigat Sultana	NS	Business Manager	Whitefield Health Care
Catja Schmitgen	CS	General Practitioner	Whitefield Health Care
Helen Hedges	HH	Lay Representative	Critical Friends
Mary E Thomas	MT	Lay Representative	Critical Friends
Dean Langton	DL	Strategic Director	Pendle Borough Council
Robert Phillips	RP	General Practitioner	Colne Corner Surgery
Dr Sheila Jackson	SJ	General Practitioner	Barnoldswick Medical Centre
Julie McDonald	JM	Locality Support Officer	NHS East Lancashire CCG
In Attendance			
Catherine Ashworth	CA	Clinical Co-ordinator	East Lancashire Hospitals Trust
Phil Huxley	PH	General Practitioner/Chair CCG	NHS East Lancashire CCG

Min No:		ACTION BY
1.0	Apologies Apologies received from Kirsty Hollis, Christine Blyth, Joanne Crowson, Mark Youlton, Sandra Fox, Beverley Walker and Cathy Gardener	
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 declarations of interest 3.2 Quoracy Meeting was agreed as quorate	
4.0	Minutes of the meeting held on 1 October 2015 ➤ 5.0 HH raised the issue around highlighting the Lancashire Wellbeing Service, she had attended meetings and people did not seem aware of this Service and they were still under impression Help Direct was available. Discussions took place within the meeting around highlighting contact details and criteria for this service. Action: To add information to bulletin again also CC to ask Wellbeing Service to provide interim report for next meeting.	JM/CC

	The minutes of the meeting were received as an accurate record.	
5.0	<p>Matters Arising:</p> <p>4.0 End of Life Booklets CC had spoken with Commissioning Manager and was advised they are on the CCG Website under the 'Your Health Section', has been agreed to link the same to the publication section, this to be taken to the Communications Team to make the Booklet easier to find. RP felt that we should not use the term 'End of Life Booklet', group agreed correct title should be used of Advance Planning for your Future Care & Wellbeing.</p> <p>7.0 Health Visitor Update CC advised she had received an email from SF and read this out to the meeting, this advised that Karen Thompson had recently taken over as PH Consultant Lead and a meeting had been arranged for her to meet with Cath Randall and Kelly Taylor from CCG and Peter Higgins from LMC on the 19th January 2016 to discuss the issues raised within Pendle locality. It is understood HV's will be using a phased approach from 1st January 2016 as some Practices have agreed terms with the HV Team, those that have not agreed terms the HV teams will continue as normal until meeting has taken place. RP stated he did not think this was correct as his Practice had had a phone call from HV to say they were pulling out from 1st January, CC advised she would take this back to KT for clarification. CC is to contact KT at Public Health to advise what has been discussed at this meeting. It was agreed that RP, NS and MT would attend the meeting on the 19th January to represent the locality.</p> <p>Action CC to speak with KT</p> <p>SJ gave update around Neo-Natal Jaundice Pathway; Cheryl Forrest has had a meeting with Alyia Bhat, from this KT reported back new Pathway has been slightly amended to request GP or Neo Natal Consultants to review results, Neo Natal Consultants not agreed to do this and stated should be HV's who assess, review and act on results a further meeting is due on 30th December 2015 with HV's and Neo Natal Consultants. Discussions took place around the funding for this and if ELHT do not continue with this service then funding should return so this can be commissioned elsewhere.</p> <p>Action SJ to feedback to KT</p> <p>9.0 Integrated Eye Pathway – this was sent out on the e-bulletin on the 20th November 2015.</p> <p>14.0 Pendle Dementia Action Alliance Gill Dickson had requested a GP representative on the group and Dr. Catherine Taylor from Earby Surgery has agreed to be on the Group.</p>	<p>CC</p> <p>SJ</p>
6.0	<p>CCG Achievements update</p> <p>PH attended to give an overview of achievements for this year. Advised good working relationships with Practices and CCG colleagues, along with wider organisations such as ELHT and Airedale, working well with 3rd Sector organisations as well. Financial position is good but there will be challenges ahead.</p> <p>Challenges looking forward are the focus on the 4 hour wait which we are failing at present, CCG and ELHT doing a huge amount of work to try and achieve the 95% target. Cancer LIS been good and focusing on a quality agenda around the patients. IAT is access to Psychological Therapy Services, a new service which GPs or patients can refer to therapy services. NWAS is achieving its targets but if you look at local levels compared with BwD, East Lancashire is not achieving</p>	

	<p>due to distances ambulances have to travel within our area. Primary Care Model big challenge trying not to focus on extended hours even though this is the national focus, more around working together and using each other's resources in a way that makes Primary Care more sustainable. Healthier Lancashire is something Mike Ions been involved in the group set up has been generating work and gaining momentum in response to what is happening in Manchester and regarding the extra resources around economic regeneration. We need to try and balance the focus from East Lancashire to Pennine Lancashire around Hospital configurations, specialised services such as vascular services, need to streamline services and how we can do this across Lancashire however we still need to retain locality focus and incorporate this as well.</p> <p>SJ raised the issue around Out of Hours Service, staff shortages and Rossendale and Clitheroe service will shortly be closed down in the evenings. PH agreed Out of Hours essential part of 24 hour service and is needed. Need to speak with Providers to see how we can ensure it continues in a safe manner, with this in mind PH advised he is attending a meeting shortly, we need to ensure we are abiding by the NHS Constitution. SJ stressed that the Service was not coping and if it were to collapse knock effect would be for GP's, A&E etc. She asked that PH looked at the evidence from Blackburn as this shows unfilled GP appointments and this wastes GP time. CS queried whether this issue should be added to CCG At Risk Register if there are unfilled sessions. NS stated we need to ensure staff and patients are being better educated to triage and be signposted to right service, she also emphasised that at the meeting with Martin Walls Pendle ensures the model they want is correct from the beginning.</p> <p>Action CC to ascertain evidence of Martin Walls achievements in other areas</p>	CC
7.0	<p>Vanguard and Partners Update</p> <p>Part of the 5 Year Forward view around Wellbeing, NHS East Lancashire in partnership with Airedale Vanguard for Care Homes, the target population is currently 7,867 residents in 248 Care Homes across East Lancashire, Airedale Wharfedale and Craven and Bradford & District CCGs. East Lancashire have 103 which is the biggest of the 3 CCGs out of those 50 are signed up and implemented with Telemedicine within Pendle itself out of 22 homes 19 are signed up. We have just held an event to which Care Homes across East Lancashire were invited and approximately 70 people attended, of the 53 not signed up 2 Homes are either closed or closing but a further 12 signed up on the day. We are working with the CCG Safeguarding Team in compliance with CQC around concerns within the Homes and trying to implement this within Homes that are in a challenging position. A further event is due to take place in January to engage the Homes that are not yet signed up. Update regarding Vanguard going to LDG Meeting 14.12.15.</p> <p>Gold Line will be implemented within patients' homes in 2016/17 and 2017/18 roll out along with GP Triage. Looking at other ways of using this effectively for patients e.g. implement out-patient appointment within the home settings rather than attending Clinics.</p> <p>Action circulate LDG Update with Steering Group Minutes CC</p>	CC
8.0	<p>Pendle Election Process</p> <p>CC advised that Pendle Locality Elections are due to take place and gave an overview of the process and dates as follows:</p> <p>Elections for 5 GPs, 2 Practice Managers and 2 Practice Nurses. Expressions of interest paperwork was being sent out all GPs, Practice Managers and Practice Nurses on the 10.12.15, one form covers all posts. The timeline is as</p>	

	<p>follows:</p> <ul style="list-style-type: none"> • Papers sent out 10.12.15 • Closing Date 05.01.16 • Ballot papers distributed electronically and voting commences 06.01.16 to 15.01.16 • Announcement of successful candidates will take place 18.01.16 • Invitation for GP Clinical Lead to all GPs who have expressed an interest to sit on the Steering Group and want to be GP Lead will commence 18.01.16 • Voting period commences 25.01.16 to 29.01.16 • Next Pendle Steering Group Meeting takes place 04.02.16 when new appointments will be ratified of the Steering Group members and Clinical Lead • A period of one month shadowing for the new appointments will follow • New appointments will commence 01.04.16 <p>JB advised two Practice Nurses had requested being able to attend a meeting to shadow. Advised they could attend next Working Group Meeting taking place on 16.12.15.</p> <p>Action JM to email information out to the two Practice Nurses</p>	JM
9.0	<p>PPG Update</p> <p>HH advised that for the last 17 months herself and MT have been trying to establish viable Patient Participation Groups within Practices but with only moderate success. Now been advised about Patient Partners which has been set up by CCG. HH feels that they have struggled without any resources, finances or support. However she has contacted some Practices regarding the Patient Partners Leaflets (which should be in all Practices) and found that this is not the case. SJ suggested that perhaps the Groups should join together and perhaps HH should contact Michelle Pilling. MT did state no point in having meetings if nothing to report. Possibility of having virtual meetings to engage patients within Practices.</p> <p>Action SB will speak with David Rogers to obtain information around the membership and engagement for Patient Partners.</p>	SB
10.0	<p>INT Update</p> <p>CA introduced herself to the meeting as Clinical Coordinator for Pendle INT on 12 month secondment from Occupational Therapy. She has attended most of the Practices and met with the Practice Managers prior to MDT meetings beginning in January, very positive feedback. Two pilots have been undertaken in Whitefield and Earby Practices. Feedback was very positive, the Whitefield pilot showed that the patients benefitted from the MDT 12 professionals attended, care plans were set up and case management for one of the patients at Whitefield. The Earby pilot unfortunately the two patients brought to the meeting one had been admitted to Hospital and the second had deteriorated, CA stated this shows how choosing right patients not necessarily from the top 2% should be brought to the MDT meetings.</p> <p>As yet team not on EMIS but hope to be soon and Referral template will then be put on EMIS. JB and CS both gave positive feedback from their MDT meeting. JB emphasised that Practice Nurses need to be involved in choosing patients as well.</p> <p>CA gave a Case example around a patient from an MDT meeting within Pendle which highlighted issues around communication with all services and hospital as the patient had been admitted to hospital 3 times but once the INT team were involved along with all the relevant therapies and services who had a meeting with the patient in their home and a care plan was put in place they have not so</p>	

	far been re-admitted to hospital. DL asked that Pendle Borough Council be kept in the loop with the INT team as they could be working with the same people and joint working would be good.	
11.0	Finance Update CC advised that KH had provided a Finance Report and if anyone had any queries from this report to direct them to herself and she would then liaise with KH.	
12.0.	Pulmonary Rehab Update This was deferred to next meeting	
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 NS advised on the proposed dates for 2016 meetings that the first one needed to be amended as it was Easter week. Action JM would amend	JM
13.0	Date, Time & Venue of Next Meeting Thursday 4 February 2016, 12.30pm – 2.30pm, Meeting Room 1, Walshaw House	
Minutes approved by XX/XX.XX.XX		