

**Meeting of the Pendle Locality
Steering Group**

MINUTES

Thursday 27th July 2017, 12.30pm – 2.30pm
Meeting Room 1, Walshaw House

Present:-

Chair: Cath Coughlan

Minutes: Julie McDonald

Cath Coughlan	CC	Locality Manager	NHS East Lancashire CCG
Dr Asif Garda	AG	General Practitioner	Pendle Valley Practice ELMS
Anna Knight	AK	Practice Nurse	Barnoldswick Medical Centre
Deidre Lewis	DL	Head of Finance	NHS East Lancashire CCG
Dr Rahul Thakur	RT	General Practitioner	Colne Family Doctors
Dr Nicola Finnigan	NF	General Practitioner	Pendle View Medical Centre
Julie McDonald	JM	Locality Support Officer	NHS East Lancashire CCG
Helen Hedges	HH	Lay Representative	Critical Friends
Joan Crowson	JC	Practice Manager	Colne Family Doctors
Dr Stuart Berry	SB	General Practitioner	Reedyford Health Care
Christine Blythe	CB	C.E.O.	BPR - CVS
In Attendance			
Tracey Noon	TN	Outreach Officer	BPR - CVS
Lewis Wilkinson	LW	Quality & Performance Support Officer	MLCSU/ELCCG

Min No:		ACTION BY
1.0	Apologies Apologies received from Dr Hassan Manzur, Mary Thomas, Nigat Sultana and Dean Langton	
2.0	Welcome & Introductions AG welcomed everyone to the meeting.	
3.0	Governance 3.1 Declarations of Interest There were declarations of interest by primary care colleagues with regard to Primary Care. 3.2 Quoracy Meeting was agreed as quorate.	
4.0	Minutes of the meeting held on 4th May 2017 The minutes of the meeting were received as an accurate record	
5.0	Quality & Performance Update LW attended to provide an update on soft intelligence within the Pendle locality, the data provided was for last two quarters. Seventeen issues been received over this period out of which only two remain open awaiting responses. LW advised some processes have been changed internally to speed up responses. The initial response time is 10 working days, if no response received in this time escalated to Senior Manager within the provider if response still not received	

	<p>then escalated to ELHT/LCFT whole process should take approximately 30 working days, if after this time no response it is escalated to Executive Management Team to take further. ELHT responses have improved following new process.</p> <p>Main issues locally are around Providers referring back to Practices e.g. blood test results. The team is continuing to raise issues with Providers.</p> <p>Audiology Service is currently undergoing a redesign particularly around hearing aid pathway.</p> <p>Issues are only closed once response has been passed back to the person/practice and they are happy with the outcome.</p> <p>SB advised about website Care Opinion which provides patient orientated feedback for the NHS – the website is https://www.careopinion.org.uk/</p> <p>Discussions took place around various options for patients and staff to report problems and concerns including NHS Patient Choices and CONNECT which is part of ELHT.</p>	
6.0	<p>Health and Well Being Update</p> <p>AG provided brief update around the development of the Health and Well Being Partnership which incorporates health and social partners working for the benefit of the overall wellbeing of residents within the locality. Only one meeting has taken place so far still in early stages of planning.</p> <p>CC advised trying to aim through the locality forum that we have for the Clinicians and Practices as a standard item on that Agenda regarding the Health and Well Being meetings and likewise the Forum will inform the Health and Well Being meetings. Patient Partners Board will also feed in to the Partnership the Pennine Lancs Transformation Team will also be included.</p> <p>Action: Draft Terms of Reference to be attached to Minutes</p>	JM
7.0	<p>Steering Group Membership</p> <p>Changes to Steering Group – RT is leaving the group and this was his last meeting CC thanked him for being member of the group and wished him good luck in the future. We will have a Steering Group GP vacancy, however CC/AG proposed the post is left vacant the funds be utilised to support locality primary care development and all Steering Group members were in agreement with this. It was agreed that this would be reviewed every three months to ensure appropriate representation at the Steering Group.</p> <p>RT thanked the group for supporting him during his time on the Steering Group and also with his Diabetes role.</p> <p>CC advised we will also being going out for expressions of interest for PPG representation from September.</p>	
8.0	<p>Finance</p> <p>DL1 provided Finance Report which had only been to Governing Body at the beginning of the week.</p> <p>Action: JM to email out to group</p> <p>Key points from the Report as follows:</p> <ul style="list-style-type: none"> • Early days only on month 3, challenges ahead. • Acute contracts have a mixture of under and over trends currently only have 2 months data that is being worked on. • Prescribing data shows marginal underspend, • Continuing Health Care and Mental Health is worrying at the moment this has shifted significantly the information received at month 3, a number of new packages put on the system. Unsure if these were new packages in June or new packages from April asking CSU to validate this – they have a new system called ‘Adam’ so not sure if they have kept pace with transition and a catch up in June or not. Still working with CSU around this issue but it has had significant impact. 	JM

	<ul style="list-style-type: none"> • Community Equipment Contract got issues with high level of prescribing off-formula working with Provider to understand putting things in place for sealing's around prescribing e.g. requesting authorisation over a set amount before being allowed to prescribe certain items. Issues around collections and deliveries too many are being classed as urgent so putting measures in place and working with them around this process. Co-commissioning at present there is pressure on this delegated budget working with NHS to understand. • Cash on target to meet with the amount allowed to draw down on within the year. Better payment practice virtually at 100% which is good as we need to achieve 95% around this and we are above this. • QIPP is quite challenging 14.6 million target this year, identified some level of recurrent QIPP savings but have non-recurrent gap, hope to be able to cover this within existing resources this year, problem is non-recurrent QIPP that is not identified will be a pressure next year, so need to constantly try to identify Quip schemes and get them delivering sooner rather than later. • DL1 has introduced analysis around spend per head broken down based on the population of East Lancashire and looks at movement in Acute and Community Prescribing these have all increased compared to last month. She has also introduced a 'what if' scenario which tries to predict based on current run rate what outcomes will be – again problems with CHC and Mental Health. • Highlighted tables in the report are around activity trends for example the non-electives although the trend is down there was a blip in May. Unable to provide information regarding Better Care Fund as this information has not been received yet. <p>Discussions took place around the report and DL1 advised that if anyone had any further queries or questions to contact her direct.</p>	
9.0	<p>Practice Manager Update</p> <p>As NS was unable to attend due to special leave she provided an update which CC presented to the meeting. Three highlights from the Practice Managers meeting were:</p> <ul style="list-style-type: none"> • Dementia – a presentation was given by the Alzheimer's Connect Pilot, all Practices who attended the meeting said it was a useful tool. They have been to implement use of the referral form which was cascaded to Practices by the CCG. Nicola Cassidy from the Alzheimer's Society advised that she could visit practices to meet with reception staff to train them on the utilisation of the templates and also offered Dementia Friendly training, NS advised that if any practices required this she would liaise with Nicola to arrange this. • Quality Framework – this had been discussed at the locality Forum and it had been agreed that Practices were struggling with the work load, timings and capacity involved with the Quality Framework AG had agreed at the Forum that he would take the concerns to the next Clinical Lead meeting. • Update via Kathryn Phillips around New Models of Care and at the Forum it was agreed in principal to look at Primary Care Home. CC advised will look to set up a Task & Finish Group around Primary Care Home to see what it will mean for Pendle and how this will be set up. 	
10.0	<p>Any Other Business</p> <ul style="list-style-type: none"> • HH raised the issues around Lancashire County Council Domestic Care 	

	<p>Agencies and the re-modeling of the scheme which has been on-going since 2014, HH has concerns about the fact that they will reduce down to approximately only 5 agencies across East Lancashire once Contracts have been issued, also around monitoring of the agencies. AG advised that as a Steering Group we would not be able to follow up on the concerns and take action but agreed as a group we would want the best care for residents within East Lancashire and would therefore raise the point with the Strategic Lead at the CCG.</p> <ul style="list-style-type: none"> • Diabetes Prevention Programme – RT will advise CC when the programme is up and running so someone can attend Working Group to discuss the programme and the process in due course. • COPD – Breathe Easy Groups SB advised these groups are now up and running referral information has been emailed out to Practice Managers within the locality. 	RT
11.0	<p>Date, Time & Venue of Next Meeting Thursday 7th September 2017 12.30pm – 2.30pm, Meeting Room 3, Walshaw House</p>	