

Governing Body Public Meeting

Date of Governing Body meeting: 29 January 2015
Agenda Item No: Item 9.1

TITLE OF REPORT:	GP Localities update report
PURPOSE OF REPORT:	To update the Governing Body on the work of the GP localities for November and December 2014.
KEY POINTS:	<p>There were a number of areas covered in the November and December GP locality meetings:</p> <ul style="list-style-type: none"> • Co-commissioning • Community Services Review • Referral to Treatment Time (RTT) – two localities are keen to look at how primary care can assist with demand management • Quarterly Finance and Medicines Management update <p>Progress has been made outside of the meetings with the Locality Improvement Plans including:-</p> <ul style="list-style-type: none"> • Referral of diabetes type 2 patients into structured education • Identification of suitable patients to refer into the COPD specialist nurses and pulmonary rehabilitation • Launch of the ring pessary pilot • Progression of the voluntary sector pilot <p>The locality meetings are a commissioning forum with responsibility for taking on professional leadership for quality improvement in general practice and supporting the CCG to develop its strategic aims.</p>
RECOMMENDATION TO THE GOVERNING BODY:	That the report be received for assurance of GP commissioning engagement.
GOVERNING BODY ACTION REQUIRED:	Assurance
REPORT WRITTEN BY:	Phil Griffin and Jackie Bryan
REPORT PRESENTED BY:	Phil Griffin, Strategic Lead Service Transformation and Redesign

REPORT SIGNED OFF BY:	Phil Griffin, Strategic Lead Service Transformation and Redesign Locality Chairs: Dr Mohan; Dr Nair; Dr Suri; Dr Bolliger
REPORT PRESENTED AT FOLLOWING COMMITTEES	N/A
TIME REQUIRED	10 minutes

The CCG has a duty to promote the NHS Constitution. Please indicate which principles of the NHS Constitution this report supports	
The NHS provides a comprehensive service available to all	√
Access to NHS services is based on clinical need, not an individual's ability to pay	√
The NHS aspires to the highest standards of excellence and professionalism	√
The NHS aspires to put patients at the heart of everything it does	√
The NHS works across organizational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population	√
The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources	√
The NHS is accountable to the public, communities and patients that it serves.	√

Positive general duties - Equality Act 2010	
The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory. This report is intended to support delivery of our duty to have a continuing positive impact on equality and diversity The CCG will work with providers, communities of interest and service users to ensure that any issues relating to equality of service within this report have been identified and addressed	
Please indicate if there have been any equality of service issues identified in this report	No

All papers are subject to the Freedom of Information Act. This paper is intended for release into the public domain.

Localities Meeting Update – November and December 2014

1. Introduction

This report is a summary of the key areas discussed/transacted at the November and December 2014 Locality meetings. The meetings were well attended by member practices with participation by those attending. Areas of discussion were as follows:

2. Commissioning Agenda

2a) Co-Commissioning

All localities received a presentation on the options available to the CCG for co-commissioning and practices were asked to indicate their preferred option to assist the governing body in making its decision. The localities engaged in discussions on co-commissioning and raised some interesting comments and queries. Discussions at the Locality meetings have been captured in a separate report to the Governing Body.

2b) Community Services Review

All localities received a presentation on the work that has been undertaken to review the community services. Concerns were raised from some practices regarding the distance between their practice and the community nurse's new base. Practices have been advised to formally raise any concerns to the community services review team as soon as possible.

2c) Referral to Treatment Time (RTT)

All localities have received information relating to the issues that Walsall Manor is experiencing with the 18 week RTT for patients. The localities were updated on what the Trust is undertaking to address this issue and what GPs can do to help. GPs were asked to offer an alternative provider for the affected specialties. GPs in the west locality and trans commented that there must be other things that primary care can do to help with these targets. The west locality have requested that demand management ideas are discussed at their January meeting and the trans are going to re-look at the service specifications for discharging follow-ups and triaging referrals through peer review.

2d) Quarterly Medicines Management Update – benchmarking & budget

The localities received an update on the forecast overspend of the prescribing budget that highlighted the main issues causing the overspend. Practices were encouraged to work with their practice based pharmacist support to go through the cost pressures report for their practice. The localities were provided with an overview of where Walsall ranked in regional benchmarking data for 20 medicines management quality indicators. Walsall is performing well in all indicators except for the volume of antibiotic prescribing and use of morphine as a percentage of strong opiates. For both of these indicators improvement initiatives have been implemented through including antibiotic prescribing in the Prescribing Local Incentive Scheme and looking at the pain management pathway for morphine prescribing.

2e) Quarterly Finance Update

All localities received a detailed presentation on the financial position of the CCG as of Month 6 (September 2014). The localities were made aware that the data will be refreshed in January 2015 as there have been data quality issues since the implementation of Lorenzo.

3 Improving Quality in Primary Care

3a) Locality Improvement Plans (LIPs)

All localities have been progressing with the projects in their Locality Improvement Plans (LIPs) and progress against the project KPIs is going to be monitored at the meetings between January and March 2015. All projects have KPIs attached to them and progress updates on the impact of these projects will be reported to the Governing Body in the March and May reports, on the completion of the project evaluations.

Diabetes

One locality is proactively identifying suitable patients to attend a free taster session for 10-12 patients being run by a provider of type 2 diabetes structured patient education programme. Two localities are undertaking some focused work on identifying patients to refer into DESMOND, utilising the recommended READ codes and are piloting the new template for newly diagnosed patients.

COPD

One locality is undertaking some intensive work on identifying suitable patients to refer into the COPD specialist nursing team and pulmonary rehabilitation. The COPD nurses and pulmonary rehabilitation lead have visited the practices armed with information that the practice has submitted prior. Early indications show that there is huge scope for identifying a large number of patients that are suitable for referral into pulmonary rehabilitation. Results from the first three practice visits revealed that the referrals could be between 10 and 40, depending on the individual patients' motivation. GPs have also been made aware of the importance to assess patient motivation to attend. Full results of the project will be collated, analysed and reported on by March 2015.

Ring Pessary

The west locality GPs have undertaken their training for fitting ring pessaries and the 12 month pilot commenced in November 2014. The Manor Hospital has provided the GPs with a list of patients that currently have their ring pessaries fitted and changed at the Manor with the view for them to contact the patients to discharge them. Currently 62 procedures are carried out, in the Manor per year for the west practices at a cost of £10k and if all of these patients transferred their care into primary care an £8k saving could be realised. Activity data will be reported on a quarterly basis.

Voluntary Sector Pilot

The southeast have been referring older adults into the voluntary sector pilot where the patient has a history of high, A&E attendances and/or unplanned admissions and GP attendances. The referral rate was low to begin with but following practice visits, by the GP support workers the referral rates have started to increase. The referral rate is still lower than planned therefore community nurses have been invited to identify suitable patients to the registered GP for referral and patient posters have been produced to raise awareness of the pilot. A breakdown of referrals is provided in Appendix 1.

Appendix 1

Community Partnership Project
13th October – 31st December 2014

Surgery	No. of Referrals
Askey & Partners	0
Little London	8
Dubb & Dey	5
Portland	9
Northgate	16
Conod & Partners	8
Rushall & Bevan	8
Dugas & Partners	13
Collingwood	10
Thornett	1
Sameja	0
Wharf Practice	0
TOTAL	78

External referrals and signposts by referral type	No. of referrals
Financial Concerns	13
Social Isolation	64
Housing Issues	25
Looking after self	56
Health / Staying well	35
Other – e.g. Transport	6

Breakdown of External referrals and Signposts	
Adult Safeguarding	1
Access to care and support	7
Access to meals services	14
Accommodation Options	5
Alternative Treatments /Therapies	2
Alzheimer's Dementia Support Worker	1
AUKW Advocacy	10
AUKW Help at Home	4
AUKW Dementia Support Workers	2
AUKW Dementia Advisor	2
Bereavement Support Services	3
Befriending Services	15
Benefit Checks	8
Benefits based charging	3
Bloxwich Hospital	1
Brine Baths	1
Care Home Costs	2
Care Packages	3
Carers' Assessment	3
Carers' Centre	4

Breakdown of External referrals and Signposts	
Carers' Support Services	5
Community Alarms	1
Community Fire Service	3
Continence Service	2
DWMHT	1
Environment Health	1
Faith groups	4
Health Management Groups	2
Holidays – specialist Need	2
Information Sources – Health	2
Library Services	3
Local Interest / Activity Groups	13
Lunch Clubs / Coffee Mornings	4
Maintaining interests / Hobbies	4
Mental Health Services	2
Neighbourhood Policing	1
Pharmacists	1
Pet Therapy / Interactive Support	2
Physical Activities	7
Reading Groups	4
Repair and Maintenance	11
Respite Support	3
Royal British Legion	1
Sevacare	1
Social Care and Inclusion	2
Social Activities	1
Specialist Accommodation	1
Support for Help at Home	1
Support Groups – Health	1
Support to Access Ongoing Learning	2
Support with Hearing Impairment	1
Support with Sight Impairment	2
Support with Transport	6
Telephone Befriending Services	10
Volunteering	2
Walsall Bereavement Support	1
Walsall Council	1
Walsall Housing Group	1
Walsall Mobile Library Service	4
Walsall Society for the Blind	1