



**Salford and Trafford Local Medical Committee**  
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**Minutes of the Salford Sub-committee  
held on Monday 13th July 2015 at The Waterside, Monton**

**Present:**

**EXECUTIVE MEMBERS**

Dr Mhairi Yates (MY)  
Dr Jenny Walton (JW)  
Dr Girish Patel (GP)

**MEMBERS**

Dr Riaz Khan (RK)  
Dr V Babu Raj (VR)  
Dr Ben Williams (BW)

**IN ATTENDANCE**

Mrs Vivienne Simenoff (VS)

**APOLOGIES**

Dr Ben Williams (BW)  
Mrs Kerrie Rowlands (KR)

**CO-OPTED MEMBERS & OBSERVERS**

Mr Alan Campbell (AC) Salford CCG  
Mr Varun Jairath (VJ) LPC  
Ms Janice Lowndes (JL) Salford Council  
Ms Angela Howell (AH) Rep Salford PM's



the current clusters with an aim that each covers 30-40k patients. It seemed likely that this will be:

- Eccles
- Swinton
- Irlam and Cadishead (but has only 20k patients)
- Little Hulton and Walkden.

Karen Proctor would be taking this forward together with Marie Clayton.

Five Vanguard sites, including Salford, have just been awarded a share of £40m to allow them to double run their systems during the transition period.

- CCG Appraisal  
NHS England has just appraised the CCG and awarded it “good”. This is the only one on this side of the Pennines in the North of England.
- New format of PM group meetings  
PMs had noted the improved format of the meetings and thanked (AC) for taking feedback from the LMC

#### Healthier Together

On 17<sup>th</sup> June a decision was taken and Bolton has signed a formal letter of support for SRFT. This means that the final decision on the four sites will be:

- SRFT
- Central Manchester
- Oldham
- South Manchester or Stockport
- 
- Devo GM  
Deficits are being clarified in each area and a recovery plan developed . In Salford the council needs to save £75m over 3 years, and the SRFT £70m. The Chancellor has been asked for £400m to support the transition.

David Dalton aims to close up to 200 beds. Across GM this could be 1500-2000, with 25% of the work being transferred into the community. Dr Chris Duffy, a GP in HMR is leading on developing the workforce to deal with this. This will include Associate Physicians. (AC) said that he is hoping for international recruitment – whilst this is not perfect it would be helpful during the current crisis.

(JW) said that 12 of the 14 applicants for the Assistant Nurse Practitioner roles are from A&E, and this is putting A&E under additional pressure.

Community Pharmacists.

The available £15m funding nationally to help fund community pharmacists in General Practice was noted. This will provide 60% funding in the first year, 40% in the second and 20% in the third. Claire Vaughn is leading from Salford CCG on this. The CCG is looking at picking up funding for this as it gives such an advantage to primary care, recognising that there does not appear to be a financial incentive to GP to do so in the long term. He said that they could perform medication reviews, discharge summaries.

(VJ) said that an independent prescriber is usually paired up with a GP mentor during training. He said that the LPC will be happy to discuss an induction programme to assist.

(VJ) said that currently community pharmacists are not allowed to carry out MURs during a domiciliary visit. There has however been a pilot running in Radcliffe which has reduced admissions.

The issue of the agreement reached between secondary and primary care on clinician handover was noted. AC said that there will be a clinical standards board set up which will use this as its first item, to test how the system works. He asked for an LMC nominee to the group.

[Under Part B this was discussed and Dr Jenny Walton was proposed to this position – **action – to advise (AC)**]

(AC) finished covering his agenda items. (MY) made him a presentation from the LMC on the history of the Campbells and thanked him for all his assistance these many years as well as his attendance at LMC meetings. She said that it had been a pleasure to work with him and wished him well in all his future endeavours. (AC) thanked the LMC for its positive working relationship and thanked all the GPs for their input into the health of the 230,000 residents of Salford since his appointment in 1990. He said that he had built up strong relationships with GPs over that period of time and he wished everyone well

## **5. Council Update**

(JL) gave the following update:

Sue Lightup has now retired and Janice Lowndes and Dave Clemmett would share future attendance at the LMC.

She said that under the Transform programme the Council is dealing with the following:

1. Integrated care organisation
2. Customer services – to bring together the way that the public can access the council by using digital media. There will be a big IT programme with training for service users, and self service using IT.
3. Community hub with one directorate covering strategy, policy; commissioning; and public health
4. 0-25s programme – commissioning linking to hospital
5. Neighbourhoods, with neighbourhood facing services, working with housing, voluntary organisations and community assets.

(JL) advised that Peel Park will be developed for the benefit of the people of Salford, and there will be a £1m cycling and pedestrian walkway from Winton to Port Salford.

- Hollybank – this is a facility for those leaving acute mental health services offering interim support. It is situated on the corner of Langworthy Road. It offers support for 6-12 months to enable independent living to 14 people living in the facility and a further 80 in the community.

The question was asked of where patients are registered with a GP. (JL) said that they are registered with various practices.

- Children's' Ofsted

The Council had been awarded “good” which is a great improvement in its status since the “inadequate” status in 2010.

- Aspire is now running as a mutual outside of the Council, supporting community services and running specific day centres.
- Debt support

The Council is developing training programmes and training is available on this. (JL) offered in-practice training to clinicians re offering welfare advice to patients, but said she needs significant numbers, rather than 3-4s, etc.

## **6. Healthier Together/Primary Care Strategy**

There were no further comments made.

## **7. Devo Gtr Manchester**

There were no further comments made.

### **AOB**

(VJ) said that Out of hours access for mismanaged medication ordering is being calculated. SRFT is looking at the data on this.

Co-opted Members then left.

### **DATES FOR 2015 MEETINGS**

**Held on a Monday 7.15pm – 9.15pm (Buffet 6.45) at Cromptons at the Waterside 1 Parrin Lane Monton, Manchester M30 8AN**

<b>Salford Subcommittee – 2015 Meeting dates</b>
<b>7.15 pm-9.15pm, preceded by a buffet from 6.45pm. Held at Crompton at the Waterside, 1 Parrin Lane, Monton, Manchester M30 8AN</b>
<b>No meeting in August</b>
Monday Sept 14th
Monday Oct 12th
Monday Nov 9th
Monday December 14 <sup>th</sup> evening JOINT FOR MEMBERS OF BOTH SALFORD AND TRAFFORD SUBCOMMITTEES In Sam Platts, Trafford Wharf Road, Old Trafford, M17 1EX