



Salford and Trafford Local Medical Committee
Suite 3 6th Floor St James's House Pendleton Way Salford M6 5FW
Telephone 0161 212 4122/4120
E-mail: vsimenoff@nhs.net or kerrie.rowlands@nhs.net

**Minutes of the Salford Sub-committee
held on Monday 14th Sept 2015 at The Waterside, Monton**

Present:

EXECUTIVE MEMBERS

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

MEMBERS

Dr V Babu Raj (VR)
Dr Ben Williams (BW)

CO-OPTED MEMBERS & OBSERVERS

Mr Anthony Hassall (AH) Salford CCG
Mr Varun Jairath (VJ) LPC
Mr Dave Clemmett (Salford Council)
Ms Lyndsay Rodway (Rep PMgrs)
Dr Paul Bishop (PB) (Salford CCG)
Charlotte Aspden (CA) (Salford CCG)

IN ATTENDANCE

Mrs Kerrie Rowlands (KR) (minutes)

APOLOGIES

Dr Girish Patel (GP)
Mrs Vivienne Simenoff (VS)
Dr Tom Earnshaw (TE)
Dr S Anane (SA) (BMA)

Declaration of Interest

None declared in the meeting

Dr Yates (MY) opened by introducing Anthony Hassall, Chief Operating Officer Salford CCG, to the meeting.

SPECIAL BUSINESS:

Steve Jones, Health Professional Engagement Facilitator, Cancer Research UK, gave a presentation on how to help practices improve earlier cancer diagnosis. This a National project to help support primary care in driving up quality and improve cancer outcomes. His presentation included benefits, practice visits and the Neighbourhood and wider strategic approach. More information can be found in the slides inserted here for reference.



Salford LMC 14th
Sept 2015.pptx

Following the presentation Dr Bishop (PB) commented on the work already done within Primary Care and suggested that Steve Jones should contact Steve Elliott to avoid any possible overlap. Dr Walton (JW) also mentioned the development of a Cancer Standard for Salford, to be discussed further down the agenda. Steve Jones said that the two projects would be linked.

AGENDA - PART A

1. ICS Update

Paul Bishop(PB) and Charlotte Aspden (CA) attended the meeting to give a brief update on progress. (PB) said that recent workshops had identified that there was still a lack of understanding in some areas as to what ICO meant. However there was a common feeling that there was a need to change and that Primary Care was fundamental to its success. He also said that although workable options had been considered no decisions had been made on a final model. (PB) reinforced the message that unless there was a change to the National contract the CCG would not be in a position to enforce change.

Dr Williams (BW) raised concern around the possibility of losing Enhanced Services in one of the models previously presented. This prompted discussion on the impact of that, how core general practice should be

retained and what aspects of work that could be delivered via an Integrated Care model.

Timescales were mentioned. It was hoped that there would be a pilot site in position by the 1st quarter of next financial year to work through the detail. Accountability was also raised. (PB) said that that level of granularity had still to be worked out.

Future communication was also discussed and how this could be improved in the future.

(MY) thanked Dr Bishop and Charlotte for their attendance and asked that they continue to keep the LMC updated on progress.

At this point (CA) handed a copy of the Integrated Care System - GP survey to the Chair and asked if the LMC could send the link out to all Salford GP's for completion **Action LMC**

Due to a time constraint for the Council the meeting then moved to item number 5 on the agenda.

5. Council Update

Dave Clemmett (DC) attended the meeting and gave the following update:

He said that council were in their next round of budget savings and went on to describe the impact of future plans. (DC) went on to say that ICO would be managed by SRFT and work was underway to look at future management and co-ordination of services.

Discussion ensued around the reduction in beds and the impact on patients once their treatment was complete. (JW) said that it would be a good idea to have this on next month's agenda and suggested that the LMC invite a representative to update members on the Salford Safe Model. **Action: LMC to invite.**

The future plan for the Interim Care Unit was questioned. (DC) said that its future was still under debate

2. Approval of last month's minutes

No amendment to the minutes of July 13th were made and therefore the minutes were approved.

3. Review of actions from the last meeting

No	Subject	Action	Who
1.	Occupational Health Service for Gp's - (AC) said that Salford Royal is still accepting referrals for both staff and clinicians. If any practice wishes to use the service they should speak to Ben Squires at the Area Team.	LMC to advise constituents No update available. Action carried forward to the net meeting	LMC
2	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	This was discussed under part B in July's meeting & (JW) was proposed. LMC to advise (AC) No update available. Action carried forward to the net meeting	LMC

4. NHS Salford CCG - Update

Anthony Hassall (AH) gave the following update:

He said that there were 5 main challenges for the CCG

1. Engagement

Further work needed to be done to engage the public sector and practices. Consideration need to be given to how to personally link with each of the Neighbourhoods.

2. Primary Care Commissioning

In April 2016, the CCG would have full responsibility for Primary care commissioning and therefore work needed to be done to ensure the right infrastructure was in place.

3. Integrated Care System

Making the theory real.

4. Healthier Together

The committee in common had been challenged by medical staff at Wythenshawe about the decision to include Stepping Hill as a specialist centre. There was a risk that this could become a legal challenge and as a result the Healthier Together program could not move forward until the dispute was resolved.

5. Devomanc

There was a still a lack of understanding as to what this is. Work need to be done to develop a local plan, working with the Council to understand the process. (AH)went on to talk about Integrated care commissioning and the work needed to develop this further.

Discussion ensued about the levels of engagement and the challenges around increasing understanding.

8. Assoc of GMLMC/Flu meeting notes

The Association of LMC's Greater Manchester 'Notes from the meeting held on Tuesday 11th August' and sent out with the agenda, were noted and comments invited.

Varun Jairath (VJ) said that delivery of the National Flu Vaccination service had been planned for 1st Sept. However the specification had only been received that day. Discussion followed around the information needed by practices such as a list of which pharmacies would be providing the service, which notification method would be used etc. (VJ) agreed to share information as the service developed.

9. Salford Care Standards

The Salford Standard is a set of 'Primary Care Quality Standards for General Practice which describe the level of care that Salford patients should expect. These had been developed by the CCG and had been included in the agenda papers for reference. Comments made in the meeting are noted below against each standard.

Cancer

Need to understand the rationale for choosing breast & prostate cancer. KPI's, Year 2 onwards, need clarification on what the annual review would be based upon.

EOL

ICD Training. There was debate in the meeting as to whether this requirement should be included in the Salford Standard.

Safeguarding

Nothing new. Those in the meeting were happy with the content.

Vulnerable Groups – Military Veterans

Query as to whether it encompasses new registrations.

Carers

Increase numbers of carers registered within the practices – achieve 2% of list size – Discussion whether this should be removed or replaced with a higher % increase.

Respiratory

Need to understand which toolkit was being used.

Medicines Optimisation

Need to make sure data collection is robust.

Vulnerable Groups – Asylum Seekers

KPI's – language vague, what does avoid mean (practices should avoid using telephone translation services...) Re-word?

Patient Experience

Comment made to the enormity of the request to ensure the group's voice is heard.

(MY) agreed to feedback comments to Anne Richardson, Programme Manager. **Action (MY)**

AOB

There were none

Meeting closed at 9.15pm

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

Monday Oct 12th
Monday Nov 9th
Monday December 14 th evening JOINT FOR MEMBERS OF BOTH SALFORD AND TRAFFORD SUBCOMMITTEES In Sam Platts, Trafford Wharf Road, Old Trafford, M17 1EX

No Part B