



Salford and Trafford Local Medical Committee
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**Minutes of the Salford Sub-committee
held on Weds 25th Oct in the Boardroom, Swinton Park Golf Club, East
Lancs Road, M27 5LX**

Present:

IN ATTENDANCE

Mrs Eve Donelon (ED)

EXECUTIVE MEMBERS

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

APOLOGIES

Dr Zoe Willam
Mrs Kerrie Rowlands
Dr Siobhan Brennan
Adam Irvine

MEMBERS & CO-OPTED MEMBERS

Dr V Babu Raj (VR)
Dr Riaz Khan (RK)

OBSERVERS

Francine Thorpe Salford CCG (FT)
Janice Lowndes Salford Council (JL)

AGENDA PART A

Welcome & Declaration of Interest

Dr Yates (MY) welcomed all to the meeting and asked for any new declarations of interest. None were made.

Approval of last month's minutes

Clarification was sought on the abbreviation PCCC noted under Salford CCG update. This was given as Primary Care Commissioning Committee. Minutes of 27th Sept were approved.

Review of actions from the last meeting

| No | Subject | Action | Who |
|----|--|---|-----|
| 1 | There was also discussion around requests for letter from schools and it was suggested that the matter could be discussed at the Head teachers Forum | JL had provided a contact name. (email recv'd 12/7/2017) ED wasn't present at the meeting in Sept this action is carried forward for an update in Oct.. Update in the meeting. ED has contacted Gail Leach and awaits a response. JL asked for the email to be forwarded to her so that she could chase. Action carried forward. | ED |

Salford CCG - Update

Francine Thorpe (FT) gave the following update:

Greater Manchester Health & Social Care partnership Commissioning Review

A series of recommendations had been made and each locality would be looking at what had been proposed with the view to implementing them. The aim was to have an integrated approach to commissioning between the CCG's and Local Authorities. Salford was considered to be a good example of where things were working well. Governance arrangements had been established in partnership with Salford City Council to progress a further piece of work around commissioning of public health services and children's services.

Commissioning of primary care would be discussed with the LA in the future however it was noted that as the CCG had been delegated responsibility for commissioning of GP services by NHSE, they would not be able to delegate any responsibilities to the council. However it was noted that there was still merit in holding discussions. Any proposals would be shared with the LMC. The LMC asked if there was any work going on around integration of the organisations. (FT) said that that piece of work would come later.

(FT) went on to say that there were no national plans to remove CCG's. It was noted that Manchester CCG's had merged and there was some discussion on what this could mean for other CCG's.

(FT) talked about who was involved in the Strategic Group to develop the programmes of work. It was noted that it could be beneficial to have LMC representation on this group and (FT) agreed to feed that back.

(MY) asked if an example could be given of how commissioning of primary care could change under the circumstances being discussed or an example of a service that could have a more collaborative approach between the CCG and the Council. The following example was given:

(FT) had attended a School Readiness summit which was about services provided to children to make sure they were ready for school. Included were examples of the positive impact when services worked more collaboratively. She went on to give an example of where a Head Teacher working in a deprived area in Bolton, wanted to do more for children under the age of three. The Head Teacher worked with the Local Authority to look at their children centre functions and also linked into local GP's to get clinics delivered from the centres. Readiness for school was measured and significant improvements had been seen.

Transformation programme for Adult Services

Three Project Initiation Documents (PID's) had been agreed through the Integrated Care Advisory Board . One was around expansion of the service that helped prevention of falls in elderly people. Another was around a crisis team which would have a two hour response rate. This would be an expansion of the service delivered by the current Rapid Response team. The third was around development of integrated services at a neighbourhood level. This had been presented at two neighbourhood meetings and (FT) said that a view from the LMC would be appreciated.

Reference was made to the second PID. It was noted that the existing Rapid Response only allowed referrals for people that were well. The new service would also support referrals for those that were unwell.

(JW) made comment that it was important that GP's have the ability to refer into the service and that referrals should not be limited to NWAS.

(ED) asked who was representing GP's on the development of integrated services for the neighbourhoods. (FT) confirmed that SPCT were involved and there was a request in the meeting for future involvement of the LMC. This prompted discussion around a previous request and whether this request should be put forward again. (MY) Declared a conflict of interest and suggested that either (ED) or (JW) should make representations direct to the provider board. (FT) reminded all that Anthony had requested

feedback on the proposals and suggested that it would be helpful if he was included in any communications. It was noted that the LMC had not seen the proposals as they had not been included in the circulation to GP's. (FT) agreed to forward copies to the LMC. **Action (FT)** (ED) also requested that the LMC were included in anything that's going out to GP's that involves fundamental changes in the future.

Performance

There had been a lot attention around unscheduled care and variable performance of the 4hr A&E standard. The CCG were being held to account with GM and lots of information was being requested. There was a meeting with GM Health & Social care partnership in the coming week in which this would be discussed. Extended access work and primary care streaming was being rolled out and this was being closely monitored through the Primary Care board. Flu vaccinations were mentioned and a plea made to make sure all was being done to ensure people were vaccinated was made.

(ED) asked what funding was available around flu vaccinations and (FT) confirmed that the CCG supported the funding of letters from the practices. The LMC had also been working with Adam Irvine(LPC) to validate the list that comes from Pharmoutcomes to GP's of patients that have been vaccinated.

(JL) asked where the responsibility for Children's vaccines sat, particularly in the Jewish community. (FT) agreed to find out with Harry Golby **Action (FT)**

Patient Online access

There was still a considerable variance on performance across GP practices. The CCG would be writing to practices who weren't meeting the 20% target to understand what future action they would be taking. (ED) mentioned a workshop that the LMC were in the process of trying to arrange.

Clarity was sought on the 20% target and it was confirmed that this was 20% of patients registered to use service.

Council Update NHS

Janice Lowndes (JL) gave the following update:

Lead member for Health & Well being is now Counsellor Reynolds. The previous holder, Counsellor Kelly was now Lead member for Housing.

Two projects were being run with United Utilities. United Utilities in Blackpool had improved their payment collection process and reduced water consumption saving residents money by looking at their products. Salford were going to do the same and would mean residents would have access to various different packages that would save them money. (JL) went on to describe some of the specific ideas including a pilot scheme to place monitors in Salix homes that could provide an alert for the elderly, when patterns of consumption change. Discussion followed regarding the possible development and support for this type of service.

Discretionary support scheme was mentioned. This scheme provided financial support to people who were struggling. It included support for those in a crisis for example someone who was not on benefits and unable to buy food. It also provided support for those who had to move properties e.g. in the case of a domestic abuse situation. Another aspect was support for people to pay council tax. This scheme had been re-launched and was now called Salford Assist.

Discussion followed around changes to Universal Credit and the impact on Salford residents. Following questions raised (JL) said that all Temporary accommodations are under pressure. Questions were also raised around how the council were targeting people who were in fuel poverty with the aim of reducing their bills etc. (JL) talked about a number of schemes that were in place.

Winter Welfare programme - This involved a group visiting elderly people in their homes to make sure they were ready for winter. Visits were due to start in Nov. Discussion followed about linking up with the various teams such as the Crisis Teams mentioned in the CCG's update share learning and avoid duplication.

Information had been sent out on the scheme to the community but it was agreed that it would be helpful for information to be shared with GP practices. **Action (JL) to forward information to the LMC that could be shared with practices.**

Question was raised around the mechanism for letting GP practices know when a person had received a visit and after discussion it was agreed that the Multi Disciplinary Groups (MDG's) could be the link.

(JL) went on to say that a Jewish community profile had been completed which had looked at the demographics around the Jewish community in Manchester Bury and Salford and results would be released soon.

My City Salford would be attending a future LMC meeting to give a presentation. A date would be arranged in the New Year. A presentation on Homelessness was planned for next month's subcommittee meeting

Information was available from Welfare and Debt advice officers based in practices and could be shared if practices required it. There was a pilot in Swinton which involved information going direct on to practice records.

LPC update

Apologies received from Adam Irvine so no update was available in the meeting.

GM Health & Social Care Partnership

(FT) added that the CCG was being asked for a lot of information about the locality and where possible they would try to avoid involving practices.

SPCT update

Salford Wide Extended Access Programme (SWEAP) launched in Swinton in Aug. Service was very well attended with an 85% uptake of appointments. The DNA rate discussed in last month's meeting had been investigated. This had been an IT issue that was recording people as not attending when they had. The DNA rate had dropped down to 9% which was in line with GP practice DNA rates. The second neighbourhood to go live was Eccles and Irlam and launched on the 9th October. This was also running well. The next to neighbourhoods to joining would be Walkden and Little Hulton, Ordsall and Claremont during November and then Broughton due online in December however this could be delayed till January due to the estate for Willowtree in Salford who are refusing permission for the building to be open on a Sunday so the Estate needed to be changed.

(MY) confirmed that they were aware of the concerns regarding the distances between Eccles (gateway) and Irlam. Usage by Irlam residents would be monitored as a part of the pilot.

There was some concern raised around the allocation of appointments and a request made to make the allocation fairer. (MY) said that the specification requested that patients should be able to access any of the hubs across Salford. Practices of the neighbourhoods would need to interrogate the data for a reason then investigate if there was a way of making it more equitable in the future.

(MY) confirmed that the suspension of smears by the nurses had been suspended temporarily whilst the governance arrangements were put in place.

ED streaming – had gone live on the 27th Sept. All of the sessions had been filled going and (MY) said that it would be interesting to see what impact the service has on A&E pressures. There was a brief discussion around potential abuse of the system and protocols in place.

There had been a piece of work that had been going on for the past several months around bringing Salford Health Matters on board as a practice within SPCT. There had been some issues around procurement and the decision had been delayed whilst this was looked into by the CCG. The CCG had now given their approval and the contract would have a number of conditions attached to it.

Indemnity Insurance

There was uncertainty in last month's meeting if GPs had to get their own indemnity amended as a result of doing ED sessions. This was not the case (MY) confirmed that ED streaming would be classed as routine sessions by the defence organisations.

There was a question around IT systems for SWEAP and understanding of the benefits and constraints using Vision 360.

GP Excellence programme

This was the GM version of what was referred to in the GP forward view of the GP resilience programme and would not only focus on helping the most vulnerable practices it would also be supporting further innovation. Siobhan Brennan attended the meeting on behalf of the LMC and had provided an update that included the points below.

- The referral documentation into the programme would be a standard referral document with rules around commitment and sharing information with the commissioner.
- It was a support programme and documentation would be emailed out shortly.
- Communication - A Newsletter had been launched
- GM dashboard to be launched.

Discussion ensued on the allocation of funding.

AOB

The change to a state run system for GP indemnity arrangements was mentioned. Further information would follow as it became available.

(ED) informed members of the work the LMC had been doing to review how the LMC operated and the governance in place. Part of that review had included roles and responsibilities of all including subcommittee members. These had been re-written and would be brought to the next meeting for feedback. Honoraria was also being reviewed. (ED) mentioned email communications and requested support in providing a timely response to request for information etc.

Meeting closed.

No Part B