Salford and Trafford Local Medical Committee
c/o 5th Floor, St James's House, Pendleton Way, Salford M6 5FW
E-mail: e.donelon@nhs.net or kerrie.rowlands@nhs.net

Minutes of the Trafford Sub-committee held on Weds 19th July at The Life Centre, Sale

PRESENT:

IN ATTENDANCE
-Mrs Eve Donelon (ED)

EXECUTIVE MEMBERS
-Dr Colin Kelman (CK)
-Dr Aarya Prabhakaran (AP)

MEMBERS
-Dr Amabel Freeman (AF)
-Dr Joe Chandy (JC)
-Dr Sally Johnston(SJ)
-Dr Scott Pearson (SP)
-Dr Rimma Grant (RG)
-Dr Rachel Howard (RH)

CO-OPTED MEMBERS & OBSERVERS
-Mr Christian Booth (CB) (representing PM's Trafford South)
-Ms Deborah Darlington (DD) (representing PM's Trafford North)
-Rebecca Demaine (RD)AD of Primary care, Trafford CCG
-Joe McGuigan (JM) Director of Finance, TCCG
-Dr Paul Jackson (PJ) Director, TPH and Trafford GP
-Dr Marik Sangha (MS) Director, TPH and Trafford GP
-Dr Phil Stratford-Smith, GP for TCC and Trafford GP
-Tim Weedall (TW)Transformation lead, TCC, Trafford CCG
-Darren Crombie (DC) DXC
-Dr Masud Prodhan (MP) GP

APOLOGIES
Adam Irvine (GMLPC)
Mrs Kerrie Rowlands (KR)
Dr Dev Shah (DS)

Alison Overton (AO)

AGENDA - PART A

Declaration of interest
None were declared

1. Approval of last month's minutes
Minutes of the last meeting held on Weds 21st June were approved.

2. Special Business: Health Checks
ED welcomed Julie Hotchkiss, Trafford Public Health Consultant to the meeting and introduced the work that the LMC and JH had been undertaking to review the current Health Checks service specification. JH has developed a draft revised specification for Health checks which draws a distinction between the invitation process and health check consultation. There is also the inclusion of noting carer's status during the assessment and the introduction of a risk stratification process in order to ensure those most at risk were prioritised.

JH described the potential new process and group discussions continued around using NMoC as platform for future delivery including the possibility of using the Trafford Coordination centre for risk stratification and neighbourhood modelling.

SP and SJ flagged that it is also important that current effective delivery needs to be taken into consideration as some practices may well want to continue to deliver the service for their patients, and have invested resources in staffing to deliver the current specification.

3. Council Update: Smoking Cessation
JH went on to discuss Smoking cessation as part of the Public health general update. JH stated that Smoking Cessation provision is also under review, and the Level 3 service is no longer available. Further discussions to be had going forward and JH to update the LMC in due course

4. Trafford CCG update incl NMoC

RD provided an update on a number of areas including:

- The CCG has a clarification panel scheduled with GMHSP on the 8th August in relation to the Transformation bid.
- GMHSP has requested the PMS Review process be re-commenced and that Practices will be contacted in due course
- Retrospective claims under list dispersal policy are being progressed and will be presented at the Primary Care Commissioning Committee at the end of September for approval
- The CCGs local Quality Premium for this year is COPD indicator FEV1 in last 12 months as Trafford remains an outlier nationally. The plan for 17/18 is to be discussed by the CCGs Senior Management team regarding any actions required for achievement including possible investment
- The 2nd cohort of practices have commenced support from national team within productive general practice
- 30 GPs, PMs and senior reception staff from practices undertook 2 day Fundamentals of Quality Improvement training provided within the GPFYFV resilience in general practice resilience programme- good feedback has been received so far
- A 7 day access audit is currently being undertaken in preparation for 4 hub working incl Sundays. Findings so far show that some practices are not compliant with requirements for level 1. Issue with non-complaint position as practices unable to do access DES from October as part of GMS changes
- As practice will be aware there is a new clinical waste provider in place, which has been commissioned at GM level. Any local issues should be sent to suzanne.cliffe4@nhs.net
- There is a pending branch closure of a central Manchester Practice on Washway Road affecting approx. 450 registered patients. Trafford CCG and Manchester CCG are due to meet in July with the Practice to discuss consultation. The main practice has been placed in Special measures by CQC
- It was agreed that TCC will suspend sending letters out whilst the clinical pathways for Trafford GP's are finalised

5. GMHSP Update

No update available

6. Trafford Provider Health (TPH) Update

Dr Paul Jackson (PJ) and Dr Marik Sangha (MS) attended the meeting representing THP.

PJ took the opportunity to describe a potential opportunity for THP to deliver a note summarising and note storage solution which has been

approved by the CCG in response to issues identified by Practices participating in the first round of Productive General Practice.

Whilst TPH had initially been reluctant to deliver the contract due to the level of risk it would pose to TPH after the initial 3 year period they confirmed they were still in discussions with the CCG. A further update will be provided in due course.

7. Special Item: Trafford Coordination Centre

Tim Weedall (TW) led the agenda item and began by presenting an update to the group on TCC progress and delivery going forward (attached in appendix 1). Due to time limitations slides 1-7 and 9 were discussed during the meeting. The group were invited to ask questions during the presentation.

TW confirmed that due to changes within the Acute Provider contract, from September 2017 the Acute trusts will not be accepting direct referrals from GP Practices and therefore practices will need to send referrals electronically via the available systems. Ideally this would be via TCC.

It was noted that the majority of referrals captured by TCC were of adequate quality.

SP raised a concern that some referrals are flagged as inadequate against the pathways and feedback is provided by TCC, however the pathways are yet to be published

MP raised a concern that his patients will not experience the same potential benefits from TCC as other Practices due to using a different clinical system. JM agreed to discuss this with MP outside of the meeting.

TW stressed the importance of Practices raising any issues they may be experiencing as the CCG would assess as to whether the concern should be reported as a serious untoward incident and discussed at contract review meetings with TCC

TW asked for volunteer Practices to work with TCC on an engagement pilot. Ideally there would be a practice per neighbourhood. 3 Practices volunteered during the meeting.

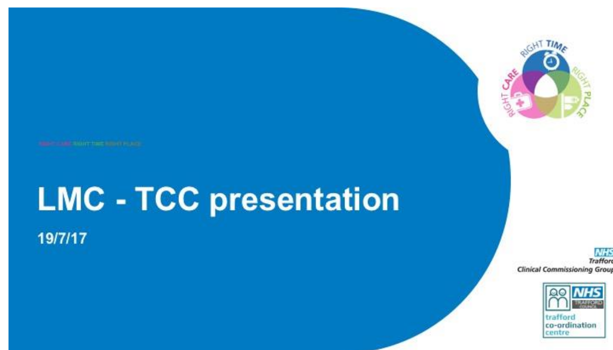
(CK) thanked all for attending and said that he hoped members had found the information helpful.

2017 Meeting dates

To be held 1pm – _2.30pm preceded by lunch from 12.30pm in the Muller Room , Life Centre. 235 Washway Road, Sale M33 4BP

- No meeting in August
- Weds Sept 20th
- Weds Oct 18th
- Weds Nov 15th
- Monday December 11TH evening
  JOINT FOR ALL MEMBERS OF BOTH SALFORD AND TRAFFORD COMMITTEES in the Terrace Room Worsley Marriott 7.30pm – 9.30pm food from 6.30pm

Appendix 1



Agenda

- Introductions
- Current Service – Successes/Issues
- GP feedback – Issues log summary/discussion
- MSK service
- KPIs
- Other challenges
- GP engagement
- TCC asks of GPs
- 3 month plan

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Current Service/Successes/Issues – Referral Management

Referral Management - Improve the quality of referrals into secondary care; reduce variation > better patient experience

- TCC receives c.1,000 referrals per week (TCC only books c 40% total GP referrals)
- A small team of GPs assisting development of referral pathways
- 37 referral pathways – detailed review of referrals (c 10% of total):
  - Redirection to community services where appropriate (5 yr Forward view/CCG strategy)
  - Recommendations to GPs e.g. where pathways identify missing investigations
- Directory of Services launch planned August - frustration acknowledged
- Generic referral form launched (auto-populated)
- Benefits to Provider, Patient & Commissioner
- Further benefits opportunity:
  - TCC does not have ability to receive all referrals prior to booking in secondary care
  - TCC does not stop any referrals (protocol drafted & pilot required)

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Current Service/Successes/Issues – Care Coordination

Care Coordination – Case management avoiding A&E attendances/ unplanned admissions (reduce acute provider demand) :

- 1,245 patients enrolled since November 2016 (one third - 2+ admissions)
- Referrals from a range of sources: AUA lists, CEC, OSRC, Self-referrals
- Risk Stratification tool operational since June (GP data – 4 weeks)
- List of patients in CC to be issued to practices > EMIS coding
- GPs need to see the actions from TCC clinical team (Solution to allow team to write to EMIS)
- TCC recording potential benefits (Since April – 353 admission avoidance) - yet to see impact on acute admission spend
- Benefits will only be realised with high risk patient cohort
- TCC referring patients 'in' to services

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Summary of GP feedback – 16 practices responded

- **Referral Management**
  - MSK service – process/delays (MSK e-mail issue)
  - E-mails not being received by TCC – even where acknowledgement received
  - General/specific referrals – delays/referrals going astray.
  - Patient referred to one acute provider and ending up in another acute provider
  - **> Take up with practices > incidents log/quality & safety committee**
  - Poor recommendations (from Pathway review)
  - No Directory of Service available to review recommendations
  - TCC not offering patient full feedback on appointment details
- **Care Coordination**
  - Not knowing practice patients enrolled in C.C. service
  - Lack of understanding of the service
- **TCC General**
  - TCC business plan
  - Confused by communications about TCC
  - No KPIs

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Community MSK Service

- Clinical triage, Physio-line, Website, Specialist clinics, Diagnostic ordering, Shared decision making, onward referral for surgery via TCC (Patient choice)
- Pilot e-mail referral into TCC > Generic referral form includes MSK (STarTBack tool calculation)
- TCC redirecting referrals which are sent to secondary care via TCC
- Some GPs continue to refer to secondary care/IS providers via eRS & order diagnostics (Duplicate referral issue)
- TCC turning round all routine referrals in 36 hours – monitored daily (urgent – 6 hours)
- MSK service KPIs:
  - Clinical triage in 2 days (95% > 75%) [Virtual triage option being pursued]
  - Referral to appointment in 2 weeks (80% > 47%)
  - Referral to appointment in 4 weeks (95% > 80%)
- Deflections from secondary care:
  - 2016/17 – 7,896 referrals > 759 specialist clinic deflections. (KPI = conversion to surgery)

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KPIs

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Right TIME
Right PLACE

Service	Detail		Oct-17
Care Coordination	% patients that meet agreed criteria		80%
Care Coordination	Number of patients in service		1400
Care Coordination	% of patients that have a defined clinical action plan		60%
Referral Management	% Referrals processed within	HSC : 2 hours	100%
		Urgent : 6 Hours	95%
		Routine : 36 Hours	95%
Referral Management	% of target referrals clinically reviewed		95%
Referral Management	% GP practices using DOS		80%
OPS and engagement	Calls managed within OLA		95%
OPS and engagement	% of GP practices with active engagement		90%
OPS and engagement	Number of trusts actively referring into and supporting Care Co-ordination		2
OPS and engagement	Number of organisations actively using clinical portal		3
GP KPIs	% correct referral forms used		??
GP KPIs	% referrals to required quality		??
GP KPIs	% of registered practice users consulting the DOS		??

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TCC Other Issues

- Data Integration delays > Current position
- Diagnostic ordering > Launch August
- TCC Clinical Director role > Re-advertised 14/7
- Discharge Management Service Offer > Pilot UHSM agreed
- Partner/Stakeholder engagement > recommenced 17/7/17
- External Audit > Options Appraisal/CBA
- GP Engagement Model

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GP Proposed Operational Level Engagement

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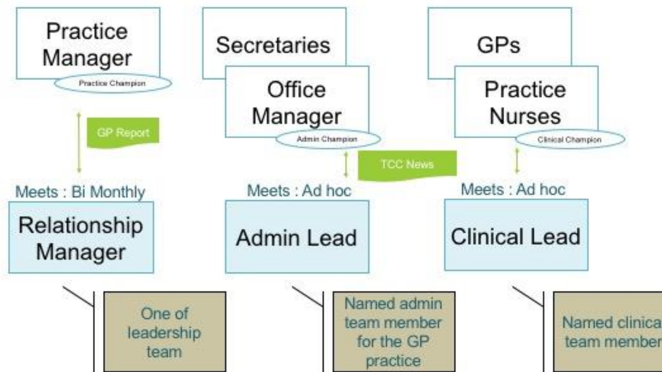
Right TIME
Right PLACE



TCC - Ask of GPs

- **Report issues immediately > investigate/incident log**
- **Use generic referral form – further training can be provided**
- **Separate referral form for care coordination (high risk)/ secondary care referrals**
- **Refer in to community services (MSK, Gastro)**
- **MSK - diagnostics assessed/ordered by the service**
- **Track patients in CC. Respond to CC task requests**
- **Proactive engagement – pilot 4 practices (practice champions and/or neighbourhood champions)**

3 Month – Our 9 Priorities

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*We need to shift from our current cohort which has a large % of patients with a **low historic admission** rate, to focus on **high risk patients**. For the high risk patients we need to save **1 admission per group of 3 patients per year** to deliver our target savings.*

Care Co-ordination	Referral Management	Ops & Engagement
(1) Focus on onboarding patients with high risk of admission (including Post Discharge / Frequent Attenders).	(4) Improve quality of referrals from GP through support / pilot validation	(7) Stabilise and improve internal daily operations and CCG engagement **> KPI monitoring & published**
(2) Discharge those patients that will not benefit from our service	(5) Use of the DOS by GPs to support improved pathway compliance	(8) Implement a direct engagement approach with our GPs for operational comms / support.
(3) Increase the clinical focus of the service	(6) Start placing diagnostic tests on behalf of GPs	(9) Rebuild relationships with key Acutes in support of admission (Frequent Attenders) and readmission avoidance (Post Discharge mgmt.).

TCC 3 Month Plan & Priorities

Completion Milestones

Right CARE
Right TIME
Right PLACE

Jul 10 | Jul 24 | Aug 7 | Aug 21 | Sept 4 | Sept 18 | Oct 2

Ops & Engagement
1. Stabilise and improve ops and CCG involvement
2. Implement GP operational comms
3. Rebuild relationships with key Acutes

Improved Operational Dashboards
KPIs Monitored
Butterfly Desk Move
SPOA into Butterfly??
Team Objectives
GP Engagement Pilot
GP Engagement Full
Clinical Director in post
Acute Reengagement (UHSM, CMFT Trafford)

Referral Management
1. Improve quality of referrals from GP through support / enforcement.
2. Use of the DOS by GPs
3. Start placing diagnostic tests on behalf of GPs

GP quality feedback Pilot
GP quality feedback full rollout
DOS
Place Diagnostics
10 New Pathways

Care Co-ordination
1. Focus on onboarding patients with high risk of admission.
2. Discharge those patients that will not benefit from our service
3. Increase the clinical focus of the service

High Risk Service
Post Discharge & Frequent Attenders Service
Referrals into CEC
CEC Cohort Advice
GP Data Informed Cohort Criteria
Condition matrix – Existing patients
Priority 1 Interventions
Priority 2 Interventions
Revised Discharge Criteria
Data informed discharges
Discharge backlog cleared

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