

Minutes of the South Locality Commissioning Meeting
The Old Chapel, Dulwich Hospital
27 August 2015, 1-2.30pm

Present:

Dr Yvonneke Roe (YR)	Clinical Lead (Nunhead Surgery) (Chair)
Dr Tanya Gordinsky (TG)	Elm Lodge Surgery
Sue Wooder (SW)	Elm Lodge Surgery
Dr Joan Roseman (JR)	St Gile's Surgery (Dr Patel)
Dr Liz Begley (LB)	St Gile's Surgery (Virji, Begley)
Dr Roger Durston (RD)	Camberwell Green Practice
E Drake (ED)	Queen's Road Surgery
Dr Emily Gibbs (EG)	Clinical Lead
Dr A Parvez (AP)	Parkside Medical Centre
Dr Martin Iu (MI)	Nunhead Surgery
Dr Saadi Doha (SD)	306 Medical Centre
Mo Dawood (MD)	306 Medical Centre
Dr Jane Cliffe (JC)	The Gardens Surgery
Dr Kishore Vasant (KV)	St Gile's Surgery
C Sterling (CS)	St Gile's Surgery
Dr Lauren Parry (LP)	Queen's Road Surgery
Dr Jacques Mizan (JM)	Clinical Lead (Queen's Road Surgery)
A Kamara (AK)	Concordia Parkside

Apologies

Linda Drake	Clinical Lead (Elm Lodge Surgery) (Chair)
Lyndsay Wallington	Concordia Parkside
Cindy Mootoosammy	St Gile's Surgery
Lyza Edny	DMC Chadwick Road
Jean Young	NHS Southwark CCG (Tooley St team)

In attendance

Nina Martin (NM), minutes	NHS Southwark CCG (Tooley St team)
Harprit Lally (HL)	NHS Southwark CCG (Tooley St team)
Rosemary Watts (RW)	NHS Southwark CCG (Tooley St team)
Laura Brannon (LB)	NHS Southwark CCG (Tooley St team)
Dr Jonty Heaversedge (JH)	Clinical Lead/Chair NHS Southwark CCG

1. Introductions

All introductions were made and apologies noted.

2. Minutes of previous meetings and matters arising

The minutes of the April meeting were agreed as an accurate record.

2.1 Actions

2.1.1 Follow up and update on physiotherapy waiting times at King's (NH) – Post meeting note: *An update on this was sent out via GP bulletin in previous weeks. The link to the update which is posted on the members zone was re-circulated to members after the meeting.*

2.1.2 Confirm details of the King's and GSTT maternity contracts and update at next meeting (EG) – EG updated that work on this is ongoing and advised that members will be updated once enough comparative information is obtained.

Members discussed and expressed further concerns about the restructuring of midwifery services, in particular around the location of the service, who will be the midwife for women from booking, what patient information is available to give women when referring for antenatal care. Members also expressed concerns about losing practice based service.

Action: Need to get a clear information on new service design and location for practices referring to Kings (EG)

3. Development of CCG plans

3.1 Items for discussion:

3.1.1 Population Health Management Quality Standards

HL presented this agenda item. The PHM Contract was not mobilised in 2014/2015, therefore whilst practices received payments for activity, the funds associated with the Quality Standards were not made as this was predicated on a population based approach to improving quality. However, in recognition that individual practices made improvements against a number of areas, the CCG has agreed to distribute funding to individual practices based on the principles highlighted in the letter circulated to members.

In line with these principles, the CCG has agreed that 70% of the funding for specified quality standard be distributed to individual practices based on

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achievement at individual practice target. It was agreed that the remaining 30% be invested in primary care service improvement and quality of care. The purpose of the item was to get members' views on how best to invest this 30%.

Comments and suggestions for consideration from members were as follows:

- Further to a question, it was clarified that investment ideas should be around the quality standards set out in Appendix A of the letter which was circulated.
- Smoking Cessation - it was suggested that it would be useful to invest in recruiting staff to follow up and support patients who have received smoking cessation advice and have stopped smoking. JH put forward while this is a good idea, there is already funding to practices for quitters and that part of these funds for re-investment could be used for exploring how to share good practice.
- Members agreed that in order to present useful suggestions, it would be helpful to have an idea of where there is variation in service delivery and quality. HL added a paper assessing variation in achievement of primary care indicators had been presented to the Primary Care Development Group. It was agreed it would be useful to share a summary of this information with members Action: HL. Further to this, it was suggested that it would be useful to invest in a system whereby real-time data around variation can be made available to and shared with practices. It was agreed that this will help to inform ideas for improving quality, moving forward.
- There was a discussion around collaborative plans and the challenges members face in filling these out. Training had been rolled out last year and it was suggested that it would be helpful to invest some of the resources on having further session around this
- Members also proposed investment to support and progress the development of a system for peer reviews and cluster working as a means of increasing quality. Resourcing these meetings in terms of facilitation, structuring/planning and following up actions would be useful. LP commented that cluster working and peer review is being discussed and taken forward by Improving Health.

- SW feedback that Self-Management UK ran three sessions for patients at their surgery. Patients found the sessions useful and have now set up a self-management patient participation group which meets at the practice. JH added that it would be useful to have a write up about this to share as a good news story with other members.

RW reminded that Self-Management UK is already funded by the CCG and that this service has been promoted to member practices at locality meetings, where a representative came and presented, the Practice Manager's Forum and via the GP bulletin

Action: Share paper on primary care indicators with members (HL)

3.1.2 Extended Primary Care Service: evaluation of outreach and next steps

HL presented and led discussion on the evaluation of the community outreach activity programme. She updated on the purpose of this exercise and the key messages communicated. Members were then asked for their comments.

KV raised the issue of telephone management which was discussed at a previous meeting. He asked for an update on the proposed trialling of telephone triage at the access clinic as well as feedback on clinic capacity. Currently the service is operating at approx 60% of available capacity and approx 40% total commissioned capacity. This information is circulated in the weekly IHL bulletins.

LP updated that a telephone management pilot is due to start in the EPCS on 7 September for a month and once complete, feedback will be provided on the outcome of the trial.

KV suggested that those present indicate where they feel telephone triaging should be done i.e. practice or EPCS. Most members felt that ideally this should be done at practice level but conceded that capacity to sustain this poses a challenge. There was also a discussion around training reception and admin practice teams to more effectively manage demand, e.g signposting patients to Pharmacy First where appropriate. JH confirmed that the importance of investing in this training is appreciated and is presently being taken forward.

KV also asked for feedback on patient's experience of the service. HL confirmed that based on feedback, patients have shared positive experiences about the service. MI asked members to feedback to IHL any experience of the service

they have received from patients as this will help to drive forward service improvements.

LP further reminded members that there is an EPCS working group and invited members to join.

RD asked if there was comparative data available on uptake of the service in the north and south clinics. It was confirmed that the % uptake was largely the same for both sites.

4. Patient Engagement

RW added that following on from EPCS discussion at the July locality PPG meeting, one of the concerns raised by patients was around waiting times for GP appointments. Patients had also asked for data on service uptake of the Extended Primary Care Service. She added that Lauren Parry will be attending the September meeting to update on the service and answer any questions.

She also added that feedback from patients is that they would like the service to be promoted more widely, as many patients are unaware of the service.

The next meeting is scheduled for Tuesday 8 September, 5.30pm at Cambridge House.

Dates have been set for 2016 and these will be circulated shortly.

MI and RW asked members to encourage more patients to attend the locality PPGs.

5. Any other business

5.1 CCG membership support payments – Proposal

RW updated members on the proposal from the CCG to introduce CCG membership support payments. These payments are in recognition of senior clinical attendance and contribution to the work of the CCG through the Council of Members and locality meetings of the CCG.

She added that the payment seeks to recognise the pressures on practice time and resources that making a consistent contribution to the commissioning activities of the CCG can place. A proposal on how this will work is being prepared by RW.

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There was a discussion around what constitutes “senior” staff . JH added that as a CCG we need to evidence that we are connecting and engaging consistently with clinical members.

Some members added that most practice managers are more than able to contribute to discussions and the work of the CCG and so need to be considered.

It was agreed that practices will nominate two appropriate staff members as part of these proposals and that the CCG will reconsider the suitability of the word “senior”.

5.2 Meeting was informed that this would be Nina Martin’s last locality meeting as she will be moving to another role at another organisation. Thanks was extended to her for her contribution over the past year.

6. Date of next meeting

The next meeting is 22 October 2015 at Dulwich Hospital from 12.30pm.

Action from August 2015 meeting

Agenda item	Action Point	Update	Date to be completed	Lead	Status
Population Health Management Quality Standards	Share paper on primary care indicators		September/ October 2015	HL	Action in progress
Midwifery services	Need to get clear information on new service design and location for practices referring to King's.		September/ October 2015	EG	Action in progress

Actions from previous meetings

Agenda item	Action Point	Update	Date to be completed	Lead	Status
Practice identified commissioning and quality issues: EPCS	Discuss issues around the service pathway re: triaging at the IHL monthly meeting (IHL to feedback to commissioners outcomes of this meeting)	MI updated that the next IHL meeting is scheduled for September where the pathway will be discussed and will be feedback to CCG.	September 2015	All members/ IHL	Action in progress

Chair: Dr Jonty Heaversedge

Chief Officer: Andrew Bland

Closed actions

Agenda item	Action Point	Update	Date to be completed	Lead	Status
Therapies waiting times at King's	Follow up and update on physiotherapy waiting times at King's	Following meeting of 27 August, link to update on physiotherapy waiting times at King's was circulated to member practices.	August 2015	NH	Action complete
Our Healthier South East London Strategy	Make available to members bigger version of the OHSEL strategy		June 2015	RW	Action complete
Practice identified commissioning and quality issues: Midwifery service	Determine the full facts about the re-organisation of the midwifery service and update members before the next locality meeting		June 2015		Action complete