

## Minutes of the South Locality joint board meeting: NHS Nene CCG Section

Tuesday 22 January 13:00 – 14:00

Towcestrians Sports Club, Greens Norton Road, Towcester, NN12 8AW

### Present

Dr Philip Stevens (PS)	Chair South Northampton locality / GP at Brackley Med
Dr Graham Barter (GB)	GP at The Parks Medical Practice
Paul Crosbie (PC)	PM at Greens Norton & Weedon Medical Practice
Tracy Feist (TF)	Operational Support Manager, DocMed
Jeanette Hammersley (JHa)	PM at Brackley Medical Centre
Dr Rob Harvey(RH)	GP at Byfield Medical Centre
Gareth James(GJ)	Danetre Medical Practice
Jean Langham (JL)	Prescribing Adviser, NHS Nene CCG
Dr Tom Leyden (TL)	GP at Abbey House Medical Centre
Helen Mander (HM)	PM at The Parks Medical Practice
Dr Chris Moore (CM)	GP at Wootton Medical Centre
Dr Nicola Odwell (NO)	GP at Towcester Medical Centre
Sue Percy (SP)	PML/DocMed
Dr Joesph Robson (JR)	GP at Greens Norton & Weedon Medical Practice
Dr Julia Railson (JRa)	GP at Saxon Spires Practice
Tracy Rymer (TR)	PM at Byfield Medical Centre
Andrew Schofield (AS)	PML/DocMed
Dr Dalveer Samra (DS)	GP at Springfield Surgery
Dr David Wade (DW)	GP at Denton Village Surgery
Dr Annette Twigg (AT)	GP at Crick Medical Practice
Louise Tarplee (LT)	Head of Localities, NHS Nene CCG
Roshini Tharmaratnam (RT)	Crick Medical Practice
Karen Wheeler (KW)	Towcester Medical Centre
Donna Witts (DWi)	PM at Abbey House Medical Centre

### In Attendance

Dr Az Ali (AA)	Nene CCG
Julie Curtis (JC)	Director of Primary& Community Integration Nene CCG.
Olivia Williams (OW)	Locality Support (Minutes),Nene CCG
Sandra Mellors (SM)	NHFT District Nursing

### Apologies

Ruth Brittain (RB)	Prescribing Adviser, NHS Nene CCG
Jo Gilford (JG)	PM at Danetre Medical Practice
Ceri Moore (CM)	PM at The Brook Health Centre
Deena Tomkinson(DT)	PM at Springfield Surgery

Minute No:	Agenda Item
SL18/19 27	Welcome and Apologies

The Chair welcomed members to the meeting and apologies for absence were noted as above.

**Due notice had been given in line with the Constitution and the meeting was quorate.**

**SL18/19 28      Declarations of Interest**

There were no declarations of interest relating to items on the Agenda made by those present.

**SL18/19 29      Minutes of the meeting held on enter the date**

The Minutes of the South Locality Joint Board Meeting: NHS Nene CCG section of the meeting held on Tuesday 27 November 2018 were presented and **APPROVED** as a true and accurate record of proceedings.

**SL18/19 30      Matters Arising and Action Log**

The South Locality Joint Board noted the Matters Arising and Action Log.

Keiren Leigh (KL) to feedback concerns to Local Digital Road Map is in progress.

**SL18/19 31      Nene Update**

Philip Stevens (PS) on the outcome of the vote on Primary Care Commissioning Level of Delegation which the results followed as to remain in joint delegation with NHS England. It would depend on Primary Care legislation on if there will be another vote in the future however for now there are no plans for another vote to take place.

PS welcomed Julie Curtis (JC) to the meeting to share the new role she has started as Director of Primary and Community Integration at Nene CCG.

PS expressed if there is anyone to be leads from GP's wanting to be involved in the concerning cross county IT inter-operability to be involved with dealing with secondary care. PS has been in contact with Nigel Brokenshire regarding this. We have yet to decide on the representation for the Oxfordshire work. Jeanette Hammersley (JHa) PM at Brackley Medical Centre will be discussions with her colleges regarding this.

PS raised concerns on that there is 32% increase across the board for A&E attendees at Milton Keynes.

**Questions raised;**

**Q.** Are these all generated from GP Practices – If so why is this happening?

**A.** GP's are unsure of why this is occurring, it was raised it could be due to shorter waiting times potentially, or if social media is playing a part in this. PS is to feedback to the contracting team.

**SL18/19 32      Cancer Of Unknown Primary ( CUP)**

Philip Stevens (PS) Introduced Az Ali (AA) to the meeting- Nene CCG Planned Care Clinical Lead, Nene CCG Clinical Lead for Cancer and Clinical Executive Acute Trusts North.

The purpose of Cancer Of Unknown Primary (CUP) pathway is to make it easier to find the source of the unknown primary when there is nothing obvious shown up on USS/ CT's etc. This is no current route of pathway to be taken and some patients end up on the wrong pathway due to this. This has been developed by working closely with Northampton General Hospital (NGH).

The CUP pathway allows you to request of CT Chest/abdomen/pelvis when the prior imagining

had no significant results.

**Questions;**

**Q.** How does this differ to the present way of requesting imaging test all done in other 2WW's?

**A.** Normally there is no back up, such as if a patient does not attend an appointment there is no follow up for this and this can then be left. Also patients can also be put down the wrong pathway.

**Q.** Where does the pathway end and who deals with this?

**A.** Cancer Of Unknown Primary Oncologists.

This is planned to launch end of February/ early March 2019.

**SL18/19 33 Faecal Immunochemistry Test (FIT)**

Az Ali (AA) introduced the Faecal Immunochemistry Test (FIT) which is a stool test which has been NICE approved. FIT testing has a negative predictive value of 99% and provides an objective, numerical result. It will be used on patients only over the age of 60 and also have symptoms of a change of bowel habit.

The usual way to deal with patients that have these concerns would be to do 2 week wait referral (2WW) to then have a colonoscopy then if results are negative it is a costly way to go around finding why the symptoms arise.

The FIT test takes away some of the process of the current state by GP's requesting the test via ICE and then patients getting sent a stool test sample pot and free post envelope to send the sample off. The sample gets tested in labs in Nottingham and depending on the results from the FIT test goes from there. It takes 1 day for the patient to receive the pack from the GP requesting it via ICE.

The higher the result back from the FIT test the more likely that there is a concern on the patients' health. Benefits include that it is less invasive for the patients.

This is planned to launch end of February / early March 2019.

**Concerns raised;**

EMIS need to informed of the FIT test and use this. EMIS are being urged to use this test and remember this process rather than the current one at state.

Oxfordshire and Milton Keynes does not have access to Northampton General Hospital ICE therefore there would be a delay in this process as the tests need to be sent to Nottingham lab - Unfortunately there is no control on this at the current state however in the future this is to be looked at. PS advised he will get in contact with Oxford lab to see what can be done to support this further.

**SL18/19 34 District Nursing – Northamptonshire Healthcare Foundation Trust (NHFT)**

Graham Barter (GB) welcomed Sandra Mellors and Northamptonshire Healthcare Foundation Trust (NHFT) team to the meeting and thanked them for attending.

A verbal presentation by Sandra Mellors (SM). Graham Barter (GB) Outlined the concerns

expressed by GP's relating to the District Nursing Service. There are many concerns from GPs and NHFT representatives have come along to discuss this with the locality board members. It has been noted there is a relationship breakdown between District Nursing (DN) and GP Surgery's both sides are keen for this to be established again.

Sandra Mellors(SM) replied The patient needs to be put first and the main priority from both parties of the services to support the patients. There DN service has seen an increase in visits being requested – making work load stretched this is why there is a centralising of staff organisation. There has also been an issue of safety for the DN's. To ensure safety of practice some consistent approaches have been adopted across the county. SM shared graphs relating to the DN activity which shows that South Northants has a higher rate of referrals to DNs than the county average, but Daventry is lower.

District Nursing is not Commissioned to do some of the work load they are being requested. To try and ensure safety of the service SPOA staff may challenge this therefore this may be why work load is re delegated.

However, it was recognised that improvements to communications on both sides is important and the following actions were agreed:

- DN's are to be involved in the regular practices meeting they hold – This will enable to gain relationships between both parties.
- DN's are keen to work on communication with the Surgeries
- DN's to notify the surgeries of any changes with allocated staff
- Contact to be made by GP practices to NHFT to arrange time to meet.
- Photographs and contact details of the DN teams to be provided to the GP surgeries
- Doctors could speak to DN's directly and do not need to go through SPOA for patients already on their case load (Vice versa that DN's can approach GP's).

#### **Concerns;**

It has been felt that it is now a one way communication- previously before communication and relationship was built directly however has broken down now.

There is a loss of ability to discuss to talk to DN due to SPOA.

Staff turnover for DN's seem to be high however staff are asked to move bases depending on the skill mix and experience across the patch to ensure safety is maintained. This is making it difficult for GP's to gain a relationship with the DN's due to this. However the appointed Band 7 for the surgery should be making his/her introductions to prevent this happening –it was felt that practice manager was not the most appropriate person and GP's would be more ideal to have introductions for.

Catheter policy has caused confusion - Due to only being commissioned to attend to house bound patients but DN's support a Daventry clinic which they are not commissioned for. The first change of catheter care policy needs addressing and will be taken back and made clearer for both parties as currently it is unsafe for patients as potentially going to A&E to get the change.

#### **Questions;**

**Q.** Why is there duplication on System One on data recorded by district nurses?

**A.** Assessments' such as wound care needs to be documented to follow the NICE guidelines. They do copy and paste work onto System One to cover all bases that is needed in the assessments that is taken.

**Q.** Why do district nurses not have access to ICE forms – As seems a waste of DN’s time to come to surgeries just to collect the ICE form?

**A.** This is an on-going challenge and has been for 2 years. District Nursing cannot use others ICE Logins due to Information Governance. Concluded to work closer with the CCG to put pressures on this to make it happen. PS will look into this.

**Q.** What is commissioned and what is not by district nursing?

**A.** The contracts are 3 years old and need to be updated. This will be looked into and a ‘list’ will be sorted so GP’s are aware and will stop any referrals happening that are then being sent back.

It has been asked all Surgeries get in contact to NHFT by the end of the week to sort out a date to schedule a meeting to address issued raised.

### **SL18/19 35 Any Other Business**

There was a robust discussion concerning the Non Prescribing of medicines available over the counter (OTC).

There is a load more working happening and this will be implemented very soon. There will be posters in waiting rooms there will also be a website link on the poster which the link will inform more information regarding this and also if any complaints how to report these. There is to be communication with patients to prevent any issues this may raise.

It may help for patients to be liaising with the pharmacies to shop around and where to get certain medications from and/or to suggest buying some medications over the counter.

There are concerns that patient’s currently receiving free prescriptions that are now being led to pay for certain items will cause distress, however it has been advised that patients should be informed regarding this to prevent this as much as possible.

#### **Actions that need to come from this;**

Patients need to be educated about what is happening and how this will affect them. GP’s need to be given contact details on whom to raise any concerns with. Social media and press also need to be involved in the roll out.

### **SL18/19 36 Register of Interests for Governing Body Members**

The South Locality Joint Board noted the contents of the Register of Interests.

The Governing Body **NOTED** the Register of Interests for Governing Body Members.

### **Date and Time of the next meeting**

The next South Locality joint board meeting: NHS Nene CCG Section meeting would be held at 13:00 – 15:00 on Tuesday 26 February in Towcestrians Sports Club, Greens Norton Road, Towcester, NN12 8AW.

**Dr Philip Stevens** brought the meeting to a close at 14:46