

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

Tuesday 26 March 13:00 – 14:00

Boardroom, Danetre Hospital, London Road, Daventry, NN11 4DY

Present

Dr Philip Stevens (PS)	Chair South Northampton locality / GP at Brackley Med
Dr Graham Barter (GB)	GP at The Parks Medical Practice
Dr Lily Connell (LC)	GP at Bugbrooke Medical Practice
Katherine Deaville (KD)	PM at Long Buckby
Andrew Elphick (AE)	CEO PML
Charlotte Fortune (CF)	Federation Operations Manager
Tracy Feist (TF)	Operational Support Manager, DocMed
Jo Gilford (JG)	PM at Danetre Hospital
Jeanette Hammersley (JHa)	PM at Brackley Medical Centre
Dr Rob Harvey(RH)	GP at Byfield Medical Centre
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)	Federation Management Coordinator
Dr Paul Parsons (PP)	GP at Brackley Medical Centre
Dr Joseph Robson (JR)	GP at Greens Norton & Weedon Medical Practice
Maxine Roberts(MR)	Pharmaceutical & Quality Manager Brook Health Centre
Tracy Rymer (TR)	PM at Byfield Medical Centre
Andrew Schofield(AS)	PML/ DocMed
Dr Dalveer Samra (DS)	GP at Springfield Surgery
Dr Roshini Tharmaratnam (RT)	GP at Crick Medical Practice
Dr Jude Viiva (JV)	GP at Danetre Medical Centre
Karen Wheeler (KW)	PM at Towcester Medical Centre
Dr David Wade (DW)	GP at Denton Village Surgery
Donna Witts (DWi)	PM at Abbey House Medical Centre

In Attendance

Sebastian Lawrence (SL)	Directory of Services Lead, Northamptonshire NEL.
Julie Rubenzer (JR)	Project Manager , Nene CCG
David Ward (DW)	Voluntary Impact Northamptonshire
Olivia Williams (OW)	Locality Support (Minutes),Nene CCG

Apologies

Mathew Davies (MD)	
Louise Tarplee (LT)	Head of Localities, NHS Nene CCG
Deena Tomkinson (DT)	PM at Springfield Surgery
Dr David Wade (DW)	GP at Denton Village Surgery

Minute No: Agenda Item

SL18/19 46 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 47 Declarations of Interest

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

SL18/19 48 Minutes of the meeting held on Tuesday 26th March

The Minutes of the South Locality Joint Board Meeting: NHS Nene CCG section of the meeting held on Tuesday 26 February 2019 were presented and **APPROVED** as a true and accurate record of proceedings.

SL18/19 49 Matters Arising and Action Log

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

Updates have been given on the Action Log.

Philip gave an update to the board members regarding the increase in Milton Keynes A&E attendees. The total outpatient cost for Milton Keynes University has increased from the year 2017/2018 to 2018/2019. The total A&E cost for Milton Keynes University Hospital has also seen an increase from the year 2017/2018 to 2018/2019. There has been an overall increase in activity of 27.2%. Practices reported that this reflected patient choice rather than any change in GP referral patterns.

SL18/19 50 111 Direct Bookings

Philip Stevens (PS) welcomed Julie Rubenzer (JR) and Sebastian Lawrence (SL) to the meeting to discuss 111 Direct Bookings.

Within the GP contract there will be 1 appointment per 3000 patients given to the 111 direct bookings. However this is a flexible number and can be changed to the suit the practice. 111 triage the patient. If the most suitable next step is for the patient to be seen by a primary care service the 111 service will be able to book an appointment on behalf of the patient. The appointments made can be changed and cancelled by the patient; this will prevent any DNA's happening.

The most commonly used dispositions from 111 are to contact a primary care service within 2, 6, 12 and 24 hours.

St Luke's GP Practice took place in the first pilot. St Luke's have a practice population of 21,000. They are currently providing two direct appointments, one AM appointment and one PM appointment. Two practices have recently joined the process; these are Langham Place and Burton Latimer Medical Centre.

System1 and EMIS both have the IT capacity to support this project. It is quick process to step up, part one takes 10 minutes. On System1 it will create a task which will need to be actioned and approved. The second part will arrange a testing date. The test case is to make sure everything works. If the test is successful the GP practice will decide a go live date.

Positives include direct appointment booking ensures a seamless patient journey requiring fewer active steps by the patient as they will no longer be directed to call the practice to book an appointment. There is also a reduction in admin time. The practices have control over these appointments such as who the appointment would be booked with such as a Practice Nurse/ Paramedic etc.

Questions;

Q. Have there been patients DNA the 111 direct booking appointments given to them?

A. There is no DNA that they are aware of. Patients decide to accept their appointments given and they can phone to change or cancel the given appointment.

Q. Have the appointments given been audited to check the quality to see how appropriate the appointment given be 111 is?

A. Feedback that has come back is that all the appointments being booked have been appropriate for a face to face appointment. However there are only three practices that have currently been using 111 direct bookings therefore the feedback is limited.

Q. What happens when 111 run out of appointment slots to give to patients?

A. This is up the GP practice on how they want to run this. They can add more slots to give to 111 booking or they can have a block on the number decided by the practice.

SL18/19 51 Voluntary Impact Northamptonshire

Philip Stevens welcomed David Ward (DW) to the meeting to discuss Voluntary Impact Northamptonshire (VIN).

Voluntary Impact Northamptonshire provides strategic lead for the county community voluntary and charity sector. As of last year there were 1828 charities in the county. The members of the charities have to pass an assurance. VIN maintains an active directory of services.

With the new GP contract coming in VIN has community based support which in turn supports primary care. The social prescribing link worker has a dual role. To provide personalised support to an individual to improve their wellbeing and improve health. They also enable local community organisations and groups to receive more referrals and are supported to have a basic safeguarding process.

Whilst social prescribing link workers are attached to general practices and primary care networks, they may be employed by local social prescribing connector schemes. Community organisations have experience of supporting people in the community, many with Long Term Conditions; This provides the basis for the immediate building of capacity and taking referrals from GP surgeries and others. They also have the advantage of networks across the communities and can bring in additional capacity.

SL18/19 52 Social Prescribing

SL18/19 53 Invoicing

PS advised the board members to submit any invoice however it was discussed this is done by signing in. PS checked this with Julie Lemmy and has now confirmed that board members do not need to submit invoices and by members signing in this it automatically done.

SL18/19 54 Any Other Business

Philip Stevens (PS) asked Jeanette Hammersley (JHa) to give the board an overview on the Productive General Practice (PGP). Overall it was found useful and straight forward process.

However time was an issue due to having to commit to certain times to meet up. The team at Xytal are open to criticism being put through and happily changed the trainer once an issue was raised regarding this.

PS gave a financial update. The aim for the next 12 months is for the whole system (i.e. Nene CCG and Providers) to be in balance. Nene CCG are expected to reduce their running costs by 20%. The negotiations with secondary care providers has gone “down to the wire”. The £20 million initial gap in negotiations was reduced but closing this gap would threaten investment in Primary and Community Care. As a result the hospitals will continue to be funded by “payment by results” (P.B.I) for the next 12 months.

Charlotte Fortune (CF) raised that David Atkinson (DA) the chair of the South Patient Engagement Group (SPEG) would like the members of the SPEG to attend the South Locality Board Meeting. This has been voted twice before and both times the members decided they would not like the SPEG members to attend. It was felt it would be best to invite David Atkinson to a future Locality Board meeting so he can bring forward what his expectations are and the pros of having the SPEG members attend. Then the Locality Board Members can make an informed decision on if they would like the SPEG attend.

Philip Stevens (PS) advised the board members this would be his last Locality Board Meeting he is attending before his sabbatical leave which commences on the 4th April 2019 for 10 weeks. Dr Tina Beardsworth will be available for a limited number of sessions to cover some of Philips role. She has been a GP partner in Brackley for 6 months.

SL18/19 55 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 30 April in Boardroom, Danetre Hospital, London Road, Daventry, NN11 4DY.**

Dr Philip Stevens brought the meeting to a close at 14:28.