Attendence Listed in Alphabetical Order by Surname:

Members Present:
Karen Baxter, Podiatry Representative / Chair of Diabetes Clinical Group
Lesley Bruce, Physiotherapy Manager, DWF CHP
Ben Conway, Public Member
Elaine Duncan, Business Manager, Dunfermline Locality
Lesley Eydmann, CHP Localities Manager
Fiona Forrest, Lead CHP Pharmacist
Dr David Garmey, GP Representative, Inverkeithing Medical Group
Nicola Gilmore, Practice Manager Representative, Park Road Surgery
Anne McEwan, Team Leader, Vascular Nurse Team
Dr Alan McGovern, Clinical Director (Chair)
Dr Gail Murdoch, GP Representative, New Park Surgery
Dr Paul Murray, GP Representative, Cowdenbeath Medical Practice
Dr Lesley Prentice, GP Representative, Valleyfield Health Centre
Lawon Rennie, Public Member
Fiona Robertson, Management Accountant Dr Nicola Smith, Psychology Representative
Lorna Sheriffs, Staff-side Representative
Dr Patrick Sheil, GP Representative, Kelly Medical Practice
Dr Elizabeth Weir, GP Representative, Linburn Road Health Centre
Dr Anne Woods, GP Representative, Millhill Surgery

In Attendance:
Vicki Chesher, Secretary (Minutes)

Apologies:
Laura Adams, Practice Manager, Benarty Medical Practice
Dr Frances Baty, Psychology Department
Crystal Beveridge, Practice Manager, Crossgates
Rhona Brown, Lead Nurse, Dunfermline Locality
Marion Clacken, Practice Manager, Cowdenbeath Medical Practice
Dr Martyn Clayton, GP Representative, Park Road Surgery
Ian Cochrane, Practice Manager, Drs Mathie & McMinn, Oakley Health Centre
Lorraine Cooper-King, Business Manager, West Fife Locality
Vicki Cunningham, Practice Manager, Kelty Medical Practice
Gill Dennes, Chair of Respiratory MCN Steering Group / Drs Boggon & Halford Representative
Dr Colin Firth, GP Representative, Primrose Lane Surgery
Susan Fisher, Speech & Language Therapy Manager
Margaret Henderson, Operational Division General Manager, Ambulatory Care
Christine Malcolm, Speech & Language Therapy Representative
Belinda Morgan, Improving Health Team Representative
Fay Richmond, Clinical Services Support Manager
Dr Kenneth Thompson, Lochgelly Health Centre

ITEM
1 Welcome & Apologies

Apologies noted as above.

2 The Minute of the Previous Meeting 17 July 2013

The Group accepted and confirmed the minutes of the previous meeting as an accurate record.

3 Matters Arising from the Previous Minutes

3.1 Clinical Psychology [Min 4] – Dr McGovern advised that a pilot meeting is to be held at Nethertown Surgery to discuss GP referral data for Clinical Psychology along with alternative referral methods. Following this meeting, Practices in Dunfermline and West Fife will receive their referral data, its proposed clinical meetings be held to discuss.
<table>
<thead>
<tr>
<th>ITEM</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information on the Step on Stress Course was distributed, further copies available from V Chesher.</td>
<td></td>
</tr>
<tr>
<td>3.2 eKIS Searches [Min 8] – Sheena Gray, Clinical Systems Trainer has provided guidance on conducting eKIS searches; it was agreed E Duncan will take to the next Practice Manager’s meeting.</td>
<td>ED</td>
</tr>
<tr>
<td>4 Health &amp; Social Care Partnerships (H&amp;SCP) “All Hands on Deck”</td>
<td></td>
</tr>
<tr>
<td>L Eydmann introduced the ‘All Hands on Deck’ report produced by Frank Strang, Deputy Director, Health and Social Care Integration Directorate. He outlines his thoughts on how stakeholders could be actively engaged in health and social care integration with a particular focus on how localities may work. The document was circulated to the Group to raise awareness and to initiate thought/discussion on how this work can be taken forward in the future. The Group discussed and the content of the paper was welcomed, it was also noted that it would be important to agree locality boundaries at an early stage. Concerns regarding possible issues with the equity of service provision were raised.</td>
<td>LE</td>
</tr>
<tr>
<td>Work has been undertaken in Fife on the H&amp;SCP, with Stephen Moore appointed as Interim Director of the H&amp;SCP. Fife has established a Shadow Integrated H&amp;SCP Board in advance of legislation.</td>
<td></td>
</tr>
<tr>
<td>5 QOF External Review Meetings – Feedback</td>
<td></td>
</tr>
<tr>
<td>Dr McGovern provided a brief overview of the External QOF Review meetings held on 3 September 2013; feedback received has been positive. It was agreed the Cohort order for future meetings would be considered. A copy of the collated returns for each Cohort will be anonymised and circulated. Notes from the 3 September 2013 will be circulated in due course. The final report to be submitted by Practices is required by March 2014. Dr McGovern also advised that communication had been received from Dr Chan that Charlestown Surgery will offer the fitting of Mirena coils from early 2014.</td>
<td>FR</td>
</tr>
<tr>
<td>6 Patient Safety Programme – Primary Care</td>
<td></td>
</tr>
<tr>
<td>The Online Patient Climate Survey was discussed, along with data collection and the meetings required to take place within the Practice. In relation to warfarin data, if issues are highlighted to discuss with Pharmacists.</td>
<td>GP Practices</td>
</tr>
<tr>
<td>7 Polypharmacy</td>
<td></td>
</tr>
<tr>
<td>Dr McGovern provided information on Polypharmacy and the work that is being undertaken on a Fife-wide basis. In terms of training opportunities, it was proposed that a session be held at the forthcoming Protected Learning Time (PLT) as well as training being delivered within General Practices. In order to deliver the training within the Practices, GP volunteers would be sought; Practice Pharmacists could also be involved. The Group agreed this would be a positive way forward.</td>
<td>AMCG/FF</td>
</tr>
<tr>
<td>8 Finance</td>
<td></td>
</tr>
<tr>
<td>The finance report for the period of April 2013 to July 2013 was circulated to the Group and discussed. The following points were highlighted:</td>
<td></td>
</tr>
</tbody>
</table>
ITEM ACTION

• NHS Fife position is an overspend of approximately £1.2m, 0.6% of the annual budget;
• the CHP position is an underspend of approximately £210k;
• the CHP Prescribing position is an underspend of approximately £280k;
• the CHP have identified efficiency savings to date of approximately £150k.

9 Clinical Groups:

9.1 Respiratory MCN: The ongoing issues pertaining to oxygen supplies were discussed and concerns raised noted. G Dennes advised the MCN are taking this forward.

9.2 Prescribing: F Forrest provided the following update:
• significant progress has been made in relation to prescribing expenditure;
• phase 1 of the incentive scheme is due to complete at the end of September; approval for phase 2 is awaited;
• work is being undertaken with outlier practices to drive down the Fife average cost/weighted patient to bring closer to the Scottish average;
• a Fife-wide policy on Hypnotics and Anxiolytics prescribing is being looked at, with the possibility of launching at a Fife-wide PLT session in February 2014.

9.3 Older People: K Baxter provided the following update -

Hospital at Home
• 620 referral received at 1 August 2013;
• Glenrothes and North East Fife are now live and taking a “step down” approach;
• Kirkcaldy and Levenmouth are also live and hope to take GP referrals in the near future.

Integrated Community Assessment Support Service
• community teams have now been integrated and co-located in Ward 8, QMH;
• from 1 August 2013 the team will be known as Intermediate Care;
• IT systems used by the team are MIDUS and OASIS.

Reablement
• feedback to be provided as/when available.

VHK Discharge Hub
• a central hub has been set up to support discharges.

SHINE Project
• led by Alison Linyard and looks at developing personal outcome approaches as well as a wide range of bespoke care packages for the frail and elderly community.

9.4 CHD: A McEwan advised that information on the reconfiguration of the Vascular Nurse Team will be circulated to Practices at the end of October.

Discussion followed on Basic Life Support training, it was advised a Nurse will be aligned to each Practice. It was asked whether paediatrics will be covered, A McEwan to discuss with Jim Milligan, Resuscitation Officer. Dr McGovern advised that gaps highlighted in clinical training should be measured and decide how to address. It was proposed that training for ‘trainers’ could be set up for each Practice.

Blood Pressure Clinics continue to be monitored to ensure the service is provided in the most effective way.

9.5 Diabetes: K Baxter provided the following update from the Diabetes MCN meeting. In relation to Structured Patient Education there have been difficulties in securing support / resource for this education and therefore had proposed that following the end of the current cohort future sessions may be suspended. It is understood Dr John Chalmers is taking to SMT Redesign to discuss.

The Group discussed this education and how it is delivered, noting the difficulties in providing it locally. It was also noted that the Team will be unable to provide EXPERT training but will continue with Conversation Map at this time.
Dr McGovern advised this will also be discussed at the Primary Medical Services Monitoring Group and will be included on a future SMT Primary Care agenda.

A vast amount of work has been undertaken in relation to blood glucose machines/pen. Need to reduce costs in this area and a formulary will be developed.

The MCN will present papers at the SMT Redesign meeting on Podiatry Resource and Structured Patient Education. The difficulties in Podiatry Services meeting demand was highlighted.

An education survey is to be circulated to Practices/District Nurses, it was asked that recipients be encouraged to complete – responses required by end of October 2013.

**ITEM 9.6 Addictions:** E Duncan reported that work is underway on an Addiction Referral Pathway for General Practitioners. It was noted that ADAPT representatives may be invited to attend the next GP&PC Group meeting to present the pathway.

**ITEM 9.7 Stroke MCN:** Update to be provided at next meeting.

**ITEM 10 AOCB:**

**ITEM 10.1 Name of Group/Minutes to SMT (Primary Care)** – Dr McGovern explained due to the clinical nature of this Group it was felt appropriate that the name be changed to reflect this. It was agreed the Group will now be the General Practice and Primary Care Clinical Group.

It was also noted that a copy of the minutes will be circulated to SMT Primary Care Group for information.

**ITEM 10.2 2014 Forward Schedule of Meeting Dates** – noted.

**ITEM 10.3 Hospital at Home Clinical Advisory Group** – L Eydmann explained previous meetings of this Group have been cancelled due to a lack of planned attendance some of which may have been due to the holiday period. It was discussed whether such a group was still required. It was agreed the group will be disbanded with ad hoc meetings being held if required. It was also noted any comments/issues relating to Hospital at Home could be raised in this forum.

The out of hours arrangements for the Service were discussed, a Short Life Working Group is being established to take forward.

**ITEM 10.4 Falls Prevention** – Dr McGovern had received a request from Ingrid Hale, Strategic Change Manager to attend a future meeting to provide information on the work that is taking place on Falls Prevention. It was agreed this would be scheduled in to a future meeting.

**ITEM 10.5 Foot Ulcer Clinic** – K Baxter provided information on this pilot project led by Dr Louise Osborne in Queen Margaret Hospital and Victoria Hospital. The pilot will be evaluated at the year end. For patients who may have fallen into this category they should now be referred to the Diabetes Specialist Podiatrist. Discussion followed on diabetes management and agreed where a patient is seen by a Specialist Podiatrist who feels the GP needs to be made aware of a condition, the GP can be contacted.

**ITEM 11 Date of Next General Practice & Primary Care Group Meeting**:

Wednesday 20 November at pm in Conference Room 4, Lynebank Hospital

Circulated: 31.10.13