The Unconfirmed Minute of the General Practice and Primary Care Clinical Group Meeting held on Wednesday 17 September 2014 at 2.00pm in Conference Room 4, Lynebank Hospital, Dunfermline

Attendance Listed in Alphabetical Order by Surname:

Members Present:
Ben Conway, Public Member
Elaine Duncan, Business Manager, Dunfermline Locality
Lesley Eydmann, CHP Localities Manager
Dr C Firth, GP Representative, Primrose Lane Surgery
Dr D Garmany, GP Representative, Inverkeithing Medical Group
Nicola Gilmore, Practice Manager Representative, Park Road Surgery
Dr E Holligan, GP Representative, Bellyeoman Surgery
Christine Malcolm, Speech & Language Therapy, Stroke MCN Representative
Anne McEwan, Team Leader, Vascular Nurse Team
Dr A McGovern, Clinical Director (Chair)
Dr S Mitchell, GP Representative, Hospital Hill Surgery
Dr G Murdoch, GP Representative, New Park Surgery
Dr L Prentice, GP Representative, Valleyfield Health Centre
Fay Richmond, Clinical Services Support Manager
Karen Robertson, Lead Nurse, West Fife Locality
Lorna Sherriffs, Staff-side Representative
Dr A Woods, GP Representative, Millhill Surgery

In Attendance:
Jenny Blythe, Deputy Lead CHP Pharmacist
Vicki Chesher, Secretary (Minutes)
Sharon Duncan, Practice Manager, Linburn Road
Dorothy Hathaway, Podiatry (representing K Baxter)
Ann Hatton, Clinical Healthcare Planner [Item 4]
Heather Ford, Integration Change Manager [Item 4]
Fiona MacKenzie, Integration Change Manager [Item 4]

Apologies:
Dr M Clayton, GP Representative, Park Road Surgery
Dr F Baty, Psychology Department
Karen Baxter, Podiatry Representative / Chair of Diabetes Clinical Group
Rhona Brown, Lead Nurse, Dunfermline Locality
Marion Clacken, Practice Manager, Cowdenbeath Medical Practice
Lorraine Cooper-King, Business Manager, West Fife Locality
Vicki Cunningham, Practice Manager, Kelty Medical Practice
Dr L Dalton, GP Representative, Linburn Road Medical Practice
Gill Dennnes, Clinical Lead, Fife Respiratory MCN/Drs Boggon & Halford Representative
Fiona Forrest, Lead CHP Pharmacist
Dr Laura Forsyth, GP Representative, Linburn Road Medical Practice
Belinda Morgan, Improving Health Team Representative
Dr T Randall, GP Representative, Cowdenbeath Medical Practice
Lawson Rennie, Public Member
Fiona Robertson, Management Accountant

Minutes for Information:
DWF CHP Committee
DWF Clinical Services Management Team
Margaret Henderson, Divisional General Manager - Ambulatory Care
SMT – Primary Care

ITEM ACTION

1 Welcome & Apologies

Apologies noted as above.
2 The Minute of the Previous Meeting

The Minutes of the Previous Meeting were accepted as an accurate record.

3 Matters Arising from the Previous Minutes

No matters arising.

4 Health & Social Care Integration – Localities Consultation

H Ford and F Mackenzie were in attendance to present the information about the Localities Consultation and the preferred option and receive feedback. A copy of the presentation is attached.

Discussion took place following the presentation and the following points noted –

- Sandy Riddell has now commenced in post as Director of Health & Social Care for Fife.
- approach will be a bottom up approach to community planning.
- 120 web responses have been submitted to date. Following the closing of the consultation, an analysis of all responses will be carried out, with a full report being submitted to the Shadow Board. Members encouraged to make a response and input to this process.
- aspects of this process have been discussed on more than one occasion at this group and Dr Clark had also attended a previous meeting to discuss.
- the activity within the presentation relates to Fife Council data, it was asked whether consideration was given to health data? F Mackenzie explained that it had been felt health data could not be split usefully for this purpose. It was noted the data used to reach the conclusion doesn’t reflect the full picture.
- it was felt that it was difficult to provide comment when there is no management structure.
- it was also fed back that in the past proximity working with Social Work/Home Care Managers with GPs worked well, and this is was what delivered real change to service, effective care for people across divide. This type of arrangement is what will be important to improve patient care not management structures.
- accountability for budget and management needs to be local.

In relation to the options, it was commented that option 2 would seem the most reasonable but that the decision reached was for 7 localities and it was asked how this decision was reached. It was explained the Shadow Board which has equal representation from Health and Fife Council took this decision. The Group discussed the possible implications of having 7 localities and asked whether there would be 7 groups of management as it was felt this would lead to duplication and inefficiency. It was also highlighted that patients could reside outwith the practice locality which could lead to particular issues for some practices.

L Eydmann explained she was pleased to see for the first time that community planning, service delivery and structure are seen as separate albeit related issues and felt that if the already established Local Community Planning Groups were to be used these would need to be revisited to be fit for purpose. It was also felt that the key people who have management responsibility for health and social care need to be fully involved in how plans for localities develop.

F Mackenzie explained that the Director of Health and Social Care is clear and ambitious about what needs to be achieved and the need to design together. There is a real desire to get engagement right and today’s conversation is part of that.

Dr McGovern explained that discussions have also taken place at the Professional Reference Group and that the All Hands on Deck document has GPs at the centrality of the Health and Social Care Partnership. It was asked how much leadership and input would
be expected from GPs. It was felt that involvement from GP has not been central to discussions to date.

F Mackenzie advised that further engagement with GP and wider Primary Care Services will take place and is keen to hear how this can happen. Dr McGovern advised General Practice will engage where they can change/improve services for their patients and access to management of aligned services and budgets is crucial. There are already existing fora to engage General Practice, and it was felt that these grouping should be used to move forward.

H Ford advised that this is the beginning of the process and that work on the strategic plan will be undertaken and will have local input, this will show how it will best meet needs of Service Users and Public. Dr McGovern explained GPs work to contracts as specified by the Scottish Government and this will remain in place.

Dr McGovern thanked Heather and Fiona for attending.

Further discussion took place. Dr McGovern explained the Local Medical Committee (LMC) and medical leadership within Fife including CHP Clinical Directors intend to prepare a consensus view on the way forward for General Practice, thoughts to date, echo much of what has been said today.

It was commented that there appears to be little health input into the proposal, and to keep the GP organisations together as is presently is preferred. It was also noted that there is no extra funding available for this.

L Eydmann spoke about submitting a collective response on behalf of this Group and would pull together view’s either in addition to what has been said or agreeing/disagreeing, and is happy to accept comments following the meeting. Individual and/or Practice/Professions can comment and we can provide the information to allow you to do that.

5 PMS Monitoring Group

5.1 Primary Care Indicators – Data for Improvement

Dr McGovern explained the document circulated with the agenda is for information.

F Richmond explained data packs will be issued no later than 19 September 2014 and that the format of the data is slightly different to that issued previously. There are five national datasets derived from a combination of the existing Quality and Outcomes Framework data and the new Primary Care Indicators –

- Practice COPD prevalence (national – designated)
- Emergency admissions for patients with COPD - (national – designated)
- Number of new first appointments standardised for age and sex for respiratory conditions – (national – option)
- 28 day readmission rates at a practice level - (national – option)
- Patient Experience – rating of overall arrangements to see a doctor – (national – option)

In addition to the two designated national datasets, Practices can choose one optional dataset and two local options undertaking a total of 5 datasets.

No external review will be required to be undertaken this year.

If assistance is required to complete the Practice Continuous Quality Improvement report, please contact F Richmond.

F Richmond advised that reports are due 15 March 2015.
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| 5.2  | Scottish GMS Contract Arrangements 2014 – 2017  
Information circulated for information. |
| 5.3  | Patient Safety Update (SPS-PC)  
F Richmond provided the following update:  
- half day training sessions - three out of the four half day sessions have been held, anyone still requiring to attend should contact F Richmond;  
- medicines reconciliation – most Practices have started to collect data;  
- trigger tool – only electronic copies will be accepted;  
- safety climate – the November PLT session will be used to facilitate discussions, if assistance is required, please contact F Richmond.  
Discussion followed on the concerns regarding the change to the Warfarin Enhanced Service. Dr McGovern explained that the LMC are aware of the implications and he felt further discussions are required. |
| 6    | General Practice Clinical Steering Group Update  
Dr Woods reported three meetings have been held to date. A project is being initiated to look at the cost of every identified piece of work e.g. blood tests and the time and resource involved. Four Practices have agreed to undertake and it’s hoped a report will be available in October.  
In relation to gluten free foods, a response is awaited from the GI Consultants on how to take forward. Further discussion took place on gluten free products and the multiple issues around this, Dr McGovern explained he will report back on this topic in due course.  
To date, 29 Practices across Fife have signed up to CMS.  
The Dementia Heat Targets are being looked at by the LMC and Dr McGovern.  
The QOF datasets are to be discussed with Practices.  
Dr McGovern provided a brief outline on the group’s role and remit, explaining this group is the first attempt to quantify the workload transferring from acute to primary care in Fife. |
| 7    | Mental Health  
7.1  
Dementia Information  
Dr McGovern explained the data circulated demonstrated achievement of the HEAT target by Dunfermline and West Fife Practices.  
7.2  
Mental Health Report  
L Eydmann explained the Mental Health Report circulated was commissioned by the Local Community Planning Groups and will be brought back to the November agenda for discussion. |
| 8    | Finance  
The finance report for the period of April 2014 to July 2014 was circulated to the Group.  
The following points were highlighted:  
- NHS Fife position is an overspend of approximately £1.6m, 0.77%; |
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- the CHP position is an underspend of approximately £97k, 0.7%; and Localities underspend of £18k, 0.4%;
- the D&WF prescribing budget is an underspend position of £143k, 1%;
- trends are following a similar pattern to that reported over last year;
- the 2014/15 efficiency target for the CHP is approximately £480k, work continues to identify potential savings.

9 Childhood Immunisation Service

Dr McGovern provided information on concerns raised by Practices within the CHP regarding the inequity of Health Visitor provision and the change in provision for undertaking childhood immunisations. It has been raised in this forum for discussion and to identify possible solutions.

Dr Mitchell expressed concerns on behalf of her Practice and feels this change is of detriment to the Practice and that the inequity of provision needs to be addressed and welcomes these discussions to identify constructive solutions.

N Gilmore also highlighted similar concerns. Also that communication of the change was perceived to be an issue.

Discussion took place on the shortage of Health Visitors and it was noted that this is a National issue. It’s hoped in the next few months some of these vacancies will be filled. It was also noted that 12 Health Visitors students will be trained in Fife this year. This is more than in previous years but will be unlikely to fully meet demand.

It was asked whether funds from the vacancies could be utilised to provide short term cover for undertaking immunisations. It was explained this would not be possible to reallocate funds in this way due to the overall financial position in Fife.

The pressures on General Practice and the inequity of Health Visitor provision across the CHP were acknowledged. It was agreed L Eydmann, Dr McGovern, Karen Robertson and Rhona Brown will meet to agree how best to take forward. Dr McGovern explained the immediate discussion would be childhood immunisation and then have a greater understanding of perceived inequity of service.

10 Clinical Groups:

10.1 CHD - A McEwan provided the following update –
- an approach has been made to the Strategic Management Team to put ECG machines in every GP Practice in Fife. These machines would be connected to the Victoria Hospital for interpreting. There are concerns with regards to how this would be carried out in the Practice, this is also being discussed at the LMC;
- the 24-hour BP Clinic is running well, there is an eight week waiting time.

10.2 Diabetes - The following update was provided –
- Diabetes Podiatry Service is being centralised for Dunfermline and West Fife outpatients by moving to Queen Margaret Hospital, a note of the contact numbers will be issued by K Baxter;
- EXPERT Training – M Porter has approved funding for admin to support this training until March 2015. Three sessions will be held per year in Dunfermline and West Fife, with the first taking place at Lynebank Hospital. Following the conclusion of the training, an evaluation will be carried out and forwarded to M Porter;
- Diabetes Specialist Nurse – cover for one day per week, also have Dietetic cover one day per week;
- a letter was written to Dr Osborne regarding guidance in line with annual fasting
Dr Garmany also provided detail on the implications relating to fasting glucose testing, and felt further discussions are required to agree a standard approach.

10.3 Addictions - Dr Firth provided the following update:

- direct referral by GPs for specific patients groups via SCI Gateway will not be possible at this time. Following work that has been undertaken by the Group, it has been advised that the previous Operational position is to be followed. The disappointment at this position was expressed. Dr McGovern explained there had been previous agreement with Bob McLean that direct referral would be acceptable. It was agreed previous correspondence would be looked out and this issue discussed with M Porter;
- ADAPT will host a clinic at QMH on a Monday from 5pm to 8pm, the New Row drop in will continue;
- Recovery Network – it’s hoped a session will be held as part of PLT in September. The session will provide support to GP’s and Primary Care staff on recovery options for Fife. Unfortunately uptake numbers to date have been low and F Richmond agreed to send details again. Dr Firth felt this would be a useful session.

10.4 Stroke MCN - C Malcolm provided the following update –

- two meetings have been held this year, discussions have been held on how best to attract representatives. It’s proposed that a larger Stakeholder meeting will be held in March 2015, invites will be issued to Practices and other appropriate teams;
- discussion held on the Fife Neuro Rehab Model, the model will be based on need and not age;
- TIA clinic leaflet circulated.

Dr McGovern also advised that a letter had been received regarding the use of SCI.

Dr McGovern suggested a possible way forward for the Stroke MCN would be to join one of the other MCNs, perhaps logical to sit with CHD or Diabetes.

10.5 Respiratory MCN – update to be circulated with the minutes.

10.6 Prescribing - J Blythe provided the following update:

- prescribing budget has a current underspend of £220k;
- for 2013/14, £1.6m savings were delivered across Fife. Practices continue to review prescribing with some Practices undertaking pilots;
- Care Home waste – this project is progressing well, waste has reduced, a 28-day prescribing amendment has been made to the Local Enhanced Service.

10.7 Older People - D Hathaway advised the last meeting held had low attendance.

11. AOCB

11.1 Playlist for Life Leaflet - L Eydmann drew attention to this leaflet and felt it may be useful for some families and relatives living with a dementia sufferer. It is a uniquely meaningful music playlist that can have an effect on memory and provide a sense of safeness, belonging and familiarity. If further copies of the leaflet are required, please contact V Chesher.

12 Date of Next Meeting:
Wednesday 19 November 2014 at 2pm in Conference Room 4, Lynebank Hospital.