

LOCALITY SUMMARIES: Sept 2015

LOCALITY: BURNLEY

KEY AREAS OF DISCUSSION:

- Integrated Neighbourhood Teams
- Over 75s
- Priority Areas for 15/16
- Innovation Schemes
- Patient/Lay member representative
- Public and Practice Engagement
- Primary Care Development
- Dementia Diagnosis

KEY ACTIONS:

- **Integrated Neighbourhood Teams**

The Burnley INT Management Group continues to develop the three integrated neighbourhood teams across Burnley. The terms of reference have recently been amended to reflect the evolving teams but are waiting to be agreed by the locality.

All 3 INTs have scheduled regular monthly MDT meetings with community division. Continued development work around format, how many or which cases should be discussed, and whether practice representatives attend for part/whole of meeting. Recognition that model will evolve over time and needs to be flexible.

The INT Management Group has identified that Clinical Co-ordinators will be required to alleviate the SNPs from chairing the MDTs but this needs agreement from the locality.

A common referral process, referral template have been agreed across the INTs in collaboration with community services teams. The SOP is still to be developed.

- **Over 75s**

Five advanced nurse practitioners in post and a locality agreed workplan (recently amended) has been developed in relation to target cohort of patients, initially those residing within nursing and residential homes. Each neighbourhood will have 2 nurses once the 6th nurse is in post.

A training / information event will be held 29th September to implement a new model of service delivery to support the care of patients aged 75 or older. In developing the scheme, practices will work together to highlight areas where work across the Integrated Neighbourhood Teams (INTs) will deliver substantial benefits to both the patient as well as the local health economy and will:

- Improve access to primary care for over 75s to reduce inappropriate A&E attendances
- Reduce inappropriate clinical interventions at the end of life
- Enable more patients to receive care and to die in their preferred place
- Identify and better manage the first signs of avoidable ill health in the over 75s
- Improve the care of the over 75s by better and more appropriate use of antibiotics

All practices continue to undertake the annual holistic health and wellbeing assessments for all over 75s patients using a common framework.

- **Priority areas for locality during 15/16:-**
 - Dementia – development of Dementia Action Alliance & Dementia Friends training sessions
 - Primary Care Access
- **Innovation Funded Schemes 14/15:-**
 - ENT – agreed to extend pilot until end March '16 to fully evaluate impact – review of pilot in comparison to Rossendale Scheme is being developed.
 - INT administrators – 12 month fixed terms posts to facilitate and further develop INTs and MDT meetings
 - Rapid response domiciliary phlebotomy scheme – 12 month enhanced service for rapid response urgent bloods across locality
- **Involvement in CCG local initiatives**

The GP Practices are active participants in all of the local incentive schemes, including Advice and Navigation, Cancer, Dementia etc.
- **Engagement**

Continued strong engagement with member practices and via the Burnley patient participation network which has gained membership over the last three months and continues to have a strong voice.
- **Primary Care Development**

Continued engagement and discussion in the locality to improve primary care access and extended hours in line with the CCGs primary care development strategy, building on the innovative approach and encouraging practices to work together to deliver extended access across primary care.
- **Dementia Diagnosis Gap**

Continued work with all practices in maintaining the 67% dementia diagnosis gap, working with the Memory Assessment Service gap team and with a particular focus on the outlying practices who have yet to send in practice registers however the practices are all engaging and working to close the gap.

Approved by:

Dr David White
Jayne Tebbey

Clinical Lead Burnley Locality
Locality Commissioning Manager

LOCALITY: HYNDBURN

KEY AREAS OF DISCUSSION:

- **Integrated Neighbourhood Teams**

Hyndburn is planning the implementation of INTs in Hyndburn with a single hub and referral process for the two neighbourhood teams.

Fortnightly multi-disciplinary team meetings are taking place at Locality level at present. Individual cases have been discussed, with formal reporting undertaken, and case management plans in place where a case manager has been allocated.

- **Primary Care Collaboration**

The perceived impact of the over 75s nurses in the primary care partnerships across Hyndburn is currently being evaluated. There is now a need to move to a single operating model for the Over 75s nurses across the groups of practices.

The second nursing home liaison nurse is in post. Planning for the flu season is underway, with a project plan in place.

It was acknowledged that Hyndburn has groups of practices who are offering the extended hours work, and this is in the process of being evaluated.

The Over 75s nurses are piloting a dementia screening tool (CANTAB) on behalf of the CCG, with training undertaken.

- **CCG Wide picture**

Awareness of CCG wide issues ie Finance, QiPP targets, Cost Pressures, Activity over performance, Link with Public Health, NHS England and CSU. There is an appetite at Locality level to look to innovation through research.

- **Rally Round**

The locality is undertaking discussions with carers link and rally round to look at piloting the system www.rallyroundme.com/ across the CCG, but initially with a Hyndburn focus.

KEY ACTIONS:

- **Mental Health**

Discussions are on-going with mental health commissioners around the function of community restart and its role in Hyndburn, with a proposal for trialling new ways of working.

- **Dementia Action Alliance**

Hyndburn now has a functional Dementia Action Alliance, which has been registered on the DAA website. This is currently being facilitated by the Locality Team, but recruitment is on-going for a community champion.

- **Integrated Neighbourhood Teams**

The 2 INT administrators started in post mid-August and the Clinical Co-ordinator started on the 14th September.

- **Patient Network**

This has met twice with a further meeting scheduled for early October where it is expected officials will be elected.

Approved by:

Dr Richard Robinson
Rachel Watkin

Clinical Lead Hyndburn Locality
Locality Commissioning Manager

LOCALITY: PENDLE

KEY AREAS OF DISCUSSION :

Locality Specific

- **Steering Group Membership**
- **Integrated Neighbourhood Teams**
- **Over 75s**
- **Engagement**
- **Dementia Diagnosis Gap**
- **Telemedicine**

KEY ACTIONS:

Locality Specific

- **Steering Group Membership**

Dr Farnaz Arshid has resigned from the Pendle Locality Steering Group due to moving localities which leaves the locality with a GP vacancy.

Dr Robert Phillips has resigned from the Quality and Safety Committee which leaves a vacancy on the committee.
- **Integrated Neighbourhood Teams**

The Pendle INT Management Group continue to develop the two integrated neighbourhood teams across Pendle, working with a GPs, Practice Nurse and Practice Managers across both neighbourhoods.

Over the summer, two posts were advertised to support the development and co-ordinator of the INTs across the two neighbourhoods. These posts are initially for 12 months (secondment opportunity).

Band 7 Clinical Co-ordinator
Catherine Ashworth, Occupational Therapist has been successfully recruited to the above post and will hopefully take up post in November.

Band 3 Administrative Co-ordinator
Unfortunately, we have not been successful in recruiting to this post, therefore will be re-advertised.

Accommodation
The locality is still in discussion with the community team to find suitable accommodation for the INT team.
- **Over 75s**

The locality continue to utilise the Practice Manager Forum and Clinician Forum to monitor progress against the scheme.
- **Engagement**

Practices within the locality continue to actively engage in numerous forums, schemes and initiatives in line with the CCG Constitution.
- **Dementia Diagnosis Gap**

Continued work with all practices in maintaining the 67% dementia diagnosis gap. Memory Assessment Centres are now open for referrals in both Pendle East (Colne Health Centre) and Pendle West (Leeds Road Resource Centre).

- **Telemedicine (Airedale NHS Foundation Trust)**

The locality are currently supporting three schemes working closely with Airedale NHS Hospital Trust utilising the Telemedicine Model.

The first scheme is to roll out Telemedicine within 50 nursing and residential care homes across East Lancashire. To date, there are 49 homes live across East Lancashire with a further 1 awaiting installation. It has been agreed that there will be one final push to see any further homes are interested in the scheme which will need to be installed by March 2015.

Secondly, the Pendle locality and Airedale NHS Foundation Trust continue to engage with regard to work in Nursing and Residential Homes within the locality. Unfortunately, the post holder has taken a new position therefore the CCG are currently in discussion with regard to the re-advertisement of the post.

The third scheme is GP Triage. Pendle Nursing and Residential Homes with Telemedicine installed will ring the Telemedicine Hub instead of the GP practice for a Home Visit. Feedback from practices remains positive. The locality are working closely with Airedale to continually monitor and improve the service provided.

Approved By:

**Dr Stuart Berry
Cath Coughlan**

**Clinical Lead – Pendle
Locality Commissioning Manager**

LOCALITY : RIBBLESDALE

KEY AREAS OF DISCUSSION :

- **Integrated Neighbourhood Teams**
- **New model of Primary Care**
- **Diabetes**
- **Over 75's**
- **Clitheroe Community Hospital – Inpatients**
- **Engagement**

KEY ACTIONS:

- **Integrated Neighbourhood Teams**
The INT Administrator started in post on 27th July 2015. A key part of this role will be to support the weekly MDT meetings which are held every Wednesday at Clitheroe Hospital. Interviews for the INT Co-ordinator were held on 2nd and 3rd September. The successful applicant has a physiotherapy background and will be a valuable member of the INT team once in post.
- **Developing a new model of Primary Care**
A locality-wide approach to considering the proposals for a new model of Primary Care is being taken.
- **Continued monitoring of diabetes service**
The continuation of funding to support the Ribblesdale Enhanced Diabetes Service was confirmed at the Senior Management Team meeting on 11th August. This will enable the service to continue for a further 12 months until September 2016 and for ongoing evaluation of the service to be carried out.
- **Continued monitoring of Over 75's Service**
The Over 75's Service continues to be delivered and is evaluating well with positive feedback from patients. The Specialist Practitioner for Over 75's is a member of the Ribblesdale Integrated Neighbourhood Team and also a member of the Community Transformation Partnership Operational Group. The Over 75's Service will continue to be monitored and evaluated.
- **Clitheroe Community Hospital – Inpatients**
Pendleside Medical Practice (PMP) continues to provide medical cover to hospital inpatients Monday – Friday 8am – 6:30pm. Feedback to date is extremely positive and PMP are working with ELHT to develop the service including the provision of regular activity reports.
- **Patient Partnership Board**
The locality welcomes the newly established Patient Partnership Board and a patient representative from Ribblesdale will be attending the first meeting on 16th September 2015.

Approved By:

**Dr Ian Whyte
Hayley Sims**

**Clinical Lead – Ribblesdale
Locality Commissioning Manager**

LOCALITY : Rossendale

KEY AREAS OF DISCUSSION :

Locality specific

- Single Integrated Neighbourhood Team for Rossendale
- Over 75s proposals (Various initiatives)
- Ambulance response times in Rossendale / ELCCG – Deep dive & Quality and RBC Health Scrutiny Cttee
- Dementia Friendly Community - Rossendale
- Primary Care Development – Raise awareness of the CCG Primary Care Development Strategy
- Local ENT service pilot
- CVS Social Prescribing Funds
- Diabetes Service
- Elections – Practice Nurse and Practice Managers
- Support Whitworth GPs in discussion about the Community Service procurements
- Locality electronic Directory of Services

General

- Engagement – Maintaining full engagement of all Rossendale practices in CCG
- Roles, Responsibilities & Capacity – Developing clear roles for those individuals (GPs / Practice Manager / Patient Rep / Practice Nurse) that are engaged with CCG working, but at same time being aware of capacity issues
- CCG Wide picture – Awareness of CCG wide issues ie Finance, QiPP targets, Cost Pressures, Activity over performance, Link with Public Health, NHS England and CSU

KEY ACTIONS:

Locality Specific

- Development of Integrated Neighbourhood Team – Continue development and understanding – Recruitment & Accommodation issues
- Review of over 75s proposals
- Ambulance response times in Rossendale / ELCCG – Raise awareness at Quality & Safety Committee and Rossendale Borough Council Health Scrutiny Committee
- Support the development of a Dementia Friendly Community for Rossendale
- Primary Care Development – Locality role in execution of the CCG Primary Care Development Strategy – PQIP Template
- Local ENT Service – Work up plans / business case development & submission
- Review of CVS Social Prescribing Funds
- Diabetes Service – Understand local needs
- Awareness of Whitworth patient need and aid the discussions with HMR CCG
- Run the election for a locality Practice Nurse representative and Practice Manager representatives
- Development in partnership with other local organisations in the development of an electronic Directory of Services

General

- Engagement – Look at ways to keep all of the Rossendale GP practices engaged with CCG work.
- Roles, responsibilities & capacity – Give direction and structure to locality working and how it links to the wider East Lancs CCG
- CCG Wide picture – Ensure the locality is made aware but not bogged down by issues affecting East Lancashire CCG

Approved By:

Dr Tom Mackenzie
Andy Laverty

Rossendale Locality Clinical Lead
Locality Commissioning Manager