NHS
East Lancashire
Clinical Commissioning Group

Appendix B

LOCALITY SUMMARIES: Nov 2015

LOCALITY: BURNLEY

KEY AREAS OF DISCUSSION:

- Primary Care Development
- Integrated Neighbourhood Teams
- Over 75s
- Dementia
- Innovation Schemes
- Engagement
- Patient Participation Board

KEY ACTIONS:

- **Primary Care Development**
  Following the recent CCG wide primary care redesign event, and federation members meeting, the GP East Lancs federation is exploring project managing the next phase of primary care on behalf of the federation locality member practices, but is still seeking certain assurances from the CCG on behalf of the member practices. Furthermore the federation is exploring including those non-member practices that wish to utilise the federation project management team. This work is still ongoing under the auspices of the CCG primary care development team.

- **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 and agreed with 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 and this has been agreed with the locality. The issue here is who will host these posts and a meeting is scheduled for 13th Nov with the Practice representatives and the Head of Commissioning for Integrated Care.

  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**
  Six 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 an allocation of 2 nurses to conduct dedicated ward rounds and now that they are at full capacity the role will extend to include case management/advance care planning for those patients with complex / long term conditions.

  All 17 GP Practices have signed up to implement the new model of service delivery to support the care of patients aged 75 or over.

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

- **Dementia**
  Development of Dementia Action Alliance in Burnley via the council. All Practices have been asked to ensure that at least one member of staff has completed the Dementia Friends training session. The Patient Participation network is also looking at their role to progress this.

- **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 and will be presented to LDG in December
  - 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 (awaiting an update from the service)

- **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.

- **Patient Partnership Board**
  A Burnley locality representative attended the first Patient Partnership Board meeting held on 16th September 2015. It is expected that there will be two patient represenatives attending the next meeting on 24th November 2015.

Approved by: **Dr David White** **Clinical Lead Burnley Locality**

Jayne Tebbey **Burnley Locality Manager**

LOCALITY: HYNDBURN

KEY AREAS OF DISCUSSION:

- **Primary Care**
  The Hyndburn locality have dedicated a provider forum to the new model of primary care. Discussions are on-going as to how the new model needs to look in Hyndburn from the perspective of primary care itself.
  It is likely that the locality will propose the locality forum is used to discuss issues from a provider perspective going forwards, with the steering group used for commissioning.

  Several practices in Hyndburn have passed the Quality Practice Award.

- **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.

- **Mental Health**
  Discussions are on-going with mental health commissioners around the social support outreach worker and its role in Hyndburn, with a proposal for trialling new ways of working.

- **Health Visiting**
  Practices in Hyndburn have engaged with LCFT and a further version of the Health Visiting Clinics have been proposed and accepted by practices for implementation as of 1st December. 3 practices have raised concerns and these will be monitored as the new clinics are implemented.

KEY ACTIONS:

- **Rally Round**
  The locality is undertaking discussions with carers link and rally raound to look at piloting the system http://www.rallyroundme.com/hyndburn across the CCG, but initially with a Hyndburn focus. The launch of this pilot was on the 10th November.

- **Dementia Action Alliance**
  Hyndburn now has a functional Dementia Action Alliance, which has been registered on the DAA website. This is due to be facilitated by LCFT going forwards

- **Integrated Neighbourhood Teams**
  Hyndburn INT has produced a case study of how effective INTs work for the good of patients, carers and staff.

Approved by: **Dr Richard Robinson** **Clinical Lead Hyndburn Locality**
Rachel Watkin **Locality Commissioning Manager**

LOCALITY: PENDLE

KEY AREAS OF DISCUSSION :

Locality Specific

- **Primary Care Developments**
- **Steering Group Membership**
- **Integrated Neighbourhood Teams**
- **Over 75s**
- **Engagement**
- **Patient Partnership Board**
- **Dementia Diagnosis Gap**
- **Telemedicine**

KEY ACTIONS:

Locality Specific

- **Primary Care Developments**
  The GP practices in the locality are taking an active interest in the development and delivery of primary care services. Practices are working together within various federations including ELMS, Pendle Care Direct and the EU Federation to inform the service delivery opportunities arising from the Primary Care Development work stream.

- **Pendle Election/Steering Group Membership**
  Locality Steering Groups terms of office expire on 31 March 2016, therefore the locality will be asking member practices to express an interest in becoming a Steering Group member. The locality will be looking for the following:

  - X 5 GP Members
  - X 2 PN Members
  - X 2 PM Members

  The election process will commence in December 2015 and will take up their term of office from 01 April 2016 for a 3 year period.

  The locality still holds a vacancy on the Quality and Safety 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 (Pendle East and Pendle West).

  Band 7 Clinical Co-ordinator
  Catherine Ashworth, Occupational Therapist has been successfully recruited to the above post and commenced in post 02 November 2015.

  Band 3 Administrative Co-ordinator
  Kathryn O'connor has been successfully recruited to the above post. At the time of writing, the CCG are currently negotiating a start date.

  Accommodation
  The Pendle INT team will be based in Pendle Community Hospital.

  Multi-disciplinary meetings will commence in January 2016, prior to this, Catherine is liaising with all practices to seek to understand and address any concerns with regard to the

implementation of the MDT process and INT moving forwards.

- **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.

- **Patient Partnership Board**
  A Pendle locality patient representative attended the Patient Partnership Board meeting held in September. It is anticipated that both patient representatives on the Steering Group will provide their input into future meetings.

- **Dementia Action Alliance**
  Pendle Borough Council has formed a Dementia Action Alliance; which meets on a quarterly basis. The Alliance has appointed an independent Chair (Paul Gauntlett) and is in the process of consolidating the membership, of which the locality commissioning manager and Dr Catherine Taylor (GP, Earby) have agreed to represent the CCG and locality.

  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 continue to work in partnership with Airedale NHS Foundation Hospital Trust to support the implementation of Telemedicine through numerous schemes.

  The first scheme is to roll out Telemedicine within 50 nursing and residential care homes across East Lancashire. In addition to this, the locality manager and support officer are working closely with the Vanguard Programme Team to implement telemedicine across 53 additional nursing and residential homes across East Lancashire. A launch event is planned for mid-December to introduce nursing and residential homes to how and what telemedicine can offer patients and carers in a care home environment.

  Secondly, the Pendle locality and Airedale NHS Foundation Trust continue to engage with regard to work in Nursing and Residential Homes within the locality. Airedale NHS Foundation Trust are currenlty out to recruit a Band 8a Advanced Nurse Practitioner to support the Over 75 and INT agenda.

  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**	**Clinical Lead - Pendle**
	Cath Coughlan	**Locality Commissioning Manager**

LOCALITY : RIBBLESDALE

KEY AREAS OF DISCUSSION :

- **Primary Care Developments**
- **Integrated Neighbourhood Team**
- **Over 75's**
- **Patient Partnership Board**

KEY ACTIONS:

- **Primary Care Developments**
  The Ribblesdale Locality is currently working as a federation to consider the proposals detailed in the New Model for Primary Care. Discussions are currently taking place amongst member practices but also with other local federations to come up with a model for the locality.
  The Ribblesdale Federation continues to develop the INT in the locality, and patients are now being referred into the service. The federation is working with the INT to see how it might best use the Intensive Home Support Services for patients. Member practices are continuing to provide extended services to the Over 75s, both through the role of the Community Matron and staff employed by the practices. Practices are also collectively continuing to run structured education programmes for patients with diabetes and with pre-diabetes.
  Work is also taking place around the provision of treatment room services across the locality with a view to improve access and extend the service provision.

- **Integrated Neighbourhood Team**
  Nicola Taylor, the INT Administrator commenced in post on 27th July 2015 and is settling into the team well. A key part of Nicola's role is to support the weekly MDT meetings which are now held every Monday at Clitheroe Hospital, 1:30pm – 2:30pm. Jeanette Finch has been appointed to the role of INT Co-ordinator with a start date of 30th November 2015. Jeanette has a physiotherapy background and will be a welcome addition to the team. EMIS training has been delivered to staff involved with the INT and the process is underway to get EMIS installed on PCs used by members of the INT. EMIS anywhere tablets will be delivered to some members of the INT early November to support the work of the team.

- **Development of Over 75's Service**
  The Over 75's Service in Ribblesdale is working well and the number of patients seen by Diane Hobro, Ribblesdale Over 75s Community Matron continues to increase. Diane started the over 75s role in January 2015 and as at September 2015, had seen a total of 111 patients with 62 remaining on her caseload. It has been recognised that support for Diane in the community would be extremely beneficial. A business case is being developed around the recruitment of a health care assistant to support Diane by carrying out lower level tasks. Additionally, a proposal is being developed for the utilisation of over 75s slippage funding to support the service until 31st March 2016.

- **Patient Partnership Board**
  A Ribblesdale locality representative attended the first Patient Partnership Board meeting held on 16th September 2015. Another patient representative from the Ribblesdale locality has since expressed an interest in joining this group. It is expected that there will be two patient represenatives from different areas in Ribblesdale attending the next meeting on 24th November 2015.

Approved By:	**Dr Ian Whyte**	**Clinical Lead – Ribblesdale**
	Hayley Sims	**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 Sevelopment Strategy
- Local ENT service pilot
- CVS Social Prescribing Scheme
- Diabetes Service
- Rossendale Health and Wellbeing Partnership
- Support Whitworth GPs in discussion about the Community Service procurements
- Locality electronic Directory of Services

General

- Engagement – Maintianing 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 & Accomodation 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
- Local ENT Service – Work up plans / business case development & submission
- Review of CVS Social Prescribing Funds
- Diabetes Service – Understand local needs
- Support the development of a Health & Wellbeing Partnership for Rossendale
- Awareness of Whitworth patient need and aid the discussions with HMR CCG
- 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, respoonsibilities & 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

Rossendale Locality – Position Statement on Primary Care Development

GP Federation

The GP Practices in the Rossendale locality are taking an active interest in working collaboratively with each other under the umbrella of the EU Federation. They have attended all of the CCG workshops and held discussions in the locality with all nine Rossendale based practices involved. Having worked together successfully on a series of projects, such as a Winter Pressures clinic in 2013/14, they are confident that there is a willingness and necessary expertise within the locality to rise to the challenges of being able to provide wider access to Primary Care services in line with the opportunities that the Primary Care Development workstream will provide.

Other developments

The locality are currently looking at ways in which to give more clarity to patients with regard to when and where appropriate health services are accessed by members of the public. The locality patient representative is involved in this exercise along with a number of local health services and other members of the locality steering group. An example being the explanation of what services are seen by the Rossendale Minor Injuries Unit and how a patient access the minor ailments scheme – Pharmacy First.

The locality recently got approval through the CCG for a scheme that promotes the provision of double (20 minutes) appointments for those patients aged 85 years or older.

Finally the Rossendale GP Practices are supporting the roll out of Integrated Neighbourhood Teams and multi-disciplinary teams working to discuss how more co-ordination can be brought to patients care, where appropriate, which will have an impact on Primary Care Development.

Approved By:	**Dr Tom Mackenzie**	**Rossendale Locality Clinical Lead**
	Andy Laverty	**Locality Commissioning Manager**