

Meeting Action Summary General Practice Transformation Action Group (GPTAG)

Derby and Derbyshire LMC, Saxon House, Heritage Gate, Friary Street, Derby, DE1 1NL 16 December 2015, 13:00 to 15:00

Present:	Dr James Betteridge (JB)	Local Medical Committee (LMC) (Chair)		
	Lisa Soultana (LS)	LMC and Primary Care Development Centre (PCDC)		
	Claire Leggett (CL)	PCDC		
	Jules Plummer (JP)	Alexin Healthcare		
	Julia Taylor (JT)	Lister House Surgery /Advanced Clinical Practitioner Project		
	Rachel Wingfield (RW)	East Midlands Leadership Academy (EMLA)		
	Maxine Rowley (MR)	Southern Derbyshire CCG		
	Ian Mather (IM)	North Derbyshire GP Federation		
	Alison Hughes (AH)	Hardwick Federation		
	Heidi Scott-Smith (HSS)	Erewash CCG		
	Caroline Aherns	HEE		
	Dr Stuart Holloway (SH)	Derby GP Specialty Training Programme		
	Dr Jane Fitch (JF)	HEE		
	Sarah Longland (SL)	Swadlincote Surgery		
	Dr Paula Crick	University of Derby		
Apologies received from:	Charlotte Lawson, Dr David Young, Jayne Strongfellow, Dr John Grenville, Tracy Gilbert, Dr Nigel Scarborough (Caroline Aherns attending on Nigel's behalf)			

1. Welcome and Introductions

Undertaken by all

2. Matters arising and action points from previous meeting

- GPSET Terms of Reference draft completed by LS & SY.
- Indemnity GPC has identified as major national issue for GPs and ANPs. We await further guidance from GPC over changing policy including the possibility of crown indemnity.
- Local MP support JB decided to put this on hold until we have developed some solutions for consideration and support.
- Learning Beyond Registration (LBR) LS has had success in discussion with David Farrelly (HEE) in General Practice having greater flexibility in accessing LBR. There is also potential that the issue of salary support for staff cover particularly for Nursing could be funded. We believe approx. £0.5m of funding has been ringfenced for this purpose regionally, we await confirmation and further details and highlight to all GP practices.
- Marketing Derbyshire LS followed on the action to seek opportunities to market our area as a good place to
 work, and seek appropriate funding to development. Further discussions has highlighted the Lincolnshire
 marketing model as a good example that could be followed in other areas. There is possibility of further
 development in 2016.
- Twitter SY has created social media account. GPTAG members to continue to use.
- HEE devolved funding JF stated we are currently awaiting further details

3. General Meeting Update

LS gave a brief update on several key meetings. Derbyshire LETC Sue James will be stepping down as chair, presenting an opportunity for a new chair. LS has informed HEE that she has expressed an interest for the position and has highlighted that the process for appointment of a new chair should be transparent with nominations and voting. PC also highlighted the opportunity to move away from a Trust led chair for this group. LS also highlighted the intention of ensuring that GPTAG will be aligned with Derbyshire LETC as the

recognised funding council arm for decision making across all of the Healthcare sector. Links with the sub group of the LETC, the Strategic Workforce Group will continue to be strengthened.

JB has also met with Amanda Battey (HEE Locality Manager) to again highlight the importance of General Practice for patients and the community and some of the challenges that GP practices face with workforce transformation.

LS said everyone should have received a copy of the GPTAG Terms of Reference and the Conflict of Interest documents. GPTAG members confirmed they had not received these. LS apologised and asked CL to send out today.

4. Funding allocation

LS provided the background to the funding that has been awarded to GPTAG. The Primary Medical Services Group (HEE) requested funding bids from all the local delivery groups across the East Midlands. 32 proposals were submitted equating to £3.5m by 30 November 2015. GPTAG members will recall that some PCDC bids were circulated with activity that spanned across Nottinghamshire and Derbyshire. Following the PMS meeting in December, a number of options were presented. It was agreed that £200k would be released to each local delivery group for them to best decide the funding priorities.

LS then received communications from Helene Askarian at HEE to ask that the priorities incorporate three PCDC bids as well as two Training Hub bids. (See summary of proposals spreadsheet for project titles). LS and CL spoke to HA and asked for dispensation to consider a new project and not be confined to bids that we as GPTAG had not developed. We received agreement from HA and thank HEE for their flexibility.

LS then suggested for a working group to be developed to read any future bids and make recommendations to GPTAG. At the moment, the working group consisted of LS and CL. GPTAG were in support of this suggestion with an opportunity for other GPTAG colleagues to join at any time.

Claire Leggett (CL) discussed the projects and asked the GPTAG members present for thoughts. (IM expressed a conflict of interest regarding his Training Hub application for Brimington surgery).

LS then presented a new idea called the General Practice Taskforce project (see presentation slides previously circulated on 16/12/15).

The decisions agreed by the GPTAG members are recorded as follows:

- ✓ The Senior GP Fellowship Scheme project was unanimously endorsed for the Derbyshire portion of approx. £67,500 with the GPTAG members highlighting the need to invest in the existing workforce and retain skills and experience. Agreement to revisit the funding assumptions in the bid and to liaise with Nottinghamshire LMC for project links
- ✓ The GP taskforce project was also unanimously endorsed with offers of potential CCG and NHS match funding as well as EMLA system leadership development support. GPTAG members were enthusiastic in this projects potential but also keen to work on deliverables with the first phase with the possibilities to expand and extend. The reasons for support include; attractive to support weaker practices and improve standards, use respected experts who know General Practice, will benefit patient services and therefore patients, brings in experience from other areas
- ✓ A focus group of LS, CL, SL, RW, MR and any other nominees to undertake the detailed project planning (POST MEETING NOTE: Also had interest from Helen Smith, Alison Hughes, Dr Stuart Holloway)

Other key considerations were noted and summarised as follows:

- o Ensuring project fits with other opportunities as not losing the "bigger picture"
- PC highlighted the opportunity in the Foundation degree/ Higher Level Apprenticeship which is received 50% funding from BIS for HCAs to qualify as APs
- Consider whole of primary care and healthcare sector for solutions not just limited to Primary Care/ General Practice

- SH highlighted in considering moving away from partnership to federation models that the premises would be a major issue and wanted to ensure that no individual should be left "out of pocket" financially for sharing ownership in premises
- AH emphasised that the GP taskforce project and Senior Fellowship scheme must be introduced and managed carefully and correctly particularly GP practices have not had positive experiences recently from previous projects.
- IM suggested that the GP provider companies could assist with communicating and involving practices about the projects.

5. CEPN/ Training Hubs presentation

- SH thanked all those involved in supporting their bid and presented the project vision and progress to date as well as the potential for future. (Copy of presentation attached).
- JB thanked SH for presentation and congratulated the whole team on excellent progress to date and wished the team every success over the next year.

6. Information Sharing

- Launch of HEE District and GP Nurse Career and Education Framework
- EMLA Practice Manager Development programme nominations to be received on 7 January 2016
- EMLA GP Development programme
- LETC Securing the Workforce Event 28 January 2016

7. Agreed actions.

As per action log attached

8. Date and time of future meetings at Derby and Derbyshire LMC Offices, Friary Street, Derby. DE1 1NL.

Wednesday 24 February 2016	13:00 – 15:00
Wednesday 13 April 2016	13:00 - 15:00
Wednesday 15 June 2016	13:00 - 15:00

For further information about the GPTAG meetings contact the GPTAG Administrator Claire Leggett (Senior Associate, PCDC) using the contact details below.

Claire.leggett@pcdc.org.uk 01332 210008

General Practice Transformation Action Group: Action Log

	General Fractice Transformation Action Group. Action Log							
Agreed action	Responsible Person/ Organisation	Update	Status					
All meeting members to provide feedback from their sectors as appropriate. What information do we have as a group, what do we have access to.	All		Active					
GP Provider groups to develop communication and feedback information flow chart to encourage collaboration.	GP Provider Groups		Active					
Contact GPSET for Terms of Reference, to be used for information.	SY	Terms of reference received and used for information.	Completed					
LS to draft Terms of Reference.	LS		Completed					
All GPTAG members to feedback on ToR and Conflict of Interest documents. In particular this includes voting options for funding decisions and is essential for understanding and agreement and feedback to CL	All GPTAG members		Active					
Theme 1: Feedback from GPC regarding indemnity insurance to be discussed in October or December meeting, depending on outcome.	LS	Issue has now been taken up nationally by GPC	Completed but pending update					
Theme 1: "GP Lean" Project findings to be fed back in December meeting.	TG		Active					
Theme 1: GP Recruitment – Ipro event	NS	Michael Davies contacted, due to second phase recruitment and equal opportunities, not appropriate.	Completed					
Theme 1: Bury GP Federation to be contacted regarding their implementation of shared records and how this has working in regards to indemnity.	TG/ BO	Records sharing have been introduced in Bury, which has resulted in a small reduction in Indemnity costs.	Completed					
Theme 1: Meeting members to feedback information on Indemnity Insurance if received.	All		Active					
Theme 1: National minimum dataset report to be reviewed and key areas to be reviewed at the next GPTAG	Meeting recipients of report	PCDC have completed analysation of data. This is available on our website at the following link: Derbyshire Workforce Statistics Sept 2015 - first release	Completed					
SY to ensure the report is made available on the Derby and Derbyshire LMC Website • LS to share the report with the LMC and HEE.	SY LS	On Derby and Derbyshire LMC website, shared via GPTAG_Portal twitter	Completed					
Theme 1: Advanced Nurse Practitioner job description to be provided and then circulated through GPTAG Admin.	ВО	Provided Job Description and link to RCN Advanced Nurse Practitioner Competencies	Completed					

Theme 1: Core competencies of care that can be	JD/ SY	Provided, to be sent out	
delivered by lower bands $(1-4)$ to be circulated	35, 3.	with Meeting Information	Completed
through GPTAG Admin.		Pack	
Theme 1: Invite Clare Sutherland, Lead for	SY	CS unable to attend,	
Derbyshire Advanced Clinical Practice Strategy		Colleague Julia Taylor will	Completed
Group.		attend.	
Theme 1: Letter to be compiled on behalf of	CL/ LS	Letter drafted, to be	Completed
GPTAG, detailing need for backfill.	CL, 23	presented at next GPTAG.	Completed
Theme 1: LS to further liaise with David Farrelly,		LS and JB has met with DF	
Director of System Development, HEE regarding		and AB from HEE to	
the outcome of his discussions and meetings to		highlight General Practice	
discuss the matter		engagement. HEE are	
	LS	now aligning more	Completed
		funding and decisions	
		through to GPTAG as the	
		forum. Also aligning	
The same 2. Manating an angle and to find out what in		GPTAG to LETC and SWG.	
Theme 2: Meeting members to find out what is	All		A ativa
already out there and look at ways of	All		Active
communicating across all boundaries.		LC and leave with	
Theme 2: LS to highlight the need to specifically		LS spoken with	
market Derbyshire as a good place to work, and		Lincolnshire LMC about	
seek appropriate funding to development and	LS	their successful campaign. Funding	Active
working group and undertake the necessary actions.	L3	needed in region of	Active
actions.		£100k to do the same in	
		Derbyshire	
Theme 2: Issues raised regarding monies for GP		SH has already contacted	
trainers not to be reduced, due to the removal of		HEE regarding GP trainer	
NHS pension contribution, to be discussed with	SH	allocations. SH to chase	Active
GPC		response	
Theme 2: Meeting members to review how nursing			
roles and titles can be shared across boundaries to			
have a true integrated workforce to meet the	All		Active
needs of the patient at the right time and right			
place.			
Theme 2: JT to send DB copy of Advanced Clinical			
Practitioner job description/ personal specification.	JT/DB/SY		Active
Theme 2: CL (NHSE) to feedback pilot results for			
pharmacy in general practice as received.	CL		Active
Theme 2: Twitter social media to be set up.	SY		Completed
Theme 2: JF to provide feedback on devolved	ır	JF awaiting information	A at:. : -
funding allocation though HEE.	JF	from HEE for 2016/17	Active
Theme 2: JB to contact MPs and liaise back to		Decided to await until	
GPTAG in December.	JB	solutions are developed	On hold
		and write for support	
To inform HEE of GPTAG funding decisions		HEE informed, pending	
	LS & CL	final approval to progress	Active
		projects	
Convene working group for projects	LS & CL		Active
	LJ & CL		ACTIVE
To discuss possible NHS England match funding			
(Derbyshire portion of national funding for GP	LS		Active
Taskforce project)			