

## Meeting Action Summary

### General Practice Transformation Action Group (GPTAG)

Derby and Derbyshire LMC, Saxon House, Heritage Gate, Friary Street, Derby, DE1 1NL  
24 February 2016, 13:00 to 15:00

Meeting attendees		
Name	Organisation	Position
Dr James Betteridge (JB)	Local Medical Committee (LMC)	GPTAG Chair and LMC Member
Lisa Soultana (LS)	LMC	GPTAG Strategic lead and LMC Chief Operating Officer
Heidi Scott-Smith (HSS)	Erewash CCG	Acting Chief Nurse
Debbie Bennett (DB)	Hardwick CCG	Assistant Director of Transformation
Alison Hughes (AH)	Hardwick GP Provider Company	Business Lead
Dr Nigel Scarborough (NS)	Health Education England working across the East Midlands	Head of GP Academy NW East Midlands/ Deputy GP Dean (HEE)
Jane Fitch (JF)	Health Education England working across the East Midlands	Workforce Transformation Manager (HEE)
Dr Stuart Holloway (SH)	Derby GP Specialty Training Programme Macklin Street Surgery	Programme Director Senior Partner
Claire Leggett (CL)	Primary Care Development Centre	Senior Associate
Sarah Longland (SL)	Swadlincote Surgery	Practice Manager
Dr John Grenville (JG)	LMC	LMC Secretary
Dr Bola Owolabi (BO)	Derbyshire Community Health Services	Clinical Director
Jayne Dickinson (JD)	Derby Hospitals Foundation Trust	Assistant Director for Education and Organisational Development
Maxine Rowley (MR)	Southern Derbyshire CCG	Senior Commissioning Manager Primary Care
Dr Susie Bayley (SB)	Wilson Street Surgery	GP Partner
Anne Armstrong (AA)	Macklin Street Surgery	Practice Manager
Wendy Wesson (WW)	University of Derby	Discipline Lead/ Head of Post Registration Health Care Practice
Rachel Wingfield (RW)	EMLA	Business and Performance Manager
Julia Taylor (JT)	Lister House Surgery	Advanced Nurse Practitioner
Melanie Foster- Green (MFG)	Erewash CCG	Primary Care Lead
Mickila Milward (MM)	LMC	Project Support Administrator
Telecon		
Hannah Belcher (HB)	North Derbyshire CCG	Head of Primary Care
Apologies		
Jools Plummer (JP)	Alexin Healthcare South Derbyshire	Head of Operations
Helen Askarian (HA)	Health Education England working across the East Midlands	Head of Priority Areas
Chris Locke (CLo)	PCDC	Chief Executive
Charlotte Lawson (CLa)	NHS England – North Midlands	QIPP Programme Manager, Derbyshire and Nottingham

#### 1. Welcome and Introductions

JB opened the meeting at 1:08pm and welcomed all attendees.

#### 2. Meeting Notes and Action Log from last meeting

Action log updated with new actions and completed actions removed. To note from previous minutes - JD sent apologies from the meeting held on 16 December 2015.

### **3. Important documents and decision making**

#### **3.1 Conflicts of Interest & Terms of Reference**

JB - keen to move from draft to ratification. CL has incorporated comments received to date. The key tasks and objectives are still blank in ToR.

**ACTION:** Group to send suggestions for key tasks to LS

**ACTION:** LS to draft some key tasks based on the above

Group to respond with any comments post-meeting, otherwise they will be accepted and endorsed by proxy.

#### **3.2 Decision making for funding allocation**

LS raised the need to understand the decision making, especially on allocating funding, in line with the terms of reference. Last £200,000 spent on General Practice Task Force and Senior Fellowship Model. Need to decide on mechanism on how we vote and how to act in the best interests of all GP practices. LS suggests 'show of hands' (unless it got complicated eg split vote) in order to make decisions – no objections raised.

LS also raise the sub-working group of GPTAG – currently LS and CL (invitation to others to join) who make recommendations to GPTAG.

**ACTION:** CL and LS to share criteria on recommendation with group to make final decisions.

#### **3.3 Delivering the 5YFV – *one of the nine must dos***

JB – useful and helpful to map any future projects against the 5YFV and to see how we align national priorities to Derbyshire need. LS raised the importance of the CCGs to share the Sustainability and Transformation Plans (STP) at GPTAG meetings so we are aligned. All in agreement.

**ACTION:** MR, HB, HSS and DB to share STP at next meeting so we can align GPTAG work.

### **4. Round Table 3 Minute News Flash from each organisation. Focus on workloads and workforce matters**

- CL updated on behalf of CLa
  - shared update on vulnerable practices. 29 practices put forward, 3% bids were match funded. Working with national team to resolve match funding issue.
  - Primary Care Strategic Advisory Group minutes – copies were sent out with meeting papers
  - Prime Minister's Challenge Fund – still time to sign up for this. Deadline 2 March 2016.
- RW – 30 GPs on GP development programme and currently developing a waiting list. Coaching and development training is available to all practice staff (free as part of LMC membership). Practice Manager training currently underway. EMLA also offering coaching and developing to practice staff as a pro bono to all practices with LMC membership.
- SH – GP Training:
  - Concerns with ST1 group although good recruitment drive for next year so far
  - Highlighted a trend for registrars who do not work full time hours
  - Funding stream needed for admin support for CPD programme
  - GP training cancelled one day due to Junior Doctor strike
- BO – DCHS:
  - Highlighted a trend for registrars who do not work full time hours
  - Asked if there is an opportunity to pool some resource for GP fellowship proposals through GPTAG/collective group?

**ACTION:** LS to take to PMS group – GPTAG ask for funding.

➤ JD

- For Info: National Apprenticeship levy comes in April GPs can draw funding down from levy as too small to apply directly. Possible 'academy approach' – building model.

**ACTION:** LS and JD to meet to discuss further

- JD also explained DHTF are struggling to recruit nurses. There are extra post graduate nursing places at Derby University. Workforce shortages also in Sonography and Radiography.

➤ HSS

- Erewash update for lean project. (GE Healthcare Finnamore) brought in to look at 'back room functions' – how areas of work can be aligned.
- 8/10 practices involved.
- 4 practices not involved first time, should now be involved.

**ACTION:** HSS to update GPTAG on lean programme

➤ JT updated on the ACP project as lead for GP component. Currently reviewing if job descriptions, job titles are accurate and Nurses are correctly indemnified.

- Set core competencies written
- Specific competencies being written



Jobs Advanced Practitioners

➤ WW

UoD has been working with Royal Derby and DHU to develop a route for ACPs. Start with clinical decision making module (6 months), clinical management investigations module. Develop 60 credits independent study. Currently 32 doing first module. After PGDip level have 1 year to complete consolidation stage, small research project with one practice nurse. Highlighted huge issues of time out of practice due to studying. Currently revising programme and waiting for NMC review.

➤ AH

Derbyshire traditional GP model is changing. Seeing practices joining secondary care organisation rather than other GP practices.

➤ DB

Vertical and horizontal integration. New models of care – significant variation depending on organisation.

➤ SH

Problem with secondary care managed model is that patient care could be compromised. GPs have no ownership GPs are leaving in droves – recruitment issue. Need investment in primary care. GPs should not be forced into federating – not the way forward.

➤ JB

Concerned if we had only one model going forward. Patient needs skills set that are accessible. How will this be delivered?

## 5. Funding Allocations for Derbyshire General Practice

GPTAG has been awarded £19,175 from LETC workforce allocation funding for 2015/16. LS proposed that in order to gain the maximum benefit rather than diluting impact over 116 GP practices, to hold a one day General Practice conference. (The funding must be spent on 'training'). LS asked for any other ideas to be emailed asap otherwise we would proceed to organising a conference. All in agreement. LS asked if any GPTAG members would like to be involved in a small working group. SB, AH, CL, JT and DB volunteered.

**ACTION:** All to email LS with any further suggestions or to be part of the one day conference working group.

## **6. HEE, working across East Midlands**

### **6.1 HEE commissioning and investment plan (2016/17)**

HEE plan for 2016/17 was circulated with the agenda. Discussion took place with the lack of information regarding General Practice workforce and that it was based on affordability rather than need. JB stated he would like 'whole time equivalent' included in commissioning plans linked with the number of GPs that make up the patient facing primary care team which tends to be made up of part time/sessional staff. BO felt that there was an opportunity for GPTAG to look at other commissioning to make up the GP workforce e.g. planning and investment in non-medical prescribing, accreditation and physiotherapy/occupational therapy not just medical and nursing UG and PG places and a road map that takes us progressively towards a skill mix

### **6.2 LETC Operational Plan**

From the Stakeholder event at the end of January, priorities for Health workforce discussed. Derbyshire priorities have been agreed. AH, JB and LS all agreed that the stakeholder event was like playing Russian roulette. Funding allocations 2016/17 has not been confirmed by HEE, this will likely be March. Figures presented are estimated. LS has challenged HEE Derbyshire LETC priority areas as she felt there was minimal allocation for General Practice, although General Practice was highlighted as priority but wasn't put into one of the key areas. As a result, some good news – HEE provisionally agreed a further £50k from LETC but this is due to be confirmed and not guaranteed. This will be utilised with GPTAG agreement to extend the work of the GPTF. LS asked GPTAG if they were satisfied with the LETC Operational Plan. SL expressed her disappointment alongside many other members. JB felt General Practice wasn't represented as well as other areas. JD confirmed that none of the funding allocations have been finalised.

### **6.3 Mentoring Allocation**

LS updated GPTAG regarding the £100k mentoring allocation made available to each Local Delivery Group at the PMS meeting. LS sought endorsement to continue to fund the GP-S mentoring programme for year 2 ran by the PCDC to coincide with their original request for the programme to receive funding for 2 years and they were originally allocated 1 year. It was agreed that a presentation by PCDC would take place at the next GPTAG meeting on 20 April 2016 in order for GPTAG to make an informed decision about year 2 funding and to have the opportunity to ask any questions about the scheme.

**ACTION:** CL/ LS to invite PCDC to present GP-S business case for year 2 funding at next GPTAG meeting

## **7. GPTF Update**

CL circulated project status report and requested feedback

- The GPTF Focus Group meeting will take place on 14 March where the work streams will be shaped and designed to inform the strategic and operational plan
- 17 applicants for the GPTF as Change Facilitators. Some have been informed, working on the remaining.
- Researching similar projects including SW build on models of success
- Develop advert to all GP practices
- Large group of practices already interested

LS said

- GPTF keen to be fit for purpose working across all partners and stakeholder.
- Asked for permission from GPTAG to pool GP Senior Fellowship money into the GPTF to allow greater flexibility but also ensuring we employ GPs within GPTF – all members endorsed the pooling of funding into the GPTF
- Discussed selection process – look at skill mix
- CCG senior colleagues have been invited to challenge. Important to work across all organisations.
- Deciding priority work streams after GPTF Focus Group
- CL to resend PID to those requested
- Will disclose GP practices involved through a MOD.

## 8. Training Hub

Anne Armstrong presented a paper on Training Hubs. They are also meeting with the other Derbyshire training hub in North of County. The paper highlighted two main issues

- Time commitment mentoring programme
- How practices fund training

AA asked for support from this group to present to HEE to help secure additional practices/ financial support for training. MR and JD indicated there may be further work needed on describing the funding rationale.

**ACTION:** LS to put on next PMS meeting agenda. AA to send final paper to LS.

## 9. Notes circulated from other meetings

PMS meeting. Challenge – discretionary effort from local delivery groups. Helen Askarian to attend future groups. Need full time central administrator to pull together all work and organise.

## 10. Ideas log

Anyone have anything to add? Send to LS & CL.

SB highlighted lack of space to put trainees in GP practices. JB will consider.

## 11. Any other business

SH asked for a contact list of everyone involved in GPTAG to be sent out.

**ACTION:** CL to circulate email addresses of GPTAG members with minutes.

**Meeting closed 03:10pm. Thank you for attending the GPTAG Meeting.**

### Details of the next GPTAG meeting

**Date:** Wednesday 20 April 2016  
**Time:** 13:00 to 15:00 to include a networking opportunity 15:00 to 16:00 with a networking opportunity is available in the Grenville Room from 15:00 to 16:00  
**Meeting venue:** Grenville Room, Derby and Derbyshire LMC Office, Saxon House 3<sup>rd</sup> Floor, Heritage Gate, Friary Street, Derby, DE1 1NL

For further details about the GPTAG meetings contact [claire.leggett@derbyshirelmc.nhs.uk](mailto:claire.leggett@derbyshirelmc.nhs.uk) or 01332 210008

## General Practice Transformation Action Group: Action Log

	Agreed action	RP/O	Update	Status
1	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
2	GP Provider groups to develop communication and feedback information flow chart to encourage collaboration.	GP Provider Groups		Active
3	Theme 1: Feedback from GPC regarding indemnity insurance to be discussed in October or December meeting, depending on outcome.	LS	Currently no further information has been made available.	Active
4	Theme 1: Meeting members to feedback information on Indemnity Insurance if received.	All		Active
5	Theme 2: Issues raised regarding monies for GP trainers not to be reduced, due to the removal of NHS pension contribution, to be discussed with GPC	LS	SH raised the matter and NS stated that they had instructions from HEE nationally that they are to remove any enhancements.	Completed
6	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 needs of the patient at the right time and right place.	JT	JT is leading on ACP roles in light of reviewing ANP/NP roles and job titles. JT updated on progress at mtg 28/02/16.	Active
7	Theme 2: CL (NHSE) to feedback pilot results for pharmacy in general practice as received.	CL	Quarter 2 report July – September 2015 circulated with GPTAG agenda	Active
8	Group to send suggestions for key tasks for Terms of Reference to LS	All		Active
9	To draft some key tasks for the Terms of Reference	LS		Active
10	To share criteria on recommendation with group to make final decisions on funding allocation	CL/LS		Active
11	To share Sustainability and Transformation Plans (STP) at next meeting so we can align GPTAG work	MR/HB/HSS/DB		Active
12	To inform HEE via PMS that the £200k slippage allocation will now all be used to fund the GPTF and not senior fellowships, as endorsed by the GPTAG in order to reach more GP practices with the offer of support.	LS		Active
13	To meet to discuss National Apprentice levy further.	LS/JD		Active
14	To update GPTAG on Lean programme.	HSS		Active
15	All to email LS with any further suggestions or to be part of the working group for General Practice conference.	All		Active

16	To invite PCDC to present GP-S business case for 2 year funding at next GPTAG meeting.	CL/LS		Active
17	To put Training Hubs on next PMS meeting agenda. AA to send final paper to LS.	LS/AA		Active
18	To circulate email addresses of GPTAG members with minutes.	CL		Active