
DERBY & DERBYSHIRE LMC LTD

General Practice Transformation Action Group (GPTAG)

Derby and Derbyshire LMC Office, Saxon House 3rd Floor, Heritage Gate, Friary Street, Derby, DE1 1NL
 Wednesday 15 June 2016, 13:00 – 15:00

PRESENT:	Dr James Betteridge (JB)	Gareth Harry (GH)
	Lisa Soultana (LS)	Jayne Dickinson (JD)
	Dr Susie Bayley (SB)	Alison Hughes (AH)
	Kate Brown (KB)	Helen Askarian (HA)
	Andrew See (AS)	Jayne Fitch (JF)
	Julie Taylor (JT)	Hannah Belcher (HB)
	Claire Leggett (CL)	Melanie Foster-Green (MFG)
APOLOGIES:	Sarah Longland (SL)	Wendy Wesson (WW)
	Dr Ian Lawrence (IL)	Dr Nigel Scarborough (NS)
	Dr Stuart Holloway (SH)	
IN ATTENDANCE:	Samantha Yates (notes) (SY)	

Welcome and Introductions

JB welcomed meeting members and introductions were made for new attendees.

Meeting Notes and Action Log

JB read through notes and action log for accuracy. Meeting attendees agreed minutes were accurate and true.

Meeting members provided feedback from action points discussing current actions, available funding and possible changes to the Health care environment.

NHS England have circulated an “Indemnity insurance” questionnaire throughout Primary Care, the survey looks to collate indemnity costs, sessions worked and the actual work that takes place. LMC has circulated the survey. The deadline for the survey has been extended.

Action: AH to pick up circulating the survey as GP Provider.

Key tasks and objectives have been drafted for consideration and circulated as embedded documentation within the agenda. JB thanked LS and CL for their work. Further reflection on the decision making criteria regarding funding to be made.

Action: Meeting members to review, reflect and feedback to CL.

Funding for GP-S was provided to operate during 2016-17 (March), further funding is subject to decisions made within Primary Medical Services Steering group. Local workforce access groups are being developed and work-streams currently in place are to be reviewed due to changes throughout the healthcare structure.

LETC has been reviewed and will be replaced by LWAB. The launch summit for LWAB will be held on 6 July, JB will be attending. JF confirmed that the LWAB will have a bigger remit for stakeholders and is looking to ensure that the voice of Primary Care is captured and presented. LS highlighted that there needs to be more representation in the

LWAB meetings from the CCGs as there is often minimal feedback from a commissioning perspective. The Footprint for LWAB (replacing LETC) has not yet been fixed.

Discussion took place addressing feedback accountability of decision making, KB highlighted that there needs to be robust reporting structures in place throughout the different commissioning and provider levels. LS confirmed that currently the LETC and PMS Steering Group are governed and accountable to HEE.

KB queried the language used actions discussing the requirement to “convince CCG to provide resources”. Members discussed that the remit of resources is not restricted to funding it also includes access to apprenticeships and training schemes, administration time and support, staffing at all levels and robust reliable IT systems. KB agreed that there needs to be an understanding of needs faced in Primary Care and within General Practice. JT also highlighted that there is poor communication processing and feedback regarding the filtering of information to GP practices from decision making meetings and bodies.

JB confirmed that it is encouraging that attendance to GPTAG is still high and that meeting members are able to share and feedback local and national “happenings” with the group. JB also highlighted that it is important that all members feedback to their own areas.

HA positively assured the group of the great forward moves that have taken place over the past 2 years including (but not limited to) actions raised throughout the East Midlands area which have culminated in the allocation of £3.1 million of funding. This includes the Pharmacy Pilot (feedback will be received in the next quarter) and £400K invested in GMS to support retaining workforce.

HA highlighted that it is important to prepare a “wish list” of needs to be resolved to ensure that when funding becomes available localities are prepared with their requirements. Speed of application works in favour of gaining funding.

Action: Meeting members, as part of their individual organisations, look to what their wish list would be. Wish list to be emailed to CL.

HA also identified that the GPTAG could move forward to be in an advisory role, depending on the outcome of the new healthcare landscape for funding applications and ideas.

JT confirmed that feedback and support from GPTAG members has helped to support the submitting of the “Derby Advanced Clinical Practitioner” Core Competencies to governing bodies, the next phase includes the development of General Practice nursing competencies.

JD highlighted that Derby Teaching Hospitals NHS Foundation Trust were developing new ways of working and the new roles required to make them function. There are currently different work streams running to identify areas of need. Meeting members agreed that ongoing feedback is vital in the on-going effort to reduce duplication and utilise this work to benefit general practice.

LS said the one day conference ran by the GPTF, will be held on 14 July 2016 at The Derbyshire Hotel. There are currently 32 teams signed up to attend, each team has 2 to 6 members. Feedback from the conference will be used to identify whether to hold further conferences, or smaller working groups and masterclasses.

Information Sharing – Documents

JB confirmed networking time allocated for 15:00 would be available to discuss documents as member felt appropriate.

Presentation – Primary Care workforce development and planning support

AS Strategic Workforce Development Manager at HEE presented "Primary Care Workforce Development and Planning".

Discussion took place identifying:

- New data collection tool – funded by HEE (no cost to General Practice)
- Information previously submitted will “back filled” into the new tool.

- Information inputted into the new tool will automatically feed other mandatory data collection tools such as those requested by HCSIS.

Training Hubs Update

HA confirmed that two training hubs have recently been awarded funding, from a national source, to run training and education courses for current general practice nurses, looking at how to improve the job role and look at jointly work together for whole Derby.

HEE, working across East Midlands

JD confirmed that the Derbyshire Apprentices Leads meeting will take place on Monday 20 June. Embedded document includes information and contact details.

Meeting members discussed Assistant Practitioner and Advanced Nurse roles. There is a general feeling from practices that they are paying to recruit into training roles position but then they are “sent off” to training, leaving the role still uncovered. There needs to be more “on the job” training.

Discussion took place regarding apprenticeship providers, JD confirmed that relationships are still in early stages of developing Derbys Hospitals as trailblazers in healthcare apprenticeship placements and standards. They are looking to keep current award schemes and also increase and develop into new roles. Recruitment will include all age groups (not just available to young people).

The General Practice Task Force (GPTF) project

CL provided an update on the GPTF and answered questions raised by meeting members including:

- Currently received 18 expressions of interest from practices
- Areas of concerns raised include:
 - Appointments
 - Capacity
 - Patient Education
 - Admin Burdens
 - Streamlining
 - Duplication of work
 - Mergers
 - Place based working
 - Developing HCA's and role mix
 - Interpersonal relationships within practices
 - Interpersonal relationship with other practices
- Change facilitators able to provide an independent observation completed over a day or several day period. Due to workload it is recognised that GP Partners do not have the capacity to take a dedicated amount of time out of their working roles to review the working processes of their practices.
- Lessons learned from project will be created into case studies, which can be used for other practices displaying the same issues.
- Case studies may also influence workshops or working groups for other practices, or for further conference.
- Change facilitators to support in the identification of what may be internal issues balanced against what may be external influencers.
- Where appropriate practices are being signposted by the Project Team and the LMC or linked with governing bodies/agencies as appropriate to their needs.

Discussion took place regarding areas of further signposting including clinical coaching and mentoring services that are provided by different organisations.

LS confirmed that in order to ensure that both model and concept is proved, evidence on spending and activity taking place is comprehensively recorded and evaluated. To ensure the quality of support and care there has been a cap on the number of projects that will take place. This will enable funding and time to be fairly allocated. CL highlighted that in order to evidence financial benefits, cost mapping against money and time will be presented with findings from the overall project. LS said it was critical to evaluate interventions to demonstrate value for money.

A clear reporting structure, taking into consideration confidentiality, is in place and was agreed by CCGs. KB confirmed that in order to reduce duplication of work in this area of providing change facilitation, sharing of information is needed from all bodies and organisations.

HA queried the information governance standards in place. CL confirmed that each expression of interest form clearly declares how information will be used. All involved in the expression of interest are required to sign the form.

General Practice in Crisis

LS shared the presentation initially given by Dr Michael Wong to his Practice Patient Forum was presented to meeting members.

Meeting members discussed that recognition of workload pressures needs to be clear to all stakeholders, however possible resolutions also needs to be discussed. There is the recognition that GPs are forced to choose their priorities between their patients and their own quality of life.

Members spoke at length on how to deliver information to patients informing and supporting the need to take responsibility over self-healthcare i.e. shop-purchased remedies. There needs to be better communication and education regarding access to healthcare and what are the expectations verses limitations.

Responsible ways of “Saying No” were also discussed.

Unfortunately no definitive resolutions were raised, although it is recognised that all organisations are working on ways to address these problems.

Sustainability and Transformation Plans

CCG representative members provided an overview of the developing STP, national guidelines and locality remit. STP looks to implement “place based” work models.

GH confirmed that Hardwick CCG are working through the gateway processes set by national regulators to test plans for assurance purposes which will be submitted for feedback at the end of June. Initially CCGs working to a deadline for implementation of 30 June but this has now been pushed back, turning into a “checkpoint”. GH confirmed that work-streams have been implemented to help develop the interrelationships between what needs to take place and how to roll-out locally.

KB stated that it has been nationally recognised that the realism and pressures placed on the deadline of 30 June were not achievable.

JF asked if the CCGs were aware of when the STP documents will become public. It is believed that areas of the documents would become public during consultation periods; however an exact date of full availability is not yet known.

KB confirmed that development of “place based” working is running parallel with the STP works, however special care needs to take place in knitting together primary care and general practice into those “places”.

Any Other Business

A lay member of the NDCCG PCCC completed a literature review of the “General Practice Forward View” focusing on their time in general practice and how they correlate. Areas of improvement were identified in the feedback.

JT further discussed Advanced Clinical Practitioner work in relation to General Practice. Core competencies need to be able to flex to a transferable workforce to enable to move from GP to A&E.

Action: JT to use GPTAG to allocate GP representatives to discuss general practice core competency possible requirements.

AS confirmed that baseline data has been collated for primary and secondary care, details will be sent out to STP areas. There has been a delay in disseminating data, as several healthcare sites were late in submitting details.

AH confirmed that North Derbyshire federation were reviewing workforce sustainability schemes and projects available from different bodies and sign posting. Information received will be sent through to practices to ensure open communication. AH also highlighted that the federation were working with practices to review number of staff in workforce, services provided within their area and who is providing it. AH is happy to continue to share information.

Future Meetings

Wednesday 17 August 2016	13:00 – 15:00
Wednesday 7 December 2016	13:00 – 15:00 (<i>new meeting date rearranged from 21/12/2016</i>)
Wednesday 19 April 2017	13:30 – 15:30
Wednesday 16 August 2017	13:30 – 15:30

Cancelled Meetings – due to meeting every 3 months

Wednesday 12 October 2016	13:00 – 15:00
Wednesday 15 February 2017	13:30 – 15:30
Wednesday 21 June 2017	13:30 – 15:30