

NOTES

Health OSC Steering Group Monday 5 January 2015– B15 2.00pm

Present:

- County Councillor Steve Holgate
- County Councillor Yousuf Motala
- County Councillor Margaret Brindle

Apologies:

- County Councillor Fabian Craig-Wilson

Notes of last meeting

The notes of the Steering Group meeting held on 19 December were agreed as correct

Greater Preston and Chorley, South Ribble CCGs

As per a request from CC Motala representatives from the CCGs were invited to discuss issues and challenges.

The following officers attended:

- Iain Crossley - Chief Finance and Contracting Officer
- Helen Curtis - Head of Quality, Safety and Effectiveness

A general discussion took place around the current work of the CCG and its plans for the future. The main points were:

- Iain talked about the geography of the 2 CCGs that are represented – although there are 2 they only have 1 management team (but have separate governing bodies.) Done to get best value of resources and makes sense as cover same Acute Trusts etc.
- CC Holgate asked about whether the relationship between Greater Preston and Chorley South Ribble was productive. Iain stated that the 2 have more in common with each other rather than East Lancs or Lancs North. However the challenges faced by all can be shared amongst all the CCGs
- Challenges for primary care relate to the diversity of the population and how it's been planned to accommodate this. City Deal will also have an impact on new GP practices in terms of new housing developments.
- Biggest challenge apart from the Acute Trusts is how to modernise primary care – will bring in an external consultant to look at this in detail. Thinking about how could change the way that GPs are contracted although the CCGs don't currently do this.
- Another challenge is the issue of estates – also the location of the hospital sites, all to be reviewed and delivered differently without any additional funding.

Appendix B

- There are a lot of GPs coming up to retirement but that's nothing new – the model has changed however, many don't want to be partners in practices with the associated investment and commitment required, but would rather be a salaried GP (leaves them with more flexibility to move)
- Pressure on public sector and individuals within it has increased over the years to take on more work, need to be aware of more medical conditions and latest developments.
- The CCG can look at options to change the way that the service is offered.
- CQC are now doing inspections of GP practices – a number of practices in Preston have been inspected as part of a pilot scheme. The next round of inspections will publish the ratings for each practice.
- Need to acknowledge that many services are not just a medical model and that the wider community based services contribute to the same outcomes.
- They are compared against national standards on what they can currently measure but that isn't the same as measuring what is good or bad about the service.
- The CCGs are rolling out the integrated neighbourhood team model, more embedded in some areas than others. The idea that people won't have to travel too far or wait too long.
- Issues around CAMHS services – inappropriate services, however lots of work being done to improve things
- Some targets can be a good thing but mental health targets have lagged behind
- Need to use different ways to engage with the community, such as football grounds, pharmacies etc.
- Aiming that the Urgent Care Centre in front of A&E will take 40% of the workload from A&E. Dealing with chaotic urgent care is more expensive and takes up more space than planned care.
- Still financial disincentives in the system to keep people out of hospital
- How does the CCG see its role in the extra care housing agenda? – Iain explained that this is an example of where the Better Care Fund can come into its own as a mechanism to deliver integrated services
- Need to promote self-care and self-management. CC Holgate suggested that people coming up to retirement should be able to access advice and guidance on how to adjust to a different lifestyle.
- Seems that there is an expectation that everyone will get a prescription if seen by a GP or that they are already on something.
- Over prescription – lots of work being done to keep prescribing down. The public could be educated to challenge GPs in terms of letting them know they don't want to take all/some of the medication.
- Hard to reach groups – is this a deep seated problem. Will always be individuals that don't want help or to access services. Cannot force people to accept or seek the help that is available.
- Do GPs now readily accept exercise on prescription? – it's a mixed picture. Felt there was a greater emphasis should be placed on alternatives to prescribing medicine.
- CC Motala felt there was an issue around GPs handing out anti-depressants (over prescription) – why not look at prevention measures.
- Blood tests that could be done by nurses at GP surgeries rather than be referred to a hospital – stream line the process.

Appendix B

- In terms of LTHT – post CQC inspection, requires action and the CCG are working with them to develop new pathways and services. Action plans have been submitted to the CQC and after a period they will carry out a re-inspection.
- The CCG are involved in the Winterbourne review exercise – 6 patients undergoing a review of care and treatment
- Infection prevention – nurse resource transferred from NHSE to LCC as part of public health transfer. Concern of the CCG. It was agreed that Helen's contact details be forwarded to the LCC officer responsible for infection prevention.

Dates/topics of future meetings

- 26 January – NHSE re Healthier Lancashire programme
- 23 February – ELCCG re Hyndburn Health Access Centre & Calderstones post CQC inspection discussion.

It was also suggested by CC Holgate that the Steering Group meet with Non-Executives from the individual Trusts – Wendy to arrange.