

## East Ayrshire GP Locality Meeting

11<sup>th</sup> August 2010

Room 1, Strathlea Resource Centre, Kilmarnock



### MINUTE OF MEETING

#### *Action*

#### **Welcome, Introduction & Apologies**

##### **Attendance**

David Richardson (Chair), Clinical Lead  
Paul Ardin, Associate Medical Director – Primary Care  
Bob Beveridge, General Practitioner, Kilmarnock  
Gillian Collister, General Practitioner, Galston  
John Duke, General Practitioner, Stewarton  
Kenneth Irvine, General Practitioner, Kilmarnock  
Antoni Kondol, General Practitioner, Darvel  
Lesley McIntyre, General Practitioner, Kilmarnock  
Lesley Rose, CHP Prescribing Advisor  
David Rowland, Head of Primary Care Development  
John Sommerville, General Practitioner, Kilmarnock

##### **In Attendance**

Jim Crichton, Director of Mental Health  
Derek Barron, Associate Nurse Director  
Gail Sabbatini, Community Mental Health Manager  
Mary McGinn, Associate Nurse Director  
Aileen Anderson, Personal Secretary

#### 1. **Welcome & Introductions**

Welcome and introductions were made by Dr David Richardson, Chairperson and Clinical Lead.

#### 2. **Apologies**

Apologies were received from:

- Ross Adams, General Practitioner, New Cumnock
- Bernadette Brown, Clinical Nurse Manager
- Hugh Brown, General Practitioner, Dalmellington
- Ken Ferguson, Associate Medical Director
- Ann Gow, Associate Nurse Director
- Katie Kelly, CHP Facilitator
- Jacqui McCall, Primary Care Manager
- Kathleen McGuire, LTC Programme Manager
- Joyce Mitchell, Community Pharmacy Advisor

5. **Mental Health Teams**

Jim Crichton, Derek Barron and Gail Sabbatini attended the meeting and gave a presentation on the implementation of the Mental Health Strategy.

The group queried if the survey results were a surprise to the department or if they had already been aware of the problems which were highlighted. JChrichton advised that they were aware of the issues to a certain extent however they had hoped that there had already been a positive change in the service and the survey results now clarified where there was a need for further change.

He also admitted that in retrospect the Primary Care stakeholders were not engaged enough in the Strategy and in agreeing the actions to improve the service.

GSabbatini advised that a single point of contact is being established to avoid referrals being passed to various points in the service. The group queried if GPs will be informed regarding the outcome of their referral and the part of the service their patient is accessing. She advised that there will be an electronic system in place to inform GPs of the outcome of their referral and explain why there has been movement between teams in the service.

The group questioned if a patient will have extra waiting times if the referral is made to an inappropriate team. GSabbatini informed that waiting times should not be affected by this, however waiting times may be longer at the moment while the backlog of referrals is being cleared.

DBarron questioned if GPs would want telephone calls if the outcome of their referrals are different from the GPs recommendation. All present agreed that they would like to be informed if the level of assessment, treatment and care deemed necessary for a patient was downgraded.

Discussion took place regarding waiting times for counselling with concern being expressed with regard to the variability in access between practices. It was noted that practices which previously had attached counsellors have now had this service removed in most cases. Support telephone numbers which can be offered to patients while on waiting lists were highlighted.

The group advised that referral numbers are likely to be low at present due to the anticipated delay in being seen and that once the service improved, referral numbers might increase again.

GSabbatini informed that there are Mental Health Support workers currently being trained who will be linked to each Practice.

PArdin suggested that Practice Managers act as a link between teams for sharing information about Mental Health issues.

JCrichton suggested giving a further update in 6/9 months time and it was agreed that it would be useful to have an update in 6 months.

6. **District Nursing Issues**

Mary McGinn advised that the focus of the Community Nursing Review is about getting it right and ensuring good team working. She advised that there were issues regarding productivity which has resulted in the review. In order to keep the existing relationships between Practices and DN Teams each Practice will have a named District Nurse. It was stressed by the GPs present that there was a need for a practice attached team and not just a "link nurse" and that the extended primary care team model was vital in providing a comprehensive service for patients. MMcGinn advised that the support the DN Team provides to the Practice will not change; having a dedicated link nurse will make the link more formal.

MMcGinn advised that the weekend model is being looked at as the model for seven day care, this model focuses more on natural boundaries and closer grouping for teams. MMcGinn advised that client facing time has been measured at 34% and that the new model has to increase this.

Discussion took place regarding District Nurses working from the Practice wherever possible to increase patient facing time. There was a discussion regarding the District Nurse/ Practice Nurse roles and where these overlap. MMcGinn recognised that there are training gaps within the DN Teams and that skill mix will have to be examined.

PArdin suggested GPs think of a way to get involved with the Review and link with the DN Teams. PArdin further suggested looking at the Virtual Ward models which are used in England as a possible service development.

3. **Minutes of Meeting on Wednesday 28<sup>th</sup> April 2010**

The group felt that the minutes of the previous meeting did not fully represent the level of concern expressed. It was agreed that the minutes were an accurate record of discussion subject to alterations reflecting concerns with regard to the present mental health service provision.

DRichardson suggested that the minutes of the meetings are circulated to the East Ayrshire CHP Forum so that concerns raised by the group can be highlighted. This would ensure that any concerns which have been raised in the minutes would be seen by Rita Miller who chairs the CHP forum and that she could pass these on to the Health Board if this was felt to be

appropriate. It has also been suggested that the minutes should also be copied to Huntly McCallum who represents General Practitioners on the NHS Board. The group agreed to minutes being circulated.

#### 4. **Matters Arising**

Fit notes – DRichardson noted that the clarification with regard to fit notes had been circulated round the group.

Anticoagulation – DRowland advised that Michele Caldwell and Grant McHattie are leading on the development of a mixed model for anticoagulation which would involve General Practice, Community Pharmacists and Hospital Services. Outputs from this work are expected at the end of August. The CRG Group will then make a decision regarding proceeding with the new model. It was noted that if the mixed anticoagulation model does not go ahead then patients who are at present seen in community could continue to do so.

Primary Care Prescribing – DRowland advised that the outcome from the planning event to explore options to release efficiencies from the Prescribing Budget had focussed on two solutions. One method would be to use 'ScriptSwitch' software which would highlight formulary options if a non formulary drug was chosen. The other option would be to drive formulary compliance through secondary care. There was now an acceptance that there needs to be more of a focus on volume and views had been sought from General Practice by means of questionnaire.

Datix – it was noted that Datix reports should be sent from Practice Managers to Primary Care Managers to be filtered, with a view to ensuring direct reporting to the relevant Healthcare Manager. Discussion took place regarding what should be recorded, it was agreed that communication issues with regard to prescribing should be recorded through Datix.

EPO injections – enhanced service – it was noted that EPO injections have not been added to the enhanced service list.

Clinical Mailbox for Home Detox – the guidelines for Home Detox have been disseminated to the group. It was highlighted that WMcAlpine is meeting the detox team. The group expressed concern with regard to the lack of clarity with regard to the dosing instructions which were required on the prescription. It was noted that some GPs are providing patients with a dosing chart. It was felt that the guidelines in their present form would result in a significant increase in workload for practices and that further discussion would be required before their implementation. It was noted that they would be discussed at the next GP sub-committee meeting.

Guidance for patients with penicillin allergy – it was noted that the Antibiotic Guideline is available on Athena.

Prescriptions from Nurse Prescribers - it was noted that there are issues regarding having the nurses name printed at the bottom of EMIS prescriptions. There have also been difficulties with regard to the prescribing of controlled drugs.

7. **Prescribing Issues/ Guidelines**

LRose gave a presentation regarding prescribing issues. Discussion took place regarding why there have been changes in the recommended drugs.

8. **IT Issues**

JDuke advised that the EMIS migration is almost complete and that there is a desire for a user group which Jim Campbell will be setting up. The feeling of the group was that they would be more likely to attend this meeting if it was held in the evening.

JDuke advised that the Clinical Guidance tab and Lab results access has been lost on EMIS, it was agreed by the group that it would be advantageous to have access to these tabs again. Following discussion it was agreed that everyone wanting access to these tabs should e-mail JDuke stating this so that the case can be presented for development.

JDuke informed the group that it is now possible for GPs to access patient notes both from patients homes and from their own homes using a laptop and internet link to surgery. Laptops and mobile broadband dongles have to be funded by the Practice if this is being utilised.

9. **Keep Well Report**

CWyper stated that health checks have now been offered to 5000 patients with 7000 still to be screened. It was noted that the breakdown of health checks is split 50/50 between male and female and 37% of checks are from the 0-5% data zones.

CWyper advised that there will be 40 pharmacies offering health checks by the end of August. CWyper further advised that health checks carried out by pharmacies will result in referrals to the GP Surgeries where appropriate.

CWyper highlighted that NHS Ayrshire and Arran is participating in a national pilot for anticipatory care with the Scottish Ambulance Service. There is a paramedic involved in the pilot and GP volunteers are currently being sought to take part in the pilot.

It was highlighted that there is a Health & Wellbeing Advisor post which is being trialled on two sites in each of the three local authority areas. The trial is being targeted based on deprivation levels and subject to successful evaluation will be rolled out over time.

CWyper stated that there were over a thousand responses to the Patient Experience questionnaire.