

East Ayrshire GP Locality Group

Wednesday 24th November 2010
Committee Room
House 1, Strathlea
1.30pm

Present:

David Richardson (Chair), Clinical Lead
Bob Beveridge, General Practitioner, Kilmarnock
Hugh Brown, General Practitioner, Dalmellington
John Duke, General Practitioner, Stewarton
Derek Gemmell, Head of e-Health Service Delivery
Kenny Irvine, General Practitioner, Kilmarnock
Katie Kelly, Partnership Facilitator
Carolyn Linton, General Practitioner, Patna
Jacqui McCall, Primary Care Manager
David Rowland, Head of Primary Care Development
Lesley Rose, CHP Prescribing Advisor
John Sommerville, General Practitioner, Kilmarnock

In Attendance:

Billy McLean, Physiotherapist
Linda McCartin, East Ayrshire Council
Liz Moore, Health Care Director, Integrated & Emergency Services
Margaret Scott, Assistant Primary Care Manager (minutes)

		Action
1.	<u>Welcome and Introductions</u> Welcome and introductions were made by Dr David Richardson, Chairperson and Clinical Lead.	
2.	<u>Apologies</u> Apologies were received from: <ul style="list-style-type: none">• Ross Adams, General Practitioner, New Cumnock• Paul Ardin, Director of Primary Care• Gillian Collister, GP, Galston• Ann Gow, Associate Nurse Director• Lesley McIntyre, GP, Kilmarnock• Joyce Mitchell, Pharmaceutical Advisor• Alastair Stewart, GP, Kilmarnock	

Agenda item 4 was discussed.

4. CHIP Funding

Katie Kelly informed the Group that the Community Health Improvement Partnership (CHIP) had identified a funding shortfall. The NHS had informed CHIP that they were withdrawing 50% of its budget. KK added that the Officer Locality Group (OLG) had identified some alternative funding to allow the service to continue, albeit in a reduced capacity. KK would keep the Group informed of any further developments.

5. Matters Arising

Mental Health Teams – it was agreed that Jim Crichton would attend the next meeting of the Group to discuss Mental Health services and referrals.

Anticoagulation – a report would go to the Clinical Resource Group meeting next week and it was anticipated that an update would be available at the next meeting of the Group.

Primary Care Prescribing – no update available.

13. Interface Issues

DRichardson advised the Group that some recurring issues had been highlighted following on from the Chief Executive's visits to practices. Liz Moore added that she will collate the information and report back to the Group in the New Year.

Incorrect Patient Information/ misdirected Mail - Bob Beveridge stated that this was still happening on a monthly basis and added that **all** misdirected NHS mail should be forwarded to May McConnell who would direct it appropriately. DRowland added that he would recirculate the email from Gordon Nixon advising what to do with misdirected mail.

DRowland

LM informed the Group that the systems being used were complicated and that audits were being carried out in various departments who were not implementing the changes. DRichardson added that most complaints involved bigger GP Practices e.g. results being sent to the GP with whom the patient is registered rather than the GP who made the referral.

CT/MRI Access – LM reported that there are Headaches, Malignancy and Memory Clinic pathways available. She added that radiologists are happy to accept referrals directly from GPs following telephone discussion. Hugh Brown added that he had met with Ian Robertson and Paul Bowen to develop pathways.

LM further reported that there was no formal access route for MRI scans.

Billy McLean added that Judith Reid was leading the Musculoskeletal pathway and that she would like to attend these forums to discuss this. BMcL would ask Judith to email details to the Group.

BMcLean

LM informed the Group that Greater Glasgow & Clyde Health Board were partners with A&AHB in providing the Back Pain service for patients. GG&C were having difficulty in recruiting back pain specialists so no longer take non complex back pain patients and a number of patients have been returned for appointments to A&A who are looking toward providing a community based system. This would mean that patients would be referred to A&A, triaged by a consultant Andrew Muirhead for expert opinion and then referred to the Golden Jubilee Hospital for treatment.

Physiotherapy – BMcL advised that physiotherapy waiting times were concerning, and that there was up to a 16 week wait in some areas. It was hoped that a reduction in waiting times would be achieved by early next year. BMcL further advised that there was staff in place to cope with capacity and to deal with the demand on the service.

Consultant Communication – It was discussed that patient discharge letters are being sent out late and that there is not enough information contained within the letter. LM stated that this issue was being rectified and that Ayr Hospital had developed a template for use which had been fairly successful so far. It was suggested that the use of Clinical Mailboxes would be the preferred method for consultant communication.

6. Community Nursing Review

The Group was informed that there had been a full description of the Nursing Review in the minutes of the last meeting and that to date there was nothing further to add.

8. Virtual Wards

DRichardson advised the Group that a lot of discussion had taken place regarding Virtual Wards. Dr Kes Khaliq was leading this in A&A. A full discussion around this would take place at the GP Sub meeting in December. DRowland added that VW would deliver a better patient experience and would reduce the time spent in emergency care and that it was anticipated that VW model could be rolled out early in the New Year.

DRowland further added that VW models would link in with Telehealth as they can be used remotely to take readings and manage patients.

7.	<p><u>Performance Reviews</u></p> <p>DRowland informed the Group that performance reviews would be carried out for each GP practice in the near future and would then be carried out on a triennial basis. The review would look at various topics including QOF performance, prescribing rates, Enhanced Services and numbers of GP/nurse appointments. Templates would be distributed to Practices and feedback was encouraged.</p>	DRowland
9.	<p><u>Prescribing Issues/Guidelines C Diff and Antibiotic Prescribing</u></p> <p>Lesley Rose informed the Group that new Ayrshire & Arran guidelines were introduced in August 2010 and can be accessed via AthenA website.</p> <p>LR added that although there had been significant reductions in CDI rates within A&A it currently had the highest rate in Scotland. LR further added that if there were any specific questions to contact her or Nick Reid. Lesley McIntyre had asked if it might be possible for dieticians to prescribe SIP feeds themselves. LR stated that she had tried to find out if they were allowed to prescribe/supplementary prescribing and that she would report back.</p>	LRose
10.	<p><u>Cross Boundary Flow to Greater Glasgow & Clyde</u></p> <p>This item was carried forward to the next meeting.</p>	
11.	<p><u>Return To Work Leaflet</u></p> <p>DRichardson reported that the leaflet had been amended and asked the Group whether or not they were happy with it in its new form. No adverse comments were received.</p>	All
14.	<p><u>Cancer Services Report ePCS</u></p> <p>Hugh Brown made a presentation on e Palliative Care Summary. It was highlighted that the contents of the presentation would be helpful for staff both in and out of hours as it allows patients to build their own anticipatory care plan. HB stated that the most important box to tick was the consent box, unless this was ticked then the information would not be sent. HB suggested that if anyone had any queries that Maggie Hainey at Dalmellington Health Centre would be happy to help. The presentation would be uploaded onto AthenA for all to access.</p>	MScott
16.	<p><u>IT Report</u></p> <p>Derek Gemmell, Head of e-Health Service Delivery, attended the meeting to give an update. DG reported that the 2nd line support contract with Microtech expires in March 2010 and that the contract was currently out to tender.</p>	

John Duke informed the Group that emis web was funded by the Health Board and that standardised reports were available for every practice, which would be useful for Enhanced Services and filling in forms for Primary Care. Currently just of 50% of practices were using the system.

Discussion took place around availability of emis web. Mobile access to EMIS was also discussed and it was pointed out that 3G cards were not really an option in rural areas. DG stated that Virtual Private Network is available if e.g. nursing homes have broadband connections, and this would make patient records available when GPs are visiting. DG added that e-health had more information available on VPNs if anyone wanted to contact them.

IT contracts/budgets were discussed, JD stated that there had been low turnout for the recent IT User Group meeting, but it became apparent that not everyone had been aware of the date of the meeting. It was suggested that Practice Managers should also attend the IT Group meeting. DRowland would discuss this with PMs at the EA PM Group meeting on 25th November.

DRowland

JD added that he would email Lyall Cameron with concerns around IT systems and would forward any response to DRichardson for distribution to the Group. JD further added that since the organisational change 2/3 years ago things had went downhill and all direction in terms of IT had been lost.

**JDuke/
DRichardson**

15. Keep Well 2010 Health & Well Being Report Presentation

Alastair Hooke, Senior Public Health Researcher attended the meeting to deliver a presentation on HAWP. AH explained the background, service statistics, outcomes and experiences of the program.

Carolyn Wyper informed the Group that she would carry out costings to determine the cost per person in comparison with CHIP. CW added that she would look at costs, both core and developmental and if it was proved to be cost effective then it may fill the void caused by the removal of CHIP service.

17. Long Term Conditions Update

No update available.

18. Future Topics?

DRowland informed the Group that he would bring a paper to future meetings highlighting what is happening within Primary Care.

19. AOCB

No other business to discuss.

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Date and Time of Next Meeting

- Wednesday 23rd February 2010, Meeting Room 1, Strathlea Resource Centre.

DRAFT