

Minutes of the Northampton Locality Board Meeting

22 January 2019 from 12:45 to 14:45

Manfield Room, Moulton Community Centre, Sandy Hill, Reedings, Northampton, NN3 7AX

Present

Dr Tom Howseman (TH)	CMEE, Nene CCG (Chair)
Viqar Abbasi	Practice Manager, The Mounts Medical Centre and Favell Plus
Jon Atkinson	Practice Manager, King Edward Road Surgery
Dr Muhammed Azizullah	Earls Parton and Penvale park
Dr Naomi Caldwell	GP, Langham Place
Alison Cooper	Abington Medical Centre
Dr Santiago Dargallo Nieto (SD)	GP, County Surgery
Dr Mahesh Dias	GP, Maple Access Medical Centre and Weston Favell Health Centre (Dr Molla and Kesani)
Dr Laila Essayed	GP, The Pines Surgery
Dr Jamie Green	Eleanor Healthcare
Julie Harker	Practice Manager, The Crescent Medical Centre
Margaret Keegan	Practice Manager, Queensview Medical Centre
Kris Kuczera	Practice Manager, Weston Favell Health Centre (Dr Molla & Dr Kesani)
Dr Catherine Massey	GP, Abington Park Surgery
Sian McLennan	Practice Manager, Woodview Medical Centre
Dr Ramesh Nagarajan	Park Avenue Medical Centre
Pauline Norman	Practice Manager, Kingsthorpe Medical Centre
Ian O'Connor	Practice Manager, Brook Medical Centre
Dr Mumtaz Pardhan	GP, Kingsthorpe Medical Centre
Amal Perera	Practice Manager, Maple Access
Alison Pound	Practice Manager, St Lukes Primary Care Centre
Sara Richards	Practice Manager, The Pines Surgery
Dr Darin Seiger	GP, Moulton Surgery/Nene CCG GP Chair
Gareth Williams	Practice Manager, Park Avenue Medical Centre
Dr Ann Wood	GP, King Edward Road Surgery
Sally-Anne Pike	Practice Manager, Danes Camp Medical Centre
Dr Syed Shah	The Mounts Medical Centre

In Attendance

Pam Law	Chair of NPEG
David Atkinson	Chair of South Locality Patient Engagement Group
Jeanette Pidgen (JP)	Locality Manager, Nene CCG

Apologies

Mark Leonard	Practice Manager, Eleanor Cross Healthcare
Dr Haroon Butt	Danes Camp Medical Centre
Jane Mackenzie	Practice Manager, Weston Favell Health Centre (Dr Jameel)
Lisa Mckenzie	Practice Manager Abington Park Surgery
Dr Dipesh Naik	GP, Abington Medical Centre

Minute No: Agenda Item

NPTLB18/19 32 1. Welcome and apologies

TH welcomed members to the meeting and apologies for absence were noted and given as above.
**Please note, the actual meeting agenda was changed to allow for the arrival of speakers however, for ease of reading, the order of these minutes has stayed the same as the circulated agenda.*

NPTLB18/19 33 2. Declarations of Interest

There were no new declarations of interest relating to items on the Agenda made by those present.

NPTLB18/19 34 3. Minutes of the last meeting**NPTLB-18-12**

The Minutes of the meeting held on 11 December 2018 were presented and approved as a true and accurate record of proceedings.

NPTLB18/19 35 4. Action Log**NPTLB-18-**

Please see attached

NPTLB18/19 36 5. Chair's update

Darin Seiger presented this agenda item.

Darin Seiger presented this agenda item.

The Expression of Interest for the post of Northampton CMEE closed at midnight on the 21st January 2019. Unfortunately there were no applicants who had submitted an Expressions of Interest for the post. DS articulated that he wanted to draw a line under the issues that were raised and that he wanted to recognise Tom's contribution for the work that Tom had done in bringing the Locality to a more stable position, and DS was very grateful for this. DS briefly described the meetings that had taken place between General Practice Alliance (GPA) and the CCG (Clinical Commissioning Group). The CCG had taken the concerns outlined very seriously, and the CCG had investigated these concerns and that the conclusion was that Tom had not acted unprofessionally. The CCG is clear that there is no CCG concern over Tom's delivery of the CMEE role.

DS explained that one outcome of the investigation was the role that the CMEEs play in the Federation contract review meetings, and the inherent conflict of interest that were previously managed but became an issue when the CMEE is a member of a different federation. No matter which Federation the CMEE was aligned to or not therefore going forward, the CMEEs will no longer be involved in these contract meetings.

The meeting asked what the CCG's process is and the procedure for a Federation to raise a concern in regards to a CMEE's performance. DS described that he and Tom had many discussions in regards to the way forward that were open to the CCG and Tom himself, and ultimately it was Tom's decision as to how he wanted to proceed and he had taken the personal decision to step down from the post in order to be collegiate and ensure the locality moved forward together and for this not to be a distraction. DS stated that there hadn't been a formal written process for CMEE concerns to be brought up. However, this situation has been unprecedented in his 25 years as a GP. He did reflect however that it was understood by all, that the reasonable process where concerns are present about an employee of the CCG, was to address them to the employee or their line manager. An appropriate and full investigation can then be carried out.

Concerns were expressed from the meeting over the methodology of the vote of no confidence and, that some of the GPA Hub leads present at the GPA PCDB meeting in November felt very uncomfortable by the way it was presented to them with just one version of the story. It was described that it should not have occurred in the way that it did and that a representative of an entire cluster comprising several practices, and many GPs should not be asked to represent the views of their practice GPs without any opportunity to discuss the matter with them. Nor be given the opportunity to know Tom's side of the story. There was wide agreement that this must never be allowed to happen again.

Concerns were expressed in how this whole matter had been handled with no explanation from the CCG in regards to the events or accusations. DS did explain that Toby Sanders (AO for the CCG) and

he had met with the GPA board in trying to agree a joint statement, and one was being worked on as we speak. Expressions came from the meeting that this joint statement and future process of concerns needs to be described and communicated clearly.

SD asked TH to withhold his resignation at this point. TH replied that he has always stated that he would stay in post, until an alternative had been nominated or found, but that he could not consider reversing his decision, unless behaviours changed. TH recognises that concerns brought forward by GPA and their described view of their membership is important and that is what he listened to. He understands as described by members present at today's meeting that in fact it was not necessarily representative of the GP membership of GPA.

TH described that DS had been his primary link during this difficult time and DS has supported him fully, which TH thanks DS for. TH thanked the meeting for their support.

DS reiterated that the CMEE role will no longer be part of the contract review meetings with the Federations and that the CMEE role is placed based, not Federation based reflecting the Northampton population based care needs. DS described that he is aware that GPA handled and presented a situation that led to something that TH was not sighted on. TH explained that he felt that history between St Luke's and GPA and then BlueMed and GPA had particularly made his position challenging. Mistakes have been made and with fresh blood in the post, things can move on productively. TH reiterated his stance that all he wants is for us all to work together in a collegiate way.

TH confirmed that he is happy to continue until this is resolved.

DS asked the Locality what they would like to do. It was agreed to advertise the post on the basis of the new information presented at the locality meeting and then hopefully soon to be agreed joint statement. The Locality Board wanted assurance that steps will be taken to ensure this doesn't happen again and this would be included in the joint statement. A brief discussion took place on alternatives that could be considered such as ANPs/ PMs holding the post but constitutionally it required a GP.

DS said that he would look to ensure there is a joint communication and ask those present to go back to their practices to feedback today's discussion and see if there was any further expressions of interest from their practice clinicians and let him or Naomi know as soon as possible.

NPTLB18/19 3 6. District Nursing (DN)

Please see attached table. In addition to the attached table further comments that were made:

- The clinical senate make the decisions on whom may request work from the DN team, this is a neutral and dispassionate voice focussing on the safety of the patient. The DN service is reviewing the term 'urgent' and this needs to go through the governance processes.
- The service needs additional staff and the service is currently going out to over recruit, recruiting staff with varying skills to help with serving the population needs, which has been identified by researching the patient population needs. The technology that the service uses requires upgrading.
- GPs can ring the number '1' as part of the call for a professional service call however; this is being used by patients as well. The DN team have been educating patients that this is a professional line only and to re ring the number. This education needs to go out to patients.

Pam Law offered for this information to go out via the Northampton Patient Engagement Group.

- Services needs to be delivering core services – working together as part of the healthcare system with Primary Care. This needs to be a two way process as not all information is shared between both services – Primary Care and the DN service.
- The DN service doesn't have an up to date list of all the clusters within the Northampton – JP to action with the Northampton Federation.
- MDT – not all Practices hold an MDT meeting, and the DNs would like to attend these meetings.

The District Nursing team would like to have outcomes with patients that are productive. It is acknowledge that communication issues are not being reported on both sides. The district nursing team cannot develop as a nursing team without working together as part of the healthcare system with Primary Care.

Request was made by the Locality for an organisation chart of the district nursing team - JP

NPTLB18/19 3 7. Questions and answers/any other business

- a) **Invoicing** – Practices are being requested that all invoices for 2018/19 are invoiced to the CCG by 15th April 2019, including March 2019.
- b) **Extended Access** – concerns were raised around patient experiences in regards to the GP Extended Access Service. TH assured the Locality that these were being looked into. Any Practice or patient with issues or concerns in regards to the experience they have of the service can contact the service provider directly.
- c) **Health Visitors** – queried raised in regards to Health Visitors no longer chasing up children who DNA for their immunisations appointments, as they are focusing on safeguarding. Do any other practices experience this? - Please let JP or TH know. This to be followed up with the health Visiting team.
- d) **Any other business**
111 – Bypass number used to book appointments – this is an historic process which team members of 111 will be updated on so this discontinues.
Out of area patients' attending appoints Practices – this is again out of date practice and this is inaccurate. The 111 team will be updated on the practices. Please contact JP or TH if you have any further issues.
- e) **GP Portal** – Some Practices are having issues navigating the GP Portal, including 2wws and prior approval documents. Request was made for a tutorial at a Locality Board or PLT.
- f) **Fit notes** – concerns raised as FIT notes are not always being provided by clinicians at NGH
- g) **2ww** – occasions where patients are not receiving appointments as part of 2wws. Please

notify JP or TH.

- h) **MUST referrals** – question was raised in regards to referrals to dieticians. This was raised at a NPAG meeting 2014, where local GPs are also in attendance, where a document was agreed. GPs should not be prescribing SIP feeds without referring to a dietician. A GP cannot make a referral to a dietician without completing a MUST score first, which is a must do. This is a simple document to complete. The criteria/local guidance is being applied more stringently in regards to the referrals. The rationale for this is that contact needs to be made with the patient before the form is completed. The GP is responsible for completing the MUST score and form part of the prescribing achievement framework.
- i) **Cardiology** – concerns were expressed in regards to the monitoring of patients on warfarin and referrals to the warfarin clinic.
- j) **Outcome of delegation vote** – DS notified the Locality Board that the outcome of the vote was dead heat – 17 practices to 17 practices. Within the CCG's constitution there needs to be a majority for a clear outcome. The delegated commissioning vote is more about how the CCG works with NHS England the role that each organisation plays. DS did go onto say that this clearly shows how the CCG needs to look at how it engages with its Practices, in regards to the number of practices that voted.

Date and Time of the next meeting

The next Northampton Locality Board meeting will be held on **26 February 2019** in the **Manfield Room, Moulton Community Centre, Sandy Hill, Reedings, Northampton, NN3 7AX** at **12:30** for a **12:45** start to **14:45**.

The Chair brought the meeting to a close at 13:48