



Manchester Partnership Board

Report of:	GP Board minutes
Paper prepared by:	Caroline Bradley, Associate Director Primary Care
Date of paper:	8 th October 2024
Item number:	8
Subject:	GP Board minutes
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA). Confirmation that an Equality Impact Assessment has been completed where there is a change to a service, programme or policy:	
Outline public engagement – clinical, stakeholder and public/patient in support of NHSE public and patient engagement and consultation	





requirements:	
Recommendations:	Manchester Partnership Board is asked to note the GP Board minutes.



Minutes

GP Board

Date: Wednesday 4th September 2024
Time: 3:00pm – 4:00pm
Venue: Microsoft Teams

Item No.	Topic
1.	Welcome and Introductions – VM welcomed members to the meeting.
2.	Declaration of Interest – No new declarations of interest.
3.	Notes of last meeting – Approved as a true and accurate record.
4.	Action Log – Discussed and updated (see separate document).
5.	<p>Primary Secondary Care Interface Update Current work against the 4 key areas –</p> <ol style="list-style-type: none"> Onward Referrals: the MFT pilot has been rolled out, MR noted that there has been a delay in reporting back from the outputs of the pilot but has chased Leonard Ebah for updates. Complete Care: there is still an ongoing issue with fit notes being handwritten, MR has not received any feedback from Practices on whether Trusts are still requesting GPs to complete fit notes. HIVE Build is complete and there is a new Discharge summary template. There is a plan for a further GP Workshop to get feedback on the changes to the Discharge summary. MR mentioned that the electronic prescribing pilot has not been carried out due to compatibility issues with HIVE. Call and Recall: there has been changes in management within MFT so there is more work ongoing before they can introduce a call-centre type facility between 09:00am – 17:00pm for all sites across MFT. MR has asked for a discussion with key colleagues once this work had progressed. Clear Points of Contact: Advice and Guidance work has stalled due to GP Collective Action and there was direction from LMC to not engage with it. <p>There is an Oversight Group between MFT Group Execs, Medical Directors, AMDs, NHS GM, LMC, GP Board and MLCO / TLCO colleagues, chaired by the MFT Group Exec MD and AMD of the Locality. There are subgroups of four key areas that feed into the Oversight Group. The next meeting is in October 2024.</p> <p>Collective Action remains a concern, in response to this a Tactical Co-ordination Group has been set up across the Manchester and Trafford localities with MFT (inc. MLCO), GMMH, and LMC colleagues to consider issues, plan, mitigate risk and escalate via relevant governance relating to GP Collective Action.</p> <p>The GMMH Manchester Primary Care Interface Group has been set up with regular meetings. There is work ongoing around the Living Well Model. There is a Shared Care Workshop planned for Wednesday 11th September 2024.</p>



6.

Winter Planning Update

In preparation for winter, locality systems are required to develop capacity expansion plans to avoid becoming overwhelmed at times of peak demand. The funding for this winter is broadly the same as last year (£6.5 million). There has been system-wide planning discussions around how the funding should be allocated to inform the plan, the system has gathered and used insight and learning from the experiences. From a Primary Care perspective, there are three winter schemes: GP Surge Hubs, additional sessions, and MARIS.

2024/25 Principles –

At the winter debrief session on Wednesday 17th May 2024, the system considered the two key urgent care principles:

- Increase the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes.
- Continue to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge.

The system agreed that all 2024/25 schemes should align to at least one of these principles to be considered for capacity funding.

Metrics –

The system has agreed that all schemes must also demonstrate impact and improvement on one or more of the following metrics:

- Improve A&E waiting times.
- Improve category 2 ambulance response times to an average of 30 minutes across 2024/25.
- Improve mental health patient flow and work towards eliminating inappropriate out of area placements.
- Improves access to virtual wards.
- Reduce the proportion of waits of over 12 hours in A&E.
- Reduce admitted and non-admitted time in emergency departments.
- Reduce ambulance handover delays.

There is also system agreement to strengthen the shift from acute care to care closer to home over a period.

Next Steps

- Deployment of funding as soon as possible.
- Further development of the Front Door ED Streaming Model.
- System implementation assurance.
- Evaluation of Schemes.

SF mentioned that the Discharge funding has already been committed so there is no spare capacity within this funding at the moment. However, the D2A Model is currently being reviewed, which means there may be some funding that does become available as part of the Discharge Funding.

Complex Discharge MDTs –

- Facilitate clinical conversations between GP and consultant pre-discharge for both MFT and GMMH.
- Reduce NCTR / OOA placements and support safe discharge.
- £300 per MDT:
 - Preparation for MDT.
 - Attend MDT.





	<ul style="list-style-type: none"> ○ Follow-up home visit. ○ Develop PCSP / ACP if clinically appropriate. ○ There has been a suggestion for a follow-up with consultant post discharge.
7.	<p>GP Collective Action Update Manchester Co-ordination Arrangements –</p> <p>The GP draft Governance Collection Action presentation was circulated to the group prior for information. CB mentioned that since the last GP Board meeting there has been a number of meetings regarding GP Collective Action to try and understand what actions have been taken, what the impact is, what the risks are and how to ensure patient and system safety.</p> <p>Manisha Kumar is leading the overall ICB response via Clinical Cell. This group includes Primary and Secondary Care colleagues and meets on a monthly basis to have a high-level discussion around what is happening within the system and areas of focus. There has been groups set up underneath this work to help monitor, plan and risk assess. There is an NHS GM weekly meeting that takes place across primary care, AMDs and LMC colleagues to understand the latest position, what is happening at a GM level and what needs to be communicated back to localities. For Manchester and Trafford, a tactical co-ordination meeting has been set up on a weekly basis with locality colleagues and reps from MFT (inc. MLCO), GMMH, LMC and Community Pharmacy</p> <p>Matthew Conroy has been working at a GM level to build an NHS GM Tableau Dashboard to look at indicators aligned to the ten BMA actions and where there may be impact across the system. MFT is monitoring local KPIs to highlight any impacts and GMMH is reviewing indicators that should be monitored to understand the impact of collective action. All localities are being asked to report to GM on a weekly basis with updates that are then informing regional discussions and a national return.</p> <p>CB mentioned that the key risk currently is around Mental Health Shared Care arrangements and potential disengagement with Medicines Optimisation software (Scriptswitch). There is a Shared Care Workshop planned for Wednesday 11th September 2024 which will provide an update on the current position. NHS GM colleagues will issue communications to all general practice with regards to the Medicines Optimisation Software. The communications will provide an informed position the software and impact on patient safety and quality if that functionality is turned off.</p> <p>A discussion took place regarding impact on MPB delivery plan. VM identified that there are elements of the Collective Action that will have an impact locally and will highlight gaps in the system that could impact upon the delivery of MPB priorities.</p> <p>CB and JO re-iterated the governance routes through which this should be discussed and escalated. This is via the weekly Manchester and Trafford Tactical Co-ordination Group to Primary Secondary Care Interface and Provider Collaborative together with a route into NHS GM.</p>
8.	<p>Provider Collaborative Update Please see item 6 for the Winter update discussed at Provider Collaborative.</p> <p>Manchester Partnership Board No updates.</p> <p>Clinical and Professional Advisory Group No updates.</p>





	<p>Making Manchester Fairer (formerly Marmot Task Group) No updates.</p> <p>Strategy & Planning Board No updates.</p> <p>Population Health Management Board JHe shared a report on the Population Health Management Board with the group for information.</p> <p>Health and Wellbeing Board No updates.</p>
9.	<p>AOB NO AOBs</p>
10.	<p>Date and time of next meeting (GP Board – Part Two System):</p> <p>Wednesday 2nd October 2024, 15:000 – 16:00 via Teams</p>

<u>Present</u>	
ADAB, Karim	HESLOP, Jaki
AHMED, Shabbir	HOLLAND, Nicola
BEELS, Debbie	KHAN, Kamsa
BRADLEY, Caroline	LARKIN, Anthony
BURY, Heather	LARKWORTHY, Alex
COGHLAN, Kaci	MEHRA, Vish
DUBEY, Himanshu	OSBORNE, Jenny
FOLLON, Sarah	RAJA, Murugesan
GHAURI, Huma	SHAHZAD, Iram
GHOLKAR, Santosh	SWINDELL, Nicola
GOUGH, Edward	TATE, Colin
GU, Tony	THOMPSON, Joshua
HAMMETT, Caroline	WILKINS, Simon
<u>Apologies</u>	
BRADSHAW, Jessica	
HINCHCLIFFE, Tom	
KARIGIRI, Ajay	
MELLORS, Graham	
MULKEEN, Helena	
MUNSHI, Sohail	
PACEY, Stephanie	
SHAHBAZ, Sahar	

