

HAR PCN

CMG MEETING Minutes

16th January 2020, 1.15pm – 3.15pm

Jessop Medical Practice, Greenhill Ln, Leabrooks, Alfreton, DE55 1LU

	Item	Lead
1	Lynne Tomlinson chaired meeting, LM minute noted	
2	Welcome & Apologies Present: AM, JR, CH, CA, SB, JW, AC, MWong, DW, SD, CS, LT, SM, LM Apologies: YD, KH, AT, MW, NH,	Chair
3	Specs All agreed unworkable, content not necessarily too far wrong but timescales unrealistic. New version due Feb 2020.	
4	PPLT Jan 15 th Review Location not great, poor lighting and parking an obvious issue. Agreed that Post Mill at South Normanton would be best for next time. Liz to enquire and book. Feedback from non-clinical staff was poor overall. Content of the navigation training was not what was expected and presentation was not engaging. It was felt they were being trained to recognise loneliness and recommend ways to help them but not to navigate them to the SP which is what they expected. It was agreed the non-clinical staff got more out of the previous PPLT where it was more of a networking session where they could trade good ideas/protocol etc. Going forward the pcn still wants group learning. Charmagne asked if there was anything in the specs for staff networking in order to get them involved and get their opinions. Yes, this was thought to be a good idea. 3 further sessions planned for 2020 all at the Post Mill, South Normanton. May 20 th , Sept 16 th and Nov 18 th 2 – 5pm.	LM

5	<p>PCN name change</p> <p>Andy asked if everyone happy to change the name from HAR to ARCH, all agreed. Andy to action.</p>	AM
6	<p>Clinical Director Role</p> <p>Andy has produced a job description for the Clinical Director role, cutting and pasting from versions found on the internet. AM asked if everyone was happy with it, anything to add/remove?</p> <p>The plan for the 3 CDs was that 1 would attend a session a week and it was to be viewed Jan 2020. With the specs the way they are this is not maybe the right time. In Andy's opinion attending 1 session per week isn't enough time to get your teeth into the role but then none of us have time to do the role solely. Everyone agrees that 1 CD is better than 3 but who has the time!</p> <p>Sarah asked if each CD tries to attend the same meetings each time for continuity. The answer is yes as much as possible.</p> <p>Andy stated that ideally there needs to be a regular chair in these meetings each month, someone we can all answer to, any volunteers?</p>	PM's
Standing Agenda Items		
7	<p>Social Prescriber update</p> <p>Justine met with Paul Clarke and Lynn Allison last week and went through priority 2 from the operational plan. Lynn is putting together a business plan for Priority 2, loneliness. Paul has had 10 referrals so far. Please remind your GP's to refer where applicable.</p> <p>Justine read an email from Ian Lawrence asking if anyone was prepared to supervise the training of a Non-Medical Prescriber. The answer was no, no one felt they had the capacity at the current time.</p>	
8	<p>Clinical Pharmacist update</p> <p>Simon mentioned an email from Yinka saying the PINCER searches on PRIMIS will be done by the Clinical Pharmacist rather than the Meds Management team. It was agreed nothing needs to be done about this.</p> <p>Justine had an email from Yinka asking for the dates of the next PCN Quest session to perhaps allow some time for Medicines management to deliver some training. It was agreed this may be useful and</p>	

	JR is to inform Yinka of the next date but that we are unable to tell her the agenda and what time slots would be available until nearer the time.	JR
9	Care Homes Liz has collated information on all ARCH PCN care homes in regards to nhs emails, online registered patients and sent to NH	
10	AVH Ltd Update Struggling to fill clinical rotas for the hub, especially weekend mornings. Please can PM's email all GP's to ask if any wish to cover any sessions. If no take up we'll need to go out to NHS job adverts for locum cover for the hub. Currently 40hours down for February. Charmagne asked why do we need a GP on every session if a nurse is on duty? Due to insurance purposes. The question was also asked can we open more evening sessions rather than weekend ones but Cheryl explained we aren't getting cover for evenings either so wouldn't make any difference. Cheryl to chase Darren West regarding their use of our practices for their live life better sessions. Charmagne asked about extended hours come April and whether they are merging into the PCN, saying that we may get more uptake if it's joint rather than within individual practices. CD's agreed that they would take this up with Clive Newmen at next available opportunity	PMS CA CD's
11	PCN Workflow Projects Andy spoke briefly about the workflow project we can bid for to gain £12,500 of funding from the CCG. Business cases need to be in by January 22 nd . Charmagne and Dan offered to complete a business case for priority 1.	CS/DW (completed)
12	Clinical Directors' Update Andy attended Place last week and gave them an update on where we are and what we're doing. Place is struggling to know where they fit at the moment. Mental Health were there for the first time, they're the one area we haven't had any contact with yet. PCLG – The specs were discussed. CCG withdrawal of care home funding was discussed and the extension of the funding for a fur-	

	<p>ther 6months.</p> <p>Andy informed us that Ian Lawrence is looking at urgent care and acute home visiting of the house bound.</p>	
13	Review of December minutes and action points	
14	<p>Any Other Business</p> <p>Cheryl mentioned the possibility of providing the Art of Brilliance training for non-clinical staff at PPLT.</p>	Chair
	Items for Information	
15	<p>Other PCN facilitated meetings</p> <p>1. QOF QI meetings</p> <ul style="list-style-type: none"> - Medicines Safety Feb 27th - SEA March 26th - Diabetes April 23rd 	

Next meeting: 20th February 2020 (continues on 3rd Thursday monthly) 1:15pm - 3:15pm