




## South Ayrshire GP Locality Forum

### Notes from meeting 10/03/22

No	Item	Papers
1	<b>Present/Apologies</b>	
	<p>Present: Simon Farrell (chair), Phil White, Donna Dunlop, Denise Mellon, Yvonne Quinn, Phil Hulme, Kirsten Robertson, Tim Eltringham, Kelly Brizell, Stewart McMinn, Michelle Palmer, Brian Christie, Eilidh Agnew, Glenda Hanna, Val Burns, Stacey Ross, Scot McCulloch, Joanne Payne</p> <p>Apologies: Claire Muir, Pauline Young, Claire McCamon, Rosemary Robertson</p>	
2	<b>Note of Previous meeting and matters arising</b>	 South Ayrshire GP Locality Forum notes
	Notes were approved and no matters arising not on agenda	
3	<b>Service Updates</b>	
	<p>Pharmacotherapy:</p> <ul style="list-style-type: none"> <li>• Donna Dunlop provided a brief update</li> <li>• The Quarterly monitoring meetings with Practices had been interrupted but would resume</li> </ul> <p>CTAC:</p> <ul style="list-style-type: none"> <li>• Phil White provided a basic update – most Practices are covered and a small pilot CTAC hub was in development at North Ayr HC</li> <li>• There were a range of issues raised which were being considered at various groups including with GP Sub Executive (eg Chris Black)</li> <li>• For example, there is frustration that we are potentially de-skilling nurses who could carry out a range of additional functions (as in previous roles) under supervision of GPs but that was not being facilitated in CTAC model (one Practice has re-employed a TUPE'd CTAC worker for a few hours per week to undertake these additional tasks)</li> </ul> <p>Mental Health Practitioners/Link Practitioners</p> <ul style="list-style-type: none"> <li>• Brian Christie provided an update</li> <li>• There were now 10.4 wte MHPs in place (2 had started recently and were now in Practice)- there will be 1 MHP off on long term sickness</li> <li>• 50% of GP Practices have more than one nominated MHP to allow for more resilience through A/L, illness, etc</li> <li>• There are plans to get up to 15 wte MHPs and this will allow a bit more flexibility re over 65 year olds, etc</li> <li>• There are plans for a post to co-ordinate the CLPs</li> <li>• We have full establishment of CLPs</li> <li>• Brian was looking at some Practices with low referral rates to CLPs to identify how to increase appropriate referral</li> <li>• There were promotional materials being developed that might support this</li> </ul>	

	<p>MSK Physiotherapy:</p> <ul style="list-style-type: none"> <li>• Judith Quinn provided a short update re MSK Physiotherapy</li> <li>• There were 4 wte B7 posts at present</li> <li>• There were discussions ongoing re future funding availability</li> <li>• There was a scoping exercise that had been undertaken to assess relative demand</li> <li>• The wider skill mix of staffing was also being considered</li> </ul> <p>OT:</p> <ul style="list-style-type: none"> <li>• In addition to the frailty related T posts, there was recruitment ongoing for 1 wte B7 and 2 wte B6 OTs that was being funded by Action 15 Mental Health resource.</li> </ul> <p>ANP Care Home:</p> <ul style="list-style-type: none"> <li>• Simon Farrell provided a brief update</li> <li>• The ANP for Care Homes in Ayr was starting on 28<sup>th</sup> March</li> <li>• She would be supported by Simon and would be based with Val Burns in Ailsa</li> <li>• As part of her induction she would shadow a similar post-holder in North Ayrshire</li> <li>• The post would be reviewed to identify if it might be a supportable approach to support other Clusters</li> </ul>	
<b>4</b>	<b>Primary Care Improvement Funding + SG Primary Care Mental Health Funding</b>	
	<p>Phil White provided a short summary of the funding context for both Primary Care Improvement Fund and additional Primary Care Mental Health funding.</p> <ul style="list-style-type: none"> <li>• Essentially, whilst the allocations of funding for PC has been issued, there is a priority from SG to ensure that the 'legally binding' contractual elements of the GMS contract are delivered across Scotland – ie Vaccination, CTAC and Pharmacotherapy</li> <li>• In Ayrshire, we are in a reasonably advanced place in relation to this although we may need to ensure all these services are resilient</li> <li>• In addition, the additional PC Mental Health monies allow us to recruit to having 15 wte MHPs in Practices giving a good degree of cover</li> <li>• This means that additional core PCIF monies might be targeted to other MDT working</li> <li>• A priority would be to increase MSK Physiotherapy provision so that all Practices have access</li> <li>• It might then be possible to explore 'urgent care' work such as additional ANP capacity to support care homes.</li> </ul>	
<b>5</b>	<b>Frailty Project update</b>	
	<p>Joanne Payne provided a short update on progress:</p> <ul style="list-style-type: none"> <li>• 2 B5 OTs were now in post and would begin to support Templehill and Tam's Brig Practices (with 2 more to follow)</li> <li>• There were interviews on 28<sup>th</sup> March for 3 additional B % OTs and on 25<sup>th</sup> March for a B6</li> </ul>	

	<ul style="list-style-type: none"> <li>• Joanne was trying to put together all the background information, documents, etc to support the frailty work and, also, through support from HSCP Communications Officer, to look at 'branding'</li> <li>• Currently we would use the e Frailty index until we can get access to SPIRE to identify 'movers' between levels of frailty</li> <li>• Joanne also highlighted a positive meeting with Health Improvement staff</li> <li>• Tim highlighted the significant investment from the HSCP to support frailty work and that it was a 'flagship' project</li> </ul>	
<b>6</b>	<b>Community Nursing update</b>	
	<p>Val Burns provided a short update on the work to support Community Nursing and ensure adequate capacity.</p> <ul style="list-style-type: none"> <li>• Dalene Steele had led a pan-Ayrshire review of Community Nursing and this is beginning to result in some changes</li> <li>• There had been use of workforce analysis and a validated workforce tool</li> <li>• We were working towards DNs being linked to a population of 10,000</li> <li>• Role of additional Band 7 Nurse will play a part in adding clinical expertise and complex case management</li> </ul>	
<b>7</b>	<b>Intermediate Care Team</b>	
	<p>Kelly Brizell and Eilidh Agnew provided a short presentation on the work of ICT.</p> <p>One issue that emerged was the limitations in timeous access to home care often resulting in admissions. Tim E agreed to pursue this.</p>	 ICT presentation.pptx
<b>8</b>	<b>Premises</b>	
	<p>Premises remain a significant challenge and Tim Eltringham highlighted the escalation of the issue from the HSCP to relevant Board managers and structures including raising concerns with the new NHS Chief Executive.</p> <p>There was small adaptations work taking place at Practice level which should expand some space availability.</p> <p>Phil reported that it had been agreed by the NHS Board to fund a feasibility study to identify some solutions for Ayr GP Premises</p>	
<b>9</b>	<b>Updates from Cluster leads</b>	
	<p>Carrick Cluster:</p> <ul style="list-style-type: none"> <li>• Phil Hulme updated the group re latest Cluster discussions</li> <li>• There had been discussions on frailty</li> <li>• A wall chart – re functions of MDT staff- was being developed</li> <li>• The Cluster had been discussion issues related to pharmacy support to care homes and arrangements re Shotgun licensing</li> </ul> <p>Ayr/Prestwick Cluster:</p> <ul style="list-style-type: none"> <li>• The previous meeting had highlighted some of the challenges re CTAC</li> </ul> <p>Troon Cluster:</p>	

	<ul style="list-style-type: none"> <li>The issue of the additional demand for clinical support from the new Care Home in Troon was raised</li> </ul>	
<b>10</b>	<b>Wellbeing Support</b>	
	Phil reported on the opportunities for all health and care sectors are being put in place to support staff wellbeing.	 Staff Wellbeing Support summary.ppt
<b>11</b>	<b>Clinical Director</b>	
	Tim Eltringham reported that the CD post is just about to be advertised.	
<b>12</b>	<b>Communications</b>	
	This might be a more substantial future agenda item, for example, having better communication materials re MDT roles for Practices and patients.	

Date of Next Meeting

DRAFT