

**DRAFT MINUTES:** 

**Locality Commissioning - North East** TITLE:

11 July 2018, 13:00 – 15:00pm Held on: Littlebury Hotel, Bicester Venue:

|    | STANDING ITEMS   | Action |
|----|--|--------|
| 1. | Welcome: Jane Carr, Executive Director, Cherwell District Council  |        |
| 2. | Apologies: Will O'Gorman   |        |
|    | See attendance list at end of notes.   |        |
| 3. | Declarations of interest + AOB :   |        |
|    | There were no DOI's.   |        |
| 4. | AOB – Third party information included in reports from Social Care.  Minutes of the Meeting held on 13 June 2018   |        |
| 7. | Minutes agreed as a correct record.  |        |
|    | Actions: JAH apologised to DH for not sending the revised minutes from the last meeting.   | JAH    |
|    | Plan on a page is the final version. SA reported that the same format was used across all Localities. HVO asked about growth – the national forecast had been used to give people an idea.                         |        |
|    | CM picked up on the issue of Patient Forum Chairs and reported that this was work in progress. The planned Clinical Forum Chairs meeting did not go ahead and the CCG did not cancel the meeting. DONM is 30.8.18. |        |
|    | JAH to invite James Ray to the Sept/ Oct meeting.  | JAH    |
|    | Prescribing Incentive Scheme papers were printed today but would in future just be on email.   |        |
| 5. | Matters Arising:   |        |
|    | a. PPG forum update from HVO:  |        |
|    | HVO reported that the 6 Chairs meetings are scheduled every  |        |
|    | 2 months with the CCG to discuss patient feedback. Meetings  |        |
|    | are arranged a long time in advance but one week before the  |        |
|    | last meeting they were told that neither Kiren or Lou could  |        |
|    | attend which the Forum found unacceptable.  The Forum decided to cancel the meeting as if neither of them  |        |
|    | would be present then no decisions could be made and it was  |        |
|    | felt that it was a waste of everybody's time. HVO reported that  |        |
|    | the Forum felt that the patient voice was not listened to by the   |        |
|    | CCG and the next meeting was scheduled for two months.   |        |
|    | The Forum asked if this could be taken to the CCG to discuss   | СМ     |
|    | ways to improve the situation.   | SA     |

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Author: Sue Keating

|    | A situation has arisen regarding <b>ear syringing</b> , some practices are not carrying out this procedure as it is not part of the core GMS and patients are being referred to ENT. DF reported that this work was time consuming and unfunded by the CCG. HVO reported that patients were being asked to buy medications over the counter at the pharmacy but they have to be well informed of how to use them. CM said there was a need to recognise a conflict of interest. The Group asked that JD take this back to the CCG for guidance. | JD      |
|----|---|---------|
|    | RR reported that the Locality Forum Chairs were unhappy about <b>communication</b> with the CCG. CM stated that this was not a conversation that she could have in this meeting, but she would again report comments back to the CCG Chief Executive and Chair.   | СМ      |
|    | SA asked if HVO could send an email addressing all the facts and discontent and he would address the concerns with Kiren.   | HVO/SA  |
|    | ITEMS REQUIRING CLINICAL FEEDBACK   |         |
| 6. | SCAS/GP Practice – how they react to urgent calls: Ross Cornett unfortunately could not attend the meeting but SA reported on this item. Paramedics are reporting that in 95% of cases if they are able to speak to a GP when making a home visit, the patient remains at home. The difficulty they have is getting through to the practice GP, and would like to have a bypass number directly to a GP so that they do not have to come through the practice reception.  |         |
|    | All practices agreed to give JAH a bypass number so that it can be passed onto SCAS. (done)   | ALL/JAH |
| 7. | Primary Care Framework Conversations on – Frailty pathway:  |         |
|    | TQ presented some slides on frailty which were shown at the meeting held in June between OUHFT/OHFT/Councils and the CCG.   |         |
|    | Definition of frailty – measurement helpful and loss of resilience – age is not the only question. TQ was also informed of a second meeting with less than one week notice which is unacceptable. Patients requiring hospital management: OUHFT have more staff in the first 24hrs with acute hospital at home teams and discharge, this will result in an integrated approach across health and social care.   |         |
|    | Gold, Silver and Bronze systems will be set up taking a risk stratification approach. JC asked "where does housing fit into this scheme". TQ gave JC a list of people who attended the previous meeting and JC agreed to check who from the Council attended. This would fit into integrated care system and working alliance of staff resources.   | JC .    |

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Comments received from:

DH – 2 NE groupings as per NE neighbourhoods

CM – CCG involvement - TQ felt 30-50% involvement by partners

SA – to work this is depending on numbers

TQ – how to get patients overseen is challenging

SA - interface - handover responsibility

MW – financial imperative – aims? – huge resources. Priorities – 10 page document at the end very clear about early achievable things housebound.

TQ – no resources available – highlight list of patients

MW – Community matron – redefine role!

SA Context – thought direction – ICS alliance between

Fed/OHFT/OUHFT – not default position – imperative changes – funding stream. MW asked if OUH share this view?

SA – system will forge that alliance with joint deployment of resources alliance with OUH – parallel service – sign up difficult pathway DH – OUHFT affordable – better for patients – which patient are

default option – not effective or efficient – PBR rules

DF – save money in secondary care – resources stretched – will not switch money - central resources

SA – transformation funds – Oxford good at things – OUHFT significant bed capacity problem - clear waiting lists - elective care tertiary centre

DF – money within a bubble – to work the funding has to be bigger SA – miss out on money – Cquins/targets – part of Vanguard – investment coming in. Support new models not prop up existing model – best possible way.

DH – the right way - not enough savings, is it self-sustaining?

ME – works well – who is in charge?

RR – meeting tomorrow with Vanguard model of care. Practical steps to take - really good way of working. September meeting identify locality community services group also voluntary sector – good relationships – drive forward – pilot virtual ward – delivery vehicle engage

Discussion will continue in September.

## 8. Meeting structure update:

The meeting format will change from September 2018 to run conjoined meetings with OneMed. Meetings will run half an hour longer until 3.30pm. Other changes may evolve as the meetings bed in. The NE Constitution will continue as of now but when the Oxfordshire Care Alliance is set up further changes will be made.

9. Data Sharing for Dashboards: Angela White, Nadine Idris, Chris Bunch and Maggie Lay attended for this item.

Health Information Exchange (HIE) is an integrated patient record with data from multiple systems accessible from within EMIS patient record and test results are in one place.

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|     | HealtheIntent is a disease registry with indicators of patient status and                                      |     |
|-----|--|-----|
|     | follow up need, defining a group of patients and identifying gaps in   |     |
|     | case. The patient record has history and bespoke reports.  |     |
|     | This is putting data into a new database and combined record.  |     |
|     | Governance is in place to share summary care records for medical   |     |
|     | purposes.  |     |
|     | Chris is the Caldicott Guardian at the OUH and advised that the NHS  |     |
|     | use legal basis from GDPR instead of consent, technical issue  |     |
|     | resolved through Government and the healthcare process is more   |     |
|     | complex and effective.   |     |
|     | Maggie reported the aim is to create shared patient data record  |     |
| 10. | Draft PCP packs & visits:  |     |
|     | JAH has been liaising with Practice Managers and will be shortly   | JAH |
|     | setting up the visits. The packs are now available and copies were   |     |
|     | handed out to practices.   |     |
|     | ITEMS FOR INFORMATION AND DECISION   |     |
| 11. | Succession planning for Locality Clinical Director Post –  |     |
|     | Expressions of Interest due 3.8.18   | JAH |
|     | SA was asked to leave the room for this item.  |     |
|     |  |     |
|     | JAH agreed to send out the job description separately.   |     |
|     | SA term of office ends at the end of October 2018. WoG term ends at  |     |
|     | the end of March 2019 and he has indicated he would currently only   |     |
|     | be interested in the Deputy role.  |     |
|     |  |     |
|     | JAH as Election Manager to ask practices for any interest, the   |     |
|     | election is open to a qualified clinician who is actively supported by   |     |
|     | member practices within the locality.  |     |
|     | CM advised that the North Locality have agreed an interim process  |     |
|     | for one year jointly working with Federations, it was felt that feedback                                       |     |
|     | from this approach would be useful.  |     |
|     |  |     |
|     | Discussion followed and next steps were agreed:  |     |
|     | JAH to follow due process and check interest in practices  |     |
|     | 2. SA to be asked if he would stay on until end of March 2019  |     |
|     | 3. Look at constitution in order to succession plan for the future.  |     |
|     |  | _   |
|     | SA to be asked to write up short notes on qualities/ideas for the post   | SA  |
|     | which would be helpful to future candidates (see JD, however SA  |     |
|     | happy to discuss role over the phone).   |     |
| 12. | 2018/19 Prescribing Incentive Scheme + budgets + 2017/18   |     |
|     | achievement update:  |     |
|     | SA apologised that the papers were late out. The Forum has to  |     |
|     | decide whether to do individual practice or locality. Comparing last   |     |
|     | years' outcome and this years' budget – no cheaper cost stock option.  |     |
|     | Note: Practices cannot choose comothing that the pharmacist already  |     |
|     | Note: Practices cannot choose something that the pharmacist already does you will need to choose another area. |     |
|     | dues you will need to choose another area.   |     |
|     | Vote majority rules:   |     |
|     |  |     |

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|     | BHC – Locality Woodstock – Practice Gosford – Practice Keys – Locality MHS – vote to be decided Islip – Practice  |     |  |
|-----|---|-----|--|
|     | Alchester – Locality  |     |  |
|     | JAH to check with MHS and email decision to Forum. (post meeting note: Locality position agreed by majority vote).  | JAH |  |
|     | FORWARD PLANNING  |     |  |
| 13. | Local Community Services Group update:  LCSG meeting planned for tomorrow. RR thanked all those who attended the discovery walk launch it was a huge success.   |     |  |
| 14. | Diabetes update: SA reported that he is still waiting for the provider response.  |     |  |
| 15. | Bicester Healthy New Town update: RR reported nothing new to update.  |     |  |
| 16. | Social Prescribing: Cherwell District Council has a Health and Wellbeing Bus which has a private consultation space. RR asked if practices were interested in having the bus in their car park, this would promote social prescribing, confidential space for appointments and a driver who can help lower level signposting. |     |  |
|     | The Keys are keen to use this, they thought this was a very good advert and was something different.  |     |  |
|     | The driver has access to mapping via post codes across CDC and West Oxon. SA reported it would raise media attention and raise profiles. Woodstock reported issues with parking space but RR stated she could ask the council to close off spaces outside the Town Hall.  |     |  |
|     | WHITE SPACE/ANY OTHER BUSINESS  |     |  |
|     | Plan on a page update: This was now the final document. The plan was developed by local GPs, practice managers, patient representatives and District Council officers and was discussed with local people at meetings and through a survey. On OCCG website <a href="here">here</a> .   |     |  |
|     | ITEMS FOR INFORMATION   |     |  |
|     | Paper 6 – Planned Care project updates  |     |  |
|     | Date of next meeting: NO MEETING PLANNED IN AUGUST.   |     |  |
|     | 12 September 2018, 1-3pm at Littlebury Hotel, Bicester  |     |  |

Attendance: 11 July 2018

| Practice Practice              | Representative   | Present / |
|--------------------------------|--|-----------|
|                                | •  | Apols     |
| Alchester Medical Group        | Dr Damian Hannon (DH)  | Υ         |
| = Langford MP & Victoria House | Dr Toby Quartley (TQ)  | Υ         |
| Surgery                        | George Thomas (GT)   | N         |
| Bicester Health Centre         | Dr Stephen Attwood (SA)  | Υ         |
|                                | Dr Tim Powell  | Υ         |
|                                | Paul Netherton, (PN) - P.Mgrs rep  | Υ         |
| Gosford Hill Medical Centre    | Dr Mark Wallace (MW)   | Υ         |
|                                | Sally Mackie (SM)  | N         |
| Islip Medical Practice         | Dr Matthew Elsdon (ME)   | Υ         |
|                                | Beverley Turner (BT)   | N         |
| Kidlington, Exeter, Yarnton MP | Dr David Finnigan (DF)   | Υ         |
| (KEYS)                         | Dr Simon Tucker  | N         |
|                                | Katherine Muddle (KM)  | N         |
| Montgomery House Surgery       | Dr Will O'Gorman (WO)  | N         |
|                                | Steve Sharpe (SS)  | N         |
| Woodstock Surgery              | Dr Hassan Ali  | N         |
|                                | Dr Helen Roskell (HR)  | N         |
|                                | Dr Trevor Turner (TT)  | N         |
|                                | Dr Tanja Frankel (TF)  | Υ         |
|                                | Sue Kavanagh (SK)  | N         |
| Others:                        | Dr Helen VanOss, (HVO) Public & Patient Forum Chair  | Y         |
|                                | Jane Carr, (JC) Cherwell District Council  | Y         |
|                                | Rosie Rowe, (RR) Cherwell District Council   | Y         |
|                                | Julie Dandridge (JD) Locality Sponsor  | Y         |
|                                | Julie-Anne Howe, (JAH) Locality Co-ordinator   | Y         |
|                                | Catherine Mountford (CM) - OCCG Exec Team rep  | Y         |
|                                | Sue Keating (SK) – Notes   | Y         |
|                                | Laura Spurs (LS) PML  Ress Cornett (RS) South Central Ambulance Service                              | Y         |
|                                | Ross Cornett (RS) South Central Ambulance Service Nadine Idris (NI) – Joint Data Controllers for PHM | N         |
|                                | Angela White (AW) – Joint Data Controllers for PHM   | Y         |
|                                | Chris Bunch (CB) – Caldicott Guardian, OUHFT   | Y         |
|                                |  | Y         |
|                                | Maggie Lay (ML) – Joint Data Controllers for PHM   | Ī         |