

DRAFT MINUTES:

TITLE: Locality Commissioning – North East

Held on: 11 July 2018, 13:00 – 15:00pm

Venue: Littlebury Hotel, Bicester

	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. AOB – Third party information included in reports from Social Care.	
4.	Minutes of the Meeting held on 13 June 2018 Minutes agreed as a correct record. Actions: JAH apologised to DH for not sending the revised minutes from the last meeting. 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. Prescribing Incentive Scheme papers were printed today but would in future just be on email.	JAH JAH
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 ways to improve the situation.	CM SA

	<p>A situation has arisen regarding ear syringing, 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.</p> <p>RR reported that the Locality Forum Chairs were unhappy about communication 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.</p> <p>SA asked if HVO could send an email addressing all the facts and discontent and he would address the concerns with Kiren.</p>	<p>JD</p> <p>CM</p> <p>HVO/SA</p>
	ITEMS REQUIRING CLINICAL FEEDBACK	
6.	<p>SCAS/GP Practice – how they react to urgent calls:</p> <p>Ross Cornett unfortunately could not attend the meeting but SA reported on this item.</p> <p>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.</p> <p>All practices agreed to give JAH a bypass number so that it can be passed onto SCAS. (done)</p>	ALL/JAH
7.	<p>Primary Care Framework</p> <p>Conversations on – Frailty pathway:</p> <p>TQ presented some slides on frailty which were shown at the meeting held in June between OUHFT/OHFT/Councils and the CCG.</p> <p>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.</p> <p>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.</p> <p>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.</p>	JC

	<p>Comments received from:</p> <p>DH – 2 NE groupings as per NE neighbourhoods</p> <p>CM – CCG involvement - TQ felt 30-50% involvement by partners</p> <p>SA – to work this is depending on numbers</p> <p>TQ – how to get patients overseen is challenging</p> <p>SA – interface – handover responsibility</p> <p>MW – financial imperative – aims? – huge resources. Priorities – 10 page document at the end very clear about early achievable things – housebound.</p> <p>TQ – no resources available – highlight list of patients</p> <p>MW – Community matron – redefine role!</p> <p>SA Context – thought direction – ICS alliance between Fed/OHFT/OUHFT – not default position – imperative changes – funding stream. MW asked if OUH share this view?</p> <p>SA – system will forge that alliance with joint deployment of resources – alliance with OUH – parallel service – sign up difficult pathway</p> <p>DH – OUHFT affordable – better for patients – which patient are default option – not effective or efficient – PBR rules</p> <p>DF – save money in secondary care – resources stretched – will not switch money – central resources</p> <p>SA – transformation funds – Oxford good at things – OUHFT significant bed capacity problem – clear waiting lists – elective care – tertiary centre</p> <p>DF – money within a bubble – to work the funding has to be bigger</p> <p>SA – miss out on money – Cquins/targets – part of Vanguard – investment coming in. Support new models not prop up existing model – best possible way.</p> <p>DH – the right way - not enough savings, is it self-sustaining?</p> <p>ME – works well – who is in charge?</p> <p>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</p> <p>Discussion will continue in September.</p>	
8.	<p>Meeting structure update:</p> <p>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.</p>	
9.	<p>Data Sharing for Dashboards: Angela White, Nadine Idris, Chris Bunch and Maggie Lay attended for this item.</p> <p>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.</p>	

	<p>BHC – Locality Gosford – Practice MHS – vote to be decided Alchester – Locality</p> <p>Woodstock – Practice Keys – Locality Islip – Practice</p> <p>JAH to check with MHS and email decision to Forum. (post meeting note : Locality position agreed by majority vote).</p>	JAH
	FORWARD PLANNING	
13.	<p>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.</p>	
14.	<p>Diabetes update: SA reported that he is still waiting for the provider response.</p>	
15.	<p>Bicester Healthy New Town update: RR reported nothing new to update.</p>	
16.	<p>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.</p> <p>The Keys are keen to use this, they thought this was a very good advert and was something different.</p> <p>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.</p>	
	WHITE SPACE/ANY OTHER BUSINESS	
	<p>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 here.</p>	
	ITEMS FOR INFORMATION	
	<p>Paper 6 – Planned Care project updates</p> <p>Date of next meeting: NO MEETING PLANNED IN AUGUST. 12 September 2018, 1-3pm at Littlebury Hotel, Bicester</p>	

Attendance: 11 July 2018

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