

DRAFT MINUTES:

TITLE: Joint Locality / Federation Commissioning Meeting– North East

Held on: 12 September 2018, 13:00 – 15:30pm

Venue: Littlebury Hotel, Bicester

paper 1

	STANDING ITEMS	Action
1 2	<p>Welcome: Kiren Collison, OCCG Chair, Dr Raman Nijjer, LMC rep</p> <p>Apologies: Julie Dandridge, Catherine Mountford, Jane Carr</p> <p>SA welcomes everyone to the first Joint Locality / Federation Commissioning Meeting for the North East.</p> <p>See attendance list at end of notes.</p>	
3.	<p>Declarations of interest + AOB :</p> <p>There were no DOI's.</p> <p>AOB – None.</p>	
4.	<p>Minutes of the Meeting held on 11 July 2018</p> <p>SA stated that the representative from Bicester Health Centre was TP and his name (SA) should revert to the general group as he has retired as a partner from the health centre.</p> <p>Minutes then agreed as a correct record.</p>	
5.	<p>Matters Arising:</p> <p>a. PPG forum update from HVO:</p> <p>HVO reported on the chaos with Deer Park as the system set up around enquires and how they would be run, did not involve the PPGs, and consequently at a subsequent meeting she was unable to record any feedback.</p> <p>b. Any learning on PPG involvement by OCCG she felt still had a way to go but was delighted that Kiren attended this meeting.</p>	
	ITEMS REQUIRING CLINICAL FEEDBACK	
6.	<p>Learning Disability – Kirsten Prance & Liz Williams, Service Director & Clinical Director of LD Services in Oxfordshire, OHFT</p> <p>On 1 July 2017 Oxford Health took over services for people with LD from Southern Health and there has been a period of transition. CCG colleagues in the room came to strengthen the offer of support for people with learning disabilities. KP and LW were doing a series of visits to all of the Localities to talk briefly about what was needed to provide healthcare for LD people including carrying out health checks etc. David Chapman is meeting Kirsten to discuss what level of support they need.</p>	

	<p>Key reasons to focus here is that the community Learning Disability service has changed and there are challenges around accessing some services, placing resource pressures on the whole system. A special email address will be created in the new offer, which can be used as a secure link email for queries has a much better response. This is not in place yet so to follow in due course.</p> <p>KP requested a practice Link person and JAH agreed to send the GP identified in the 2017/18 LIS to her. Discussions on individuals could then take place as necessary.</p> <p>Learning disability training 'my life my choice' access is helpful to have.</p> <p>If anyone has any feedback please let the team know. Kirsten.Prance@oxfordhealth.nhs.uk Liz.Williams@oxfordhealth.nhs.uk</p>	JAH	
		ALL	
	JOINT DISCUSSIONS / UPDATES		
7.	<p>Hubs – current position and future models + data capture: TQ reported that there are now more appointments with 90% in hours + Saturday and Sunday. LS stated there were no sanctions in the contract but it would be detrimental to provide less than the optimum. Proportionally in the evenings there is 1 GP to deliver, so a more difficult conversation as how to maximise provision - every practice would be aware of the level of service they have provided. Any data on patients not registered at that practice has been asked for with a breakdown on use in the week but there is a need for reliability and to share information.</p> <p>Other issues are with physio appointments with awareness of appointment availability and funding a second GP with a need to make better use of those second appointments. The appointment screen will be much easier after October 17th when all practices are on the same system.</p> <p>RR expressed concern that there is very limited public awareness and no attempts have been made to make people aware of the additional appointments. There is nothing in the general media, so there is the opportunity to do some kind of promotion around specific appointments. The difficulty is people need to understand complex/ routine/ extended access appointments, OOH service.</p> <p>The practices have an algorithm working out how to book appointments, Ideas are welcome. Receptionists are well trained care navigators. PML can help with training receptionists to make it simple for patients.</p>		PML

	<p>Primary Care Visiting Service – current use and winter pressures:</p> <p>Patients do like this service. Current service will be reviewed looking at 24 per week average so between 5/6 per day. Geographically located so some practices feel compromised when there is not capacity to do visit in 'our' area so a need to map better where patients are.</p> <p>8.30am start. Scope for urgent does not need to be that day. Same day takes pressure off practices. If a visit request is urgent find out if just housebound. Note 5pm request unable to do anything so if you could contact service by 4.30pm may do a visit tomorrow. Careful about Fridays worth revisiting, different options but Sundays are an issue.</p> <p>IT issues create barriers and working with OOH service to stabilise core primary care acknowledges those things. Funding not expected to stop in 2 years' time.</p> <p>PML is currently undertaking a review of PCVS to look at how it can be improved, in performance/efficiency etc. and will report back once this has been done.</p>	
	<p>Clinical Pharmacists – how are they working?</p> <p>Early days but more work initially will benefit in the long term. Small things helping and being aware of the facilities on EMIS. Will be useful as sharing good practice. Updating document as it will be good to share in an email handy tips. Would be helpful to concentrate on nursing homes in Islip but not medication review. (note The Manor Home is currently closed for refurbishment).</p>	
	<p>Extended Access – update</p> <p>Still awaiting official documentation. Questions were raised about the GPAF contract and whether this was going out to tender for March, or whether the contract will be rolled over for one year, there has been no communication received on this.</p> <p>KC stated that her understanding was that GPAF would be rolled over (so that tendering does not need to be done over winter etc) but that a longer term solution to delivery of these appointments (i.e. streamlining this service with other urgent additional appointments) will be sought during that period. PML is waiting for formal communication around this.</p>	
	<p>Care Alliance Update 5 + Questions</p> <p>Latest draft is awaited after talks last year on how to move forward. Feedback on next steps around potential barriers depends on the outcome from the Alliance. RR group working around complex care in Oxford Health identifying headcounts/space and rooms at the surgery separate to one big shared space. Social Care to come in so</p>	

	<p>remodelling costs of 3 rooms is the main barrier to co-location as neighbourhood hubs need shared rooms. Social Care need to do this or no opportunity for shared working. Other providers are using shared space.</p> <p>Discussions with OHFT around other ways of modelling all these different community services, the area they cover is City and North all work slightly differently so how should you organise all these teams to be in the same place.</p> <p>Looking at headcount of which staff will need to go into Bicester and Kidlington at the moment and what space of 2 or 3 rooms is available? if anything.</p> <p>Winter pressures – Trusts to receive £145m nationally.</p>	
	<p>Integrated Care System - future representation update by Raman Nijjar - LMC perspective</p> <p>General discussion on primary care representation meeting county based perspective. Concerns as to what constitutes consultation? Challenge is how best to try to get LMC views into these meetings? Regular discussions and contact with other providers is a challenging role so how to get that voice conveyed? Trust to make sure all are represented in the right way. Different in other parts of Oxfordshire.</p> <p>Paul Roblin stepped down and will become the Chair with a shared Chief Executive role in Oxfordshire and Berkshire with shared values and principles for working together and being involved early on in the process. Today is about defining a start and involving LMC and Locality in early in discussions is sensible and logical so countywide clarity over what is appropriate.</p> <p>LMC minutes are quite long so is there somebody interested in doing a one page bulletin of key things for practices?</p> <p>RN to consider an involvement decision across the localities – local practices payment to LMC will not fund part of this discussion so if practices want early engagement all must agree a way this could be funded.</p>	
	ITEMS FOR INFORMATION AND DECISION	
8.	<p>Update: Locality Clinical Director Post</p> <p>SA advised he has had formal approval to continue until the end of March 2019. WoG has expressed interest in the LCD post and if appointed he will come forward for a period of overlap Starting on 1st January when SA will support him as the Deputy. The LCD post was a 3 year term but at present due to changes within the CCG and Alliance working, a 12 month contract will be offered.</p> <p>With regard to the Deputy role this is up for replacement end of March 2019, and can be far more locality based so is an ideal opportunity for</p>	

	potential change and work in a slightly different way if that appeals to anyone. JAH will be the Election Officer for both posts and ensure the usual robust process is followed, however can Practice Leads please start discussions with their colleagues about stepping forward for either role.	JAH GPs
	FORWARD PLANNING	
9.	<p><u>Flu Imms</u> – tips / issues + stock management</p> <p>Planning for the next big take up is underway and has identified there is insufficient stock in practices due to national shortages, and complications around knowing which patients pharmacists have immunised.</p> <p>A discussion following around joint ordering of stock and a central body (perhaps PML) providing stock rotation and control to support better management of what is required, and to keep cost and wastage down.</p> <p>Ordering usually takes place in January so consideration is being given to next year now.</p> <p>It was confirmed that District nurses would cover all housebound patients, and notice of this came out in the bulletin today.</p> <p>Many practices advised they have not received any information from pharmacists on who has been immunised although figures are counted in the overall statistics. The uptake is still low with the over 65's at risk.</p>	
	<p>Local Community Services Group update:</p> <p>WO'G reported that Oxford Health Mental Health Worker to work in the integrated system pilot scheme with visits to a practice every fortnight. They would see a patient who has mental health issues and focus on people with physical disabilities.</p> <p>With neighbourhood working it sounds like they have capacity and can provide more support particularly in a GP practice.</p> <p>– carers would have a brief intervention to get them back on their feet to provide service at home.</p> <p>Suggestion to see 3 or 4 patients including the housebound.</p>	
	<p>Diabetes update:</p> <p>Still work to be done with the Oxfordshire Care Alliance,</p>	
	<p>Bicester Healthy New Town update:</p> <p>RR advised on a Montgomery House Surgery exercise where 28% of targeted diabetes patients attended a weight loss programme and there is another date in the diary for health walks.</p> <p>Practices were asked if they would be keen to do something - Alchester and Kidlington to link with Mandy Ward – diabetes lead : mandy.ward4@nhs.net .</p> <p>A 'Testing our careers' event will be held in Bicester, with stalls, to understand the different roles and careers in community care.</p>	

	<p>In Self-care week a flyer was circulated, and going forward with a programme in November encouraging people to go to their pharmacist to get help and advice on self-care.</p> <p>Encouraging people to engage in the programme - all the resources are free – the basic message is to go to a pharmacist and get advice.</p>	
	<p>Social Prescribing:</p> <p>RR updated the group re the recruitment of a Service Manager who should be in post mid-October. Banbury bus is getting WiFi installed which will provide mobile space for meeting people.</p> <p>A mapping exercise is being undertaken on all the different activities – lunch club etc mapped against the post code.</p> <p>The bus will travel out to rural practices if people cannot be seen in the practice.</p>	
	WHITE SPACE/ANY OTHER BUSINESS	
10.	<p><u>Older people strategy</u> – Clinical Engagement</p> <p>Send thoughts to Libby Furness, Head of Planning and Transformation libby.furness@oxfordshireccg.nhs.uk as this is an opportunity to do something. Frailty is about keeping people well and often influenced by housing infrastructure as an important factor. Older people's isolation is the top part of the triangle with lots of work done on the strategy. Feedback to Libby Furness who is involved with the Integrated Locality Team.</p> <p>AOB:</p> <p>Concerns expressed over suspension of vasectomy. The CCG is in discussion considering the process for decommissioning the service, but if a person is already on the list then they will receive treatment. View to working with other CCGs to follow guidelines and look at other CCGs commissioning decisions.</p> <p>Paper 7 JAH will circulate when ready. (Data felt not to be sufficiently robust to circulate so Q2 awaited).</p>	ALL
	ITEMS FOR INFORMATION	
11.	<p>Paper 5 – OCCG Board paper July 2018</p> <p>Paper 6 – Planned Care project updates</p> <p>Paper 7 – not sent out</p> <p>Paper 8a&b – GP Psychiatry Flyer + Programme</p> <p>Paper 9 – Self-care week for Pharmacists</p> <p>Date of next meeting:</p> <p>10 October 2018, 1-3pm at Littlebury Hotel, Bicester</p>	

Attendance: 12 September 2018

<i>Practice</i>	<i>Representative</i>	<i>Present / Apols</i>
Alchester Medical Group = Langford MP & Victoria House Surgery	Dr Damian Hannon (DH) Dr Toby Quartley (TQ) (jnt Chair) George Thomas (GT) Dr Raman Nijjer, (RN) LMC rep	Y Y N Y
Bicester Health Centre	Dr Tim Powell Paul Netherton, (PN) - P.Mgrs rep	Y Y
Gosford Hill Medical Centre	Dr Mark Wallace (MW) Sally Mackie (SM)	Y Y
Islip Medical Practice	Dr Matthew Elsdon (ME) Dr Julie Tranter Beverley Turner (BT)	N Y N
Kidlington, Exeter, Yarnton MP (KEYS)	Dr David Finnigan (DF) Dr Simon Tucker Kathryn Muddle (KM)	Y N N
Montgomery House Surgery	Dr Will O'Gorman (WO) Steve Sharpe (SS)	Y N
Woodstock Surgery	Dr Hassan Ali Dr Trevor Turner (TT) Dr Tanja Frankel (TF) Sue Kavanagh (SK)	N Y N N
Others:	Dr Stephen Attwood (SA) (jnt Chair) Dr Helen VanOss, (HVO) Public & Patient Forum Chair Rosie Rowe, (RR) Cherwell District Council Kiren Collison, (KC) OCCG Chair Julie Dandridge (JD) Locality Sponsor Julie-Anne Howe, (JAH) Locality Co-ordinator Catherine Mountford (CM) - OCCG Exec Team rep Sue Keating– Notes Laura Spurs (LS) PML Kirsten Prance (KP) Service Director LD Services OHFT Liz Williams Clinical Director, LD Services, OHFT Chris Walkling, OCCG Snr Comm Mgr – MH	Y Y Y Y A Y A Y Y Y Y Y Y Y

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