

**Notes of Meeting: North Oxfordshire Locality Group**

Tuesday 19 June 2018 1.30 – 3.30 pm

Practice	GP representative	Practice Manager
Banbury HC	Dr Marlett Smit	Apologies
Bloxham	Dr Cath Rose	Apologies
Chipping Norton HC	Apologies	Chris Bean
Cropredy	Dr Judith Wright	Andrea Kirtland
Deddington	Apologies	
Hightown	Dr Louise Cornwall	Di Stringer
Horsefair	Dr Nicki Gill Dr Louise Rayner	Fiona Edwards
Sibford	Dr David Spackman	
West Bar	Dr Stephen Haynes	Helen Murphy
Windrush	Dr Simon Bentley	
Woodlands	Dr Shishir Kumar	Deb Chronicle
Wychwood	Dr Katy Walsh	

Other attendees		
Public Forum	Anita Higham	
Cherwell DC	Apologies	
NOLG Clinical Directors	Dr Shelley Hayles	
OCCG	Diane Hedges, Jo Cogswell, Julie Dandridge, Fergus Campbell	
PML / NOxMed	Laura Spurs	

Chair: Di Stringer

		Action
1.	<b>Apologies &amp; Declarations of Interest</b> <b>i. Apologies:</b> Dr Neil Fisher, Dr Martyn Chambers, Dr David Nixon. Jane Carr (Cherwell DC), Sangeeta Bahl, Fiona Jefferies <b>ii. Update declarations of interest:</b> None declared. <b>iii. Anita Higham's role on OUHFT Council of Governors noted.</b> AH reported that she intends to stand again when her term of office ceases at the end of September.	
2.	<b>Locality Clinical Director introduction</b> No additional topics discussed.	
3.	<b>Social Prescribing workshop session</b> <b>i. Introduction to context and project plan</b> Pat Coomber-Wood (Citizens Advice) attended and gave a presentation about	

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	<p>social prescribing. She particularly noted that the service would be rolled out in waves from the autumn starting with a pilot practice. Issues arising from the discussion included:</p> <ul style="list-style-type: none"> <li>• NB Citizens Advice adviser in Horsefair and West Bar already. Plus good links to other vol.orgs.</li> <li>• important that community navigator appears part of the practice team</li> <li>• Need for effective communications with practice staff and patients.</li> <li>• Practices will be identifying people, but also self-referral route.</li> <li>• Draw on examples elsewhere in the country.</li> <li>• Keep the scope wide to ensure enough referrals</li> <li>• Important that community navigator appears part of team.</li> </ul> <p><b>ii. Discussion of questions in small groups</b></p> <p><b>What should the inclusion criteria be?</b></p> <ul style="list-style-type: none"> <li>• Clarify high-level mental health needs.</li> <li>• Have to be engaging with practice, using health services to be identified.</li> <li>• Engage proactively with carers</li> <li>• Frequent attenders</li> <li>• stable leg ulcer patients</li> </ul> <p><b>What would prompt a clinician to make a referral?</b></p> <ul style="list-style-type: none"> <li>• Simple referral route for GPs</li> <li>• Examples from Citizens Advice of services offered</li> <li>• Reminder on screen, READ code reminder</li> <li>• using health checks plus auditing non-attendeess</li> <li>• Leaflet as introduction</li> </ul> <p><b>Should all practice staff have Making Every Contact Count training?</b></p> <ul style="list-style-type: none"> <li>• Yes. Include receptionists and allied health professionals</li> </ul> <p><b>What should the success criteria be?</b></p> <ul style="list-style-type: none"> <li>• Measure patient feedback</li> <li>• Participation levels</li> </ul> <p>Pat Wood to work with the project group to develop the proposals further and will keep the locality involved and informed via FC.</p>	FC
4.	<p><b>Locality project updates:</b></p> <p><b>i. Integrated Front Door proposal – urgent care in North Oxfordshire:</b></p>	

	<p>Circulated data noted and briefly discussed</p> <p>Noted practices not listed as the focus was on cluster/locality level activity rather than practice-level variation.</p> <p>Suggested that we need data on the injury / illness balance in A&amp;E. West Bar audited 100 patients - most had some intervention.</p> <p>JD participating in a further workshop on Integrated Front Door shortly and will re-visit at future meetings.</p> <p><b>ii. Community Nursing including monitoring frail elderly at home:</b></p> <p>No update – to be included on future agenda. Instead SH gave a brief update on the <b>Coil fitting</b> project to share skills and resources across the locality:</p> <ul style="list-style-type: none"> <li>• suggest practices pair up seeing additional patients as Temporary Residents.</li> <li>• SH to check whether this approach could include implants</li> <li>• DC noted agreement via PML public health contract to share resources to meet timescales. SH to discuss further with LS.</li> </ul> <p><b>iii. Monitoring baseline primary care activity data:</b></p> <p>NF looking at primary care demand – currently very little data to support this and asked if members wish to share data to get baseline. No disagreement, but formal Data Sharing Agreement may need to go to practices. NF currently reviewing historic telephone data as an indication of demand.</p>	<p>JD</p> <p>SH</p> <p>SH</p> <p>NF</p>
<p>5.</p>	<p><b>NOLF public forum update:</b></p> <p>AH updated on recent activities and discussions:</p> <ul style="list-style-type: none"> <li>• steering group on 12 June – pleased that 8/12 practices represented. AH has met separately with Banbury Health Centre and Windrush PPGs.</li> <li>• new Vice Chair for the forum - Andy Anderson. This follows David Heyes' departure.</li> <li>• Banbury HC – AH noted lessening anxiety from patients. Patients at West Bar and Woodlands need contact about proposed changes (NB scheduled for 17 July).</li> <li>• Public meeting on 14 June re social prescribing. Major issue. Limited turn-out. NOLF keen to support practices with educating local people in accessing services.</li> <li>• Next public meeting planned for Chipping Norton on 25 September: possible focus on health and social care interconnectivity</li> </ul>	
<p>6.</p>	<p><b>Prescribing Incentive Scheme 2018-19:</b></p> <p>Some discussion of the scheme and the factors affecting practice budget achievement, including dispensing status.</p> <p>FC to seek data on previous achievement and e-mail practices to decide whether PIS budget element should be assessed at practice or locality level.</p>	<p>FC</p>

7.	<p><b>eRS and paper referrals switch-off</b> SH advised that should already be in place for most people and noted that paper referrals don't create an automatic audit trail so affect care quality. Queries arising included:</p> <ul style="list-style-type: none"> <li>• Does this include mental health referrals? FC submit for the FAQs list.</li> <li>• Do practice admin teams need to keep paper copies for 2-WW and MSK – only 1 practice reported doing this. SH can advise if needed.</li> <li>• ENT e-mail referral – is this an exception? FC submit for the FAQs list.</li> </ul>	<p><b>FC</b></p> <p><b>FC</b></p>
8.	<p><b>LIS 2018-19 sustainability action</b> Rural cluster holding local meeting about working at scale with an adviser recommended by NHS South Central Commissioning Support Unit.</p> <p>The proposed Banbury large primary care arrangement from 3 current practices will contribute to this working.</p> <p>AGREED: Q4 meeting to be covered by an extended 26 February 2019 locality meeting. FC to work with LS on arrangements.</p>	<p><b>FC/LS</b></p>
9.	<p><b>Information updates for noting</b></p> <p><b>i. Planned Care projects update</b></p> <ul style="list-style-type: none"> <li>• waiting room screens going ahead.</li> <li>• Ophthalmology waits. SH advised that while improved following Minor Eye Conditions Service implementation, currently some workforce challenges.</li> </ul> <p><b>ii. Health inequalities data</b> Circulated information noted</p> <p><b>iii. Update to Minor Ailments Scheme</b> Noted that not offered to patients who are deprived, but not in a high deprivation practice. FC to feed back.</p> <p><b>iv. Brief information items:</b> Noted without discussion</p>	
10.	<p><b>NOXMED business items:</b></p> <p><b>i. Oxfordshire Care Alliance (Joint venture)</b> working with Oxford Health Foundation Trust and feds on collaborative approach. OCA in shadow form. Several main areas of work:</p> <ul style="list-style-type: none"> <li>• Governance</li> <li>• Frailty pathway (Neil Fisher involved) Pilots planned which have regard to the emerging countywide approach.</li> <li>• Neighbourhoods work – led by Lucia Winrow.</li> </ul> <p><b>ii. Winter planning</b></p> <ul style="list-style-type: none"> <li>• Want to consider this in the summer. What do practices do between Xmas and NY to manage workload. Eg extend non-pre-bookable appointments period. Need more comments from practices to feed into A&amp;E delivery</li> </ul>	

	<p>board. CCG have put aside some funds for winter pressures.</p> <ul style="list-style-type: none"> <li>• Challenge of sustainability – difficult to staff hubs over Xmas/Easter period.</li> </ul> <p><b>iii. GPAF activity</b> Has dropped in May – some practices not using. Needs discussion at practice meetings.</p> <p><b>iv. Public health enhanced services</b></p> <ul style="list-style-type: none"> <li>• Questionnaire for OST – need to be able to provide feedback. PML have sent some out for comment but not had response</li> </ul> <p><b>v. Locality/cluster mental health practitioners</b></p> <ul style="list-style-type: none"> <li>• mental health social worker to come in post next Monday – NB different model from rural cluster.</li> <li>• PML meeting with CCG about KPIs. Vicky Spurs developing induction with DC and SHaynes.</li> <li>• Will link with existing rural cluster MH team</li> <li>• Locality will need to review after several months</li> </ul>	<p><b>PMs</b></p> <p><b>FC</b></p>
11.	<p><b>Notes of 15.05.18 North Locality Meeting:</b></p> <p>Notes agreed – no matters arising</p>	
12.	<p><b>AOB:</b> JD presented some slides on Banbury primary care changes, with a focus on the end to additional “Darzi” services at Banbury HC. JD noted the progress towards integrating 3 practices was slower than all parties wanted due to contract complexity. Working to merge by October 2018.</p> <p>AH queries communications to all patients. CCG will write to all BHC patients and will agree a single communication. Open meeting on 17 July for West Bar and Woodlands patients plus health open day in September to advise people.</p> <p>CCG will ensure press release when position confirmed.</p>	<p><b>JD</b></p> <p><b>JD</b></p>
13.	<p><b>Key issues to take back for action or info to:</b></p> <ul style="list-style-type: none"> <li>• Prescribing Incentive Scheme</li> <li>• Hub use and winter planning</li> </ul>	<p><b>All</b></p>

#### Dates of scheduled NOLG Meetings (all Tuesdays)

Date	Time	Venue
21 Aug 2018	13:30 – 15:30	South Bar House
18 Sept 2018	13:30 – 15:30	South Bar House
16 Oct 2018	13:30 – 15:30	South Bar House
20 Nov 2018	13:30 – 15:30	South Bar House

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18 Dec 2018	13:30 – 15:30	South Bar House
15 Jan 2019	13:30 – 15:30	South Bar House
<b>26 Feb 2019</b>	<b>* 13:30 – 1700 *</b>	<b>South Bar House</b>
19 March 2019	13:30 – 15:30	South Bar House

Sandwich lunch available from 1.15pm for each meeting

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