

North Oxfordshire Locality Group
Notes of Meeting: Tuesday 19 December 2017

Practice	GP representative	Practice Manager
Banbury HC	Dr Marlett Smit	Sangeeta Bahl
Bloxham	Dr Cath Rose	Fiona Jefferies
Chipping Norton HC	Apologies	Chris Bean
Cropredy	Dr Judith Wright	Andrea Kirtland
Deddington	Dr Martyn Chambers	
Hightown	Dr Louise Cornwall	Di Stringer
Horsefair	Apologies	Apologies
Sibford	Dr David Spackman	
West Bar	Dr Stephen Haynes	Helen Murphy
Windrush	Dr Debra Wignell	
Woodlands		Apologies
Wychwood	Dr David Nixon	

Other attendees		
Public Forum	Anita Higham	
Cherwell DC		
NOLG Clinical Directors	Dr Paul Park	
OCCG	Diane Hedges, Julie Dandridge, Fergus Campbell	
PML / NOxMed	Laura Spurs	

Chair: Dr Paul Park

		Actions
1.	Apologies & Declarations of Interest <ul style="list-style-type: none"> i. Welcome Diane Hedges, OCCG Dep. CEO. ii. Apologies: Dr Neil Fisher, Deb Chronicle, Shelley Hayles, Fiona Edwards, Dr Tim Holt. Paul Park took the chair in Deb's absence. iii. Update declarations of interest – no new declarations iv. Anita Higham's role on OUHFT Council of Governors noted. 	
2.	Locality Clinical Director's Report <ul style="list-style-type: none"> i. OCCG Board 30 November 2017 No briefing yet available. Noted that 2018-19 funding would be challenging as 2% increase would not cover anticipated growth ii. CQC Local System Review November 2017 Circulated update noted, and likely need for response from the Health & Wellbeing Board when the actual report is available. iii. Social prescribing update 	

Continued over

	<p>Confirmed that Banbury CAB had submitted a bid in partnership with Cherwell DC, West Oxfordshire DC and OCCG (North, NE and West localities). Outcome expected in January – FC to keep NOLG updated. Following that there would be further discussion of implementation.</p> <p>iv. Other OCCG issues</p> <p>Leadership changes reviewed:</p> <ul style="list-style-type: none"> • Dr Kiren Collison now OCCG Clinical Chair – her letter to practices noted • Lou Patten OCCG Interim Chief Executive from January 2018 – anticipated to be 12 months in post • Fiona Wise, BOB STP Executive Lead. More time allocated to this post, acknowledged this may lead to greater joint initiatives across the 3 separate health systems. 	FC
3.	<p>Locality Place-based Plan</p> <p>i. Review patient engagement feedback</p> <p>NOLG noted the engagement outcomes highlighted in Appendix 3 of the draft locality plan and the summary of themes from the 14 November meeting circulated as a paper for the meeting.</p> <p>ii. Comments on draft plan and implementation</p> <p>JD advised that OCCG is developing mobilisation plans for the majority of the services:</p> <ul style="list-style-type: none"> • Visiting Service in place already – some improvements planned • social prescribing – waiting for bid outcome • Pharmacists in practice – will put proposal to locality in January. Likely to be funding to support practices to advertise, plus fund practices who have already implemented to share expertise. • New care and nursing home service specification to be discussed at January NOLG. AH queried whether the information about doctor and care home links was publicly available. Advised that patients could enquire of homes or practices. • Mental health workers – JD advised that the £600K is non-recurrent money but looking at other sources to provide longer-term sustainability (inc MH 5 year view). Will come back to locality with the options. Noted doesn't include CAMHS, but other work going on to address the issues with that service. • Reminder that the rural high-need patients proposal had not been prioritised for funding. Noted that the frailty project developing countywide – countywide clinical workshop to be the next step, a representative of the rural cluster will be invited 	<p>.</p> <p>JD/PP</p> <p>FC</p> <p>JD</p>
4.	<p>Banbury Health Centre – future options</p> <p>JD advised that the circulated paper has been marked as confidential because some options not yet in the public domain. NOLG discussed the options for the three components of the current Banbury Health Centre service separately.</p>	

<p>i. GMS services</p> <p>Option C –AGREED that no practice present wished to run Banbury Health Centre as a branch surgery. FC to e-mail Woodlands and Horsefair to check their views.</p> <p>Option D – could any practice absorb 6,000 dispersed patients (ie over c 3 month transition)? Windrush could take some but much less than 50%. JD to ensure that consultation document shows proportion of BHC patients who live within the Banbury conurbation. (FC note - NHS Digital data shows this was 90% at 1.10.17).</p> <p>ii. Non-registered</p> <p>NOLG felt the analysis of activity from 2014 was not suitable for a consultation in 2017. Noted practice could supply 6 months data from their new data system (implemented Feb 2017). Discussion of options included:</p> <ul style="list-style-type: none"> • primary care streaming. DH confirmed that NHS E will require a streaming service at Horton A&E. So will need to find a solution. • Discussion about the priority of service to meet the needs of the 8% activity for unregistered patients as lists open in the other practices. PP advised that a proportion of the 8% are vulnerable or homeless. • HOSC have concern about whether new service options would meet the needs of the deprived population n Banbury. <p>iii. Extended access appointments</p> <ul style="list-style-type: none"> • Note developments in services since BHC set up eg Extended hours DES and GPAF. • Agreed that very little need for Sunday appointments. Use by BHC patients for family planning noted. • DH advised that she expected any money released by service changes to be invested in locality services. • JD advised that GPAF will require minimum 3hrs (eg 0900-1200) on a Sunday. • PP note contrast with GPAF which doesn't handle routine needs, and has 40/50% utilisation. • LC concern that additional outlets eg GP streaming fragment the consistency of care and approach provided by GP practices for example re antibiotic prescribing. • concern about taking elements of pressurised Banbury primary care and putting them into secondary care A&E. • MC noted that excess use of A&E at Horton effectively keeps resources from primary care. So, worth investing resources to get patients to change pattern of attendance and ensure that funding follows through to primary care. DH noted that GP streaming is proposed as a method to address this. <p>Next steps</p>	<p>FC</p> <p>JD</p> <p>JD/SB</p>
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	<ul style="list-style-type: none"> • Consultation planned with public from early January 2018. This will include public meetings on 17 January and 8 February 2018 in Banbury Town Hall. • NOLG will have the opportunity to comment on its preferred options in January 2018. <p>Banbury population growth</p> <p>DH initiated a supplementary discussion of population expansion to confirm whether NOLG still felt that population growth associated with house building was best met by existing practices, or by commissioning a new practice:</p> <ul style="list-style-type: none"> • Hightown to Longford Park – subject to land and recruitment. If successful will absorb several thousand new patients. • NOLG noted the difference between steady population growth from housebuilding vs a dispersal of 6,000 patients in a short timescale. LC noted that all practices continue to struggle to meet growing need. • SH believes a larger primary care entity will have a better capability to take on the expected growth than a new small practice • Confirmed that NOLG does not believe at this time that procuring an additional practice would be the solution to the growing population. • FC to ensure proposals clearly articulated and checked with NOLG, and then shared more widely. 	<p>JD</p> <p>FC</p> <p>FC</p>
5.	<p>Update from Public & Patient Forum</p> <p>AH reported on the most recent NOLF Steering Group meeting 15 December 2017 (Reduced attendance at as delayed due to weather). Discussions included:</p> <ul style="list-style-type: none"> • Suggest more communication to patients about PPGs. • Looked at locality plan – telephones to Horsefair – new lines noted. • AH keen to visit more practices – FC contacting relevant PMs. • Infant mortality – NOLF want to monitor stats including any Horton impact. DH to check sufficiency of midwife staffing. • Plan public meetings in Banbury June 2018 and Chipping Norton Sept 2018 to review progress on the locality plan. • Intend to invite Victoria Prentis MP or a member of her staff to a future steering group meeting 	<p>AH/FC</p> <p>DH</p> <p>AH</p>
6.	<p>Prescribing Incentive Scheme 2017-18 Q2</p> <p>Ross Burton introduced the Prescribing Incentive Scheme slides:</p> <ul style="list-style-type: none"> • Practices to note resources including availability of dietician to support with sip feeds and baby milk. • Noted issue of price changes not feeding through to EMIS and ScriptSwitch. • PP queried detail on charts eg ScriptSwitch eg actual vs predicted. • RB noted issue of rising drug prices. 	<p>PMs</p>

	<ul style="list-style-type: none"> FC to send over-the-counter prescribing poster link to practices (available from the Prescribing Incentive Scheme web page) 	FC
7.	Information updates for noting i. Planned care projects update Noted without additional discussion ii. MSK progress update Noted. CB reported very little physio activity at Chipping Norton. Only 4-5 patients observed per day. iii. Brief information updates Noted without additional discussion	
8.	Notes of 21.11.17 & matters arising Agreed as an accurate record Matters arising - primary care bereavement service closure. MC to check with Steve Cooke at Horsefair on his recent contact with the former employees.	
9.	AOB Warwick maternity and patient notes – confirmed that this was still an issue	
10.	Key issues to take back to practices <ul style="list-style-type: none"> Banbury Health Centre options - OK to share the paper at (eg) a partners meeting but should be noted as confidential discuss assumption about absorbing projected population growth esp. Banbury . 	All

Dates of scheduled NOLG Meetings (all Tuesdays)

Date	Time	Venue
16 Jan 2018	1330-1530	South Bar House
20 Feb 2018	1330-1530	South Bar House
20 Mar 2018	1330-1530	South Bar House

Items anticipated on the January 2018 agenda:

- Care & nursing home Locally Commissioned Service – proposed changes
 - Specialist Continence Prescribing Service
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