NHS
Oxfordshire Clinical Commissioning Group

Notes of Meeting: North Oxfordshire Locality Group

Tuesday 16 January 2018 1.30 – 3.30 pm

Practice	**GP representative**	**Practice Manager**
Banbury HC	Dr Liz Dawson	Sangeeta Bahl
Bloxham	Dr Cath Rose	Fiona Jefferies
Chipping Norton HC	Dr Neil Fisher	Chris Bean
Cropredy	Dr Judith Wright	Andrea Kirtland
Deddington	Dr Martyn Chambers	
Hightown	Dr Louise Cornwall	Di Stringer
Horsefair	Dr Tim Holt	
Sibford	Apologies	
West Bar	Dr Stephen Haynes	Helen Murphy
Windrush	Dr Kiran Kommu	
Woodlands	Dr Shishir Kumar	Deb Chronicle
Wychwood	Dr David Nixon	

Other attendees		
Public Forum	Anita Higham	Chris Ringwood
Cherwell DC	Ian Davies	
NOLG Clinical Directors	Dr Paul Park	Dr Shelley Hayles
OCCG	Dr Kiren Collison, Lou Patten (CEO), Roger Dickinson (Lay Vice-chair) Julie Dandridge, Fergus Campbell	
PML / NOxMed	Laura Spurs	

Chair: Deb Chronicle

		Action
1.	**Apologies & Declarations of Interest** i. Apologies: Dr David Spackman, Dr Marlett Smit ii. Update declarations of interest: iii. Anita Higham's role on OUHFT Council of Governors noted.	
2.	**OCCG Clinical Chair and Interim Chief Exec** Dr Kiren Collison (Clinical Chair – 3 days per week) and Lou Patten (Interim CEO – 4 days per week) introduced themselves and highlighted the following questions: • Are locality meetings effective? • Do we work closely enough with the federation? • Which organisations or individuals should we involve for more insight? Comments arising in the discussion included: • While improved, key concerns discussed repeatedly at NOLG over the years, not always a CCG response or progress with the issue	

Continued over

	• Recent progress on some planned care issues noted
	• Feedback to locality and practices better but could improve.
	• AH felt OCCG should ask public views first when formulating options and noted that Banbury is very different from rest of Oxfordshire, and this does not always appear to be seen or understood by organisations.
	• LP noted that Accountable Care Systems had a basis in understanding the needs of the local population and looking towards the long term.
	• PP advised that OCCG and locality meetings are intended to ensure wide knowledge of patient population. He noted the challenges of multiple conflicts of interest.
	• GPs not necessarily commissioners by choice. Very different role from clinical care with different skills needed.
	• Commissioners have responsibility for services and populations. National vanguards embracing GP providers and collaboration under broad-based outcomes.
	• Locality and federation discussion of potential for more joint working:
	  ○ Avoid repetition & get key people in one room.
	  ○ Noted commissioning meetings different from federation meetings. PP suggested meetings still in 2 parts with OCCG rep at NOXMED. NF invited OCCG to attend NOXMED.
	  ○ Frustration about short-term funding creating difficulty recruiting. Suggest fewer projects with bigger impact.
	Please send any further comments to Kiren.Collison@oxfordshireccg.nhs.uk.
		All

3.	**Locality Clinical Director's Report** **i. Hospital performance** Slide presented – OUH worse than neighbours and national average. FC to circulate. MC noted that the totals mask variation between specialties from excellent to very poor. **ii. Mentoring district nurses in prescribing** Reminder of opportunity more details available at this link. NF advised it required a lot of work, but designed to provide longer term benefit for locality through increased DN prescribing. **iii. GP Update reminder** Please book for the free GP Update courses including Working at Scale. **iv. Leadership changes** • PP confirmed his resignation as Locality Clinical Director after 6 years • FC set out the election process and timetable. He will send practices full details and seek a GP and practice manager for the assessment panel.	FC GPs All FC
4.	**Locality Place-based Plan implementation** **i. Confirmation of funding for locality**	

	Recurrent funding noted. **ii. Clincial pharmacists in practice and mental health workers – options for implementation** • PP quite different from original locality plan request (to build network based on existing pharmacists. Challenges of getting maximum impact from restricted, non-recurrent funding. • Noted that practices were in different positions in relation to previous development of pharmacist and mental health roles within practices. • Suggestions aired included: o mental health workers as hub o focus resource on low volume high importance work eg polypharmacy o use for training up existing pharmacists as prescribers • JD noted the aim was to provide more support and sustainability to practices therefore can't fund existing workers. There could be flexibility in the proportion of the funding allocated to pharmacists and mental health respectively, within the locality allocation. • LS to work with NOXMED (meeting following NOLG) to develop and circulate to practices a proposal showing options for pharmacist and mental health practitioners **iii. Population growth – confirm NOLG view** FC noted that the circulated statement merely aimed to confirm the discussion at previous NOLG. Issues and queries arising: • Concern whether rural cluster population growth understated - FC to re-check data (annual update just received) and extend to 2031. • Noted that housing plan allocations (other than extra care) generally do not indicate the anticipated age band of residents, but that Oxfordshire County Council plan to release updated demographic projections shortly. • JD suggest options appraisal into estates strategy. • MC noted that practice boundary issues and transport links can be strong factors in deciding on options (esp. Heyford Park). • LP suggest NOLH annually review population and infrastructure with local planners to create a pipeline of primary care bids. • S Haynes glad the CCG taking responsibility for this (from April 2016). • Circulated statement confirmed subject to comments above **iv. Proactive Medical Support in care homes** Zoe Kaveney attended for this item and noted that OCCG had made changes to get wider coverage of this high need cohort of patients. Confirmed that the scheme may be available to extra care housing by agreement in addition to conventional care and nursing homes. • When approved OCCG will offer the revised scheme to practices.	LS FC ZK

	• S Haynes welcomed the changes, looks much more feasible. • PP noted federation can discuss whether they wish to offer this service.	LS
5.	**Update from Public & Patient Forum** AH highlighted the following issues: • Planning session to brief PPGs on NHS Thames Valley 111 integrated care arrangements. • concern among local people that OCCG may have underestimated future population growth. • Concern for people across the county border using local primary care and hospitals. • Forum should monitor quality of MLU at Horton. Concern about level of provision. KC noted that monitored closely as a high priority. • Concern about quality of mental health provision (esp. CAMHS). FC to arrange as future agenda item for NOLG (MC proposed) • Noted that the CCG 360° survey (via Ipsos MORI) is underway and will be published. • JD noted that the national GP access survey is underway	FC
6.	**Banbury primary care issues** **i. Banbury Health Centre end of contract – update and proposals for revised approach** JD and LP gave a verbal update on future plans for Banbury Health Centre services – no paper circulated. • Aim to deliver GMS services for 6,000 practice list from Banbury Health Centre building, working with PML. • Suggest put "Darzi appointments" into out of hours at Horton working with OH , available to all NOLG. This would be an interim proposal while work on shared vision for urgent treatment centre / Primary care stream in ED at Horton is developed. • Monitor actual activity while developing long term vision. • Note the 7 day use of primary care services is standard by BHC patients. • KC note need to combine services to reduce duplication and potential to share back office functions elsewhere. • FC to forward to GPs the OCCG stakeholders statement. • JD noted that other discussion should remain confidential at this time. **ii. Banbury practice list moratorium** • JD highlighted her paper and especially that Banbury Health Centre patients will need an option to move as part of future changes for the practice. • Noted that the proposal for funding eg 5 quarters, but need to link to local	FC

	area issues as a temporary question.
	• Further options proposed from discussion:
	  ○ Practice(s) informally close list in line with NHS England guidance. NB note this is limited to 3 months
	  ○ Extend moratorium (strong preference for Banbury practices) and give non-Banbury practices (Deddington) option of joining due to overlap in practice boundaries.
	  ○ collective agreement following national guidance which allows practices to inform patients about their options. Ideally need to estimate the size of the potential demand to change practice.
	• JD to develop a fresh proposal to put to practices including route for affected practices to agree between themselves how they wish to manage patient transfers.
		JD

7.	**Information updates for noting**
	i. Planned care projects update
	• Shelley reminded practices to check GP Bulletin for developments and particularly highlighted neurology clinic for headaches at Horton.
	• Pathology – SH asked for NOLG views on service proposals:
	  ○ For urine metanephrines and 5-HIAA, OUH have shown that spot urines give comparable information so they will stop doing 24 hour tests from February. Agreed as reasonable.
	  ○ It was also proposed to suppress potassium results in 2 circumstances:
	  1. Haemolysis
	  2. Potassium-EDTA contamination
	  ○ GPs can request the K+ specifically on the form and the lab will alert the GP if the test is not possible.
	  ○ Agreed as reasonable.
	• MSK – Bulletin update noted. Queries:
	  ○ quick triage good and admin but slow wait for clinical stage eg orthopaedic clinics. Shelley to take back to contract meeting.
	  ○ timeframe for contacting patients and what is patient phone number for following up. FC to advise practices
	ii. Oxfordshire Transformation programme
	Paper noted and that subsequently the Secretary of State had referred the closure of consultant-led maternity services to the Independent Reconfiguration Panel.
	iii. OCCG Board 30 November 2017
	Noted without further discussion.
	iv. **Brief information items**
	Noted without further discussion.
		All
		SH
		SH
		FC

8.	**Notes of 19.12.17 & matters arising** • Agreed as an accurate record. • No matters arising discussed.	
9.	**AOB** None discussed	
10.	**Key issues to take back to practices** i. Sign up for revised nursing home scheme when confirmed ii. Advise GP colleagues about LCD vacancy iii. NOXMED to discuss MH / pharmacist straight after meeting and advise practices.	All

Items anticipated on the 20 February 2018 NOLG agenda:

- Specialist Continence Prescribing Service
- Report from CQC local system review (November 2017)
- Changes to Smoking Cessation service

Dates of scheduled NOLG Meetings (all Tuesdays)

Date	Time	Venue
20 Feb 2018	1330-1530	South Bar House
20 Mar 2018	1330-1530	South Bar House
17 April 2018	1330-1530	South Bar House
15 May 2018	1330-1530	South Bar House
19 June 2018	1330-1530	South Bar House
17 July 2018	1330-1530	South Bar House
21 Aug 2018	1330-1530	South Bar House
18 Sept 2018	1330-1530	South Bar House
16 Oct 2018	1330-1530	South Bar House
20 Nov 2018	1330-1530	South Bar House
18 Dec 2018	1330-1530	South Bar House
15 Jan 2019	1330-1530	South Bar House
26 Feb 2019	1330-1530	South Bar House
19 March 2019	1330-1530	South Bar House

Sandwich lunch available from 1.15pm for each meeting