Oxfordshire
Clinical Commissioning Group

MINUTES:DRAFT

TITLE: Locality Commissioning meeting - Oxford City **Paper 2**

Held on:19 April2018; 1-3pm at Jubilee House

Present: see attendance list at end

		Action
1	**Welcome, Apologies, Introductions + Declarations of Interest** See attending list at end of notes. Apologies: Heidi Devenish, Dr Andrew Collins, Dr Matthew Easdale DOI – nothing declared.	
2	**Long Term Conditions – Dr Amar Latif** Dr Latif, Clinical Lead, LTC, and Karen Kearley, OCCG gave a presentation stating that this was an ambitious project but would result in improving quality of care for patients. Karen stated that end of life care state continue for a number of years. The respiratory project is a joint working pilot between OCCG and Boehringer Ingelheim, who will only have their logo on the final report. Approximately 20% of the population have undiagnosed COPD. Emergency re-admissions are a big outlier and all activity is rising. These people are managed wholly in primary care and 54% are known to the community specialist team or seen in OPD. Improved recognition and care for patients at end of life is important. The pilot scheme is scheduled to run for 18 months and will reduce emergency respiratory admissions overall and estimated project savings of over £2m. Go live will start in the West Locality on 1 June 2018 with SE and SW localities going live in September, by December the whole of the county will go live. NE will go live on 1 December 2018. Discharge summary/governance and IT issues are being worked through. Dr Latif also gave a presentation on the Long Term Conditions under Locally Commissioned Services. The key difference is the addition of Respiratory MDTs with a sliding scale for achievement of targets.	

	The LCS element for year of care has a fixed payment of £600 per practice with an additional £1.50 per registered diabetic patient to cover the cost of posting letters. Diabetes MDTs is the same as last year and the review meetings are being planned. The dates given are at short notice and they are a logistical nightmare to set up. Submit improvement plans by 1 December 2018 for type 2 patients only. Note there is a national guideline change regarding fasting, the range was 6-6.9 and is now 5.5-6.9	
3.	**A proposal for future locality working – Dr Kiren Collison** Kiren reported that she had very productive meetings with all the Locality Groups around changes in the NHS and to explain a potential way forward. Positive themes: • Good meetings re updates • Input with primary care local plans • Clinical and Managerial Leads very good • Benefits of working with Federations Negative themes: • People felt centrally driven • Talked at a lot • Not Commissioners • Full agenda – no time for discussion • No feedback loop Context: • Since Localities were set up there has been lots of changes within the CCG • CCG now has delegated primary care commissioning • GP's working in different ways in Practices/ Federations/ LMC/Hubs and Out of Hours • GP streaming • Practice model changing • Skill mixing with lots of change Nationally: • GP's engaged in commissioning • More ground up approach • Nationally driven • Working better together • Centrally driven countywide How to have more productive meetings: • Streamline the agenda • Focus on important issues	

- Prioritise
- Papers for information and must reads
- Open up time at least 1 hour for discussion and invite other people to join e.g. social prescribing with Voluntary groups and Councils

Kiren was keen to hear thoughts to find a balance and a way forward. She asked how many people had filled out the survey which had been circulated? She wanted to find out how to energise GPs so they would want to be involved, and stated that some Localities do not ask questions. Choose topics to discuss, including the presence of providers in the room to deepen discussions.
Meetings were a fine balance – with a need to free up time – which may mean no time for something else.
It could include a Provider level – commissioner role is still vital as OCCG / practices hold budget responsibility for health and wellbeing of patients.

She questioned the usual reactive stance – noting we are not as good at planning for the future – for example: what to do with Locally Commissioned Services and what conflicts of interest would joint working expose.

LL

- Use of "poll" everywhere" (or similar) software
- People can 'vote' on line using a smartphone (via app or website), tablet or laptop connected to internet – and it is possible to vote by text
- Free software for up to 40 respondents – for larger audiences there is a licence fee to pay
- Polls can be set up in various different formats and results seen live on the presenters screen/via powerpoint
- Can gauge the opinions of the silent majority very easily
- Can be used to collect anonymous responses
- Size of room – limits

DC

- Use of texting which can be projected during meetings for thoughts
- Discuss commissioning regardless of money is difficult
- Federations part in meetings– more provider led
- 48 hours notice on Winter Pressures funding – on agenda – no more money
- Highlight issues – good use of white space time
- Problem – CCG conflict of interest
- Balance is wrong
- GPs realise they are not deciding, but provide a broad steer to OPCCOG or OPCCC
- Voting areas are in the Constitution – can vote out CEO, can vote on the clinical lead who will sit on the board, can give a vote of no confidence.

	EC • Patient representatives feel cut out and isolated • Bring in patients linked to discussions on topic areas KK • GP's in case discussions on mental health problems – need to have protected time • Listen to what is said – can feed into discussions • 4 patients on breathlessness attended inception of respiratory project – need to feedback SW • the city voice is strongly heard at CCG Board level from City LCD AW • Interaction – lot of experience to draw on • Winter pressures AV • Ask questions – how to do X Y Z before the meeting • More White space • Pre ask questions to LCD PR • Fully delegated co-commissioning responsible for the money • Block payment • Locally commissioned service - CCG and LMC not off the ground early this year – not productive meetings as process not right (resolved now) • No dialogue – government Dialogue about direction of travel • Place Based Plans at 50+ pages Kiren • Locality to decide what to do to make these meetings as productive as possible	
4	**Minutes of the Meeting held on**: 8 March 2018 here. No update needed. The minutes were accepted as a correct record.	
5	**Patient Participation Group Forum** EC reported that the planned event for 15 May 2018 1-4pm, West Oxford Community Centre, is on The Changing Face of General Practice, with various organisations attending, and would benefit from more delegates. JAH to send programme to practices to forward to their PPGs. 4-9 June 2018 is PPG Awareness Week–please let JAH know what you are planning in your PPG, so that she can publicise the event. New data protection laws (GDPR) coming in on 25 May 2018, the PPG would like support and guidance in the form of words when sending out information. SW to pick this up.	**JAH /ALL** **ALL / JAH**

	Action: SW to collate guidance and report back to EC. Roadshows on GDPR– PR stated LMC had attended an event in Bicester organised by CSU which had gone very well. Data Protection Officer – PR raised that the requirements were quite stringent and the person needed to be independent of the practice. This may be a role for OCCG or the Federation? LMC suggested Federations could step into the role.	**SW/EC**
6	**Monthly update from Locality Clinical Director** DC raised that CAMH's service was not working very well at present. Waits are at 3 months. If you need to put in a referral they will not be seen unless they have urgent mental health problems. Practices to please feed any issues arising via datix, as AV sits on the group. 2018/18 Primary Care LIS – is out and can be seen here. 2018/19 - New prescribing scheme was now published – and was back to a simpler version this year. Budget information to follow. 2017/18 PIS achievement information not yet to hand. Paper 10 - Primary care carers support service is now available. Paper 9 – 2018 JSNA now public. Paper 11 – destruction of records following digitalisation – feed views to JAH. **ADHD** – this service has stopped seeing patients in the City with referrals being placed on a waiting list which is currently running at 3 months. – OCCG and OH are looking at what they can do – currently in breach of their contract. New guidelines and update on protocol (tabled), which have been developed by APCO and includes NICE guidelines. DC stated that the cost of providing the ADHD service was not easy to define as it is part of a block contract. Hence funding can't be withdrawn to cover practice's spend. Need to make sure that Universities inform new students that medication they are on in their original country might not be funded under NHS and not necessarily immediately so they need to have a mechanism for getting supplies from home. It is also noted that some of these drugs are diverted for sale. More details will be forthcoming. Please note: GP Bulletin this week has information on practice training.	
7	**OxFed – Practice Update:** LB reported that the Federation had launched a major new service this month (the Primary Care Visiting Service) and also further developed the 7-day GP Access Service, so that there is fair and equitable access - which will include having clinics in every neighbourhood. See PCVS below.	

	Four Clinical Pharmacists are now in post and are employed by OxFed.	
8	**Primary Care Visiting Service** Dr Shamim Rahman, GP Clinical Lead has just been appointed to OxFed and he gave a presentation on the Primary Care Visiting Service (PCVS). The service launched on Tuesday 3 April 2018 and runs Mon-Fri from 9:30am to 4pm. Patient visit requests are triaged by a doctor at their surgery who can then book a visit slot via EMIS. The service is staffed by enthusiastic and experienced paramedics who will carry out an assessment and will either make a decision or refer to a duty clinician. The service is more suitable for acutely unwell patients rather than routine reviews. GP triages patient and puts documents in the notes; the paramedic then needs to discuss with a clinician from the referring practice so it is important that the surgery has supplied a valid emergency contact number and that reception staff are aware of the service. The initial roll out phase has 3 zones based on post codes, OX1 & 2, OX3 and OX4, with five visit slots which will increase over time. GP's to complete referral templates which will be available soon. Feedback from practices: • Need equality as a whole for all the practices • A valuable resource • Doctors – positive impact on their working day – able to manage workflow • Fantastic – really good service • Would make sense to have AAU service • Evaluation/clinical outcomes • Patient views/satisfaction • Appraisal service • Some patients upset not seeing their own doctor • Summertown, OX2 slots always full • Can slots be used at other sides of town • Email Practice Manager about available slots Travel time can be problematic - it can take paramedics extra time to get to other areas of town. Advice is - follow the guidance in booking slots. Emails are used to give regular updates from the service. DC thanked Dr Rahman for his presentation and remarked how much he had already achieved in such a short time of joining OxFed.	

	ITEMS REQUIRING CLINICAL FEEDBACK	
9	Items are covered above.	
	REQUIRING CLINICAL DECISION	
10	No items.	
	UPDATE & OPPORTUNITY FOR DISCUSSION	
11	**City PCP meetings approach 2018/19** AV suggested for this year it may be more effective focussing on respiratory at the PCP meetings as a way of supporting patients better and making best use of primary care. KK has undertaken a respiratory pilot, outcomes of which could be used in the meetings. Contained in the packs would be care of patients in the community with respiratory problems and difficult cases discussed. It was agreed that this would be the best approach for these meetings. Views sought as to whether to have one bigger wider meeting or have two meetings – email JAH with views.	**All**
	FORWARD PLANNING	
12	**Oxfordshire electronic Referral system (eRS) – paper turnoff alert:** This is a national requirement that all GP referrals to consultant led first outpatient appointments must be made via the NHS e-Referral System. Paper here. Practices to note this change and prepare for the transition. From 1 July 2018 all referrals to be made by eRS and a switch off date for non eRS referrals will be made on 1 August 2018. DC is the Clinical Lead for the CCG and any feedback to go via JAH. Note Clinics where patients need to be seen within 48 hours will not be included PR reported on the national guidance around private providers referring into NHS clinics– DC to discuss with PR and feedback.	**DC/PR**
13	**MSK Assessment Triage and Treatment (MATT) update:** Refer to next meeting – JAH to add to agenda for May meeting.	**JAH**
	WHITE SPACE/AOB	
	JAH reminded everyone that the next meeting would be held at **Unipart Conference Centre** and not Jubilee House as the conference rooms were not available.	**All to note**
	FOR INFORMATION – City papers: Paper 6 – OCCG Board Briefing Paper 7 – OPCCC briefing - March	

	Paper 8 – Planned Care Project Update Paper 9 – 2018 JSNA now public – note embedded file Paper 10 – Primary Care Carers Support Paper 11 – Digitalisation of patient records update	
	Date of Next Meetings:	

Meeting + Planned Items	**Date**	**Time**	**Venue**
Locality group meeting	10.5.18	1-3pm	Unipart Conference Centre
Locality group meeting	14.6.18	1-3pm	Unipart Conference Centre
Locality group meeting	12.7.18	1-3pm	Jubilee House
Locality group meeting	9.8.18	1-3pm	Jubilee House
Locality group meeting	13.9.18	1-3pm	Unipart Conference Centre
Locality group meeting	11.10.18	1-3pm	Jubilee House
Locality group meeting	8.11.18	1-3pm	Jubilee House
Locality group meeting	13.12.18	1-3pm	Jubilee House

Attendees:19.04.18

Practice	**Lead/ Clinician**	**Practice manager**
Banbury Road	Dr Cathy McDonnell	Julie Butler
Bartlemas Surgery (EOHC)	Dr Anthony Fleischman	Julie Eley
Botley MC	Dr Aintzane Ballestero	Caroline Jones
Cowley Rd, was EOHC	Dr Alana Fawcett	Dr Andreas Kyrris
Donnington MP	Dr Sharon Dixon	Alan Mordue
Hedena Health	Apols	
Hollow Way MC	Dr Louise Bradbury Dr David Chapman	
Jericho - Dr Leaver &Prts	Dr Laurence Leaver	Jackie Hannam
King Edward St.		Matthew Bramall
The Leys HC	Dr Bridget Greer	
Luther Street		
Manor Surgery	Dr Gareth Jones	
Observatory Medical Practice	Dr. Karen Walker	Jon Frank
South Oxford HC	Dr Nick Wooding	
St Bartholomews MC	Dr Alison Fairley	Sukhveer Saini
St Clements	Dr Ishanthi Bratby	Wei Wei Mao
Summertown HC	Dr Siobhan Becker	
Temple Cowley	Dr Andrew Wilson	David Evans
19 Beaumont Street	Dr Chris Kenyon	Matthew Lawrence
27 Beaumont street	Dr Catherine Benson	Elizabeth Baldock
28 Beaumont street	apols	Julie Batchelor
GP Deputy Leads	Dr Karen Kearley Dr Merlin Dunlop Dr Andy Valentine	
PPG Forum member	Elaine Cohen	
OxFed	Louise Bradbury, Dr Shamim Rahman	
City Locality Sponsor	Sharon Barrington	
Speakers	Dr Amar Latif	
In attendance: Julie-Anne Howe, (JAH) Sue Keating (Notes)		