




MINUTES: Draft V2
TITLE: South East Oxfordshire Locality Executive Meeting
Held on: 5th December 2017
Venue: Hampden House, Chalgrove
Chairing practice: The Bell

Present:	Practice	Representative
	The Bell Surgery	Dr Chris Langley, GP
	Chalgrove and Watlington surgeries	Dr Angus Gregory, GP Carole Montague, PM
	Goring and Woodcote Medical Practice	Dr Angela Rowe GP Julia Beasley
	The Hart Surgery	Dr Philip Unwin, GP Sarah Moberly PM
	Mill Stream Surgery	Dr Lucy Jenkins, GP Sarah Denton PM
	Morland House Surgery	Dr David Copping, GP Nollag McGrath, PM
	Nettlebed Surgery	Dr Lisa Silver, GP
	The Rycote Practice	Dr Dan Faller, GP Karl Savage, PM
	Sonning Common Health Centre	Dr Ralph Drury, GP Andréa Tsoi, PM
	Wallingford Medical Practice	Dr Simon Perry, GP
	Non-medical clinicians	
In attendance:	OCCG	Ed Capo-Bianco (ECB), Locality Clinical Director Anne Lankester (AnL), Locality Co-ordinator Sula Wiltshire (SW) Dir. Qlty/Lead Nurse CCG Emma Hughes (EH) Minutes Ross Burton (RB)
	SELF	John Reid
	Others	

1.	Introduction	Action
	<p>The chair – Dr Chris Langley of The Bell Surgery welcomed everyone to the South East Oxfordshire Locality (SEOL).</p> <p>Apologies were received. Pat McGill PM Nettlebed Surgery Debra Perry PM Wallingford Practice Louise West PM The Bell Surgery Charlie Hughes Wallingford Tom Stocker CCG Ian Bottomley CCG</p> <p>There were no updates to the declarations of interest.</p>	
2.	Minutes of the last meeting, 9 th November 2017, and Matters Arising	
	<p>The minutes of the last meeting were agreed as an accurate record.</p>  <p>SEOL Minutes 07.11.17 Final.docx</p>	
3.	LCD Update	
	<p>I. Audiology referrals: The majority of the practices are in favour of self-referrals. ECB will feedback to the Planned Care Team.</p> <p>II. Feedback from Patient Engagement Meeting 28th November: There were approximately 45 attendees and the feedback was largely positive towards the Locality Plan. The formal plan will be available in January and the current draft plan is in the Public domain. The main aim of the plan is 'to maintain practices without any other funding schemes'. The priorities have been approved, some of which include; the expansion of the ambulatory model in Thame from 2 days, so that it resembles the model in Henley. Other localities are looking at a Continuity of Care model that is more collaborative of the GP care, this locality is less inclined to do this.</p> <p>III. Board Update: Kieran Collinson started as the new Clinical Chair on 1st December 2017, the search continues for a new CEO as David Smith retires at the end of December 2017. So far three candidates have been interviewed, but were not quite right for the post.</p> <p>IV. STF Contract: This is currently £4/patient. Questionnaires have been sent out to all PM's by Hannah CCG, and need to</p>	<p>ECB</p> <p>ALL PM's</p>

	<p>be completed and returned by 11th December. This funding will continue until at least the end of the current financial year.</p> <p>In this locality the funding goes directly to the practice, other localities use the funds differently.</p> <p>Nettlebed Surgery would like to understand if there is a limited amount of funding for this or if it changes depending on the list size of the practice. It was understood that the current payments are correct as of lists in 2016.</p> <p>V. On-line Triage: There is currently a pilot running for an on-line triage service, all practices declared an interest in such a project moving forward ECB to feed the interest back. Rycote Practice expressed concern at the loss of quality without a face to face consultation. The proposed go –live date is April 2018.</p> <p>VI. MECS: Is being re commissioned for the next three years. The plan is to reduce the number of MECS opticians' number required for different towns needs to be agreed and prioritised. Some of the more highly respected opticians are pulling out of the opportunity because of the levels of complexity involved. Shelley Hayles presented the MECS idea to the localities, but it was not discussed.</p> <p>It was agreed that MECS is not currently working and the contract detail needs to think about the unintended consequences and feedback to the Planned Care Team. One of these consequences was identified as being the inability to train new doctors and keep the skill levels current when Eye problems are not presenting in practice. It was believed that a large number of the MECS reviews were for conjunctivitis and if they presented at the surgeries would be triaged out with no prescription. Instead patients are going to MECS opticians, where the optician is being paid for the consult as well as prescribing medication. It was agreed that the MECS solution was not a cost effective way to reduce the workload. The GP's present feel there is a lack of transparency for the MECS system. SW felt the localities should have more say in the way forward for MECS. Options suggested included a fulltime coordinator to support all of the paperwork. It was suggested to have triage in Eye Casualty and even out the locations of the MECS Opticians.</p>	<p>ECB</p> <p>ECB</p>
4.	SE Locality Forum update: John Reid	

	 ReportToSEOL.12.17.docx <p>JR thanked AnL for the added comments in the previous month's minutes. JR congratulated ECB on the clarity he was able to provide at the Patient Engagement Meeting. The Patient engagement Feedback form is in the Public Domain, the main areas to highlight from this were: Charging for consultations, there was some incoherence on how the locality plan would align with BOB and STP's. Concerns were noted about the IT systems and different s/w being used in the locality, yet different localities can use the s/w in this locality.</p> <p>MSK services are being delayed, and referrals to hospital are being lost. There is a huge backlog which was believed to be caused by the third party triage which is making delays as long as 4months. ECB and SW to investigate if this is a breach of the contract. Everyone required to Datix.</p>	ECB and SW ALL
5.	Prescribing Incentive Scheme	
	<p>RB updates the dashboard for this scheme, and tracks progress of all practices. The Dashboard is updated each month and RB offered to visit any practice that requires assistance with using the Dashboard or making any of their savings targets. Each practice has a target saving to meet and jointly the locality is currently £53,000 underspent. RB also manages Scriptswitch. There is an over-spend in some practices and RB is happy to assist in countering. CCG now has a dietitian who is looking at what is being prescribed and can help practices make savings in this area. The drug Pregabalin has just become generic so there are large savings to be made here.</p> <p>Mill Stream Surgery and The Bell Surgery were concerned about being unfairly penalised because they have patients that need expensive prescriptions. In cases such as this please contact RB to discuss an action plan on potentially offsetting these one off issues at the end of the financial year if the practice is over spent. The Locality in its entirety must meet the target before incentives start to work.</p>  SE Prescribing Incentive Scheme Q2	ALL to note
6.	Locality Plan	
	Previously an overview of other locality plans was requested, ECB	

	<p>presented an overview of this. Aspirations include longer appointments for those who need them, and appointments offered in a week. There is a Frailty pathway being looked into by OUH and the CCG.</p> <p>The comparison between different areas was illustrated with the example of Oxford City and the high deprivation and there is no ambulatory service available, there are lots of GP's looking for Frailty Hubs and pathways also more interaction with OUH and OH. The north is suffering issues with population growth and attracting the work force required.</p> <p>North East, Bicester is called 'Health New Town' and has a hub based model and is expanding its skill mix.</p> <p>West is rural and fairly stable with the exception of Witney with Primary Care visiting.</p> <p>South East has a high number of training practices and would like to keep their trainees. Care Homes are being opened in the wrong locations.</p> <p>South West has an expansion of the population particularly in Didcot and Wantage. They are looking at the ideas of Hot Desks in the surgery so that paper work is not done in the consultation rooms. It is not yet known how the bidding for the funding will happen.</p> <p>In the SE the following items have been identified as priorities;-</p> <ul style="list-style-type: none"> • Keep the STF coming into Practices. • Care Home Support • Signpost and Prescribing • Ambulatory Care Model in Thame. <p>On a Countywide level:-</p> <p>There will funding available for:</p> <p>Clinical Pharmacists in the practices.</p> <p>Digitisation of Patient notes to help release building capacity.</p> <p>The Bell Practice would like the idea of a Community Paramedic added to the list.</p> <p>It was reiterated that all ideas are fluid and new ideas can be considered.</p> <p>Please see below overview of the 6 locality plans.</p> <div data-bbox="408 1671 474 1733" data-label="Image"> </div> <p>locality plans - overview Dec 2017.p</p>	ECB
7.	AOB:	
	<ul style="list-style-type: none"> • AnL will send a reminder to all practices that have not yet returned their LIS Q1 and Q2 returns. 	AnL

	<ul style="list-style-type: none"> • Fire Arms query: Nollag McGrath <p>The questionnaire that is sent through to the Practices for completion. There were some queries from Moorland House Surgery as to the content required and how to process it as a practice.</p> <p>ECB commented on the process, once questionnaire is received, charge a fee of £60, when fee is received, complete the report on a factual basis only.</p> <p>See link below from the BMA</p> <p>https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms</p> <ul style="list-style-type: none"> • RBH Pathology <p>Practices report the 4 practices using the Wexham Park labs via RBHT are still unsatisfied with service received.</p> <p>They are often contacted to say sample has not arrived, so they repeat the test and then are sent the results from the initial sample.</p> <p>Practices are receiving unusually high levels of results back with high levels of Potassium, and low Folic Acid. Nettlebed now photograph all test bottles sent so they have a clear audit trail.</p> <p>All practices are requested to Datix the situation. SW has a meeting on 5th December and will feed this in to the meeting.</p> <p>The Quality Team must be reengaged with the new service provider to resolve ASAP. As this situation has been going on for some time the CCG now need to discuss with the provider at a contract meeting.</p>	SW
	Date of Next Meeting: Charing practice: Chalgrove/Watlington	
	<p>Tuesday 9th January 2018</p> <p>13:00 -15:00</p> <p>Hampden House, Monument Park, Warpsgrove Lane, Chalgrove, Oxford, OX44 7RW</p>	
	Action Log/ Matters Arising	
	<p>Action: Practices to return 10 high impact changes template completed to AnL as soon as possible.</p> <p>Action: Practices to contact AnL with how they propose to spend their ECIS money. Only heard from two practices so far.</p> <p>Action: An advert will be produce for the vacancy of the discussed person.</p> <p>Action: MB will pull together a proposal of how SEOX would like to</p>	<p>ALL</p> <p>ALL</p> <p>MB</p> <p>MB</p>

5th Dec	work with PML in terms of financial commitment	
	Action: complete STF questionnaire by 11 th December 2017 respond to Hannah at the CCG	ALL PM's
	Action: find out how often the practice list size is used for the STP payments are up to date?	ECB
	Action: feedback interest of all practices for the on-line triage.	Complete
	Action: Report back with concerns raised regarding the new MSK contract.	SW/ ECB
	Action: All practices to Datix delays they experience from using the MSK service.	ALL
	Action: Can this be added to the Locality Plan; a Community Paramedic. If some practices choose not to use the funding allocated for a practice pharmacist and MH workers in the practice.	ECB
	Action: Send reminder to all practices that have not yet completed and returned LIS for Q1 and Q2	Complete
	Action: The situation with RBH Pathology requires the Quality team to re-engage.	SW