

MINUTES: Draft V3

TITLE: South East Oxfordshire Locality Executive Meeting

Held on: 03 July 2018

Venue: Hampden House, Chalgrove

Chairing practice: The Rycote Practice

Present:	Practice	Representative
	The Bell Surgery	Dr Chris Langley, GP Louise West, PM
	Chalgrove and Watlington surgeries	Dr Angus Gregory, GP Carole Montague, PM
	Goring and Woodcote Medical Practice	Dr Angela Rowe GP Julia Beasley, PM
	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 Pat McGill, PM
	The Rycote Practice	Dr Dan Faller, GP Karl Savage, PM
	Sonning Common Health Centre	Dr Ralph Drury, GP - PM
	Wallingford Medical Practice	Dr Charles Hughes, GP - PM
	Non-medical clinicians	-
In attendance:	OCCG	Anne Lankester (AnL), Locality Co-ordinator Ed Capo-Bianco (ECB) Catherine Mountford, OCCG Laura Allen (LA), OCCG Minutes
	SELF	John Reid (JR)
	Others	Louisa Griffiths, OCCG Abigail Reed (work experience intern) OCCG Ross Cornett (South Central Ambulance Service) SCAS

Order of items: 1, 2, 3, 4, 6, 7, 8,		
1.	Introduction	Action

	<p>The Chair, Dr Faller of The Rycote Practice, welcomed everyone to the South East Oxfordshire Locality (SEOL).</p> <p>Apologies received: Ian Bottomley (OCCG) Sara Doughty Debra Perry (Wallingford M/P) Andrea Tsoi (Sonning Common H/C)</p> <p>There were no updates to the declarations of interest.</p>	
2.	<p>Minutes of the last meeting, 6 March 2018, and Matters Arising</p> <p>The minutes were agreed for accuracy.</p>	
3.	<p>LCD Update</p> <p>i. Clinical Pharmacists: Proposal from PS UK now with Federation. ECB advised that this service is due to roll out very soon and that all practices should have been contacted with the name of the Clinical Pharmacist attached to each practice. This service will commence in two weeks' time. Clinical Pharmacists should be coming out to GP Surgeries shortly to introduce themselves. ECB added that the templates will be also coming out shortly. The clinical pharmacists will be able to provide work which is within their skill set, this may differ practice to practice. But surgeries can request different areas of work to be covered. It was confirmed that they will be expert in medicines for MH patients.</p> <p>ii. Social Prescribing ECB reported that this was discussed last week at the OCCG Executive meeting. Age UK have met with OCCG and this service will start in the early Autumn. ECB will provide an update at the September locality meeting.</p> <p>iii. STF update ECB updated the locality on the current situation. There has been a delay due to pressures in the system.</p> <p>ECB asked each surgery if they would be able to provide more figures looking at data for non-elective admissions including same day access patients and Triage patients. Please could each practice do a brief check on comparisons for: Jan 2017 – March 2017 Jan 2018 – March 2018 ECB will email practices requesting information</p>	<p>ECB</p> <p>ECB</p>

Practices raised very strong concerns due to the fact that they have already employed staff to take on this work.

ECB confirmed that they are trying to secure funding for the next 6 months at this point in time. The funding beyond that will be decided differently.

The group asked where this decision was made. ECB confirmed that the decision was made at the Clinical Executive meeting, whereby it was agreed that the funding needs to be looked at in further detail. CM was able to confirm this was the situation. DC felt that if this funding was not continued he would consider a legal challenge of the OCCG.

The group asked ECB to feedback their strong concerns to OCCG. ECG agreed.

iv. Winter Planning

ECB requested that practices start to think about what support will be required during the winter months/Christmas period. Can practices think how they can help reduce NEL's (non-elective admissions) to secondary care. Can they consider looking at other ways to improve flu vaccine uptake across the eligible groups, especially the 2-3 year olds as the 'super flu spreaders'. We can bring this back to the September meeting.

v. PCP meetings

It was confirmed that all practices have these visits in the diary and that the packs and PCP checklist pro-formas have now been sent out.

vi. Integrated Respiratory Project: update

ECB has been in discussions with colleagues at OCCG and confirmed that they are aware of the concerns raised by the locality. At this stage ECB does not have the formal report.


CM confirmed that a review is currently taking place which will cover all of the issues raised by the locality. The report is being written and is almost complete. Once the report has been submitted to the Chief Executive and finalised, a response will be given in full.

Depending on the outcome of the review, is whether the project will go ahead. The proposal will go to Exec meeting at the end of July.

vi. Dermatology (Woodlands clinic)

ECB has been advised that referrals are coming in from the SE locality, although many have been on paper. ECB asked if practices could check EMIS to see if they have electronic referrals. It has

	<p>been highlighted that electronic referrals are preferable.</p>	
4.	<p>GP Triage: SCAS</p> <p>Ross Cornett – Head of Operations (SCAS) presented for this item.</p> <p>Presentation here</p> <p>RC stressed the importance of getting through to GP practices. 25% of the time the ambulance service is not able to get through to a GP practice. RC confirmed that this can be for several reasons but tends to be worse on a Monday AM.</p> <p>Bypass numbers discussed. RC added that SCAS currently do not have access to all bypass numbers. ECB confirmed that these will be coming out to SCAS shortly.</p> <p>DF suggested that the control centre could put the bypass number of the surgery on the patient job sheet to save time. RC will feed this back.</p> <p>RC advised the locality that he would like to stay engaged in this forum as and when required.</p> <p>RC noted that GP's were happy to be consulted by the 999 crews and could always ring back after a consultation. Often GP's have a message sent to their work screens and will respond as needed.</p> <p>It was agreed that further reports will be run once SCAS have the bypass numbers. 3 months after receiving these numbers data can be provided.</p> <p>All SCAS reports should be sent to the GP surgeries although do not always go via the GP.</p>	
5.	<p>SE Locality Forum Update</p> <p>Update document provided here</p> <p>SELF is concerned regarding the communication issue within the IRP with BI and look forward to a response from OCCG regarding the issues raised. CM confirmed that the final report will cover all points raised.</p> <p>SELF highlighted that the issue with their public documents on the OCCG website has not yet been resolved. CM reported that it was agreed at a locality forum chair meeting that Health watch would commission the public part of the website. CM agreed to meet with JR outside of the meeting to discuss this issue.</p>	

	<p>SELF is concerned that the last meeting with the Forum Chairs with OCCG did not go ahead. CM confirmed that this meeting did not go ahead as Lou Patten and Kiren Collinson were unable to attend due to competing diary commitments. The Forum Chairs then decided they would rather not attend if Lou and Kiren were unavailable.</p>	
<p>6.</p>	<p>Federation Update Although Sara was unable to attend she provided an update regarding the 'Care Alliance' work with Oxford Health and the Federations, any queries please do contact SD directly.</p>  <p>SEOX update-Sara Doughty July 2018.pr</p>	
<p>7.</p>	<p>Prescribing Incentive Scheme 17-18 & Budgets 18-19 Louisa Griffiths, Medicines Management Team, OCCG presented for this item.</p> <p>LG confirmed that all practices should have received letters detailing payments for last year.</p> <p>Discussion about whether OCCG could provide a breakdown of what could have been achieved against what was received. LG suggested that practices email their prescribing advisers to request this.</p> <p>LG reported on how the budgets have been set for this year. Top slices include 1. Flu vaccinations, 2 Continence products and 3. Smoking Cessation. These have been taken out of the budget. Price comparisons have been changed and adjustments have been made. There is a 4.95% increase for the locality.</p> <p>LG asked the group to consider whether or not they would like to have separate budgets for each individual practice or whether they would like to go as a locality with one budget.</p> <p>LC advised that the OCCG Finance Team have made some changes to the Prescribing Incentive Scheme for 18-19. Practices will need to achieve point 1 and cover all elements in order to be paid. If practices fail to cover point 1, no payments will be made.</p> <p>Polypharmacy review discussed. LG advised that there are 4 options and that practices will need to select one option. LG confirms the OCCG will not be able to pay out on this scheme if the Clinical Pharmacist work with PS UK had already covered some of the PIS 18-19 elements.</p>	

	<p>Concerns were raised over the amount of time it is taking practices to look at the work being undertaken by the Clinical Pharmacists. The locality asked if LG will feed this back to OCCG. LG agreed.</p> <p>It was agreed that practices wait for their practice meetings to have happened and then decide whether or not they would like to go as a single practice or by locality budget wise. Votes to be emailed to AnL by the end of July.</p>	<p>LG</p> <p>ALL</p>
<p>8.</p>	<p>AOB</p> <p>i. Other issues – contact Anne Lankester</p> <p>ii. Planned Care Project Report Sent out with papers for info.</p> <p>iii. HV service – Nettlebed Surgery Dr Silver raised concerns due to the lack of communication Nettlebed Surgery have with the Health Visitor linked to the practice. AnL confirmed all practices have a link HV and they may or may not have involvement with practice depending on the nature of their workload in that area.</p> <p>iv. Sue Ryder – Hospice at Home AnL confirmed that the Hospice currently have capacity. Please do let your practice teams know.</p> <p>v. Tier 3 Obesity Concerns were raised by the locality as Oxfordshire do not have a Tier 3 service for Obesity. Post meeting note: The OCCG note there is a gap in service provision for a Tier 3 Weight Management Provision. Currently the Planned Care team are looking at a pilot digital solution to support this area. Please note this project is in its infancy. As soon as we have more information we will be able to update the locality.</p> <p>vi. Flu vaccinations Some practices have not received delivery dates for delivery of vaccines. LG agreed to take this back to a planning meeting at OCCG next week.</p> <p>vii. Bloods midwives In some practices blood results taken by midwives tend to be going back to the same individual GP. DF confirmed that this is due to a mapping issue on EMIS. This needs to be unmapped in EMIS.</p> <p>viii. 15 minute appointments Dr Lucy Jenkins fed back the positive results that moving to 15</p>	<p>LG</p>

	minute appointments has had on Mill Stream Surgery. This has reduced GP stress levels and enabled work to finish on time.	
	<p>Date of Next Meeting: Tuesday 4 September 2018 13:00 -15:00 Hampden House, Monument Park, Warpsgrove Lane, Chalgrove, Oxford, OX44 7RW</p> <p>Chairing practice: Goring and Woodcote</p>	
	Action Log/ Matters Arising (all completed actions will be removed)	
	<ol style="list-style-type: none"> 1. ECB will provide an update on Social Prescribing at the September locality meeting. 2. ECB will email practices requesting information for STF data 3. Concerns were raised over the amount of time it is taking practices to look at the work being undertaken by the Clinical Pharmacists. The locality asked if LG will feed this back to OCCG. LG agreed. 4. Practices to decide whether they will have individual budget or overall locality budget for Prescribing by end of July. Votes to be emailed to AnL by the end of July. 5. Some practices have not received their delivery dates for delivery of vaccines. LG agreed to take this back to a planning meeting at OCCG next week. 	<p>ECB</p> <p>ECB</p> <p>LG</p> <p>ALL</p>