





MINUTES: Draft V2



TITLE: South West Oxfordshire Locality meeting

Held on: 19th September, 2017

Present:	Practice	Representative
Y Y	Abingdon Surgery	Charlotte Treacy GP Flynn Reid PM
Y	Berinsfield Health Centre	Jonathan Crawshaw (Chair)
Y	Clifton Hampden Surgery	Irene Steinbrecher PM
Y	Church Street Practice	Matthew Gaw GP PM
Y Y	Didcot Health Centre	Mark Olavesen GP Jackie Mercer PM
Y	Long Furlong Medical Centre	Nick Elwig PM
Y Y	Marcham Road Surgery	Jacqueline Bryant GP Rose More PM
Y Y	Malthouse Surgery	Laura Singer + Bern-Mari Baker David Ridgway PM
Y Y	Newbury Street Practice	Patricia Heavens GP Karen Fido PM
Y	Oak Tree Health Centre	David Ellis GP PM
Y Y	White Horse Surgery	Robert Russ GP Joanne Morgan PM
Y	Woodlands Medical Centre	Helen Sadler Anne Sadler PM
In attendance:	OCCG	Julie-Anne Howe acting for Anne Lankester, Locality Co-ordinator Sara Wilds, Locality Sponsor Zoe Kaveney, Planned Care item Simon Angelides, Comms item Heather Motion, Lead for Medicines Optimisation
	SWOLF	Alison Langton
	Other Guests	Kate Kitto, Healthshare re MSK – kate.kitto@healthshare.org.uk t: 01732 525935 Website: www.healthshare.org.uk (very good self care education information available)

1.	Welcome and apologies Declarations of interest	Action
	Welcome The Chair – Jonathan Crawshaw (JC) - welcomed everyone to South West Oxfordshire Locality (SWOL) meeting. Apologies - Diane Donald, PM, Long Furlong MC, Anne Lankester Declarations of interest – NIL	
2.	Minutes of the last meeting – 15th August, 2017	
	 SWOL minutes 15th August FINAL.docx The minutes of the previous meeting were agreed, subject to the following amendments: <ul style="list-style-type: none">- Item 7 – Action point labelling corrected. Action 2: insert word 'applications'.- Item 9 – Locality Plan – Didcot cluster update: thinking has been shared with the town council – no response known to date.- Noted Locality Plan is a working draft, but not a confidential document so comments may be received.	
3.	LCD Update	
	OCCG are still looking for a Deputy Clinical Director – Jonathan is very pressed so please do come forward to support the Locality. This looks good on a GPs CV if seeking a portfolio career, and is a useful way of seeing how the CCG works. JC is happy to chat to anyone interested. Hustings for the candidates, Dr Paul Park & Dr Kiren Collison, for Clinical Chair of OCCG take place in Didcot Civic Hall tonight (19 September), followed by two other events planned for 21.9.17 in Banbury, and 26.9.17 in Jubilee House, all 6.45 start. This is an opportunity for all practices to speak to the two candidates prior to election by the Practices in October, using the model of one practice one vote.	Practices Note
4.	Healthshare and MSK service launch	
	MSK – Kate Kitto (details above) from Healthshare attended to advise practices of the new MSK hub. See presentation here:  Healthshare gp slides MSK.pptx The website www.healthshare.org.uk is live and has good information resources for patients. HS is an NHS-funded private company staffed by ex-NHS physiotherapists and GPs with an interest in the area. They already work for 18 other CCGs. They are taking over three physio services and the referral centre. The aim is that urgent cases will be seen in two	Action

	<p>weeks; routine patients within six weeks. However there is a large backlog (c10,000 patients!) to be cleared first and this is the priority so patience is sought meantime. The HS contract is for three + 2 years.</p> <p>All current referral formats are being accepted – but please see the Wire for the usual MSK template.</p> <p>Patients will be able to self-refer by phone or email from December 2017. Self-care and support are emphasized and patient satisfaction is very important. Exercise and activities including gym and classes may be prescribed.</p> <p>HS can reduce waiting times by: encouraging self-support using online sources, shorter appointments, better IT and less admin. Support staff will enable clinicians to focus where they are really needed.</p> <p>HS access to radiology services is limited and they will have to refer to the Orthopaedics Dept for most at the moment.</p> <p>Please Datix any issues so these can be taken up with the original providers.</p> <p>At present the service is based in the Didcot and Faringdon practices as OUH have not provided space in other areas, e.g. Abingdon, in their community hospitals. Therefore patients in Abingdon and Wantage will now have to travel for all orthotic and MSK service delivery – unless space can be found in GP practices in those areas. HealthShare is very willing to provide in those areas if space can be found with N3 connection. Practices are asked to come forward if they can provide space.</p>	<p>Note</p> <p>Action</p> <p>Practices</p>
5.	Transformation Update	
	<p>OCCG Board Meeting – next meeting</p> <p>STP progress - Simon Angelides attended from the CCSU Comms Team, advising on the Phase 1 consultation process. He reported that all the recommendations put forward by OCCG had been accepted with some changes required with clinical services for safety reasons and to improve outcomes for patients. There are challenges being pursued through judicial review and referral to Secretary of State for Health. This is around the temporary closure of the consultant-led maternity services at the Horton Hospital.</p> <p>OCCG was still planning work around the forthcoming phase 2 workstreams but noting that nothing could be made permanent until the outcome of the legal process was known. Who pays for costs will depend on the outcome.</p> <p>CQC was also visiting OCCG to review the urgent care system around reducing the numbers of delayed transfers of care.</p>	
6.	Planned Care Update	

	<p>SCAN – Zoe Kaveney, Project Manager, Planned Care, attending to remind practices of the service for patients with suspected cancer but who do not fit the criteria for an established 2ww pathway.</p>  <p>Launch of SCAN Pathway within the Si</p> <p>Presentation here:</p> <ul style="list-style-type: none"> • The results so far are very encouraging. Patient-satisfaction data is being collected and will be analysed. • Note all forms are now live (don't use old 'dummy' forms now) and available via the usual Wire process. 	
7. Update from SWOLF (Alison Langton)		
	<ul style="list-style-type: none"> • Carers surgeries are going to be held in JR / Horton / Eye Hospital / Stroke Unit / Neurosciences – contact pennybeerling@carersoxfordshire.org.uk T: 07800 813305 • JR holds a Dementia information café 1st Tuesday of each month 2-3pm in League of Friends area – signs up at entrance, all welcome. • Other items are being sought for the October meeting. 	
8. Prescribing Incentive Scheme update Q1		
	<p>Heather Motion, the Lead for Medicines Optimisation attended to advise practices on their current position regarding various aspects of the PIS. Presentation here:</p>  <p>Prescribing Incentive Scheme 2017-18.pptb Overall practices have done well.</p> <p>http://www.oxfordshireccg.nhs.uk/professional-resources/prescribing.htm</p> <p>It was noted there is information for patients – slide sets for waiting-room screens, posters, and leaflets – just contact the prescribing lead.</p>	
9. Maternity Update		
	<p>Dr Kiren Collison (OCCG GP Lead for Obstetrics and West LCD) attended to advise practices of the current guidelines around supporting pregnant women at their first GP appointment. An auto-populating template is available should GPs find it useful, here: http://www.oxfordshireccg.nhs.uk/clinical-guidelines/maternal-medical-risk-assessment/33502 although it was noted this was not mandatory.</p> <p>It was noted that whilst midwives did often use the form, not all have access to EMIS, and GPs would pick up medical issues at the first appointment which midwives might miss.</p> <p>A number of practices advised they felt it was useful, although others</p>	

	used their own versions (Marcham Rd), for best practice and were willing to share these with KC, who is seeking input from all Localities to improve it.	
10.	Locality Plan	
	<p>i. Comments and Practice Feedback</p> <p>Jonathan C is working on this but recent progress has been slow. An updated version will be circulated by 3rd October. One emerging focus is the frailty pathway, where work is underway countywide to see how various services could be streamlined to support patients.</p>	
11.	AOB	
	<p>i. Ophthalmology – concerns were raised that the department at Oxford Eye Hospital were no longer doing follow-ups, but were advising patients to attend their Opticians, who often referred back to the GP to get the next eye done despite the GP having advised <u>both</u> eyes needed doing . These should be datixed.</p> <p>ii. Primary Care LIS – LD & Autism – concern was raised that if a practice could not achieve the target required would they still be funded for the rest of the LIS. It was confirmed that sign up to the overall LIS is required to gain funding, however if an aspect is not achieved, only this aspect would have funding reduced.</p> <p>iii. 4th Didcot procurement notice re APMS - JC advised he was seeing Julie Dandridge and would chase for a result.</p> <p>iv. Other issues – contact Anne Lankester</p>	<p>Practices</p> <p>Note</p> <p>JC</p>
	Date of Next Meeting	
	<p>17th October 2017 13:00-15:00 Didcot Civic Hall</p>	