



MINUTES: DRAFT V3

TITLE: South West Oxfordshire Locality meeting



Held on: 21st November 2017

Present:	Practice	Representative
Y Y	Abingdon Surgery	Charlotte Treacy GP Flynn Reid PM
Y Y	Berinsfield Health Centre	Jonathan Crawshaw GP LCD (Chair) Rita Cabrita PM
Y	Clifton Hampden Surgery	Irene Steinbrecher GP
Y Y	Church Street Practice	Matthew Gaw GP Kate Blowfield PM
Y Y	Didcot Health Centre	Mark Olavesen GP Jackie Mercer PM
Y Y	Long Furlong Medical Centre	Nick Elwig GP Diana Donald PM
Y Y	Marcham Road Surgery	Jacqueline Bryant GP Rose More PM
Y Y	Malthouse Surgery	Laura Singer GP David Ridgway PM
Y	Newbury Street Practice	Andrew Partner GP
Y	Oak Tree Health Centre	David Corps GP
Y Y	White Horse Surgery	Rob Russ GP Joanne Morgan PM
Y Y	Woodlands Medical Centre	Helen Miles GP Anne Sadler PM
In attendance:	OCCG	Tom Stocker CCG Planned Care Anne Lankester CCG Emma Hughes CCG (notes)
	SWOLF	Alison Langton
	Other Guests	

1.	Welcome and apologies Declarations of interest	Action
	<p>Welcome The Chair – Jonathan Crawshaw (JC) - welcomed everyone to South West Oxfordshire Locality (SWOL) meeting.</p> <p>Apologies –</p> <ul style="list-style-type: none"> • Taz Evans PM Clifton Hampden • Karen Fido PM Newbury Street • Sara Wilds CCG • Gareth Kenworthy CCG <p>Declarations of interest – NIL</p>	
2.	Minutes of the last meeting – 17th October 2017	
	 <p>SWOL minutes 17th Oct 2017 JC FINAL.docx</p> <p>The minutes of the previous meeting were agreed, subject to the following amendments:</p> <p>It was noted that a person was named twice in the apologies. This has now been amended together with some typo errors.</p>	
3.	LCD Update	
JC	<p>A new CCG CEO has not been appointed, so an interim CEO will be appointed for (up to) a one year term. There is an ongoing recruitment plan for a permanent CEO.</p> <p>A CQC review is currently taking place for Oxfordshire. CQC have randomly selected 12 areas that are performing less well in measures of whole system working; Oxfordshire is not in the bottom 12, but is in the bottom 30. The CQC team are interested in the over 65 population and the Delayed Transfers of Care (DTC) position across the county.</p> <p>The whole system is being reviewed across both Health and Social Care, looking at areas of integration and quality. Approximately 200 people are being interviewed.</p> <p>A report will be produced in January. This will be shared once available.</p>	JC
4.	Update from SWOLF	
AL	No specific concerns to discuss. Alison will produce a brief report from	

	today's meeting to share with SWOLF members.	
5.	Minor Eye Conditions Service update (MECS)	
TS	<p>Tom gave an update on the changes to the MECS service and delivered a presentation, below:</p> <p> LMC MECS slides.pptx</p> <p>He stated 50% of attendees felt it had made a difference. Records show that MECS has stopped the rise in Eye Casualty visits. Patients are now being directed to the pharmacy, of which approximately 80% would have gone to A&E or their GP.</p> <p>Newbury Street Surgery has experienced a refusal by MECS to see patients. Woodlands Medical Centre has also experienced patients under 14 years being refused treatment by MECS. The number of MECS optometrists in a location does not seem to reflect on the problem, it seems to be locality wide.</p> <p>Although the Pharmacists have refused training they are selling very expensive eye drops and providing a very varied service. It was agreed that most issues stem from an incorrect diagnosis.</p> <p>Please do DATIX any issues.</p> <p>Malthouse practice felt a media campaign was needed to go out to the public to show them the benefit of this service.</p> <p>Other areas that have implemented MECS are not reporting any issues. Areas that don't have it are still using Pharmacists to support patients.</p> <p>MECS optometrists are paid per patient this is currently above the national average payment considered for this service.</p> <p>Tom confirms GP's, MECS optometrists and Pharmacists can all refer directly to Eye Casualty; all they need to complete is an email with the patients details along with the concern presented. From this point the duty of care has been passed on to the Eye Casualty.</p> <p>There is a letter and training material going to all surgeries.</p> <p>There are currently 12 locations that need a MECS in each. The contract is currently being re-procured and there cannot be more than two in each location (this would breach procurement regulations).</p> <p>Within this locality it was felt that MECS optometrists were needed in Abingdon, Didcot, Wantage and Farringdon.</p>	

6.	Tea Break	
7.	Locality Plan	
JC	<p>All locality plans are now available and there are a lot of consistent themes running through them. Jonathan gave a brief overview of the plans for the other 5 localities. The plans are almost ready to be published.</p> <p>Presently we do not have an update to share on the process and implementation of Phase 2 of the Sustainability and Transformation plans.</p> <p>Minor Aliments Pharmacy Scheme details to be circulated by JC. This appears to be a pilot scheme in some areas of the County. (actioned)</p> <p>Members of the group felt the plans were aspirational, and not yet a plan, however, this is already starting to change and items within the plans are being prioritised. JC was able to share the prioritisation process with the Locality.</p> <p>Some felt Estates issues were more important than services as the practices required more space to deliver said services.</p> <p>Prioritisation has been made according to a ranking exercise and available funds, which are from the Stability and Transformation Fund, and OCCG's existing primary care commissioning budget. Additional funds are available from an under spend this year and historical under spends.</p> <p>When the priorities are agreed they will all be available on line and practices can bid for funding accordingly.</p> <p>Some other locality requests have become a nationwide programme because of the regularity of the request.</p> <p><u>See inserted power point re: prioritisation process</u></p> <div data-bbox="341 1494 406 1556" data-label="Image"> </div> <p>South West - prioritisation panel re:</p> <p>The Care Homes enhanced service is being amended to allow other healthcare professionals (e.g. pharmacists, ECPs) to deliver some aspects of the service, with a named GP supporting.</p> <p>With regard to future updates, as the plans are implemented, it was agreed it would be better to have them as they come and not wait for the next monthly meeting. JC will update as information becomes available on the Action Tracker which was shared at the meeting.</p>	JC

	<p>Action Tracker Review:</p> <p>Because of the high level of content on the tracker, JC agreed to continue to focus the on-going content based on relevance to the group and timeframes involved.</p> <p>Please see Action Tracker V1 below:</p> <p></p> <p>Action tracker for South West locality pl</p>	
8.	Children and Young People's Plan 2018-2021	
MG	<p></p> <p>Help us Shape the Children and Young P</p> <p>Please see above power point which Matthew delivered to the locality. The deadline for comments is the 5th December. Matthew is the vice-chair of the children's board.</p> <p>Link sent out to all practices post meeting.</p>	ALL
9.	AOB	
	<ul style="list-style-type: none"> i. Other issues – contact Anne Lankester ii. Reminder: All practices to return: LIS appendix 1, 10 High Impact Template, Amended PCP templates iii. GP Study Day; 13th December (flyer with agenda) 	
	Date of Next Meeting: 19th December 2017 13:00-15:00 Didcot Civic Hall	
	Action Log	
1.	Share CQC report when available in January 2018	JC
2.	Share Minor Ailments Pharmacy Scheme	Complete
3.	Provide proposals for more efficient use of GP practice	All
4	Provide all training requirements to JC	All
6.	Complete the Children and Young People's Plan questionnaire	All
7.	Some concerns that Healthshare could not see images/reports: AnL to advise Planned Care team.	Complete