





MINUTES: DRAFT V2

TITLE: South West Oxfordshire Locality meeting

Held on: 20th March 2018

Practice	Representative
Abingdon Surgery	Charlotte Treacy GP Flynn Reid PM
Berinsfield Health Centre	Jonathan Crawshaw GP LCD (Chair) Rita Cabrita PM
Clifton Hampden Surgery	Irene Steinbrecher GP Taz Evans (apols)
Church Street Practice	Joy Arthur GP Kate Blowfield PM
Didcot Health Centre	Mark Olavesen GP Jackie Mercer PM
Long Furlong Medical Centre	Nick Elwig GP Diana Donald PM
Marcham Road Surgery	Jacqueline Bryant GP Rose More PM (apols)
Malthouse Surgery	Laura Singer GP David Ridgway PM (part meeting only)
Newbury Street Practice	Frances Watt GP Karen Fido PM
Oak Tree Health Centre	David Ellis GP Mark Dalling PM (apols)
White Horse Surgery	Gavin Bartholomew (apols) Joanne Morgan PM
Woodlands Medical Centre	Helen Miles GP Anne Sadler PM
OCCG	Anne Lankester Locality Coordinator (notes) Amar Latif CCG DLCD Planned Care (part meeting) Karen Kearley CCG DLCD Planned Care (part meeting)
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 Surgery • Mark Dalling PM Oak Tree Health Centre • Gavin Bartholomew GP White Horse Surgery • Rose Moore PM Marcham Road Practice • Gareth Kenworthy CCG <p>Declarations of interest – NIL</p>	
2.	Minutes of the last meeting – 20 th February	
	<p> SWOL minutes 20th Feb 18 FINAL.docx</p> <p>The minutes of the previous meeting were agreed.</p>	
3.	Amar Latif CCG Planned Care: Integrated Respiratory Team.	
	<p> 20.03.201 IRT South West Locality Meeting</p> <p>Amar delivered his above presentation to the Locality, which was followed by a number of questions. This service will be phased out over the SE and SW coming on-line in August 2018.</p> <p>Would spirometry be provided to all practices? Amar mentioned that the Planned Care team at the CCG would be funding 1800 diagnostics spirometry's over the next year-this will be going out via the federation route with a potential to sub-contract to practices who may be interested in providing this service.</p> <p>Can patients self-refer? Once within the IRT system the patients will be able to have access to the team but not as a self-referral route. The team suggest patients will be on their caseload for approximately 8 weeks. Patients may also be referred on to secondary care if this is deemed medically appropriate. The Locality asks for better information on discharge from secondary</p>	

	<p>care.</p> <p>How will un-diagnosed COPD patients be identified? The IRT team will use the 'primis' tool and hope to have a respiratory lead GP in each practice.</p> <p>How will the increased workload on practices be managed? The IRT will support the practices with the extra work.</p> <p>Is there interest across the other Localities to take on GP lead in areas like COPD, Headache pathway and diabetes? There is interest for this other role's with a large of amount of interest from GP's wishing to expand their role and look at portfolio work.</p> <p>What are the re-admission rates like in Oxfordshire? Amar confirms lengths of stays are similar to the national average. There will be some re-admissions around 2%-5%, which is normal for this type of condition. Some patients are admitted currently with no IRT care bundle in place, the new service hopes to reduce this by identifying COPD patients earlier.</p> <p>More information will be sent out to the Localities as the scheme is due to be agreed by the CCG Board. To confirm go-live date for the SW is August 2018.</p>	
4.	LCD Update	
	<p>Mental Health Workers in Primary Care:</p> <p>JC confirms he has now met with MIND regarding using the non-recurrent funds of £120K. MIND is able to supply 2-2.5 WTE staff to provide a psychological well-being service for the SW patients. This equates to approximately 1 day per week per list size of 15K patients. Practices will decide who they refer to this service using a simple EMIS template. The MIND worker will use the EMIS template to record consults and any actions so that the practice has a full health record.</p> <p>This is a sign posting service which can also provide brief interventions.</p> <p>It is hoped it will reduce some GP workload and may support reduction to other services which some patients find challenging to engage with.</p> <p>MIND is happy to discuss extended hours provision and generally will see 2-3 patients in a session depending on patient/practice need.</p> <p>Church Street felt this would support some who would prefer a</p>	

<p>face to face as opposed to telephone interventions.</p> <p>This will be a 12 month service, planned to commence in June 2018, with a number of outcome measures included within the contract.</p> <p>Action: JC to forward on service spec to locality</p> <p>Clinical Pharmacists in Practice:</p> <p>The discussions have now moved forward on this area and PS UK will be engaged by the local federations to deliver the contract using the non-recurrent funds of £50K. It is intended to deliver a pilot style programme over a 3 month period, for a medication review on patients with 10+ meds (not including creams or appliances).</p> <p>Malthouse practice felt this was not a good use of the funds, however, Church Street felt it was a good opportunity to review frail/elderly patients medications to improve care and reduce admission to secondary care.</p> <p>Action: JC to forward on service spec to locality</p> <p>Using Premises more effectively:</p> <p>3 of the SW practices had applied for some of this funding. The CCG are in the process of reviewing the business cases provided and will report back to those practices direct. Thank you to those who have showed interest in using estate more creatively.</p> <p>Action: JC to contact interested practices for next steps</p> <p>STF Update:</p> <p>It was disappointing to note there had been very limited feedback from the locality on the current STF contract as this is now coming to an end. JC is in the process of re-negotiating the contract.</p> <p>This is now the final call for feedback from the SW practices as JC is attending a meeting this week to discuss how this can go forward. Some components of the current STF will no doubt remain; however, it is assumed there will be new components to manage in terms of supporting the urgent care pathway. It was agreed the SW locality needs to build a sound business case.</p> <p>Some practices were concerned they had not received Q3 payments for the current STF scheme. Do contact AL if you are unsure.</p> <p>The ValeMed practices commented they had used some slippage</p>	<p>JC</p> <p>JC</p> <p>JC</p>
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	<p>monies to pay for the services of an Advanced Nurse Practitioner to cover home visits as needed. The locality felt if they lost monies with a new contract they would find delivering all the elements very challenging as they would be financially out of pocket.</p> <p>Action: all practices to send in to AL/JC any positive feedback from the current STF scheme and how this has improved patient care within their locality. This information can be used to inform the next STF scheme.</p>	ALL
5.	SWOLF: Alison Langton	
	<p>Alison was able to receive a briefing from the SWOLF team who had just had a meeting before the SWOL. She noted some of the main SWOLF concerns around CCG engagement with the public.</p> <p>The SWOLF has a number of questions and will be writing direct to Lou Patten CCG Interim Chief Executive to voice these.</p> <p>Questions will include:</p> <p>Is the CCG committed to becoming an Integrated Care System? Can PPG's/patients be kept more informed of any main changes in direction of the CCG? The lessons learned from STP1 how will this learning be put into place? Is the population growth and how the CCG intends to manage this reflected in the locality plans? Will the new MSK provider be able to secure premises in areas which had the service from the previous provider?</p> <p>AL confirmed the discussion from the SWOLF meeting in the morning that the CCG would be very happy to receive a letter from the SWOLF representatives and a response would be issued promptly.</p> <p>JC updated a little on the Joint Enterprise (JE) scheme in which the community teams would work more closely with primary care. This JE scheme is currently under discussion with the Federations and Oxford Health.</p>	
6.	South West Care Home Scheme	
	<p>AL asked the practices to confirm their current and on-going position with the above scheme to give assurance to the CCG on the scheme.</p> <p>The Malthouse Practice pointed out that although their practice had not previously taken part in the scheme, they felt they had</p>	

	<p>similar results to those within the scheme. They further questioned if this was the right way to deliver care to these patients.</p> <p>The majority of the locality felt that the scheme enabled a closer working relationship with care homes and their patients, reducing admissions to secondary care and improving a closer working relationship with the care home provider sector.</p> <p>All care homes now appeared to be covered going forward and AL will feedback the information gathered to Zoe Kaveney the lead commissioner for this scheme.</p> <p>We have one without scheme cover, a very small home for head injuries of 9 patients. They will continue receive GMS cover.</p>	
7.	Tea Break	
8.	Locality Meetings	
	<p>JC explained to the group that not having a deputy LCD was a challenge for the locality and that we needed to re-think how support could be provided. There was funding available if any GP from the locality was interested in 1 or 2 sessions a week to support not only the locality work but some other potential portfolio work around clinical lead work on some CCG projects.</p> <p>It was felt the locality meetings should be more positive and not as instructive, for example, when new services had already been decided.</p> <p>Some felt one week in advance of meeting was not enough time to read papers and ask for practice feedback. Others felt this was acceptable.</p> <p>Could we extend the AOB section to 40 mins and use this time to confirm what would be on the next agenda in terms of speakers. The locality agreed they would be happy for CAMHS to attend the April meeting to deliver a presentation regarding their Single Point of Access Service.</p> <p>Is there a potential to rotate the Chair, ask for cluster reps only, or even join the SE and SW together.</p> <p>The locality requests that Kiren comes to attend a full meeting to understand the needs of the practices.</p> <p>It was agreed to start a rotating chair using the register list as a starting point. This would give the other practices a chance to lead on discussions and support some of the locality work.</p>	

9.	AOB	
	<p>Jackie Mercer had some queries on MDU: answered by other members of the SWOL. Jackie confirmed that a PCSE meeting had been arranged for the SW PM's on Tuesday 15th May at 11 am at the Didcot Health Centre.</p> <p>Some concerns raised by the Wantage Practices around late delivery of their flu vaccines. They will contact AL to see if the CCG is able to influence the date to be brought forward.</p> <p>Reminder to all regarding LIS 17-18 and PCP 17-18 paperwork submissions need to be in shortly. Do look at the LIS 17-18 paperwork to ensure all elements are completed.</p>	<p>ALL</p> <p>Wantage</p> <p>ALL</p>
	Date of Next Meeting: 17th April 2018 13:00-15:00 Didcot Civic Hall: Charing Practice Abingdon	
	<p>Forthcoming potential additional agenda items for April 2018:</p> <p>CAMHS presentation Long Term Conditions update Sue Ryder update</p>	
	Action Log	
1	Paper to be produced suggesting changes/evolution of locality meetings: outstanding AL to follow up	KC LP
2	JC to meet with federations and Oxfordshire MIND: Complete	Complete
3	AL to circulate the Pharmacists companies presentations once the Case Studies have been received.	AL
4	JC will send out the previous STF contract with some ideas for the new version. Feedback will be required by all: feedback not received and request made again with a cut-off date of Thursday 21st March as JC has a meeting to discuss contract on Friday 22nd March	ALL
5	JC will investigate use of new form for DN blood requests: update Localities asked to politely reject request for completion of form and DATIX issues.	Complete
6	JC to forward on service spec to locality for the MIND provision	JC
7	JC to forward on service spec to locality for the Clinical Pharmacist provision	JC
8	JC to contact interested practices for next steps for using practice	JC

	more effectively	
9	All practices to send in to AL/JC any positive feedback from the current STF scheme and how this has improved patient care within their locality. This information can be used to inform the next STF scheme	ALL
10	All to submit LIS and PCP 17-18 data	ALL
11	AL to invite Kiren to attend another SWOL meeting	ALL