

Notes of Meeting: West Oxfordshire Locality Group

Thursday 19 April 2018 1.15 - 3.15 pm

Attendance

Practice	Clinical Representative	Practice Manager
Bampton	Dr Peter Grimwade	
Broadshires	Dr Fiona Clough	
Burford	Dr Simon Albert	
Charlbury	Dr Helen Bayliss	
Cogges	Dr Sandra Hallett & Dr Amisha Patel	
Eynsham	Dr Amar Latif	Teresa Young & Tracy Girvan
Nuffield	Apologies	Catherine Simonini
Windrush	Dr Nick Thomas & Dr Alice Young GPST3	Morag Keen

Clinical Directors	Dr Miles Carter	Dr Amar Latif
Public Forum (PPPWO)	Graham Shelton	
West Oxfordshire DC	Apologies	
OCCG	Julie Dandridge, Fergus Campbell	
WestMED federation	Laura Spurs	

Chair: Dr Miles Carter

		Actions
1.	Apologies & Declarations of Interest i. Apologies: Gareth Evans, Maddy Radburn, Debra Barnes, Jacqui Wright, Catherine Mountford ii. No new declarations of interest	
2.	Locality Clinical Director's report i. OCCG Board 29 March 2018 MC advised that he had raised issues resulting from housing development. JD highlighted the paper on provider collaborative commissioning as an important future direction. ii. Transformation Update Noted without further discussion iii. Other OCCG issues No additional items raised.	
3.	Public & Patient Partnership West Oxfordshire GS fed back from the forum steering group: <ul style="list-style-type: none"> • Pleased to have Amar Latif meet with them. 	

	<ul style="list-style-type: none"> Insightful meeting with Lou Patten. Keen to know what integrated care to develop into Plans for pop-up Carers' Day in Eynsham in June progressing well. Age UK and the practice among the partners in this event. Public talk on antibiotics rearranged for 22 September 	GS
4.	<p>District nursing communications with practices</p> <p>WOLG was not content with the proposed standardised route for district nursing (DN) urgent referrals. Phone calls are quick but GPs' experience was that many calls went to voicemail which doesn't give confirmation and assurance about continuity of patient care. WOLG also asked:</p> <ul style="list-style-type: none"> What is the number of urgent GP referrals to DN in the locality per week? How is the patient phone line to DNs managed? <p>ICE form – WOLG noted and understood the request to jot down time frames on blood requests, but felt it was an outdated approach. WOLG suggested that the service offer for urgent referrals:</p> <ul style="list-style-type: none"> A telephone divert seeking an available respondent was the approach taken by many clinical services, rather than voicemail A one hour response (e-mail confirmation) would be a minimum standard <p>MC and JD to follow up with the service.</p>	MC & JD
5.	<p>Review of additional winter and Easter services look ahead to 2018/19</p> <p>Feedback on recent pressure periods:</p> <ul style="list-style-type: none"> Xmas well planned, but Easter very short timescale. Request for half term response 1 day before. Need more notice. Very few hub appointments during 4 day Easter break. Take-up of appointments during day was good before and after Easter except pm HCA appointments. OOH difficult over Easter – high volume, low staffing Hard to be certain about whether one service took staff from another, but overlap likely to cause difficulty Issue of 111 triage and priorities – would more clinical triage in 111 help? <p>Suggestions for future commissioning:</p> <ul style="list-style-type: none"> boost OOH for bank holidays and weekends as established referral route procure extra hub appointments immediately following bank holiday weekend encourage OOH to book triaged patients who need next-day GP into hub appointments rather than send back to practice <p>Actions:</p>	

	<ul style="list-style-type: none"> • JD to note suggestions for future commissioning • FC to seek update on the NHS 111 clinical triage activity and thresholds. • FC to follow up patient education to address demand – members felt that this was particularly relevant for younger adults. Forum support. 	<p>JD</p> <p>FC</p> <p>FC</p>
6.	<p>Information updates for noting</p> <p>i. Planned care projects update</p> <p>Circulated summary noted. Other issues raised:</p> <p>MSK – GPs advised a number of issues for patients in the past 2 or 3 weeks:</p> <ul style="list-style-type: none"> • delays for all types of referral – GP can't see average waiting time as not eRS • delayed letters back to GP • Text message acknowledgement to patient not 48 hours for many – 10 days quoted • Patients booking appointment s with GP to discuss / chase Healthshare response <p>FC to ask for commissioner to attend and discuss, bring data on waiting times and update on plans for self-referral pathway.</p> <p>Ear syringing – planned care team to issue leaflet.</p> <p>Waiting room screens –a funded project expected shortly to support patient campaigns. Contact Fergus Campbell if you have queries.</p> <p>ii. Note brief information items overleaf</p> <p>Paperless referrals - FC highlighted the need for practice preparation</p>	<p>FC</p> <p>All</p>
7.	<p>Notes of 8.03.18 & matters arising</p> <p>i. Agreed as accurate</p> <p>ii. Feedback on actions</p> <ul style="list-style-type: none"> • Care & nursing home scheme – OCCG setting up joint project with Oxfordshire County Council to review as various services not integrated. FC to follow up request to include locality in this review to discuss locally appropriate model for west Oxfordshire • Locally Commissioned Service 2018-19 - details due soon – practices don't know if rolling over. FC to follow up. • locality pharmacist – expected in post June/July for 12 months • Leg ulcer management – activity visible from LCS claims. FC to request PICC and Catheter nursing data. NB practices advise leg ulcers are their main concern. • e-mail advice FC chase up queries from March WOLG • LARCS – CCG discussing funding arrangement for non- 	<p>FC</p> <p>FC</p> <p>FC</p> <p>FC</p>

	<p>contraceptive use. NB uncertainty had significant impact on practices reviewing and planning approaches.</p> <ul style="list-style-type: none"> • Digitisation of paper notes – FC to circulate update from JD when revised. 	FC
8.	<p>Proposed Long term conditions Locally Commissioned Service</p> <p>AL presented a summary and noted:</p> <ul style="list-style-type: none"> • insulin initiation no longer in the practice LCS – delivery under discussion with federations • Diabetes dashboard available from March 2018. Practices need to send in sensible action plan by 1 December. Key is to show engagement with the process. • Cogges flagged big changes to patient population since previous data. E-mail Amar Latif. • Respiratory MDT – should hold 2 during year due with Integrated Respiratory Team pilot starting June in West. <p>Feedback and queries included:</p> <ul style="list-style-type: none"> • PG felt insufficient time for meetings due to GP availability. AL suggested investment of time at Eynsham will saved time long term ie by transferring foot check to HCA, deciding not to recall patients in remission. NB increase in QOF income. • Insufficient notice for MDT meetings in 2017-18. AL to take back • Very short deadline for 2017-18 MDT action plan (27 April). AL noted delays in dashboard, and advised action plan just needs to be sensible and proportionate. Suggest practices contact AL if difficulty with date. <p>NHS Diabetes Prevention Programme (NDPP)</p> <p>AL introduced an additional item and noted:</p> <ul style="list-style-type: none"> • Blood tests at Lloyds – AL reviewing all Lloyds results and in house Ingeus tests. If practice find erroneous result please advise OCCG planned care. • Referral criteria – fasting plasma glucose new threshold. Practice need to confirm threshold and internal governance. Need to code random vs fasting for glucose tests. • patient programme is delivered locally in Witney. Need 15-20 patients to run class – can take place anywhere with this volume. 	<p>Cogges</p> <p>AL</p> <p>All</p>
9.	<p>Future working in locality</p> <p>Kiren Collison attended to follow up her previous visit with Lou Patten. She is collating comments from all 6 localities and gave verbal feedback. She advised that we can now blur the commissioner / provider split, and should involve widely eg Age UK, education etc. Some localities have a</p>	

	<p>federation slot in their meetings.</p> <p>KC asked for suggestions for future focus in the locality (FC to follow through):</p> <ul style="list-style-type: none"> locality should pick topics which it can influence rather than those where discussion is futile. (MC) urgent treatment centre plan (JD) housing growth (AP) invite developers and District Councillors to specific meeting healthy developments and prevention (HB) – include public health input. KC noted Healthy New Town summit next week plus input to Oxfordshire Growth Board. plan more long term including demographics (GS) AL noted that the locality needs sufficient staffing to support this way of working. KC discussing how central OCCG staff can be more involved 	FC
10	<p>AOB</p> <ul style="list-style-type: none"> Deer Park - HOSC were satisfied that the CCG had addressed all the issues they had raised. FC to circulate JD's statistical briefing to practices. Temporary residents' notes - Cogges were concerned about patients receiving short term palliative care at local nursing home. GP had no access to notes not even SCR. FC to follow up practice access to SCR. locality lead clinicians wanted – AL advised formal notice coming shortly and asked GPs to alert colleagues: <ul style="list-style-type: none"> Respiratory clinical lead 1 day per week. Diabetes – 1 session per fortnight. 	FC FC

Updated 23/4 w JD comment and 3/5 with AL corrections.

Items anticipated on the 10 May 2018 WOLG agenda:

- **social prescribing** – implement locality plan
 - **GP decision support** system
 - Specialist **Continence Prescribing** Service
 - **Population growth** and estates planning
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Dates of future WOLG Meetings

Date (all Thursdays)	Time	Venue
10 May 2018	1315-1515	Windrush Health Centre
14 June 2018		
12 July 2018		
09 August 2018		
13 September 2018		
11 October 2018		
08 November 2018		
13 December 2018		
10 January 2019		
14 February 2019		
14 March 2019		

Other regular information for practices

- **GP Bulletin** e-mail sent to all practice managers every Wednesday and available at <http://www.oxfordshireccg.nhs.uk/professional-resources/gp-bulletin.htm>
- **Prescribing Dashboard** (to January 2018) available from the [prescribing page](#) downloads section.
- **Wire**: Monthly GP IT bulletin from CSU - [Wire archive](#)
- **E-mail advice** – [updated list](#) of lines November 2017
- **Oxfordshire Formulary** - <http://www.oxfordshireformulary.nhs.uk/default.asp>