

**Notes of Meeting: West Oxfordshire Locality Group**
**Date:** Thursday 14 September 2017

**Attendance**

<b>Practice</b>	<b>Clinical Representative</b>	<b>Practice Manager</b>
<b>Bampton</b>	Dr Peter Grimwade	Justin Clark
<b>Broadshires</b>	Chris A'Court (part)	Trevor Warner
<b>Burford</b>	Dr Simon Albert	Debra Barnes
<b>Charlbury</b>	Dr Helen Bayliss	
<b>Cogges</b>	Dr Brian Green, Dr Amisha Patel	Chris Wilkinson
<b>Eynsham</b>	Dr Jessica Harris	Teresa Young
<b>Nuffield</b>	Dr Gareth Evans	Catherine Simonini
<b>Windrush</b>	Dr Nick Thomas	Morag Keen

<b>Clinical Director</b>	Dr Miles Carter	
<b>Public Forum</b>	Graham Shelton	Madeleine Radburn
<b>West Oxfordshire DC</b>		
<b>PML (for WestMED)</b>	Andrew Elphick	
<b>OCCG</b>	Sula Wiltshire, Julie Dandridge, Fergus Campbell, Daniel Mann (PA Consulting), Sue Keating (notes)	

Chair: Dr Miles Carter

	<b>Action</b>
<b>1. Apologies &amp; Declarations of Interest</b> <ul style="list-style-type: none"> <li>Welcome: Sula Wiltshire, Quality Director, OCCG, Andrew Elphick (PML CEO), Daniel Mann (PA Consulting),.</li> <li>Apologies: Dr Kiren Collison, Heather McCulloch</li> <li>No new declarations of interest.</li> </ul>	
<b>2. MSK service changes:</b> Zoe Kaveney (OCCG) and Kate Kitto (Healthshare) attended for this item. summarised the aims and purpose of the service. Will be addressing the backlog as a priority when the service starts on 1 October 2017. Happy to work with PML to ensure that physio work is not repeated re involvement of PML hub physio. From October all referrals will go through the hub.  The CCG have commissioned this service. Healthshare have just signed a lease to see patients at Deer Park for the duration of the contract. They have also secured space at East Oxford Health Centre in Oxford. All the information is on the Healthshare website. Kate agreed to send information for patient groups to Practice Managers. Patients will experience a much	

	<p>quicker service.</p> <p>GS suggested communicating how well they are doing when selling to patients also that this is an NHS service and at no cost to patients.</p> <p>Some members of the group were concerned that diagnostic referrals that have been sent to OUH have been escalated. Zoe Kavenny report that this has been escalated to Paul Brennan to get this resolved. Healthshare have not yet been signed off yet by OUH so cannot take any referrals at present. The main proforma is on the CCG library, the email address was incorrect but has now been corrected.</p> <p>From 1 October 2017 all MSK referrals will have to go through Healthshare via the e-Referrals System.</p>	
<p><b>3.</b></p>	<p><b>Locality Clinical Director's report:</b></p> <p><b>i. Transformation update</b>  WOLG noted the following points following a slide presentation by MC:</p> <ul style="list-style-type: none"> <li>• Phase 1 recommendations agreed on 10 August</li> <li>• judicial and referral challenges in progress</li> <li>• there will be no OCCG action to make maternity changes permanent pending outcome of referral processes.</li> </ul> <p><b>ii. Other OCCG issues</b>  Reminder of the OCCG Clinical Chair elections - Kiren Collison and Paul Park are the confirmed candidates. All practices reminded of the husting session dates and encouraged to participate in the vote. The successful candidate will help appoint the next OCCG Chief Executive.</p>	
<p><b>4.</b></p>	<p><b>Locality Primary Care Plan:</b></p> <p><b>i. Agree level of priority for the draft work streams</b>  MC introduced Daniel Mann who has been contracted to work on the Locality Plan from PA Consulting.</p> <ul style="list-style-type: none"> <li>• GS stated that this was a good opportunity with new residents to prioritise what patients think is important. Need to work towards future plan and hear the whole population.</li> <li>• JD reported on OCCG's approach to getting patient views locally and meeting the requirements of the Independent Reconfiguration Panel letter on Deer Park: <ul style="list-style-type: none"> <li>○ Questions for PPGs (asap)</li> <li>○ public engagement events in both WOLG clusters</li> <li>○ Bigger public meeting to explore findings</li> <li>○ Work with GS on statistical survey for medium to long term.</li> </ul> </li> </ul> <p>MC took the group through the 15 proposed work streams to gather comments, and agree the level of priority within the overall plan which DM would update for further input from the locality leadership:</p>	<p><b>DM/FC</b></p> <p><b>JD</b></p>

<ol style="list-style-type: none"> <li>1. <b>Case Management</b> – does WOLG have this already? FC to investigate how many patients seen and cost. Query whether this includes social care and 3<sup>rd</sup> sector and is there sufficient capacity. <b>PRIORITY UNCLEAR</b></li> <li>2. <b>Gerontologist for care homes</b> –is there an overlap Care Home Support nurses who liaise with hospital? People in assisted living also need much care. <b>HIGH PRIORITY.</b></li> <li>3. <b>Gerontologist for multi-morbid patients</b> – (noted overlap with 2) <b>HIGH PRIORITY.</b></li> <li>4. <b>Diabetes and LTC Services</b> – based on North East pilot in the providing integrated closer to home service. <b>HIGH PRIORITY.</b></li> <li>5. <b>Social prescribing</b> – inc. train reception staff, volunteers, dementia café, Age UK – good low cost idea– define the population. Focus on definitions – and benefit to patients, and approaches to free up GP time. <b>MEDIUM PRIORITY.</b></li> <li>6. <b>Enhanced signposting for receptionists</b> – already developing through funded training. Ensure direct access resource for patients (eg website) and check interaction with 111. <b>HIGH PRIORITY.</b></li> <li>7. <b>Integrated and same day care</b> – some patients reluctant to travel to Witney so Hub in Carterton desirable. Same day demand going through integrated location which could include triage. <b>MEDIUM PRIORITY.</b></li> <li>8. <b>Visiting service</b> – ideally additional capacity, including a longer working day (pms). <b>HIGH PRIORITY.</b></li> <li>9. <b>Primary care skill mix</b> – Benefit to practices would be integrated alongside the hub. Explore options for staff who travel around rural practices. Issues could be with indemnity. <b>MEDIUM PRIORITY.</b></li> <li>10. <b>Shared back office</b> – Benefits could be shared payroll, staff pool, policies, procurement. Use the money to review the indemnity and any liability. <b>HIGH PRIORITY.</b></li> <li>11. <b>Shared records</b> – <b>HIGH PRIORITY.</b></li> <li>12. <b>Centralised triage</b> –not practical or desirable. <b>REMOVE.</b></li> <li>13. <b>Shared delivery of services</b> – duplication of item 7. <b>REMOVE.</b></li> <li>14. <b>Transport</b> – for ageing population unable to get to a surgery. More links with community schemes a likely way forward. <b>LOW PRIORITY.</b></li> <li>15. <b>Improved locality signposting.</b> Duplicates 5 and 6 above. <b>MERGE</b></li> </ol> <p><b>Additional priorities proposed</b></p> <ul style="list-style-type: none"> <li>• <b>Indemnity scheme</b> – can add high costs to skill mix and discourage innovation in primary care – need schemes which include retirement cover. <b>?HIGH PRIORITY</b></li> <li>• <b>Premises/estates development to meet growth.</b> Expected growth in 5 years, existing premises at capacity – more space needed in</li> </ul>	<p><b>FC</b></p>
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	<p>Carterton, Eynhsam and Witney – Agreed to restore in the plan. that into the plan. <b>HIGH PRIORITY.</b></p> <ul style="list-style-type: none"> <li>• <b>End of life care</b> – current direct access to Hospital at Home – nurses on call 7 days a week – valued service. Needs considering in complex patient workstreams (1-3 above) and reference to hospice outreach services.</li> <li>• <b>Out of Hours service</b> – issues to address in same-day workstream including overlap, sharing records and the range of services offered</li> </ul> <p><b>ii. Supporting information – WOLG Staffing &amp; Capacity survey report</b> Circulated report noted. Practices confirmed that they were fully staffed with GPs at present, but retirements and other changes meant there was a need for recruitment in the near future.</p>	
<b>5.</b>	<p><b>Public &amp; Patient Partnership West Oxfordshire:</b> GS highlighted that PPWO had discussed practice approaches to patients who do not attend primary care appointments, and asked whether this was a major issue locally. Practices advised that missed 30 minute nurse appointments caused operational problems.</p>	
<b>6.</b>	<p><b>Information updates for noting:</b></p> <p><b>i. Prescribing Incentive Scheme update</b> MC noted underspent. Problems flagged with Scriptswitch – advised to use feedback button (bottom left of window) which triggers swift OCCG action.</p> <p><b>ii. OCCG Board meetings 27 July 2017 &amp; 10 August 2017</b> Noted – Transformation discussed during LCD Report.</p> <p><b>iii. Note brief information items</b> Noted without discussion</p>	
<b>7.</b>	<p><b>Minutes of 13.07.17 &amp; Matters Arising:</b> Agreed as a correct record. No additional discussion.</p>	
<b>8.</b>	<p><b>AOB:</b> MR reminded all about <a href="#">Message in a Bottle</a> and the new wallet card just produced. <b>Cardiology</b> – CAC briefly canvassed practices about use of ambulatory cardia monitoring devices.</p>	

### Dates of future WOLG Meetings

Date	Time	Venue
12 October 2017	13:15 – 15:15	Windrush Health Centre
9 November 2017		
14 December 2017		
11 January 2018		
8 February 2018		
8 March 2018		

