

Notes of Meeting: West Oxfordshire Locality Group
Date: Thursday 12 October 2017

Attendance

Practice	Clinical Representative	Practice Manager
Bampton	Apologies	Justin Clark
Broadshires	Dr Anna Smith	
Burford	Dr Simon Albert	
Charlbury	Dr Helen Bayliss	
Cogges	Dr Brian Green	Chris Wilkinson
Eynsham	Dr Jessica Harris	Teresa Young
Nuffield	Apologies	Catherine Simonini
Windrush	Dr Nick Thomas	Morag Keen

Clinical Director	Dr Miles Carter	Dr Kiren Collison
Public Forum	Graham Shelton	Madeleine Radburn
West Oxfordshire DC	Jacqueline Wright	
OCCG	Sula Wiltshire, Julie Dandridge, Fergus Campbell, Sue Keating (notes)	

Chair: Dr Miles Carter/Dr Kiren Collison

		Action
1.	Apologies & Declarations of Interest <ul style="list-style-type: none"> • Welcome: Sula Wiltshire, Quality Director, OCCG • Apologies: Dr John Uden, Dr Gareth Evans • No new declarations of interest. 	
2.	Locality Clinical Director's Report: <ol style="list-style-type: none"> i. OCCG Board Meeting 28 September 2017 Briefing noted without further discussion. ii. Other OCCG issues Discussion to confirm WOLG policy on Witney future housing. How does WOLG propose we cater for the expected population growth? <ol style="list-style-type: none"> a) Expansion of existing practices / working at scale, or b) Commissioning an additional practice? <p>Agreed option A is the WOLG view. Challenges of buildings and staff for existing practices, but noted that growth is spread over time and geography and that a new practice could destabilise.</p> <p>KC to meet Cllr Jeanette Baker, West Oxfordshire District Council lead for Health on 9 November 2017 following WOLG. This aims to contribute</p> 	<p style="text-align: center;">FC</p> <p style="text-align: center;">KC</p>

	to discussions on health implications of housing growth in the locality. Practice reps welcome.	
3.	<p>Locality Place-based Plan:</p> <p>i. Steps to agree plan Timetable presented on a slide.</p> <p>ii. Draft plan for discussion Points raised included:</p> <ul style="list-style-type: none"> • Areas working well – include Early Visiting Service and EMU appreciated across WOLG. • Practice staff: Windrush already appointed a pharmacist and physiotherapist. • Broadshires have some space to expand plus staff challenges • Estates – should note notional rent implications of any building expansion. • AS stated that we should ensure attractive options for recruiting and retaining GPs. • Evidence is needed around whether ILTs make a difference. • JD reported that there are some funds to invest in primary care. 17/18 non recurrent and 18/19 recurrent. • KC agreed to re-write the priorities section to represent the WOLG view more clearly and will circulate to the group. • WOLG also requested that the work streams should be arranged to reflect the level of priority discussed at the 14 September 2017 meeting i.e. highest priority at the top. <p>The group went through the work streams on pages 24-26 in order. FC to pass on comments as below to plan authors:</p> <ul style="list-style-type: none"> • <u>Case Management</u> – no addition. • <u>Gerontologist</u> – could be virtual ward round. Also indicate that the proposal includes are and nursing home patients. • <u>Diabetes</u> – no change. • <u>Visiting service</u> – a top priority for the WHOLE locality. The extra capacity must allow GPs to refer patients later in the day, rather than slots all used up first thing. Palliative Care training – delete, felt that this service was not generally suitable for patients at end of life. • <u>Same-day</u> will need more information but evidence suggests that under use may relate to the ANP element of the current hub. Future provision needs to reflect clinical need. WOLG also discussed Urgent Treatment Centre model – suggest this is references as a possible service format subject to wider evaluation. • <u>Skill-mix</u> – WOLG felt that this would need additional recurring funding 	<p>FC</p> <p>KC</p> <p>FC</p> <p>FC</p>

	<p>noted that the MH model in North uses some STF funds.</p> <ul style="list-style-type: none"> • <u>Enhanced signposting</u> – needs extra resource as takes extra time for receptionists, over and above existing work. • <u>Development of practice websites</u> – recurrent funding implication. Earlier versions of this plan suggested a locality or county-wide signposting or information resource which practice websites could point to – please include that with costs? • <u>Social prescribing</u> – need to include costs for activities and co-ordination. New NHS England funding noted. Fergus to meet urgently with the District Council to see if we can develop a bid based on Gloucestershire models. • <u>Back office</u> – need resources for professional advice re legal implications etc and scoping. Practices’ feel some areas may be challenging to achieve. • <u>Prevention</u> – FC will follow up local initiatives with the District Council when discussing social prescribing. • <u>Estates</u> – suggest we note specific schemes in the document. FC to supply more information as soon as possible. Some space for extension on the Broadshires site noted. NB Any building expansion will have recurrent funding implication for notional rent. <p>iii. Further public engagement activities – dates</p> <ul style="list-style-type: none"> • Public meetings planned for 1 and 8 November 2017 are confirmed and publicity has been sent out. The aim is to raise public’s awareness regarding the development of West Oxfordshire Locality Place based plan. The meetings will be chaired by CCG Directors. • The meetings will need to clearly communicate the case for change. 	<p>FC</p> <p>FC</p> <p>FC</p>
4.	<p>Public & Patient Partnership West Oxfordshire: GS noted the following points:</p> <ul style="list-style-type: none"> • PPGs are very important and the rebirth of Charlbury PPG welcomed • Locality forums are engaging with local MPs and PPPWO recently met with Robert Courts. • PPPWO will support the planned November engagement meetings. 	
5.	<p>Information updates for noting.</p> <p>i. Planned Care projects update:</p> <ul style="list-style-type: none"> • WOLG questioned whether the new MSK hub run by Healthshare was working. JD advised it is early days and they have taken on a 12,000 patient back log which they are confident they will clear. A FAQ document is in this week’s GP Bulletin. WOLG requested regular updates on progress • KC advised that the new endoscopy contract will add additional sites and make a 2WW pathway available at the Witney clinic in the next couple of months. 	

	ii. Note brief information items overleaf <ul style="list-style-type: none"> Clinical Chair election closing date is 13 October 2017 at 5pm. 	
6.	Minutes of 14 September & Matters Arising: Agreed as a correct record.	
7.	AOB <ul style="list-style-type: none"> Integrated Locality Team (ILT) - MR to look at ILT from patient point of view in her work as an Oxford Health Foundation Trust governor. Facebook group - JH advised that an LMC Facebook group for GPs and PMs in Oxfordshire has been set up. It is a closed group but you can request to be a member – search OXGP. The group started a month ago and have 120 members. Leg ulcer activity in practices - AS stated that they have had a large increase in leg ulcer and wound dressing care and Broadshires are struggling with the volume. She feels the funding does not cover the time, each appointment takes between 30-45 minutes. Windrush are having the same issues. KC asked if this should be included in the Locality Plan. Physical activity programme for diabetic patients. JW reported on the Go Active Get Healthy scheme commissioned by OCCG and now targeted on diabetes. Free motivational coaching sessions, incentive vouchers with long term support. West Oxfordshire District Council has application forms and they can provide more information. 	MR All

Dates of future WOLG Meetings

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