

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 27 July 2017	<b>Paper No:</b> 17/47
--------------------------------------	------------------------

<b>Title of Paper:</b> Locality Clinical Director Reports
---

<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
---	-------------------	--	-----------------	--	--------------------	---

<b>Purpose and Executive Summary:</b> To update the Board on matters arising in the Localities.
--

<b>Financial Implications of Paper:</b> There are no financial implications in the paper but items referred to in reports may have financial implications.
---

<b>Action Required:</b> The Board is asked to note the content of the reports.
---

<b>OCCG Priorities Supported</b> (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

<b>Equality Analysis Outcome:</b> Not Applicable
---

<b>Link to Risk:</b> The paper does not directly link to risks on the Risk Register but items contained in the Locality Clinical Director Reports may do so.
---

**Author:** Locality Clinical Directors

**Clinical / Executive Lead:**

**Date of Paper:** 14 July 2017

**North Oxfordshire Locality Group (NOLG)****Locality Clinical Director Report**

Dr Paul Park

In its meetings in May and June 2017, the North Oxfordshire Locality Group of representatives from the twelve practices discussed the following subjects:

**1) OCCG Primary Care Framework and the NOLG locality plan**

The NOLG practices continued their conversations on how to deliver the OCCG Primary Care Framework in north Oxfordshire, and how to summarise their discussions in the NOLG locality plan for 2017. The locality plan from 2016 was noted and discussed, in light of recent developments, such as changes at Horsefair, the decreasing sustainability of general practice in Banbury, and national political changes implying a low probability of increased national-level funding for healthcare and the effects of concerns about Brexit on health professional recruitment.

Ultimately, these discussions will be reflected in the NOLG locality plan, but included:

- The clear disparity between the priority for the **survival of general practice in the Banbury cluster** (dealing with such issues as increasing patient need, extreme difficulty recruiting and retaining clinical and non-clinical staff, need to update and maintain premises, worsening practice finances, and the growing population) and **the idealisation of general practice in the rural cluster** (who are also dealing with such issues as increasing patient need, concerns around premises, and dealing with a growing care home population and increasing healthcare need and complexity in their elderly patients);
- The need to meet both priorities with developing and continuing current services (such as the neighbourhood access hub, the primary care visiting service, and the care home enhanced service for practices) and developing necessary changes (such as improving skill-mix at the practice and cluster levels);
- **Good examples of skill-mix** in NOLG practices (such as clinical pharmacists in Hightown, West Bar, and Woodlands, and musculoskeletal (MSK) practitioners in Chipping Norton, Hightown, and Horsefair) were discussed, as well as the need for more evidence on the impact of these new roles in general practice;
- The need for **better IT interoperability in Oxfordshire healthcare**, such as allowing community nurses and community hospital staff (employed by Oxford Health and therefore using CareNotes) to access and update the GP EMIS record for their patients, and encouraging those teams in future to use EMIS as their main health record system;
- The decision by Banbury practices to “bite the bullet” and divide up local care homes among themselves, so that **each care home would be assigned a single practice** where new patients would register and to which current patients would be encouraged to change their registration. This was highlighted by several Banbury practices as an essential change for streamlining home visits and management of care home patients. This in turn will hopefully reduce practice workload and improve quality of care. As of July, this work is progressing well, with most of the care homes now informed and happy to proceed, and many patients changing their registrations voluntarily;

- Several NOLG practice managers highlighted the need for a **shared vision and purpose for change** in NOLG, and asked that a meeting between OCCG, NOLG practices, NHS England and a practice manager in Tower Hamlets who had inspired them at a recent conference speaking about her work as CCG lead for primary care transformation, be arranged. This is currently in progress.
- There is a clear need for more effective **workforce analysis** in general practice, both current and against future growth. The workforce assessment questionnaire successfully used in the North-east locality will be circulated to NOLG practices for completion.

## 2) OCCG diabetes projects

The OCCG clinical lead for long-term conditions, presented the OCCG Integrated Diabetes Care project and the National Diabetes Prevention Programme (NDPP) to NOLG in May. Several pilot practices for the NDPP were identified in NOLG, but have yet to go live.

## 3) Medicines management

NOLG practices expressed concern at the Prescribing Incentive Scheme for 2017/18, which does require practices to achieve on a locality level, which NOLG practices felt was unrealistic and difficult to achieve given the variation in prescribing achievement across the locality; they asked if the target could be made practice-level or, failing that, county-level, but this was not supported by OCCG. Many NOLG practices initially declined to sign up, but all have now done so.

The Minor Ailments Scheme was announced and discussed – this has been running in Banbury for several months (as in Oxford), and is aimed at allowing community pharmacies to issue over-the-counter medication for minor illnesses for patients who are eligible for free prescriptions to reduce demand on practices. 595 patients used the service in March, and 66% said they would probably have used a GP appointment. There is potential to expand this to more practices. One pharmacy in Banbury is also being commissioned as a trial to issue trimethoprim for urinary tract infections; progress on this pilot is being assessed.

## 4) Updates from the NOXMED federation

NOXMED, via Principal Medical Limited (PML), continues to deliver the valued Banbury neighbourhood access hub and primary care visiting service. Questions were raised about whether the community phlebotomy service which started earlier this year was operational, since practices have had difficulty accessing it, and PML will feed back to NOXMED about this.

As of July, PML is starting to offer appointments with MSK practitioners as well as with GPs and advanced nurse practitioners (ANPs) in the Banbury neighbourhood access hub, as in the hubs in Bicester and Witney.

NOLG welcomed Dr Neil Fisher as the new chair of NOXMED in May.

## 5) Updates from the North Oxfordshire Locality Public Forum (NOLF)

The NOLF chair asked how she could best support OCCG in sharing information with the public around potential primary care changes; in the subsequent discussion,

NOLG was grateful for her support in presenting positive messages to the public. The May NOLF steering group meeting focused on the OCCG Primary Care Framework and bereavement care. NOLF also held a public meeting on the 6 July to discuss the primary care plan for north Oxfordshire.

**North East Oxfordshire Locality Group (NEOLG)****Locality Clinical Director Report**

Dr Stephen Attwood

The June and July meetings focused on the areas below. As there is no August meeting the next meeting will take place on 13 September.

**Sustainability Transformation Programme** – The Big Health and Care Consultation executive summary was presented, with discussion on how best to take the recommendations forward locally. The Phase 2 engagement and consultation process was outlined and more on this will follow in due course.

The OCCG 360° survey results were discussed in detail, with an exploration of the challenges Primary Care faces and opportunity to improve communication with and support of Primary Care.

**Locality Plans** – The Locality's Place Based Plan has been shaping up well following considerable group discussion, with collaborative working across a number of stakeholders, including ONEMed, the Council, and Oxford Health. The workforce survey will progress, along with further predictive modelling on planned population growth. Patient input has been sought on the direction of travel, and further discussions will take place as plans progress.

**Clinical discussions included:** the Diabetes services pilot, with an update on progress to date on the dashboard. Practices felt this was a useful start in collecting information to reflect the current pattern of delivery of care and collective opportunities to improve this. In the longer term however making progress with this could not continue without suitable funding from the planned alliance contract.

**Practice Commissioning Pack meetings** – The Locality has agreed to hold these in two neighbourhood workshops, with the first taking place 18 July 2017 and the second planned for later in the summer. This will allow the Locality referral and outcome data to be reviewed, and consideration given to the three actions required from these meetings, which could focus on what can be achieved at scale.

**NE Locality Community Service Group meetings** – are held monthly, with progress being made towards co-location of social care duty desk with community health's Integrated Location Team based in the Bicester Community Hospital. The locality has piloted the creation of a training passport in delegated health tasks in order to release more time for district nurses to spend on clinical care and this is now being rolled out across the county. A further area is a review of rapid response pathway for frail older people to avoid hospital admission. Mapping of the current services is underway with good stakeholder engagement. Joint access to records remains a significant issue countywide. Local representation at the countywide Leadership and Integration event held on 25 April 2017 led to some valuable shared learning around how other Localities are progressing.

**Papers** - were presented on the following: OCCG Board briefings, Planned Care project updates, 2016/17 Locality Investment Scheme (LIS) involvement summary, 2017/18 LIS guidance on 10 High Impact Changes, and Autism, Physical Activity Clinical Champions, Go Active Get Healthy, Musculo skeletal service changes, 111 new contract, and the news regarding the CEO and Chair posts.

**Federated working – ONEMed** - The team of Emergency Care Practitioners in the primary care visiting service and the clinical workforce engaged to provide neighbourhood access hubs in Bicester and Kidlington are delivering much needed additional capacity to meet the needs of patients in the locality.

The ONEMed federation continues to work with the locality commissioners to build plans for providing new models of care in Bicester as part of the Healthy New Town initiative with the support of Cherwell District Council. This will inform local need for estates planning as the community grows in the coming years. We will continue to work with NHS England and NHS Property Services regarding future contracting models for multi-tenanted buildings. ONEMed has also worked collaboratively with the Locality on the Place Based Plan.

**Bicester Healthy New Town Programme** – The programme held its official public launch on Saturday 13 May 2017 with a range of activities for all ages in the town centre which aimed to show that being active and making healthy food choices can be fun. Over 8,000 residents attended the event and the response to the programme and what it is trying to achieve was very positive.

To encourage people to build activity into their daily routines the programme is marking out 3 x 5K Health Routes in various residential areas in Bicester to encourage people to walk more. The first one has been opened in Langford and is already well used by local residents.

The Director of Strategy for NHS England visited Bicester in May and endorsed the work being undertaken by the programme; the national new models of care team are now providing input into plans for the development of services. Advice is also being provided by NHS Property Services to support discussions about future estates needs for primary and community services to meet the needs of the growing population.

**Public and Patient engagement** – The NE PPG Forum met again in Bicester on 12 June, with a presentation and discussion on the pressures currently being faced by primary care, and the direction of travel within the Place Based Plan.

The PPG Forum Chair routinely attends the monthly main Locality meetings, the Countywide PPG Forum Chairs meetings, and individual practice PPG meetings where possible.

A recent face to face PPG meeting at Bicester Health Centre demonstrated considerable enthusiasm and ideas for helping patients, e.g. exercise, transport etc. The group were delighted to have a Partner there and asked for the Practice Manager on a regular basis to give them some direction of ideas useful to the Practice.

**Oxford City Oxfordshire Locality Group (OCOLG)****Locality Clinical Director Report**

Dr David Chapman

**Locality meetings**

The June and July meetings focused on the areas below. The next main Locality meeting will be held on 14 September, as there is no August meeting.

**Sustainability and Transformation Programme (STP) and Oxfordshire Transformation Plan (OTP) –**

Practices have worked hard to identify service improvements and requirements across the next 5 years, against a range of priority areas identified by the City Executive. Group working, alongside a patient representative, OxFed, and Oxford Health Foundation Trust, saw the identification of a number of aspirations which now form part of the City's Place Based Plan. This work forms part of how to deliver the Primary Care Framework element of the OTP, and will continue alongside practice and patient discussions on changes planned. It should be noted that introduction of the majority of service improvements will be subject to both clinical staffing availability, and central funding. Major issues around variety and quantity of workforce remain to be resolved.

A City Practice Commissioning Pack 2017/18 has gone out to practices, with the first of two main workshop meetings being held on 20 July at Unipart in Oxford. This meeting focuses on reviewing the data and identifying three Actions which each practice will adopt to improve variation in primary care, or reduce referrals or admissions. The second meeting is planned for September 2017.

The Phase 1 Big Health and Care Conversation executive summary was discussed, with views sought from practices, which the Locality Clinical Director will reflect at the August OCCG Board meeting.

The OCCG 360° survey feedback was raised, with a general view that whilst the summary did not look encouraging, many of the comments themselves recognised the difficult circumstances within which OCCG worked. Further input was requested from practices on how to improve communications for the coming year, and will be raised again at the September meeting.

**Other clinical discussions:**

An Oxford Refugee Health Initiative was discussed with the aim of matching volunteer medical student / trainees who will have had safeguarding training, with refugee families to support them through health pathways. Practices were asked to suggest suitable families for this pilot scheme.

Primary Care People as an agency supporting vulnerable practices were discussed. Concerns were raised around their attempts to recruit local GPs at a time when there were already considerable GP recruitment pressures in Oxfordshire, and how OCCG had agreed to use this company. It was noted that no payments had yet been made



as no GPs had been secured. Future agreements with this company are being reviewed after three months.

Updates were given around the 2016/17 Primary Care LIS involvement summary countywide, the 2017/18 Primary Care LIS and supporting guidance on 10 High Impact changes, Autism, and the 2017/18 Prescribing LIS progress.

The role of City Locality Clinical Director and one of the Deputy LDC posts were due for re-election in September 2017. With no August meeting, the appointment process had been announced at the July meeting with expressions of interest sought and packs sent out as requested. Due process will be followed by the Election Manager, and results announced in September.

**Papers** - were presented on the following:

OCCG Board briefings, Planned Care project updates, 2016/17 LIS involvement summary, 2017/18 LIS guidance on 10 High Impact Changes, and Autism, Physical Activity Clinical Champions, Go Active Get Healthy, MSK service changes, 111 new contract, and the news regarding the CEO and Chair posts.

#### **Barton Healthy New Town –**

Documents from the first phase of the Barton Healthy New Town project can be found on the following link: <https://www.oxford.gov.uk/bartonhealthynewtown>. Included is the research which was commissioned as well as the end of phase one report. The steering group is still waiting for written confirmation from NHS England as to continued funding, before embarking on phase two.

#### **Federation development – Prime Ministers Challenge Fund Schemes -**

OxFed continue to implement the 7 Day Access Scheme services (supporting increased patient access and enabling delegation of work from GPs to other clinicians to provide a more specialised service to patients). The service is now running from its permanent location in St. Bartholomew's Medical Centre using the (new) shared EMIS clinical records. The team are working closely with the OOH service to ensure it does not destabilise their provision. The service is not yet at full capacity however usage rates are high and there is an active recruitment drive to increase appointments and the range of clinicians.

The Federation resubmitted a bid to NHS England for funding for Clinical Pharmacist support across the patch, covering medicines management, chronic disease management, minor illness management, audit and education and are awaiting the outcome. OxFed continue to deliver the Practice Care Navigator Service across the city and are making progress with the wider Practice Sustainability package that has been funded through the Locality with new Practice Nurse Training, the launch of Team Oxford (volunteering) and new staff pool opportunities with Oxford Health. Work continues to explore options for closer / joint working with other Federations and community services as well as with the wider system and OxFed are actively engaged with the RTT work). We have progressed plans on the Rose Hill long-term conditions service and as soon as we receive confirmation of the leasing arrangements, implementation of the long term conditions pilot at Rose Hill will get underway.

**Public and Patient engagement –**

The City PPG Forum held a public workshop and marketplace on 5 July 2017 at the Old Fire Station in Oxford.

Around 60 people attended and feedback received indicated the workshops and marketplace had been worthwhile. The workshops focused on two key areas.

The City Locality Clinical Director with the support of one of the Deputy Locality Clinical Directors outlined the pressures facing primary care and the need to work differently to ensure sustainability. Plans for how the PPGs can engage with these developments will be the focus of the work of the City Forum in the coming months.

The second workshop was on how access to practices can be improved by encouraging the use of on-line systems. This also included a practical demonstration.

Various health organisations also attended as stall holders at the event, to provide information to the public on a range of topics and healthcare prevention.

Meanwhile, members of the City PPG Forum continue to attend the monthly Locality and Countywide Forum meetings and provide support to individual PPGs when requested.

**South East Oxfordshire Locality Group (SEOLG)****Locality Clinical Director Report**

Dr Ed Capo-Bianco

We agreed at our last meeting that we would support and refer to the South West's Dermatology BCC service run by Adam Jones and Estelle James out of Woodlands Medical Centre. The Hart Surgery GPs are still trying to get accreditation for this as well.

We had a presentation from one of the research facilitators from NIHR to try and recruit more practices to their list. A number of practices are already part of the NIHR.

Issues with the new pathology service that used to be provided by RBH but is now being provided by Wexham and Frimley Hospitals were discussed. There are some major issues with samples going missing and results not being reported, necessitating chasing up from GPs and increased contact from patients with practices. This is being raised with the Quality Team.

The large majority of our meeting was devoted to the locality plan, the main points being the large anticipated population growth and the impact this would have on primary care estates and also the workforce, with a significant number of impending retirements.

**South West Oxfordshire Locality Group (SWOLG)****Locality Clinical Director Report**

Dr Jonathan Crawshaw

**Locality plan for delivery of the primary care framework**

Locality executive meetings in May and June have been devoted to development of our locality place-based plan, and good progress has been made with involvement from all member practices and both GP federations. Our central challenges in South West Oxfordshire relate to the rapidly growing population: this necessitates updating and expansion of GP premises, and cohesive planning of the primary care workforce. The priority areas identified in our draft action plans are:

- Primary care estates
- Workforce expansion and diversification
- Integration of computerised medical records and other IT enhancements
- Increased efficiency through shared administrative/support services in general practice

The SWOL patient forum will review the draft plan in their July meeting and will present feedback to the locality executive in August. This iterative plan will continue to be reviewed regularly and forms the basis for working cooperatively towards a sustainable model for primary care in the locality.

**West Oxfordshire Locality Group (WOLG)****Locality Clinical Director Report**

Dr Miles Carter

**1. Locality primary care plan**

The West Oxfordshire Locality Group (WOLG) has developed the following draft priorities for its plan:

- Shared patient record accessible to all local services when needed to enable joined-up high quality care
- Improved locality-wide signposting to help patients go directly to the appropriate services:
- Integrated urgent care hub developed from existing services
- Wider primary care clinical skill mix delivered through practice-based and cluster services to supplement existing GP and practice nurse staffing
- Meet the needs of a growing and ageing population.

The group will work further on agreeing the detailed measures it proposes to achieve these priorities.

**2. WOLG locality meetings**

At its meetings in May and June, WOLG also discussed:

- The **360° survey of OCCG** and the factors influencing a declining result including level of consultation with LMC over changes, plus low morale in practices
- **Prescribing Incentive Scheme 2017-18** – further details about the scheme and discussion of measures likely to achieve savings at practice level. Members highlighted the need for patient communications to support measures such as reduced prescribing of over the counter medicines
- **2 Week Wait referral pathways** – concern over issues. The locality was grateful for modifications made to the pathway in response to GP feedback
- **Work passed from secondary care** – approaches to respond to inappropriate requests including logging work and using template letters to refer it back
- **SCAN suspected cancer referral pilot** – WOLG pleased to have access to this service, and interested to note the early reports from North locality of its impact.

**3. Public and patient engagement**

The Public & Patient Partnership West Oxfordshire (PPPWO) forum steering group met in May and June. They have also fed back to WOLG on their public listening event held in Burford in early May. Key themes included:

- Good experience of clinical care at GP surgeries and hospitals
- Problems parking at Oxford hospitals
- Long waits for routine GP appointments.

PPPWO discussed the locality primary care plan draft priorities and gave feedback which is published in the draft plan. This includes:

- Meeting the needs of the growing and ageing population should be a very high priority
- GPs having access to faster and more accessible diagnostics closer to home for the patient (avoiding journeys to Oxford hospitals)
- Explicit focus on reduced time to access routine appointments
- Add a focus on prevention and public health improvement
- More clearly addressing the needs of isolated rural populations
- Expand the scope of integrated working to reference ambulance services, social care and voluntary sector.

The group has also discussed:

- Revisions to its stated aim in its Terms of Reference
- The Big Consultation Phase 1 consultation report
- Developing a detailed plan for establishing local people's health and social care needs

At its June meeting the group had a presentation from Al-Anon who support the families and carers of alcoholics. PPPWO will use its networks to spread awareness of this group and its work.