

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 29 March 2018	<b>Paper No:</b> 18/16
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<b>Title of Paper:</b> Locality Clinical Director Reports
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<b>Paper is for:</b> <small>(please delete tick as appropriate)</small>	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<p><b>Purpose and Executive Summary:</b> To update the Board on matters arising in the Localities.</p>
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<p><b>Financial Implications of Paper:</b> There are no financial implications in the paper but items referred to in reports may have financial implications.</p>
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<p><b>Action Required:</b> The Board is asked to note the content of the reports.</p>
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<b>OCCG Priorities Supported</b> <small>(please delete tick as appropriate)</small>	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

<p><b>Equality Analysis Outcome:</b> Not Applicable</p>
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<p><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.</p>
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**Author:** Locality Clinical Directors

**Clinical / Executive Lead:**

**Date of Paper:** 20 March 2018

## North Oxfordshire Locality Group (NOLG)

### Locality Clinical Director Report

Dr Paul Park

#### 1. Locality Plan

NOLG fed final views into the locality plan and noted its publication at the end of January 2018. As part of this, NOLG confirmed a statement of its approach to providing primary care for a growing population, given the expected population growth in the locality both in and outside Banbury over the next five to fifteen years. The NOLG approach to broad and innovative skill-mix, both within practices and across clusters, was discussed and approved. The use of clinical pharmacists (mainly within practices), emergency care practitioners (mainly in the primary care visiting service), and mental health practitioners (mainly across the rural cluster of practices) were highlighted.

Implementation issues discussed in the last two meetings include:

- **Mental health practitioners and clinical pharmacists in practice:** The locality discussed how best to use the OCCG funds allocated to expanding these two roles in NOLG, and agreed a flexible approach to supplement existing staffing, to be delivered by the NOxMED federation. The rural cluster will develop clinical pharmacists across their practices, and mental health practitioners will be deployed to the neighbourhood access hub in Banbury.
- **Social prescribing:** Future progress will be affected by the outcome of the funding bid submitted in partnership with Citizens Advice, Cherwell District Council and West Oxfordshire District Council for a service across the North, North East and West localities.

#### 2. NOLG Locality meetings

Topics other than the locality plan and its implementation discussed at the NOLG meetings in January and February 2018 included:

- **Future working for NOLG and NOxMED:** NOLG has begun to discuss closer working between the locality group and the GP federation to improve care in the local area at the instigation of the OCCG clinical chair, Dr Kiren Collison. The locality is exploring these options before going ahead with election of a new Locality Clinical Director. The locality is keen to make better use of everyone's time (since many of the same people attend both NOLG and NOxMED meetings), and achieve swifter change and improvement to services when needed. Concern was expressed that combining the commissioning (NOLG) and federation (NOxMED) meetings would lead to a less effective and respected commissioning voice for local GPs, and to primary care being seen only as providers in future discussions.
- **The CQC Local System Review** and the barriers which have prevented joint working to date (please see the OCCG board papers for more details).
- **Proactive medical support in care and nursing homes:** NOLG welcomed the proposed changes to the locally commissioned service (LCS). Practices will examine how they can offer this level of care to more homes locally. While almost all the care homes in the North locality are now allocated to individual

practices, several practices have not yet signed up to the LCS but plan to do so in the near future.

- **Banbury Health Centre (BHC):** NOLG noted the change in approach to future services from this practice, and specifically the plan that primary care services would continue to be delivered from the BHC building.
- **Practice receptionists' roles and development:** NOLG noted the new opportunity for training in signposting for reception staff provided by OCCG. In more general discussion, NOLG noted the need for reception staff to be recognised as skilled and specialised personnel in their own right by the public – the possibility of relabelling receptionists as, for instance, care navigators, was raised. There is potential for the patient forum to work with the locality on addressing this issue.
- **Local Investment Scheme 2018-19:** The proposed changes were discussed and generally supported.
- **Managing transfers between practice lists:** NOLG discussed the need to find an effective way of balancing patients' opportunity to choose and change doctor, and the impact on practices of high numbers of transfers. OCCG has advised that the temporary arrangement to discourage transfers between Banbury practices can no longer be sustained after several extensions, and discussions continue in NOLG about what solutions would be best in future.
- **Planned care developments** that were discussed at NOLG included:
  - Ongoing issues with reconfigured musculoskeletal (MSK) service including waiting times and patient communications;
  - Recent and proposed service improvements summarised by the clinical lead.

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### 3. Public and patient engagement

The vice chair of the North Oxfordshire Locality Public & Patient Forum (NOLF), David Heyes, is stepping down. The locality is very grateful for his 4 years of service and the Forum will seek a new vice chair to succeed him. The NOLF steering group met on 6 February 2018 and discussed the following main topics:

- Locality plan and implementation;
- Local concerns about provision at Horton General Hospital and Chipping Norton Community Hospital;
- Role of federations and whether there could be patient involvement;
- Developments and patient view at Banbury Health Centre and Horsefair Surgery;
- Development of a Banbury dementia friendly town project;
- HealthWatch Oxfordshire new website and location for accurate forum information.

### 4. Federation development

NOxMED continues to deliver the valued primary care visiting service (PCVS) across the locality and the neighbourhood access hub (NAH) in Banbury, which now includes physiotherapists. PML also continues to work with the West Bar and Woodlands surgeries to develop the new primary care entity in Banbury

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

Dr Stephen Attwood

Main Locality meetings took place on 14 February and 14 March with the next meeting planned for 18 April 2018. Meetings contained the following focus areas:

**Oxfordshire Transformation Programme** – An update was provided around the latest position on phase 1 consultation legalities and learning outcomes. It was acknowledged that Phase 2 would require a different approach.

**Locality Plans** – the practices had opportunity to consider the final published document ([here](#)), and discussion took place around the burgeoning project charters for the Locality. Each practice input their current work stream issues and it was agreed that the direction of travel for improvement was reasonable, however there was concern around how OCCG would support practices with the considerable population growth which was now impacting. Conversations also explored models of primary and community care, the future role of alliance working, locality responsibility and accountability, and chronic disease management.

OCCG staff confirmed that estates issues were being addressed with a countywide approach being taken as growth was taking place throughout the county and each Locality needed to be seen in context. Priority areas had been identified and support was being given to their needs in the form of a strategic review and needs analysis. In the short term some minor grants funding was available to ease pressure on space which could be converted for clinical purposes. Major changes would be subject to public engagement.

**Clinical discussions included:**

- Child & Adolescent Mental Health single point of access model
- Presentation from Physiological Measurements Limited on the new ultrasound service pathway
- Progress on the 2017/18 Primary Care Local Incentive Scheme was raised, and comments sought on the new scheme being proposed for 2018/19. Comments were fed back into the Oxfordshire Primary Care Commissioning Committee (OPCCC).
- The Locality Community Services Group is progressing with mapping of some complex patient pathways to review what action may have helped earlier to avoid admission.
- A diabetes project update, with all Locality practices having completed their Multi-disciplinary Team meetings and general feedback given that this project is definitely beneficial for patients in this group. The use of Skype to enable screen sharing between primary care and the hospital consultants has worked well once initial teething problems around IT were resolved.
- Oxon Training Network providing practices with a Receptionist Active signposting development programme coming later in the spring, and what needs to happen to make this training effective.

**Papers** - were presented on the following: OCCG January Board briefing, Planned Care project update, Combating Cardiovascular Disease (CVD) through Healthchecks, an Email advice Q3 position, Diabetes Go Active Get Healthy (GAGH) Exercise scheme, Primary Care Estates update paper, CQC letter and summary of findings, and a flyer for the GP Psychiatry Study session, and County Lines – preventing exploitation of vulnerable children.

#### **Federated working – ONEMed:**

Support for primary care continues with the urgent access hubs and visiting service providing extra capacity over the winter months. We are looking to provide extra capacity in both services over the Easter period.

North-East practices are keen to explore the use of a clinical pharmacist within the federation using the non-recurrent funding available this year. While practices are keen to explore the role of mental health workers, this would be better via funding on a longer-term basis for this model of care.

Work with Oxford Health continues to explore Joint Enterprise working and in particular how this can be used to provide improved frailty pathways in the North-East of the county.

#### **Bicester Healthy New Town Programme**

Plans have been progressing as follows:

- Make Every Contact Count training course developed for non-clinicians and provided to small businesses and voluntary groups.
- Mental Health training provided for primary school leads
- Integrated training on dementia care provided for 29 support workers
- Presentation on the Healthy Town approach to promoting population health and wellbeing given to the Thames Valley Clinical Senate and the Thames Valley Clinical Network conference on Population Health
- Bicester Voluntary Organisation Network met in March and is planning a volunteering fayre for April
- Listing of social and exercise activities in Bicester offered by community groups compiled and distributed in the Garth Gazette - part of the community asset mapping required for social prescribing
- The joint application for funding submitted by Citizens Advice North Oxfordshire South Northamptonshire, OCCG, Cherwell and West District Councils to the Voluntary, Community and Social Enterprise Health and Wellbeing Fund for social prescribing, has gone through to the next round of assessment. An outcome is awaited within the next month.

#### **Public and Patient engagement –**

The NE Patient Participation Group (PPG) Forum meeting took place on 31 January 2018 with good representation from practices. Those practices not represented were raised within the main Locality meeting to see if practices could increase representation from wider promotion of their PPG. A new deputy PPG Forum Chair was appointed, Dr Cyril Levicki.

Principal Medical Limited provided a presentation on how the Federation operated and supported the local federation branch, ONEMed. Practice representatives reported on local progress.

The next meeting is planned for 25 April 2018 in Woodstock.

The PPG forum meetings are now supported by Healthwatch, who had conducted a survey into patient views of Bicester healthcare services. The report can be seen [here](#). The findings of this report were discussed in a collaborative meeting on 22 February 2018, led by Healthwatch, with Cherwell District Councillors, Oxford Health NHS Foundation Trust (OHFT), South Central Ambulance Service (SCAS), NHS Dental, a Bicester practice representative, Health & Wellbeing Board member. Actions in the key areas will be taken forward as agreed and a follow-up meeting planned in a year's time.

**Oxford City Locality Group (OCLG)****Locality Clinical Director Report**

Dr David Chapman

**Locality meetings**

Meetings took place on 8 February and 8 March with the next meeting planned for 19 April 2018.

The final version of the City Place Based Plan was shared in February, with a discussion taking place around the project charter areas planned. One area of focus was around practices having identified up to 10 complex mental health patients, and drilled into what support they felt patients would benefit from. This information was then able to be fed into the emerging Mental Health strategy especially around developing the Personality Disorder pathway.

A frailty pathway is being developed with a City based home visiting service proposed to start in April and building on neighbourhoods especially for long term conditions. Interventions for improved resilience in severely frail patients are being discussed and meetings have been held with Oxford University Hospitals NHS Foundation Trust (OUHFT) and OHFT.

Social Prescribing Steering Group – Plans are being developed for ambulant patients with mental anguish and complexity as well as those with recurrent attendance across the system and long term conditions, especially where they have not engaged with current services. Sadly the application for Voluntary, Community and Social Enterprise Health and Wellbeing funding for social prescribing was not successful, with oversubscription of the fund being cited.

The Health Inequalities joint project with Oxford City Council, met to take forward the identification of people with housing issues due to complex issues such as mental health etc, and the associated training requirement for housing officers around 'making every contact count', and sign-posting. Areas with the greatest health inequalities will be a focus for long term conditions (LTCs) which appear to be associated with emergency department admissions.

The 2017/18 Primary Care Local Incentive Scheme progress by practice was assessed, with comments sought on the 2018/19 proposed scheme, which were then fed into the countywide decision making.

Practices have discussed what they feel will make locality main meetings more effective, and the Executive Team will take this forward for future meetings. This aligns to the CQC report findings, with synergies being sought around working in co-production with partner agencies, managing growth whilst avoiding admissions, and new models of care to support system wide integration.

**Other clinical discussions:**

- a) Tobacco Cessation Service changes were high-lighted.
- b) Prescribing progress for quarter three was noted.

- c) Child and Adult Mental Health single point of access service presented on the new model of care they had introduced.
- d) Physiological Measurements Limited spoke about their ultrasound service being introduced across the City sites in The Leys, Cowley Road, Wood Farm, 19 Beaumont Street, and Jericho Health Centre.
- e) OxFed is supporting practices with the use of pharmacists within primary care at a neighbourhood level.

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

OCCG January Board briefing, Planned Care project update, Clinical Chair update, Oxfordshire Primary Care Estates update, the Project Charters associated with the City Locality, Nurse Update training, GP Safeguarding Leads update workshop, GP Psychiatry Study session.

### **Barton Healthy New Town (HNT)–**

The project is currently in Phase 2 and on Friday 19 January, the six month review meeting with the NHS England Healthy New Town Account Manager took place. The meeting was led by Jackie Yates, Executive Director at Oxford City Council and Diane Hedges, Chief Operating Officer at OCCG, who are both members of the Barton HNT Governance Board.

The HNT Delivery Group presented on the outcomes from Phase 1 and the current status of the Phase 2 plans, ending with the investable propositions for Phase 3. The Delivery Group comprises members from Oxford City Council, OCCG, Grosvenor and Public Health, supported by OCCGs Deputy Clinical Lead for Oxford City Locality and GPs from Hedena Health and Manor Surgery.

Daniel McDonnell, NHS England HNT Account Manager fed back the following points at the end of the meeting:

- He recognised that the Barton HNT partnership, including strategic leadership, had strengthened and was now in a more positive position than in Phase 1.
- On first hearing, he liked the Team Around the Patient model and ‘early warning signs’ model proposed for Phase 3, but recognised that Phase 2 delivery needed to come first as a priority.
- There were positive case studies from the built environment aspect which he would like to be written up as a briefing. This will be presented at a meeting between Simon Stevens and Dominic Raab, MP, Minister for Housing and Planning on 27 February.

Daniel McDonnell outlined that there is likely to be less than £200k to be divided between four HNT sites. The Delivery Group has refined the original proposals and costs, following further feedback from NHSE and is awaiting the outcome.

### **OxFed Federation -**

OxFed continue to offer Evening and Weekend Clinic appointments with a multidisciplinary team of practitioners. Uptake of appointments is strong with GP and physiotherapist appointments being particularly popular and a growing demand for phlebotomy. OxFed now offer appointments from 5 locations across the course of the week (with clinics in five out of the City’s six neighbourhoods) and continue to

recruit into the service. All practitioners have access to EMIS clinical records, the system is integrated with ICE and the team work with Oxford Health's out of hours team to ensure the services are complementary.

OxFed's clinical pharmacists are now in post and are supporting 9 practices across the City. In addition, OxFed are working with OUHFT to improve the communication around high risk discharges (particularly for patients with compliance aids).

OxFed continues to deliver the Practice Care Navigator service across the city and plans are underway to offer a broader social prescribing service, integrated with volunteer Health Champions and working with a wider range of partners, from the spring.

GPTeamNet has been implemented in all OxFed practices and work is underway to develop shared tools, policies and protocols to help support practice sustainability.

OxFed are working with the CCG to finalise plans for a Primary Care Visiting Service for Oxford City and to explore a new Care Homes Service. In addition OxFed continues to work with the other federations and community services to develop integrated working and continues to host the Oxfordshire-wide Oxfordshire Training Network.

#### **Public and Patient engagement –**

The Core Group of the Patient Participation Group (PPG) Forum has met twice - on 27 November 2017 and 1 February 2018. They have agreed to hold two public facing meetings this year. One will support the Oxfordshire Transformation Programme public consultation (so timing will depend upon the CCG timetable) and another will be on 15 May called 'The changing face of general practice'.

This information exchange will engage with PPGs and the public on how general practice is changing, the roles of other health and care professionals and how this may change their patient journey. The forum will be using a range of clinical scenarios to describe the proposed changes so that patients can understand how their interactions with local health services may change.

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

Dr Ed Capobianco

There have been two meetings since the last Board meeting, 6 February and 6 March.

At the February meeting Lou Patten, OCCG Chief Executive, and Dr Kiren Collinson, OCCG Clinical Chair, attended to introduce themselves to the locality, to hear the views of the practices about OCCG and services in the locality and respond to questions. It was a lively discussion.

At the March meeting, there were two presentations about two separate Single Points of Access for services in the South East.

A new service from Sue Ryder, providing an enhanced Palliative Care services to patients, is starting in two phases in the South East, an advice line led by clinical nurse specialists from 8.00am to 8.00pm 7 days a week starting on 9 April, then from August phase 2 is rolling out to a 24/7 service. They will take referrals from GPs, District Nurses, 111 and patients. In-patient beds at Nettlebed will remain for now.

CAMHS (Child and Adolescent Mental Health Service) presented on a new single point of access into their service, which can be referred into by GPs, School nurses, parents/carers and patients. They are also forging closer links with the third sector for those patients transitioning from CAMHS into older services up to the age of 25 (new referrals still only up to age of 18).

All practices, through the federation SEOX, are going to engage with clinical pharmacists for a pilot project reviewing patients on greater than 10 medications.

An enhanced offer from Age UK to work with practices, reviewing frail, isolated, frequent attenders is being worked up at present with the social prescribing funding.

**Locality Community Services Group**

On 8 March I chaired our bimonthly meeting with the SE and SW Locality Community Services Group, where representatives from various services including OCCG, GPs, district nurses (DN), Sue Ryder, AgeUK, social services, Community hospitals and patient representatives meet and discuss any issues and projects that are currently going on in the locality.

Wantage continue with their multidisciplinary team (MDT) pilot which is progressing well and seems to be a good forum for discussing individual patients and sharing ideas amongst professionals. A discussion was had about potentially using business Skype so that it is easier for all members to be present rather than having to attend in person and the travel involved.

Sue Ryder presented their new Palliative care service offer to the group, as per the above summary.

The DN team reported good staff coverage, with the SW now 100% staff and just a couple of gaps in the SE. There is also a proposal to have a Single Point of Access for DN services across the county, the benefits being this would free up DN time to spend more with patients.

### **Patient Participation Groups (PPGs)**

The SELF (South East Locality Forum) meeting on 18 January 2018 spent some time discussing engagement of patients within their PPGs and succession planning. They also discussed the summary plan on a page, its format and content.

The next SELF meeting on 22 March 2018 will take place after this report has been written.

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

Dr Jonathan Crawshaw

**Development of new locality-based services****1. Enhanced mental health working in primary care**

A pilot project has been developed with Oxfordshire Mind to place psychological wellbeing practitioners in each practice in the locality, to run weekly clinics which will be closely integrated with the primary care team. This service is expected to begin in June and will both release GP time (following up mild-moderate mood disorders), and make available brief psychological interventions for hard-to-reach patients.

**2. Clinical pharmacists in primary care**

Funding has been agreed for additional clinical pharmacists to undertake work in every practice, focused on improving prescribing and medicines safety for patients on more than eight drugs. A small team of pharmacists will work across the whole locality on this project, covering all practices by the end of 2018.

**3. Early visiting service**

Practices in the ValeMed Federation (in Didcot, Wantage and Faringdon) already have access to an early visiting service delivered by emergency care practitioners. An equivalent service is set to launch in the Abingdon Federation of practices, giving all patients in the locality access to this service. The team of emergency care practitioners delivering the service in Abingdon will also be utilised in the Enhanced Support to Care Homes service, which all Abingdon practices have agreed to deliver in 2018/19

**4. South Oxfordshire integrated community palliative care service**

Over the next 12 months an additional community palliative care service will be implemented across South Oxfordshire (from April in the South East locality, and from August in the South West locality). This is a pilot project which is funded and delivered by Sue Ryder, and by December 2018 will include 24/7 access (for both patients and health and social care professionals) to specialist telephone support and "a hospice at home" service.

**Workforce development**

- Signposting training for receptionists and practice managers has been delivered in the locality during March, organised by the Community Education Providers Network.
- A locality-wide training programme for healthcare assistants (developed as part of our locality plan for primary care) will initially focus on foot assessment and care for patients with diabetes and vascular disease.

**Primary care estates utilisation**

The South West locality plan included proposals to improve the utilisation of consulting rooms in practices. Proposals have been received from three practices

who are planning to implement these changes over the next few months: learning from these sites will be shared with other practices in Oxfordshire.

## West Oxfordshire Locality Group (WOLG)

### Locality Clinical Director Report

Dr Miles Carter

#### 1. WOLG Locality meetings

In February 2018, WOLG welcomed OCCG's new Clinical Chair, Dr Kiren Collison and interim Chief Executive Lou Patten for a useful discussion of:

- Role of locality meetings – making sure discussions lead to change and making the most of all involved including practice managers
- Difficulties caused by time-limited and restrictive funding schemes
- Need to retain and apply lessons from corporate memory.

At its February and March 2018 meetings WOLG also discussed:

- **Proposed Integrated Respiratory Team** project to provide more and better care more efficiently. West locality agreed to pilot the approach from June 2018.
- **Child & Adolescent Mental Health Service (CAMHS) single point of access new model** – strong GP concerns about delays and referral acceptance in the service, and changes being made in the service to address this and improve the pathway for patients.
- Allocation to practices of the small number of patients still registered with the closed **Deer Park Medical Centre**.
- **Weight management service** – changes to the Oxfordshire County Council commissioned service and priority of this prevention work.
- **Local Investment Scheme 2018-19** – need for flexibility, and timely notice of detailed requirements and templates.
- **Barnard Gate garden village** – the implications of the planning application for a new 3,000 home settlement between Witney and Eynsham, and future handling of such applications.
- **Contraceptive coils** – concern over proposed changes to the Oxfordshire County Council commissioned formulary, subject to Area Prescribing Committee Oxfordshire (APCO) decision in March.
- **Leg ulcer care** – recent marked rise in activity for practice nurses and wider issues in managing community nursing care between practices and district nursing.
- **Care and nursing homes** – how to achieve full coverage of all homes under OCCG's Proactive Medical Support scheme.

#### 2. Public and patient engagement

The Public & Patient Partnership West Oxfordshire (PPPWO) plans a programme of public events around the locality in 2018 focusing on "Keeping Well". They are planning an event in Eynsham linked to Carers' Week in June, and a health promotion fair in the autumn. Sadly the group had to postpone the planned talk on antibiotic resistance due to the recent snowy weather.

The steering group additionally discussed in February and March 2018:

- The role of the GP federation locally, and PML services and the opportunities for patient feedback and input
- Benefits of physical activity
- Feedback from most of the practice patient participation groups, and from provider trust governors
- Implementation of the locality place-based plan
- The outcome of the CQC local system review.

### **3. Federation development**

The WestMed federation is implementing the Locality Plan proposal for clinical pharmacists working to support clinical care across the locality. They are integrating this with the existing pharmacist working in two practices funded by the recent NHS England initiative.