
MINUTES:

Locality Forum Chairs Meeting

Tuesday 17 October 2017, 14:00-16:00

Conference Room B

Present:	Dr Joe McManners, Clinical Chair, OCCG (JMcM) <i>Chair</i>
	Catherine Mountford, Director of Governance , OCCG (CM)
	Julie-Anne Howe, Locality Co-Ordinator, OCCG (JAH)
	Rosalind Pearce, Healthwatch (RP)
	Helen Van Oss, North East (HVO)
	Graham Shelton, West (GS)
	Anita Higham, North (AH)
	Jeremy Hutchins, South East (JH)
	Shelagh Garvey, South West (SG)
	Hilary Seal, Patient and Pubic Representative on Quality Committee (HS)
	Chris Wardley Patient and Public Representative on Oxfordshire Primary Care Commissioning Committee (CW)
	Veronica Barry, Healthwatch(VB)– <i>support for localities</i>
In attendance:	Hannah Tombs, Executive Assistant, OCCG (HT) <i>Minutes</i>
Item 6	Sarah Adair, Head of Communications and Engagement, OCCG (SA)
Item 5	Hannah Scarisbrick-Rowe, Primary Care Project Manager, OCCG (HS-R)

Apologies	David Smith Chief Executive, OCCG (DS)
	Louise Wallace, Lay Member, OCCG (LW)
	Ally Green, Head of Communication and Engagement, OCCG (AG)
	Tracey Rees, City (TR)

		Action
	Welcome, Introductions and Apologies JMcM welcomed everyone to the meeting. The apologies are noted above.	
1.	Minutes of the Meeting Held on 31 August 2017 The minutes of the meeting held on 31 August 2017 were approved as an accurate record.	
2.	Action Log The action log was discussed and updated. <u>Action 02/17/10</u> was discussed in detail. OCCG have seen the IRP letter and report on the JHOSC referral of OUH on the temporary closure of the obstetric unit at the Horton. OCCG have not yet seen the letter from the Secretary of State to accompany this report. There is currently an outstanding referral from JHOSC (made in August on the OCCG decision to permanently close the obstetric unit at the Horton), once OCCG have received an update, an update will be given to the LFCs. The judicial review will be held in December 2017. An update to the Judicial review to be added as a new action to the log.	HT
3.	Forum Updates <u>South East</u> JH gave an update from South East, there are a number of activities going ahead, and there will be a key meeting in November for the 'all together better'. Concerns have been raised by the Townlands reference group, that data that has been requested has not been sent. SA attends this meeting, the previous meeting on 25 July was poorly attended and OCCG confirmed that the data has been sent. JH raised that the lack of and late communications of the new MSK providers has caused concern and lack of understanding amongst patients. Concern was raised about the media reports that GPs will have to ask patients about their sexual orientation during the patient's consultation. OCCG to find out guidance on this. <u>West Locality</u> GS reported that there is now a PPG in Charlbury, the West Locality is now well represented. Local MPs are still concerned about Health and Social Care in Oxfordshire. There is also ongoing concern about urgent care treatment centres. <u>City Locality</u> There was no City Locality Representative, JAH gave a brief update: feedback from the last stakeholder event is that the City Locality is looking at the place based plans and would like detail on priorities <u>South West</u>	CM

	<p>SG gave an update, Dr Jonathan Crawshaw met with the South West Locality Forum PPG this morning to discuss the locality plan.</p> <p>The South West shares the views on the new MSK service. Patients in Wantage now have to travel, and feel they are being left behind.</p> <p><u>North Locality</u></p> <p>AH reported there is considerable concern and anxiety in the North on the model and the GP practice arrangements in Banbury. There have been 3 meetings with the PPG of Banbury Health Centre. Ally Green has been attending and has led these very well. Julie Dandridge and representatives of PML have also attended. A fourth meeting is scheduled for December 4 at 10.30am in Banbury Town Hall.</p> <p>GP practice West Bar and Woodlands plan to work closer together under PML and this may include Banbury Health Centre integrate under PML to provide primary care services at scale. Banbury Health Centres contract is scheduled to end on March 31 2018, other practices have also been invited to take part in this initiative. There is an ongoing concern over the IMH take-over at Horsefair. AH strongly recommended that every patient should receive a letter clearly explaining what is happening, to help to reduce the high levels of concern and anxiety.</p> <p>The 'Healthshare' issue has caused a lot of concern, especially with regard to the limited amount of accommodation at the Horton Hospital.</p> <p>The North Oxfordshire Locality Forum is scheduled to hold a meeting in Chipping Norton on November 14 at 7.30pm in the Town Hall, similar to the meeting held in Banbury in July. It is also proposed to hold a further meeting in Banbury in the near future.</p> <p><u>North East Locality</u></p> <p>HVO provided an update in from the North East Locality, Healthwatch spent time in Bicester located at the John Paul II Centre, this was not attended well. HVO reported that there has been a clinic for blood pressure, from this 25% of patients who attended the clinic needed to see their GP.</p> <p>There is significant anxiety building in Yarnton, Kidlington and Woodstock due to lots of houses being built and no medical centres being opened. JAH assured the LFCs that OCCG are working with the Council to help and support the community to ensure access to primary care services.</p> <p>All the LFCs raised concerns surrounding the new MSK services with Healthshare, patients in the localities have complained, and felt that it was a poor letter that was circulated and there are concerns over the handover from provider to provider and the back log of patients that</p>	
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	Healthshare have received.	
4.	<p>Update on the LOI and the future OCCG/LFC relationships. The LFCs wanted an update on the final version of the Letter of Intent as it was reviewed due to the change in support.</p> <p>CM reported that there needs to be a finalised agreement with Healthwatch which will then feed into the LOI which will then be circulated to the LFCs. CM assured the group that Locality Coordinators would still remain key links to the LFCs.</p>	
5.	<p>Topics from LFCs</p> <ul style="list-style-type: none"> <p>Integration of health and social Care The LFCs raised that the CQC visits will be commencing soon. There is concern over the Accountable Care System looking at GP plans for the future when there is no evidence to what it will be like. JMcM reported that OCCG are working and engaging with Public Health and the County Council.</p> <p>There was a discussion at OCCG Board on the future of the Accountable Care system and the support from different organisations. The LFCs asked how quickly or how slowly can it be implemented.</p> <p>JH is concerned that the CQC have chosen to audit Oxfordshire as one of only 12 systems. JMcM assured the LFCs that Oxfordshire were chosen due to DToC performance. The integration between Health and Social Care will be asked by CQC.</p> <p>RP suggested that Healthwatch circulate the information they have received to the LFCs. The review will be from a patient point of view. The LFCs felt it would be useful to have sight of the Accountable Care Systems briefing back ground paper.</p> <p>Primary Care update</p> <ul style="list-style-type: none"> <u>Workforce implementation of new models of care</u> Was not discussed. <u>Social Prescribing projects in Oxford</u> One practice will take this forward then will copy and roll out to other practices. There is a meeting in December, the purpose of the meeting is to decide who is best fit for the project. <p>The LFCs reported that it is not clear in the outcome column of the paper provided that these have been achieved or they are hoping for that outcome.</p> <p>The LFCs thanked Maggie Dent for pulling the document together.</p> 	CM

	<ul style="list-style-type: none"> ○ <u>Primary Care and Patient Representation</u> CW updated the meeting on the decision to disband the PAG and that CW will be the patient representative in Primary Care and OPCCC. GS felt this was too much for one person to represent all patients in Oxfordshire. CW reported that this was not to represent individuals but to be assured that the OPCCC has consulted patients and taken on their points. This will be a challenge on patients to be engaged and consulted in a timely way and given time frames for a response, as there will be time needed to discuss the information before the meetings. LFCs would like to see the agenda beforehand to get the information from the patients in the localities. The LFCs would like to have a better engagement with patients and the public, this would help get ready for the patient survey next year. Major focus on the Locality Based Plans, the LFCs felt that the conversations need to be had in the localities, and CW to be invited too. ○ <u>Online Consultation</u> Hannah Scarisbrick-Rowe, Primary Care Project Manager gave a presentation on online consultations, the government are looking at how this will help primary care. This is a national scheme, which has been rolled out in some areas of the UK. The government are hoping the implementation of online consultation will help reduce waiting times, the majority of patients could be directed through this and will be asked to fill in a questionnaire, and the questions would be those a GP would ask. The GP will then schedule time to triage the questionnaires and sign post to where appropriate, i.e. phone consultation, GP appointment or Pharmacy. HVO raised that over 35% of patients in practices are over 65, will this be successful? HVO also felt that OCCG should be pushing other practices to learn from well performing practices. JH raised the current triage process in the Goring and Woodcote Medical Practice was working well, however the introduction of online consultations might cause an increased clinical workload by the need to triage the online questionnaires. Email consultations are not currently used in the Practice. AH asked to what extent will a patient's social care be affected, 	
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	<p>as there are a number of patients who will not get seen due to the triaging as it is social care that they need. HS-R reported that there are a lot of case studies as there are other places that are ahead of Oxfordshire so we can learn from them. H S-R stated she was forming a group to take this forward and JH and HVO agreed to represent LFCs.</p> <ul style="list-style-type: none"> • Sharing of patient data with non-Oxfordshire secondary care providers in particular RBH JH raised a concern that sharing of patient data is improving with the JR, however this is not the case with RBH Oxfordshire patients. CM to find out more information to what is being done to improve communication between Oxfordshire Patients and RBH. 	CM
6.	<p>Communications and Engagements update. SA gave an update on the new MSK provider Healthshare and the concerns that have been raised. SA reported that there was engagement with patients, co-designing with patients and clinicians; however this was back in 2015. The service went through procurement and there was a member of the public on the panel, OH was not successful and OUH did not apply. Healthshare won the contract.</p> <p>OHFT have not handed over the locations used for the service to the new provider, so this is why there has been a change in locations for the service.</p> <p>OCCG understand the concern with the letters, the letters did not go through OCCG's Communications team before being issued to patients.</p> <p>There was a lack of communication across the system with regards to the back log of patients. Healthshare have started communication and now have a better understanding.</p> <p>The LFCs felt that there should have been a proactive plan and an update in the media on a regular basis.</p> <p>SA gave an update to the LFCs on engagement on the Locality Based Plans in the West, the plan is already in progress as part of the strategic development of the Locality Based Plans. So far the localities have done a lot of work with the locality coordinators, the team are keen to balance out where they have not done any open events. Healthwatch offered to help. Dates and places will be sent out soon.</p> <p>The LFCs reported that there are different pressures in the localities, and felt there was not a huge amount of GP feedback on the Locality Plans. This is the main agenda item once a month at the Locality meetings.</p>	
7.	<p>Healthwatch update The Healthwatch update was given elsewhere on agenda.</p>	
8.	<p>OCCG Update</p>	

	<p>Dr Kiren Collison will take over as Clinical Chair from JMcM on 1 December.</p> <p>The preliminary interviews for the Chief Exec Role are taking place, the final interview date including Stakeholder panel is on Thursday 2 November; HO will be representing LFCs on this panel. David Smith's last day is 31 December.</p>	
9.	<p>Any Other Business</p> <p>The Locality Forum Chairs noted their appreciation towards Dr Joe McManners.</p>	
	<p>Date of Next Meeting</p> <p>Thursday 21 December 2017, 14:00-16:00 , Conference Room B</p>	