Oxfordshire
Clinical Commissioning Group

MINUTES:

Locality PPG Forum Chairs Meeting

23 February 2017, 14.00 – 16.00

Conference Room A, Jubilee House

Present:	Mary Braybrooke, South West (MB)	Anita Higham, North (AH)
	Graham Shelton, West (GS)	Helen Van Oss, North East (HO)
	Louise Wallace, Lay Member, OCCG (LW)	David Smith, Chief Executive, OCCG (DS)
	Sula Wiltshire, Director of Quality, OCCG (SW)	Julie-Anne Howe, Locality Co-ordinator, OCCG (JAH)
	Joe McManners, Clinical Chair, OCCG (Chair) (JM)	Hilary Seal, Patient and Public Representative (HS)
In attendance:	Lucinda Kenrick – Minutes (LK)	Jill Gillet, Senior Commissioning Manager Primary Care, OCCG (JG)

Apologies	Fergus Campbell, Locality Co-ordinator, OCCG	Julia Stackhouse, Senior Communications and Engagement Officer, SCWCSU
	Elaine Cohen, City Forum	Jeremy Hutchins, South East
	Rosalind Pearce, Healthwatch	Sarah Adair, Head of communications and Engagement, OCCG
	Catherine Mountford, Director of Governance, OCCG	

		Action
1.	**Notes of the Meeting Held on 22 December 2016 and Matters Arising** The notes of the meeting held on 22 December 2016 were approved as an accurate record, with one spelling correction on page 2 ('stores' should be 'stories'). **Matters Arising** JAH provided reports for each locality with the information gathered from the Practice managers' survey, supplemented with questions for the PPG to give a more rounded view of the information. JAH noted that the general comments were still anonymous, but all the information benchmarking PPGs in each Locality was in that Localities document.	

	In the previous meeting AH queried if OCCG would include requirement for practices to have a PPG within the contract now that they had taken on delegated commissioning of primary care. **CM had agreed to forward contractual obligations to the group at the next meeting, which went out with the last minutes. SW agreed to follow up for the next meeting.**	**SW**
	DS confirmed that he is still unfamiliar with the event outlined at the previous meeting by Daisy Camiwet being organised by NHS England bringing together key stakeholders to discuss the best ways of working together in relation to STPs.	
	Locality Community Services Group Following previous report from JR commenting on the organisation of these meetings in the South; JAH followed up with Anne Lankester (Locality Co-ordinator) and provided this post-meeting note to address any concerns: *'John Reid the patient rep from the SE locality had reported at the Locality Forum Chair Meeting of the 22.12.16 the LCSG was poorly organised. We agree there had been some challenges bringing people together and have now appointed a new chair in Amar Latif. This coupled with joining the SE and SW LCSG together will make for a stronger group. Anne Lankester CCG Locality co-ordinator for the SE and SW has made steps to ensure communication is high on the agenda and that the group works more effectively.* *This group will now be meeting on a monthly basis until it is fully embedded and then drop down to every 2 months. Most of the health professionals on the group work across the SE and SW so it seems a sensible move to join the group together. We have had another patient rep, Mary Braybrooke, from the SE join the group and look forward to welcoming her to our next meeting. We want to ensure this fosters closer working relationships and improved patient care. Please do contact Anne if you have any queries.'*	
	Integrated Locality Teams **JAH to follow up with FC regarding the patient stories that could be used to highlight the ILTs.** The integration with Health and Social Care and other healthcare providers was queried; with members pointing out that the training of staff would need to be provided before implementation of the services. DS noted that this is a point that has been brought up at many of the consultation events, but that the integration can be slow with all the possible changes with the OCC. However OCCG are very keen to integrate and contribute £10m per year as part of the Better Care Fund into the OCC to avoid cutting social services.	**JAH**
	Better Care Fund: How is it Being Spent? **SW agreed to follow up with JL to provide a summary report detailing the schemes included within this funding for circulation to the group.**	**SW**
	Short-Term Savings Plan Drafts of posters to be shared with the group for comments; **SW to follow this up and bring back to the next meeting.**	**SW**
2.	**OCCG Update** **A&E / DTOC Performance** DS reported that there were in-year issues surrounding the performance of	

	the Accident and Emergency departments, at the JR and the Horton in particular, and the Delayed Transfers of Care. Though the results were not as bad as some others around the country; OUH were struggling to get above 75-80%. **Consultation** DS noted that 8 out of the 15 planned events had now taken place, not including the other smaller meetings taking place around the county. With the last event planned on the day that Purdah begins the group wanted to know what was meant by a 'substantial change'. As the scale and effect can both affect whether a change can be described as substantial or not; **it was decided that DS would circulate the legal definition with the minutes. DS will also circulate the toolkit provided by HOSC to determine if a proposal constitutes a substantial change.** **Primary Care Framework** DS also reported that the Primary Care Framework document has now been shared with HOSC; a document which focused on the GPs in the context of community services. The next step is to develop an engagement plan for Phase 2 in order to engage with the local communities. DS also shared the reality of the NHS financial position. With the provider deficit increasing the CCG cannot spend it's non-recurrent reserve as it must be held to cover the deficit. Whilst compared to other CCGs OCCG is not doing badly; there are increasing numbers of CCGs across the country going into deficit. The group enquired about the timeline for the HOSC referral to the Secretary of State. DS confirmed that there are two referrals: one regarding the OCCG's closure of Deer Park and the other regarding the OUH's temporary closure of the Obstetrics department at the Horton. DS noted that there are three options available to Jeremy Hunt in this regard: – To throw out the referral – To issue instruction/direction to NHSE to inform the OCCG of further actions to be taken – To ask the Independent Review Panel (IRP) to examine it However there is no set time frame by which a decision needs to be made and the OCCG has not yet heard word from the Secretary of State. **DS to check if the referral letters are in the public domain to be circulated to the group in order to allow them to answer any questions that may be put to them.** **Learning Disabilities Contract** SW provided an update on the learning disabilities contract with Southern Health; a contract once held by OCC is now held by the OCCG and the services will be transferring to OHFT. This is in efforts to ensure that those with Learning disabilities and Autism have the same access to healthcare as anybody else – a report has found that they have a lower life expectancy than those these conditions. The development has been very inclusive; using patient involvements and user groups to inform the process, and it will include hospital and primary care.	**DS** **DS**
3.	**Forum Updates** **West:** GS noted that the WOLG was very vocal; they were worried about the transformation plan not being informed by patient wants. For example; the	

	work that was done on the eye hospital was very inclusive and thorough, and GS felt that this level of detail should be involved in the OCCG's plans. GS noted that he was beginning a properly validated survey in Eynsham to ask the people which services they want. In order to look at the financial aspects GS would be undertaking this work with Carl Henegan. **North:** AH noted that the biggest factor causing problems with the consultation was lack of trust in the OUHFT held by most of the North of the county. As a governor on the OUHFT board; AH pointed out that she had tried to persuade OUHFT to engage more with the public in the preparatory stages of the transformation plan, but to no effect. AH also noted that the steering group were making efforts to recruit a member from the large South Asian community in the area. **SW will ask Maggie Dent to liaise with AH over the outreach to this group** **North East:** HO reported that the public consultation had run in Bicester with good local turnout. There will be a Forum meeting wc 20th March, but they have been out of action for a little while so lots to catch up on. JAH advised that the recently formed face to face PPGs in Bicester Health Centre was a great example of how a PPG can really aid and support a practice; they are starting a healthy cycling group and have IT lessons running in the local library in order to teach people how to access their GP surgery to make appointments and order medication. When more patients had signed up to online GP records they would consider running an access course for this too. **JAH to circulate information on PPG activity to LFCs to take back to their groups for inspiration. JG to liaise with AG/SA to look into getting patient stories on this work.** **South West:** MB reported that there has been no development in finding a new chair for the PPG, but this is on-going. MB noted that, with so much happening in the North with the consultation events; the issues facing those in the South haven't been touched upon – the interest in the South West centres is around what is happening in Didcot, not Banbury. MB reported that the 7-day working through the Abingdon federation was going very well and providing positive feedback. **City:** No Update as TR not in attendance. However it was noted that there is to be a workshop for the city locality in the Spring and so a survey has gone out to the PPGs from which an agenda will be formed at their next City PPG Forum meeting being held on 24.3.17.	**SW** **JAH** **JG/SA/AG**
4.	**Topics from LFCs** **Sustainability and transformation** With regards to the consultation document; GS noted that there was no evidence included, and it was not detailed enough; leading to a sense of mistrust among the public who felt a sense of secrecy. DS clarified that if any member of the public was interested in accessing more detail this was available through the website where the PCBC and its addenda can be found. The group queried the desired outcome of the consultation from the OCCG's perspective and DS answered that the hope is to get public feedback on the consultation plans; with a view to seeing if there is anything the CCG could have overlooked or an option that hadn't been previously considered.	

	. With regards to the decision to split the consultation, DS stated that the CCG would have preferred to go out to consult on everything, but there were 3 factors: 1. The amount covered in both phases is so large that it would have been logistically extremely hard to consult on it all at once. 2. HOSC informed the CCG that they were expected to consult immediately on some of these first areas. 3. There are clinical changes involved in this first part of the consultation that will need to be implemented swiftly and cannot wait for all of the transformation plans to be ready for consultation – for example the obstetric service at the Horton has been temporarily closed since October 2016; it wouldn't do to put off consulting on this until November. Finally DS requested that the group look at this as if it is a longer term process, not a time-sensitive piece of work. This was met with relief as the group were glad to hear that this meant there was not just a quick fix, but a real plan for change. GS suggested that, using this first consultation as a learning experience for the next phase; the CCG should engage with the public before writing the documents rather than afterwards. DS pointed out that, though in the next phase it would be good to do more; pre consultation engagement with the public did take place before writing the consultation document. **Horton and Chipping Norton Hospitals** DS noted that the CCG are currently involved in active discussions around the proposals for the future services at these hospitals, and that though there are worries from the public and, when brought up at the consultation events, the panel are trying to answer questions as best as they can; we are not at consultation for community hospitals yet, therefore there are no proposed options to present to the public yet. **Extended access to GP services** GS noted that he and Carl Henegan had found the PMCF to be scientifically useless, but JG noted that the introduction from Rosie Rowe on the final report in November found it to have been useful. Though it wasn't easy to get hard information, the question lies around whether it was a good evaluation. GS pointed out that, though there was plenty of anecdotal evidence, there had been no test based evidence provided to support this. JG explained that the difference between PMCF and GPAF was that the GPAF needed a GP to staff it at all times, but the PMCF did not and was mainly for ECPs (Emergency Care Practitioners) and designed to reduce A&E admissions. JG noted that the next steps would be to create a formal response and follow through with the GPAF and new practice models. JG also noted that any formal response would be made available for anyone to read on the website. It was noted that as of the 31st January; the GP Federation in Abingdon set up this scheme for their clusters, and PML in the North of the county were expecting full implementation by the end of February. OxFed in the City Locality requested more time to get this set up due to the large number of projects they are currently undertaking. **One query, to be brought to the next agenda, was regarding the**	**LK**

	possible uses of health creation strategies. **Effect of county council reorganization** DS stated that the OCCG will fully support the integration of health and social care and will support whatever system is followed in Oxfordshire. **Deer Park** DS noted that a paper went to the OPCCC on the 3rd January from which a number of points were raised. **DS will check if this is in the public domain and circulate if possible.** When queried about what the OCCG's response would be if the secretary of state decides that Deer Park must remain open, DS responded saying we will wait for feedback before speculating. With regards to the engagement around the closure of the practice, DS noted that these situations can be triggered very quickly leaving no chance to have an engagement with patients prior to decisions being made public. As well as this short timeframe for the CCG; DS pointed out that it should be the responsibility of the practice itself to engage with its patients routinely, not solely the responsibility of the CCG.	**DS**
5.	**Healthwatch Update** No update as RP not in attendance.	
6.	**Any other business** There were no items of any other business.	
7.	**Date of Next Meeting** 27 April 2017, 1400 – 1600, Conference Room B.	