

Notes of Meeting: North Oxfordshire Locality Group

Tuesday 20 March 2018 1.30 – 3.30 pm

Practice	GP representative	Practice Manager
Banbury HC	Dr Marlett Smit	Sangeeta Bahl
Bloxham	Dr Cath Rose	Apologies
Chipping Norton HC	Dr Neil Fisher	Chris Bean
Cropredy	Apologies	Andrea Kirtland
Deddington	Dr Martyn Chambers	
Hightown	Dr Louise Cornwall	Di Stringer
Horsefair		
Sibford	Dr David Spackman	
West Bar	Dr Stephen Haynes	Helen Murphy
Windrush	Dr Kiran Kommu	
Woodlands	Dr Shishir Kumar	Deb Chronicle
Wychwood	Dr David Nixon	

Other attendees		
Public Forum	Anita Higham	
Cherwell DC		
NOLG Clinical Directors	Dr Paul Park	Dr Shelley Hayles
OCCG	Diane Hedges, Julie Dandridge, Fergus Campbell	
PML / NOxMed	Laura Spurs	

Chair: Deb Chronicle

		Action
1.	Apologies & Declarations of Interest i. Apologies: Chris Ringwood, Fiona Jeffries, Dr Judith Wright ii. Update declarations of interest: None declared. iii. Anita Higham's role on OUHFT Council of Governors noted.	
2.	Locality Clinical Director's Report i. Transformation update / IRP response <ul style="list-style-type: none"> Options for obstetrics will need to be explored in public across the Horton catchment area (several local authorities) to meet IRP requirements. DH advised that we need to be pragmatic about changes needed. An integrated front door approach aims to address long term urgent care provision for the North and meet GP streaming requirements. Members requested update on Horton building plans. 	FC

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	<p>ii. Oxfordshire Primary Care Commissioning Committee 6 March 2018:</p> <ul style="list-style-type: none"> Briefing not yet available – FC to circulate when available JD advised most of agenda on schemes from last year. PP to follow up proactive care and nursing home scheme at OCCG Finance Committee. <p>iii. Other OCCG issues: None discussed.</p>	FC
3.	<p>Future working for NOLG and NOxMED: Discussion of the circulated paper. Comments and queries included:</p> <ul style="list-style-type: none"> Would other providers would automatically be able to attend? SH advised the way forward is to work collaboratively, and we would need to consider how we involved other providers. DH advised the meeting may need to come back to a more purist model when needed for commissioning decision. Noted that some issues eg community nursing or urgent care needed close work with the key providers to make best use of limited resources. Agreed that would wish to if we do get to a position of sharing finance and activity data. DH raised the need to address ‘them and us’ issues LS felt that federations need a stronger input into strategic planning meetings concern from PP and LC that NOLG seen as providers rather than commissioners noted that City and NE locality meetings have established Federation slots JD – note that sometimes issues bounce between two meetings – Clinical Pharmacist, and it would be quicker and more efficient to combine decision-making JD and LS noted existing meetings spend much time on provider issues already Combined meetings should be planned to take less time the two current meetings, and use new ways of working Agreed that any changes agreed should be subject to review and not made permanent <p>8 practices voted in favour of and none against the proposals for leadership and meetings in the circulated paper. 2 abstentions noted (Hightown and Sibford), plus two practices with no GP present.</p> <p>AGREED by majority view was to move forward to trial the arrangements subject to review – FC to follow up with OCCG and NOxMED.</p>	
4.	<p>Update from Public & Patient Forum AH updated NOLG on current patient forum areas of discussion and concern:</p> <ul style="list-style-type: none"> proposing prevention as a forum focus for the coming year. June 2018 Banbury public meeting will focus on social prescribing 	

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	<ul style="list-style-type: none"> • Forum incorporates wider communities including Citizens Advice, Homeless Young People Project, Mental Health Users as well as PPGs • Propose a patient centred integration strategy for Oxfordshire which links to the CQC system report • On-line triage/consultations – concerns and queries 	
5.	<p>Banbury primary care issues:</p> <p>i. Banbury patient lists management:</p> <ul style="list-style-type: none"> • The CCG could consider financial support for significant movement of patients which would link to the updated Section 96 form. This would be considered in relation to list size, • How will patients know about the changes and opportunities to register? Action: JD/FC to share information and circulate updated S96 form. • DH suggested a need to consolidate and strengthen practices who want to take on new patients. • Agreed to keep on NOLG agenda. <p>ii. Banbury Health Centre – update: JD reported that preparing for 1 July 2018 end to the extended service. Awaiting further information from potential providers before decision – aiming for early April.</p> <p>iii. Other practice branch and area proposals:</p> <ul style="list-style-type: none"> • JD not able to feed-back yet on Cropredy boundary decision. • Noted that West Bar plan to consult on branch closure shortly. <p>iv. Integrated Urgent Care in Banbury</p> <p>Extra item added to agenda -DH reported on the next steps in the transformation process which would address the long term urgent care provision for the North Oxfordshire locality providing a one stop shop for patients – Integrated Front Door system. This is in the very early days but will enable co-location/integration of all staff and services.</p> <p>NOLG view that some developments would depend on further improving the 111 service so that referred to A&E or GP only after clinical triage offered to patients, and appropriately promoted self-care options.</p>	<p>JD/FC</p> <p>FC</p> <p>JD</p>
6.	<p>Information updates for noting:</p> <p>i. Planned care projects update: SH noted lots of work on the cancer screening programme. SH to survey practices about linked proposal to install screens in practice waiting rooms.</p> <p>ii. Community ultrasound – service changes Physiological Measurements Ltd (PML) now provide Community Non-Obstetric Ultrasound including 2ww referrals. Service costs less and is generally quicker than OUHFT service accessed via ICE.</p>	

	<p>NB all MSK requests must go via Healthshare.</p> <p>iii. Over-the-counter medicines poster: Concerns from some members of NOLG that some patients may interpret the poster as suggesting that doctors are earning £106k.Action: FC to feed this back to the Medicines Team. FC to circulate electronic versions.</p> <p>iv. Brief information items: Noted without further discussion</p>	FC
7.	<p>Operational issues / updates</p> <p>i. Proactive Care Home scheme coverage:</p> <ul style="list-style-type: none"> • Providing a consistent service across the county is an OCCG priority. All practices will need to demonstrate that nursing home residents in the locality will receive the level of care specified in the Proactive Medical Support to Care Homes service. • PP reported that this scheme is going to the CCG Finance Committee on Thursday where a decision will be taken whether to fund the scheme. • Action: FC to advise team of errors in the list (Highmarket, Ridings and Cheney signed up) and follow up with practices working with remaining uncovered homes. <p>ii. Clinical pharmacists in practice and mental health workers - implementation:</p> <ul style="list-style-type: none"> • LS reported that there is agreement to go ahead with the Pharmacists in practice but there are still some issues with the Mental Health Workers. Ian Bottomley from the CCG is working on the Mental Health issues. • Action: JD to liaise with Ian and report back to a future NOLG meeting. <p>iii. Local Investment Scheme 2018-19:</p> <ul style="list-style-type: none"> • LIS approved by OPCCC. Information due to practices next week. <p>iv. Easter pressures provision:</p> <ul style="list-style-type: none"> • LS reported that extra hub capacity has been identified and she will follow up at NOXMED to ask for additional capacity. • Reported concern over impact of this service on out of hours (OOH) staffing. Most present felt that little overlap in recruitment and the issue was bureaucratic barriers to OOH recruitment is noted. 	<p>FC</p> <p>JD</p> <p>JD</p>
8.	<p>Notes of 20.02.18 & matters arising:</p> <p>i. Warwick maternity notes: Not much activity – nobody certain whether current notes are paper or electronic.</p> <p>ii. Community nursing activity and capacity This item was not discussed – FC to refer to a future meeting.</p>	FC

9.	AOB: i. Paul Park's last meeting: <ul style="list-style-type: none"> SH thanked Paul for all his hard work and dedication to the NOLG Clinical Director post over several years. Paul said he had been a member of NOLG for 8 years and the Locality Clinical Director for nearly 6 years and it had been a privilege and an honour and hoped that he had served you all well. This was his last meeting and he would not be attending NOLG in the future. NOLG presented him with a card and gift. ii. Other items None discussed.	
10.	Key issues to take back to practices: Not discussed	

Items anticipated on the 17 April 2018 NOLG agenda:

- **North urgent care** development - update
- **Long term conditions** focus: respiratory, National Diabetes Prevention Prog.
- **CAMHS performance** and Single Point of Access
- Review of **winter services** and look ahead to 2018/19

Dates of scheduled NOLG Meetings (all Tuesdays)

Date	Time	Venue
17 April 2018	13:30 – 15:30	South Bar House
15 May 2018	13:30 – 15:30	South Bar House
19 June 2018	13:30 – 15:30	South Bar House
17 July 2018	13:30 – 15:30	South Bar House
21 Aug 2018	13:30 – 15:30	South Bar House
18 Sept 2018	13:30 – 15:30	South Bar House
16 Oct 2018	13:30 – 15:30	South Bar House
20 Nov 2018	13:30 – 15:30	South Bar House
18 Dec 2018	13:30 – 15:30	South Bar House
15 Jan 2019	13:30 – 15:30	South Bar House
26 Feb 2019	13:30 – 15:30	South Bar House
19 March 2019	13:30 – 15:30	South Bar House

Sandwich lunch available from 1.15pm for each meeting

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