

MINUTES:

SE and SW Locality Community Services Group

Thursday 11 July 2019, 12:00-14:00

The Meeting Room, Wallingford Community Hospital

Present:	
Ed Capo-Bianco- GP, CCG (<i>Chair</i>)	Maggie Winters- Patient Representative, SEOLF
Trish Glynn- Clinical Lead, SE, OHFT	Mary Braybrooke- Patient Representative, SWOLF
Jessica Reed- GP, Clinical Director Wallingford & Surrounds PCN	Elizabeth Parker- DN Clinical Dev Lead, SE, OHFT
Holly Gillet- District Nurse, SE, OHFT	Kirsty Burnett- District Nurse, SE, OHFT
Jo Noble- Matron Community Hospitals, OHFT	Emily Bishop- Matron Community Nursing, OHFT
Lisa Bracher- Community Therapy Services, SE, OHFT	Amanda Exley- District Nurse, SW, OHFT
Kerrin Masterman- GP, Clinical Director White Horse Botley PCN	Penny McCrabbe- Community Therapy Services, SE, OHFT
Alex Hart- GP, Didcot PCN	Liz Mackenzie- GP, Vale Federation Representative, Wantage PCN Representative
Hannah Tombs- Assistant Project Manager CCG- Notes	
Apologies received:	
Jessica Deguara- Clinical Lead Community Therapy Services, OHFT	Julie Dennis-Smith- Social Work, OCC

	Item	Action
	Ed welcomed everyone to the meeting, apologies are noted above. Ed explained that the purpose of the meeting is a forum for networking, sharing ideas, initiatives, workforce, and new services. The meeting is held bi-monthly.	
1.	Review last set of minutes/actions log 09.05.19: Minutes Agreed and be set as final. HT to Action	HT
2.	<p>CCG Update:</p> <p>Primary Care Networks</p> <p>PCNs came into effect from 01 July 2019, there are 19 PCNs in Oxfordshire. PCNs in the SE and SW localities have been straightforward. There have been a few issues in the North and City localities. There are still ongoing discussion with VAT, schedules and workforce.</p> <p>An integration workshop was held on 13 June, this was useful to start thinking what we can do, how we can integrate care for patients and streamlining services for patient.</p> <p>The aim for PCNs is to get the structure right in the first year, then work on delivering later down the line. Some PCNs are already ahead of others due to previous relationships and working together.</p> <p>Please see here for a list of the PCNs, Clinical Directors and their contact details.</p> <p>Jessica, Clinical Director of Wallingford and Surrounds PCN, Simon Pettitt is also a Clinical Director. There has been lots of admin to complete, but all forms are in. The</p>	

	<p>PCN is looking at workforce for year 1, we are looking at an agency Medacy to provide a pharmacist (30 hours) across the 3 sites. We are hoping they will be in place in 6-8 weeks and will help take some of the workload off the GPs.</p> <p>Alex, Clinical Director of Didcot PCN. As a PCN we need to stop thinking as individual practices and think about the health needs for the geographical patch.</p> <p>Liz, on behalf of the Wantage PCN (Clinical Director- Joy Arthur) currently we use Mind for the social prescriber role, we have also spoken to Age UK. The PCN has gone out to advert for the pharmacist role. The PCN had the first meeting with nurses, this was facilitated by Scott McKenzie.</p> <p>Kerrin, Clinical Director of White Horse Botley PCN. We have not stuck with the locality boundaries, we have formed a PCN with a practice in the City Locality. There are potential issues with boundaries especially with district nurses, Amanda added that there are more meetings to come with the DNs in that area to discuss how they will work.</p> <p>The PCN is now looking to employ directly to the social prescriber role. The PCN has also held a social for both practices partners and managers to meet, another social will be held for all staff in the future.</p> <p>Questions were raised on what a social prescriber is? A social prescriber is a professional who will help a patient who does not require medical care but needs support, they can help patients:</p> <ul style="list-style-type: none"> • with one or more long-term conditions • who need support with their mental health • who are lonely or isolated • who have complex social needs which affect their wellbeing. <p>The SE Oxfordshire GP practices have a social prescriber through an external contract with AgeUK, but the GPs do not always receive feedback from them. Mary added that social care needs to be included in this work.</p> <p>There will also be a piece of work on profile health management to have a look at what the needs of the population within the PCNs are. Some services will not be available in certain PCNs, but where learning and sharing can be made this will be spread across.</p> <p>More funding for PCNs will be made available in April 2020, PCNs will need to make a case to receive the funding.</p> <p>All practices have discussed PCNs with their PPGs, some PCNs have gone further and discussed PCNs with their PPGs and what that means for them and how they can get involved, other PCNs are yet to do this.</p> <p>A discussion was held on the Rycote practice not being involved with Bucks CCG but with OCCG, Rycote has joined with Morland House and Chalgrove practices to join a PCN. The discussion included how this will affect services they receive from Buckinghamshire. DNs have been anticipating what will happen and now the PCNs have been agreed it will make it easier to plan the services they can provide.</p>	
3.	<p>Other Service updates</p> <p>Communication- Emergency referrals:</p> <p>Penny- raised a concern over communication between practices and nurses for emergency referrals. Currently this is going through the SPA system as emails except between 4-6:30 and weekends, as this will need to be a phone call. How will this change when we are working in PCNs? There will need to be a coherent approach on how we respond to an emergency and also what we do once we have seen the patients.</p> <p>A suggestion was made to use the GP bypass numbers for DNs and nurses to speak to</p>	AE/HT

<p>the duty Dr. Amanda to email bypass number list to HT, for HT to check that these are correct.</p> <p>It was also felt that there needs to be clear definition on what an emergency is for community therapy service:</p> <ul style="list-style-type: none"> • Emergency 48hrs, • Urgent 2 weeks <p>There was a form that was used in the past for feedback, this was useful and would like to have this reinstated. It is harder to feedback when we are not on the same notes system, it would be useful for this to happen. There is currently a pilot to get all EMIS and Case Notes connected.</p> <p>Patients can now have access to their records, but the up take to this has been slow and having an up to date record can be difficult.</p> <p>Ed to send the updated demographics of Sonning Common where they have taken on patients from Peppard Road Surgery to Trish.</p> <p>There is currently a pilot in Abingdon and the West for community staff (OHFT, Mental Health Community) to use NEWS2. It would be useful to get information into the GP Bulletin to explain what this is.</p> <p>Workforce:</p> <p>Trish is supporting the Henley DN team, the team is stable. The team are still looking for two band 5s for the Wallingford team, and a band 6. Recruitment is looking positive though.</p> <p>In the SW, due to patient demand and a series of vacancies, sick leave and maternity leave, visiting is being prioritised and moved to the weekend if necessary. Staff in Faringdon are trying to cover vacancies, sick leave and maternity leave.</p> <p>Alex- from a training point of view, can we share training for practice nurses and district nurses, this will help build on relationships and shared learning within PCNs.</p> <p>Jo provided an update from community hospitals, there is a new clinical senior matron, Helen Lambourne. There is a clinical restructure of band 8s this will become more settled and structured. There is an advert out for nurses in the Wallingford community hospital; there are also two on maternity leave. We will be registering those who are still in training but won't be in post until September. There will be a recruitment drive in London, and with the league of friends to help recruitment.</p> <p>Communication between practices has never been strong, but now with PCNs, Clinical Directors will communicate with practices in their PCNs to see what resources there are.</p> <p>Forward thinking with the role of social prescribers, there are huge groups of patients who need help before it gets too bad that they need to see a GP or are referred to secondary care, we need to think of what we can do differently to be more preventative and how we can be more integrated with ways of working. An idea could be to get patients to do this for themselves; there are support groups for patients which are run by patients.</p>	<p>ECB</p>
<p>4. SE Locality Forum (SELF) report</p> <p>Maggie provided the annual SELF report to highlight what the group does. The group found this useful, it was agreed for Maggie/Mary to continue providing an update.</p> <p>The last meetings the SELF group discussed:</p> <ul style="list-style-type: none"> • Health promotion role • Commented on the development of PCNs • Increasing concern of how the Healthshare service is/not working 	

	<ul style="list-style-type: none"> • Ear wax concerns. • Focus groups on vasectomy services <p>Maggie reported on a successful event on matters of life and death. The relationship between SE PPGs is positive. The SELF group is going to continue to meet even if the localities do not exist anymore.</p> <p>Mary reported that the SWOLF group is not as active.</p> <p>The forum groups are supported by Healthwatch and have representatives from the council. It is difficult to get good representation from the population.</p> <p>A question was asked if the PPG needs to get together in the primary care networks or the clinical directors do this? – it will be a bit of both.</p>	
5.	<p>AOB</p> <p>Please send any links for dementia into Emily Bishop for her dementia project. The following suggestions were made:</p> <ul style="list-style-type: none"> • Ed to link Emily with the memory assessment services. • Liz to link Emily with the memory clinic in Wantage. • Age UK and other voluntary services in the locality. • Penny to link Emily to the Therapy dog project. • Emily to link with Jane and Brian Murry. 	<p>ECB LM</p> <p>PM EB</p>
6.	<p>Date of next meeting: Thursday 12 September 2019, 12:00-14:00, Fleming Room, Sue Ryder, Nettlebed</p>	