

**DRAFT MINUTES:**

**TITLE:** Locality Commissioning – North East

Paper 1

**Held on:** 18 April 2018, 13:00 – 15:00pm

**Venue:** Littlebury Hotel, Bicester

	<b>STANDING ITEMS</b>	<b>Action</b>
1	<b>Welcome:</b> Welcome to new members of the Group Dr Simon Tucker (KEYS) and Dr Tim Powell, Bicester Health Centre. In attendance Dr Kiren Collison, Chair, OCCG.	
2	<b>Apologies:</b> None received. See attendance list at end of notes.	
3.	<b>Declarations of interest + AOB :</b> DH noted the interest by Alchester in providing services at Upper Heyford. Discussion on this would continue.	
4.	<b>Minutes of the Meeting held on <a href="#">14 March 2018</a></b> JAH reported that all actions had been completed or otherwise on the agenda. Page 2 item (b) e's in meetings Page 6 Primary Care Estates – ARKUS should be spelt Archus There were no more changes, if you have any, let JAH know. Minutes then agreed as a correct record.	
5.	<b>Matters Arising:</b> a. <b>PPG forum update from HVO:</b> PPG meeting planned next week in the Catholic Church in Woodstock. On Saturday there will be a health presence at a Rotary event where Age UK have been invited and members of the public will be invited to have their blood pressure taken.  Concern expressed on feedback of the phase 1 consultation, and patients felt the main Place Based Plan was unfortunately not more readable and would prefer a single page summary. The CCG and PML are in the process of producing a 2 side summary which will go out for consultation. JAH is working on this and HVO and colleagues will be asked to comment.	<b>JAH</b>
	<b>ITEMS REQUIRING CLINICAL FEEDBACK</b>	
6.	<b>Bicester Healthy New Town update + Social Prescribing model <a href="#">update:</a></b> RR reported that they are still waiting for NHSE confirmation of social	

	<p>prescribing (SP) funding having got through to the next round.</p> <p>SA is our GP rep on the steering group and RR noted would be helpful to have other Locality GP input. The plan is to launch SP with a few pioneer practices in September but this is dependent on funding.</p> <p>Cherwell District Council are currently completing a 'community asset map' of all local activities and organisations to which people can be referred, this will include Bicester and Kidlington.</p> <p>NHS 70<sup>th</sup> Birthday – plans for a 'town trail' on Thursday 5 July 2018 starting at 12.30 to encourage people who work in the town to take a 10-15 minute walk at lunchtimes. Practices to encourage people and members of the CCG to take part. RR to circulate information for the launch to JAH. <b>Action: RR to send to JAH</b></p> <p>The Healthy New Town Programme has been allocated tickets to a national service of 70 yrs celebration at lunchtime on 5 July 2018 in Westminster Abbey. Unfortunately as it is on the same day of the 'town trail', members were asked to nominate somebody to attend. Discussion followed and it was decided that HVO should be given the ticket for all her longstanding work in the community. <b>Action: HVO to check diary to see if she could attend and let RR know.</b></p>	<p><b>Note</b> <b>RR</b> <b>JAH</b></p> <p><b>HVO/RR</b></p>
7.	<p><b>Primary Care Framework:</b> Main conversations on – Locality meetings and working in alliance: Kiren reported that she had very productive meetings with all the Locality Groups around changes in the NHS and to explain a potential way forward.</p> <p>Positive themes:</p> <ul style="list-style-type: none"> <li>• Good meetings re updates</li> <li>• Input with primary care local plans</li> <li>• Clinical and Managerial Leads very good</li> <li>• Benefits of working with Federations</li> </ul> <p>Negative themes:</p> <ul style="list-style-type: none"> <li>• People felt centrally driven</li> <li>• Talked 'at' a lot</li> <li>• Not acting as Commissioners</li> <li>• Full agenda – no time for discussion</li> <li>• Often no feedback loop.</li> </ul> <p>Context:</p> <ul style="list-style-type: none"> <li>• Since Localities were set up there has been lots of changes within the CCG</li> <li>• CCG now has delegated primary care commissioning from NHSe</li> </ul>	

	<ul style="list-style-type: none"> <li>• GP's working in different ways in Practices/ Federations/ LMC/Hubs and Out of Hours</li> <li>• GP streaming</li> <li>• Practice model changing</li> <li>• Skill mixing with lots of change</li> </ul> <p>Nationally:</p> <ul style="list-style-type: none"> <li>• GP's engaged in commissioning</li> <li>• More ground up approach</li> <li>• Nationally driven initiatives come to CCGs</li> <li>• Working better together</li> <li>• Centrally driven countywide</li> </ul> <p>How to have more productive meetings:</p> <ul style="list-style-type: none"> <li>• Streamline the agenda</li> <li>• Focus on important issues</li> <li>• Prioritise subjects and time</li> <li>• Papers for information and must reads</li> <li>• Open up time - at least 1 hour for discussion - and invite other people to join, e.g. social prescribing with Voluntary groups and Councils for appropriate subjects</li> </ul> <p>How to work and what is best model:</p> <p>SA</p> <ul style="list-style-type: none"> <li>• Balance enough information – paraphrase</li> <li>• Difficulties with what CCG has to do balanced with wants</li> <li>• Helpful to have feedback</li> <li>• Works well together – practices/federations</li> <li>• Longer meetings – extend time</li> <li>• Frequency of meetings – fluidity</li> <li>• Very important to have practice manager representation</li> </ul> <p>MW</p> <ul style="list-style-type: none"> <li>• Presentations useful – partners do not always read the papers</li> <li>• CCG Lead useful</li> <li>• Things that relate to the whole County – driven by CCG</li> </ul> <p>HR</p> <ul style="list-style-type: none"> <li>• Agrees – straw poll guide helps to get a wider view</li> <li>• Smoking cessation changes are detrimental Public Health led the consultation on smoking cessation Changes</li> <li>• Weakness – less involvement of other doctors in practice can mean less engagement</li> </ul> <p>WOG</p> <ul style="list-style-type: none"> <li>• Agree all very well bottom up but do need broad knowledge of how the system works – helpful for SA to explain</li> <li>• 1 session per week – discuss with other leads</li> <li>• Other colleagues know even less so decisions are harder</li> <li>• Alternate months – combined meetings</li> </ul>	
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<p>DH</p> <ul style="list-style-type: none"> <li>• Not being listened to</li> <li>• Feedback information centrally</li> <li>• More open discussion</li> <li>• Objections not reflected adequately (Primary Care Framework)</li> <li>• OCCG changed but did not feed back</li> </ul> <p>RR</p> <ul style="list-style-type: none"> <li>• Scope for shifting the agenda</li> <li>• Key topics</li> <li>• Wider audience</li> <li>• Ways to get bottom up element to develop locally</li> <li>• Structure the agenda and include a whole wide range of attendees is beneficial</li> </ul> <p>ST</p> <ul style="list-style-type: none"> <li>• Quality feedback – properly explained</li> <li>• Frequency</li> <li>• Dynamic re Federations</li> </ul> <p>HVO</p> <ul style="list-style-type: none"> <li>• Filter out stuff not relevant to a practice</li> <li>• Reps in a practice helps</li> <li>• Helps change</li> </ul> <p>LS</p> <ul style="list-style-type: none"> <li>• How to deliver – working together to avoid duplication</li> <li>• Sometimes wrong people in the room</li> <li>• Moved away from commissioner / provider meetings</li> <li>• Federations attending – bring together more</li> <li>• Could have 1 longer meeting and join with Fed. meetings</li> </ul> <p>TP</p> <ul style="list-style-type: none"> <li>• Smaller meetings tend to mean more engagement</li> <li>• Not sure more frequent meetings are needed</li> </ul> <p>PN</p> <ul style="list-style-type: none"> <li>• Likes idea of combined meetings as so much cross-over</li> <li>• Practice Managers all talk same things</li> <li>• Needs monthly as rapid movement</li> <li>• Improved OCCG search information</li> </ul> <p>JD</p> <ul style="list-style-type: none"> <li>• NOLG considers North East exemplar</li> </ul> <p>CM</p> <ul style="list-style-type: none"> <li>• NE work well together – fine tuning – locality plan joint work was very good</li> </ul> <p>JAH</p> <ul style="list-style-type: none"> <li>• Email JAH if you have any further comments or that you did not want to say in the meeting</li> </ul> <p>KC</p> <ul style="list-style-type: none"> <li>• Design as you see fit</li> <li>• Great start</li> <li>• Updates/ discussion time/ invite others to meeting</li> </ul>	
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	<ul style="list-style-type: none"> <li>Gradual process to changes</li> </ul>	
8.	<p><b>Long Term Conditions – Dr Amar Latif:</b> Dr Latif, Clinical Lead, LTC, OCCG gave a presentation <a href="#">here</a>, also present was Paul Swan, Commissioning Manager, LTC, OCCG and James Scott, Assistant Project Manager, Planned Care, OCCG.</p> <p>The respiratory project is a joint working pilot between OCCG and Boehringer Ingelheim who will only have their logo on the final report.</p> <p>Approximately 20% of the population have undiagnosed COPD, emergency re-admissions are a big outlier and all activity is rising. People are managed wholly in primary care and 54% are known to the community specialist team or seen in OPD. Improved recognition and care for patients at end of life is important.</p> <p>The pilot scheme is scheduled to run for 18 months and will reduce emergency respiratory admissions overall and estimated project savings of over £2m. Go live will start in the West Locality on 1 June 2018 with SE and SW localities going live in September, by December the whole of the county will go live. NE will go live on 1 December 2018.</p> <p>Discharge summary/governance and IT issues are being worked through. RR reported on national funding of air quality and traffic fumes. Self-care is really important with a reluctance of some smokers not going to the GP. There is a need for decent end of life care for end stage COPD.</p> <p>Dr Latif also gave a presentation (<a href="#">here</a>) on the Long Term Conditions Locally Commissioned Service. The key difference is the addition of Respiratory MDTs with a sliding scale for achievement of targets.</p> <p>The Locally Commissioned Service (see <a href="#">here</a>) element for year of care has a fixed payment of £600 per practice with an additional £1.50 per registered diabetic patient to cover the cost of posting letters.</p> <p>Diabetes MDTs is the same as last year and the review meetings are being planned. Submit improvement plans by 1 December 2018 for type 2 patients only.</p>	<p><b>Note</b></p> <p><b>Note</b></p>
<b>ITEMS FOR INFORMATION AND DECISION</b>		
9.	No specific decision items.	
<b>FORWARD PLANNING</b>		
10.	<p><b>Local Community Services Group update:</b> RR reported on the pathway mapping – this will be discussed further</p>	

	<p>at the next session. Issues to take forward to the Group include:</p> <ul style="list-style-type: none"> <li>• Support for Carers in nursing homes</li> <li>• Urgent response team</li> <li>• Single point of access</li> <li>• Access to waking night care</li> <li>• Medication – not taken at the right time</li> <li>• Need to increase confidence of families</li> <li>• Services who did attend worked well</li> </ul>	
11.	<p><b>Diabetes update:</b> SA reported that work is ongoing with OUHFT, OHFT and Federations to get to a contractual model. Using Skype is very straightforward and Paper 10 gives instructions – all practices encouraged to make use of it as very helpful.</p> <p>NDPP – pre diabetes guidance has changed, range was 6-6.9 and is now 5.5-6.9.</p> <p>A problem was highlighted with Lloyds Pharmacy doing patient blood tests. The tests are operator dependant and some have produced erroneous results, this has involved around 50 patients – GPs were asked to report any issues with Dr Latif.</p>	<p><b>All</b></p> <p><b>Note</b></p> <p><b>ALL</b></p>
12.	<p><b>Oxfordshire electronic referral system (eRS) – paper turn off alert:</b> This is a national requirement that all GP referrals to consultant led first outpatient appointments must be made via the NHS e-Referral System. Paper <a href="#">here</a>. Practices to note this change and prepare for the transition.</p> <p>From 1 July 2018 all referrals to be made by eRS and a switch off date for non eRS referrals will be made on 1 August 2018. Dr David Chapman is the Clinical Lead for the CCG and any feedback to go via JAH.</p>	<p><b>Note</b></p>
<b>WHITE SPACE/ANY OTHER BUSINESS</b>		
	<p><b>2018/19 Primary Care LIS</b> JAH reported there is a link on OCCG website to the new scheme.</p> <p><b>Digitalisation of patient notes</b> – paper <a href="#">here</a>. practice views sought to aid OCCG / LMC discussions:</p> <p>Discussion followed around the destroying of patient notes following digitalisation; the CCG is still awaiting guidance from NHSE. In secondary care there is guidance to destroy notes. Practices are the data controllers as they retain responsibility. Suggestions were raised as follows:</p> <ul style="list-style-type: none"> <li>• Could send notes back</li> <li>• Destroy notes but not the envelope as it is legal to keep</li> </ul>	

	<ul style="list-style-type: none"> <li>• envelope</li> <li>• Return to patients</li> <li>• Hold centrally</li> <li>• Woodstock practice happy to shred due to space pressures.</li> </ul> <p><b>MSK Education via Healthshare Clinicians:</b> Practices were asked to advise JAH what education they would like so this can be set up. Healthshare had offered the following:</p> <ul style="list-style-type: none"> <li>• Lavender statements</li> </ul> <p>Healthshare will visit practices. Feed back to Planned Care or JAH</p> <p>GT raised a question regarding the OPCCC briefing about Deer Park <b>unregistered patients</b> being automatically allocated following letters and non-contact. Compensation was requested to practices who had spent considerable time re-registering North Bicester Surgery patients at the time of closure as NHSe were stating they could NOT be allocated at the time. JD agreed to pick this up with NHSE and report back.</p> <p>Update on <b>LARC Formulary:</b> Public Health stated that if clinicians feel they have a training need to use Levosert, they can contact the integrated service in OUHFT.</p> <p>JAH asked for feedback on the <b>catering</b> today – consensus was that the food was good but there was not enough of it. <b>Action: JAH to request more sandwiches and fruit.</b></p>	<p><b>Note</b></p> <p><b>JD</b></p> <p><b>JAH</b></p>
<b>ITEMS FOR INFORMATION</b>		
	<p>Paper 5 – OCCG Board briefing <a href="#">29.3.18</a>  Paper 6 – OPCCC briefing – <a href="#">March 2018</a>  Paper 7 – Planned Care project <a href="#">updates</a>  Paper 8 – JSNA 2018 is <a href="#">out now</a>  Paper 9 – LARCs <a href="#">position</a>  Paper 10 – Booking diabetes Skype <a href="#">consultations</a>  Paper 11 – Update on <a href="#">digitalisation</a> of patient notes</p> <p><b>Date of next meeting:</b>  9 May 2018, 1-3pm at Littlebury Hotel, Bicester</p>	

### Attendance: 18 April 2018

<b>Practice</b>	<b>Representative</b>	<b>Present / Apols</b>
<b>Alchester Medical Group = Langford MP &amp; Victoria House Surgery</b>	<b>Dr Damian Hannon (DH) Dr Toby Quartley (TQ) George Thomas (GT)</b>	Y N Y
<b>Bicester Health Centre</b>	<b>Dr Stephen Attwood (SA) Dr Tim Powell (TP) Paul Netherton, (PN) - P.Mgrs rep</b>	Y Y Y
<b>Gosford Hill Medical Centre</b>	<b>Dr Mark Wallace (MW) Sally Mackie (SM)</b>	Y N
<b>Islip Medical Practice</b>	<b>Dr Matthew Elsdon (ME) Beverley Turner (BT)</b>	Y N
<b>Kidlington, Exeter, Yarnton MP (KEYS)</b>	<b>Dr David Finnigan (DF) Dr Simon Tucker (ST) Annie Owen (AO)</b>	Y Y N
<b>Montgomery House Surgery</b>	<b>Dr Will O'Gorman (WO) Steve Sharpe (SS)</b>	Y N
<b>Woodstock Surgery</b>	<b>Dr Helen Roskell (HR) Dr Trevor Turner (TT) Dr Tanja Frankel (TF) Sue Kavanagh (SK)</b>	Y N N N
<b>Others:</b>	Dr Helen VanOss, (HVO) Public & Patient Forum Chair Rosie Rowe, (RR) Cherwell District Council Julie Dandridge (JD) Locality Sponsor Julie-Anne Howe, (JAH) Locality Co-ordinator Catherine Mountford (CM) - OCCG Exec Team rep Sue Keating- Notes Laura Spurs,(LS) PML Dr Amar Latif (AL) – OCCG Clinical Lead, LTC Paul Swan (PS) – OCCG Commissioning Manager, LTC James Scott (JS) – OCCG Assistant Project Manager	Y  Y Y Y Y Y Y Y Y