Oxfordshire
Clinical Commissioning Group

DRAFT Notes:
TITLE: Joint Locality / Federation Commissioning Meeting– North East
Held on: 12 December 2018, 13:00 – 15:30pm
Venue: Littlebury Hotel, Bicester **Paper 1**

	STANDING ITEMS	Action
1. 2.	**Welcome:** Dr Kiren Collison, Dr Raman Nijjar for LMC **Apologies:** CM See attendance list at end of notes.	
3.	**Declarations of interest + AOB** : There were no DOI's.	
4.	**Notes of the Meeting held on 14 November 2018** The notes were agreed as a correct record with Zoe's surname being changed to Kaveney.	
5.	Matters Arising: Points included in sections below. **PPG forum update:** HVO provided a patient view of the meeting held with Cherwell District Councillors, advising that it will require a concerted effort by all GPs to explain to patients that their service will not change, only the location, and that they will still have access to their usual GP in the same way as now. This will help with patient reassurance that their trusted GP will provide continuity and stop rumours escalating. JD advised she is working with the Comms Team on a draft communication strategy, which would include GP videos making the case for change. Leaflets would also be considered, and screen messaging. JD invited HVO to be part of this work to help ensure the patient messages were clear, and this was accepted. Public transport was the other main factor, with a belief that sufficient parking is essential as sick people don't tend to get on buses – however for those with routine requirements, a bus service was also vital. Voluntary driver schemes worked well for surgery pick up and drop off, but didn't allow for time to get provisions or prescriptions etc which was difficult for isolated patients. A range of provision is required (car, bus, walking, cycling) and with the withdrawal of Council subsidies for bus routes across the county, discussions with commercial companies would be difficult unless sufficient volumes of people could be guaranteed.	**JD** **JD/HVO**

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Author: JAH

6.	**OCCG Finance Board Report:** link here for those interested. SA confirmed that finances were roughly on track but planned care waits remain longer than we would wish.	
7.	**CAMHs** – Vicky Norman, Service Manager, and Karen Spasic, Primary Care Mental Health Practitioner, both from Oxford Health, attended to advise on the new Children & Young People service. Slides here. Website link: https://www.oxfordhealth.nhs.uk/camhs/ Single Point of Access: Generic email = oxfordhealth.oxoncamhsspa@nhs.net Tel: 01865 902515 OOHs = 01865 901000 to Crisis Service at the Warnford. Quiet times to get through are when school runs are on. SPA of access has been running since April 2018, M-F 8-6pm with next day call-backs for those after 5.30 unless urgent. Neuro Development Conditions pathway – pilot running from 5.11.18 on Autism 5-18 yr olds. (0-5s via OUHFT Paeds Dept). ADHD will start later. Daily Duty System in place with response within 4 hours. Urgent's = 5 working days, Routine = 4 weeks aspiration (currently running at 16 weeks and working on this. Cases can be re-prioritised if conditions escalate). Group sessions in place with access to packs of information whilst patient is waiting. Both aspects take self-referrals, parent referrals, school referrals etc.	**Note**
	ITEMS REQUIRING CLINICAL FEEDBACK	
8.	**Joint discussions / updates:** TQ updated with slides here. Hospital at Home – no update. Primary Care Visiting Service – Mark Chambers, PML Clinical Lead for the visiting service attended to advise on how the service was progressing and seeking insight into any issues from the GP perspective. A discussion took place around mental health patients and the need for alerts to be on records as PCVS may not be best suited to all patients. Care home calls were usually good but there is a fear factor precaution at times. Care Home Support Service liaison would be helpful at times for re-education of staff as turnover is high. TQ reviewing capacity, skills, visits to check cost effectiveness. Uptake figures are available, however a discussion took place around failed calls or rejected calls and need to educate staff at SPA. Practices may be phoned back if capacity becomes available and previously told not so. Practices agreed it was always better to ask them if they needed that help still. Some slippage in March may come into Jan / Feb?	**TQ**

	Hub Utilisation – SA enquired on the potential to look at links to hospital bed equivalent days and LS advised the potential formula was pragmatic – 25% appointments targeting people 'off their legs' and preventing admission at each appointment reducing bed days by 3. No other sound evidence as yet. Physiotherapy assessments – TQ confirmed physiotherapists will refer to MATT directly from the Hub and routinely no re-assessment is required as the referral is from an Advanced Practitioner. Practices continue to send patients to Healthshare. Woodstock raised an issue with access to physiotherapy via the Hub as slots taken – January will see a full day in Kidlington and Bicester as slot numbers are increased for urgent patients. Extended Hours – HCA nurse labelling is improving and capacity will rise over winter. Appointments are not restricted or reserved for the hosting practice – they must be open to all. Access to this service will be advertised to patients shortly. Pharmacist use – TQ advised that Bally had sent out the Top Tips paper – *see end of these notes for content.*	**Note**
	RR reported on the Bladon School position regarding both a Medications and First Aid policy – both available from JAH upon request. Neither policy expected only GP prescribed medications to be available which was appropriate. JAH to send Woodstock the policies.	**JAH**
	Extended Access – no update. Integrated Care Alliance – no update.	
9.	**Neighbourhoods / Primary Care Networks –** KC attended to present on this item – paper and slides here. The group reviewed the primary care maturity matrix and discussed their current level. It was agreed this was a Step 1, with some elements of Step 2 achieved, and some aspects of Step 3 fairly close. Step 1 will be reported at present, with further work to be done to report on the current service provision across organisations, and where the gaps are. This work would require some of the funding on offer to free up time to do this, and progress to the next levels.	**Note**
	ITEMS FOR INFORMATION AND DECISION	
10.	**Update: Locality Clinical Director Post:** JAH reported that the voting on WO'G becoming LCD had been unanimous and he would be taking up post from January 2019, with OCCG ratification in due course, having achieved the required competency level.	

	As this was SA's last meeting as Locality Clinical Director the group expressed their appreciation for all his hard work over the past 6-8 years. He would take up the Deputy post from January 2019, and be available until mid-February, as annual leave would be taken until end of March. SA in turn thanked the group for their support over the years, and emphasised the need for a working GP to come forward as Deputy to support WO'G and TQ. The post was for 1 year at present, with 2 sessions per week required. Practices to make enquiries with their colleagues to gauge interest, and JAH to send out formal election documentation in January. Meantime SA was happy to chat to any interested parties if there were any questions.	**Practices**
	FORWARD PLANNING	
11.	**Locality Community Services Group update:** Meeting held the previous day with the new PML Director introduced, Eleanor Baylis. Discussions took place on dementia care, how Neighbourhoods might work, Health for You system, Terms of Reference which will be reviewed after the NHS 10 Year Plan emerges, and what work they will take forward over the next 6 months. DONM is 15.1.19.	
12.	**Diabetes Update:** Skype – JAH to send out electronic paperwork again (done). Colour hard copies were tabled.	**JAH**
13.	**Bicester Healthy New Town:** RR reported that the Growth Board had overseen plans developed countywide to embed Healthy Place Shaping so that principles can be used across numerous sites. RR/JD had met District Planners countywide and would input into planning policy via county plans when there were health implications. It was agreed s106 followed the old traditional model and JD confirmed discussions were underway at STP level to see how this could be influenced / improved. Education – RR advised Kidlington would be holding an education session for invited patients at their neighbourhood level with dates available in likely February. A session would also run in Islip. Alchester would also have a session in February – and BHC expressed interest in being party to this. MHS was now moving forward with the model for COPD patients without spirometry, with a session likely on an evening in February.	
14.	**Social Prescribing:** RR advised that Community Connect starts from January 2019 with Deddington / BHC and a Banbury practice testing the pathway.	

	Others would then be phased in with all in place by April. .	
	WHITE SPACE/ ANY OTHER BUSINESS	
15. 16. 17.	Premises – JD / RR reported on the CDC Counsellors meeting which was felt to have gone well. It was agreed important that councillors are kept abreast of progress so they could inform their constituents, and as a matter of courtesy. This would need to be aligned to milestones so that communications were planned and timely. Healthshare – update paper here. OCCG Chair Christmas message - here	**Practices**
	ITEMS FOR INFORMATION	
	Paper x – OPCCC briefing here Paper 6 – Planned Care project update here Paper 7 – GP Update training dates here Paper 8 - MSK update here Paper 9 – CEO position update here **Date of next meeting:** **9** January 2019, 1-3:30pm at Littlebury Hotel, Bicester	

Attendance: 12 December 2018

Practice	*Representative*	Present / Apols
Alchester Medical Group = Langford MP & Victoria House Surgery	Dr Damian Hannon (DH) Dr Toby Quartley (TQ) Dr Raman Nijjar – LMC rep. (RN) George Thomas (GT)	Y Y Y
Bicester Health Centre	Dr Tim Powell Dr Jonathan Holt Paul Netherton, (PN) - P.Mgrs rep	 Y
Gosford Hill Medical Centre	Dr Mark Wallace (MW) Sally Mackie (SM)	Y Y
Islip Medical Practice	Dr Matthew Elsdon (ME) Dr Lisa Ibbs (LI) Beverley Turner (BT)	Y
Kidlington, Exeter, Yarnton MP (KEYS)	Dr David Finnigan (DF) Dr Simon Tucker Kathryn Muddle (KM)	Y
Montgomery House Surgery	Dr Will O'Gorman (WO) Steve Sharpe (SS)	Y
Woodstock Surgery	Dr Hassan Ali Dr Duncan Becker (DB) Dr Trevor Turner (TT) Dr Tanja Frankel (TF) Sue Kavanagh (SK)	 Y

Others:	Dr Stephen Attwood (SA) Dr Helen VanOss, (HVO) Public & Patient Forum Chair Rosie Rowe, (RR) Cherwell District Council Kiren Collison, (KC) OCCG Chair Catherine Mountford (CM) - OCCG Exec Team rep Julie Dandridge (JD) Locality Sponsor Julie-Anne Howe, (JAH) Locality Co-ordinator + Notes Laura Spurs (LS) PML + Vicky Spurs (VS) Mark Chambers, PCVS within PML + Speakers	Y Y Y Y A Y Y Y Y Y

Pharmacist Top Tips email to share best practice:

I have summarised my tasks at each surgery below so each practice will know what I am currently involved with:

Monty House-

- DRUMS (dispensing review of meds) - this entails reviews of medical notes as well as tidying up repeat meds and calling the patients to do a medication review
- discharge meds reconciliation

BHC -

- Brown slots - these are medication queries that come up with repeat meds authorisation - "meds requests queries"
- pre-diabetes audit - so far have looked through a list of pre-diabetes patients and coded them as pre-diabetes on the system : See patients in a "pre-diabetes clinic" setting - providing healthy living advice/education about pre-diabetes - moving forward will be a combo of telephone calls to patients and f2f consults
- medication reviews for Cherwood Nursing home patients - notes based reviews
- Discharge letters - meds recon based on clinic and discharge letters

Alchester -

- DRUMS - tidying up meds, medical notes reviews and calling patients for meds reviews
- meds queries tasked across from GP's or dispensary
- discharge summaries - meds recon from hospital inpatient discharge

Gosford Hill-

- 2 care homes: medication reviews - reauthorizing meds and ensuring everything in sync - stop/start meds, meds reconciliation
- liaising with nursing home and supplying pharmacies to streamline processes - still awaiting a meeting with all parties
- poly pharmacy >10 meds: medication reviews, rationalize rx, make sure bloods/bp/monitoring utd

Islip -

- Nursing home - medication reviews- notes based meds reviews, reauth meds, ensuring all in sync, stop/start meds, meds recon
- working alongside dispensary as they are now taking control of the dispensing of the meds

- poly pharmacy >10 meds - medication reviews - notes based and calling patients where required, rationalize rx, make sure bloods/bp/monitoring utd

Woodstock -

- NOMADS - dossett patients - notes based and telephone medication reviews with patients

Key -

- Nursing home - meeting with nursing home re streamlining processes & medication reviews for residents
- meeting with supplying pharmacy - attempting to iron out issues with interims etc.,
- DMARD audit - making sure coding correct and ensuring patients bloods being monitored at the correct intervals
- Prescription Rejection Audit - following up with prescription rejections to ensure meds have been stopped by supplying pharmacy or querying why they haven't
- Transplant/HIV meds - adding to hospital record for patients
- Discharge letters - meds recon based on clinic and discharge letters
- Hypertension clinic - seeing patients and checking BP, adjusting meds if need be, QRISK calc, follow up if necessary

Things I have noticed that work well:

- having MTX/DMARD monitoring requirements on the problems page: easy to spot how often patient should be having bloods and then easy to verify if had in the allowed time frame
- number of authorized issues - should align with meds review date - where these are lined up systems seem to work nicely -
    - in some places there is no consistency with number of authorised issues/meds review date - all appears to be out of sync and causes problems
    - if only using one or the other consistency across practice would be really helpful ie. if only using meds rev date for allowing meds to be authorised then all "number of authorised issues" for the meds should be removed
    - some practices use % of use as a factor - this means meds should be reauthorized after 6 or 12 issues and the numbers shouldn't be going over 150% - makes it simpler and less prone to error for person issuing scripts
    - tidying up of medicines page - there are some medicines that haven't been issued for many years that are still on repeats - increased risk of error

Going forward:

I am hoping to introduce the PINCER audit program to practices to help with safer prescribing - run and act on these audits as per practice needs

- Getting involved with scriptswitch changes to meds
- If there anything new any practice would like to implement then we can discuss when I'm there next

Thanks, Bally, PML Clinical Pharmacist