

DRAFT Notes:

TITLE: Joint Locality / Federation Commissioning Meeting– North East

Held on: 13th March 2019, 13:00 – 15:30pm

Venue: Littlebury Hotel, Bicester

Paper 1 v3

	STANDING ITEMS	Action
1.	Welcome: WO'G welcomed all to the meeting.	
2.	Apologies: ME, CM, HVO (well wishes were sent) See attendance list at end of notes.	
3.	Declarations of interest + AOB : There were no DOI's.	
4.	Notes of the Meeting held on 13.2.19 The notes were agreed as a correct record	JAH
	<p>Matters Arising:</p> <p><u>LMC High Wycombe roadshow</u> – RN explained how we got to here on the LTP and PCNs. RN felt the event was insightful in that it clarified a number of things. 2nd April PCN Roadshow will provide an opportunity to discuss various aspects further.</p> <p>5. PPG forum update: In the absence of HVO, JAH updated on the PPG Forum meeting which had been attended by most practices. It covered the NE Locality Plan update paper, the LTP and an overview on PCN national intentions, the Forum Chairs meeting, and the BHNT meeting + the videos released by Alchester and MHS practices. http://www.alchestermedicalgroup.co.uk/info.aspx?p=2&pr=K84613 https://www.montgomeryhousesurgery.co.uk/developing-a-new-gp-surgery-fit-for-the-future-2022/ Patient reps were very interested and keen to work across PPGs within the current Neighbourhood areas.</p>	
ITEMS REQUIRING CLINICAL FEEDBACK		
6.	Cancer – C the signs – WO@G spoke about this project which seeks to introduce an App for phones, and links to EMIS, looking at initial symptoms then asking questions on the likelihood of cancer and options for action. Work is still underway to align to the 2ww proforma which is coming. Practices were not convinced of the evidence regarding effectiveness as yet.	
7.	Joint Strategic special plan – RR spoke about the fact health is now	

	<p>embedded in local authority planning, but to keep it as a priority and show importance of keeping it there, practices were asked to complete the online consultation - https://oxfordshireplan.inconsult.uk/consult.ti</p> <p>RR and colleagues are working on ensuring the JSNA and scoping report accurately reflect the level of growth across the county.</p> <p>8. Quality – LIS – management of Test results and clinical correspondence – Jill Gillett attended to share learning from the process and will circulate good examples shortly. Practices discussed the process and agreed it should be a closed loop where patients could assume nothing was untoward if they did NOT hear, rather than have to call for every occasion. It was agreed that the ICE system needed a software solution to reduce variation and human error. Dr Merlin Dunlop met with Lab management last week to work out how OUHFT can interrogate ICE. Early days and not all tests included yet. Re who is responsible, OCCG and OUHFT are working with LMC on this as there are various aspects and a safe solution is required. It was noted that non-clinical staff do coding and training is key – JG to look at SNOMED to see what helps here. JG noted the work undertaken by PML in Banbury following the merger plans of 4 practices had led to a very good document, and she would seek to circulate it when / if approval given. NE practices all agreed to share their documentation.</p> <p>9 Joint discussions / updates: TQ updated on the activity position with slides here.</p> <p>a <u>PCVS</u> - higher this month so at 97% (crude numbers) – spoke to manager – not much extra capacity so working well. No ongoing issues.</p> <p>b <u>Hub</u> – at 87% overall average YTD. Issues over past month re Comms and last minute clinics being added as staffing became available. Improvements expected. Leaflet being worked on and will be available to leave with the patients / relatives. Feedback is also being sought. Saturday hubs are reasonably high. Extended hours hubs – using 1st & 2nd clinicians.</p> <p>c <u>Physio</u> – similar to previous months.</p> <p>d <u>Hospital at home</u> – TQ asked practices if they were using this service more? KEYS use regularly and like it.</p> <p>e <u>Pharmacists</u> – costs going forwards - £45k plus on-costs will be required. Banbury Pharmacists has additional qualifications so slightly more. Our current pharmacist has c6 months to run. Practices responded on usefulness of the post – which varied depending on frequency of access (more was better).</p> <p>f Questions arose: Staff have not got clinical information or can't access it at times remotely –(Vicky has been advised)– so can't see that GP requested bloods as not got access to notes – so they should phone GP and ask</p>	<p>Practices</p> <p>JG</p> <p>JG</p>
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	<p>what was requested.</p> <p>TQ advised on a case re falls and possible head injury in care home. Care Plan was incomplete on SCR – ECP noted neurological changes and wanted to admit patient. Eventually by roundabout route GP involved and advised not for admission. If want to speak urgently as might need to transfer patient do need rapid communications to clarify if should or shouldn't be transferred. ECP can see EMIS record – if only partial then can't see all. . ECPs do tend to know where the low signal spots are so download prior to visits, and have 5G but sometimes it does drop out.</p> <p>g <u>Integrated Care Alliance update</u> – OCA now commissioned to develop the Workshops and funding will flow via Federations to support backfill for attendance.</p>	
ITEMS FOR INFORMATION AND DECISION		
10	<p>Locality Clinical Director Post:</p> <p>Practices had voted unanimously for the appointment of Dr Sam Hart at Islip Medical Practice, to be deputy LCD. This would not be ratified by OCCG and paperwork undertaken. The post commences from 1.4.19 and practices thanked SH for stepping forward.</p>	All
11.	<p>Q4 Sustainability meeting 13.3.19 – see separate write up.</p>	
FORWARD PLANNING		
12.	<p>Locality Community Services Group update:</p> <p>WOG updated the group on discussions within the last meeting. This included:</p> <p>OHFT working hard to arrange their community teams to ensure PCN area coverage,</p> <p>MH Nurse from Integrated Locality Team – seeing o65 patients with some low level MH / physical / frailty / Carer level not suitable for talking space will be seen and evaluated. PML have been facilitating a MH worker in Banbury who sees a different group of patients – adults – between talking space and AMHT co-hort.</p> <p>Some practices are using the Nurse to follow up patients started on antidepressants. Evaluations to follow. If a CPN in practice will save time then it was felt useful. DF advised that for personality disorder patients the service has been saving GP time which can be extensive due to MH difficulties. TQ advised the key was funding to be ongoing, and not replicating a service which should be provided elsewhere.</p>	
13.	<p>Diabetes Update:</p> <p>Diabetes workshops had been running well. See talk from Dr Ellen Fallows at the Q4 extended meeting, and slides.</p>	
14.	<p>Bicester Healthy New Town:</p> <p>RR thanked clinicians who attended the Stakeholder meeting end of Feb – well attended (60 reps), recognising the past 3 years and</p>	

	<p>planning for the future. CDC will fund for Bicester and other communities in Cherwell – think next in Kidlington!! RR to speak with them about co-design and developing the programme with local stakeholders and residents to tailor the area. Recruiting staff to deliver that – Place shaped approach is the focus - Funding for a couple of years.</p> <p>MW asked about park runs – want to set up but finding it very bureaucratic – RR advised she can't do it for them but can advise how to work through it as currently advising in Bicester on how to set up a Jnr park run. MW to get in touch. She advised there is Spark funding in Bicester – £500 to 1k for small groups to bring an idea to fruition for basic things which may help.</p> <p>Blenheim already running a group - 261 community group not for profit – apply any time – CDC website input using Spark Funding.</p>	RR
15.	<p>Social Prescribing: Is rolled out to KEY and BHC and taking patients now. Other practices will benefit from June to September – PCNs will get funding in addition to the current scheme at 100% funding to build on CAB model already in place. Still got 2019/20 national funding at 100% in yr 1, then 50% yr 2, so got a bit more.</p> <p>The 5 year VCSE project has funding from West and CDC and PCNs also gets £34k for a link worker. This is a new thing so organisations can look at building on existing scheme or do differently – it's up for discussion within the PCN.</p>	
WHITE SPACE/ ANY OTHER BUSINESS		
16.	<p><u>GP Forum</u> – TQ updated on the outcome of the last meeting which had spoken on PCNs and monitoring, and Kiren raised setting up a clinical equivalent of an Integrated Services Delivery Board – integration with all services partners. Having a group of clinical leaders from organisations to sit alongside that board – to be established. Possibly to be called Oxon Clinical Care Group (OCCG). Still need to work through how the structures work throughout the system and this is a work in progress.</p> <p>TQ sought input for him to raise at the next meeting.</p>	Practices
17.	<p><u>Cotswold House</u> – MW raised the issue of regular ECGs being ordered with request for GHMP to act on results even though under Homes Care and this is additional time consuming work. No shared care protocol is in place and it's not the annual check. LMC mentioned 6 months ago – RN will check. The service is under OHFT – EB involved in the new model of care so will check as contract for a high risk patient should cover all this care, taking bloods, weight, squat, ecg, etc.</p> <p>A similar issue had arisen with CAMHs for an anorexic woman requiring interpreting of ecg – RN stated this was discussed at LMC in July and was an Eating Disorders issue – JAH to pick up with Juliet.</p>	RN JAH

<p>18.</p> <p>19.</p> <p>20</p> <p>21.</p>	<p><u>Appointment data collection</u> – this had been a very powerful exercise across the City practices and really useful in discussions with providers who keep quoting rises in activity. NE practices were being asked to provide information via the same search (10 mins EMIS) via Dr David Chapmans template – with results only published at neighbourhood level. Useful data for looking for funding for primary care. Concerns were raised at this data being collected for beneficial purposes, then later used as a stick on practices if it varied. Queries were made around what should be counted, e.g. bloods as well – complete Docman letters – other admin type work? WO’G explained it was the difference between calls made and telephone consultations / appointments, to show the increase between then and now. Practices asked what’s in it for them as data could be seen nationally (not locally) via the Richard Hobbs paper. They felt the number of consultations is not always relevant as work is not always just a consultation – fitting in more into each consultation. JAH to circulate the paper again.</p> <p><u>Gynae referrals</u> – WOG advised gynae waits are poor at OUHFT – c40 weeks, and staffing and theatre issues. As of 1.4.19 there will be a 3 month referral divert – all routines (excl. fertility and urgents, 2ww) will all have to go to other providers. Current consultants are very specialised in their areas of expertise so can’t easily cover; LMC are aware. OUHFT won’t accept any referrals on C&B – unless exceptional then can email the person on the form but patients won’t jump the queue. Changes are already being made at OUHFT so they feel will then catch up. Explanation document, letter to GPs etc is available in GP bulletin. Practices raised concerns – presidents being set, possible additional costs elsewhere and the inconvenience to GPs is enormous, let alone the travel for patients, for the operation and follow-ups, and transport issues. Was this approach happening elsewhere or just in Oxfordshire? JD agreed to find out how the Trust was being penalised.</p> <p><u>PML</u> – The group thanked Laura Spurs in her absence for the work she had done for them, and welcomed Eleanor Baylis who is the new PML Director with responsibility for federations.</p> <p><u>Alchester retirement</u> – after many years of support, advice, shared expertise, and witty humour, Damian Hanon was also thanked for his invaluable input, which would come to an end 31st March. The group wished him well in his new ventures and will miss him sorely.</p> <p><u>PCN funding</u> – a question was raised by practices on the £1.50 allocation as this did not appear to be new funding to PCNs, as per national guidelines. This was deferred to the Q4 Sustainability meeting which followed, as a presentation was available to help</p>	<p>JAH</p> <p>JD</p> <p>All</p> <p>All</p>
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	clarify the funding. (Post meeting note – practices remained dissatisfied re the funding being new despite considerable monies going into primary care via various streams, and OCCG is taking this view back for further discussion.)	
ITEMS FOR INFORMATION		
	<p>Paper x – OCCG briefing when out Board meetings here</p> <p>Paper 5 - Planned Care project updates</p> <p>Paper 6 – 2018/19 Prescribing update – December</p> <p>Paper 7 – Influenza Update no. 8 (has been in Bulletin)</p> <p>Paper 8 – Mental Health funding stakeholder briefing</p> <p>Paper 9 - Locality Plans refresh table</p> <p>Date of next meeting: 10 April 2019, 1-5pm at PML Offices, Bicester</p>	

Attendance: 13.3.19

<i>Practice</i>	<i>Representative</i>	<i>Present / Apols</i>
Alchester Medical Group = Langford MP & Victoria House Surgery	Dr Damian Hannon (DH) Dr Toby Quartley (TQ) Co-Chair Dr Raman Nijjar – LMC rep. (RN) George Thomas (GT)	Y Y Y Y
Bicester Health Centre	Dr Tim Powell (TP) Dr Jonathan Holt (JH) Paul Netherton, (PN) - P.Mgrs rep	Y Y
Gosford Hill Medical Centre	Dr Mark Wallace (MW) Sally Mackie (SM)	Y Y
Islip Medical Practice	Dr Matthew Elsdon (ME) Dr Sam Hart (SH) Beverley Turner (BT)	A Y
Kidlington, Exeter, Yarnton MP (KEY)	Dr David Finnigan (DF) Kathryn Muddle (KM)	Y Y
Montgomery House Surgery	Dr Ellen Fallows (EF) Dr Will O’Gorman (WO) Co-Chair Steve Sharpe (SS)	Y Y
Woodstock Surgery	Dr Duncan Becker (DB) Sue Kavanagh (SK)	Y
Others:	Dr Helen VanOss, (HVO) PPG Forum Chair Rosie Rowe, (RR) Cherwell District Council Catherine Mountford (CM) - OCCG Exec Team rep Julie Dandridge (JD) Locality Sponsor Julie-Anne Howe, (JAH) Locality Co-ordinator + Notes Eleanor Baylis (EB), PML + Speakers	Y Y A Y Y Y