

DRAFT Notes:

TITLE: Joint Locality / Federation Commissioning Meeting– North East

Held on: 12TH June 2019, 13:00 – 15:30pm

Venue: PML Offices, Bicester, OX26 3HA

Paper 2 v3

Draft

	STANDING ITEMS	Action
1.	Welcome: WO'G welcomed all to the meeting.	
2.	Apologies: JD See attendance list at end of notes.	
3.	Declarations of interest + AOB : There were no DOI's.	
4.	Notes of the Meeting held on 8.5.19 The notes were agreed as a correct record.	
5.	Matters Arising: <u>Cotswold House</u> – RN confirmed LMC position that the request for tests by the psychiatrist is not contractual, not funded and is outside of clinical competency, so OK to refuse. It will be raised again at the next OCCG / LMC meeting.	
6.	PPG forum update: HVO tabled a document written by patients for patients on PCNs, which practices can put into their reception areas. Practices welcomed this. Could include a sentence at the end stating provenance. Q re PPG Logo – JAH to send previously used ones to HVO. JAH to circulate electronic copy. NHSe paper available below on PCNs / PPGs working together. JAH advised she had presented on PCNs at the last PPG Forum meeting and practice PPGs all felt vulnerable and welcomed working across fellow PPG / PCN areas. GHMC PPG input – virtual group but met in May and another F2F meeting planned for September. Patients are generally happy so feel no need to attend the PPG Forum meetings. PCN PPG input: paper here . All use websites to advise patients on changes, PPG area, Newsletters, leaflets / posters in surgeries when required. All will use HVO document mentioned above. Bicester practices all referenced video's re change put up on websites	JAH JAH

	<p>following public event in May. RR to put the HVO on the BHNT Facebook page to support the more difficult to reach people.</p> <p>GHMC – quarterly meetings planned, Newsletters will include updates on changes etc, and waiting room information. Notes on website.</p> <p>KEY – Meeting held in April and advised on PCN plans. DONM = July. PPG minutes and notes on website.</p> <p>BHC – GP CD is on PPG group – meetings 20/3 and 15/5. Only feedback of concern has been patient access to off-site care if referred elsewhere.</p> <p>Woodstock – PPG is virtual – will use HVO document in the reception. Website used.</p> <p>Montgomery House Surgery – Public meeting in May – video on website.</p> <p>Alchester – Public meeting in May. Will cover in more detail at next PPG meeting.</p> <p>Islip – has held 2 meetings 26/3 and 10/5 and discussed PCNs. Will use HVO paper. Signposting on the website.</p>	RR
7.	<p>Prescribing Incentive Scheme Update – paper here. Practices felt the way this scheme is tailored with a financial gateway is a inappropriate way to incentivise people and wish this to be fed back to OCCG. The group recognised this is likely to be the last year before a national scheme evolves. RN provided the LMC red flag status view. MMT will continue to provide support and Alison will continue to work within practices directly. Practices asked for 2018/19 achievement table to be circulated, and practices will automatically be signed up in case of opportunistic savings unless they advise JAH otherwise.</p>	JAH
ITEMS REQUIRING CLINICAL FEEDBACK:		
8.	ONEMED – Joint discussions / update slides via JAH	
8a.	<p>Hubs (including MSK Physiotherapy) – Some reduction in activity as usual this time of year, but capacity being used 6-9 per clinic per day. Noted hosting practices do seem to dominate appointments. TQ has sent information on 2nd clinician and numbers likely to increase. Noted clinician when sending back request for bloods ‘to be done’ to</p>	

	<p>state details of what is required.</p> <p>Good use of physio – 20 min assessment appointments by well regarded clinicians. 1 day service rotates across areas – can be hard for some to know where it is – check Hub – via Bicester booking but specify Kidlington, Bicester, Witney etc.</p> <p>Hub clinician will do 2ww if required.</p>	
8b.	Primary Care visiting Service – TQ following up a SCAS / admission incident. No other problems noted.	TQ
8c.	Clinical Pharmacists – postholder contract has 6-7 weeks remaining.	Note
8d.	Extended Access – is via Hubs. If wish to refer then send as task to patients practice to do bloods and refer if necessary – patients when at Hub told to check with practice in a week.	
8e.	Care Alliance Update – nothing this meeting. Andrew Elphick meeting Stuart Bell so perhaps next meeting.	TQ
9	<p>PCNs - Joint discussions: paper here</p> <p>Papers get loaded to the OCCG website PCN section here: https://www.oxfordshireccg.nhs.uk/professional-resources/primary-care-networks.htm</p> <p><u>PCN Accelerator sites</u> –JAH explained due to the extremely short timeframe to respond that this opportunity was over. Other opportunities are likely but the lesson learned was to have something akin to a bid on the shelf if possible, e.g. Group consultations?</p> <p><u>PCN Extended Hours requirements</u> – paper here. Practices discussed requirements in detail and agreed to discuss in their PCNs how they might meet them. Sign up is via the schedules.</p> <p><u>GPAF Extended Hours</u> - Discussion on 30 mins per 1,000 appointments required and this moving to 45 minutes per 1,000 via the Improved Access in Hubs. EB agreed to look at issues around separate clinics / surgeries / primary care notes access etc.</p> <p><u>Oxfordshire Primary Care Commissioning Committee</u> – had taken three papers which are in the public domain – see below Paper x – PCNs Paper y – PCN Services Paper z – BOB Primary Care Strategy</p> <p><u>Bicester PCN</u> – this group broke into its separate area to conduct its current business.</p> <p><u>KIWY PCN</u> – this group broke into its separate area to conduct its current business.</p>	EB

	ITEMS FOR INFORMATION AND DECISION	
10	Group Consultations - papers via JAH: EF advised the practices on her intentions to establish the correct structures this year, evaluation and monitoring. Both PCNs felt once benefits / efficiencies were clear, that OCCG should be approached for funding to support this further.	
	FORWARD PLANNING	
11	Locality Community Services Group update: Meeting next week will have an options paper from RR regarding the future of the group. MW / JH attending next meeting to discuss future role as group is felt to be useful.	RR
12	Diabetes Update: RR explained the confusion around education meetings – CDC have high incidence and practices have embraced so good uptake under the Diabetes Prevention Programme. The current scheme for pre-diabetes education meetings seems a lot of work for a small cohort and JAH to ask Paul Swann in Planned Care why the change? (PPOST MEETING UPDATE FROM RR – Council advise only original prevention programme needs to be followed). Structures are already in place and better to continue the work of the original group to capture more patients. Conversation followed on no need for GP / Clinical staff at meetings where social change is required. RR to contact the Diabetes Nurse Team to discuss. RR asked practices, if they use this model, to stagger any educational meetings into Q3 and Q4 and follow-up to spread the uptake.	NOTE RR practices
13	Bicester Healthy New Town: RR will have a person in place to focus on Kidlington area by mid-July with people being contacted August / September. Gala day planned on Saturday 13 th July 2019. RR to do a BHNT paper update – to JAH for circulation.	RR Note RR
14	Social Prescribing: JAH advised that Maggie James at OCCG had convened a meeting on Monday across the various providers to a) correctly benchmark their services, b) discuss the PCN model, c) encourage working collaboratively to support the funding PCNs will have available as all working to a similar agenda to support patients. The PCNs were keen to know more about the models working across Oxfordshire. CAB Community Connect – Pat Wood presenting. Age UK – Social Prescribers – Ruth Swift presenting MIND – Andrew Grillow apols NHSe guidance on Social Prescribing – paper here . OxFed service is	

	<p>aligned to this model. Social Prescribing across various names – social provision is the other factor to consider and funding to deliver the change. Both speakers advised on their respective service provisions.</p> <p>Pat Wood, CEO CAB – Community Connect – paper here and leaflet here Current service will run until 2022 – yr 1 = 100% national funding Yr 2 = 50/50 national and OCCG/CDC Yr 3 = 20% national – 80% locally funded Yr 4 = all locally funded. C£90k pa including project management costs. Coverage across North / NE / West 2 FTE across 3 staff – Millie McPherson leading here. OCCG is committed to all 4 years as is CDC. PW outlined the service provision and stressed the ability to be flexible across PCN needs. Some case studies are available, more will be developed. 15 surgeries engaged, 4 in NE (Islip, BHC, MHS, KEY) with GHMC, Wdsk, Alc coming. 66 clients seen on last count. Access is via phone, online, card in surgery, EMIS form coming. Adults only. Criteria = lonely, socially isolated, inactive. Work alongside people and co-produce goals using coaching and motivational interviewing skills.</p> <p>Ruth Swift – Age UK – paper here and leaflet here Already operating in SE. Use Councils Community Information Network – 1872 activities. £30k year 1 resource. Started January 2019. 107 referrals to date. 18+ adults. Mostly home visits, calls are low. Anyone can refer in South Oxon via surgery drop ins, phone, leaflets. 4 members of staff share hours, all embedded in community. Case studies cited – sending to JAH to circulate.</p> <p>Oxfordshire MIND – paper here Andrew Grillo had been unable to attend but send the above paper to add to the discussion.</p>	
	WHITE SPACE/ ANY OTHER BUSINESS	
15	NHS App - https://digital.nhs.uk/services/nhs-app/prepare-your-practice-for-connection-to-the-nhs-app	Note
16	Prevention of Domestic Abuse Strategy – Sarah.Carter@oxfordshire.gov.uk if interested.	
17	<p>IPIL data – details on whether practices receive it, or want it – to be sent to JAH. (post meeting note – non received so info will stop).</p> <p>After meeting – JAH to ask CSU about data sharing agreements and can the existing Hub ones be used for PCNs? EMIS enterprise hub</p>	Practices

	costs? Either at PCN level or via PML?	
	ITEMS FOR INFORMATION	
	Paper 5 – OCCG briefing when out Board meetings here Paper 6 - Planned Care project update Paper x – JSNA Snake update Date of next meeting: 10 July 2019, 1-3.30pm at PML Offices, Bicester	

Attendance: 12.6.19

<i>Practice</i>	<i>Representative</i>	<i>Present / Apols</i>
Alchester Medical Group = Langford MP & Victoria House Surgery	Dr Toby Quartley (TQ) Co-Chair Dr Raman Nijjar – LMC rep. (RN) George Thomas (GT)	Y Y Y
Bicester Health Centre	Dr Tim Powell (TP) Dr Jonathan Holt (JH) Paul Netherton, (PN) - P.Mgrs rep	Y Y Y
Gosford Hill Medical Centre	Dr Mark Wallace (MW) Marcus Evans (ME) registrar observer Sally Mackie (SM)	Y Y A
Islip Medical Practice	Dr Matthew Elsdon (ME) Dr Sam Hart (SH) Beverley Turner (BT)	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 - Pat Wood + Ruth Swift Dr Kiren Collison, (KC) OCCG Chair	Y Y A A Y Y YY