

Notes of Meeting: North Oxfordshire Locality Group

Tuesday 15 May 2018 1.30 – 3.30 pm

Practice	GP representative	Practice Manager
Banbury HC	Dr Marlett Smit	
Bloxham	Apols	Fiona Jefferies (part)
Chipping Norton HC	Dr Neil Fisher	Chris Bean
Cropredy	Dr Barry Tucker	Andrea Kirtland
Deddington	Dr Martyn Chambers	
Hightown	Dr Louise Cornwall	Di Stringer
Horsefair		
Sibford	Apols	
West Bar	Dr Stephen Haynes	Helen Murphy
Windrush	Dr Simon Bentley (part)	
Woodlands	Dr Shishir Kumar	Deb Chronicle
Wychwood	Dr Katy Walsh	Apols

Other attendees		
Public Forum	Anita Higham	
Cherwell DC	Apologies	
NOLG Clinical Directors	Dr Neil Fisher	Dr Shelley Hayles
OCCG	Diane Hedges, Julie Dandridge, Fergus Campbell, Sue Keating	
PML / NOxMed	Laura Spurs	

Chair: Deb Chronicle

		Action
1.	Apologies & Declarations of Interest i. Apologies: Sangeeta Bahl, David Spackman, Cath Rose, Chris Ringwood, Vanessa Newman ii. Update declarations of interest None declared. iii. Anita Higham's role on OUHFT Council of Governors noted. AH reported her term of office ceases at the end of September. Reordered agenda noted – no new items – time focussed on Integrated Front Door workshop discussion. Notes below numbered as per revised agenda.	
2.	North locality work plan priorities i. Response from survey Circulated paper noted without discussion. ii. Draft forward plan: SH noted the change in approach in the North locality and the aim to work	FC

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	together on achievable projects. FC to maintain forward plan.	
3.	<p>Integrated Front Door proposal – workshop discussion</p> <p>Additional attendees for this item were Dr James Ray, Paul Brennan, Michelle Brock and Ali Loftus-Hills from OUHFT, Chris Hewitt from OH and Andrew Elphick from PML.</p> <p>JD presented slides summarising the case for change (including changes and pressures in Banbury primary care), and highlighting the principles of the approach.</p> <p><i>A small clinical working party will be set up with an integrated staffing approach.</i></p> <p>James Ray described the current and proposed clinical model noting that:</p> <ul style="list-style-type: none"> • Currently the proportion of patients presenting with acute primary care need was 15% in Oxford (where GP streaming now in operation) and higher at Horton. • Prompt triage will be carried out by a senior nurse • GP streaming hours to be decided – currently 10am to 10pm at JR • GP appointments will need to be bookable including from NHS 111 • The model was based closely on Luton & Dunstable hospital • Patient information and education would be important <p>Attendees broke into three groups to discuss the circulated questions. Discussion notes attached as an appendix.</p> <p>JD to take forward proposals and will:</p> <ul style="list-style-type: none"> • undertake a baseline assessment of Primary Care activity in order to measure the effects of this service on GP Practices. • JD to take North locality views to working group / programme board. • Keep NOLG involved and informed 	
4.	<p>Locality project introductions:</p> <p>i. Community Nursing including monitoring frail elderly at home</p> <p>NF summarised the proposal including:</p> <ul style="list-style-type: none"> • need for a new service to provide more integrated care and address growth in this cohort of patients - common priorities with community services. • Informed by Vanguard models developed elsewhere in the country offering integrated community services and provides more proactive care. • Pilot in rural cluster aims to refine the model before expansion to Banbury and potentially other parts of the county. 	

	<ul style="list-style-type: none"> • GP federation in Oxford (OxFed) running a similar pilot which will provide useful comparisons. Both pilots are consistent with the direction of the countywide frailty project. • The frailty assessment will involve chronic disease, medication and care reviews as well as end of life care planning. A cohort of patients in the rural cluster will be offered a one hour initial assessment from the most appropriate person so that the workforce is used as efficiently as possible and deliver proactive care in a low cost way. • c£6k required to back-fill practice nurse time during the transitional period • NF would like a Banbury practice to input into developments • NOLG agreed to run the pilot using locally available funding resource. <p>ii. Sharing practice clinical resources – coil fitting: SH proposed sharing clinical skills so that patients in practices unable to offer coil fitting can access service locally rather than attending OUHFT in Oxford. This is another area where practices could work together via the federation and a mechanism needs to be set up to know where to address referrals, information governance, clinical indemnity and payment. Next step: SH to survey practices about capacity, space, need and interest.</p>	SH
5.	<p>NOLF public forum update: AH updated the meeting about NOLF and other local issues:</p> <ul style="list-style-type: none"> • Steering Group meeting on 12 June will hear from the SCAS Thames Valley Integrated Urgent Care service (NHS 111). • public meeting on 14 June 2018 in Banbury will discuss Social Prescribing • Anita to propose to the steering group that the September public meeting in Chipping Norton focus on carers' issues • circulated leaflets about the Banbury Friendship Festival on 20 May 2018. • Asked about use of the free AliveCor/Kardia Mobile Devices to Detect Atrial Fibrillation offered to practices by Oxford Academic Health Service Network <p>AH also noted matters relating to her role as OUHFT Governor:</p> <ul style="list-style-type: none"> • Leaflets about joining as a Foundation Trust member • recent CQC inspection reports of some services • staff morale 	
6.	<p>Information updates for noting:</p> <p>i. Oxfordshire Primary Care Commissioning Committee 1 May 2018: Briefing not yet available.</p> <p>ii. Planned Care projects update: Circulated summary noted.</p>	

	<p>Visual Info Systems in GP waiting rooms - SH reported OCCG has written to all the North and West Localities practices and the signed letter of agreement should be returned by Friday 25 May 2018. Queries to: OCCG.plannedcare@nhs.net</p> <p>iii. Brief information items: FC asked GPs to particularly note the Primary Care Carers Support Service and share with colleagues</p> <p>iv. Review of winter services and look ahead to 2018/19: Not discussed – included on agenda in error.</p>	<p>PMs</p> <p>GPs</p>
7.	<p>Notes of 17.04.18 NOLG meeting:</p> <p>i. Approve minutes for accuracy: Agreed as an accurate record.</p> <p>ii. Matters arising and actions not yet discussed: None highlighted.</p>	
8.	<p>NOxMed Federation business items</p> <p>LS reported on several areas of federation activity:</p> <ul style="list-style-type: none"> • Clinical Pharmacist appointed due to start June. • mental health worker for Banbury expected to start June. • Data Protection Officer role to fulfil GDPR requirements still not clear, so unable to pursue at present. Noted every practice needs to identify a DPO. • Hub activity and utilisation has increased, in hours from Monday-Friday is at 85%, Saturday is at 99% and extended hours 95% 	
9.	<p>AOB</p> <ul style="list-style-type: none"> • Primary bereavement service – FC to re-send MC's message to practices about contributing to the farewell dinner. 	FC
10.	<p>Key issues to take back to practices</p> <ul style="list-style-type: none"> • SH noted that future meetings will be run along the same format. • The aim will be to rely more on email contact for information updates so a reminder to all to keep a look out. Request that NOLG information be highlighted/identified as Action/Info etc so that PMs could look out for them. 	FC

Items anticipated on the 19 June 2018 North Locality agenda:

- **Social Prescribing** – implement locality plan
- **eRS and paperless switch-off**
- **Prescribing Incentive Scheme 2018-19** – budget approach

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