

North Oxfordshire Locality partnership

Notes of Meeting: Tuesday 18 September 2018

Practice	GP representative	Practice Manager	
Banbury HC	Dr Marlett Smit	Bridget Acock	
Bloxham	Dr Cath Rose	Fiona Jefferies	
Chipping Norton HC	Dr Jane Pargeter	Chris Bean	
Cropredy	Dr Barry Tucker	Apologies	
Deddington	Dr Martyn Chambers		
Hightown	Dr Sarah Lourenco	Jenny Falkner	
Horsefair		Fiona Edwards	
Sibford	Apologies		
West Bar	Apologies	Helen Murphy	
Windrush Dr Simon Bentley		Sylvia Cunniffe	
Woodlands Dr Shishir Kumar		Apologies	
Wychwood Dr Katy Walsh Vanessa Newman		Vanessa Newman	

Other attendees		
Lay members	Anita Higham	
Cherwell DC	Apologies	
NOLG Clinical Directors	Dr Shelley Hayles	
OCCG	Julie Dandridge, Fergus Campbell	
PML / NOxMed	Laura Spurs	

Chair: Sylvia Cunniffe

		Actions
1.	Apologies & Declarations of Interest	
	i. Apologies: Dr Neil Fisher, Di Stringer, Dr Stephen Haynes, Dr David Spackman, Andrea Kirtland, Jane Carr, Deb Chronicle, Dr Louise Cornwall.	
	ii. Update declarations of interest	
	iii. Conflicts of interest pertaining to agenda items	
	iv. Anita Higham's re-election to OUHFT Council of Governors noted.	
2.	Locality Clinical Director introduction	
	No additional issues raised. SH noted focus for today on Integrated Front Door - one of 3 main aims for North locality.	
3.	Integrated Front Door - North urgent care	
	SH presented slides as summary of the late circulation paper and noted that was based on very recent meetings which Neil Fisher attended and had briefed her on.	
	Queries and issues arising in discussion included:	
	How will patients know about this? JD noted communications work stream is	

	a key part of the plan.	
	AH why extending A&E at JR? Noted OUHFT are participating in the IFD project which is distinct from approaches in Oxford	
	Proposed triage pilot:	
	Triage for all self-presenting patients unless obvious major trauma	
	OUHFT have agreed to the pilot.	
	Note indemnity issues for pilot. CR concerned about legal implications. AH concerned for inappropriate patient response.	
	Pilot triage will be A&E ANP with observing federation GP.	
	MC noted different models of nurse triage in primary and secondary care. SH to clarify with NF how we agree the correct model.	
	CB is triage a directive or a recommendation to patient? Impact on patient rights. SH to ensure this is a 'gateway' approach to prevent patient circumventing the advice. JD commented that the triage may need to come outside the OUHFT front door.	
	Concern about patient journey i.e. if go from hospital to practice and back again.	LS
	 NOxMed federation to coordinate the pilot. Need GP(s) to staff this. Hope to start within weeks. 	
	Data issues:	JD
	JD to clarify anticipated number of patients per week likely to go through this pathway	JD
	Data from A&E referrals to OOH GP may be relevant? JD to follow up but concerned the numbers too low to draw conclusions	
	Patient referral:	
	SB suggested booking patients via EMIS directly onto practice triage list. JD noted this fits with longer term vision but not feasible for the pilot as different same-day care systems in practices.	
	Noted that OOH transfers to BHC appointments (before July) done by phone. Potential for 111 booking into GP hub still under discussion.	PMs
	Actions and response	GPs
	One week for more discussion in practice and respond by e-mail to FC by the end of the week	GF3
	GPs to consider participation in the pilot as observing federation GP in A&E	
4.	Locality project updates	
	i. Locality Frailty pilot	
	MC updated that Chipping Norton HC and Deddington HC have been identifying high need housebound patients, reviewing via Skype discussion with multi-disciplinary team, followed by DN home visit and further review. He fed back that the pilot is working well at present - 2 cohorts of patients so far:	

Identifying needs which practice might not have seen. Including medication review. Not clear if sufficient community staffing to extend model. It may be possible to reduce the frequency of review discussions Too soon for data. Also hard to prove business case in short term. Will measure what they can including patient feedback- but lots of variables. JG suggested Quality of Life measures and PN involvement. Tools available on EMIS so will be usable elsewhere ii. Social prescribing FC highlighted the countywide examples and the likelihood that the different projects will influence each other as time goes on. Chipping Norton HC plan to continue their provision which is embedded into the practice. **NOXMED** business items 5. i. Extended Access Hubs Currently 87% usage across the county, but aiming for 95%. Only reaching that with GP appointments Monday to Friday. Practices need to increase weekend use to meet target. Suggestion that Sundays to be bookable earlier (currently released 3 days in advance). LS to review including balance between urgent and routine. LS Physio appointment usage not 100% in North hub. ii. Primary Care Visiting Service - current use and winter pressures Using demand and capacity tool to balance for winter based on previous demand. Increasing use through winter period. Those present confirmed still happy with visiting service. iii. Locality Plan - Non-recurrent funds: Clinical Pharmacists – how are they working? Deddington – quite useful but limited hours so have to target work eg reviewing medication changes on discharge summaries. Wychwood
 – drop in the ocean but working on frailty. BHC – helping out with medication reviews over the phone. Appointment of mental health worker Hope to start in October for Banbury. NB generally adult focus. LS iv. Oxfordshire Care Alliance update Discussing heads of terms for new entity. To be discussed further at PML shareholders meeting. Link to frailty pathway. Oxfordshire Older People's Strategy 6. Libby Furness OCCG Head of Planning & Transformation attended. She introduced the need for a refreshed Older People's Strategy and noted: links to countywide frailty pathway work.

CQC returning in November to follow up the system action plan which responded to last year's system inspection working with co-production champions including AH – event planned shortly consultation on draft expected during winter. Queries and issues arising in discussion included: wound care and leg ulcers - LF will make sure there are links to other work going on eg frailty pathway AH noted the Age-friendly Banbury work. Issue raised included loneliness, transport and the impact lack of public toilets has on going out. MC keen to see focus on increasing activity levels for older people. Good provision such as Generation Games good but challenge of getting people involved. transport difficulties affecting attendance at hospital outpatients (particularly Oxford) or primary care appointments ΑII LF asked locality members who wished to be further involved in the planned coprod event or giving views to contact Fergus Campbell 7. **NOLF** public forum update AH highlighted several items including: Feedback received from some Banbury residents with concern about: Horsefair CQC report Any implications for other practices o Proposed changes to practices' configuration. contact about recent midwife staffing gaps @ Horton. JD asked for detail to AΗ enable follow-up Information updates for noting 8. i. OPCCC meeting 4 September 2018 JD noted a guery from Stephen Haynes about the reference to GP pay award pressures and advised that there was no direct implication to OCCG. ii. Planned care projects update SH advised on the following projects: **Gynaecology** - project case being formulated for Tier 1 and Tier 2 service. SH Hope to contacted interested GPs in 4-6 weeks about Tier 1 work. Working on ICT and indemnity. OCCG to discuss Tier 2 with federations when developed. **Cancer** – info about upcoming cancer campaigns in GP Bulletin very shortly **TVs in surgeries** – progressing. Look forward to feedback from practices. iii. Brief information items FC particularly noted the NOLF public meeting 25 September 2018 -Chipping Norton and circulated a poster for display. More info via **PMs**

	HealthWatch Oxfordshire.	
9.	9. Notes of 21.08.18 North locality meeting	
	i. Approve minutes for accuracy	
	Agreed	
	ii. Matters arising and actions not yet discussed	
	No additional discussion	
10.	10. AOB	
	Diabetes Dashboard – FC noted that Commissioning Support Unit were looking at this closely. FC will update at the next meeting.	FC
11.	. Key issues to take back for action or info to:	
	Take Integrated Front Door discussion back to practices and send views to <u>Fergus Campbell</u>	
	GPs to volunteer for to work in A&E alongside triage nurse for the 2 week pilot.	

Items anticipated on the 16 October North locality agenda:

- MSK pathway / Healthshare
- Oxfordshire Children & Young People's Plan health elements of new plan
- Learning Disability: Specialist service, Health Checks

Dates of scheduled North locality Meetings (all Tuesdays)

Date	Time	Venue	Chair
16 Oct 2018	1330-1530	South Bar House	Sibford
20 Nov 2018	1330-1530	South Bar House	Horsefair
18 Dec 2018	1330-1530	South Bar House	Hightown
15 Jan 2019	1330-1530	South Bar House	Deddington
26 Feb 2019	1330-1700	South Bar House	Cropredy
19 March 2019	1330-1530	South Bar House	Chipping Norton HC

Sandwich lunch available from 1.15pm for each meeting