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**North Oxfordshire Locality Group**

Tuesday 21 June 2016 1.30 – 3.30 pm

**Notes of Meeting**


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Chair: Di Stringer

**Attendance**

<b>Practice</b>	<b>Lead Clinician</b>	<b>Practice Manager</b>
Banbury HC	Dr Marlett Smit	Nicci Bennett
Bloxham	Dr Cath Rose	Gill Cooke
Chipping Norton HC	Dr Neil Fisher	Chris Bean
Cropredy	Dr Judith Wright	Lynne Jones
Deddington	Dr Martyn Chambers	
Hightown	Apologies	Di Stringer
Horsefair	Dr Liz Dawson	Di Kennard
Sibford	Apologies	
West Bar	Dr David Carter	Apologies
Windrush	Dr Kiran Kommu	Apologies
Woodlands	Dr Shishir Kumar	Apologies
Wychwood	Dr Dominic Matthews	Apologies

<b>Other attendees</b>		
Public Forum	Anita Higham	Chris Ringwood
Cherwell DC	Ian Davies	
Clinical Directors	Dr Paul Park, Dr Shelley Hayles	
OCCG	Julie Dandridge, Fergus Campbell, Sula Wiltshire,	
NOxMed	Dr Ken Mann	

		<b>Actions</b>
1.	<b>Apologies &amp; Declarations of Interest</b> <ol style="list-style-type: none"> <li>i. Welcome Sula Wiltshire CCG Quality Director, Ken Mann NOxMed</li> <li>ii. Apologies: Lynne Jones, John McGowan, Louise Cornwall, David Spackman, Deb Chronicle, Dawn Sharples</li> <li>iii. Anita Higham and Paul Park's roles on OUHFT Council of Governors noted.</li> </ol>	
2.	<b>How can NOLG work better?</b> <p>Paul Park presented slides about the roles of NOLG and OCCG. Queries and issues arising from the discussion were:</p> <ul style="list-style-type: none"> <li>• Does NOLG have a role to ensure quality of services? Does it have data to do this?</li> <li>• MC – issues which might make more difference to GPs and patients are often</li> </ul>	

	<p>local. Eg community phlebotomy. NOLG often comes back to same issues without resolution eg community nursing.</p> <ul style="list-style-type: none"> <li>• Noted OCCG needs want weighting of issues and priorities from localities. NOLG members wanted to be confident that they were allowed to take decisions</li> <li>• GPs want to see real change which is visible to them and their patients at practice level</li> <li>• Example of positive change: 6 July Ophthalmology Decision Unit will triage GOS18s. New pathways for patients via Minor Eye Conditions Service (MECS).</li> <li>• Discussion of the need to formalise feedback both ways between NOLG and practices.</li> <li>• Reminder that NOLG is a diverse locality and sometimes needs a different focus on the rural areas from Banbury</li> </ul> <p>Note Aylesbury Vale CCG Year of Care (YoC): instead of QOF practices do YoC training and templates for Long term conditions. FC to circulate info when available.</p>	FC
3.	<p><b>Sustainability &amp; Transformation Plan (STP)</b></p> <p><b>i. STP work stream &amp; engagement brief update</b></p> <p>PP noted overall timetable – currently pre-consultation engagement. No decisions until 2017.</p> <p><b>ii. Strategic review of the Horton Gen. Hospital – discuss OUHFT proposed options</b></p> <p>Andrew Stevens and Paul Brennan of OUHFT went through the circulated presentation. Note. All need to be clear that these are early proposals for discussion, ongoing work in OUHFT may change draft options, and no decisions yet taken. Comments, queries and issues arising from the discussion were:</p> <ul style="list-style-type: none"> <li>• Currently Horton has an integrated obstetric &amp; midwifery unit. These are separate at JR.</li> <li>• Acute stroke – clinical senate has already recommended that Horton service ends</li> <li>• OUHFT want to check viability of elective inpatient unit, and staffing for 24/7 paediatrics</li> <li>• Note figures in New Models of Care column on slide 22 are subject to further debate</li> <li>• OUHFT suggest caution over presented birth figures. Choice may lower Option 2/3 figures by 150</li> <li>• Need more info on whether proposals would affect GP trainee posts?</li> <li>• Financial savings from options not modelled yet – starting on that process. Initial proposals driven by quality.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Some wanted to see another option with a maternity service.</li> <li>• In summary the presented options are: <ul style="list-style-type: none"> <li>1) status quo</li> <li>2) ambulatory</li> <li>3) maximise use of the site in sustainable way.</li> </ul> </li> <li>• 20% vacancy rate for maternity despite solutions eg clinical/research. Reliant on locums. Status quo is not a sustainable option for the maternity service. OCCG pays a £2.5m premium for current service.</li> <li>• Housing growth - OCC modelling shows only 1% impact on birth rate.</li> </ul> <p><b>iii. Maternity</b></p> <ul style="list-style-type: none"> <li>• PP discussed evidence and risks in the light of the circulated paper.</li> <li>• GPs urged to discuss with practice colleagues noting significant difficulties staffing present service</li> <li>• Note issues about the large size of a potential midwife led unit, and current level of transfers from Chipping Norton unit</li> </ul> <p><b>iv. North Urgent Care development</b></p> <ul style="list-style-type: none"> <li>• PP summarised the current position and raised issue of location within the site</li> <li>• FC to remind OCCG colleagues to ensure the development board was accessible to local GPs and to ensure substantial discussion at future NOLG</li> </ul> <p><b>v. GP Access Fund and primary care investment</b></p> <p>Circulated paper noted.</p>	<p>GPs</p> <p>FC</p>
4.	<p><b>Integrated locality working</b></p> <p><b>i. Report on Chipping Norton pilot</b></p> <p>Sarah Bright (PML) went through the circulated presentation to summarise the early learning from the pilot:</p> <ul style="list-style-type: none"> <li>• Shared record helps resolve misunderstandings. Leads to greater patient safety plus should save time – but noted that currently community staff completing multiple records</li> <li>• Different skills in the nurse teams.</li> <li>• Duty desk a concern for staff as worried about being away from practices.</li> <li>• Single care plan - lack of match between existing PCPs and ILT case group.</li> </ul> <p><b>ii. Integrated Locality Team development</b></p> <p>Ann Griffiths (OCCG) proposed that each locality forms an integrated working steering group to define approach for community services locally - an opportunity for shaping future nursing practice.</p> <p>Agreed need rural and urban input – should be reflected in the Terms of Reference. Deddington &amp; Chipping Norton to identify reps but want to be assured that this group will genuinely make a difference. PP to ensure Banbury input.</p>	<p>MC, NF</p> <p>PP</p>

	Noted needs links to other localities to see issues which run across AG noted that community nursing working to a new service specification, and the Chipping Norton project was demonstrating positive joint working.	
5.	<b>Update from Public Forum</b> NOLG planning dementia friend training for PPG members on 13 Sept. AH has contacted Banbury Town Council to promote dementia-friendly status. FC to share more information AH invited to be part of CRUSE discussions, looking for better quality of bereavement counselling.	FC
6.	<b>Prescribing Incentive Scheme 2016-17</b> AGREED to continue to assess Element 1 (Budget) at practice level.	FC
7.	<b>Minutes of 17.05.16 &amp; matters arising</b> AGREED as accurate. No matters arising discussed due to time.	
8.	<b>Other OCCG updates to note for information</b> Circulated reports not discussed	
9.	<b>AOB</b> See checklist for issues to take back to practices: <ul style="list-style-type: none"> <li>• Horton options</li> <li>• Urgent care developments in Banbury (detailed discussion in August)</li> <li>• Maternity</li> <li>• Sustainability &amp; Transformation slides</li> </ul>	-

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**Dates of Future Meetings (all Tuesdays)**

Date	Time	Venue
19 July 2016	1330-1530	South Bar House
16 August 2016	1330-1530	South Bar House
20 Sept 2016	1330-1530	South Bar House
18 Oct 2016	1330-1530	South Bar House
15 Nov 2016	1330-1530	South Bar House
20 Dec 2016	1330-1530	South Bar House
17 Jan 2017	1330-1530	South Bar House
21 Feb 2017	1330-1530	South Bar House
21 Mar 2017	1330-1530	South Bar House

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