



North Oxfordshire Locality Commissioning Meeting

Date of Meeting: 16 May 2017						Item No: 9
Title of Paper: Minutes of NOLG meeting on 25 April 2017 and matters arising						
Is this paper for	Discussion		Decision		Information	✓

Purpose and summary of paper:

Summarise the discussion and actions from the previous meeting

Action Required:

Review the minutes for accuracy.

Consider actions which apply to you.

Author: Fergus Campbell	Clinical Lead: Dr Paul Park
--------------------------------	------------------------------------

North Oxfordshire Locality Group

Notes of Meeting: Tuesday 25 April 2017 1.30 – 3.30 pm

Chair: Di Stringer

Attendance:

Practice	GP representative	Practice Manager
Banbury HC	Dr Marlett Smit	Sangeeta Bahl
Bloxham	Dr Cath Rose	Apologies
Chipping Norton HC	Apologies	Chris Bean
Cropredy	Dr Judith Wright	Lynne Jones
Deddington	Dr Martyn Chambers	
Hightown	Dr Louise Cornwall	Di Stringer
Horsefair	Apologies	Apologies
Sibford		
West Bar	Dr Gwyneth Rogers	Dawn Sharples
Windrush	Dr Kiran Kommu	Sylvia Cunniffe
Woodlands	Dr Shishir Kumar	Deb Chronicle
Wychwood	Dr David Nixon	Apologies

Other attendees		
Public Forum	Anita Higham	Chris Ringwood
Cherwell DC		
NOLG Clinical Directors	Dr Paul Park	Dr Shelley Hayles
OCCG	Dr Barbara Batty, Catherine Mountford, Julie Dandridge, Fergus Campbell	
PML / NOxMed	Dr John Harrison	

		Action
1.	<p>Apologies & Declarations of Interest</p> <p>i. Welcome Catherine Mountford, Director of Governance as OCCG Executive rep and Dr John Harrison, Director PML Ltd (for federation), Andrew McHugh Interim practice manager West Bar</p> <p>ii. Apologies received from: Lynne Jones, Dr Liz Dawson, Di Kennard, Dr Stephen Haynes, Dr Neil Fisher</p> <p>iii. Update declarations of interest FC tabled updated Declaration of Interest forms to meet NHS England guidelines. All NOLG members (voting and non-voting) need to update their declarations A McHugh declared interests as Cherwell DC councillor, plus member of CPN and HOSC.</p> <p>iv. Anita Higham and Paul Park's roles on OUHFT Council of Governors noted.</p>	-

<p>2.</p>	<p>Locality Clinical Director’s Report</p> <p>i. OCCG Board 30 March 2017</p> <p>Briefing noted – no additional comments</p> <p>ii. 360° survey of CCG. Feedback and comments</p> <p>PP initiated a discussion about the factors which might lead to the declining scores in the annual CCG 360° review.</p> <p>Possible explanations raised by members included:</p> <ul style="list-style-type: none"> • Constraints on CCG from NHS England and funding • Lack of support for the concept of CCGs as required by the Health & Social Care Act 2012 • Quality and content of communication from OCCG to members included “you said we did” • Local view about whether OCCG directors are sufficiently robust with large providers • Practice views of support available for their difficulties • lack of shared vision in the future. • whether members felt that the locality adopted and implemented their ideas <p>iii. Feedback from clinical liaison 29 March 2017</p> <p>Not discussed</p> <p>iv. Transformation programme – update</p> <p>Noted that the publication of the consultation report must be delayed until after the election.</p> <p>Other issues raised on the day</p> <p>Prescribing Incentive Scheme – OCCG sorry about short notice and complexity. SH noted the difficulty in suiting all 70 practices and meeting financial requirements. 30 April deadline about demonstrating interest rather than absolute commitment.</p> <p>Noted practices will only get payment if the whole locality meets target.</p> <p>SCAN – SH noted positive start to use of tool in locality. Already identified a cancer from 6 referrals. MC recommended the new cancer tool in EMIS.</p>	
<p>3.</p>	<p>Urgent care focus</p> <p>i. Urgent care transformation</p> <ul style="list-style-type: none"> • Dr Barbara Batty, Deputy Urgent care Lead, noted work moving towards redesigning and streamlining urgent care services across Oxfordshire to ensure sustainability of quality care to patients • NOLG noted that options in Phase 2 of the Transformation Programme would be assessed against standards based on the new NHS England guidance. • BB tabled a confidential long list of urgent care options being assessed. Noted that OCCG unable to publish any proposals during the pre-election period. 	

	<p>Copies collected at the end of the meeting.</p> <ul style="list-style-type: none"> Note Banbury currently has several layers of urgent provision: A&E, OOH, same-day hub, Banbury HC. <p>ii. Streaming to primary care at A&E</p> <p>BB referred to the circulated information about the national requirement. Issues arising from the discussion were:</p> <ul style="list-style-type: none"> Note streaming has to be to a separate GP-led service on the same site as A&E to ensure complete patient pathway. Funding challenge – in theory some diverted funding from reduced activity in hospital Urgent Treatment Centre concept discussed: similar to OOH and MIU. Some overlap with Banbury HC. Note again the need as commissioners to avoid extra layers of service – also hard to communicate complex solutions to the public Note link to Primary Care Framework discussion. OCCG hopes to mould the national directive to respond to local population need. Risks and implications of non-compliance with the NHS England directive discussed <p>BB very keen to receive feedback and ideas on both topics via Barbara.Batty@oxfordshireccg.nhs.uk. Also, volunteers to get involved in future development including involve reviewing proposals remotely.</p> <p>KK volunteered to represent NOLG subject to adequate notice of meetings.</p> <p>GPs to share the invitation plus information about streaming requirements with their practice colleagues.</p>	<p>All</p> <p>KK</p> <p>All</p>
4.	<p>Primary care Framework – locality planning</p> <p>Discussion led by PP and JD on several areas:</p> <ul style="list-style-type: none"> access to routine appointments noted that West Bar, Bloxham, Chipping Norton and Hightown all do 3rd appointment audit. No consensus on priority or approach for other practices to carry out a similar audit. Many practices suggested they were some way from offering routine appointments within 7 days. Patient involvement. Next forum steering group meeting 23 May will engage with Primary Care Framework. More same day hub capacity seems beneficial, integrated with Urgent Care Centre. Need to keep appropriate access for patients across the locality. Appropriate to revisit issue of care home allocation in Banbury <p>JD summarised next steps as bringing to the next meeting:</p> <ul style="list-style-type: none"> Care homes – options for allocation of Banbury homes to practices Options paper on urgent care centre 	<p>FC</p> <p>JD</p>

	<ul style="list-style-type: none"> primary care development in Banbury Rural cluster proposals including enhanced care at home. 	JD MC/NF
5.	<p>Update from Public Forum AH advised that the next Forum steering group meeting on 23 May will consider:</p> <ul style="list-style-type: none"> Primary Care Framework Bereavement and Cruse service Infant mortality <p>AH noted that the NOLF response to the Phase 1 consultation published</p>	
6.	<p>Information updates for noting</p> <p>i. Planned care project update Noted without comment</p> <p>ii. Note brief information items overleaf Noted without comment</p>	
7.	<p>Minutes of 21.03.17 Agreed as a correct record</p> <p>Matters arising:</p> <p>i. Critical care – discussion with OUHFT postponed to May, but still required (FC). Discussion of impact on anaesthetics of obstetrics changes</p> <p>ii. Maternity – information sharing. FC following up.</p> <p>iii. ILT information Fergus to pursue via locality community services group.</p> <p>iv. Diabetes focus now to be at NOLG in May</p> <p>v. GP Update - SH following up comments</p> <p>vi. Datix – GPs can find a lack of response to logs disheartening</p> <p>vii. Ambulatory care – agreed that Barbara Batty would propose to OUHFT that there should be a discharge summary from the ambulatory care unit to GP (including treatment plan) on initial attendance, followed by a final summary after the final attendance in an episode of care.</p> <p>viii. Audiology re-referrals and SpecSavers – advice in GP Bulletin 29 March 2017</p>	FC FC FC FC SH FC BB
8.	<p>AOB Contact Fergus Campbell if any items</p> <ul style="list-style-type: none"> New Oxford Locums website available now www.oxfordlocums.com AH asked if NOLG members had concern about mortuary facilities at the hospital. Best wishes and thanks to Dawn Sharples who is leaving West Bar this week. 	-
9.	<p>Key issues from this meeting to take back to practices SH asked practice reps to highlight and discuss the following with their practice colleagues:</p> <ul style="list-style-type: none"> Primary Care Framework issues: routine appointment target and NOLG proposals 	•

	<ul style="list-style-type: none">• A&E GP streaming and urgent care centre discussions	
--	---	--

Items anticipated on the 16 May 2017 agenda:

- Primary Care Framework – continue to develop locality plans
 - National Diabetes Prevention Programme (NDPP) and diabetes care update
 - Audit of Critical Care outcomes by OUHFT
 - Oxfordshire Health Inequalities Commission report and actions
 - OCCG On-line formulary
-