



Clinical Commissioning Group

TITLE: Locality Commissioning meeting - Oxford City

paper 2

Held on: 10 May 2018; 1-3pm at Unipart Conference Centre

Present: see attendance list at end : Dr Andy Valentine chaired the meeting.

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	Chapman. All are welcome. The Annual Report of the City PPG Forum will be loaded on to the CCG Website – JAH to circulate link when loaded.	JAH
4	OxFed – Practice Update: Practice Update – refer to Paper 3 here.	
5	Social Prescribing: Jess Wiltshire who is Head of MIND will be running a pilot scheme on Social Prescribing. MIND well-being workers acting as link workers within each cluster will work alongside the PCNs offering a social prescription model to those patients with mental health and personality disorders. 10 practices have been identified to host social prescribing clinics and will be able to book patient appointments directly. Point of contact is Sheree Martin in the OxFed office. sheree.martin1@nhs.net	
ITEMS REQUIRING CLINICAL FEEDBACK		
	<p>Update on Frailty Plans: DC explained aspects of the current system as there is real pressure to get the system right and spell out clearly what can be achieved.</p> <p>A useful way to look at frailty is around resilience in the biopsychosocial spheres. Approaches to improve resilience in frail patients may include medicine (stop /start) reviews, balance exercises and building social networks reducing loneliness and isolation (use of PCNs). People in Care homes sometimes seem to have an advantage as they have more people looking after them on a continual basis.</p> <p>The proposed model which is being developed is to have GPs with dedicated time liaising with community neighbourhood teams supporting to provide a more effective service. This would include developing and running a virtual ward which will stratify those housebound frail patients according to intensity of inputs required to stabilise them. There is a workshop planned next week with OCCG/ Federation/ OHFT to discuss how this might work and agree a model.</p> <p>At present there is feedback from the hospital when patients are admitted for intervention and recovery, is that there is no clear pathway in place to support the patient at home, despite pathways using acute H@H and the HART service being under their control. Discussions are being held with OUHT to develop their frailty pathway which will link with the community service as one system.</p> <p>Q - Patient and GP resilience? This takes a lot of time to do with patients, and a comprehensive geriatric assessment is the basis for developing strong plans around patients.</p>	

	<p>Q – Will GP time be dedicated help? Yes a little but there are funding issues.</p> <p>Q – Is a GP the right person? Yes, or at least access to the GP notes. GPs undertaking special roles in the community may need enhanced skills</p> <p>Cost of keeping a patient at home may be more costly. Community Hospital at Home may not save money but patients like being at home ,and it reduces admissions to care homes. We need to get to a stage where the acute trust Hospital can close beds and the funding is taken out into the community supporting the patient locally.</p> <p>The geriatric Hub model works operated by the OUHT but the actual GP/Duty GP needs time to support patients. Competing models include either money into practices to support the delivery of frailty or money into Federation working at scale using new GP's seeking a portfolio career with a role in practice/community.</p> <p>Point of care testing uses technology which may support patients at home, or use of EMUs dedicated to frail patients. AAU is good but the model works best for ambulatory patients who are unlikely to need admission.</p> <p>PCVS may play a role in supporting this pathway. Currently the ECP model works well in the city and they use the same IT system and communicate effectively with their practices.</p> <p>Risk management for the frail is influenced by where the patient should be i.e. re hospital vs family environment. GPs manage risk in the community but other resources including education and social care will need to form part of the discussion. A need to build up people's resilience early in patients, families, carers and communities is the long term aim. Supporting carers by signing up to Carers Oxfordshire will be a step in the pathway.</p> <p>DC sought input from EC to ensure the direction was felt to be correct; EC stated she had nothing further to add.</p>	
	REQUIRING CLINICAL DECISION	
6.	No items.	
	UPDATE & OPPORTUNITY FOR DISCUSSION	
7.	<p>Children's services: DC led the discussion reporting that c£50,000 had been identified to pilot paediatrics in the community to help improve patient care and avoid admissions. Paediatrics are not in the Locality Plans as children's services , however practices were being asked for their views as follows:</p>	

	<p>What would be the best spend? Suggestions included:</p> <ul style="list-style-type: none"> • Nurseries sending home children for minor ailments or stating that parents should take their child to see a GP. Could a School nurse service support training of nursery staff? Or Policy influence with basic health information available? • New mothers group for the especially anxious perhaps supported by health visitors • Clinics in neighbourhoods/practice doing joint consultation including education around difficult cases • Obese children using 'hospital Wellbeing clinic at the John Radcliffe but might be overwhelmed if too many referrals. • Asthma – KK with her respiratory work identified a cohort of children who were attending ED with respiratory problems and no clear diagnosis which would link into the bigger respiratory project which currently excludes children • Home visits for immunisation – Health Visitors used to do that <p>DC to liaise with OUHFT and OHFT to work up a proposal and bring back to the meeting.</p>	
8.	<p>OHFT Mental Health Services:</p> <p>LL led a table discussion looking at planning a new service for patients with ADHD – practicalities and how to manage better. See flip chart notes in the June meeting papers.</p>	
9.	<p>How would we integrate secondary MH into primary care more effectively?</p> <p>Three further tables discussed the above, with table facilitators. See flip chart notes: - MH secondary interface – Table 2, 3, 4 notes in the June meeting papers.</p>	
	FORWARD PLANNING	
10.	<p>MSK Assessment Triage and Treatment (MATT) update:</p> <p>As SB was on annual leave, JAH agreed to circulate a paper that SB had written. Practices reported that there are still lengthy waits with all referrals going through Healthshare and sought patient feedback to go into a paper detailing the facts and findings of the new service. Practices were also asked to report any concerns through Datix.</p> <p>GP IT Procurement Timescales (MD) – the new IT support service is due to start in April 2019. There was concern that local knowledge of practices and service availability were key factors to consider in the specification (as most practices were very happy with their current providers. The return date for bids is mid July 2018.</p>	
	WHITE SPACE/AOB	
	<p>AOB:</p> <p>JAH advised an application has been received to build a care home in</p>	

	<p>Pullens Lane, Headington.</p> <p>SODC are looking at local plans to determine possible build sites for the future, looking at areas outside the City ring road and further afield. JAH put maps on the wall to show everyone where the proposed sites were. In short there are potentially : 2,000 homes proposed on the Northfield Site, 1,000 homes on Grenoble Road. 1,500 on Lower Elsefield, 1,750 on Wick Farm, and 600 on Thornfield.</p> <p>OCCG will input their concerns that healthcare is recognised in plans with infrastructure funding required to meet the increased population needs. It is good that contact has been made and discussions are underway. Objections will be raised if there is no health infrastructure in the developments when the formal applications are made.</p>			
	<p>Monthly update from Locality Clinical Director: DC thanked everyone for participating in the change of format of the meetings to involve more interaction. The workshop style session really involved everyone and he hoped that it was not too onerous on the colleagues identified to lead each session. It was felt that this would be repeated in future meetings. Number of papers was also reduced.</p> <p>The Prescribing Incentive Scheme 2018/19 has been approved and has been sent out to all practices. The budgets will follow when the CCG Director of Finance has approved them. Data has not yet been received for 2017/18 to determine who has Achieved or not but payments will be made.</p> <p>Paper 6 – GP IT Procurement Timetable is for information only at this stage.</p>			
	<p>FOR INFORMATION – City papers: Paper 4 – Planned Care Project Update Paper 5 – 2018/19 Prescribing Incentive Scheme Paper 6 – GP IT Procurement timetable Paper 7 – New service for veterans</p>			
	<p>Date of Next Meetings:</p>			
Meeting + Planned Items	Date	Time	Venue	
Locality group meeting	14.6.18	1-3pm	Unipart Conference Centre	
Locality group meeting	12.7.18	1-3pm	Jubilee House	
Locality group meeting	9.8.18	1-3pm	Jubilee House	
Locality group meeting	13.9.18	1-3pm	Unipart Conference Centre	
Locality group meeting	11.10.18	1-3pm	Jubilee House	
Locality group meeting	8.11.18	1-3pm	Jubilee House	
Locality group meeting	13.12.18	1-3pm	Jubilee House	

Attendees:10.05.18

Practice	Lead/ Clinician	Practice manager
Banbury Road	Dr Tony Maddison	
Bartlemas Surgery (EOHC)	Dr Sheena Sharma	Julie Eley
Botley MC	Dr Maddy Podichetty	
Cowley Rd, was EOHC	Dr Alana Fawcett	Dr Andreas Kyrris
Donnington MP	Dr Sharon Dixon	Alan Mordue
Hedena Health	Dr Andrew Collins (apols)	Clare Bovingdon
Hollow Way MC	Dr Louise Bradbury Dr David Chapman	
Jericho - Dr Leaver & Prts	Dr Laurence Leaver	Jackie Hannon
King Edward St.	Dr Mary-Kate Kilkaldy	
The Leys HC	Dr Bridget Greer	Susan Renn
Luther Street		
Manor Surgery	Dr Gareth Jones	
Observatory Medical Practice	Dr Karen Walker	Jon Frank
South Oxford HC	Dr Nick Wooding	
St Bartholomews MC	Dr Alison Fairley	Sukhveer Saini
St Clements	Dr Ishanthi Bratby	Wei Wei Mao
Summertown HC	Dr Siobhan Becker	Heidi Devenish
Temple Cowley	Dr Andrew Wilson	David Evans
19 Beaumont street	Dr Chris Kenyon	Matthew Lawrence
27 Beaumont street	Dr Catherine Benson	
28 Beaumont street	Dr Matthew Easdale	Julie Batchelor
Locality Clinical Director Deputies	Dr Karen Kearley – (apols) Dr Merlin Dunlop Dr Andy Valentine	
PPG Forum member	Elaine Cohen	
OxFed	Louise Bradbury	
City Locality Sponsor	Sharon Barrington – (apols)	
Speakers		
In attendance: Julie-Anne Howe,(JAH), Jo Cogswell, Director of Transformation, OCCG, (JC) Sue Keating (SK) (Notes)		