



MINUTES:DRAFT

TITLE: Locality Commissioning meeting – Oxford City

Held on: 11 October 2018; 1-3pm at Conference Rooms A&B, Jubilee House

Present: see attendance list at end

		Action
1.	Welcome, Apologies, Introductions: Welcome to Sylvia Buckingham and Dr Rebecca Hollander. Apologies received from Merlin Dunlop and Melanie Wilkinson.	
2.	DOI + AOB: There were no declarations of interest and no other business.	
3.	Minutes of last meeting 13 September 2018 and matters arising: The minutes were agreed as a correct record but if anyone has any comments or changes email JAH.	
4.	Patient Participation Group Forum: Sylvia Buckingham attended on behalf of the PPG Forum; she is a Director of Healthwatch and a member of Botley/ Kennington PPG. Sylvia informed everyone of a forthcoming joint meeting with the PPG and Practice Managers on 23 October 2018. This will be held from 11.30 – 3pm at West Oxfordshire Community Centre. The purpose of the meeting is to be supportive and inform how patient groups can add value for patients – health promotion/ prevention/ integration. Sylvia also promoted the bigger public PPG event coming 20.11.18 11.30-3pm at West Oxford Community Centre. All practices are invited to this public event which will have a key note presentation from Tehmeena Ajmal, a Public Health presentation and various market place tables. Work in cluster groups will focus on topics relevant to that area and it should be a very productive event.	Note
5.	OxFed – Practice Update: Dr Rebecca Hollander updated the group on GPTeamNet which was developed twelve months ago by the Member Services Steering Group to support collaborative working through the introduction of a federation-wide intranet system – ClinOx project. This is a 2 year project for which a licence has been purchased but there	

	<p>will be further costs after this. Usage of the system is a sharing platform with information centrally standardised.</p> <p>The idea is to provide structured training with ongoing support so that it is easier for staff to access information. Teresa.Beswick@nhs.net is the lead person to contact to help staff get on board. She is also happy to visit practices to undertake training for colleagues.</p> <p>Staff gateway is only open to the practice, new starters have an induction page and practice managers have an orientation page. GP training includes a generic basic contract for registrars and safeguarding pages. A GP resources page is signposted to the CCG Website.</p> <p>The plan is on how to use the system and gradually build and develop with a review date on each document which will to be kept up to date via monthly announcements. OxFed is working with the CCG to provide key information via the GP Bulletin.</p> <p>the search engine is good but it throws up a lot of information.</p> <p>Rebecca is responsive to feedback and would encourage all to use the system. It does not contain any clinical guidelines so not duplicating these are on Clinox, or the Oxfordshire Training Network Website. https://oxfordshiretraining.net</p>	
	ITEMS REQUIRING CLINICAL FEEDBACK	
6.	<p>Monthly Update from Locality Clinical Director: DC gave an update around the GP Updates courses which will be held again in early 2019. Delivery is out for procurement at present due to the costs involved. JAH to find out details as these events are not very well advertised and usually at very short notice.</p> <p>The paper switch off on eRS has officially begun; there has to be a UBRN attached otherwise OUHFT will return the referral. Note the TIA service is exempt and a new proforma for TIA service will be uploaded this month. eRS – any concerns please Datix.</p> <p>The respiratory project has started with two MDT meetings planned per year. Maxine Hardinge is now in post to lead on this and every practice should be encouraged to have a respiratory lead as she will liaise and support them.</p> <p>Jo Riley's COPD / Asthma slide presentation is loaded onto CCG website here.</p> <p>SB reported on MSK Healthshare stating that the number of referrals was greater than first planned for. Self-referral cannot start until the waiting list comes down. Currently 8 week wait for physio with face to face taking 12 weeks. Some practices still reporting negative feedback.</p>	<p>JAH</p> <p>Practice</p>

	<p>. More on this as progress continues.</p> <p><u>ADHD</u> OHFT are not coping with workload. OCCG money has been used to clear backlog but does not yet cope with new people coming in. A new referral proforma is being developed. All referrals must include a ASRS questionnaire and the Wender Scale with information from anyone who knew the patient before is helpful as it is needed to make a diagnosis. Referrals will be returned if they are not attached. Dr Smita Patel is the lead person in the City if there are any queries.</p> <p>Foreign students can cause problems with diagnosis and also me be using black listed drugs. Current advice from OH is that the students will need to provide their own medication until they have been seen (amd there is a large backlog. There has not been a final decision made about the ADHD pathway.</p> <p><u>Fit note update</u> – see paper here.</p> <p>DC stated that the group need to decide on the <u>Prescribing LIS</u> either voting to go with Practice or Locality budgets. A show of hands in the room voted 8 for Locality and 6 for Practice – this vote is too close to call so DC suggested JAH send out a table for practices to vote and the decision will be made on a majority of whoever responds. <i>(Post meeting note – JAH advised result was 11/6 in favour of Practice based budgets – Medicines Management have been advised).</i></p> <p>JAH to send out neighbourhoods/cluster list. <i>(In November papers)</i></p>	<p>Practice Vote</p> <p>JAH</p> <p>JAH</p>
	REQUIRING CLINICAL DECISION	
7.	<p>Primary Care LIS – 3 Actions + feedback on PCP meeting: DC updated on the LIS, advising LD/Autism has changed. A survey does not need to be performed by the practices but they need to show how they are engaging patients .</p> <p><u>LD Update:</u> DC advised the READ codes have been changed or deleted. Language used is not appropriate – need to check Snomed codes.</p> <ul style="list-style-type: none"> a. ICD9 codes starting E... have been removed b. Only ICD10 codes starting Eu... remain except Eu71 c. Patients with an E... code will no longer appear on the LD register d. The CSU are running an EMIS search which will attempt to identify patients who are incorrectly coded and will notify practices. <p><u>Autism</u> Update: Included in LD update.</p> <p><u>Test results guidance:</u> here</p>	

	Update on the OCCG website regarding additional guidance now available. OxFed are supporting practices with suitable policies / processes to use via GPTeamNet.	
	UPDATE AND OPPORTUNITY FOR DISCUSSION	
	Primary Care Carers Support Service: paper 5 Melanie Wilkinson unable to attend the meeting – future agenda item.	JAH
	FORWARD PLANNING	
9.	<p>Financial position Board - paper 6: DC summarised the paper here, stating OCCG had put in place measures to ensure financial balance. All projects had come under review. He confirmed there would be a GP payment award</p> <p>Indemnity scheme so far this year only relates to winter pressures. The last 2 years indemnity contributions into practices has not been mentioned so far this year, but not stated in the contract so was put into the Financial Recovery Plan process.</p> <p>The Oxford City Wellbeing Service project was originally recurrent funding but now it is not which is a loss.</p>	
	WHITE SPACE / AOB:	
	<p><u>Chain SMS QRS software</u> via accuRx – CK reported usage was fantastic and really helped save practice time as it linked with EMIS web. Patients also liked it. Contact support@accurx.com to know more. Details from CK advised:</p> <p>Chain SMS is an EMIS-accredited partner product that allows anyone in general practice to proactively message patients very quickly and easily. It can be used for anything, from texting about results, prescriptions, failed calls, reminders to book appointments, or even sending links to advice from NHS choices.</p> <p>It's easy to install and you can use it alongside existing patient messaging systems. Everything gets saved back to the medical record. You can send a message in under a minute, saving your staff time, reducing calls to the practice, and improving patient experience.</p> <p>The service is free for practices, and there will always be a free version. [Federation/CCG name] also has an agreement with accuRx so that all member practices get additional functionality allowing them to create their own templates and share these across the team.</p> <p>To unlock this functionality:</p> <ol style="list-style-type: none"> 1. Go to www.accurx.com and click 'Get Chain' 2. Follow the instructions to install and integrate with EMIS 3. Send your first SMS message (you can use a dummy patient and your mobile number). 4. Email support@accurx.com with your practice name, practice code and say you are part of [Federation/CCG name] 	ALL

	<p>You will only need to do this once for the practice, and you will be emailed instructions to get the rest of the team setup.</p> <p><i>(Note OCCG cannot support any particular commercial products – it is up to the practice to introduce this if they wish).</i></p> <p><u>Locally Community Service for Physical Health Checks in SMI</u> . GPs target is 50% in our MH caseload. Please record the pulse - £30 received for each patient.</p> <p><u>Adrenaline – Epi-pen auto-injectors</u> – these are in short supply so practices, who have the expertise to give via vials, are being asked to do this so that pens are available to those who most need them. .</p>			
	<p>FOR INFORMATION – City papers: Paper 7 – OPCCC Briefing - September Paper 8 – Planned Care Project Update Paper 9 – Flu Immunisations update Paper 10a,b – Thames Valley Sexual Assault Letter & FAQ Paper 11 – Winter Indemnity Scheme 2018/19 Paper 12 – Fit note update Paper 13a,b – Physical Health in Severe Mental Illness + Data collection paper Paper 14a,b – Learning package for professionals working with clients from the East Timor community</p>			
	Date of Next Meetings:			
Meeting + Planned Items	Date	Time	Venue	
Locality group meeting	8.11.18	1-3pm	Jubilee House	
Locality group meeting	13.12.18	1-3pm	Jubilee House	

Attendees:11 October 2018

Practice	Lead/ Clinician	Practice manager
Banbury Road	Dr Tony Maddison	
Bartlemas Surgery	Dr Sheena Sharma	
Botley MC	Dr Aintzane Ballestero	Caroline Jones
Cowley Rd	Dr Margaret Reeves	Dr Andreas Kyrris
Donnington MP	Dr Sharon Dixon	Alan Mordue
Hedena Health = B/K, Marston, Barton, Wood Farm,	Dr Andrew Collins	
Hollow Way MC	Dr Alison Maycock Dr David Chapman	
Jericho - Dr Leaver & Prts	Dr Laurence Leaver	Jackie Hannon
King Edward St.	Dr Mary-Kate Kilkaldy	Matthew Bramall
The Leys HC	Dr Bridget Greer	
Luther Street		
Manor Surgery	Dr Gareth Jones	
Observatory MP	Dr Karen Walker	Jon Frank
South Oxford HC	Dr Nick Wooding	
St Bartholomews MC	Dr Alison Fairley	
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	
27 Beaumont street	Dr Richard Baskerville	Elizabeth Baldock
28 Beaumont street	Dr Matthew Easdale	Julie Batchelor
Locality Clinical Director Deputies	Dr Karen Kearley Dr Merlin Dunlop - apols Dr Andy Valentine	
PPG Forum member	Sylvia Buckingham	
OxFed	Rebecca Hollander	
City Locality Sponsor	Sharon Barrington	
OCCG	Dr Kiren Collison	
Speakers	See agenda	
In attendance: Julie-Anne Howe,(JAH), Sue Keating (SK) (Notes)		