Oxford City

NHS
Oxfordshire
Clinical Commissioning Group

MINUTES:DRAFT

TITLE: Locality Commissioning meeting – Oxford City

Held on: 8 November 2018; 1-3pm at Conference Rooms A&B, Jubilee House

Present: see attendance list at end paper 2

		Action
1.	**Welcome, Apologies, Introductions:** Welcome to Dr Charles Drury Apologies received as per the attendance list below. Note: Dr David Chapman chaired the meeting.	
2.	**DOI + AOB:** There were no declarations of interest and no other business.	
3.	**Minutes of last meeting 11 October 2018 and matters arising:** The minutes were agreed as a correct record but if anyone has any comments or changes please email JAH. Actions from Notes not picked up elsewhere: CK & JAH to follow-up on Chain SMS QRS software via accuRx so that all practices in City could have the additional functionality.	**CK/ JAH**
4.	**Patient Participation Group Forum:** Elaine Cohen reminded the group of the City PPG Forum meeting being held in public on 20.11.18, at West Oxford Community Centre, and welcomed Practice Managers to attend. The meeting would have Tehmeena Ajmal speaking in the Winter Plan, table discussions on the health needs within each City neighbourhood area, and various market place stall holders promoting services available across the area.	
5.	**OxFed – Practice Update:** Usual update confidential and sent out previously with papers. Dr Charles Drury is a Clinical Lead supporting Frailty pathway work for OxFed, and attended to present on this –slides are confidential – email JAH if you require a copy for a GP practice. A video was shown on a patient journey - https://www.hsj.co.uk/frail-older-people/video-what-went-wrong-with-mrs-andrews-care/5076842.article	

	Table discussions then ensued around how the care for Mrs Andrews could have been improved. It was agreed that communication had indeed been poor and noted that every time a patient was moved added 2 days to their length of stay, as a generalisation. Stressors included UTIs / constipation, falls / sprains, and the speed to act affects every step off the functionality line, e.g. the ability to dress / bathe etc. Marginal gains help significantly towards recuperation. A key frailty indicator is the speed a person can walk into a room – greater than 5 seconds for 4 metres suggests an increased risk of frailty. In the >85s, ¼ of the population is considered 'frail' – Rockwoods measure of frailty is considered to have a similar predictive validity over other clinical measuring tools and the easiest to use by non-clinicians Five criteria are needed to refer in – Oxfordshire Care Alliance and Oxfordshire Training Network are looking at this together. A number of questions followed on this area – Q – Do Social Care have rapid capacity to make this work? A – HART was commissioned so primary care could access it; in reality the hospital use the capacity available. Q – Is it additional District Nurse work? A – No extra people are available to do this, so it is a matter of upskilling staff and reducing duplication. Q – Does the Lead GP manage just their own or any patients? A – Lead GP can be invited to support usual GP with any suitable patients. Q – How will GPs be involved so there is continuity of care? A –GPs are invited to the MDT meeting. All documents will be downloaded on EMIS with clear profiling and guidance as soon as practicable. Q – GP Frailty Lead in practices? A – start at neighbourhood level and support GP Lead in practices. Q – Excellent work but feel this will require resources – always issues of system inefficiencies through poor communication? A – Intention is to co-ordinate communications across organisations, e.g. Community Nurses, Matrons, Others to reduce inefficiencies. If reductions can be made in ED use this funding can transfer to primary care. Q –How does the MDT work? A – The notes plus some people's knowledge may be insufficient to have a decent conversation that makes the difference. MDTs are every 2 weeks so this is resource intensive –– skype communications are useful. Q – MDTs are often long and require information from various sources,	

consent etc, so can take a while to prepare for, especially if it is not with the patients usual GP.
A – correct – lots of information is required, but forms can be filled to best ability with information to hand. Can do a comprehensive geriatric assessment (CGA) prior to the MDT if helps? OxFed advised not all PCVS slots are filled so perhaps a paramedic role could be to review the information prior to an MDT taking place?

Q – Does this service replace ILT?
A – Part of the OHFT reorganisation is to support the community NH Team to integrate fully.

Q – What is the timeframe for this following the pilot?
A – Starts November for 1 year. Cover needs to be at scale and Oxfordshire wide.

Q – Why are there so many frail / elderly patients on multi drugs? QoF evidence here so what extent is a specialist needed to consider the frailty score when looking at prescribing? E.g. LTC treatment v EoL allowances – and how to manage the patient better in the middle?
A – NHS e Specialist Commissioning fund OUHFT to look at complex and older patients – cost v dignity – many evidence based pathways which are guidelines not rules, and don't consider the wider factors and just spotlight silo issues – need to consider de-prescribing along with life expectancy.

One practice advised they bring frail patient in close to their birthday to assess, identify gaps, visit if necessary. No evidence available on whether this reduces admissions however.

It was noted work by the Oxford Academic Science Network (link here) showed simple things like focusing on drinking water in Care Homes reduced admissions to ED. This work might be extrapolated to patients in their own home

CD asked practices to think about issues for patients and he was happy to attend in say 3 months time to discuss this area further.

Initiatives for General Practice Exercise:

- Systematic way for using frailty scores to tailor your intervention and speed of clinical response
- Nominate frailty lead in Practice to act as contact point for frailty neighbourhood
- Train triage teams/reception on the importance of frailty and the need for prioritisation of these patients according to frailty – i.e. home visits and appointments
- Continuity of care – practice organisation steps to maintain continuity of care with same doctor for patient with frailty. Consideration of longer appointments for these patients.
- Post admission review – Pharmacy led review within 30 days

	• Ensure all frail patients have a planned review within 30 days of an unplanned contact in Primary care • Refer for MDT Review and pathway (understanding evidence base is behind a comprehensive set of assessments) • Be willing to share information outside of the practice to support the patient's care in accordance with data protection	
	ITEMS REQUIRING CLINICAL FEEDBACK	
6.	**Oxfordshire GP Forum** - paper 4 here Dr Kiren Collinson – attended to discuss this newly formed countywide group to co-ordinate and strengthen the voice of primary care. Representation was queried and it was confirmed that this was starting small and would likely expand. Meetings would be monthly. More on this as it evolves.	
	REQUIRING CLINICAL DECISION	
7.	**Primary Care LIS – 3 Actions** – see paper here. KK ran through the 3 proposed Actions with the group, who agreed these for 2018/19. KK was working with Maxine Hardinge and dates would shortly be available to book slots so each practice could meet her and run through their search results. Searches are being run by SCU and will also be out shortly. Practices agreed this approach was helpful, and therefore agreed to pseudonymised data being extracted with practices then drilling down to show patient details to enable the discussions with Maxine to take place. KK will work on this on practices behalf with CSU to get the lists produced. JAH to resend the 3 Actions paper to PMs as the embedded icons don't work.	**KK Practices JAH**
	UPDATE AND OPPORTUNITY FOR DISCUSSION	
	Monthly Update from Locality Clinical Director: Annual GP training course dates to come. List of **2019/20 City main Locality meetings** here. **Flu** – a glitch had been identified as to why practices were not receiving notification of immunisations by community pharmacists – this has now been resolved. Note – practices MUST VERIFY THEIR EMAIL so that they get notified – helpdesk@phpartnership.com if any queries using your K code stating you want to receive emails electronically with contact email address and you MUST send a confirmation email from the address to activate the pathway. **Adult MH referral template** (which includes adult eating disorders service details) is here.	**Practice**

	ADHD will follow in due course. New Locally Contracted Service for physical health checks – here. **Mind Workers** – to manage the governance thereof, treat the workers on the system the same as a any other outside worker not employed by the practice – they can receive a patient list for a clinical off the system but can't see the patients notes. This resolved the information governance issues. **Cancer Care Review Implementation** – paper 12 here - DC spoke about this voluntary service which does come with some funding Many practices felt the funding was not sufficient for the time taken. A paper on FAQs has subsequently been written – see further details here.	
	FORWARD PLANNING	
9.		
	WHITE SPACE / AOB:	
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	FOR INFORMATION – City papers: Paper 8 – OCCG Board Briefing – September Paper 9 - Planned Care Project Update here Paper 10 - Dates for City main Locality meetings 2019/20 here Paper 11 – Neighbourhood Cluster Groups – update here Paper 12 – Cancer Care Review Support Scheme + template here	
	Date of Next Meetings:	

Meeting + Planned Items	Date	Time	Venue
Locality group meeting	13.12.18	1-3pm	Jubilee House
Locality group meeting	10.1.19	1-3pm	Jubilee House
Locality group meeting	14.2.19	1-3pm	Jubilee House
Locality group meeting	14.3.19	1-3pm	Jubilee House

Attendees: 8 November 2018

Practice	Lead/ Clinician	Practice manager
Banbury Road	Dr Tony Maddison	
Bartlemas Surgery	Dr Antony Fleischman	Ivan More-O'Ferrall
Botley MC	Dr Aintzane Ballestero	
Cowley Rd	Dr Andreas Kyrris	Alison Phillips
Donnington MP	Dr Gillian Howe	Alan Mordue
Hedena Health = B/K, Marston, Barton, Wood Farm,	Dr Andrew Collins	
Hollow Way MC	Dr Louise Bradbury Dr David Chapman	
Jericho - Dr Leaver & Prts	Dr Laurence Leaver	Jackie Hannam
King Edward St.	Dr Mary-Kate Kilkaldy	
The Leys HC	Dr Kathryn Brown	Susan Renn
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 Lorna Monteith	Heidi Devenish
Temple Cowley	Dr Andrew Wilson	David Evans
19 Beaumont street	Dr Chris Kenyon Dr Ben Riley	
27 Beaumont street	Dr Richard Baskerville Dr Catherine Benson	Elizabeth Baldock
28 Beaumont street	Dr Matthew Easdale	Julie Batchelor
Locality Clinical Director Deputies	Dr Karen Kearley Dr Merlin Dunlop Dr Andy Valentine	
PPG Forum member	Elaine Cohen	
OxFed	Dr Charles Drury	
City Locality Sponsor	Sharon Barrington	
OCCG	Dr Kiren Collison	
Speakers	See agenda	
In attendance: Julie-Anne Howe,(JAH) Notes, Sue Keating (SK) (apols)		