

MINUTES: Draft V2

TITLE: South East Oxfordshire Locality Executive Meeting

Held on: 1 May 2018

Venue: Hampden House, Chalgrove Chairing practice: Morland House Surgery

Present:	Practice	Representative
	The Bell Surgery	Dr Chris Langley, GP
		Louise West, PM
	Chalgrove and Watlington	-
	surgeries	-
	Goring and Woodcote Medical	Dr Angela Rowe GP
	Practice	-
	The Hart Surgery	Dr Michelle Brennan, GP
		Sarah Moberly PM
	Mill Stream Surgery	Dr Stephen Harper, GP
		-
	Morland House Surgery	Dr David Copping, GP
		Nollag McGrath, PM
	Nettlebed Surgery	Dr Lisa Silver, GP
		Pat McGill, PM
	The Rycote Practice	Dr Dan Faller, GP
		Karl Savage, PM
	Sonning Common Health Centre	Dr Ralph Drury, GP
		Andrea Tsoi, PM
	Wallingford Medical Practice	Dr Charles Hughes, GP
		-
	Non-medical clinicians	-
In attendance:	OCCG	Dr Ed Capo-Bianco (ECB), Locality
		Clinical Director
		Anne Lankester (AnL), Locality Co-
		ordinator
		Sula Wiltshire (SW), OCCG
		Lucinda Kenrick (LK), OCCG
		Minutes
	SELF	John Reid (JR)
	Others	Sara Doughty (SD), SEOX
		Robert Walker (RW), Healthshare

Order of items: 1, 2, 7, 3, 4, 5, 6, 8					
1.	Introduction	Action			
	The Chair, Dr Copping of Morland House Surgery, welcomed				

everyone to the South East Oxfordshire Locality (SEOL) meeting.

Apologies received:

Carole Montague, PM, Chalgrove and Watlington Medical Practice Dr Angus Gregory, GP, Chalgrove and Watlington Medical Practice Debra Perry, PM, Wallingford Medical Practice Sarah Denton, PM, Mill Stream Surgery Julia Beasley, PM, Goring and Woodcote Medical Practice

There were no updates to the declarations of interest.

2. Minutes of the last meeting, 6 March 2018, and Matters Arising

The minutes were agreed for accuracy.

The group asked what feedback had come from Dr Latif following their comments on his presentation at last month's meeting. ECB informed the group that the presentation was going to each of the localities first, then comments would be collated and analysed, then it would come back as an agenda item.

Dr Copping informed the group that he had been in touch with Dr Dunlop regarding the outpatient letters, who had explained that the focus is currently on improving the quality of discharge summaries. SW encouraged the group to continue to report any similar issues on Datix and she would pick this up in the Quality team.

3. LCD Update

i. Clinical Pharmacists: Proposal from PS UK now with Federation

It was noted that this scheme is due to start in June and that PS UK had already filled 2 of the positions and were interviewing for the others. The pharmacists will have a pre-set list of patients and ready to hit the ground running; PS UK will liaise with practices directly on best time slots and produce timetables from there. It was also confirmed that these pharmacists will have the power to prescribe and to make note of any changes on the Practices' systems.

The Bell Surgery noted that the numbers on the draft contract with PS UK were inconsistent with their list size and slot allocation. **AnL to liaise with The Bell Surgery after the meeting to correct the contract.**

It was also noted that the money had not yet gone to SEOX; **AnL to chase this payment.**

ii. STF Update

It was noted that all practices had provided their direct numbers for

bypassing the reception system as requested, but concerns were raised by practices around the KPIs; with wording in the contract indicating that failure to maintain or improve the numbers of patients attending A&E would mean a portion of the payment would be held back. ECB and AnL to check the contract and ensure that proof of trying to steer patients away from A&E is taken into account and not just the numbers.

iii. Federation update – Sara Doughty

Sara Doughty was introduced as the new SEOX representative and she informed the group that this was only her second day so there wasn't an update from SEOX to be provided yet. The group agreed that Sara would be regularly invited to attend this meeting for information and to provide any feedback from the federation.

iv. RACU update

ECB fed back from a recent visit to the RACU in Witney; this has now been running for a year and is able to accept referrals from the whole county with some same-day, but mostly next day, appointments available.

The noted issues with the RACU were:

Lack of transport services (although it was noted that home visits could be carried out if required).

Referrals would not be accepted for under-18s, chest pains, trauma, stroke, and blood transfusions.

v. Diabetic Foot Check Training HCAs

AnL informed the group of a training session being offered to HCAs to teach them how to perform diabetic foot checks. This training would be 2 hours and cost £25 per person. The practices agreed that they would be interested in accessing this training and so **AnL** and **ECB will look to organising this training.** Dr Silver kindly offered the room at Nettlebed Surgery for the training venue.

4. SE Locality Forum Update

Update document provided here

i. Early Supported Discharge Service (ESDS)

JR asked the group if SEOL patients were missing out as the ESDS has not been rolled out in the south of the county. ECB noted that there is a meeting taking place in the next few weeks to discuss the progress from OUH rolling out a new ESDS to cover the whole county. **ECB will update the group at the next meeting.**

Some practices noted that their patients had been sent home with the HART service (Home Assessment Reablement Team). ECB informed the group that this is a service provided by OUH to help support patients returning to their homes following hospital stays. It was also noted that this service has been suffering from workforce constraints and so would not be available to all patients.

ii. First Annual Report on Patient and Public Involvement JR noted that the PPGs have made a complaint to OCCG regarding the lack of documents available to the public on the website; this has been taken up by the Communications team who are working on a solution.

5. Pathology Update: RBHT

Dr Silver reported back to the group following the meeting that was held at Nettlebed Practice. Chairing the meeting was Dr Andy Valentine, City Locality Deputy Clinical Director and GP Lead for Quality, and in attendance were ECB, Victoria Harte, and a number of representatives from GP Practices.

It was noted that the Pathology Lab service providers apologised for the shortcomings in the service so far and have arranged for one person, Berni Mallo, to pick up these incidents. **Dr Silver will circulate contact details for Berni and practices should email any further issues to her as well as putting them on Datix.**

Another meeting to check progress is booked for September.

6. Planning Update:

i. Residential/Care Homes

AnL informed the group that she received notifications of planning and development of residential areas and care homes. For any residential areas are above 50 units and any care homes; AnL informed the group that she puts in an initial objection to the plans until she has had a chance to agree with them their contribution to the local health economy and provisions for key worker housing.

ii. Chalgrove Airfield

AnL noted that the current occupier doesn't wish to move from the site, however, the Homes Community Agency (HCA) are moving forward with the scheme and will submit plans the end of the year.

iii. Chaizey Heath Care Home

AnL and ECB are having a meeting with representatives from the Chaizey Heath Care Home wc 01.05.2018 in order to discuss their contribution to the local health economy and provisions for key worker housing.

iv. Reading Golf Club

AnL noted that this project is still in its infancy; but that it would include some land in the Sonning Common catchment area and so she is keeping an eye on any developments to the plan.

AnL also shared a <u>map</u> with the proposed new development sites from South Oxfordshire District Council for information. The GP's noted the large developments and will start to think how these plans could change their patient caseloads.

7. Healthshare MSK Service: Update

RW was introduced by the chair and, noting that he is not a clinician, asked that he be allowed the opportunity to take any clinical questions back for answer.

When the service was created in this iteration it was the amalgamation of two separate OH and OUH services; creating an initial patient list of 12,500 on the first day. The inherited backlog is being sorted through; with all patients contact and appointments being allocated in order with new patients expecting an 8-10week wait for an appointment for most services.

It was noted that the telephony teething issues have been resolved and, although patients cannot yet self-refer; GPs can give them the direct number for Healthshare so that they are able to check up on their referral status and progress. RW noted that Healthshare are hoping to implement a system for self-referrals, but this is being blocked by the need for a data sharing agreement with OUH.

It was also noted that the EMIS referral form is meant to pull imaging results, but this is not currently happening. This is being worked on, and Healthshare do have access to the imaging results; but having to find them creates a delay and so GPs are asked to manually attach imaging results to their referrals.

Queries were raised around the triaging system and RW confirmed that the Healthshare contract requires patients to be triaged within two working days. Following this a welcome letter is sent out within five working days which contains information about the service to which they are being referred (this can be part of Healthshare or a different service) and the wait time they can expect before being contacted to book an appointment or how they can access the choose and book service to make appointments for other services.

One comment noted that the referral form was unnecessarily long which was leading to poor quality referrals containing superfluous information. RW pointed out that the form was owned by OCCG; **AnL will feed this back to OCCG.**

RW was asked to feedback to the ESPs that incidental finding of gall stones does not need to be sent back to the GPs unless the patient is symptomatic. RW was also asked to feedback to the physios that some patients, following a long wait for an appointment, found the first appointment underwhelming as it included the taking of a history and then a sheet of exercises; RW explained that the company are

	looking into employing physio assistants to reduce the waiting time for initial assessments, but GPs would not be able to provide exercise sheets as these are very specific and also require prescription of aids.	
	RW will report back to AnL any response to the feedback and will report back to this meeting with any updates every quarter.	
8.	AOB	
	i. Other issues – contact Anne Lankester	
	ii. Planned Care Project Report This was not ready in time for the meeting and will be circulated posthumously.	
	 iii. Forward Agenda Planning a. Prescribing Incentive Scheme 18-19 – The Pharmacists are currently doing a work up and so decisions may have to be made at the next meeting. b. Main Issues in Practice as part of a Workshop – Kiren Collison, Clinical Chair OCCG, is arranging a workshop (to which practices will be invited) to discuss issues in Primary Care and has requested feedback from practices who have anything they wish to be on the agenda for discussion. c. PCP 18-19 meetings – It was decided that SEOL would prefer to meet individually rather than as clusters. 	AII
	iv. SW Dermatology Clinic:To note: Woodlands Dermatology Clinic in Didcot available on ERSv. Ear Irrigation Appointments	
	Dr Silver, as LMC representative, asked the group to confirm their position on providing ear irrigation services. Currently these services are not GMS and so practices aren't paid for them unless they are commissioned by secondary care, where they are paid £15 for the appointment. New NICE guidance coming out will say that these services have to be commissioned in primary care, but this doesn't necessarily have to be in practices. The options presented by LMC are: Continue to provide the service for free	ALL
	LMC can work to arrange a better deal with the commissioners now to receive payment for the service	
	Practices can stop providing the service and wait for the NICE guidance to come in and let the commissioners decide if they will commission the service from GPs or otherwise	

It was agreed that all practices should take the same line, but no decision was reached in the meeting. Practices to feedback to Dr Silver and LMC.

vi. Townlands

AnL informed the group that she was currently in talks with Chris Hill, NHSPS, to release 6 parking spaces for GP use at Townlands. The group also asked for an update on the use of the second floor of Townlands, but ECB noted that there was no update yet.

vii. CQC Inspections Round

The group were informed that a new round of CQC inspections would be starting soon, but OCCG did not yet have confirmation of dates. Practices were invited to get in touch with AnL, ECB, or SW should they require any help.

viii. Letter regarding IRT Service with BI

Dr Faller noted that the Rycote Practice and Mill Stream Surgery were liaising to compose a letter to the OCCG expressing their concerns with the new IRT service and their disappointment with the lack of collaboration with the GPs in designing and commissioning the service. ECB took this opportunity to apologise for not having called this project to the group's attention beyond its appearance in the Planned Care Project Report. **Dr Faller will circulate the draft letter to PMs for comment and to allow other practices to add their signature.**

ix. Smoking Cessation Clinics

Concern was expressed by a number of practices around the significant and detrimental change being made to this health service without consultation with the GPs. AnL and SW noted that this service is provided by Public Health and therefore OCCG did not have a say in the service location or opening hours, but also took on board the feedback and agreed to raise these concerns with Public Health England. ECB and SW to meet with Cllr Hilary Hibbert-Biles and Stephen Pinel to discuss how the service provision decisions were made and report GPs' concerns.

x. Parking at Hampden House

Following difficulties parking on site AnL agreed to liaise with Hampden House to confirm where the group are allowed to park on site.

xi. Out of Hours Dressings over the Weekend

Some practices noted problems with DNs refusing to see patients over the weekend unless they fit particular criteria; and referrals to get dressings changed at Townlands wouldn't be accepted depending on the severity of the dressings required. **Dr Drury to email these concerns to AnL who will bring to the lead DN for**

the area.	
Date of Next Meeting: Chairing practice: Nettlebed Practice	
Tuesday 5 June 2018 13:00 -15:00	
Hampden House, Monument Park, Warpsgrove Lane, Chalgrove, Oxford, OX44 7RW	
Action Log/ Matters Arising (all completed actions will be removed)	
Action: Practices to contact AnL with how they propose to spend their ECIS (Elective Care Incentive Scheme) money. Still waiting for response from one practice; AnL.	
	ALL
Action: Investigate if the parking could be used at Townlands building it is vacant? On-going – waiting on response from Chris	
Hill, NHSPS.	ECB