

**MINUTES: FINAL**
**TITLE: South East Oxfordshire Locality Executive Meeting**
**Held on: 2nd October 2018**
**Venue: Hampden House, Chalgrove**
**Chairing practice: Wallingford Practice**

<b>Present:</b>	<b>Practice</b>	<b>Representative</b>
	<b>The Bell Surgery</b>	Dr Chris Langley, GP Louise West, PM
	<b>Chalgrove and Watlington surgeries</b>	Dr Angus Gregory, GP
	<b>Goring and Woodcote Medical Practice</b>	Dr Angela Rowe, GP
	<b>The Hart Surgery</b>	Dr Philip Unwin, GP Sarah Moberly PM
	<b>Mill Stream Surgery</b>	Dr Stephen Harper, GP Sarah Denton PM
	<b>Morland House Surgery</b>	David Copping, GP Nollag McGrath, PM
	<b>Nettlebed Surgery</b>	Lisa Silver, GP Pat McGill, PM
	<b>The Rycote Practice</b>	Dan Fuller, GP Karl Savage, PM
	<b>Sonning Common Health Centre</b>	Dr Ralph Drury, GP - PM
	<b>Wallingford Medical Practice</b>	Dr Charles Hughes, GP - PM
	<b>Non-medical clinicians</b>	-
<b>In attendance:</b>	<b>OCCG</b>	Anne Lankester (AnL), Locality Co-ordinator Emma Hughes OCCG ( Notes) Ed Capo-Bianco (ECB) OCCG Ross Burton OCCG Carole Kieren Collinson Medical Director OCCG
	<b>SELF</b>	Jeremy Hutchins
	<b>Others</b>	Sara Doughty SEO FED

<p><b>1.</b></p>	<p><b>Introduction</b></p> <p>The Chair, Dr Angela Rowe Goring and Woodcote Practice, welcomed everyone to the South East Oxfordshire Locality (SEOL) and thanked Wallingford Practice for chairing the September meeting at a last minute request</p> <p>Apologies received:  Catherine Mountford OCCG  Julia Beasley, PM Goring and Woodcote  Debra Perry PM Wallingford  Carole Montague, PM Chalgrove and Watlington</p> <p>There were no updates to the declarations of interest.</p>	<p><b>Action</b></p>
<p><b>2.</b></p>	<p><b>Minutes of the last meeting, 4<sup>th</sup> September 2018, and Matters Arising</b></p> <p>The minutes were agreed and accepted.</p>	
<p><b>3.</b></p>	<p><b>LCD Update</b></p> <p><b>i. STF update</b></p> <p>EBC confirmed the funding is secure until the end of March 2019.. The Financial Recover Plan outcome measures will be 70% upfront and 30% paid reflected by non-elective and A&amp;E attendance. The plan will be signed off 03/10/2018. It will still include Key Performance Indicators (KPIs) but this will not earn additional funds. Morlands Surgery expressed a great deal of displeasure about the complete situation.</p> <p>It was felt that mitigation might be in place for exceptional performance.</p> <p>It was agreed that the problems the hospitals are having is now causing the Primary Care to be penalised.</p> <p>SELF wanted to understand if this would have an impact on patients? Reassurance was given that there shouldn't be any as the number of appointments would remain the same. There would just be no financial gain for the practices for providing appointments in a day or a week.</p> <p>Currently The South East is very strong at dealing with Patients at a Primary Care level and if hospital admissions are required they have a much smoother pathway for the patient.</p> <p>The South East have a good reputation for low admissions and referrals and yet are still required to do more.</p> <p>SD raised concerns that the CCG had no plan at all for April 2019 going forward.</p>	

	<p>KC asked for ideas and /or subtle changes to be provided to assist with the negotiations</p> <p>Rycote Surgery felt the whole situation had created a trust issue and reassurance from senior management in the CCG is required.</p> <p>The reason for the problem was the SEOL plan had not been signed off before the Financial Recovery Plan was started.</p> <p>Morland Surgery asked what will happen next year if the funding is lost. Currently not to refer takes a GP practice three times the amount of time that it would take to refer.</p> <p>It was thought keeping such a low referral rate should be enough to maintain the funding.</p> <p>.</p> <p><b>ii. Clinical Pharmacist and Social Prescribing.</b></p> <p>ECB met with Caroline Pond of PS UK. The review details up to August are good. There have been 1600 medication reviews with improvements found across the locality.</p> <p>The three areas of focus have been high cost, Diabetes and more than 5 medications. Some of the practices wanted to use the Pharmacist resource for other items but were told that they could only do these areas of focus. It was felt the focus was possibly on demonstrating their own worth and not helping with the requirements of the practices.</p> <p>The pharmacist at Nettlebed Surgery Murray was thought of as exceptional by Dr Lisa Silver.</p> <p>Is this a six month project or will it continue? The KPI's being focused on are Safety, Cost of Drugs, Reduction in admissions and savings on appointments.</p> <p>Because of the current financial situation Social Prescribing is on hold.</p> <p><b>A request was made for Henrietta to come to the next meeting</b></p>	AnL
4.	<p><b>Health Share</b></p> <p>The contract has been running for a year. The GP Bulletin of last week provided feedback from Patients, GP's and staff. The feedback is good.</p> <p>It is still felt there is a 'Black hole' in the referrals process.</p> <p>Currently the triage has a goal of 48hours, so patients do not need to go back to the GP with questions. The outcome from Triage is conveyed by both letter and EMS quickly.</p> <p>Health Share are aware that there are problems around the phone calls that they receive, which is currently about 1000 a day.</p> <p>There are 10 call centres in the locality, with the main one being in</p>	

	<p>Oxford at East Oxford Health Centre. 50% of the calls come through here. Health Share still need more call handlers and are currently advertising.</p> <p>Some patients particularly Henley patients are being sent a long distance away which is not acceptable to the patients. This is being addressed.</p> <p>Currently the location in Townlands never seems to be at capacity.</p> <p><b>Rob Walker to investigate this.</b></p> <p>The practices would like to understand why there is no contract with Royal Berks Hospital for MRI's This is a CCG contractual issue.</p> <p><b>Anne to investigate</b></p> <p>The practices would like to know what the figures are from GP referral to triage. <b>Rob Walker to provide.</b></p> <p>Health Share believes the current process is 2 days referral to triage and from triage the first appointment is 12 weeks.</p> <p>SELF gave feedback from patients, which included the wait being 22 weeks for the first appointment. The call handlers were generally difficult to understand and became rude with the patients if they didn't understand what had been said to them.</p> <p>Sonning Common practice felt that both the GP and secretarial workload had increased since Health Share took over the MSK.</p> <p>The practices wanted reassurance of the purpose of the contract with Health Share.</p> <p>It was explained that the contract was put in place to provide a Single Point of Access (SPA).</p> <p>The practices were concerned that delays in referrals could increase complexity before surgery, because it is proved that physio before surgery assists in providing a better outcome.</p> <p>The self-referral system is due to go live on 1<sup>st</sup> November 2018. There will be communication about this in the next GP Bulletin. This will provide telephone triage which is evidence based. The example given is Hull which has 80% self-referral and 20% self-managed.</p> <p>It was agreed that the details of advice to patients that can be found on the <b>Health Share website was good and all GP's should share it with patients where needed.</b></p>	<p><b>RW</b></p> <p><b>AnL</b></p> <p><b>RW</b></p> <p><b>ALL</b></p>
5.	<p><b>Alternative ONPOS Pilot</b></p> <p>Ross Burton explained he would like the locality to pilot a new Dressing system. It will work almost identically to the current system but a small amount of staff training will be provided.</p> <p>The reason for the introduction is it will remove the 'middle man' in the supply chain so eventually reducing costs and allowing for more specific quantities to be ordered. Limits can also be added to the system, so items can not be over ordered, and the need to prescribe will be removed. Delivery times will be 24-48 hours.</p> <p>The pilot will be as simple as turn the old system off and turn the new system on. It is due to start 1<sup>st</sup> November 2018.</p> <p>The success criteria will be the reduced spend across the practices. Everyone was happy to join the pilot.</p>	

	The name of the Food Prescribing Pharmacist was requested. It is Suzanne Bradshaw	
6.	<p><b>Learning Disability Services</b></p> <p>Chris Walkiling presented the changes that the service has and will continue to undertake to assist in integrating with Primary Care since OH took the LD responsibility on 1/07/2017.</p> <p>There will now be a specific email address for Practices to use allowing GP's to get generic or specific information as required. It was requested that a guideline is provided on the differences between Learning Disability, Learning Difficulty and Autism</p> <p><b>CW will provide this guideline</b></p> <p>Going forward a named link person will be invited to Practice MDT meetings as required.</p> <p><b>With regard to screening CW will provide a summary to the GP's</b></p>	<p><b>CW</b></p> <p><b>CW</b></p>
7.	<p><b>SE Locality Forum Update</b></p> <p>Please see notes HERE</p> <p>The feedback was accepted.</p>	
8.	<p><b>Older People's Strategy</b></p> <p>Libby Furness discussed the strategy which was required by the CQC report of 2017 to be refreshed. It is a co-production strategy and unlike the old strategy will not only focus on Care and Illness. The strategy will also include Health and wellbeing and include a balance between the four areas.</p> <p>LF will present the document to the Health and Wellbeing Board in November 2018 and would like feedback from the practices of ideas they would like included by 19<sup>th</sup> October 2018</p> <p><b>Feed back to LF and AnL by 19<sup>th</sup> October 2018</b></p>	<b>ALL</b>
9.	<p><b>AOB</b></p> <p><b>November Meeting Items:</b></p> <p>The Planned Care team are being invited to the meeting.</p> <p><b>SEOL Meeting Structure:</b></p> <p>It was agreed that a Federation Meeting at the end of the locality meeting was working. A request was made for the meetings to be later in the day, so practice time can be used more efficiently. It was</p>	

	<p>agreed 2pm – 5pm would be better. This will be trialled until the end of the year.</p> <p>School Nursing Immunisation</p> <p>It has been discovered that the data from school vaccines has not been sent to the GP's in a timely manner.</p> <p><b>If this becomes a problem to any practice please feed back to AnL</b></p>	<p><b>AnL</b></p> <p><b>ALL</b></p>
	<b>Action Log/ Matters Arising (all completed actions will be removed)</b>	
	<p><b>A request was made for Henrietta to come to the next meeting</b></p> <p><b>Rob Walker to investigate this.</b></p> <p><b>The practices would like to understand why there is no contract with Royal Berks Hospital for MRI's This is a CCG contractual issue.</b></p> <p><b>The practices would like to know what the figures are from GP referral to triage.</b></p> <p><b>Health Share website was good and all GP's should share it with patients where needed.</b></p> <p><b>It was requested that a guideline is provided on the differences between Learning Disability, Learning Difficulty and Autism</b></p> <p><b>With regard to screening for LD patients a summary will be provided to the GP's</b></p> <p><b>Feed back to LF and AnL on the Old People's Strategy by 19<sup>th</sup> October 2018</b></p> <p><b>Time change until the end of the Year</b></p> <p><b>If this becomes a problem to any practice of not receiving vaccine information in a timely manner please feed back to AnL</b></p>	<p><b>AnL</b></p> <p><b>RW</b></p> <p><b>AnL</b></p> <p><b>RW</b></p> <p><b>ALL</b></p> <p><b>CW</b></p> <p><b>CW</b></p> <p><b>ALL</b></p> <p><b>AnL / EH</b></p> <p><b>ALL</b></p>