

MINUTES: FINAL

TITLE: South East Oxfordshire Locality Executive Meeting

Held on: 6TH November 2018

Venue: Hampden House, Chalgrove

Chairing practice: Wallingford Practice

Present:	Practice	Representative
	The Bell Surgery	
	Chalgrove and Watlington surgeries	Dr Angus Gregory, GP Caroline Montague, PM
	Goring and Woodcote Medical Practice	Dr Angela Rowe, GP
	The Hart Surgery	Dr Philip Unwin, GP Sarah Moberly PM
	Mill Stream Surgery	Dr Lucy Jenkins, GP Sarah Denton PM
	Morland House Surgery	David Copping, GP Nollag McGrath, PM
	Nettlebed Surgery	Lisa Silver, GP Pat McGill, PM
	The Rycote Practice	Dan Fuller, GP Karl Savage, PM
	Sonning Common Health Centre	Dr Ralph Drury, GP
	Wallingford Medical Practice	Dr Charles Hughes, GP Debra Perry PM
	Non-medical clinicians	-
In attendance:	OCCG	Anne Lankester (AnL), Locality Co-ordinator Emma Hughes OCCG (Notes) Ed Capo-Bianco (ECB) OCCG Nicola Cook Gareth Kenworthy Finance Director OCCG
	SELF	John Reid
	Others	Helena Uddin Janet Lailey Sue Ryder Tehmeena Ajmal OUH Andrea Shand OH CAMHS Vicky Norman OH CAMHS Hendriette Knouwds OCC Peter Rhead RACU

		Sara Doughty SEOX Sylvia Thomas RACU
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1.	Introduction The Chair, Dr Lucy Jenkins of Mill Stream Surgery took the Chair for The Bell Surgery Apologies received: Julia Beasley, PM Goring and Woodcote Andrea Tsoi PM Sonning Common Health Centre Chris Langley GP Bell Surgery Louise West PM Bell Surgery There were no updates to the declarations of interest.	Action
2.	Minutes of the last meeting, 2nd October 2018, and Matters Arising Correction to the name of the clinical pharmacist from Mari to Murray. Change from 48hour triage to a goal of 48hr triage for the HealthShare. The minutes were agreed and accepted, and can be found here .	
3.	LCD Update i. STF update The STF funding contracts should be out to the practices, there are no major questions concerning it. It will remain as discussed before 70% upfront and 30% based on an outcome element regarding a reduction of or maintenance of in- hours A&E attendance and Non-elective admissions (NELS). Historic data has been requested from CSU team so practices have a base line to understand the outcome payment for the new STF contract regarding Q3 and Q4 for the last financial year. There were two contracts in place before the Financial recovery plan was implemented, with regard to the first six months the payment was made in October. DC wanted it noted they had employed a GP on the back of this funding. There is still no update on what will happen in the new Financial Year, planning needs to be done urgently as Morland House Surgery are planning to employ another GP and would like to understand how they will sit financially to do this. ii. Social Prescribing.	

	<p>Age UK will be increasing their presence in the locality by employing an extra 'Head'. This person will be focused on the neighbourhoods and will start in December 2018. The plan is for the person to visit the practices on a weekly basis and manage off site home visits as required.</p> <p>OH have aligned community teams and District Nurses to work in planned neighbourhood areas. ECB questioned the neighbourhood practice alignment.</p>	
4.	<p>Sue Ryder update of pilot</p> <p>They have now extended their community services hour. They are now 8am to 8pm. They work closely with Sobell House. Please see presentation</p> <p>The presentation can be found here.</p>	
5.	<p>Winter Team Update – Tehmeena Ajmal</p> <p>The new team is working with partners as there was no single view across the system in previous years.</p> <p>Social Care, Community Services, Oxford Health and Urgent care. The purpose is to keep people safe and well over the winter, via vaccines and neighbourhood watch among other things. The aim is to discharge patients from hospital quicker and ensure there are after care packages in place when they leave.</p> <p>TA asked what the surgeries needed. It was agreed the surgeries need to know when to use the John Radcliffe as receiving an email response saying "Sorry we are full" is not helpful. Alternatives need to be suggested of where a patient can be triaged and admitted.</p> <p>The Urgent Response Service is only available for a few days after discharge, different care packages need to be available for access more readily.</p> <p>The Flu vaccine caused a lot of discussion. Is there a simple way for it to be administered, District Nurses are too busy to administer the Flu jabs and so there are problems around home visiting for the jab. Possibly funding to administer the jab?</p> <p>The locality would like to know what the Oxford Health Flu Plan is.</p> <p>The presentation can be found here.</p>	TA
6.	<p>CAMHS update</p> <p>CAMHS is still in a transformational stage, but the SPA is fully working.</p> <p>There are a lot of cases that have a low MH need but the impact on the patient's life is huge. So care plans are being looked at for the whole patient not just MH. This will include self-help packs on</p>	

	<p>EMIS.</p> <p>NHSE have set national targets for Autism and ADHD at 32%. In Oxfordshire it is 54% so a lot higher than expected.</p> <p>There is a new electronic QB test being used to measure concentration levels. The test takes 10-15minutes and is more efficient as well as evidence based.</p> <p>There is also a new approach to assessments. They are now being carried out by an MDT in 1 day for both the patient and the family. The outcome is sent to the family in seven days.</p> <p>From this families can be referred for a 6 week training course for Autism. An additional course is being finalised for ADHD.</p> <p>These assessments can take place throughout the county.</p> <p>Priority is given to young people who are 17years and over, because of their age, children who are just about to start senior school and adopted children.</p> <p>Parents can also refer.</p> <p>John Reid requested more help in schools. The meeting was informed there is a lot of training happening for school age but it has not reached college age yet.</p> <p>So far the number of people on the waiting lists has decreased, but the length of wait time has not.</p> <p>The presentation can be found here.</p>	
7.	<p>SODC Update</p> <p>Hendriette is the Active Community Officer for the council.</p> <p>There is currently a focus on people with Type II Diabetes.</p> <p>The programme starts with a referral by a Medic where a motivational chat is given and a baseline assessment taken. Life style changes are suggested, but it is already recognised from the assessment, if the patient is not motivated then generally it will not happen.</p> <p>Funding is being provided for the administration need to invite patients.</p> <p>So far a Diabetes Evening has happened and from it two Health Walks have been set up. One has 15 and the other 30 regular attendees.</p> <p>The biggest barrier to the patients appears to be cost. They want to walk and swim. To assist with this there is a referral programme on the system that will provide funding for a free month of swimming.</p> <p>Nurses are also able to refer.</p> <p>These incentives are also being aimed at local areas. There are 60 plus rural areas, which are villages and not towns where people get lonely. There is a programme for these areas called "Go Active Gold" which is aimed at 55year olds plus. Leaflets are being distributed and data is being capture to see if the number of GP visits is being reduced. It appears to be helping.</p>	
8.	<p>RACU Update</p>	

	<p>The RACU is based in Townlands, Henley on Thames. They will take any patients registered under Oxon GP's including same day referrals. There is a list of conditions they are unable to treat, please see attached presentation. The RACU will triage the patient and if they can't accept them at the RACU, then they will be sent to an acute hospital either the JR or The Royal Berks as required. They also have the capacity to do home visits. There has been a lot of positive feedback on the facility. The main issue is it is not in a good location for all of Oxfordshire.</p> <p>The presentation can be found here.</p>	
9.	<p>SELF Update</p> <p>There are concerns about GP recruitment. Patient access to online patient records is happening but varies widely between surgeries. JR felt it should be encouraged.</p>	
10.	<p>AOB</p> <p>December Meeting Items:</p> <p>The federation meeting will follow the locality meeting. The locality meeting will need to finish at 2:30pm The Planned Care team are being invited to the meeting.</p> <p>Impact of GDPR on the workload of Practices.</p> <p>Sonning Common Health Centre, have found the increase in work load to be large, with an estimated increase of 3 hours per Doctor per week. This can be for Insurance requests, or mortgages for example. They would like to know what other Practices are doing to combat this work load.</p> <p>Other Practices have found calling the patient to let them know that all of their notes can be seen, quite often the patient will decline. Running reports before letting patients and other parties have access on flags such as divorce/child protection/abortion. If they come back clear then there is nothing to worry about.</p> <p>SEOL Meeting Structure:</p> <p>It was agreed that a Federation Meeting at the end of the locality meeting was working.</p> <p>There was a general feeling that the meeting today had been informative and educational, but not commissioning. Nettlebed Surgery felt that if this was the case going forward the information</p>	

	<p>could be shared via email and be much more time efficient. The suggestion was made that when a service is up for re-commissioning, that is when the localities should be involved, and not when it is complete.</p> <p>The suggestion was shared to identify three topics from planned care including Royal Berks. Figures need to be available on wait times for first appointments and then follow on wait times for treatment. This idea was then taken to suggest that each locality have responsibility for a different part of planned care so that localities always have an input.</p> <p>The suggestion was made that a list of speakers are presented to the locality and choices are made from this.</p>	
	Action Log/ Matters Arising (all completed actions will be removed)	
	<p>The locality would like to know what the Oxford Health Flu Plan is.</p> <p>Rob Walker to investigate this.</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>The practices would like to know what the figures are from GP referral to triage.</p> <p>Health Share website was good and all GP's should share it with patients where needed.</p> <p>It was requested that a guideline is provided on the differences between Learning Disability, Learning Difficulty and Autism</p> <p>With regard to screening for LD patients a summary will be provided to the GP's</p> <p>If this becomes a problem to any practice of not receiving vaccine information in a timely manner please feed-back to AnL</p>	<p>TA</p> <p>RW</p> <p>AnL</p> <p>RW</p> <p>ALL</p> <p>CW</p> <p>CW</p> <p>ALL</p>