

MINUTES: draft 1
TITLE: South East Oxfordshire Locality Executive Meeting
Held on: 8th January 2019
Venue: Hampden House, Chalgrove
Chairing practice: Sonning Common Practice

| Present: | Practice | Representative |
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| | The Bell Surgery | Chris Langley GP Louise West PM |
| | Chalgrove and Watlington surgeries | Dr Angus Gregory, GP Carole Montague, PM |
| | Goring and Woodcote Medical Practice | Dr Angela Rowe, GP Julia Beasley PM |
| | 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 Andrea Tsoi PM |
| | Wallingford Medical Practice | Dr H J Paul GP Debra Perry PM |
| | Non-medical clinicians | - |
| In attendance: | OCCG | Anne Lankester (AnL), Locality Co-ordinator (notes) Ed Capo-Bianco (ECB) OCCG |
| | SELF | John Reid |
| | Others | Nicola Cook, SE Locality Practice Nurse |

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| 1. | Introduction | Action |
| | The Chair, Ralph Drury of Sonning Common Practice welcomed everyone to the meeting. | |

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| | <p>Apologies received: Julie Dandridge Head of Primary Care & Localities OCCG</p> <p>There were no updates to the declarations of interest.</p> | |
| 2. | <p>Minutes of the last meeting, 4th December 2018 and Matters Arising</p> <p>The minutes were agreed and accepted as the final version and can be found here.</p> | |
| 3. | <p>LCD Update</p> <p>i. Social Prescribing Scheme:</p> <p>Ed updated the Locality on the Age UK scheme. He drew their attention to the contract and asked that all signed the data sharing agreement so that the scheme can get up and running. 8 out of 10 Practices were able to sign the data agreement during the meeting and we note Mill Stream and Wallingford will return theirs electronically. Age UK will then be in contact to provide the practices with their allocated worker. All referrals will be done on a telephone basis.</p> <p>ii. Neighbourhoods/Primary Care Networks:</p> <p>The Locality had previously agreed to spend the majority of this January meeting discussing and working up ideas for Neighbourhood plans. We were unable to do this we are waiting for some further discussions to take place between the OCCG and the OCA. Ed confirms there is a meeting later today at the OCCG and he will be able to update the Locality group at a later stage. However, in the interim time he asked the group to come up with some questions he could take back to the later meeting regarding Neighbourhoods.</p> <p>Rycote-wanted it confirmed that not one size of model will fit all and could there be a number of principles on how this is organised and delivered. Ed confirms it will need a flexible approach so that local population needs are identified.</p> <p>Hart- queried how the interface between Primary Care and Oxford Health would work on the ground. Ed suggests it would be a MDT model, eg, around frail patients. Some Neighbourhoods may wish to employ a paramedic across a group to support the Neighbourhood. Furthermore, there needs to more understanding of how the allocated £600K across Oxfordshire for maturing the networks is to be applied. Ed notes that some networks are more mature and quoted Oxfed as an example, with an established 'visiting service', and hub over a network.</p> <p>Rye- were concerned that the money may not be allocated on a fair basis to help mature the networks across the large geography of the SE Locality.</p> | |

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| | <p>Morland House-asked that as part of these Neighbourhood discussions that their practice had could be given access to the ambulatory hub model at the Thame Community Hospital. AnL advised that some work had been done on this previously without a conclusion from the OCCG Urgent Care team. Action: Ed will discuss with them to see if this can be picked up and worked up quickly. Ed was able to confirm to the Chair that the Oxfordshire Care Alliance had confirmed its Neighbourhoods in-line with the GP allocations.</p> <p>iii. RBHT Fracture Service Update:</p> <p>Ed confirms that after some discussion the RBHT and OCCG has now confirmed a Fracture Liason service has been agreed to support those patients facing the RBHT services. This is at an annual cost of £28K and in-line with the RBHT financial request. Please do DATIX if you have any issues with RBHT referring back to the practices as they can now refer to HealthShare services if patients require physio input.</p> | |
| 4. | <p>SE Locality Forum</p> <p>John referred the group to his SELF report and noted some concerns from SELF:</p> <ul style="list-style-type: none"> • From SELF's perspective there has been no feedback to patient groups around a potential new 'ear wax' service. • They felt the MSK service was not going well and urged the OCCG to keep a close eye on the contractual arrangements. • At a recent Locality Forum Chairs (LFC) meeting, there was discussion on co-production. It appeared no one was able to come up with an agreed meaning of co-production. Other LFC's across the County felt patients are not involved in co-production. • It was noted that Jeremy Hutchins, the Deputy Chair of SELF was stepping down from his role and that John would need to now pick up the LFC meeting. To do this effectively John will be reducing some of the SELF meetings. He further noted that succession planning on the group is a major concern. <p>Ed confirms that the Primary Care team are scoping a wider 'audiology' service which will encompass ear wax removal. Hart Practice confirmed at least 2 of the 3 SE Neighbourhoods have access to the resource to support a new contract if this was to be agreed.</p> | |
| 5. | <p>Tea Break: to sign data sharing protocol (8 out of 10 returned-outstanding Wallingford and Benson)</p> | <p>Mill Stream &</p> |

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| | | Wallingford |
| 6. | <p>GP Teamnet</p> <p>Sonning practice shared positive news on the above computer programme. They feel it has helped them with a one stop shop to monitor and store such information as: staff appraisals, statutory and mandatory training, fridge checks, CQC data and an information zone. This service costs them £200 a year.</p> <p>Other practices confirm they use the scheme and found it a good platform, however, the cost increases if the scheme is paid for on a neighbourhood or Locality basis. It was noted that the City Fed used the platform.</p> <p>Some wondered if this was something that could be used to mature their Neighbourhoods-Ed will take this back to the OCCG to enquire.</p> <p>.</p> | |
| 7. | AOB | |
| | <ol style="list-style-type: none"> 1. Reminder to all practices to submit LIS 18/19, STF Q1/Q2 and actions on protected learning time 2. The Locality was updated on the Vasectomy service is now in the consultation phase-as soon as more information is available it will be shared. 3. Planned Care project report January 2019 shared with the Locality and some concerns raised regarding the lack of information of the proposed Community Gynaecology service. Ed will take this back and discuss with the clinical lead Shelly Hayles and come back to the group. 4. Ed gave some more details on the new E-consult scheme that will be available in a limited number of practices. If others are interested please do contact the project lead: Hannah.scarisbrick-rowe@nhs.net 5. Morland House raised some concerns about the lack of tier 3 bariatric services, these concerns have been forwarded to the Planned Care team for their response. 6. Wallingford Practice were concerned about duplicate discharge letters that may contain slightly different information. Post meeting: Ed has taken this back to the GP clinical Lead GP Merlin Dunlop and updated the locality as per below- <p><i>Significant progress has indeed been made with this but we are seeing low-level duplication still being reported, especially from A+E and ophthalmology. It was decided at TOITF today that I would seek to do an audit with the quality team of 50 or so of these to see if they are in fact duplicates or if they contain subtle changes which are being mistakenly marked as duplicated by the receiving practices. I am also visiting A+E with quality team to see if any human factors can be identified. I'm afraid we've done all we can from a technical</i></p> | <p>ALL</p> <p>Ed</p> <p>All</p> |

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| | <i>standpoint. If no GP is recorded I believe it defaults to the senior partner.</i> | |
| | Action Log/ Matters Arising (all completed actions will be removed) | |
| | The locality would like to know what the Oxford Health Flu Plan is. Chased 06.12.18 | TA |
| | <p>It was requested that a guideline is provided on the differences between Learning Disability, Learning Difficulty and Autism chased 06.12.18</p> <p>With regard to screening for LD patients a summary will be provided to the GP's chased 06.12.18</p> | CW |
| | A questionnaire on the service by the pharmacists was requested for feedback to be provided | AnL |
| | Mill Stream Surgery had concerns that Pharmacist actions were not documented on patient records. CP asked for practice to contact so this could be examined in more detail. CP to link with practice to advise. | CP/LJ |
| | Ed to chase up query on duplicate discharge letters | Ed |
| | Ed to link back with Urgent Care Commissioners to re-start conversations on Morland House access to Thame Community Hub Ambulatory model | Ed |
| | Could the Team Net platform assist with maturity of Neighbourhoods | Ed |
| | Reminder to all practices to submit LIS 18/19, STF Q1/Q2 and actions on protected learning time | All |
| | Ed will find out more details of the proposed community gynaecology scheme | Ed |
| | Add E-consult to February 2019 agenda for feedback from practices | AnL |