

MINUTES: Final
South East Oxfordshire Locality Executive Meeting
Tuesday 5 March 2019, 1-4
Hampden House, Chalgrove
Chairing practice: The Bell Surgery

Present:	Practice	Representative
	The Bell Surgery	Dr Chris Langley GP (<i>Chair</i>) 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	Dr David Copping, GP Nollag McGrath, PM
	Nettlebed Surgery	Dr Lisa Silver, GP Pat McGill PM
	The Rycote Practice	Dr Dan Fuller, GP Karl Savage, PM
	Sonning Common Health Centre	Dr Ralph Drury, GP Andrea Tsoi PM
	Wallingford Medical Practice	Hans-Jeorg Paul, GP Debra Perry PM
	Non-medical clinicians	-
In attendance:	OCCG	Anne Lankester (AnL), Locality Co-ordinator Ed Capo-Bianco (ECB) OCCG Hannah Tombs (HT), Assistant Project Manager (notes) Jill Gillet (JG), Senior Quality Manager-Primary Care
	SELF	Jeremy Hutchins
	Others	Sara Doughty

		Action
1.	Introduction The Chair, Chris Langley of The Bell Surgery welcomed everyone to the meeting. Apologies received from Catherine Mountford, Director of Governance and John Reid, SELF. There were no updates to the declarations of interest.	
2.	Minutes of the last meeting, 5 February 2019 and Matters Arising The minutes were agreed and accepted as the final version and can be found here .	

3.

LCD Update

i. Refresh of the Locality plans:

AnL has made small changes to the Locality Plans, JR and JH have also sent in amendments which AnL will action. The SE locality agreed to not make large amendments or to discuss the Locality Plans until more information is received on the PCNs.

ii. STF update:

ECB updated that the STF funding is likely to be agreed, a proportion of this funding will be allocated to cover a Primary Care Visiting Service that the SE doesn't currently have (approx. £200k) and the rest of it is likely to be allocated on the basis of closer working between practices and MIUs/FAUs for patients who present at those sites where their condition is better treated by a GP. Conversations are ongoing regarding how the funding will be received, either by PCN then through to practices or via federations.

SD asked for Diane Hedges to provide written clarity on the STF funding to the practices. ECB reported that there are still conversations ongoing between OCCG and NHSE for clarity.

All practices agreed to have primary care oversight for MIU and FAU patients.

iii. C the Signs (CTS) software:

ECB updated the group on the new cancer diagnosis tool, it is similar to DXSin EMIS. The tool will help advise what pathway the patient needs to go on. The software might cause problems in some practices with slowing the computers down, therefore a pilot might be conducted to roll out the software. Practices to let ECB know if they would like to be involved.

LS updated that you can use the software as an app on your phone. The software has been devised by 2 Drs in London and will cost £1000 per practices to use the software. Questions have been raised to the LMC about the legal implications if the GP ignores the advice of the app. Shelley Hayles will be able to advise on any questions.

LS further updated that it has been asked if the money for the app can be used for another service for Cancer- 'Cancer of unknown Primary', as Oxford does not have this service.

iv. Gynaecology

OUHFT have confirmed that there is a temporary block on gynae referrals starting on 1 April. The service will still be accepting 2 week waits and fertility referrals. More information is due to be sent out. A box will flash up on the screen when you are trying to refer to the service to encourage you to refer to another provider.

The SE GPs expressed their concern for the temporary block on the service. The SE GPs were not happy with this, as this is the third service to be suspended.

ECB reported that there has been a number (26) of clinicians signed up to community gynaecology clinics who will assist in the triaging of referrals and management of these patients. . The practices thought this was a positive step as there is a good skill mix in primary care.

Community Gynae should help reduce the waiting list. OCA raised a question to OCCG for time allocated and financial funds for practices for triaging. SD to send

	<p>information.</p> <p>v. Neighbourhoods/PCNs The South workshop will be held on 3 April 2019. A joint letter from Kiren and Dr Raman Nijjar with further information will be sent out this week.</p>	
<p>4.</p>	<p>LIS 18/19 Quality Element. Jill Gillet attended the SEOLG meeting to present the initial summary report on review of Test Results and Clinical Correspondence protocols. JG thanked everyone for submitting the information and understood that this was an extra pressure on practices.</p> <p>JG explained that this is useful practice for patient safety and to help prepare for CQC inspection. The exercise was commissioned due to the feedback from the hospitals that there were risks in primary care that had happened due to actions not being taken.</p> <p>Good practice would be circulated to the practices. Practices felt that this was a positive exercise and encouraged practices to look at processes.</p> <p>From the discussion the following points were made:</p> <ul style="list-style-type: none"> • CQC are picking up on clinical correspondence. • Practices cannot run a search on all tests results that have gone out and have returned. OCCG have spoken to the CQC and Paul Roblin about this. • Discharge Summaries from secondary care remain a concern for GPs due to the duplicates received- OUH maintain that they have done all they can to stop the duplicates. OCCG encourage GPs to continue to Datix them • Discharge Summaries also continue to be too long, a template would be useful, it will need to contain, what was the diagnosis, what has been done and action for the GP. • Merlin Dunlop is working with OUH to get electronic discharges and test results not hard copies. • GPs felt the insight training useful. JG will look into more commissioning for the training. • JG to raise with the Quality Team the process of secondary care following up the blood tests that they have ordered, including how the blood tests are coded. • Tests results completed by the hospital but done by the GP are not viewable online. This is due to not being able to send 2 copies, only 1 copy goes to the consultant who ordered it. • The practices would like confirmation on the protocols of test results, and what standard they should be working towards. 	
<p>5.</p>	<p>SE Locality Forum Jeremy Hutchins attended on behalf of John Reid, and presented JRs report.</p> <p>SELF is very concerned over the potential removal of PET-CT SCAN services at the Churchill Hospital, SELF feel there has been no consultation on this and that it is another Healthshare situation. Several MPs are involved and it has been referred to the House of Commons. ECB reported that Lou Patten has been in conversation with NHSE's Specialised Commissioning team and it has been escalated up through them. OCCG do not commission the service.</p> <p>Ear wax removal is still a major concern. It was an agenda item on the OCCG LFC meeting. There might be something contractual in place from September. Patients have not been involved in this process, it would be crucial for patients to be involved before the contract is put in place. ECB agrees that there needs to be patient</p>	

	involvement and will feed this back to OCCG. Healthshare's MSK service is still a concern, and long delays remain.	
6.	Tea Break	
7.	<p>LIS 18/19 Q4 Sustainability Element-</p> <p>1. The Bell, The Hart, Nettlebed and Sonning Common. The PMs use to meet regularly, we have now split this into PCNs and have since met twice (November and January), and we use this meeting to share policies, experiences and good practice. The GPs met in November, this is still formative and is early days. Discussions were held on where would the finances be coming from for the paramedic scheme, it would be useful to utilise this for all practices. Frailty, Practice Nurses and money was also discussed. Practice Nurses will be meeting in the future to discuss pooling resources.</p> <p>2. Chalgrove/Watlington We in the first stages of getting together to discuss sharing different services. We have been focusing on IT and internal systems, such a new phone system. We have started to contact patients via text, and have updated our website. We also discussed upskilling our HCAs and nurse practitioners.</p> <p>3. Goring/Woodcote Had met with Sonning Common, but now we are in a different PCN. We had shared ideas on neighbourhoods with dispensing. We have also met with The Hart regarding Docman. It is useful getting different ideas from other practices.</p> <p>4. Mill Stream As a practice we have come up with a plan of action, which have all been actioned except for the new phone system. We have new admin in place, have changed Dr follow up calls, we have also changed our internal meetings around to make use of the time and changed the appointment booking on line system. There was a team meeting in January to discuss how we can work together.</p> <p>5. Morland House We have met together as a practice, and have been in discussions as a cluster. We have implemented a new chain text messaging service for sending information to patients.</p> <p>6. Rycote We are close to the practices in Bucks, and have been working with them on the new Health Campus in Thame, There will be a presentation on 6 March 2019. We have mainly been focusing on Nurse practitioners training with GPs for certain conditions. We have also discussed how we can use technology better, out of this we have started using eConsult, which we are starting to get 25 emails a week. The practice has also switched to digital dictation.</p> <p>7. Wallingford We have spoken to other practices in the PCN but mainly via email. In house we have new GP partners, activated signposting and have worked on getting things right for the patients. We have also looked into expansion of the premises, increased GP hours to accommodate the new houses, and upskilling nurses.</p>	
8.	<p>AOB</p> <p>i. Other issues, please contact Anne Lankester</p>	

	<p>ii. MSK Self-referral: LS reported that MSK self –referral went live on 8 February 2019, have the SE received any feedback from patients. No feedback was reported. Healthshare will be attending practices to teach staff about signposting to the service.</p> <p>JH updated that patients are not aware that this service has been launched; it would be useful to have something sent out about this.</p> <p>iii. Planned Care Project Report No update, report was provided.</p> <p>iv. SEOLG practices are struggling to get through to the DN service, due to there being only one phone line, although emails for non-urgent requests are the preferred method of contact.</p> <p>v. The Rycote practices reported on the CAT service in Thame, this is an ambulatory care model piloted by Bucks. The service has capacity and will see patients in other areas (Wheatley and Chalgrove), and there is no age limit but the patient must be frail. Chalgrove would not like to use the service as it is too far away, they tend to use RACU in Henley, Morland House would like more information and would like to be able to try using the CAT service, before committing to it.</p> <p>vi. DF will provide a presentation at the next SEOLG meeting on AccuRX texting service. If the Federation refers practices for the software it will unlock more features and will spread the software across the practices.</p>	
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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
It was requested that a guideline is provided on the differences between Learning Disability, Learning Difficulty and Autism chased 06.12.18	CW
With regard to screening for LD patients a summary will be provided to the GP's chased 06.12.18	
A questionnaire on the service by the pharmacists was requested for feedback to be provided	AnL
Ed to link back with Urgent Care Commissioners to re-start conversations on Morland House access to Thame Community Hub Ambulatory model - done	Ed
Ed will find out more details of the proposed community gynaecology scheme - done	Ed
Practices would like a more detailed update on how the CIL funding will work to support health estate in the SODC area.- this will be updated in the Federation part of the meeting.	Ed/ AnL