

South East Oxfordshire Locality Executive minutes

Tuesday 2 July 2019, 13:00-15:00

Hampden House, Monument Park, Warpsgrove Lane, Chalgrove OX44 7RW

Chair – Sonning Common

Attendance

Practice	Representative
The Bell Surgery	- Louise West- PM
Chalgrove & Watlington Surgeries	Dr Angus Gregory Dr Victoria Ashall Carole Montague - PM
Goring and Woodcote Medical Practice	Dr Angela Rowe Julia Beasley- PM
The Hart Surgery	Dr Mark Bish Sarah Moberly- PM
Mill Stream Surgery	Dr Lucy Jenkins -
Morland House Surgery	Dr David Copping Nollag McGrath- PM
Nettlebed Surgery	Dr Lisa Silver -
The Rycote Practice	Dr Dan Faller Karl Savage- PM
Sonning Common Health Centre	Dr Ralph Drury Andrea Tsoi- PM
Wallingford Medical Practice	Dr Hans-Joerg Paul Debra Perry- PM
Non-medical clinicians	-
OCCG	Dr Ed Capo-Bianco, Locality Clinical Director Peter Redman, Estates and Development Manager Hannah Tombs, Assistant Project Manager- Localities
SE Locality patient Forum (SELF)	John Reid
SeOX federation	-

Actions

1.	Introduction i. Welcome: introductions were made, Peter Redman, OCCG estates development manager joined the meeting for item 5. ii. Apologies: Dr Michelle Brennan, Jo Cogswell, Patricia McGill, Fergus Campbell, Sara Doughty, Dr Chris Langley iii. Updates to Declaration of Interests: None given iv. Conflicts of Interest pertaining to agenda items: None highlighted	
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2.	<p>Minutes of the last meeting (4 June 2019)</p> <ul style="list-style-type: none"> i. Accuracy the minutes held from the 4 June 2019 South East Locality meeting was agreed as an accurate record. ii. Matters Arising <ul style="list-style-type: none"> a. Housebound patients flu immunisation: District Nurses are unable to provide flu immunisations to housebound patients not on their caseload, there is still no conclusion yet, OH, LMC and OCCG have been discussing this and understand the pressure for this to be resolved. b. SODC CIL funding and Primary Care: is on the agenda as item 5. Action closed c. Baseline workforce: Age UK social prescribing staff are not being included on the baseline for workforce. They are not to be included in the social prescriber's workforce. Action closed d. PINCER prescribing incentive- HT to chase following on from FC email to the medicines team. e. MSK triage- Action Closed. f. Reminder next that next month's meeting has been cancelled. g. FC to share presentation shared presentation on referral system pilot. Practice to consider the pilot. – Action closed h. Angela Rowe to send the safeguarding training to practices. 	AR
3.	<p>LCD Update:</p> <ul style="list-style-type: none"> i. PCN Update: PCNs are in their first week of existence. Discussion regarding PCNs will happen at the end of the meeting. ii. STF Scheme update: ECB provided an update on the STF scheme following discussion with OCCG managers. The queries on excluding codes from the baseline data of A&E attendances, work is ongoing to see what can be done for the outcome based contract. <p>Questions were raised on why the two things (GP Access and A&E attendances and emergency admissions) were linked together, as this does not make sense for it to be done in this way. They were linked together as it was the only way to get the funding and to get it signed off by the financial recovery plan 2018/19.</p> <p>ECB asked the group to think how the locality can add value to the money as an access point of view for same day urgent demand.</p> <p>The locality asked that it would be useful to see the data when it is done. It would also be useful to see if greater use of the RACU and similar services will decrease admissions.</p> <p>LS raised that GP practices are open 1/3 of the week, the rest is OOH, has the data been looked at for the time that practices are not open? Also does the data include patients calling 999?</p> iii. MSK and Radiology at Townlands: There have been providers requesting X-Rays at Townlands, as physiotherapy services are unable to refer for X-Rays. There is an IT issue with this. The group felt it would be useful to have this reviewed to see how it is going, and the right training given to request an X-Ray. 	

4.	<p>SE Locality patient Forum update</p> <p>John Reid provided an update following the previous meeting that there has been no resolution regarding Anita Higham status as an LFC. There was a meeting on 6 June 2019 with Catherine Mountford, Roger Dickinson and Anita Higham to resolve the conflict of interest due to Anita being a member of the Oxfordshire Health & overview Scrutiny Committee.</p> <p>The chairs are going to have a private meeting next week to discuss how to move forward.</p> <p>It was felt that the last LFC meeting held on 6 June 2019, was rushed and did not start on time. A complaint was raised that the minutes were not finished and distributed in a timely way after the last meeting, therefore it has been suggested that there will be no further minutes just action notes going forward. The LFCs felt that the meetings will not carry on.</p> <p>SELF have met and would like to continue to meet even if the localities don't exist anymore, as the PPGs find this useful.</p>	
5.	<p>Estates/Community Infrastructure Levy (CIL)</p> <p>PR explained the difference between section 106 and CIL money, CIL can help towards health infrastructure, the idea is that it can be spent flexibly where as S106 is fixed.</p> <p>PR has secured an extension on where the money can be spent. A document needs to be agreed in principle, as the money is to be used to increase capacity if a surgery is not quite at capacity this would be harder to justify. PR is meeting with the council on the 9 July to widen the agreement and the principle.</p> <p>There is money in the pot and PR is working with the council to extend this to March 2021. PR will look at the applications but the projects have to be put to the council, NHSE also has a mechanism for the project to be approved.</p> <p>Practices need to be mindful that more than 66% of public contributions are not allowed unless exceptional circumstances exist, developer contributions to the council are counted as public funds. There are not loads of money in the pot, contributions will help. Private (e.g GP contributions) and public capital will be well received by councillors.</p> <p>There have been key changes to premises, in the BMA guidance, which GPC are working with them on, but these details have not been released yet.</p> <p>PR to forward the calculations for space vs list size to ECB to be sent out.</p> <p>It was asked if it would be better to apply as a PCN than to go through the CCG? PR explained that only the CCG coordinate through the council.</p> <p>PR has also had a meeting with OUH and OH, they have also seen the documents from the council and can apply for CIL and S106.</p>	PR
6.	<p>Items raised by members</p> <p>i. AccuRx: Dan Faller updated that AccuRx software enables us to forward date text messages to patients; this can be setup as a pre automated text and is known as Pathways in AccuRx.</p> <p>For us to be able to use this service the CCG need to approve AccuRx as an approved text provider. DF has been in discussion with Tom Nichols, there will be a cost implication but if this reduces the number of letters and leaflets, there</p>	

	<p>will be justification for spending on this service.</p> <p>The locality found that the old system is clunky and are in agreement to use the new AccuRx service. Practice could fund this themselves but will look for the CCG to fund it. DF to email Tom Nichols and ECB for feedback.</p> <p>ii. Wallingford Memory Clinic: Practices in the SE have received a letter from the Mental Health Team to inform that no patients with dementia are to be assessed in Wallingford Community Hospital, and are to go to Abingdon Community Hospital from 5 August 2019. Existing patients will continue being seen at Wallingford Community Hospital for now but will then go to Abingdon Community Hospital.</p> <p>The reason behind this is due to them providing better cover for workforce.</p> <p>This was not brought to the locality for discussion, the SE locality are not happy with this change, and would like the background for the change to be brought back to the next locality meeting.</p> <p>iii. Ophthalmology prescribing/ monitoring (Hydroxychloroquine): If patients take hydroxychloroquine they are meant to receive a 6 month baseline screening to check for side effects such as vision lost according to NICE and Royal College of Ophthalmology guidance. Recent evidence shows that side effects are much larger than previously thought. Retinotoxicity risks are increased by concomitant tamoxifen therapy and can increase chances to 20-50 %.</p> <p>GPs are struggling to get patients into OUH to receive the screening as OUH and Royal Berkshire do not have the capacity to undertake the work.</p> <p>According to RCO guidance the prescriber takes on responsibility for the patient. OUH and RBH are aware of this. This will be discussed at LMC and will then be taken to APCO to be discussed.</p> <p>In the meantime there is no system in place for screening; this is a risk and leaving the GP exposed. There needs to be systems in place and guidance for GPs.</p>	DF
7.	<p>Information items</p> <p>i. Planned Care Report – Was noted for information.</p> <p>ii. Oxfordshire Primary Care Commissioning Committee – Was noted for information.</p> <p>iii. Smoking Cessation Service – Was noted for information.</p> <p>iv. Brief items (see overleaf)</p>	
8.	<p>AOB</p> <p>i. Locality Meeting from September 2019: The Locality would like to continue with the locality meetings until the end of the year (financial year/2019?). The Locality would also like to continue with the layout of the meeting.</p> <p>ii. Angela Rowe will be retiring at the end of September and will not be keeping her GMC registration.</p> <p>iii. Karl Savage, raised if there has been an update regarding the coding query for the change in bloods payment, the coding is now every quarter, if you miss the end of quarter the practice will lose the payment. This is being discussed at LMC on Thursday.</p>	

9.	SEOx Federation Update It was raised that the PCNs need to decide whether you wish to have federation input into the meetings and what the PCN would like the federation to continue to support. GPAF has an extension from 30 minutes to 45 minutes over the next 2 years, the next 12 months rotas are in place.	
10.	Primary Care Networks - space to discuss The meeting closed early to allow the three designated primary care networks to continue work on their development.	

Action Log/Matters Arising (all completed actions will be removed)		
a)	Update on housebound & care home flu immunisation plan for 2019-20. 2019.07.02- District Nurses are unable to provide flu immunisations to housebound patients, there is still no conclusion yet, OH, LMC and OCCG are have been discussing this and understand the pressure for this.	ECB/ FC
b)	PINCER / Prescribing Incentive Scheme Action: FC to seek responses from OCCG Meds Optimisation Team to practice queries re Data Controller 2019.08.03- noted that further info posted on LMC website . Closed	FC
c)	Action: Ed to speak to Planned care team regarding MSK triage and value of contract and report back to the Locality Action Closed , the value was included in the minutes of the last meeting	Ed
d)	Angela Rowe to send the safeguarding training to practices. Action closed	AR
e)	PR to forward the calculations for space v. list to ECB to be sent out. – Action Closed (Hannah Tombs e-mailed on 3 July)	PR
f)	DF to email EBC and Tom Nichols regarding agreement for AccuRx – Action Closed 2019.07.04- Julie Dandridge to take this to IMT programme board.	DF

Items anticipated on the September 2019 South East locality meeting agenda:

Dates of future meetings	Chairing practice
CANCELLED - 6 August 2019	-
3 September 2019	<i>Wallingford</i>
1 October 2019	<i>The Bell</i>
5 November 2019	<i>Chalgrove & Watlington</i>
3 December 2019	<i>Goring & Woodcote</i>
7 January 2020	<i>The Hart</i>
4 February 2020	<i>Mill Stream</i>
3 March 2020	<i>Morland House</i>
<i>Hampden House, Monument Park, Warpsgrove Lane, Chalgrove OX44 7RW 1-3pm</i>	

Note chairing practices changed due to cancellation of August meeting.