


**MINUTES: DRAFT V1**

**TITLE: South West Oxfordshire Locality meeting**

**Held on: 19th December 2017**

<b>Present:</b>	<b>Practice</b>	<b>Representative</b>
Y Y	<b>Abingdon Surgery</b>	Dan Salmon GP Flynn Reid PM
Y Y	<b>Berinsfield Health Centre</b>	Jonathan Crawshaw GP LCD (Chair) Rita Cabrita PM
N N	<b>Clifton Hampden Surgery</b>	
Y Y	<b>Church Street Practice</b>	Matthew Gaw GP Kate Blowfield PM
Y Y	<b>Didcot Health Centre</b>	Alexa Slade GP Jackie Mercer PM
Y N	<b>Long Furlong Medical Centre</b>	Nick Elwig GP
Y Y	<b>Marcham Road Surgery</b>	Jacqueline Bryant GP Rose More PM
Y Y	<b>Malthouse Surgery</b>	Laura Singer GP David Ridgway PM
Y	<b>Newbury Street Practice</b>	Andrew Partner GP
Y	<b>Oak Tree Health Centre</b>	David Ellis GP
Y Y	<b>White Horse Surgery</b>	Gavin Bartholomew GP Joanne Morgan PM
Y Y	<b>Woodlands Medical Centre</b>	Helen Miles GP Anne Sadler PM
<b>In attendance:</b>	<b>OCCG</b>	Estie Warren Practice Nurse Locality Lead Anne Lankester CCG Emma Hughes CCG (notes)
	<b>SWOLF</b>	
	<b>Other Guests</b>	

1.	Welcome and apologies Declarations of interest	Action
	<p><b>Welcome</b> The Chair – Jonathan Crawshaw (JC) - welcomed everyone to South West Oxfordshire Locality (SWOL) meeting.</p> <p><b>Apologies –</b></p> <ul style="list-style-type: none"> <li>• Diana Donald PM Long Furlong Medical Centre</li> <li>• Karen Fido PM Newbury Street</li> <li>• Alison Langton SWOLF patient representative</li> </ul> <p><b>Declarations of interest – NIL</b></p>	
2.	Minutes of the last meeting – 21 <sup>st</sup> November 2017	
	 <p>SWOL minutes 21st Nov 2017 FINAL.docx</p> <p>The minutes of the previous meeting were agreed.</p>	
3.	LCD Update	
JC	<p><b>ECIS update:</b> Of the savings 50% is available and practices agreed unanimously to divide these funds between the practices according to list size (as presented). A decision is needed on what to do with the funds, it can be used individually or collectively for patient care. All practices need to let AnL what they would like to do (Action 8)</p> <p><b>Prescribing Incentive Scheme Update:</b> The locality target is £290,000 and year to date the saving is so far £140,000, so the locality as a whole is on target. 50% of the overall saving will be returned to the practices. The Prescribing Advisors have visited the practices and advised on possible savings, having identified at least an additional £110,000 saving. A lot of these savings can be gained from prescribing generic brand drugs. If any practice is unsure please contact your Prescribing Advisor.</p> <p><b>Audiology Self-referral:</b> A proposal to allow patients to self-refer for Hearing aids and not go to their GP first. Audiologists would check for wax first (but probably would not carry out removal of wax). Currently GP's are good 'gatekeepers' before Hearing Aids are required, the new idea could prove very expensive for the CCG but would relieve some GP workload.</p>	ALL

	<p>It was agreed that the financial impact would depend a lot on the structure of the contract, and ultimately both Hearing and Vision need to be disentangled from profit, as already a lot of upgrades are being recommend at a cost when not needed. Can this/has this been piloted before rolling out across Oxfordshire? (Action 9).</p> <p><b>Board Update:</b> An interim CEO has been appointed with effect 1<sup>st</sup> January 2018;- Louise Patten formally of Bucks CCG will be joining the Oxfordshire CCG for 12months and NHSE will provide a backfill to Bucks CCG. Bucks is operating as an Accountable Care Systems (ACS) which has meant more central funding to the system for this/next year. With Louise Patten coming from a neighbouring CCG she already has experience of working with Oxford Health Foundation Trust.</p> <p><b>MSK update Paper:</b> There has been progress on the backlog of patients. Feedback from practices:  <ul style="list-style-type: none"> <li>• Lots of referrals being returned to some practices as “unable to contact patient” (e.g. up to 10 per day at Church Street, but none noticed by other practices)</li> </ul> How are HealthShare attempting to contact patients before returning the referral?  Is this an attempt to reduce the waiting list more rapidly?  <ul style="list-style-type: none"> <li>• Patients complaining that they want to be seen in Oxford at the NOC for specialist appointments, but are only being offered Reading or Swindon</li> </ul> This will be investigated and feedback provided next month. (Action 10)</p>	<p><b>JC</b></p> <p><b>JC</b></p>
<b>4.</b>	<b>Update from SWOLF</b>	
	Apologies received from Alison Langton	
<b>5.</b>	<b>Practices to feedback 10 High Impact Changes as per LIS 17-18</b>	
<b>AnL</b>	<p>This is a follow up from the practice away days last year :  <b>Abingdon:</b> Multi skill the receptionists now trained in phlebotomy  Care navigator is providing more engagement with the community.  In house pharmacist providing 30hours/week is doing more of the administration and improving the quality of service.</p> <p><b>Berinsfield:</b> Multi skilled receptionists included phlebotomy Training days.</p>	

	<p>Pharmacy next door to the practice and minor ailments as well as travel queries are being sent there.</p> <p>Workflow optimisation</p> <p>Recruited three new GPs and one nurse.</p> <p><b><u>Church Street:</u></b> 'E engage' consults resulted in a third needing contact and of the third only half needing a face to face consult.</p> <p>Dermatology issues via email, by sending in photos. Patients appreciate this, but of the fourteen cases ten still needed to be seen face to face.</p> <p><b><u>Faringdon:</u></b> Providing 'E consults.</p> <p><b><u>Didcot:</u></b> Developing the team;- Receptionists performing phlebotomy and Phlebotomists doing dressings.</p> <p>Respiratory nurse.</p> <p>Social home visiting.</p> <p>Paramedic doing minor illness, but needs to complete the prescriber course.</p> <p><b><u>Long Furlong:</u></b> Diabetes training. Away day training.</p> <p>New GP.</p> <p>More work with federation.</p> <p>Advanced Nurse Practitioner (ANP) providing home visits.</p> <p>Receptionist trained as phlebotomist.</p> <p><b><u>Marcham Road:</u></b> Upskilling receptionists.</p> <p>On the day telephone triage.</p> <p>Health Care Assistants are being upskilled.</p> <p>Practice nurse is consulting on Minor illnesses.</p> <p>Text reminders.</p> <p>More staff use Datix.</p> <p><b><u>Malt House:</u></b> Changed the appointment structure – improved amount of appointments by 25% more.</p> <p>Fifteen minute appointments.</p> <p>'E Consultations'</p> <p>Schedule telephone and administration slots.</p> <p>Triage on the day</p> <p>Visiting Doctor on the day.</p> <p>Pharmacists on site.</p> <p>Physiotherapists on site three days a week and can book directly.</p> <p>Care Navigator.</p> <p><b><u>Newbury:</u></b> Care Navigator</p> <p>Telephone triage.</p> <p>Triage on the day.</p> <p>Because of the growth, more departmental meetings.</p> <p>A new ANP.</p>	
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	<p><b><u>Oak Tree:</u></b> Receptionist now trained on Phlebotomy. Nurse lead surgery for Menopause and Diabetes. Practice nurse has attended an 'Acne prescribing course'. Travel Form to assist with travel clinic queries. Receptionist tracking Workflow. Telephone triage. Electronic prescribing.</p> <p><b><u>White House:</u></b> Triage via phone. Appointment wait time reduced to hours. Number of calls has risen from 200 to 300. Physical visits have reduced. ECP triage. Triage nurse. Year of care consultation. Occasional away day.</p> <p><b><u>Woodlands:</u></b> Workflow optimisation. Code and highlight. Receptionists are now service administrators and paid accordingly.</p> <p>Concerns raised around these ideas were: 'Upskilling' staff can encourage them to leave the practice. An ECP takes time to 'upskill'. If the practice has a low amount of Nurses then there is not the capacity to assist with minor illnesses. White Horse practice expressed concern at recruiting trainee GPs and asked for advice. Advised to speak to Sanjay at the Deanery. AnL will also take this back to the CCG for further advice.</p>	
6.	<b>Tea Break</b>	
7.	<b>Locality Plan</b>	
JC	<p><b>SW Locality Plan:</b> Public feedback for this is on-line.</p> <p><b>Review Action Tracker:</b> There is no feedback form the locality on better estate management, please do contact JC, as there is £10,000 available. There has been a positive meeting regarding Wantage with the next meeting scheduled for January.</p> <p>The procurement notice for a new Didcot practice is due in Spring 2018. The CCG continue to go through the tender/procurement process.</p> <p>Faringdon would like a Single Tender Waiver for their building</p>	

EW	<p>work, NHSE want to go to tender. The practice has talked to Theresa Donnelly. There is very little time to allow this to happen.</p> <p>CCG involvement required. (Action 11)</p> <p>There are minor improvement grants available for buildings up to £100,000, how can these funds be held to use in the next FY? JC advises an email will be sent out shortly on how to apply. (Action 12).</p> <p>Training for Health Care Assistants (HCA), there have been issues around funding and back filling appointments. Using HCAs is key in each practice. They are able to collect data on Long-term conditions and deal with some foot care problems and spirometry. The locality can share information with each practice around the work of the HCAs.</p> <p>Data has been requested from each practice as to the training required for the HCAs, because practices are nervous about what the data would be used for they have been reluctant to respond.</p> <p>It was explained that this information is to assist with training and mentoring requirements.</p> <p>EW will contact the individual practices that still need to respond. (Action 13)</p> <p>A lot of the nurses who are suitable for mentoring are needed within the practice, maybe this can be addressed as a cluster of the locality? Possibly the 'shadow' can go to the Mentor's practice?</p>	<p>JC/AnL</p> <p>JC</p> <p>EW</p> <p>JC</p> <p>JC</p> <p>AnL</p>
8.	AOB	
	<p><b>Planned Care Project Report:</b></p> <p>Please see report and note anything in pink may have actions to complete so please do read and contact CCG if you have any queries.</p> <p>SCAN service is now available to everyone across.</p> <p>It was felt the locality could benefit from a Spirometry Centre and not having one could cause larger problems at a later date.</p> <p>Discuss with Planned Care team (Action 14)</p> <p>There is a lot of confusion around the training required for Spirometry that needs clarifying. (Action 15)</p> <p>Care Home amended specification is available and will be circulated. Any issues around new care homes such assisted</p>	

	living accommodation will be dealt with on a case by case basis. For example Petypher House in Kingston Bagpuize (White Horse Medical Practice).	
	<b>Date of Next Meeting: 16<sup>th</sup> January 2018 13:00-15:00 Didcot Civic Hall</b>	
	<b>Action Log</b>	
1.	Share CQC report when available in January 2018 <i>Interim update shared with locality</i>	JC
2.	Share Minor Ailments Pharmacy Scheme	Complete
3.	Provide proposals for more efficient use of GP practice	All
4	Provide all training requirements to AL for ECIS monies	All
7.	Some concerns that Healthshare could not see images/reports: AnL to advise Planned Care team.	Complete
9.	Are there any Audiology Self-referral pilots that could be looked at before going forward with this?	JC
10.	MSK issues around patient contact and patient choice of referral site will be investigated and feedback provided asap.	JC
11.	CCG involvement required in the 'single tender waiver' process for Faringdon	JC /AnL
12.	There are minor improvement grants available for buildings up to £100,000, how can these funds be held to use in the next FY? Email will be issued shortly to confirm application process.	JC
13.	Contact the individual practices that still need to respond with regard to training for Nurses and HCAs	EW
14.	Discuss with Planned Care team the option of a Spirometry Centre in the locality.	JC
15.	There is a lot of confusion around the training required for Spirometry that needs to be clarified.	JC
16.	Care Home Spec is available and will be circulated.	AnL