


MINUTES: DRAFT V3

TITLE: South West Oxfordshire Locality meeting

Held on: 19 June 2018

Practice	Representative
Abingdon Surgery	Dan Salmon GP Flynn Reid PM
Berinsfield Health Centre	Jonathan Crawshaw GP LCD -
Clifton Hampden Surgery	Irene Steinbrecher GP -
Church Street Practice	Matthew Gaw GP (Chair) Kate Blowfield PM
Didcot Health Centre	Mark Olavesen GP -
Long Furlong Medical Centre	Nick Elwig GP Diana Donald PM
Marcham Road Surgery	Tim Robson GP Rose Moore PM
Malthouse Surgery	Mary Hughes GP David Ridgway PM
Newbury Street Practice	Frances Watt GP -
Oak Tree Health Centre	David Ellis GP -
White Horse Surgery	Rob Russ GP Joanne Morgan PM
Woodlands Medical Centre	Helen Miles GP Kit Reynolds (F2) Ann Sadler PM
OCCG	Anne Lankester, OCCG Locality Coordinator Kiren Collison, OCCG, Clinical Chair Claire Critchley, OCCG, Liam Oliver, OCCG, Quality Manager Laura Allen, OCCG Minutes
SWOLF	-
Other Guests	-

1.	<p>Introduction</p> <p>The Chair – Matthew Gaw – welcomed everyone to South West Oxfordshire Locality (SWOL) meeting.</p> <p>Apologies –</p> <ul style="list-style-type: none"> Jackie Mercer, Didcot H/C 	
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	<ul style="list-style-type: none"> • Alison Langton • Rita Cabrita, Berinsfield • Taz Evans, Clifton Hampden • Karen Fido, Newbury Street Practice • Matt Epton, OCCG • Gareth Kenworthy, OCCG • Heather Motion, OCCG <p>Declarations of interest – None</p>	
2.	<p>Minutes of the last meeting (15 May 2018) and Matters Arising</p> <p>The minutes were agreed for accuracy.</p> <p>Updates</p> <p>Spirometry action on page 4 JC has sent a letter to Paul Roblin. The locality agreed that a supporting statement should be drafted and that this item is worth flagging re: the gap in the service. It was agreed that further clarification from the Respiratory Team would be required.</p> <p>Woodlands Dermatology Clinic – It was agreed that RBH and GWH should be informed of this closure.</p> <p>DN relocation – there is still no definitive answer provided to this. Update required.</p>	
3.	<p>LCD Update</p> <p>1. STF Update JC reported that the document produced by OCCG which was circulated previously has not yet been agreed by OCCG. The paper has gone back to the Primary Care Committee and the Finance Committee to be looked at in more detail. Concerns have been raised relating to SW/SE services and how these compare. JC will provide an update on this in the next 24 hours.</p> <p>2. MIND update JC confirmed that this is going ahead and that a timeline has now been created (see below). Practitioners will be in practices by September 2018. The pilot will run for 1 year from September 2018. JC will share the timeline with the locality.</p> <p> MIND timeline June 2018.docx</p> <p>3. Clinical Pharmacist update</p>	<p>JC</p> <p>JC</p>

	<p>JC is attending a meeting with the provider next week. Federations have been invited. JC asked practices if they are having any problems with room availability.</p> <p>OCCG will ensure that this message is taken back. RR to link with Caroline directly. Action completed</p> <p>Issues were raised by the locality as to which services will be provided by the clinical pharmacists. OCCG reported that they are linking with the provider regarding service specification. RR stressed the importance of needing an answer prior to being able to understand what room availability is required. JC advised that OCCG should have an answer to this query, following the meeting which is taking place next week.</p>	
4.	<p>Paperless referrals Liam Oliver, OCCG, Quality Manager presented for this item. Here</p> <p>LO confirmed that a document will be going up on the OCCG website containing useful information regarding the e-RS paper switch off. There will also be a FAQ document which will be kept live.</p> <p>There will be an email address for anyone experience issues which is: occg.ers@nhs.net</p> <p>Any queries sent to this email address will be dealt with within 28 – 72 hours.</p> <p>LO confirmed that OCCG will be writing to private GPs and Consultants to provide them with information.</p> <p>Consultant to Consultant referrals do not need to go via the e-RS system.</p> <p>MG asked LO if GPs will be able to select a specific Consultant when making a referral. LO will take this feedback back to OUH and clarify the process.</p> <p>LO reported that there will also be a general OUH e-RS email address for any technical issues. This email address will be live in the FAQ document. LO advised that all information relating to e-RS will come out via the GP bulletin. ?issue with this? LO will feed this back to OUH.</p>	<p>LO</p> <p>LO</p>
5.	<p>New Didcot Health Centre: Update Matt Epton provided a verbal update (here)</p> <p>Discussion around the pressure on Didcot practices. It was felt that no progress had been made regarding the new Didcot Health Centre. AnL will feedback concerns on lack of progress to Matt Epton,</p>	AnL

	<p>OCCG.</p> <p>JC added that OCCG have received feedback from Didcot practices regarding how many new patients they can take.</p> <p>It was agreed that an interim plan is needed.</p> <p>Great Western Park discussed. AnL confirmed that Matt's team are applying for capital funding has been applied for via NHSE.</p> <p>SWOL risk mitigation strategy discussed.</p> <p>JC confirmed that this item will be on the agenda for the Didcot Cluster Commissioning meeting.</p> <p>Development – Wantage Update re: Wantage Practices felt that progress is being made and will be able to increase the practice population with help from OCCG in terms of extending the footprint of the current build.</p>	
6.	<p>Update from SWOLF</p> <p>Apologies given, no update.</p>	
7.	<p>Prescribing Incentive Scheme 17-18 & Budgets 18-19</p> <p>Claire Critchley, OCCG, presented for this item.</p> <p>CC informed the locality that letters have been sent to practice managers re: Prescribing Incentive Scheme.</p> <p>CC reported on the following areas:</p> <p>1. Incentive Scheme for 17-18 This was a complex scheme which proved challenging for both OCCG and practices, however, an underspent budget was achieved. All practices have received payment for this. SWOL achieved an under spend of more than £200,000.</p> <p>RR asked CC if individual practice pay outs could be provided on the dashboard. The locality confirmed that they would be happy with this. CC will take this back and arrange for these individual pay outs to be added to the dashboard.</p> <p>2. Prescribing Budgets CC confirmed that there will be a different model in use for 18-19. The budget has been top sliced for smoking, Flu vaccines and continence products. Uplift for SWOL of 2.32%. List sizes have been increased as of 1 April 2018 and these figures will be adjusted for each practice at year end. OCCG will be taking care home patients into account.</p>	CC

	<p>Practice Prescribing meetings are well underway. To look at prescribing budget allocation and repeat prescribing. CC asked if practices could consider whether or not they would like a separate budget by individual practice or if they would like to be included in a locality budget. Practices to go back and consider this and put in their vote by the end of June. All practices to respond to AnL.</p> <p>CC reported that practices are looking at their systems and processes to streamline repeat prescribing. A training event for practice admin staff is being held in the early Autumn. CC felt that it would be useful for practices to start auditing prior to this training and more auditing following the training.</p> <p>Quality Prescribing element. CC reported that practices will need to achieve element 1. The locality raised some issues regarding this. CC will feedback issues with this to the OCCG finance team.</p>	ALL
8.	<p>AOB</p> <p>i. Planned Care Project Report here Headache service – Malthouse Surgery. This has now started. Practices are encouraged to refer into this service as currently underutilised.</p> <p>Diabetes – Discussion around whether this service can be triaged by clinical pharmacists, as GPs do not have capacity to do this. Possibility of Diabetic Nurses organising this discussed. Practices to go away and discuss this with Diabetic Leads within their practice</p> <p>ENT – equipment is now available. But need to get clinics up and running asap.</p> <p>ii. Board Report here</p> <p>iii. OPCCC Briefing here</p> <p>iv. Ultrasound Contract query: Church Street Medical Practice The locality raised concerns as they felt that the new service was less satisfactory than the previous service. Specifications have been changed. Several patients have turned up unaware that they need a chaperone and not been able to be seen. Church Street Practice have sent any complaints via DATIX. Discussion around the procuring of this contract. MG expressed concerns that the practices were not informed of the change in the contract. KC acknowledged this.</p>	ALL

	<p>v. LIS 18-19 Query: Test results – White Horse Practice RR expressed concerns regarding the LIS 18-19 test results element. RR felt the LIS had been agreed then it was changed by the CCG removing the element of prescribing. AnL explained it was removed as it was already with the Prescribing Incentive Scheme 18-19. RR didn't feel that this was good commissioning and wanted this feedback to OCCG. The management of prescriptions has been taken out of the contract and is now in the prescribing incentive scheme. RR felt the value of other elements in the LIS contract has been increased. If all of the elements aren't covered, there isn't a guaranteed payment. Whitehorse M/P have fed this back to Jill Gillett at the CCG. AnL will discuss issues raised with Jill and post meeting JG has been in touch with practice regarding LMC involvement. CQC gold standards have also been attached to the LIS contract. KC confirmed that these have been added from a quality point of view and has happened due to issues with a certain practice, but that OCCG are not requesting practices follow the CQC gold standards. RR didn't feel that this had been communicated well and would like it noted.</p> <p>vi. Lloyds Blood tests There is an ongoing issue with Diabetes blood tests coming back from Lloyds and some patients have been advised that they are diabetic when not correct. Has there been any feedback regarding this issue. ALL practices to DATIX any concerns, AnL will flag at the CCG.</p> <p>vii. Feedback from KC re: locality meetings KC reported that as the CCG has a new Chief Executive and is under new leadership, there is an emphasis on working across broader scales both at scale and working ground up. OCCG will be looking at cohorts and local data to feed into this.</p> <p>KC provided some feedback re locality meetings and how these can be shaped in the future. There has been some good feedback regarding locality meetings but some people have reported that they do not feel involved in the decision making process and that the feedback loop is not always provided.</p> <p>KC added that it may be useful to look at who else could be invited to the meetings, for example, local councillors, federations, representatives from other organisations.</p> <p>Going forward, KC asked the locality to think about what can be done to improve future meetings and if there are any concerns, there is a scope to change this.</p> <p>Discussion around how inviting other people to attend the meetings could be useful, as long as the correct people are identified linked to the correct agenda items, prior to inviting them.</p>	<p>AnL</p> <p>ALL</p>
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	<p>It was agreed a monthly slot would be added to the agenda for feedback from federations. There would need to be one rep for each federation. To be discussed further.</p> <p>KC reported on the system wide county level way of working. Some issues will be worked up at this level and fed down although some issues will be more locality focused. It was added that some county wide priorities are not always relevant to SWOL in terms of feeding upwards. JC reflected that development of locality-specific services and plans is very time-consuming and would require more resources to deal with effectively. MG felt that the locality would still require direction from OCCG on what issues to raise. KC confirmed that data will be available from the JSNA (Joint Strategic Needs Assessment).</p>	
	<p>Date of Next Meeting: 17 July 2018 13:00-15:00 Denman College Chairing Practice: Didcot Health Centre</p>	
1.	JC will provide an update on the SFT update.	JC
2.	JC to share timeline for MIND update with the locality	JC
3.	MG asked LO if GPs will be able to select a specific Consultant when making a referral. LO will take this feedback back to OUH and clarify the process.	LO
4.	AnL will feedback concerns on lack of progress re: new Didcot Health Centre to Matt Epton, OCCG.	AnL
5.	RR asked CC if individual practice pay outs could be provided on the dashboard. The locality confirmed that they would be happy with this. CC will take this back and arrange for these individual pay outs to be added to the dashboard.	CC
6.	All practices to respond to AnL regarding whether or not surgeries would like to have separate budgets or a locality budget by end of June.	ALL
7.	AnL will discuss issues raised within LIS contract with Jill Gillett	AnL