

**MINUTES: Final**

**TITLE: South West Oxfordshire Locality meeting**

**Held on: 18<sup>th</sup> December 2018**

Practice	Representative
Abingdon Surgery	Charlotte Leary GP Flynn Reid PM
Berinsfield Health Centre	Jonathan Crawshaw GP LCD Rita Cabrita PM
Clifton Hampden Surgery	Irene Steinbrecher GP -
Church Street Practice	Matthew Gaw GP -
Didcot Health Centre	Mark Olavesen GP Ann Sadler PM
Long Furlong Medical Centre	Louise Keeley GP Diana Donald PM
Marcham Road Surgery	Jacqueline Bryant GP Rose Moore PM
Malthouse Surgery	- David Ridgeway PM
Newbury Street Practice	Andrew Partner- GP -
Oak Tree Health Centre	David Ellis- GP (Chair) -
White Horse Surgery	Anna Douglas GP Caroline Beaney PM
Woodlands Medical Centre	Helen Miles GP Sam Barrett PM
OCCG	Anne Lankester, OCCG Locality Co-ordinator Emma Hughes (notes) Carole Rainsford OCCG
SWOLF	Alison Langton SWOLF
Other Guests	Sean Hockey Medacy

1.	<p><b>Introduction</b> The Chair David Ellis welcomed everyone to South West Oxfordshire Locality (SWOL) November 2018 meeting.</p> <p><b>Apologies –</b></p> <ul style="list-style-type: none"> <li>• Taz Evans Clifton Hampden Surgery</li> <li>• Jackie Mercer Didcot Health Centre</li> <li>• Mark Dalling PM Oak Tree Surgery</li> <li>• Karen Fido, Newbury Street Practice</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Kate Blowfield PM Church Street</li> <li>• Nick Elwig GP Long Furlong Practice</li> <li>• Malthouse Surgery GP: Bill Brace</li> </ul> <p><b>Declarations of interest – None</b></p>	
<b>2.</b>	<p><b>Minutes of the last meeting (20<sup>th</sup> November 2018) and Matters Arising</b></p> <p>No concerns arose regarding the November Minutes. Actions completed on the November Minutes.</p> <p>These minutes were agreed as final and can be found <a href="#">here</a>.</p>	
<b>3.</b>	<p><b>LCD Update:</b></p> <p>Presentation <a href="#">here</a></p> <p>The Primary Care Networks (PCN) is an area that the locality needs to address. The locality has been divided in to three separate areas based on locality of practices and population, these are shown on slide 9.</p> <p>The 10 year forward view of the NHS is being delayed again due to Brexit, but the PCN directive has come down from Simon Stevens. There are several steps to be addressed that are illustrated in the presentation, slide 10.</p> <p>The three PCNs took 10 minutes to agree on which point they are at in the Primary Care Maturity Matrix and fed back to the locality. The feedback is as follows:</p> <p>Abingdon: is more straight forward as they already have a federation and feel they are already at Step 1. They feel they now need to plan how to get to Step 2 and 3 as opposed to rushing there. There are already neighbourhood services being delivered in this PCN along with Diabetes clinics and a clinical pharmacist. IT is already shared. The Oxfordshire Care Alliance is based in the Abingdon PCN and are already piloting work stream and community services. Questions were asked how this will fit with the federations as they are currently. It was confirmed that the PCNs should be the federations. The federations need to work out how they are going to deliver to the PCNs to move forward.</p> <p>Wantage: Are happy that they are all similar practices and should stay in the same PCN. They feel they are at the Foundation step. They already share some services including home visits, a MIND councillor and a pharmacist. Faringdon are employing a Business Manager who could also be shared. Everyone was in agreement that the transport links between Wantage and Faringdon have improved.</p> <p>Didcot: Also feel they are at the Foundation step, they already have IT set up for the hub. There are a lot of good ideas being provided by the federation. They are considering engaging with PML to provide back office services that again can be shared.</p>	

	<p>It was agreed in the January meeting a more organised summary would be circulated with more time. At the next meeting the federations will be invited as well as Andrew Elphick and Joy Arthur from PML.</p> <p>ii. Didcot Update Was deferred from this meeting.</p>	
<b>4.</b>	<b>Tea break:</b>	
<b>5.</b>	<p><b>Pharmacist Update</b></p> <p>Presentation is <a href="#">here</a></p> <p>There was a lot of involved discussion with regard to this topic. This is the first insight the locality have seen on this project. The general feeling was the data used was not correct and there were two requests for raw data. The Berinsfield practice felt it was helpful but challenging to organise the work. The Faringdon practice has a different project running to the other practices which they felt was much more useful to them.</p>	<b>Sean Hockey</b>
<b>6.</b>	<p><b>Health Share</b></p> <p>Presentation is <a href="#">here</a></p> <p>It was accepted that there have been slight improvements but there is still a lot to be addressed.</p> <p>Currently Wantage have an 18 week wait for referral which is quite often to Manzil Way in Cowley, which patients find difficult to access. They also feel that the practice secretaries are spending one to two hours a day arranging MSK appointments. Some practices felt the relationship between the Nuffield and Healthshare was non-existent. Marcham Road Surgery would like to understand why there is such a delay between referral and triage time. CR explained that they are trying to train more physios to triage. Some patients are triaged on paper but more complex cases are triaged face to face. Woodlands Medical Centre raised a concern that their secretaries are being asked for results.</p> <p>IS gave an example of a patient that had been given exercises on a post-it note. CR will follow this up.</p> <p>Marcham Road surgery gave an example of the patient being referred for a suspected trigger finger, apparently the physio googled this in front of the patient, confirmed it wasn't and sent the patient away without further investigation. The original referral from the GP stated it wasn't a trigger finger but that it needed more investigation. CR reassured the locality that any cancers found whilst patient is having some further testing: the MSK team will make the patient aware and will refer back to the GP as required.</p> <p>CR explained that a 'soft launch' self-referral will be starting in January 2019. Concerns were immediately raised about patients overstating their symptoms. There is evidence that the volume of referrals doesn't increase. Triage will be made according to priority.</p>	<b>Carole Rainsford</b>

	<p>It was realised that self-referral will not work if English is not their first language.</p> <p>It was suggested that a physio in practice to triage would be really helpful. Some felt the self-referral would release some GP time and would like to see it in action.</p>	
<b>7</b>	<p><b>Update from SWOLF</b></p> <p>In January there will be feedback on the situation in Wantage Practice development and the OCCG framework on how to assess the health needs of a large areas and the effect this would have on how services are commissioned. Since the last locality meeting the SWOLF group hasn't met.</p> <p><b>ACTION:</b> JC happy to share agreed framework to SWOLF before their next meeting. AnL to send electronic copy to Shelagh Garvey chair of SWOLF.</p>	
<b>8.</b>	<p><b>Cancer Care Review Support Scheme</b></p> <p>Presentation is <a href="#">here</a>.</p> <p>50% of the Oxfordshire practices are signed up to the scheme.</p> <p><b>ACTION:</b> Provide feedback to ZK by 28<sup>th</sup> December if you wish to take part in the scheme.</p>	<b>Zoe Kaveney</b>
<b>9.</b>	<p><b>Oxfordshire Care Alliance Update</b></p> <p>The work here is starting to merge with the PCN work. DR will continue to give the Locality regular updates.</p>	
<b>10.</b>	<p><b>AOB:</b></p> <p>The availability of patient data to themselves can sometimes cause distress to the patient, this encouraged suggestions of checking patient notes before advising them to look at them, but it was also pointed out that freedom to access this information can not mean 'hand holding' as well.</p> <p>It was also raised as a concern about the length of referral forms which are becoming time consuming and excessive. The Upper GI form is very complicated.</p> <p>Woodlands Medical Centre had not received any updates recently from school nurses with regard to flu jabs administered to primary school children.</p> <p><b>ACTION: AnL to chase feedback from school nurses</b></p> <p>Marcham Road Surgery raised a concern about not receiving funding for back filling non Doctor Medic roles due to sickness or maternity</p> <p><b>ACTION: JC will take this to the Workforce committee</b></p>	

	<b>Date of Next Meeting: 15<sup>th</sup> January 2019 13:00-15:00 Denman College</b>	
	<b>Chairing Practice: White Horse Medical Practice</b>	
<b>1.</b>	ACTION: JC happy to share agreed framework to SWOLF before their next meeting. AnL to send electronic copy to Shelagh Garvey chair of SWOLF. (complete)	AnL
<b>2.</b>	Action: Provide feedback to ZK by 28 <sup>th</sup> December on the Cancer Care Review Support Scheme (complete)	ALL
<b>3.</b>	ACTION: AnL to chase feedback from school nurses regarding missing flu data (complete)	AnL
<b>4.</b>	ACTION: JC will take query regarding backfil to the Workforce committee (complete)	JC