

**MINUTES: Final**

**TITLE: South West Oxfordshire Locality meeting**

**Held on: 15<sup>th</sup> January 2019**

<b>Practice</b>	<b>Representative</b>
<b>Abingdon Surgery</b>	Lynette Saunders GP/LMC rep Flynn Reid PM
<b>Berinsfield Health Centre</b>	Jonathan Crawshaw GP LCD Rita Cabrita PM
<b>Clifton Hampden Surgery</b>	Irene Steinbrecher GP -
<b>Church Street Practice</b>	Matthew Gaw GP Kate Blowfield PM
<b>Didcot Health Centre</b>	Mark Olavesen GP -
<b>Long Furlong Medical Centre</b>	Nick Elwig GP Diana Donald PM
<b>Marcham Road Surgery</b>	Jacqueline Bryant GP Rose Moore PM
<b>Malthouse Surgery</b>	Bill Brace GP David Ridgeway PM
<b>Newbury Street Practice</b>	Andrew Partner- GP -
<b>Oak Tree Health Centre</b>	David Ellis- GP -
<b>White Horse Surgery</b>	Rob Russ GP (Chair) David Owen-Smith CEO
<b>Woodlands Medical Centre</b>	Helen Miles GP Sam Barrett PM
<b>OCCG</b>	Anne Lankester, OCCG Locality Co-ordinator (notes) Jen Sula-Minns OCCG Prior Approvals Manager Gareth Kenworthy OCCG Finance Director (part meeting)
<b>SWOLF</b>	Apologies from Alison Langton
<b>Other Guests</b>	

1.	<p><b>Introduction</b> The Chair Rob Russ welcomed everyone to South West Oxfordshire Locality (SWOL) January 2019 meeting.</p> <p style="text-align: center;"><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> </ul>	
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	<ul style="list-style-type: none"> <li>• Karen Fido, Newbury Street Practice</li> <li>• Alison Langton SWOLF</li> </ul> <p><b>Declarations of interest – None</b></p>	
2.	<p><b>Minutes of the last meeting (18<sup>th</sup> December 2018) and Matters Arising</b></p> <p>Some minor amends to the December 2018 draft Minutes. All actions completed on the December 2018 Minutes.</p> <p>These minutes were agreed as final and can be found <a href="#">here</a>.</p>	
3.	<p><b>LCD Update: Jonathan Crawshaw</b></p> <p>i. Primary Care Networks- JC wanted to update the group on 2 main areas, namely a light touch refresh of the SW Locality Plan. Over the next 6 weeks or so the Plan will be ‘draft’ updated charting progress to date, any outstanding tasks and priorities over the next 12 months. <b>Action: add this refresh process of the Locality Plan to the February SWOL agenda for further discussion.</b> JC further continued that as a Locality we need to reflect on how the Plan now fits with the recently released NHS 10 Year Plan. He reflected that historically General Practice has been underfunded and that this trend needs to be reversed over the next 5-10 years so that Primary Care receives a higher proportion of the NHS financial envelope. JC took this opportunity to ask GK how this could work in practice. GK responds that appears to be a more prescriptive approach to how Mental Health Services are to be funding going forward but for Primary Care this is still unclear from the 10 Year Plan. GK further notes that draft financial allocations for Oxfordshire may be less than the National funding formula.</p> <p>JC notes the references to Primary Care Networks (PCN) in the 10 Year Plan and the potential short term role of PCNs within a new General Practice contract (due out soon). Further suggesting that a proportion of the GP contract will be delivered at PCN level.</p> <p>AH wonders if this would produce a loss of ‘Enhanced Level Services’ with a knock on effect of less practice income. JC responds that NHS appears to be stating that most services will be bundled into PCN contracts and they will dispense with various elements of QUOF.</p> <p>AP queries will be there be a re-branding of practices to be known as PCNs. JC feels this will not be the case, although services will evolve practices will maintain identity. The fundamental change will be in the public perception as the move to Integrated Care Services (ICS) becomes more embedded.</p> <p>FR queries how the financial payments to practices will be made in</p>	AnL

the future for services provided. GK responds that a number of options will be trialled and pulling together Primary and Community Care Services will be the first step on this journey. A more detailed discussion on PCN's ensued, especially for the White Horse Medical Practice in Faringdon feel their PCN with the 2 Wantage Practices does not fit with their geographical position and how they refer on to Secondary care services. They would prefer to look at another option of working with two other practices that also face towards Swindon Services: Highworth and Shrivenham. RR wanted the Faringdon Practice to remain in the Vale Med Federation. MG from the Church Street, Wantage agreed this seemed a sensible options and better for patient access, further adding that the 2 Wantage practices could work much more effectively as a standalone PCN. **Action: JC to take this potential change in the PCN combination back to the OCCG for advice on how this could work effectively as Shrivenham and Highworth come under the Swindon CCG.**

LS mentioned that LMC had raised concerns on how the finances of delivery from a PCN level may have a negative impact on funding flow to individual practices. Is there a potential to have a reasonable business case to risk share?

A more detailed discussion followed with some concerns about how the funding would flow, via the OCA or via Locally Commissioned Services. LS expressed concerns that funding may be diluted once OCA/Federations had taken a proportion for admin costs.

AH felt this could pose a risk to fragile practices if other contracts normally delivered on a practice basis were to be delivered by a PCN. GK stated this was a not plan to de-stabilise General Practice and that certain safeguards would be in place to support Primary Care.

JB felt this was a real threat as practices had lost considerable income from the mixed delivery model for flu vaccinations.

ii. **Didcot Update:**

AH reported that the 3 practices were meeting with OH this week to receive an update on OH's recent bid for capital funds to potentially re-design service delivery from the Didcot Community Hospital site. JC updates there is to a meeting today at the CCG looking at how the 3 practices can be supported more fully to plan new primary care/community care delivery for the growing population. This item will be kept on the agenda as we go forward.

iii. **Wantage update:**

KB updated that Assura were in negotiation with the District Valuer to consider how the costings would align with the public purse spend. There will be a stakeholder meeting on the 27<sup>th</sup> February with the practice, CCG, Assura and OH to discuss how this work can move forward. This item will be kept on the SWOL agenda as we go forward.

<p><b>4.</b></p>	<p><b>SWOLF update:</b></p> <p>Please note that Alison Langton the SWOLF rep is no longer able to attend these meetings on behalf of SWOLF. The Locality wished to thank her for her work up to date and wished her well for the future. SWOLF met today and discussed a number of issues:</p> <ul style="list-style-type: none"> <li>• Was Health Share offering student Physio placements? This is being followed up by CCG Comms team.</li> <li>• Concerns about lack of engagement from CCG</li> <li>• Concerns raised about the Framework and the lack of timelines</li> <li>• Group advised about the light touch refresh of the Locality plan and would be happy to see a copy for comments as this is produced</li> <li>• SWOLF are considering a replacement rep for the SWOLF meetings, Bob Lassam from the Marcham Practice is considering this opportunity</li> <li>• SWOLF also made reference to the Health and Well-being Board, recent CQC report, NHS 10 year plan, PCNs and how they will go forward with a temporary Chair.</li> </ul>	
<p><b>5.</b></p>	<p><b>Prior Approvals/Individual Funding Request Update:</b></p> <p>A detailed presentation was delivered by Jen Sula-Minns from the CCG, this can be found <a href="#">here</a>.</p> <p>Jen noted the 'blueteq' system is already used successfully by Secondary care to which good feedback has been received. LS queried the positive feedback as she had heard that some found it a difficult system to work with and wasted time resource. JS-M continued this was used in the UK widely across Secondary care, however, she was happy to take LS's comments back for further discussion.</p> <p>The Locality felt it should their own clinical judgment as to whether an IFR was sent on to the CCG's panel. JS-M noted that the CCG IFR panel met monthly and out of the 40 referrals received on a monthly basis, only 6-8 went to panel and only 40% of these request would be approved, depending on the need and evidence received. LS felt this was a Secondary Care function from an initial referral from Primary Care. LS felt that the Secondary Care clinicians were best placed to check the merits of an IFR in-line with current guidance and protocols.</p> <p>If the Locality has further queries please do contact JS-M direct on <a href="mailto:j.sula-minns@nhs.net">j.sula-minns@nhs.net</a>   Tel: 01865 3/37028. <b>Action: JS-M will also send on some screen shots of the 'blueteq' system in operation.</b></p>	<p><b>JS-M</b></p>

6.	<b>Tea Break</b>	
7	<p><b>Oxfordshire Care Alliance (OCA) update:</b></p> <p>This is a standing item on the agenda and supported by DR in terms of his close links with the OCA.</p> <p>DR updates the OCA has been in the making for approximately 18 months with a drive to pull together Community and Primary Care together with the Federations and Oxford Health. Oxford University Hospitals was initially part of this process but withdrew, it is hoped as the OCA develops they will return.</p> <p>At present the OCA does not have any legal status, currently a firm of solicitors, Capsticks, is working on this legal agreement. Therefore, at the moment with a lack of legal papers there is a Memorandum of Understanding in place, so that some contracts can be managed, for example, GPAF to deliver services over 7days.</p> <p>DR continues that the OCA will work on various work streams and that the PCNs will give an opportunity to deliver contracts in a different way. He noted that over the last few years approximately £20 million has flowed through the Federations across Oxfordshire.</p> <p>He confirmed that OCA would not be taking on work that didn't pay for itself. There has been at least 1 workshop with approximately 20 staff from the OCA group attending. This was to examine different patient, pathway scenarios and who would have been the best Health care professional to manage this situation and potentially avoid a hospital admission. A further workshop is now planned to extend this work and see what level of clinical support would be needed in a Neighbourhood and examine the gaps in Primary/Community Care.</p> <p>AP would be interested to know the legal advice on how services would be cross delivered and who would hold the accountability. DR noted that indemnity is currently in place to allow that very work across the ABFed.</p> <p>AH wondered if this new entity would require another later of administration to work out how finances would be allocated to the most appropriate service.</p> <p>LS felt the monies should flow freely without any barriers from the OCA/Fed perspective.</p> <p>JC noted that the operational construct of the PCN's would allow the financial flow from contracts held by OCA/Feds to those Practices who would be providing services after detailed discussions.</p> <p>SB wondered if there was anything stopping the PCNs becoming legal entities and hold contracts directly. DR responds that there is potential for the new GMS contract to focus on this PCN work. There may be potential for Practices to miss financial opportunities if they are not linked with the OCA.</p> <p>Finally, DR states he is happy to share the output of the 2 workshops once they have been completed. <b>Action: DR to share output of the OCA workshops when they are written up.</b></p>	DR

8.	<p><b>AOB:</b></p> <p>i. Planned Care Report: The Locality looked at the report and some actions were agreed, namely RR to contact the Planned Care team to offer some potential community clinic space at the White Horse Practice. <b>Action: RR to contact Planned Care team to offer clinic space.</b></p> <p>Following on from the detailed PCN/OCA discussions the Locality feel there should be some permanent representation from OH at the SWOL meetings. The group will re-visit this as the PCN/OCA systems evolve. DR did note that OH plan to move Community Staff across to the OCA once the legal work has been completed.</p> <p>ii. JB queries the current 8 week wait time on a colonoscopy 2WW pathway. JB's practice has DATIXed this concern and AnL has forwarded to the Planned Care team for their response.</p> <p>iii. JB raised concerns that not all the SW Practices had received their MDT Respiratory Meetings. <b>Action: AnL to email Paul Swan at the CCG to highlight concerns raised.</b></p> <p>iv. Request for dates of the forthcoming SWOL meetings, these have now been confirmed and can be seen below:</p> <p><b>Next SWOL Exec meetings, times 1-3:</b></p> <table border="1" data-bbox="248 1144 1235 1727"> <thead> <tr> <th>Date &amp; time</th> <th>Venue</th> <th>Chairing Practice</th> </tr> </thead> <tbody> <tr> <td>19<sup>th</sup> February 2019</td> <td>Denman College</td> <td>Woodlands</td> </tr> <tr> <td>19<sup>th</sup> March 2019</td> <td>Denman College</td> <td>Abingdon</td> </tr> <tr> <td>16<sup>th</sup> April 2019</td> <td>Denman College</td> <td>Clifton Hampden</td> </tr> <tr> <td>21<sup>st</sup> May 2019</td> <td>Denman College</td> <td>Church Street</td> </tr> <tr> <td>18<sup>th</sup> June 2019</td> <td>Denman College</td> <td>Didcot H/C</td> </tr> <tr> <td>16<sup>th</sup> July 2019</td> <td>Denman College</td> <td>Long Furlong</td> </tr> <tr> <td>20<sup>th</sup> August 2019</td> <td>Denman College</td> <td>Marcham Road</td> </tr> <tr> <td>17<sup>th</sup> September 2019</td> <td>Denman College</td> <td>Malthouse Surgery</td> </tr> <tr> <td>15<sup>th</sup> October 2019</td> <td>Denman College</td> <td>Newbury Street</td> </tr> <tr> <td>19<sup>th</sup> November 2019</td> <td>Denman College</td> <td>Oak Tree</td> </tr> <tr> <td>17<sup>th</sup> December 2019</td> <td>Denman College</td> <td>White Horse</td> </tr> <tr> <td>21<sup>st</sup> January 2020</td> <td>Denman College</td> <td>Woodlands</td> </tr> <tr> <td>18<sup>th</sup> February 2020</td> <td>Denman College</td> <td>Abingdon</td> </tr> <tr> <td>17<sup>th</sup> March 2020</td> <td>Denman College</td> <td>Clifton Hampden</td> </tr> </tbody> </table>	Date & time	Venue	Chairing Practice	19 <sup>th</sup> February 2019	Denman College	Woodlands	19 <sup>th</sup> March 2019	Denman College	Abingdon	16 <sup>th</sup> April 2019	Denman College	Clifton Hampden	21 <sup>st</sup> May 2019	Denman College	Church Street	18 <sup>th</sup> June 2019	Denman College	Didcot H/C	16 <sup>th</sup> July 2019	Denman College	Long Furlong	20 <sup>th</sup> August 2019	Denman College	Marcham Road	17 <sup>th</sup> September 2019	Denman College	Malthouse Surgery	15 <sup>th</sup> October 2019	Denman College	Newbury Street	19 <sup>th</sup> November 2019	Denman College	Oak Tree	17 <sup>th</sup> December 2019	Denman College	White Horse	21 <sup>st</sup> January 2020	Denman College	Woodlands	18 <sup>th</sup> February 2020	Denman College	Abingdon	17 <sup>th</sup> March 2020	Denman College	Clifton Hampden	<p>RR</p> <p>AnL</p>
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4.	<b>Action: DR to share output of the OCA workshops when they are written up.</b>	DR
5.	<b>Action: RR to contact Planned Care team to offer clinic space.</b>	RR
6.	<b>Action: LIS 18/19 to be added to the Feb/March Agenda</b>	AnL
7.	<b>Action: AnL to email Paul Swan at the CCG to highlight concerns about some practices not receiving MDT visits around Respiratory support.</b>	AnL