

**MINUTES: FINAL** 

South West Oxfordshire Locality meeting

Tuesday 16<sup>th</sup> April 2019, 13:00-15:00

Denman College, New Rd, Marcham, Abingdon OX13 6NW

Practice	Representative	
Abingdon Surgery	Charlotte Treacy- GP	
	Flynn Reid- PM	
	James Nicholson -PM	
Berinsfield Health Centre	Jonathan Crawshaw- GP LCD	
	Rita Cabrita- PM	
Clifton Hampden Surgery	Irene Steinbrecher- GP (Chair)	
	Taz Evans- PM ( apologies)	
Church Street Practice	Elaine Barber- GP	
	Kate Blowfield- PM	
Didcot Health Centre	Mark Olavesen- GP	
	Jackie Mercer (apologies)	
Long Furlong Medical Centre	Nick Elwig- GP	
	Diana Donald- PM (apologies)	
Marcham Road Surgery	Jackie Bryant- GP	
	Rose Moore- PM	
Malthouse Surgery	Mary Huges- GP	
	David Ridgeway- PM (apologies)	
Newbury Street Practice	Patricia Heavens- GP	
	Karen Fido- PM	
Oak Tree Health Centre	David Ellis- GP	
-	Mark Dalling- PM (Apologies)	
White Horse Surgery	Rob Russ- GP	
	David Owen-Smith- CEO	
Woodlands Medical Centre	Alex Hart- GP (apologies)	
	Sam Barrett- PM	
OCCG	Anne Lankester, Locality Co-ordinator	
SWOLF	Bob Lassam	
Other Guests	Kiren Collison Clinical Chair CCG	

# Introduction The Chair welcomed everyone to South West Oxfordshire Locality (SWOL) April 2019 meeting. Apologies are noted above and there were no new declarations of interest. Apologies also received from Gareth Kenworthy Finance Director CCG. Minutes of the last meeting (19<sup>th</sup> March 2019) and Matters Arising

**Action from March meeting**: Anne to feedback to Primary Care team for update on extension of Care home scheme to be sent to practices (chased March 2019). Following on from this action JC notes the Care Home Scheme is extended for another financial year until this element of the PCN contract will take effect in April

2020. No details are available on this at present but JC continues to discuss specification and proposed timeline with NHSE.

These minutes were agreed and can be found here.

# 3. LCD update:

# 1. Primary Care Networks-workshop review and follow-up

All practices confirmed they had received the £900 to support their PCN development work. In terms of the £3K payment to support the work of the newly appointment Clinical Director's, the practices will discuss with their PCN which bank account this is to paid to at their earliest opportunity and advise the CCG.

JC asked if the Locality found the PCN workshop at the Kassam stadium positive and supportive. If they had any further queries that could be ironed out in this meeting to advise. All confirmed they had appointed a Clinical Director to support the PCN work and will contact the OCCG by 15<sup>th</sup> May when the PCN's need to be declared.

JC posed the question as to how the Locality meetings could work over the next year as things had now changed in terms of PCN development. It was noted that over the next few years CCG would be absorbed into STP/ICS, which would require government legislation.

KC noted that as CCG's are thinned out some of the current staff would support providers and others PCN's. It could be an opportunity to consider how the Locality meetings are delivered as they cost approximately £300K per annum across the 6 Localities. Is there an opportunity to co-opt others on to meetings, for example, local Council representation?

JC wonders if there is a potential to join the SE and SW localities together to work more effectively as we have no deputy LCD in either locality. Some felt this may be take more time out of practice and JB was concerned that the payment for attendance had not increased in number of years.

DO-S suggested that PCN meetings take the place of Locality meetings going forward, taking less GP staff resource out of practice.

KC noted this could mean a change in the CCG constitution which was not impossible to amend.

KF felt we should be looking at more IT technological solutions to avoid excess travel, like skype and conference calling facilities.

SB agreed that fewer meetings on a PCN level, with a greater distance to travel if the SE and SW localities joined up seem preferable.

The Locality felt it should be paid to attend the meetings, they should be PCN focused, the majority couldn't see a benefit of joining the SE/SW together, preferring to gather views on new schemes and plans put forward by the CCG and/or providers.

It was agreed the Locality meetings was a good networking opportunity to see how other practices are managing and to discuss when they have concerns over service provision, for example; Healthshare and In-Health. The Locality requests that a representative from Healthshare attends a future locality meeting.

**Action**: AnL to request Rob Walker from Heatlhshare to attend a future meeting. All to consider what they would like to discuss so Rob has time to prepare.

AnL

KC advises she is looking at ways to link up the new 19 Clinical Leads in a virtual way to avoid lots of meetings and travelling, so that they have a speedy information flow regarding PCN's.

## 2. Wantage update:

KB updates that the practice, CCG and Assura are still working together on a new extension scheme to ensure value for public money. Assura has now supplied CCG Estates with the full costings and these are being worked through with Peter Redman CCG Estates. In the meantime Assura will be carrying out a 'measured survey' of the Mably Way site.

In conjunction with this the 'OX12 project' continues to gather pace around the instructions from HOSC to re-examine the temporary bed closure at the Wantage Community Hospital Site. They are working with stakeholders: patients, practices, Council around data gathering from all the health services based in the OX12 area which will be used to inform some options for health services going forward. These options are due to be discussed at HOSC in June 2019. It was noted that there was a health survey in the area looking for feedback on patient views; this is in conjunction with some public engagement at various locations in Wantage. The public engagement events are being supported by the OX12 Stakeholder group, OCCG staff and OCCG Comms team.

### 3. Didcot update:

A paper went to the CCG estates group today to examine all the options for Didcot growth. It was agreed that the option to develop the GWP site was considered the most effective option at this juncture. For the estates team at CCG to pull this into an Outline Business Case it would require a room utilisation survey of the 3 Didcot practices to examine the suggested hard deadline of 2021 in terms of estate capacity. This is common practice and the same was carried out for the Wantage practices to ensure every option had been considered. The CCG continues to work with the Local Planning Authority and is proposing to submit a new set of plans, in terms of removal of the MRI bay, removal of the coffee shop and a different more affordable design that would increase floor space of potential build.

### 4. Update from SWOLF: Bob Lassam

Bob updates that there is a feeling in SWOLF that they have not been consulted by their practices around the development of PCN's and do not feel involved in the plans for the GWP site in Didcot. SWOLF have been advised by Oliver Butterworth NHSE that the development of PCN's should involve PPG's as business as usual.

JC confirms for the majority of practices the PCN's are focused on covering the whole of the patient population and at this current juncture it is a contractual matter for the practices to agree. Some of the Locality practices feel it was just contractual and they felt they did not need to involve their PPG's at this early stage, however, once the PCN's are declared patient involvement will become clearer. White Horse practice did discuss with their PPG as they had a number of options they were considering.

JC confirms that he gives a regular verbal update on the progression of both the Wantage and Didcot estates to the SWOLF meeting. Once an Outline Business Case is written we will be able to share with the Didcot Stakeholder group, on which, are the 3 Didcot practices, Patient Rep, PML Federations, Oxford Health, NHSE and the CCG.

# 5. **Tea Break**

### 6. **Primary Care Networks:**

Allocation of time for Practices to group together and discuss how they may wish to proceed with establishment of PCN's.

### 7. **AOB**:

- i. Planned Care Project report: no queries raised
- ii. Vasectomy Service update:

### Please see below update from the Planned Care Team:

The re-procurement of the vasectomy service for 19/20 was discussed at the last CCG Executive Committee on the 26th March 2019, where it was agreed not to decommission the Community Vasectomy service at this time. In an effort to keep costs within the current budget however, suggested criteria are being worked up with OCCG Priorities Lead for consideration to be implemented under a new contracted service.

The current provider does not wish to continue to provide the service and anyway, following previous contract extensions, we would now need to retender this service under procurement law.

So the plan is to allow the backlog to be cleared under the current provide, to find an interim solution for new patients and to procure a service go future services with criteria to allow affordability.

I hope that helps but in the meantime patients wishing for an earlier operation will need to seek out private providers until a service is fully commissioned.

JC updates that the service will continue once a new provider is found. In the meantime RR wonders if there is an opportunity to set this up in practice and be paid to provide the service to their own patients and others. **ACTION: AnL to flag with the planned care team if this could be a possibility.** 

AnL

JC

- iii. RR raised a query with JC regarding patient A&E data to support full payment of their STF contract. **Action: JC will raise this with the Primary Care team.**
- iv. KF raised a query around the offer of a Data Protection Officer as part

	of the new GP contract. The CCG does not have any update on this at present and suggests current practice schemes are kept in place at this time.				
	v. Reminder for all practices to submit LIS 18/19 reports: Q2 Sustainability, PCP report, LD report. Please do let AnL know if you are having any issues with these reports.				
8.	Next SWOL Exec meetings, times 1-3:				
	Date & time	Venue	Chairing Practice		
	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		
	Date of Next Meeting: 21 <sup>st</sup> May 2019 13:00-15:00 Denman College Chairing Practice: Clifton Hampden				
	Action Log:				
	<b>Action</b> : AnL to share Data requests instructions with all SW practices and ask for returns by 30 <sup>th</sup> April 2019				
	Action: DR to share output of the OCA workshops when they are written up. 19/02/2019- Not received yet				
	Action: AnL to request Rob Walker from Heatlhshare to attend a future meeting. All to consider what they would like to discuss so Rob has time to prepare. Post				
	meeting note- Rob can attend the June meeting. All to send questions to AnL by 15 <sup>th</sup> May for onward transmission to Rob				
	<b>Action:</b> AnL to flag with the planned care team if practices could provide their own in-house vasectomy service.				
	Action: JC will raise RR's STF query regarding A&E data with the Primary Care team.				