

Notes:

South West Oxfordshire Locality meeting Tuesday 16th July 2019, 13:00-15:00 Denman College, New Rd, Marcham, Abingdon OX13 6NW

Practice	Representative
Abingdon Surgery	Charlotte Treacy- GP
	James Nicholson -PM
Berinsfield Health Centre	Jonathan Crawshaw- GP LCD
	Rita Cabrita- PM
Clifton Hampden Surgery	Irene Steinbrecher- GP
	Taz Evans- PM
Church Street Practice	Matthew Gaw – GP
	Kate Blowfield- PM (apologies)
Didcot Health Centre	Mark Olavesen - GP
Long Furlong Medical Centre	Nick Elwig – GP – (apologies)
	Tess Nowell - GP
	Diana Donald- PM (apologies)
Marcham Road Surgery	Jacqueline Bryant - GP
	Rose Moore- PM
Malthouse Surgery	Bill Brace - GP
	David Ridgeway- PM (apologies)
Newbury Street Practice	Patricia Heavens- GP
	Karen Fido- PM
Oak Tree Health Centre	David Ellis- GP
White Horse Surgery	Dr Kerrin Masterman - GP
Woodlands Medical Centre	David Owen-Smith - CEO Dr Alex Hart - GP
woodlands Medical Centre	DI Alex Halt - GP
OCCG	Julie-Anne Howe, Locality Co-ordinator for NE,
	City, SW,
	Sue Keating (notes)
SWOLF	Bob Lassam
Other Guests	Janet Lailey, Manager, Sylvia Thomas, Head of
	Community Services, Sue Ryder
	Andrew Grillo, MIND, (apologies)
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OCCG Business	
Introduction The Chair (MH) welcomed everyone to South West Oxfordshire Locality (SWOL) July 2019 meeting.	

paper 3

	Apologies are noted above Declarations of interest: Dr Kerrin Masterman declared he was appointed as an LMC representative.	
1.	Minutes of the last meeting 18 June 2019 <u>here</u> . Approved as a correct record.	
	Matters Arising: <u>HealthShare poster</u> – it was agreed the wording "without waiting to see your GP" could be better phrased as "without needing to see your GP". JAH to seek an update from RW.	JAH
	<u>2ww breast clinic appointments</u> – RR has provided information to the Quality Team at the CCG who have taken this up with the Trust – reported on Datix – KEEP OPEN.	
	<u>Gynae appointments</u> – conflicting reports whether referrals were open on choose & book. Shelley Hayles had reported that it was not yet agreed at Board level / CCG/OUH Executive meeting next week. GP bulletin was clear back in March that there was going to be a hiatus – need agreement within the next 10 days. JC to pick up with SH.	JC
	POST MTG NOTE: Referrals to the endometriosis/pelvic pain clinic at OUH are still under embargo. There is not yet a clear timetable for the lifting of this embargo. Referrals to all other gynaecology services at OUHFT have returned to normal, as per the original timetable.	
	<u>NHS APP</u> – paper <u>here</u> - Comments were made that it was easy to set up and link to GP services. Slightly confusing for some patients as other Apps were also being offered. Problems notified by EMIS as they are completely rebuilding their whole platform which has been unstable for a while. NHSX has stated that it wants to work with other suppliers of apps over time.	
	PIS 2018/19 – paper here - No comments or issues reported.	
2.	Patient participation group forum SWOLF: BL reported that the meetings had become a bit out of sequence as there is a SWOLF meeting planned next week so nothing to report today. JAH circulated the helpful City paper on Primary Care Networks – <u>here</u> - to the PPGs for their information / use as they wish.	
3.	Clinical Director feedback:	
	<u>August meeting</u> discussion took place – JAH advised that under the LIS rules 10 out of the 12 meetings must be attended by a GP in order to qualify for payment. Some other Localities have decided not to hold an August meeting – it was Locality choice.	
	Following a vote it was decided to hold the August meeting with just a PCN agenda as some practices were already struggling to attend due to leave and capacity issues.	ALL

<u>Protected Learning Time</u> proposal, JC reported that OHFT are not able to provide cover as they have no capacity to do so. The model used last year would run again following a procurement on who would provide it.	Note
Practices asked if the training could alternate between 2 different companies, with organisation/structure for 2 separate events? They felt a significant amount of cover could be dealt with by telephone but the time/cost involved could be a non-starter. It was felt that it does not help a practice to close for the afternoon favouring the OOH service as the patients usually attend the next day which is more workload.	
<u>PCN update</u> – KM fed back that there was a Clinical Director Webex held recently that was useful in getting going, with genuine collaborate feedback. Feeling positive but still waiting for the money!	
<u>Didcot update</u> – JC advised on progress following a meeting with OCCG Primary Care Estates between Peter Redman/ Local Authority/ Locality to get timescale ready to approve. Need to get a date in the diary before the end of August to allow a re-submission ready for approval before Christmas.	JC / JAH
OX12 meeting – appointment information from practices had been collected countywide, with some SW practices already having provided the data. Practices feel that the baseline data as not accurate and did capture all of the number of telephone calls between Clinicians and patients as practice systems were not always set up to capture this. JAH to chase final practices for data. If there is a real problem then JC offered to run searches on behalf of any practice.	JAH +prac tices
Tea Break	
Social Prescribing - update by Oxfordshire Mind Wellbeing Service, Service Manager, Andrew Grillo sent apologies for this meeting but was keen to attend the next one. JAH to arrange for September meeting.	JAH
Sue Ryder – Palliative Care project hospice at home one year on update: Janet Lailey – Manager, and Sylvia Thomas – Head of Community Services, gave a presentation <u>here</u> updating the group on the pilot project.	
310 patients supported to date with the fast track end of life service. The crisis care is dependent on patient need. The CNS team have seen a 40% increase in referrals.	
RN in place for complex family issues. The crisis team including SCAS has proved successful and the visits follow a similar pattern. Twilight is a new service at weekends and nights and is very busy. The twilight service is a top up care package working closely with hospital at home. Patients have different lengths of stay but the service work closely with GP's and District Nurses.	
High volumes of patients has led to recruitment of more staff but sometimes the equipment needed causes a challenge.	
Sylvia gave examples of patient care at home where family members support the patient wish of death in their own home.	

	ilot ends at the end of March 2020 but it is very much hoped that the e will continue.
	Primary Care Networks business
Roun	d table updates by PCN:
•	<u>Abingdon Central:</u> Signed up and running – same world from day 1. Social Prescriber appointed and is expected to be fully operational by September. Diabetes work progressing and will meet after September to discuss.
•	 <u>Abingdon & District:</u> Interviews taken place and a Clinical Pharmacist has been appointed, she is not full time and will start in 1 months' time. Interview for Social Prescriber – 2 people appointed - not full time and will start in September. 2 months to induct/deploy new members of staff. QOF - ongoing discussions and noted the GP bulletin suggested a timetable for this work. End of life meeting planned for today and a Prescribing meeting planned for Thursday. Progressing well.
•	Didcot: Working with a pharmacist company regarding network/ practice which has proved a useful concept on how to deploy as unsure where to source from. Networks considered a Board concept to make decisions on behalf of the population – big mind shift for staff but getting used to it.
•	Wantage: Interviews due to take place for a Pharmacist and Social Prescriber. Both nurse teams have met and will align other members of the team. Need to ensure everyone knows what a Network is. QOF - Newbury Street Practice identified 2 doctors to take this forward Plan to have regular monthly meetings.
•	<u>White Horse Botley</u> : No appointments made yet. Attended integrated workshops. Concerns around high numbers of service users. Practices are new to each other but held first successful PCN social event. Boundary issues resolved.
involv expre	oted generally feedback on progress was positive. PPGs are keen to ge red and support PCN working. As expected there were concerns ssed, via BL, from patients around the difficulty of travelling to different s. This was noted and will be considered when developing services.

South Oxfordshire Community Dermatology Service - JC reported they are now able to accept referrals on head and neck and have appointed 3 GPs; patients who need specialist management can do 2ww without bouncing back to the GP. New pro-forma reflects changes to the service they are offering not yet on choose & book. The service is sustainable but patients do need to travel to Didcot. All

Practices to note on their clinical systems.

South West Locality plan refresh - JAH advised this had now been updated and a short version will be taken to the SW Locality Forum next week. It will be loaded on the OCCG website in due course.

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Action Log:	Log:		
Action: JAH seeking update to HealthShare poster via RW			
Action: JC to speak with SH re gynae appointments			
Action: Didcot premises – JAH to arrange a meeting with the vario			
Action: Practice appointment data – JAH to chase final practices			
Action: JAH to arrange for Andrew Grillo to attend in September			
Action: Practices to note improved Dermatology service Action: JAH to load SW Plan refresh onto the website			

JAH