

Notes of Meeting: West Oxfordshire Locality Group

Thursday 10 May 2018 1.15 - 3.15 pm

Attendance

Practice	Clinical Representative	Practice Manager
Bampton	Dr John Uden	
Broadshires	Dr Anna Smith	
Burford	Dr Simon Albert	
Charlbury	Dr Helen Bayliss	
Cogges	Dr Sandra Hallett	
Eynsham	Dr Jessica Harris	Teresa Young
Nuffield	Dr Gareth Evans	Catherine Simonini
Windrush	Dr Nick Thomas	Morag Keen

Clinical Directors	Dr Miles Carter	
Public Forum (PPPWO)	Graham Shelton	Madeleine Radburn
West Oxfordshire DC	Heather McCulloch	
OCCG	Julie Dandridge, Fergus Campbell	
WestMED federation	Laura Spurs	

Chair: Dr Miles Carter

		Action
1.	Apologies & Declarations of Interest i. Apologies: Dr Amar Latif, Jacqui Wright WODC, Dr Amisha Patel ii. No new declarations of interest	
2.	Locality Clinical Director's report i. Oxfordshire Primary Care Commissioning Committee 1 May 2018 JD noted that discussion had included a focus on estates and progress with GP Forward view targets. FC to circulate the briefing when available. ii. Other OCCG issues None discussed	FC
3.	Public & Patient Partnership West Oxfordshire – update <ul style="list-style-type: none"> GS highlighted the planned 15 June Carers pop-up event in Eynsham which the forum is developing with Carers Oxfordshire. The forum is following up queries about the status of services to young carers. FC highlighted the Primary Care Carers Support Service referenced under Brief Information items and asked GPs to note and share at practice meetings 	GS GPs
4.	Social prescribing – implement locality plan Teresa Archer of Citizens Advice West Oxfordshire introduced the proposals in the circulated paper. She noted that the scale of the programme would be affected by the	

	<p>outcome of the bid to national funds. Comments and suggestions included:</p> <ul style="list-style-type: none"> • What is most effective route to get patients onto programme? Maximise self-referral (as with TalkingSpace Plus), but noted that the service targeted at those unable or unlikely to self-refer. Suggest this might form part of the criteria. • Resource limited, so need to manage criteria and expectations. The service aims to “hand-hold” referred patients into appropriate activities. • Note referrer could be non-GP • Directory of services– the plan is to draw together and build on current resources • Need to refine referral criteria to ensure a manageable level of referrals – may include to patients who have been signposted and not able to follow through. • volunteer support network needed • Want training for support to receptionists eg to signpost transport solutions. • Making Every Contact Count (MECC) training for practice staff? – yes practices would like this • Evaluation – who would you measure success? Suggestions included: <ul style="list-style-type: none"> ○ qualitative rather than quantitative feedback may be more relevant. ○ Oxford University Department of Primary Care have relevant skills • Current activity - practices already signposting patients to Exercise on Referral, Citizens Advice , volunteers forum etc • Nuffield and Broadshires volunteered to be pilots. Windrush HC and Eynsham also interested. • Timescales: hope to pilot from September. • Speed of response standard not yet known. • Confirm there will be phone access as well as on-line. <p>TA to take comments back to project group and feed into the implementation plan.</p>	TA
5.	<p>Urgent treatment centre development in West</p> <p>FC noted that this relates to a national model, which OCCG has not made a commitment to but wishes to pilot as far as feasible in Abingdon and Witney. No significant additional funding anticipated. Discussion recorded in relation to the circulated questions.</p> <ul style="list-style-type: none"> • Are there any local factors in West Oxfordshire which we should take into account? <ul style="list-style-type: none"> ○ Rural v urban. Level of access and benefit for more remote practices. Note value of current hub allocation system ○ What is the option re putting resources into practices? • What would be key features of a minor illness capability? <ul style="list-style-type: none"> ○ Needs defining to ensure appropriate use, rather than diverting need currently met via self care or pharmacy ○ Not intending to replace/ relocate all current minor ailments care offered by practices 	

	<ul style="list-style-type: none"> ○ appropriate point of care testing ○ consider leg ulcer capacity / clinics ○ better use of existing same-day resources could release GPs in practices to do more Long term conditions care ● What would be the key requirements of GP / medical leadership of the model? <ul style="list-style-type: none"> ○ Not discussed in detail ● How could current GP Access provision converge with this model? <ul style="list-style-type: none"> ○ Agreed that it should link with a common access point ● What would be the key requirements for triage and booking <ul style="list-style-type: none"> ○ Discussion of the potential for walk-in services to self-regulate through waiting time ○ Bookable appointments – could they be the only primary care appts booked by 111? ● Any other suggestions about developing the model <ul style="list-style-type: none"> ○ No support for AdAstra system – propose EMIS ○ Concern about waiting-time requirements creating backlogs elsewhere ○ Risk and benefit analysis – note Nuffield report on fragmentation of services ● Volunteers to participate in working group with commissioner and provider <ul style="list-style-type: none"> ○ WestMed seeking GP(s) to participate <p>FC to feed these comments into the project and keep WOLG informed.</p>	FC
6.	<p>LIS 2018-19 sustainability action</p> <p>Agreed pattern of 3 meetings appropriate:</p> <ul style="list-style-type: none"> ● Practice – whole practice meeting as in 2016-17 arranged by each practice, but with some common elements ● Cluster – not confirmed how this would be arranged. FC offered to assist ● Locality - FC to organise extended WOLG meeting on 14 February 2019 in partnership with Laura Spurs <p>Agreed key topics for discussion at all practice and cluster level should include:</p> <ul style="list-style-type: none"> ● social prescribing ● working at scale (federation can assist) ● address major local issues eg housing growth 	<p>PMs</p> <p>PMs</p> <p>FC/LS</p> <p>PMs</p>
7.	<p>Information updates for noting</p> <p>i. Planned care projects update</p> <p>Noted without discussion</p> <p>ii. Note brief information items overleaf</p> <p>Falls Prevention Dance Programme in Witney noted for sharing with patients -</p>	GP/PM

	http://www.dancetohealth.org/Oxfordshire	
8.	<p>Notes of 8.03.18 & matters arising</p> <p>i. Agree accuracy - agreed</p> <p>ii. Feedback on actions:</p> <p>a) MSK performance and communications FC provided further information about Healthshare proposals to adjust patient communications to make waiting times clearer, and provide additional GP letters to inform about onward referral. FC to keep WOLG informed on progress with these helpful developments.</p> <p>b) District nursing communications with practices Action carried over - awaiting response from service to WOLG proposals and questions. FC to follow up.</p> <p>c) Digitisation of notes JD to update her paper and circulate via FC</p>	<p>FC</p> <p>FC</p> <p>JD</p>
9.	<p>AOB</p> <p>None raised</p>	None

Items anticipated on the 14 June 2018 WOLG agenda:

- **Population growth** and estates planning

Dates of future WOLG Meetings

Date (all Thursdays)	Time	Venue
14 June 2018	1315-1515	Windrush Health Centre
12 July 2018		
09 August 2018		
13 September 2018		
11 October 2018		
08 November 2018		
13 December 2018		
10 January 2019		
14 February 2019 – extension for LIS to 1700		
14 March 2019		

Primary Care Carers Support Service

Reminder about the new service for carers run by Action for Carers Oxfordshire, aimed at adults who are in need of more immediate support due to their caring responsibilities. GPs are able to refer the carer using an EMIS proforma. More referral information in the [GP Bulletin for 28 February 2018](#).