

Notes of West Oxfordshire Locality Group Meeting

Thursday 11 January 2018 1.15 - 3.15 pm

Chair: Dr Miles Carter

Attendance

Practice	Clinical Representative	Practice Manager
Bampton	Dr Peter Grimwade	Apologies
Broadshires	Dr Anna Smith	
Burford	Dr Simon Albert	
Charlbury	Dr Helen Bayliss	
Cogges	Drs Brian Green & Amisha Patel	
Eynsham	Dr Amir Latif	Teresa Young
Nuffield	Dr Gareth Evans	Catherine Simonini
Windrush	Dr Nick Thomas	Morag Keen

Clinical Director	Dr Miles Carter	Dr Amir Latif
Public Forum	Graham Shelton	Madeleine Radburn
West Oxfordshire DC	Jacqueline Wright	
OCCG	Sula Wiltshire, Julie Dandridge, Fergus Campbell	

		Action
1.	Apologies & Declarations of Interest <ul style="list-style-type: none"> i. Welcome: Dr Amar Latif new Deputy LCD ii. Apologies: Madeleine Radburn, Justin Clark iii. Update declarations of interest Amar Latif noted that he was now representing Eynsham MG at WOLG and WestMed. 	
2.	Locality Clinical Director's report <ul style="list-style-type: none"> i. Transformation programme update Ally Green advised that the Secretary of State had now passed the HOSC referral re obstetric service to the Independent Reconfiguration Panel. ii. Other OCCG issues FC updated that the transfer of stroke beds to Abingdon going ahead. Oxford Health Foundation Trust have assured that no beds will be lost through this process. 	. .
3.	West Locality Place-based Plan <ul style="list-style-type: none"> i. Confirmation of funding for locality Paper noted. 	

	<p>ii. Deployment of clinical pharmacists and mental health workers in practices</p> <p>JD introduced by noting that the funding was non-recurrent, and that OCCG hoped to spend through federations. Noted that:</p> <ul style="list-style-type: none"> • further round of NHS E funding for pharmacists in practices • Windrush and Eynsham have an NHSE funded pharmacist, Kieran Watts, (KW attended for this item). • KW doing safety audits etc could be shared with other practices. KW summarised range of initial work • Windrush/Nuffield suggest buy mental health (MH) CPN time via CMHT based at Nuffield that all practices could access rather than through hub. Dedicated hours building on OHFT staffing, but would need clear parameters • AL felt that complex MH cases will end up with GP so focus any care on less complex needs eg depression say 1 session/practice/wk <p>Agreed that WOLG would propose to commit all the funding to pharmacist staffing or at least to reverse the proportion of the funding split ie:</p> <ul style="list-style-type: none"> • mental health - £28K • pharmacists - £67K <p>MC and AL to work up detailed proposal and put back to locality for quick response by 18 Jan. This would include:</p> <ul style="list-style-type: none"> • clear agreed locality projects via remote access rather than tasks which require detailed knowledge of 6 practice systems • keep focus on releasing GP time • clear evaluation of impact – set measurable and relevant objectives <p>WOLG view is that while mental health is also an issue locally, pharmacist use is more feasible at this time which will benefit primary care patients overall.</p>	MC/AL
4.	<p>Health improvement focus</p> <p>i. Increasing physical activity referrals</p> <p>JW presented slides with the case for increased physical activity and exercise referral and the possible challenges. Issues arising from the discussion were:</p> <ul style="list-style-type: none"> • Is there access for Learning Disabled patients - WODC doing inclusive award for sports clubs • GPs advised this needed simple routes which were not dependent on GP referral and could be accessed directly and/or by other people working with patients • SW asked how can we empower communities to take responsibility - District Council working on environment and other local factors • Importance of Make Every Contact Count approach stressed – involving all practice staff. • JW to review processes and feed back 	JW/FC

	<p>ii. Priorities for health improvement development</p> <ul style="list-style-type: none"> • Practices to note new weight loss service (Achieve Oxfordshire) and launch event for referrers 29 January. SP will give FC eligibility criteria to circulate. Unified weight management service proforma will route directly • NT noted that fortunate to have leading academics locally eg Susan Jebb re obesity and and Paul Aveyard re behavioural intervention and suggested the District Council drew on their expertise. • Do local schools participate in exercise activity eg healthy mile? SP to see if data available via school nurse service • GS liked evidence-based intervention noted 20-30 yr project to change population. • FC noted positive locality environment with District Council role and active Public Forum. Link up to proposed Public & Patient Partnership West Oxfordshire event in autumn 2018. • Link to proposed social prescribing project also important <p>iii. Changes to smoking cessation provision</p> <p>Stephen Pinel (Oxfordshire County Council) attended to note change in the service in response to reduced use and changed situation. Discussed options for practices. Note decisions re offer of options 1 and 2 will be taken shortly.</p> <ul style="list-style-type: none"> • Practice can choose whether to sign up or not (Ts and Cs in discussion with LMC). • Pts with quit date before 31/3/18 will be covered under existing service. NB self referral possible, also group and telephone support options. Innovative AI tool offered. • Referral details will be available in Feb. when contracts signed. • NB PHE still use quit at 4 weeks. OCC will monitor quarterly. Note dedicated providers achieve higher quit rates (note may be different cohort). • Contract will encourage linking to acute trust initiatives • Note risk of inequitable service availability • Link to other local work on managing tobacco trade • SP hope to have provision in more than one location in locality • APL update – all health check, LARCs and OST bids offered. Increased tariff for HC and LARCs. 	<p>SP</p> <p>SP</p> <p>FC</p>
<p>5.</p>	<p>Public & Patient Partnership West Oxfordshire</p> <p>GS fed back on behalf of the public forum:</p> <ul style="list-style-type: none"> • Applause for prevention activities. A core aim of forum is “Keep Well” which also supports NHS sustainability. • 3 public events planned for 2018: <ul style="list-style-type: none"> ○ 3 March Misuse of antibiotics – talk from Prof. Carl Heneghan 	<p>GS</p>

	<ul style="list-style-type: none"> o June – carers focus o Sept – prevention health fair 	
6.	<p>Changes to OCCG primary care services 2017-18</p> <p>i. Proactive Medical Support in residential homes</p> <p>WOLG noted the proposed changes to the scheme, and that the weekly visit needs to include a GP supervising any other staff. FC shared a list of homes not currently covered by the scheme. Noted that some (eg Oaken Holt homes) are currently covered by a retainer arrangement and that Churchfields is now called Longlands and is covered by the scheme.</p> <p>Practices and federation to consider how remaining homes can be covered. Noted that recurrent £40K allocated in locality plan for coordinated care home support set aside for increased scheme take-up.</p> <p>OCCG reinstating care home representative group to ensure changes discussed with homes and appropriate support offered.</p> <p>ii. Update on timetable for other changes</p> <p>JD updated on plans for Local Investment Scheme 2018-19. This would be based on the two main components:</p> <ul style="list-style-type: none"> a) Locality meetings / Practice Visit PCP/ protected learning / practice development. b) Learning Disability and autism: will need to be clearer than this year, focus on primary care quality with 2 year commitment. <p>Draft to 8 February WOLG meeting.</p> <p>LIS 2017-18 AL flagged issues with Learning Disability health check achieving target and queried the achievement threshold. SW noted the importance of ambition to improve care for this vulnerable group of patients.</p> <p>NB technical issues with dPCP noted.</p>	<p>All</p> <p>JD</p>
7.	<p>Information updates for noting</p> <p>i. Planned care projects update</p> <p>FC noted imminent changes to diagnostics including 2WW endoscopy and new community ultrasound provider. GPs advised that the current ultrasound form is good and concise– FC to advise planned care that GPs hoped it would continue.</p> <p>ii. OCCG Board 30 November 2017</p> <p>Noted as follow up to verbal briefing at 14.21.17 WOLG.</p> <p>iii. Note brief information items overleaf</p> <p>already noted</p>	FC
8.	<p>Notes of 14.12.17 & matters arising</p> <ul style="list-style-type: none"> i. Agreed as an accurate record. ii. Feedback on actions – no further actions. 	
9.	<p>AOB</p> <p>i. WOLG meeting arrangements: timing, chairs, refreshments</p>	

AL proposed that OCCG provide sandwich lunch before WOLG meetings. Noted that WOLG has previously agreed that not required. FC to arrange and monitor take-up.	FC
ii. Eynsham GP rep AL will do this, with suitable governance arrangements. WOLG to send a vote of thanks to Jessica for her years of input and eye for detail.	FC
iii. Issues at OUHFT FC to circulate the latest statements from OUHFT Re winter pressures and cancer treatment. SW confirmed that no changes made to cancer treatments.	FC

Items anticipated on the 8 February 2018 WOLG agenda:

- **GP decision support** system
- **New OCCG Clinical Chair and Interim Chief Executive** meet locality and discuss future direction
- **Specialist Continence Prescribing Service**

Dates of future WOLG Meetings

Date (all Tuesdays)	Time	Venue
8 February 2018	1315-1515	Windrush Health Centre
8 March 2018		
19 April 2018		
10 May 2018		
14 June 2018		
12 July 2018		
09 August 2018		
13 September 2018		
11 October 2018		
08 November 2018		
13 December 2018		
10 January 2019		
14 February 2019		
14 March 2019		