

# **West Oxfordshire Locality Group**

Notes of Meeting: Thursday 9 May 2019 1.15 - 3.15 pm

Chair: Dr Amar Latif

### **Attendance**

Practice	Clinical Representative	Practice Manager
Bampton	Dr Peter Grimwade	
Broadshires	Dr Anna Smith	
Burford	Dr Simon Albert, Dr John	Kim Yarnold
	Doris	
Charlbury		
Cogges	Dr Kirsty Shepherd	
Eynsham	Dr Amar Latif	
Nuffield	Dr Gareth Evans	Catherine Simonini
Windrush	Dr Nick Thomas	

Clinical Directors	Dr Miles Carter	Dr Amar Latif
Public Forum (PPPWO)	Graham Shelton	Madeleine Radburn
LMC	Dr Amar Latif	
West Oxfordshire DC	rdshire DC	
OCCG	Sula Wiltshire, Julie Dandridge, Fergus Campbell, Janet Garrison	
WestMED federation	Eleanor Baylis, Vicky Spurs (PML)	

		Actions	
1.	1. Apologies & Declarations of Interest		
	i. Apologies		
	None received. WOLG welcomed from Burford: John Doris as future GP representative to locality and Kim Yarnold as new practice manager.		
	ii. Update declarations of interest		
	AL reminded members that he also represents LMC at WOLG.		
	iii. Conflicts of interest relating to this agenda		
	None highlighted other than that voting members are practice partners.		
2.	Locality Clinical Director's introduction		
	No additional comment		
3.	Public & Patient Partnership West Oxfordshire		
	GS noted circulated report and highlighted feedback from meeting about primary care networks 25 April 2019:		
	Interest from patients in PCNs		
	concern about lack of involvement in setting boundaries.		

	Commended use of Joint Strategic Needs Assessment to inform local care.  AL acknowledged that there has been limited potential for involvement at the very early stage of PCN formation.  GS asked PCNs to clarify their purpose and how commissioners will measure their				
	achievement.				
4.	4. Primary Care Networks				
	JD advised on CCG support for development:				
	<ul> <li>Registration deadline 15 May – CCG to advise all practices of the risk that issues needing resolution in other areas may hold up approval process for all.</li> </ul>	JD (done)			
	100% geographical coverage by PCNs – FC following up apparent gaps				
	<ul> <li>Next workshop 13 June with partner organisations for 2 reps per PCN. Note date overlap with WOLG. Suggest shorter WOLG meeting with later start.</li> </ul>	FC			
	<ul> <li>Legal costs: no practice or PCN funding additional to existing funding streams.</li> <li>CCG may seek legal advice directly when Locality Clinical Directors have defined the question(s</li> </ul>				
	Federation offer				
	EB presented slides including model and costs for PML supporting PCNs and/or employing new roles. FC to circulate slides shortly setting out costs.	FC			
	<ul> <li>Confirmed that PCN staff indemnity is funded, but not professional risk.</li> <li>Note North East PCNs interested in using social prescribing funding for group consultations.</li> </ul>				
	<ul> <li>PML confident they can contain VAT implications.</li> <li>JD to forward draft finance guidance re role of federations</li> </ul>	JD			
5.	Prescribing Incentive Scheme 2019-20				
	MC highlighted the scheme, and noted LMC concern about budget gateway requirement.				
	<ul> <li>AL declared his interest as LMC rep to WOLG. Represented LMC particular concern that the high risk of steep drug cost rises may lead to practices being penalised for factors out of their control. LMC suggesting a flexible approach.</li> </ul>				
	<ul> <li>Discussion of appeal process noted workload implications (AL and MC declared interest as Eynsham partners – successful appeal in relation to 2017- 18 payment.</li> </ul>				
	<ul> <li>Noted LMC concern elsewhere about PINCER process less likely to impact on West due to implementation by PML locality pharmacist.</li> </ul>				
	<ul> <li>KS suggested every swapped prescription is work eg longer consultation and may impact on access to patients. This is increased by burden of secondary care initiated prescribing. Extra workload for GPs.</li> </ul>				
	MC acknowledged practice concerns but highlighted OCCG's need for:				
	Scheme to deliver savings to enable any payment				
	single scheme for whole CCG to achieve standards				

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6.	Future approach to West locality meetings				
	JD noted all practices funded for GP attendance at locality meetings. Potential overlap with PCNs emerging. Some localities have already had cross-over with federation time.				
	Issues and queries arising from discussion included:				
	Challenge of multiple roles eg clinical director and locality rep.				
	JD locality meeting funding available 2019-20 to help support PCN developments				
	Is monthly locality meeting model effective use of time?				
	•	NT expressed need for prior discussion of commissioning decisions. Concern that relationship and engagement would be worse if no locality meetings			
	•	Risk of confusion of decision-making. Need to clarify separate purposes of any meetings eg locality and/or PCN.			
		opose FC arrange shorter locality meetings for next few months. PCNs to cide when and how to use the extra time for their meetings	FC		
7.	Inf	formation updates for noting			
	i.	OCCG Board 28 March 2019			
	ii.	Planned care projects update			
	iii.	Note brief information items overleaf			
	Th	ese 3 updates noted without additional comment.			
8.	No	otes of 14.03.19 & matters arising			
	i.	Agree accuracy - agreed			
	ii.	Feedback on actions - no additional feedback			
	iii.	Any other matters arising			
		FC to follow up progress re LMC and electronic notes action.	FC		
9.	AC	ОВ			
	i.	White Horse MP boundary			
		<ul> <li>Some concern about the boundary change proposed by WHMP – not clear what the purpose was, future plans for provision in that area and whether there might be an impact on practice lists.</li> </ul>			
		<ul> <li>Noted that prposed area overlaps with Bampton, Eynsham and the 3 Witney practices (esp. Standlake).</li> </ul>			
		GS noted interest as resident in the affected area and queried engagement with patients			
		<ul> <li>JD advised that CCG committee will take practice, patient choice and sustainability into account in taking a decision. Also advised that passing the 50,000 threshold does not lead to PCNs automatically splitting.</li> </ul>			
		FC to contact WHMP on behalf of WOLG to clarify purpose reasons and query patient engagement, and then share with WOLG.	FC		

#### ii. 2 Week Wait feedback

LMC seeking feedback on 2WW pathways – issues of any areas of cancer

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#### iii. Locality Clinical Director term

FC advised that while MC's standard 3 year term is due to end there isn't enough clarity about locality working to hold an election for a fresh 3 year term. OCCG proposing a 6 month extension. No concern raised, other than to query whether the position will be clearer in 6 months. FC to send written advice to practices and seek confirmation

FC

### iv. Burford rep

MC expressed thanks on behalf of WOLG to Simon Albert for his valuable contribution to the locality over many years.

The meeting closed early to allow the two emerging primary care networks to continue work on their development.

## Items anticipated on the June 2019 WOLG agendas:

- Referral System Pilot Demonstration and Invitation
- Social prescribing Community Connect update, developing PCN service

#### **Dates of future WOLG Meetings**

Date (all Thursdays)	Time	Venue
13 June 2019 (Later start due to PCN workshop)	1415-1515	Windrush Health Centre
11 July 2019	1315-1515	Windrush Health Centre
08 August 2019		
12 September 2019		
10 October 2019		
14 November 2019		
12 December 2019		
09 January 2020		
13 February 2020		
12 March 2020		