

**Oxfordshire Clinical Commissioning Group
Governing Body**

Date of Meeting: 28 July 2016	Paper No: 16/50
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Title of Presentation: Locality Clinical Director Reports
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Is this paper for	Discussion		Decision		Information	✓
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Purpose and Executive Summary (if paper longer than 3 pages):: To update the OCCG Board on matters arising in the Localities.

Financial Implications of Paper: There are no financial implications.

Action Required: The OCCG Board is asked to note the content of the reports.
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NHS Outcomes Framework Domains Supported (please tick ✓)	
<input type="checkbox"/>	Preventing People from Dying Prematurely
<input type="checkbox"/>	Enhancing Quality of Life for People with Long Term Conditions
<input type="checkbox"/>	Helping People to Recover from Episodes of Ill Health or Following Injury
<input type="checkbox"/>	Ensuring that People have a Positive Experience of Care
<input type="checkbox"/>	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (please tick and attach)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

Author: Locality Clinical Directors	Clinical Lead:
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North Oxfordshire Locality Group (NOLG)

Locality Clinical Director Report

Dr Paul Park

1. NOLG Locality meetings

At its meetings in May and June 2016, NOLG discussed the following issues:

- **Sustainability & Transformation Plans:** The locality plan was finalised after the May meeting and presented to the OCCG executive in June. See below for more detail
- **How NOLG can work better:** NOLG discussed this in June at the instigation of the locality clinical director, who felt that the purpose of the meeting should be for the members to discuss the local commissioning issues that were important to them, as well as to be informed and to feed back to OCCG about ongoing issues throughout the county. NOLG practices agreed that they want to see evidence that their involvement results in real positive change to local health services, and that they should only be asked to make decisions that they had the time to consider and the information on which to decide. It was also felt that discussions at NOLG should reflect the diversity of the locality, especially the rural/urban contrast – six NOLG practices are urban, and six are rural.
- **Community/integrated services:** The need for a steering group for the integrated locality team (ILT) and community services in the locality, as in all six localities in Oxfordshire, was presented. GPs from three practices (Chipping Norton, Cropredy, Deddington) have agreed to join the locality clinical director on a steering group for community services development.
- **Horton Emergency Surgery clinic:** NOLG discussed a recently issued referral protocol with the responsible surgeon. Dr Shelley Hayles will follow up the service access and sustainability issues.
- **Prescribing Incentive Scheme 2016-17** – NOLG agreed that budget achievement would be assessed at practice rather than locality level.

2. Locality Plan development

The confirmed aims for locality development in the North Oxfordshire locality transformation plan are:

- 1) Transformation in NOLG general practices by developing new ways of working in practices and with key patient populations;
- 2) Creating a sustainable general practice environment in NOLG by redirecting patient demand and improving practice effectiveness;
- 3) Optimising urgent care provision in Banbury by ensuring patients seeking immediate care see the right clinical team in one place at any time.

Discussions have also focused on successors to the Prime Ministers Challenge Fund pilots – the Early Visiting Service (now renamed the Primary Care Visiting Service) and the Neighbourhood Access Hub. NOLG has stressed that future hub development needs to bear in mind reasonable access for patients outside Banbury, and has asked the NOXMED federation to propose sustainable models which might achieve this. PML has agreed to develop and deliver a rural solution for urgent primary care access for patients at practices outside Banbury in the locality.

The locality plan also cross-references other ongoing work, including:

- **Urgent care development:** There are ongoing plans to better integrate urgent care services in Banbury, led by the North Oxfordshire Urgent Care Board. NOLG has been disappointed by the limited practical opportunity for local GPs to get involved in the North Oxfordshire Urgent Care Board and is looking forward to having direct discussion with Dr Andrew Burnett, the Urgent Care clinical lead at OCCG, at its August meeting.
- **Horton General Hospital development:** Oxford University Hospitals Foundation Trust presented the three potential models for the future of the hospital to NOLG at the June meeting. They have invited NOLG practice representatives to meet with their senior clinicians in August.
- **Maternity and paediatric care:** NOLG has discussed the staffing challenges these services currently face at the Horton. Maternity services will clearly be a particular area for further discussion

3. Public and patient engagement

The North Oxfordshire Locality Public & Patient Forum steering group met in June and discussed the following topics:

- The Forum hopes to be a catalyst for Banbury to become a dementia-friendly town, inspired by Chipping Norton's example. The Chair has contacted Town Council, and will invite council representatives and local Patient Participation Group members to Guideposts Trust dementia friend training in September.
- The Forum expressed concern about appointment administration across a number of Oxford University Hospitals Foundation Trust services.

The steering group was also interested to receive information on OCCG's work on equalities and access, including the Inequalities Commission.

4. Practice visits

The Locality Clinical Director or Deputy are visiting all 12 NOLG practices individually over the summer period to discuss:

- any concerns they have about CCG-commissioned services;
- practices' issues and plans as primary care providers;
- practice-level variation in referral for outpatient appointments, urgent care use by patients, flu immunisations, cervical screening and dementia diagnosis;
- practice actions to address unwarranted variation, and contribute towards Transformation projects.

5. Federation development

Currently the federation is working on developing and discussing the following services with OCCG and other stakeholders:

- Proposals for GP Access Fund services, including the Banbury neighbourhood access hub and the rural solution for urgent primary care, as discussed above;
- The community phlebotomy service for north Oxfordshire;
- The enhanced care home service for north Oxfordshire.

NORTH EAST OXFORD LOCALITY GROUP (NEOLG)**Locality Clinical Director Report**

Dr Stephen Attwood

Locality meetings

The 8 June and 13 July meetings focused on:

Sustainability Transformation Programme - was discussed to set the context of the more immediate Transformation Plans for Oxfordshire. A 'Big Conversation' Roadshow is planned in Littlebury Hotel on 28 July 2016, 3.00 – 6.00pm, to start to involve the wider public in the options available, and the Locality Patient Participation Group Forum is supporting patient discussions wherever possible .

Primary Care Investment – Following considerations at previous meetings, ONEMed presented their offer of services to meet the criteria for the GP Access Fund. This will flex as a national change in the criteria is awaited from the centre. Meantime the focus is on having a Hub model for low intensity patients, and a visiting service to help avoid admissions.

Locality Plans – a comprehensive North East plan is in place, and will be reviewed to consider the impact of the other transformation work streams upon primary care services. The offer to review plans from a financial perspective is welcomed and the Locality will work with Rubicon to do this.

A population template was also circulated seeking information on the current capacity available across the Locality. The issues being faced by North Bicester Surgery were again under discussion, with OCCG exploring all options and liaising closely with NHS England on next steps.

Planned Care – Dr Shelly Hayles advised on the progress with the 2 week wait cancer pro-formas; and the Suspected Cancer (SCAN) pathway project for which benchmark data was sought. The Ophthalmology project with the five Minor Eye Conditions was discussed and welcomed.

2016/17 Primary Care Local Incentive Scheme – tools to support effective practice involvement meetings were circulated, along with guidance on how to reach integrated locality teams, and the planning for practice commissioning pack meetings.

2016/17 Prescribing LIS – practices took an opportunity to review their budget risk model, and agreed that being assessed as individual practices was probably more likely to achieve savings than risk sharing as a Locality.

NHS England – a draft delegation timetable was circulated, with the caveat that changes were subject to having resources to undertake the new roles. The next change of Group 2 services is expected to transfer at the end of September.

Community Services – The Deputy Locality Clinical Director is leading a group within the North East Locality, to ensure the best use of community services resources locally.

Papers - were presented on the following:

Quarter 4 Healthcheck data for 2015/16

Quarter 4 Dementia data for 2015/16

Bids against the Estates & Technology Transformation Fund

A Kings Fund paper on *Understanding Pressures in General Practice*

The Diabetes Longer Appointments Local Incentive Scheme

OCCG Board briefing

There is no meeting in August, so the next main Locality meeting is being held on 14 September. Areas of focus are continuing the Transformation conversation, the diagnostics project, the planned national Learning Disability changes, and additional planned care project updates.

Federated working - ONEMed

ONEMed has been working to transition the previous Neighbourhood Access Hubs and Early Visiting Services from the Prime Minister's Challenge Fund to the GP Access Fund and Sustainability & Transformation Funding. Funding levels are still unclear at this stage, but will fall below that enjoyed under the Prime Ministers Challenge Fund (PMCF). The federation continues to look at cost-saving solutions to increase capacity within the clinical services.

The Early Visiting Service (EVS) continues to provide care across three of the four federations aligned under Principle Medical Limited (PML), with the fourth coming on board in the very near future. EVS continues to provide a similar level of clinical activity in the north-east of the county (under Sustainability Transformation Fund, STF) as it did under PMCF.

The urgent access Hubs will continue to provide a somewhat reduced level of support for overflow GP and Advanced Nurse Practitioner appointments through July and August under an interim arrangement with OCCG until full clarification of the service specification and funding is forthcoming. We will then look to optimise clinical capacity within the hubs in Bicester and Kidlington. This may result in a change of venue in Bicester from the Community Hospital to one of the local GP surgeries.

Retention and recruitment of staff within these additional services has been a significant challenge due to the lack of clarity on continuation of service. ONEMed continues to look at ways of integrating these staff into the local practices, or indeed engaging local practice staff and clinicians into the hubs.

In conjunction with the other PML federations in Oxfordshire ONEMed is looking to become part of a Community Education Provider Network and will have submitted an expression of interest by 11 July 2016. This will give the locality the opportunity to shape training of primary care staff from Health Care Assistants and Practice Nurses to Medical students and trained GPs, as well as looking to encourage new allied professionals into primary care, eg. Physicians' Assistants and Clinical Pharmacists.

ONEMed would also like to see this training offer the potential to provide an attractive career pathway for carers in the local area, tying in with county-wide reforms in care for the frail/elderly population.

Bicester Healthy New Town project

A successful workshop was held with a wide range of stakeholders, looking at the best way of delivering improved services to the new housing areas. A write up of the findings will be shared, and a second workshop is planned. From mid-July the OCCG Head of Provider Development will work on secondment to Cherwell District Council to help drive the project forward.

Premises Development – Bids for premises funding have been submitted to NHS England against the Estates & Technology Transformation Fund for Bicester Woodstock and Kidlington. The bids will now be assessed against the national criteria and a decision expected in late August.

Care Quality Commission (CQC) visits

Three practices in the area still require visits; Woodstock Surgery, Bicester Health Centre, and Victoria House Surgery.

Public and Patient engagement

North East Locality Patient Participation Group (PPG) Forum held a well-attended meeting on 20 June 2016 and thanks to the efforts of the Locality Co-ordinator there has been some progress in expanding the number of practices with face to face contact at the PPG.

Attention focussed on the contribution that individual members of the PPG could give in explaining and encouraging public participation in transformation plans in Oxfordshire. There is to be a 'Have your say and Health Fair' in Bicester on 14 October and there was further discussion about management of that event. The date of the next PPG Forum meeting is 19 September 2016 6.30pm in Kidlington.

OXFORD CITY LOCALITY GROUP (OCLG)**Locality Clinical Director Report**

Dr David Chapman

**Locality meetings**

The 9 June and 14 July meetings focused on:

Sustainability and Transformation Programme (STP): A brief discussion was had in the June meeting about the STP process and how it related to the locality plans. A more detailed discussion on the workstream proposals was had in the July meeting – the different workstreams were discussed with some sight of the various options which will go for pre-consultation with the public. The development of the primary care workstream was also discussed although this has been developed as a separate pathway later in the day. The locality expressed the view that this was the foundation of the NHS and without a clear picture of the transformation and sustainability of primary care all other plans would be at risk

Funding availability from the Prime Ministers GP Access Fund: a paper previously taken to the Oxfordshire Primary Care Commissioning Committee was discussed as this identified the countywide funding available, and criteria for allocation to ensure sustainability and transformation of primary care. This document included a template for completion by OxFed, on how the funding available would be allocated. The main discussions were about the services which OxFed would provide using the GP Access Fund monies according to the priorities of the Oxford City Locality Plan. OxFed outlined the proposed development programme for the Locality, noting that timings may alter and the amount of money available is in flux.

Oxford City Locality Plans: a single page summary of the City Locality Plan was circulated for information. Practices agreed this was the local direction of travel they wished to see for primary care. The more detailed plan had been presented in the May meeting.

To support locality planning a template on anticipated population growth was also circulated for completion, to provide information on both building developments, and how practices are managing growth now. The results of this poll will be made available at the September meeting.

2016/17 Primary Care LIS – following a request from practices for information on useful tools available to gain the maximum benefit from meetings, a paper to support practice meetings was circulated.

Ambulatory Assessment Unit – Professor Dan Lasserson, the lead interface medicine doctor in Oxfordshire, attended to explain how this unit was functioning at the OUHFT John Radcliffe site, when it was appropriate to use it, and when not. The unit has been so successful that it is moving from Adams ward to an expanded site

in the JR. The locality thought that the model described was an excellent development to support primary care in reducing unnecessary hospital admissions and thoroughly supported it.

Cancer & Ophthalmology - an update on these planned care project areas was given by Dr Shelley Hayles. The Ophthalmology Decision Unit is expected to commence early July with the five Minor Eye Conditions being focused on. Practices were asked to volunteer to collect data to enable the Suspected Cancer Pathway (SCAN) project to be baselined, and then improvements in the patient pathway could be monitored.

2016/17 Prescribing LIS – the City practices confirmed their choice to have the prescribing budget element of the Local Incentive Scheme at an individual practice level.

Rose Hill – the building environment, and leases, are progressing, with some small snags to be resolved prior to occupation. Practices have been advised that Exercise on Referral is now available from the Council gym facilities. The development of extended primary care and other services operating from it, run by OxFed, are still awaiting other funding decisions around the GPAF and locality money.

Papers were sent out on:

Diabetes service specification for longer consultations

Q4 **NHS Health check** figures by Locality which showed the target to offer health checks was being met, however the uptake by patients was not as compliant.

Dementia in Oxfordshire figures showed City at 65% against the national target of 67%, with all practices being encouraged to increase their identification where appropriate.

OCCG Board Briefing was circulated.

There is no August meeting, so the next main Locality meeting will be held on 8 September. This will likely include: an STP update, national Learning Disability changes, and a diagnostics project update.

Federation development - PMCF Schemes

OxFed have drawn up proposals to enact elements of the Oxford City Locality Plan which are contingent on firm guidelines on how the GP Access Fund can be spent. They have completed the OCCG template ready for submission when clarification is received.

The Federation has also been supporting the development of the Oxford City Community Services pilot and great progress has been achieved with the help of Dr Bradbury who has been co-ordinating plans with the Integrated Locality team.

Care Quality Commission

Jericho Health Centre (Leaver), and Botley Medical Centre have been inspected recently and results of these visits are awaited. We can advise that Manor, Bury Knowle and The Leys practices received a 'good' status.

Public and Patient engagement

At the June Forum meeting, Dr Merlin Dunlop explained how patients data is collected within various NHS IT systems such as data.com, what can be seen by accessing Oxfordshire Summary Care records, use by Out of Hours, and what 'access to patient notes' means across organisations.

Maggie Dent presented on what OCCG are doing to capture the voice of seldom heard groups of patients, particularly within deprived areas of the City.

Julie-Anne Howe advised attendees of the forthcoming Transformation programme pre-consultation, with full consultation following.

The Forum Deputy Chair is looking with the Locality Co-ordinator at a new role description, and planning circulation of this to seek expressions of interest in the vacant Chair post, and interviews hopefully early September.

**South East Oxfordshire Locality Group (SEOLG)
Locality Clinical Director Report**
Dr Andrew Burnett

There is no report for the South East on this occasion.

South West Oxfordshire Locality Group (SWOLG)**Locality Clinical Director Report**

Dr Julie Anderson

Monthly Locality Meetings

May and June meetings have revolved around discussions for the GP Access Fund and OCCG's Sustainability and Transformation Fund with the two SWOL federations and member practices participating in the formation of plans. There is widespread rejection of setting up hubs to provide some in-hour GP services because of the rurality of SWOL and the recognition that patients seek care locally. However, there is support for some cross practice working in IT and a primary care home visiting service. Extra GP capacity is felt to be most realistically achievable through additional training and investment in administration support staff and health care assistants at individual practice level. Out of hours, it is accepted that most patients are willing to travel to a hub for urgent care such as is already the case, and some may be willing to do so for routine care in extended evening/Saturday hours. However, it was felt a Sunday service for routine appointments within the city for the whole of Oxfordshire would have a very low take up by patients living in SWOL.

The practices have also heard about the wider Sustainability and Transformation Plans across Oxfordshire and await to hear in more detail what changes will actually be proposed following some initial public engagement events. Gareth Kenworthy, OCCG Director of Finance, attended the May meeting and gave the financial background and imperative around the STP.

Practices reported some difficulties attempting to engage with the newly established Integrated Locality Teams (ILT) to discuss mutual patients following the May meeting's attendance by head of the SWOL ILT outlining their purpose and services. An update following the review of community nursing was provided in May with the proposal that each locality participates in designing the service, now expanded to all community services, in their area. An initial meeting was held in July to agree purpose, outcomes and next steps.

The Science Vale Project

A fourth meeting of this group with representatives of SWOL, SWOL patient forum, and OCCG was held in July. OCC were unable to send a representative, nor were NHS England although they had supplied a population growth assessment based on the rate of housing growth in Didcot which implies this is much slower than anticipated. This relaxes the time scale on the need for a new practice on the west side of Didcot as existing Didcot practices have indicated they can absorb population growth up to 10,000. Population growth beyond this was originally anticipated to be reached by 2018. There will be a smaller meeting within the OCCG to carry out an option appraisal exercise to determine a location for the primary care centre in Didcot in early August with the next larger group reconvening in October.

Wantage Community Hospital

SWOL and SWOLF remain concerned about the closure of Wantage Community Hospital because of a possible risk of Legionella occurring in the water system. However, maternity and physiotherapy services are due to resume but not the 12 inpatient beds.

Patient and Public Participation:

The chair of SWOLF, Martin Tarran Jones resigned in May for personal reasons. He had put a lot of effort into the establishment of the locality Forum and the combined Oxfordshire Forum to ensure the role of the patient voice in commissioning and redesign of services. His contribution was recognised in a vote of thanks at the June GP locality meeting. The position of chair is currently vacant. A representative of SWOLF was attending the GP locality meetings until recently but will be unable to do so for the next few months. The next SWOLF meeting is end of July.

West Oxfordshire Locality Group (WOLG)
Locality Clinical Director Report
Dr Miles Carter

1. WOLG Locality meetings

At its meetings in May and June 2016 WOLG primarily focused on Sustainability & Transformation Plan issues – see below. The group also discussed:

- **Prescribing Incentive Scheme** – agreed that achievement of Element 1 (Budget) should be assessed at practice level
- **Community nursing** – Report on learning from the integrated nursing pilot in Chipping Norton. WOLG is keen to see roll-out of community nurses using EMIS as soon as feasible. Also discussed differing views on the value and effectiveness of the district nursing duty desk function.
- **TalkingSpace Plus** – some concerns from practices about a “lag” in patients coming through to counselling following introduction of the new service in February.

2. Locality Plan development

WOLG has had lengthy discussion on issues around primary care services in the local transformation plan, particularly hub services to be funded from the new GP Access Fund. Practices use the current services to a varying degree – the more rural practices particularly see less of a role for the hub in meeting their practice population needs. There is particular concern about the cost of models offered, the workload implications of a shift to a more out of hour’s model, and the feasibility of staffing such a service.

This poses challenges to the locality in finding an agreed way forward, as the current Neighbourhood Access Hub arrangement is entirely in-hours and has seen a lot of patients, freeing up space for 20 minute appointments. However, the hub has seen differing levels of use from different practices. A single Witney-based service is less accessible to patients on the edge of the locality area. Continued development of a successor to the Early Visiting Service would be valued by all practices.

The locality also wishes to build on the WestMed proposals for a multispecialty community provider approach, if feasible.

The locality is interested in the wide transformation proposals. Members wish to understand the added value from suggested services at cluster level (population 30,000 to 50,000) and the implications for the future of primary care organisation.

3. Practice visits

The Locality Clinical Director and Deputy are visiting all nine practices individually over the summer to discuss commissioning priorities, sustainable primary care and actions to minimise variation. Themes emerging from the four visits to date are:

- Growing pressure on primary care workload and staffing

- Delays in key services: physiotherapy, ENT
- Challenges of meeting dementia diagnosis targets
- New TalkingSpace Plus service – some issues at practice level.

4. Public and patient engagement

Public & Patient Partnership West Oxfordshire has:

- Discussed varying experiences of electronic prescribing with an OCCG lead pharmacist, and concern that changes have not been communicated well to patients
- Begun planning future listening events in Bampton and Burford, building on the successful approach in other parts of the locality
- Expressed concern that the valued Neighbourhood Access Hub provision should continue
- Highlighted ongoing administrative issues at Oxford University Hospitals Foundation Trust – particularly affecting appointments, including patients having difficulty changing or cancelling appointments
- Heard about OCCG's equality and diversity work.

5. Federation development

WestMed is developing hub and visiting service proposals to meet GP Access Fund requirements. WOLG is also working with the WestMed federation to consider the feasibility of implementing a New Models of Care to provide more integrated services in the locality for priority patient groups.