

**Oxfordshire Clinical Commissioning Group
Governing Body**

Date of Meeting: 29 November 2016	Paper No: 16/75
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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 Governing Body on matters arising in the Localities.

Financial Implications of Paper: There are no financial implications.

Action Required: The Governing Body is asked to note the content of the reports.
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NHS Outcomes Framework Domains Supported (please tick ✓)	
	Preventing People from Dying Prematurely
	Enhancing Quality of Life for People with Long Term Conditions
	Helping People to Recover from Episodes of Ill Health or Following Injury
	Ensuring that People have a Positive Experience of Care
	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 locality meetings in September and October 2016, the NOLG practices discussed the following issues:

Sustainable Primary Care in Banbury: The seven general practices in and around Banbury (Banbury Health Centre, Cropredy, Hightown, Horsefair, West Bar, Windrush, and Woodlands) continue to be under significant stress, with three practices declared vulnerable and with one practice which briefly gave notice of withdrawing from its contract. The main issue is recruitment of clinical and other staff, but as elsewhere in the county and in the UK, there are significant concerns around increasing patient demand and complexity, premises, and practice finances.

NOLG and OCCG have completed an agreement for the Banbury practices to discourage transfers of patients between practices (since this constitutes a significant workload burden) unless necessary, and are investigating other options for improving practice sustainability and resilience in Banbury, such as communicating with patients about services, closer cluster working between the Banbury practices, sharing resources and good practice, and shared services for all Banbury practices such as the ongoing neighbourhood access hub and the Primary Care Visiting Service, which practices agreed had been helpful in supporting practices over the last eighteen months. It is hoped that the solutions developed and implemented together by Banbury practices will be applicable to other vulnerable practices in Oxfordshire.

Oxfordshire Healthcare Transformation Plan (OTP) Development: Discussions at NOLG have centred on potential developments at the Horton General Hospital (HGH), including maternity, paediatrics, stroke care, and the critical care unit. NOLG practices expressed their disappointment at the difficulties that Oxford University Hospitals Foundation Trust (OUHFT) have had in recruiting to the middle grade rota in obstetrics and the consequent necessity of the temporary change to a midwife-led unit at the Horton. The practices agreed that difficulty with recruitment and retention was indeed something that local GPs had also experienced, and encouraged that OUHFT continue to try to recruit obstetricians to the Horton. As commissioners, the practices also accepted the need to take into account the financial and workforce constraints on the NHS both in Oxfordshire and the UK as a whole, but agreed that it was their duty to ensure that the care that their patients received at the Horton was both excellent and safe. As such, they have requested more details and evidence around both paediatrics and critical care at the Horton to inform their decisions, and look forward to participating in the OCCG consultation on healthcare transformation in Oxfordshire in 2017.

2. Public and Patient Engagement

The North Oxfordshire Locality Public & Patient Forum held a drop-in event at Chipping Norton Health Centre on 3 October. The Forum was very grateful to the

practice for inviting them to use their building and giving their volunteers the opportunity to speak with almost 100 patients on a busy Monday morning. The Forum steering group next meets in late November and will agree and publish a summary of the views gathered about local health services.

3. Practice Visits

The Locality Clinical Director or Deputy has almost completed visits to all 12 NOLG practices individually over the summer and autumn period to discuss commissioning issues. Common themes have included:

- Performance and capacity of the local district nursing service;
- Sustainability of primary care (see above);
- Long waits for outpatient appointments and time expended by practices and patients in chasing up hospitals for appointments, letters, results and so on.

4. Federation Development

The NOXMED federation and Principal Medical Limited (PML) are currently mainly concerned with delivering the specification for the General Practice Access Fund (GPAF) services in North Oxfordshire, which will mainly be an extension of the current neighbourhood access hub for urgent GP appointments. They will also continue to deliver the well-received and popular Primary Care Visiting Service (formerly the Early Visiting Service), which was also part of the previous Prime Minister's Challenge Fund services in 2015/16. A domiciliary phlebotomy service has also been agreed for north Oxfordshire and will be delivered by NOXMED and PML.

NORTH EAST OXFORD LOCALITY GROUP (NEOLG)

Locality Clinical Director Report

Dr Stephen Attwood

1. Locality meetings

The October and November meetings focused on:

Oxfordshire Transformation Programme – both meetings included lengthy discussion on transformation progress, the case for change, the financial difficulties OCCG face, primary care workload and workforce capacity alongside the cultural shift to more ambulatory care. Public consultation will take place in two phases, with further opportunity to input, and assess the impact on the Locality.

There were specific discussions on the Horton Hospital issues for Banbury, with a general acknowledgement that due to the current workforce position the consultant led service was at risk and therefore it was a reasonable for OCCG to take a midwife led proposal to public consultation, albeit further information would be required. It was stressed that other service options which could be established at the Horton site should also be communicated out to the public.

Practices are themselves taking steps to maintain sustainability following the closure at end of September of North Bicester Surgery, with Victoria House Surgery and Langford Medical Practice merging as of 1 October 2016 to become Alchester Medical Group. Bicester Health Centre and Montgomery House Surgery are working together whenever opportunity allows.

As Islip and Woodstock patients tend to look more to the Kidlington area, and the Kidlington Exeter & Yarnton Medical Practice (KEYs) is working closely with Gosford Hill Medical Centre, agreement has been reached that these two market towns will be the neighbourhood focus of future plans.

Discussions at the Practice Commissioning Pack meetings focused on sustainability, with one general theme being to explore the use of other professionals where appropriate, e.g. Community Based Pharmacists across practices or via the Federation, to augment the new Minor Eye Clinics for Opticians, and high street services now providing a hearing aid service.

Primary Care Investment – the GP Access Funding is being taken forward by ONEMed, the North East Federation aligned to PML, see below re Federations update.

The NHS England Estates & Technology Transformation Fund premises funding outcome is now known, with no allocation whatsoever to the North East Locality. This has been a bitter disappointment at a time when Woodstock Surgery are experiencing significant premises issues, the Kidlington practices are seeking a new model of local care provision, and the expected growth in the Bicester area means retaining the status quo is not possible for long. Alternative discussions will now take place.

Locality Plans – the diabetes pilot with OUHFT, and Oxford Health Foundation Trust (OHFT) progressed with a workshop held early November to look at new care pathways, clarify what could be provided, and next steps. The establishment of the Diabetes Dashboard will allow third party clinicians, e.g. consultants, to view GP-held patient records to improve dialogue and care for the patient, essentially providing a “virtual” joint clinic between primary and secondary care.

Progression of the urology care pathway has stalled, along with suspension of the Bicester urology clinic due to OUHFT staffing issues. We are exploring other avenues to progress community-based urology care.

Local Community Services Groups – are a multi-agency group looking at delivering more integrated care. It is the next stage from the District Nurses. review The North East group is led by the Deputy Locality Clinical Director. Local services are being benchmarked and mapped, with patient pathways put in place to support a reduction in emergency admissions.

Papers - were presented on the following:

OCCG Board briefing for September, Combat Stress, a mental health charity for Veterans, Mazar report, General practice finance guide, Oxfordshire County Council “Responsible Localities” – a new model for Adult Social Care, EMIS template for weight management services, Datix Annual Report, OUHFT Contract performance, Planned Care project updates, Go Active Get Healthy, NHS Adult Health checks offer.

2. Federated working - ONEMed

Final details of the GPAF have yet to be confirmed however we are working with member practices to establish working rotas for the extended hours aspect of the service with the aim of providing the evening weekday appointments from within member practices’ buildings. Significant IT improvements will need to be established within EMIS to allow full user operability within these appointments to reduce the need for patients to be sent back to their own GP surgeries (e.g. for e-Referrals, ICE requests etc.).

It is hoped that the in-hours provision will continue to run in the form that the current Urgent Care Hubs operate however as final funding figures have yet to be confirmed the full capacity has yet to be determined. It is anticipated that funding will allow provision of more than the minimum number of hours required under the GPAF criteria.

Current Urgent Care Hub services run below full capacity due to insufficient staffing – this was recognised in the previous report from September as being a threat. PML are working hard to maximise capacity and staffing levels, but due to loss of valuable staff and reputational damage already acknowledged, this has been a challenging process. It is recognised within local practices that increased Hub activity would relieve some of the increased pressure felt recently, especially in Bicester since the closure of North Bicester Surgery as practices struggle to cope with the significant number of new patients registering with them.

We are pleased that the Early Visiting Service has been continued for a further 18 months from 1 October 2016. Practices continue to value this service which is well utilised and very much appreciated.

The suggestion of Adult Healthchecks being undertaken within the Locality Hub has been welcomed and we would like to explore the opportunities of undertaking these within the appointments made available through the GPAF.

3. Bicester Healthy New Town (HNT) Project

A workshop attended by 70 local Bicester stakeholders on 6 October 2016 was held to engage local community leaders and organisations with the programme, to check that its priorities reflected local concerns, and to enable them to shape further development of the programme. This was a valuable exercise which greatly assisted in identifying current activity, initiatives and relevant organisations to be engaged, and to further develop the draft action plan. Local stakeholders developed a Bicester vision of what being a HNT means.

Delivery Plan and Key Actions for November 2016 – January 2017

The final delivery plan for the programme and its evaluation is currently being discussed with NHS England, to be signed off by 31 December 2016. A number of quick 'deliverables' have been identified and include the following:

Built environment

- Training session for planners with public health experts on developing healthy environments
- Built environment workshop for all HNT sites at Elmsbrook
- Workshop with Highways Engineers to review road design and cycle design
- Development review with developers/public health and planners to influence future planning reviews

Community Activation

- Meeting with Bicester Town Council to plan establishment of a Community Forum to support voluntary and community groups in Bicester
- Review of applications for SPARK funding, offering seed corn funding for community projects in Bicester (jointly funded by HNT and Garden Town)
- Develop proposal to set up an informal network of HNT supporters
- Meeting with Youth of Bicester to enable them to engage with the programme
- Develop proposal for engaging parents to work with schools to support HNT
- Develop offer to encourage schools to engage with the programme
- Develop offer to support workplaces to engage with the programme

New Models of Care

- 'Care bank' pilot to start to increase capacity to provide care at home at weekends for people with urgent, complex care needs
- Establishment of a community nurse and therapist network for clinicians based in Bicester to improve communication and to promote shared learning
- Pilot on diabetes care pathway, to increase local access to consultant advice
- Focus group with older people to identify how digital innovation can better support their health and care needs and promote their wellbeing

- Meeting with planners/developers and health commissioners to identify estates needs of new model of primary care (health campus approach)
- Draft planning obligations supplementary planning document (SPD) (Cherwell District Council) to be updated with primary care estates requirements to meet population growth.

4. Care Quality Commission (CQC) Visits

All North East Locality practices have now been inspected and all achieved a Good rating.

5. Public and Patient Engagement

The Forum held a Public Health Fair event in Bicester on 14 October 2016 with a good turnout of local agencies providing health related activities, e.g. Bicester Foodbank, Bicester Healthwalks etc, and the main voluntary organisations who support us. It was held on a market day, and linked with the Bicester Healthy New Town stall thereon directing people to John Paul Centre; some members of the public came and were enthusiastic, albeit not as many as we would have liked.

It was felt that for next year we would get more attendees if we aligned to a flu clinic at the same time and we will look into this.

Feedback from the public was very complimentary about the local practices, although concerns were raised about rising wait times for appointments.

The next PPG Forum meeting is being held on 5 December 2016.

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OXFORD CITY LOCALITY GROUP (OCLG)

Locality Clinical Director Report

Dr David Chapman

1. Locality meetings

The 13 October and 10 November meetings focused on the areas below. The next main Locality meeting will be held on 8 December.

Sustainability and Transformation Programme (STP) and Oxfordshire Transformation plan (OTP) - Recognition of this wider work continues with City practices. The focus locally is on sustainability, with practices considering their own positions, and the Locality was notified that Kennington practice had given notice on their General Medical Services contract, working until March 2017. Discussions are underway with this practice around how they may configure with colleague practices and continue a service for the local population.

A number of papers on workforce, and options for funnelling patient flows were presented for consideration and discussion, and will feed into the wider Workforce Workstream. Consideration was given to some Quality outcomes for General Practice and also consideration of producing with patient groups an extension of the NHS constitution about patient responsibilities and how they might access services recognising the need for appropriate use of resources.

Transformation Plans - And how this affects others, e.g. the Banbury / Horton position, and the City Locality itself were discussed at length. The City Locality Plan remains the same, with a focus on providing an overflow Hub model, and early visiting service, which will be a key role in the GP access funding plans submitted by OXFED for the City.

Social prescribing pilots affecting vulnerable non housebound patients in Bury Knowle, and social prescribing for the vulnerable frail elderly, the Care Navigator model via OxFed were presented, with a general view that both these schemes were beneficial for all parties and saved admissions or appointments.

Estates and Technology Transformation Fund – The Locality secured funding for GP Domain, an IT platform which will allow patient notes to be shared in an approved manner in the future, which in turn will support joint working and sustainability.

However funding disappointingly only provided a limited pot for one practice to proceed with pre project plans, and therefore no real opportunity for resolving the significant premises issues which City practices are facing now and as volumes of visitors and housing increases, for the future.

2016/17 Primary Care LIS – Two main Practice Commissioning Pack meetings have taken place grouped into an Eastern Ensemble and Western Ensemble of city

practices. This configuration of practices allowed for more focused discussions on frail elderly and deprivation areas, and key student practices respectively. Three key themes were chosen for table discussions on: Workforce, Federations, and Health Inequalities, and a full write up is available from the Locality Co-ordinator. The Locality group will consider at the December meeting the final three Actions they will pursue.

Savings Taskforce Opportunity – City practices strongly felt that OCCG could make considerable savings by having Primary Care Pharmacists in place in Localities to support individual or groups of practices. A suitable model of employment to be determined: either via Federations (who in turn would keep an element of savings) or directly via OCCG. The Savings Taskforce will consider the options.

Eating Disorder Service – The locality had a presentation from the Child and Adult Mental Health Service (CAMHS) eating disorder service and indicated the new NICE guidance as well as any issues which would impact on General Practice.

Papers – Were presented on the following: Governing Body briefing 29 September 2016, OCCG Commissioning Intentions 2017/18, Oxfordshire County Council Responsible Localities – a new model for Adult Social Care, Combat Stress – a mental health charity to help Veterans, EMIS template for weight management services, Datix Annual report, OUHT contract progress, Go Active Get Healthy, and an Annual Healthcheck offer.

Rose Hill – The building work is now complete and Information Technology progressing. Discussions are progressing with OUHFT on the services they will provide in their portion of the space, and also with OxFed regarding their proposals and Hub model. It is hoped that this project can now move forward on the back of the GP access fund plans.

Barton Healthy New Town – The project in Barton will support a range of activities to help reduce the health and wellbeing inequalities experienced by those living in Barton. It will contribute to the future integration and high quality health and care provision for the current Barton community and new residents of the Barton Park development. A workshop for a wide range of interested parties was held in September 2016 and from this a number of workstreams were developed, including one on Health and Wellbeing, which includes OCCG.

2. Federation development

OxFed are now progressing plans around GP access Fund and also Rose Hill which are hoped to begin in the New Year.

The federation has continued supporting the development of the Oxford City Community Services pilot and it is hoped that real plans will be developed around neighbourhood clusters which would fit in with primary care transformation plan. Meetings will be held in November and December to further this work

3. Care Quality Commission

The Leys, Temple Cowley and St Clements surgery have now been visited, whilst the Donnington visit was delayed by CQC and is now due on 23 November 2016.

4. Public and Patient Engagement

The City PPG Forum has recruited four new volunteer members to work alongside four existing members to support the work of PPG development and patient engagement across the city practices. They will work collaboratively, as no one individual is able to devote the significant (and increasing) amount of time required. They met on 11 November to discuss the development of a work programme. A survey of practices and PPG chairs will be undertaken so that the programme meets the varying needs of PPGs in the city, and a workshop will be run in the New Year.

They also considered their role in attending meetings run by the CCG and others. It was agreed that going to meetings where their presence does not add value or where they are not able to demonstrate positive outcomes is not a good use of voluntary time. There was a strongly held view that those considering inviting patient representatives to meetings are asked to think about these issues and that regular communications on a You Said We Did basis are clear and in place.

South East Oxfordshire Locality Group (SEOLG) Locality Clinical Director Report

Dr Andrew Burnett

We are pleased to welcome Anne Lankester to her post as our new locality co-ordinator. Dr Amar Latif has returned from his travels and resumed his role as Deputy Locality Clinical Director.

Representatives from the majority of our practices have received training in the management of Acute Kidney Injury in preparation for a new nationally mandated alerting system that is now being used by the OUHFT pathology laboratory.

Dr Burnett attended the opening of the new Chiltern Court Care Centre by the Duke of Gloucester on the 15 November. This Order of St John Care Trust Centre is in the grounds of Townlands Memorial Hospital in Henley-on-Thames replaces an older care home elsewhere in the town. The CCG have commissioned 11 places in the home. Some will be used as short stay beds associated with the new Rapid Access Clinical Unit (RACU), some will be used for intermediate care and some for continuing care funding assessment. The rest of the home will provide an enhanced number of care home places. The new building provides an extremely high quality of accommodation and is something that will be a considerable asset to the Townlands Memorial Hospital campus.

NHS Property Services have renamed Townlands Hospital as Townlands Memorial Hospital after a public campaign. This is in memory of Henley War Memorial Hospital, another hospital in Henley that closed in 1983.

The conversion of the space on the first floor of the Townlands Memorial Hospital to make it suitable for the RACU is now under way and is expected to be completed by 23 December 2016. An experienced doctor has been appointed to lead the service and we hope to have a grand launch in January 2017. This will enable us to offer targeted help to people who otherwise might need to be admitted to hospital.

The SE locality GPs have begun to offer enhanced access under the CCG Sustainability and Transformation Fund Scheme where all patients who need same day advice will either be able to speak to or be seen by a clinician. All patients will be offered a routine appointment in their practice within seven days although not necessarily with their own doctor. The SE Oxfordshire GP federation, led by Dr Mark Bish, is working with GPs to further develop access using the NHS GP Access Fund. Many of the solutions proposed elsewhere involve patients travelling to different practices. This has limited practicality in a rural locality where the practices are widely distributed.

The locality GPs discussed the Oxfordshire Transformation plan at their recent meeting. We are keen to maintain access to a Midwife Led Maternity Unit for pregnant women in our locality. Broadly, we welcomed the direction of the plan and its proposals for acute hospital services. We note that there will be a second phase

of the plan dealing with community services. John Reid, our locality patient forum chair, expressed his regret that the whole process had not been as open as he would have liked and that made the public consultation appear limited.

Dr Latif chaired the new locality community services group (LCSG) of representatives of practices, social care and community services (including third sector organisations). They have overseen the introduction of a new Duty Desk for the Community Nursing team across the locality, which has been well received by patients and practices. They are due to investigate further how different teams and organisations can work together to ensure a better use of resources and a better patient experience.

The South East Locality Forum patient group continue to be enthusiastic and interested in developments in health and social care services locally. They do get frustrated at our difficulty in involving them early enough in planning developments in our services. I take my share of responsibility in not involving them early in the local bid for delivery of the Sustainability and Transformation Fund resource but they have a strong interest in all our other developing schemes such as the GP Access Fund, the STP, the savings programme, musculoskeletal (MSK) triage re-provision and the information governance relating to greater inter-connectability of clinical IT systems. We need to be careful to involve the user voice early on when considering any new plans.

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

Dr Julie Anderson

The new SWOL locality coordinator has taken up her position this month. The North-East and City Locality Coordinator has kindly assisted over the previous two months when the position was vacant.

Dr Jonathan Crawshaw has been elected to the deputy LCD position. This position had been vacant for over 18 months.

Monthly Locality Meetings

The September locality meeting discussed the financial implications for the local health care system following the increased pressure of the OCCG budget and the deteriorating financial outlook, leading to the establishment of the Savings Taskforce. The October locality meeting largely focussed on the Oxfordshire Transformation Plan but there are updates on the process and outcome as required at each meeting at present. A more detailed update on the Savings Taskforce proposals was covered in the November meeting and it was broadly recognised that these are the minimum necessary. Several made the point again that clearer prescribing policies would support GPs and patients in understanding the rationale for restricting prescribing in certain areas.

Discussions among SWOL practices and their federations over meeting the terms of the GP Access Fund have successfully developed a locally-resourced model that will provide the required additional capacity in hours and out of hours for patient care. This will take the form of practices providing a rotating base to see additional patients from within the two federations, one in and around Abingdon and the other across Didcot, Wantage and Faringdon.

Practices are about to start utilising the OCCG Sustainability and Transformation Fund for primary care to improve patient access within hours and explore new ways of working by expanding skill mix and new roles to support GPs.

SWOL practices agreed with OCCG Medicines Optimisation Team to pilot a new software system (Optimise Rx) to provide point-of-prescribing cost-effective advice thought to provide some advantages over the previous system. The initiatives to reduce waste in medicines were also advertised.

Preparations are underway to start the SWOL Community Dermatology Service providing enhanced minor surgery for excision of low risk basal cell carcinomas and advice on the management of pre-cancerous skin lesions to help avoid unnecessary referrals to hospital dermatology. An extended November locality meeting provided training and education for local practices to ensure GPs make best use of the service as well as improving appropriate identification and initial management of certain skin lesions. The service is due to start in January 2017.

Dementia Oxfordshire, the revised dementia support service established in November 2015, to provide a greater degree of support to people with dementia and their carers attended the September meeting and had a useful discussion with member practices reminding them of the services available and the advantage of ensuring people needing support are referred to the service. A cross-checking exercise to ensure that patients with dementia in each practice are known to the service, except for those in care homes who are covered by a different service, is in progress.

SWOL Community Services Review Group

The monthly meeting, a process designed to bring community services including social care and primary care together to establish an effective operational model, has not yet clarified how integration will improve services for patients. The meetings in November and December will attempt to do so.

Patient and Public Participation:

A meeting of SWOL was attended in November by the SWOL Locality Coordinator and Locality Clinical Director. An outline of the areas being reviewed by the Savings Taskforce was presented and those present contributed several areas of suggested focus: addressing medicines waste, administrative inefficiencies in the hospital system over appointments, clinic records and results of investigations, purchasing efficiencies and reducing administrative and management staff. The forum agreed to provide feedback on specific proposals, collated by the forum members and convene an additional meeting if necessary to discuss further. The SWOLF representative has been able to resume attending the SWOL GP meetings after a gap of several months and is feeding back to the forum.

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

1. WOLG Locality meetings

At its meetings in October and November 2016 WOLG primarily focused on Oxfordshire Transformation issues – see below. The group also discussed:

- **OCCG Savings Taskforce** – noting OCCG’s financial position, additional funding devoted to secondary care and primary care, and need for savings proposals
- **TalkingSpace Plus** – review of the modified service showed that it was now working effectively to meet need. GPs appreciated the opportunity to easily contact a clinician to discuss referrals and their priority.
- **Deer Park Medical Centre** – lack of a provider for this service after March 2017. Practices confirmed that it was not feasible to take on the existing building as a branch due to anticipated overheads, and challenge recruiting staff for the entire patient population.
- **Locality community services group** – progress on the proposal to get community services to use an EMIS template to submit information. Practices very willing to authorise access.
- **GP resilience programme** – the need for clarity on this and other nationally-funded initiatives linked to NHS England’s GP Forward View. This is important to enable practices to tap into these resources, either individually or through clusters and federations.
- **Learning Disability and autism** – update on service changes, and the importance of ensuring annual health check in primary care

2. Oxfordshire Transformation Plan

WOLG noted the Case for Change and the significant issues and proposals affecting Horton General Hospital. Discussion focused on:

- Helping patients better manage their own health and access health services appropriately
- Facilitating factors for improving primary care routine access included improved community or diagnostic services eg direct access podiatry
- OCCG’s capacity to implement and evaluate change.
- Issues relating to community hospital beds, and the need for more detailed proposals and discussion
- Desire to implement the WestMed federation New Models of Care plan for locality-based integrated working

WOLG agreed two neighbourhoods within the locality for working at cluster level: Witney & East, Rural West.

3. Practice visits

The Locality team have visited all 9 practices individually to discuss commissioning priorities, sustainable primary care and actions to minimise variation. Themes emerging from the visits are:

- Growing pressure on primary care workload and staffing
- Long waits for key services: physiotherapy, ENT, and other secondary care specialties
- Challenges of meeting dementia diagnosis targets
- The value of effective services which provide relevant and timely clinical feedback to GPs – eg the primary care visiting service.

4. Public and patient engagement

Public & Patient Partnership West Oxfordshire (PPPWO) held a drop-in listening event in Bampton market square. There was a lot of positive feedback from members of the public, especially about the local practice. Also some concerns including:

- The potential impact of new housing on local services
- Waits for secondary care appointments
- Loss of bus links to Oxford

The PPPWO steering group has fed back on:

- Concerns from the Deer Park Patient Participation Group about the approaching closure of the practice, and desire to find a way to keep it open
- Further discussions on medicines waste issues and varying experiences of electronic prescribing
- Planning a future listening event in Burford.

5. Federation development

WestMed is developing hub and visiting service proposals to meet GP Access Fund requirements.

WOLG wishes to return to work with the WestMed federation to further develop the New Models of Care proposal. This aims to provide more integrated and sustainable services in the locality for priority patient groups.