

**Townlands Stakeholder Reference Group**

(held in public)

**Meeting Minutes (DRAFT)**

23 January, 10:00-12:00,  
Council Chambers, Town Hall, Henley-on-Thames

Item		Lead/Action
<b>1.</b>	<b>Welcome and Introductions</b>	<b>RD</b>
	See attendance list below.	
<b>2.</b>	<b>Paper 1 – Minutes of the Last Meeting</b>	<b>RD</b>
	<ul style="list-style-type: none"> <li>• Minutes from last meeting - agreed</li> <li>• Outstanding actions:               <ul style="list-style-type: none"> <li>○ SA to invite Oxfordshire County Council Social Care to attend: As requested by the group SA sought an appropriate social care representative for the meeting by liaising with the deputy director of social care. He was unable to attend the meeting. However he has committed to attend the next meeting or send an appropriate representative. The group were disappointed that social care were again not represented at the meeting. It was felt that there was a gap in assurance around social care element of the intermediate care beds (ICB) and support for the Rapid Access Care Unit (RACU) step up and step down beds. RA pointed out that the new model of ambulatory care was predicated on social care support in the community; without representation in the group members are not assured that there is sufficient social care support for the new model of care. RA and IR to draft list of data requirement and share with SA regarding ICBs. SA to link with county council to see what is possible to source / share with the group. As discussed at previous meetings JW is keen to understand what is the point at which the 'spot purchase' of more beds is triggered and are patients from the local community being located in beds further afield if beds not available at Chiltern Court Care Home.</li> </ul> </li> </ul>	<p>RA / IR</p> <p>SA</p>
<b>3.</b>	<b>Paper 2 – Performance Report including updates from Oxford Health (OH) &amp; Royal Berkshire Hospital (RBH)</b>	<b>AH &amp; CH</b>
	AH presented the performance update for RBH; discussion focussed on the increase and diversity in clinics that are available at the new hospital. VL asked if there was an update on the letting of the second floor of the hospital and if no progress whether or not RBH could use some of the space to extend the clinics. AH and SG explained that there was space available at Townlands and the RBH were looking at it as part of its Outpatient Transformation Strategy (not yet public); however there were workforce	<b>JW / AH</b>

<p>constraints to consider. RBH has two other community hospitals to support in terms of outpatient services in the community – West Berkshire Community Hospital in Newbury and another in Bracknell. AH explained that clinic schedules and doctors and healthcare professionals required to deliver them were planned 12 months in advance and were shared across all locations. VL queried this asking why the Trust had not planned clinics knowing that there was demand and space available. SA commented that RBH outpatient activity / services were a lift and shift from the old hospital; the fact that RBH has been investing in developing more and different clinics at the hospital was a good thing for the local community but wasn't in the initial plan. This was accepted by the group, who were keen to support the work of RBH. JW pointed out that the community were keen to support the hospital and shared information on the various fundraising efforts from the local community. She asked members from RBH what else the community could and was there any specific equipment that was needed to enable more clinics at the hospital. AH to check with colleagues at the RBH and respond to JW.</p> <p>The group were surprised by the high DNA rate at 19.2 % for quarter 4. Members were keen to see comparative data compared between waits at Townlands Memorial Hospital and the RBH. AH to incorporate into the update report for the next meeting.</p> <p>JW raised a specific concern about the choose and book system and cardiology appointments. AH to discuss with JW outside of the meeting and follow-up with colleagues.</p> <p>CH presented the performance update for Oxford Health which looked at the RACU, Minor Injury Unit (MIU) and Out of Hours. The RACU had delivered a total of 1594 contacts for April to Dec 2017, averaging at 177 contacts per month. The RACU treated 82% of these contacts in an ambulatory context, i.e. the patients attended the unit and went home on the same day. Patient satisfaction rates were very high for all three services provided by OH. The RACU works closely with staff at the Abingdon Emergency Multi-disciplinary Unit (EMU) so they can flex medical and nursing across the two sites. OH is also looking to recruit another 'medic' to support the RACU as referrals increase.</p> <p>The MIU is very popular although there is less activity during winter months due to darker evenings and less outdoor activities being undertaken. Whilst there is significant pressure on urgent care which has resulted in A&amp;E 4 hour wait target not being met; the Henley MIU like its counterparts across the county has continued to achieve its 4 hour wait target (95% of patients being seen, treated and either discharged or admitted within four hours).</p> <p>The out of hour's service provides home visits, base visits (one of which is located at Townlands Memorial Hospital) and a telephone service for the South East; this service is now integrated with NHS 111. Local GPs in the area have set up a 'health hub' to enable patient's access to routine GP services on a Saturday and Sunday without having to go through the out of hours</p>	<p><b>AH</b></p> <p><b>AH</b></p> <p><b>AH / JW</b></p>
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	<p>service, which is targeted at urgent care.</p> <p>IR commented that the RACU is welcomed by local people and the paper presented by CH, and those previously, show it to be a success. RA was keen to understand more about the pilot mentioned at a previous TSRG meeting whereby ambulance teams are able to avoid taking some patients to A&amp;E by instead getting them an urgent referral to the RACU. No update was available, however CH agreed to look at what information / evaluation could be shared at the next meeting.</p> <p>Delayed transfers of care (DTOCs) remain a significant challenge across Oxfordshire but the South East locality fares better than others in the county. IR and JW were keen to understand if patients were delayed in the ICBs in Chiltern Court Care Home. SA explained that the DTOC figures were for acute hospital, community hospital and mental health beds; ICBs were not involved in the count as per national guidance. RA passed comment that Bell Surgery was noted twice in table 2 and the figures did not look correct. SA to check original data and amend the performance report to reflect if required.</p>	<p>CH</p> <p>SA</p>
<b>4.</b>	<b>Paper 2 – Update on Parking</b>	<b>CH</b>
	<p>CH updated the group on parking at the Townlands Memorial Hospital site; problems continue with the Smart Parking system on the Townlands site. However spaces are available for patients to use which is the aim of the system. There had been an increase in parking penalties. This is due to the system not resetting so people driving through the car park and out again within the 20 minute grace period were not being ‘clocked’ out resulting in fines being incorrectly issued. NHS Property Services is proactively revoking car parking tickets going forward but not retrospectively; they are also reviewing the service from Smart Parking across the county. SG noted that her team continued to support patients in appealing against any incorrect penalties. Patients can get evidence of appointment attendance from the relevant department / service they are visiting at the hospital. VL raised a specific concern from a patient; VL to discuss with SG out of the meeting to ensure evidence of an appointment is made available to said patient. CH shared email for any unanswered queries and any past issues: Tel: 0800 085 3015 or customer.service@property.nhs.uk stating Townlands Memorial Hospital in subject.</p>	<b>VL / SG</b>
<b>5.</b>	<b>Paper 3 – Update on South East Oxfordshire Place Based Locality Plan for Primary Care</b>	<b>AL</b>
	<p>Anne Lankester (AL), OCCG Locality Coordinator attended the meeting to discuss the development of the South East Oxfordshire Place Based Locality Plan for Primary Care (available here: <a href="http://www.oxfordshireccg.nhs.uk/documents/work%20programmes/south-east-oxfordshire-locality-plan.pdf">http://www.oxfordshireccg.nhs.uk/documents/work%20programmes/south-east-oxfordshire-locality-plan.pdf</a> )</p> <p>She updated:</p> <ul style="list-style-type: none"> <li>• Each of the six localities in Oxfordshire has developed a place based locality plan for primary care</li> <li>• Public and patient engagement was undertaken in each of the localities which included a survey and a public event. For South East</li> </ul>	

	<p>this was held in Wallingford. Over 40 people attended the workshop. The South East Locality has a very active patient forum supporting this work – the South East Locality Forum (SELF)</p> <ul style="list-style-type: none"> <li>• Key challenges included: <ul style="list-style-type: none"> <li>○ The locality has a much older population than average in England and Oxfordshire and is largely rural, creating challenges for access</li> <li>○ There is no single population centre and care is quite dispersed</li> <li>○ South East also contains a number of practices which are close to capacity, both in terms of rooms and clinicians</li> <li>○ As patient numbers rise due to the increased housing developments this will become a key challenge for the locality</li> </ul> </li> <li>• New initiatives within the plan include: <ul style="list-style-type: none"> <li>○ Expansion of ambulatory care for frail and elderly people which means patients are assessed, diagnosed, treated and go home the same day, without being admitted into hospital overnight – RACU was sighted as a good model of care that should be extended across the locality</li> <li>○ Use more technology in healthcare e.g. skype appointments</li> <li>○ Expansion of existing healthcare premises and some investment for new buildings</li> <li>○ Getting the right healthcare professionals working across several practices e.g. mental health nurses</li> <li>○ Implement more social prescribing to support patients to keep mentally and physically fit</li> </ul> </li> </ul> <p>The group discussed section 106 funding for planning which can ring fence money for health as part of a planning application. IR and RA were keen to see what Henley Town Council could do to support funding bids in the future.</p>	
<b>6.</b>	<b>Discussion on holding TSRG meetings in Public</b>	<b>All</b>
	It was agreed that all future meetings will be held in public; meetings will be held on a quarterly basis until further review.	
<b>7.</b>	<b>AOB</b>	
	<ul style="list-style-type: none"> <li>• SA presented short update about physiotherapy services at Townlands Memorial Hospital. The update is attached to these minutes in Appendix A.</li> <li>• IR asked about the new leadership at the CCG; RD updated the group on Dr Kiren Collison’s appointment as new clinical chair explaining that she was voted in by a large majority of the CCG’s GP membership. Louise Patten, Chief Executive at NHS Buckinghamshire CCG has been appointed interim CCG for a year with the aim of developing a system wide way of working across NHS and social care organisations. She has considerable experience of this as she helped develop the Buckinghamshire Accountable Care System – one of the first in England.</li> <li>• IR also asked about the next phase of the Oxfordshire Transformation Programme. SA and RD explained that effort over the coming months would focus on developing better system wide working across health and social care.</li> </ul>	

<b>8.</b>	<b>Date of Next Meeting</b>	
	Tuesday 1 May 2018	

<b>Attendees</b>		
Sarah Adair	SA	Head of Communications & Engagement, OCCG
Robert Aitken	RA	Patient Rep (Townlands Steering Group)
Roger Dickinson	RD	Chair of Townlands Stakeholder reference group and Non-executive Director, OCCG
Steph Greenwood	SG	Patient Pathway Manager, Royal Berkshire Hospital NHS Foundation Trust
Christine Hewitt	CH	Head of Urgent Care, Oxford Health NHS Foundation Trust
Chris Hill	CHi	NHS Property Services
Angela Hughes	AH	Directorate Manager – Integrated Medicine, Royal Berkshire Hospital NHS Foundation Trust
Anne Lankester	AL	South East Locality Coordinator, OCCG
Vivienne Laurie	VL	Bell Surgery Patient Participation group
Ian Reissmann	IR	Townlands Steering Group
Janet Waters	JW	Bell Surgery Patient Participation Group
<b>Apologies</b>		
Dick Fletcher	DF	Hart Surgery Patient Participation group
Kellie Hinton	KH	Mayor of Henley on Thames
Richard Maynard	RM	Healthwatch Oxfordshire



### **Healthshare Update on Musculoskeletal (MSK) Service Transfer**

#### **How the transition went**

The transition was an exceptionally busy time, with MSK being such an area of high demand the handover totalled in the region of 8700 patients who either required care to continue or were awaiting care. We also had to digitalise everything because we are, as far as possible, paperless, this was also a very labour intensive piece of work that required many hours and days of scanning the previous provider's paper notes. Once all of that was complete we made every effort to inform all patients that their referral was with us and we would be contacting them as soon as possible to book their appointment,

#### **How the service is progressing**

The service is going very well, especially when we take in to account that we are still only in the fourth month of service. For routine physiotherapy we have seen wait times drop from up to 26 weeks in some places to around the 10 to 12 weeks, for some of the more specialist parts of MSK we have recently taken on more staff so those wait times fall in to line with the main physio cohort.

For Townlands Hospital the biggest change has probably been that Healthshare are commissioned by Oxfordshire CCG only to provide MSK care, so we cannot accept referrals from patients whose GP falls outside of this area, however, I understand that the Royal Berkshire Hospital and West Berkshire CCG are able to service the community outside of Oxfordshire very well.

#### **Changes we have made/will make**

Healthshare have been commissioned not just to help patients be seen in good time, but to also assist the local GP community in reducing MSK appointments at local surgeries, so to this end we try to ensure that anyone coming to us who it turns out may have another unrelated MSK problem aside from that which the GP referred them for can be seen for that too without having to return to their GP for another referral. And in April we will extend this further whereby patients will be able to self-refer in to our service without having to go to their GP at all, either on the phone or on line, this will hopefully free up appointments at the local GP surgeries (where some studies say up to 30% of patients may have an MSK problem) and avoid the patient having two appointments where one will do. All of this information and more can be accessed via our website <https://healthshareoxfordshire.org.uk/>

We are also trying to push patients to be an active part of their recovery from an MSK problem, we run sports and exercise classes that patients can attend for six weeks to try and improve their condition, and we are linking in with people like weight watchers, slimming world and man vs fat to help patients who want to lose weight, we're also working with local leisure provides to try and help patients get some free sessions at local gyms after they have completed their work with us to try and ensure any changes they make with us can become permanent good habits.