

Minutes. SWOLF

16 Jan 2018, 10.00 a.m. – 12.30 p.m. Didcot Civic Centre

Present	Name		Organisation / LF
		Lesley Powell	LP
	Shelagh Garvey (Chair)	SG	<i>Didcot Health Centre</i>
	Graham Hall	GH	<i>White Horse Medical Practice, Faringdon</i>
	Laurie Jackson	LJ	<i>Long Furlong, Abingdon</i>
	Richard Pullen	RP	<i>Berinsfield</i>
	Mary Braybrooke	MB	<i>Clifton Hampden</i>
	Janet Parker	JP	<i>Newbury St Practice, Wantage</i>
	Tom Thacker	TT	<i>Newbury St Wantage</i>
	Dermot Paddon	DP	<i>Woodlands Medical Centre (left meeting 10.45)</i>
	Gene Webb	GW	<i>White Horse MP, Faringdon</i>
	Carol Bradford	CB	<i>Marcham Rd Health Practice, Abingdon</i>
	Anne Brownson	AB	<i>Marcham Rd Health Practice, Abingdon</i>
	Bob Lassam	BL	<i>Marcham Rd Health Practice, Abingdon</i>
	Sue Hannon	SH	<i>Church St Practice PPG</i>
	Anne Lankester	AL	<i>OCCG</i>
	JonathanCrawshaw	JC	<i>Locality Clinical Director (joined meeting at 11.30)</i>
	Nicola Perrett	NP	<i>Healthwatch Oxfordshire (minutes)</i>
	Veronica Barry	VB	<i>Healthwatch Oxfordshire</i>

<p>1.</p>	<p>Welcome and Introductions:</p> <p>SG welcomed new attendees to the group. The group welcomed Nicola Perrett from Healthwatch Oxfordshire in her new role taking minutes and thanked Veronica Barry for her work supporting the group to date.</p> <p>Apologies:</p> <p>Martin Tarran-Jones Eileen Langley</p>
<p>2.</p>	<p>Minutes of previous meeting 21st November 2017:</p> <p>GH: The Locality Plan should include a documents page and a keywords facility should be available. ACTION: AL will check that this is available</p> <p>LJ: Laurie Jackson and Hazel Knott will each attend alternate SWOLF meetings on behalf of Long Furlong</p> <p>Matters arising:</p> <ul style="list-style-type: none"> • Concerns about timing and venues for Locality Plans public meetings to be passed on • RP to look into how patients are selected for CQC review – carry forward <p>Minutes agreed.</p>
<p>3.</p>	<p>Chair update (MB/SG):</p> <p>Meeting with LF Chairs and OCCG21 December: MB stood in for SG at this meeting – there were areas of discussion which raised awareness but not resolution of issues or actions.</p> <ul style="list-style-type: none"> • Discussion about boundaries e.g. Faringdon/Swindon and also the Buckinghamshire border. • There is no formal patient participation in Federations. • Accountable Care Systems – how will they work in practice? • MB reported on Didcot/Wantage., especially MSK problems • Concern was raised in all areas about the MSK service • Concern was raised about Banbury/Horton and resolving outstanding issues with STP1 – there was less discussion about SW issues. Delay is a concern to the group. <p>ACTION: None</p>
<p>4.</p>	<p>Care Quality Commission (CQC) Update (SG/AL): Local system review November 17</p> <p>SG Suggestions in the CQC report about attracting staff to work in Oxfordshire are meaningless and unhelpful, e.g. need to encourage a ‘sense of place. Workforce planning and strategic planning issues are identified as contributing to unsustainable pressures. The group identified housing costs as an issue for staff moving into the area. DP questioned the clarity of the report and capacity for progress with the issues raised. LP asked if there were any recommendations. AL listed these from OCCG summary and informed the group there will be a further CQC report at the end of January</p>

	<p>ACTION: SG will circulate the CQC report /AL has a summary from OCCG – will forward to NP to embed in minutes.</p>
<p>5.</p>	<p>Locality Based Plans and feedback from SWOLF engagement on 17.10 .17 (AL/JC): JC provided feedback about the South West region 100 people registered on Talking Health and 50 responded to the survey:</p> <ul style="list-style-type: none"> • majority of respondents agreed with the ideas e.g. sharing of records. • some concern about expansion of premises and plans to use more technology • feedback about housing growth • concern about lack of funding impacting on local services in Wantage. • Better use of Community Hospitals needed. • future recruitment of staff is a concern. • concern about how the Community Infrastructure Levy fits with health planning • queries about how the Locality Plan will relate to the phase 2 STP consultation specifically about redeveloping existing Community Hospital sites • concern that Midwifery and Children’s Services are not represented in the Plan. <p>Feedback was given in all areas that the Locality Plans are too long and technical, and difficult to read JC said that there needs to be a balance with readability as some aspects of the Plan are technical.</p> <p>JC informed the group that the phase 2 STP consultation will look different to the expectation six months ago – this is due to reviewing the consultation process following phase 1. The options / evidence made available is to be robust. There is no clear timeline currently about how public consultation will feed into the process.</p> <p>There were queries about whether Oxfordshire is to be turned into an Accountable Care System and JC advised that this is a separate conversation.</p> <p>JC informed the group that the Plans made in every locality can be funded. Funding decisions have been made already about the current financial year. However, there are no clear answers about where funding will come from for capital investment in premises.</p> <p>JC told the group that this is the headline feedback and that the detailed feedback can be shared</p> <p>SG showed some potential example formats from OCCG as to how the information will be presented to the public. She welcomed comments from the group to be able to give a quick response including feedback about visual / technical language. A short digestible format is wanted.</p> <p>GW queried whether the Plan is now complete and ready to implement. JC informed the group that there is a Tracker for the workstreams, priorities have been made and the Plan is progressing e.g. a meeting has taken place with parties interested in providing services at the new Health Centre in Didcot (Great Western Park) and a timeline for procurement has been established. The result should be known by the second half of the year. GW asked how the group can be kept updated with progress. JC confirmed the Tracker can be shared and Alison will make a summary of this a part of her feedback. AL confirmed the publication date for the Plan is the end of January which will be the final version. GH questioned whether there will be scope for amendments. AL advised it will be a live plan so there is scope for further feedback and JC said significant amendments can be published on an ad hoc basis in interest of ongoing transparency and engagement.</p> <p>JC reported the total funding required for all Locality Plans is £5m, not including premises /infrastructure costs, i.e.the plans appear to be deliverable in respect of the CCG’s Primary Care budget. The funding is to be allocated on a case by case basis e.g. locating Mental Health Support Workers in practices, developing GP working days, £50k in the SW to be spent on Clinical Pharmacists in Primary Care. It varies whether funding will be allocated to GP practices / federations etc. LJ queried whether a practice can bid for funding for a service e.g. Child and</p>

	<p>Adolescent Mental Health Services (CAMHS), dependent on local need, and JC confirmed this is possible. BL queried the funding mechanism; JC confirmed surgeries will need to demonstrate they are using the funding in accordance with the Peg there is £120k non recurrent funding for Support Workers e.g. from MIND to work in surgeries and if a new service is shown to be effective the intention is to try to secure more funding. BL queried whether people have been identified to carry out the workstreams. AL advised there are county wide projects, e.g. digitisation, which will be tendered and resourced by OCCG and will benefit all, however this level of detail is not in Plan. BL wants to ensure that there is accountability for the Plan outcomes. AL explained there will be a need for practices to submit business cases for funding by end of current financial year, to be delivered in the financial year 18/19.</p> <p>The group expressed concern that funding is non-recurrent e.g. (CB) about the impact on patients with mental health issues being able to access short term support which will be withdrawn when a service is no longer funded. LP said that there would be a need for services and funding to be reviewed. SG said that it is common for services in many sectors to be funded on a short-term basis.</p> <p>AL/JC confirmed practices are aware that they need to submit plans by financial year end.</p> <p>JC wants to focus over the next six months on individual projects rather than having a general conversation. Alison can help with feedback from Executive meetings.</p> <p>ACTION: JC to share the detailed survey responses with the group The Action Tracker will be shared (by whom tbc)</p>
6.	<p>Update on SWOL (JC): Information provided in items 5 and 8</p> <p>ACTION:</p>
7.	<p>Update or bubbling up issues from PPGs:</p> <p>DP (Woodlands Medical Centre)</p> <ul style="list-style-type: none"> • A new partner started at the practice on 02.01. • A new telephone system with more lines is to be installed end January to improve the response to patients. • Two new services are to be contracted to use the capacity in the extension. • A new Practice Manager is to be recruited Jan / Feb with the start date tbc. • A further extension is planned. <p>MB (Clifton Hampden)</p> <ul style="list-style-type: none"> • Age UK is coming to carry out some preventive work with patients. • The GPs are exhausted and the Practice Nurse comes to the PPG meetings instead. <p>JP (Wantage)</p> <ul style="list-style-type: none"> • The extension of the present premises is moving forward • The PPG is hoping to join with Church St to organise a Wellbeing event. • There is concern about podiatry services with a six month wait for one patient causing avoidable complications. AL suggested options <p>LP/SG (Didcot)</p> <ul style="list-style-type: none"> • There is a new doctor so the practice is now up to strength with GPs. • A new Specialist Nurse in respiratory services started in January. • A Paramedic Practitioner started in December. • The practice wants to move to 15 min appointments (up from 12 minutes).

	<ul style="list-style-type: none"> • SG asked AL to forward information about the national GP survey and what it looks like as PPGs are being asked to support the relaunched national survey but do not know what is in it. The PPG wants to carry out a local survey but does not want to duplicate the national survey. SG wants to focus their own survey on locally identified issues especially where problems or lack of understanding have been identified. • The group commented on surveys in general and whether surveymonkey helps the process or has drawbacks with exporting data for analysis. The group discussed that an annual GP survey is no longer a requirement but the PPG cannot comment on behalf of patients if there is no survey. SG wants Didcot's survey to focus on a small number of focused questions. It will be conducted via the surgery and virtual patient groups. It is worthwhile to inform improvements in the practice identifying issues in patient awareness and understanding of services e.g. 111 service. <p>•</p> <p>BL (Marcham Rd)</p> <ul style="list-style-type: none"> • A Senior Partner has left. A replacement will start in April and will be a partner. • The PPG meeting has always been attended by a doctor, apart from last 2 meetings. Attendance just for the first 30 minutes has had to be accepted. It is in the group's terms of reference that a practitioner attends. <p>RP (Berinsfield)</p> <ul style="list-style-type: none"> • Triage is conducted by receptionist before an appointment can be made. <p>GW (White Horse)</p> <ul style="list-style-type: none"> • Triage is very successful. There are now very few DNAs and there is less pressure on the car park. • There is an online triage facility identified where a query can be sent online to a GP. GW wonders whether this is promoted or explained to patients effectively with the navigation on the website identified as a possible barrier. AL advised this is a development area. BL questioned the online security about such systems especially when inputting sensitive information. LJ queried who picks up these messages (surgery or third party). The group commented it was a useful tool but had some reservations about response times and resourcing. The facility is not available at all surgeries. • Two PPG members are standing down. <p>SH (Church St Wantage)</p> <ul style="list-style-type: none"> • The PPG has two new members • The PPG will join NAPP with funding for this agreed by the group. Feedback from other PPGs is mixed in terms of its usefulness. 14 surgeries across Oxfordshire have membership at a cost of £60 a year each. BL has benefited from membership to get advice from NHS England when a doctor left the practice. He is also able to give a quick response to NHS England about patient issues. GH said the annual conference is useful as a good source of ideas and feedback. <p>GW queried the receptionist role regarding triage / signposting to other services. Receptionists have been trained in triage supported by the CCG to ensure best use of practitioners in surgeries and access to appropriate external services (e.g. hearing)</p> <p>ACTION: AL to forward a copy of the national GP survey to SG</p>
8.	<p>Cancellation of planned operations (SG):</p> <p>Nb. The first part of this item took place at the beginning of the meeting to allow DP to leave the meeting at 10.45</p> <p>DP reported that in the forum in Banbury the winter pressures issue was raised. In STP1 the public was asked to support the closure in Oxfordshire of 14% of beds. There was opposition to the proposals due to increasing demand. Between 2017 – 2022 there will be a 22% increase in the 75 – 84 group which is an area of high demand. There is also an increasing population overall. In January 2017 JR closed elective procedures for 2 – 3 days, and</p>

this winter has been even worse.

It has been identified that beds are no longer needed and treatments are to be offered in localities. The public wanted to increase local services before closing beds to assess the impact. Paul Brennan demonstrated the need for more beds. Concern was raised about the information about bed need in STP1. There is concern about pressures going forward due to winter pressures and the impact on elective surgery. DP reported that HWO is questioning the issue. SG said that until needs have been identified in STP2, it is not possible to identify whether beds are needed or not. The group wants to identify systemic problems in overall planning and offer a helpful approach

AL told the group that the CQC has identified delayed transfers as an issue for Oxfordshire. OUH has opened another ward for patients who are medically fit but unable to go home for various reasons. This is an increased issue due to winter pressures but there is not a simple fix. DP suggested the need to identify what the issues are around delayed transfer before beds are reduced. AL said there are 23 patients at JR who are unable to go home due to a variety of social care factors. The group questioned the further impact of closures in care services. AL informed the group that there is a CQC review into DTOC investigating how the transfer can be better supported which was published on 8th January. It identifies that the underlying problem is not being fixed. The group suggested an agenda item about adult social care integration. SG identified funding / staffing as issues to resolve. Oxford weighting was raised as an issue.

SG added that from family experience in another area, it is possible patients not fully fit to be released are being sent home if relatives are available, which can lead to readmissions. **AL** GPs have been asked to identify if patients have been discharged too early. **DP** wishes to encourage and support HW to raise this at a high level.

ACTION: Group to encourage PPG members to share their experiences of health and social care on the Healthwatch Oxfordshire website
www.healthwatchoxfordshire.co.uk

Part 2:

JC gave an update about winter pressures

Cancellations have been unprecedented this year with a similar picture across the country. Acute services are struggling increasingly year on year which is a concern.

Identified cause of pressures are:

- the whole system is affected by increased demand. There are more frail patients getting ill this year partly due to flu and also a rising trend. This affects other services e.g. GPs
- hospitals' ability to get frailer patients out of hospital is compromised.

What has been done:

- In Primary Care GPs have offered extra appointments over Christmas and the new year.
- Local care homes have made some additional resources available to hospitals e.g. making beds available with patients looked after by GPs
- The Abingdon Community Hospital opened extra beds using agency nurses and other staff to care for patients
- 25 patients were transferred from the JR to an extra ward opened at Nuffield Orthopaedic Centre (NOC). The hospital asked the CCG to identify additional staff hours to support this, and JC worked there for several days
- GPs are working next to A&E services at JR and Horton helping to get patients home.
- There is a question about GP out of hours services and pressure over Christmas and new year.

	<p>LJ commented the winter pressures plan has worked and JC confirmed all services have worked with the challenges positively. JC raised the question whether cancelling services actually frees up capacity</p> <p>JC informed the group that JR does not have a spare closed ward to meet additional need. The issue is staff rather than physical space when reducing bed numbers.</p> <p>The group thanked JC for the work that has been done by all staff and asked that this message be passed on</p> <p>SG acknowledged the feedback about the impact on Primary Care.</p> <p>The group discussed the impact of flu and the effectiveness of the flu vaccination</p> <p>ACTION: JC to pass on thanks to NHS staff for their work during the winter pressures</p>
9.	<p>Any Other Business:</p> <p>GH advised that in village where he lives there is 340 hectares of farmland up for sale though he is not aware whether it is being sold for agricultural use or housing development. He suggests keeping land sale under review due to the potential speed of change. AL said that nothing has been mentioned in the current plan for housing development.</p> <p>Issues with Healthshare MSK service -JC confirmed there is no physiotherapy service in Abingdon/Wantage at present. Letters have been sent to patients advising they will not be contacted further if they do not respond – this has been checked to ensure this is appropriate. Choice of hospital on referral has been an issue in some cases as choices are not always clear to patients. They are managing the backlog they had on takeover and improving the waiting time on referral.</p>
10.	<p>Healthwatch introduction of Nicola Perrett (HWO):</p> <p>Completed in welcome.</p>
11.	<p>Dates for the next meeting: Date of the next meetings 2018-19</p> <p>All Saints Room, Didcot Civic Hall from 10 am-12.30 pm is booked for the following dates:</p> <p>20 March 2018</p> <p>15 May 2018</p> <p>17 July 2018</p> <p>18 Sept 2018</p> <p>20 Nov 2018</p> <p>15 Jan 2019</p> <p>19 March 2019</p>
	<p>Summary of Actions</p>

ACTION: SG will circulate the CQC report /AL has a summary from OCCG – will forward to NP to embed in minutes.

**ACTION: JC to share the detailed survey responses with the group
The Action Tracker will be shared (by whom tbc)**

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