

Minutes. SWOLF

17 July 2018, 10.00 a.m. - 12.30 p.m. Didcot Civic Centre

Present	Name		Organisation / PPG
	Shelagh Garvey	SG	Didcot Health Centre (Chair)
	Lesley Powell	LP	Didcot Health Centre
	Richard Pullen	RP	Berinsfield Health Centre
	Dermot Padden	DP	Woodlands Medical Centre
	Janet Parker	JP	Newbury St Practice, Wantage
	Tom Thacker	TT	Newbury St Practice, Wantage
	Graham Hall	GH	White Horse Medical Practice
	Bruce Claxton	BC	Church Street Practice, Wantage
	Mary Braybrooke	MB	Clifton Hampden Surgery
	Gene Webb	GW	White Horse Medical Practice
	Hazel Knott	HK	Long Furlong Medical Centre, Abingdon
	Anne Lankester	AL	Oxfordshire Clinical Commissioning Group
	Jonathan Crawshaw	JC	Locality Clinical Director
	Nicola Perrett	NP	Healthwatch Oxfordshire (minute taker)

1.	<p>Welcome and Introductions:</p> <p>SG welcomed BC to the meeting from Church Street, Wantage SG advised the group that NP is leaving HWO and recruitment for a successor is in place</p> <p>Apologies: Eileen Langley, Marcham Road Health Centre Sue Hannon, Church Street Practice, Wantage Martin Tarran-Jones, Woodlands Medical Centre Laurie Jackson, Long Furlong Medical Centre</p>
2.	<p>Minutes of previous meeting 15th May 2018:</p> <p>The group confirmed that in item 5 it was agreed to invite Dr Kiren Collison, OCCG Clinical</p>

	<p>Chair, to attend a future SWOLF meeting.</p> <p>The Minutes were agreed.</p> <p>Matters arising:</p> <p>SG ascertained that Kiren Collison is not free until November, so she has been booked to attend at the November SWOLF meeting. AL suggested the group send questions in advance</p> <p>Action: NP will send AL a list of PPGs at South West practices that do not attend SWOLF meetings</p>
<p>3.</p>	<p>Chair update OCCG/LFCs</p> <p>SG told the group the Locality Forum Chairs did not attend the OCCG Chairs meeting in June as they were advised a week before the meeting that neither Lou Patten nor Dr Kiren Collison were able to attend. The LFCs are concerned that this does not bode well for the ongoing relationship, especially as the LFC/OCCG meetings are scheduled some months in advance. The next scheduled meeting with OCCG will be on 30th August.</p> <p>The papers from the OCCG meeting in June have been issued. This includes an update on Healthshare MSK. The group questioned the percentages in the report and what they really mean, and whether the waiting times reported showed an improvement. Self-referral has been put on hold. AL advised that the Healthshare contract is very closely monitored. Healthwatch Oxfordshire are also monitoring performance, and are interested in hearing patients' experiences.</p> <p>A Task and Finish group at HOSC is being set up to look at the services provided by Healthshare. PPGs/patients can report their experiences of the Healthshare service via Healthwatch Oxfordshire, either by email or through the Healthwatch Oxfordshire feedback centre.</p> <p>https://healthwatchoxfordshire.co.uk/services/?filter=physiotherapy</p> <p>The group asked whether the KPIs in the contract could be available to them even if the contract cannot be. AL will ask whether this is possible.</p> <p>SG will circulate the MSK report and will include this on the agenda at the next meeting</p> <p>Action: AL to Find out if the KPIs for the Healthshare contract can be made available to the group Action: SG to circulate the MSK report to the group</p>
<p>4.</p>	<p>PPG Awareness Week</p> <p>The response was patchy, and the group would like more direction about PPG Awareness Week next year, with clearer objectives and plenty of notice to be able to arrange events. The group is looking to Healthwatch Oxfordshire to support this</p>
<p>5.</p>	<p>Terms of Reference</p> <p>The group discussed the updated version of the SWOLF Terms of Reference.</p> <ul style="list-style-type: none"> • Further thinking by the group was suggested for the success measures.

	<ul style="list-style-type: none"> • Timescales for circulation of Minutes were discussed. The group asked for the ToR to state when the final draft should be circulated, rather than be prescriptive about the process timescales. SG suggested that individuals should be responsible for noting points of interest and action points, rather than wait for the Minutes to remind them. The group recognised that the Chair is a voluntary position and that corrections to the first draft can take time. The TORs will advise a total of 10 working days for circulation as an aim. • The group supported a three-year maximum term for the Chair, and suggested an option for re-election. <p>The group thanked Martin Tarran-Jones for his work on the Terms of Reference</p>
6.	<p>Didcot Town Council healthcare discussions</p> <p>SG has been liaising with local councillors and wrote to the Didcot Herald following a front-page feature by a group of Didcot Town Councillors about the need for more healthcare professionals. The SWOLF letter was printed, in its entirety, as the lead letter in a subsequent edition of the newspaper.</p> <p>There will be an Extraordinary Meeting of the Didcot Town Council on 30th July. There will be a motion to propose a public meeting about healthcare provision in Didcot with a Question Time style panel, with representatives of OCCG, SWOLF and other agencies. SG and MTJ have been registered to speak at the Extraordinary Meeting. The papers have not yet been published.</p>
7.	<p>OCCG Report on Public Participation</p> <p>SG commented on the length of the OCCG Annual Report of Patient and Public Involvement. SG has provided some content about SWOLF, and commented that Locality Chairs were given no direction about what was wanted; consequently, the Locality contributions vary in length and focus. The group questioned the lack of content about the challenges that are being faced.</p> <p>AL explained the plan for capacity development in practices. Designs for the surgeries in Wantage are being assessed but there are some things to be resolved with the shared back-office work across the two practices. The PPGs have not been involved in the process or included in meetings to date. AL suggested talking to the practice managers for an update. AL advised it is a long process at OCCG for new developments to be agreed, and it is important to have a short-term plan to enable GPs to deliver services in the interim. In Didcot there is no option to expand existing surgeries and space to deliver services by GPs needs to be maximised. If there is an increase in usage of practice space by GPs, there are budget implications for an increase in rent repayments by the CCG.</p> <p>The group's view is that they find the PPI Annual Report difficult to read, too long and with no focus on the key achievements and what will be achieved moving forward. The intended audience is unclear.</p> <p>Action: SG will circulate her thoughts to the group for comment about the four OCCG questions on reviewing OCCG Communications and Engagement Strategy. She will take back any comments from the group to OCCG.</p>
8.	<p>Response to Lou Patten</p>

	<p>This has been summarised in the supporting document issued. SG and MTJ will draft and circulate a response from the group based on this.</p> <p>Action: SG and MTJ will draft and circulate a response from SWOLF based on the supporting document, ‘SWOLF questions and suggestions for consideration by the OCCG’</p>
<p>9.</p>	<p>Update on SWOL</p> <p>Focussed update:</p> <ul style="list-style-type: none"> • Didcot Primary Care <p>Commissioning in Didcot is moving slowly. OCCG is taking active steps to develop a 2 - 3 year interim plan to meet the need for GP space. They are working with the current physical space constraints in Didcot practices. There is space at Didcot Hospital site that is not being utilised. Recruiting professionals is not an issue. Oxford Health own and run the hospital site. Space requirements for primary care services for 2019/2020 are being assessed. OCCG is asking whether it makes more sense to move GPs onto the hospital site, or to move services delivered at GP practices into the hospital space. They are developing an operational plan for this alongside commissioning of a new Health Centre. GH asked where the location for the new Medical Centre will be. JC advised that a site has been allocated in the Great Western Park development in Didcot. The contract will reflect the growth of the new practice over time.</p> <p>SG advised JC of the plan for the upcoming Didcot Town Council meeting. JC is happy to have his name put forward to be invited as a participant in the proposed public forum. HK asked whether there is a Locality Manager at Oxford Health who could attend the Didcot Town Council meeting. JC confirmed there are for specific services e.g. community, mental health.</p> <ul style="list-style-type: none"> • Wantage <p>At the June HOSC meeting Wantage Hospital was discussed, however the Minutes have not yet been published. Lou Patten has agreed that OCCG will be part of a more detailed needs assessment looking at the population of Wantage and services that are or aren't provided at the hospital site, and proposals will be made about what services there could be in future. This would not necessitate a public consultation at this stage but the CCG wants to produce the plan with patients and providers. JC strongly encouraged patient views to be fed into the process. It will take a few months to get the group together to move forward the needs assessment involving patients.</p> <p>The group discussed the need for honesty about what the realistic possibilities are e.g. provision of inpatient beds.</p> <p>BC suggested Wantage Hospital would be ideal as a halfway house between hospital and home. JC explained there has been a shift in the way that rehabilitation is delivered in care homes and hospitals over the past 20 - 30 years.</p> <p>JC confirmed nothing will happen with Wantage Hospital until the needs assessment process has been completed. He confirmed a formal consultation process takes time but some changes could be implemented more quickly.</p> <p>JP welcomed the proposal, describing it as the first positive suggestion in two years.</p> <p>DP confirmed that SWOLF would want to be involved in the process through the representatives from Wantage</p> <p>The group asked for any further information about other areas in the South West and the integration of health and social care. JC advised he sits on a joint CCG/Social Care group.</p>

	<p>Change will be an evolutionary process as it needs to be made at all levels across a number of large organisations.</p> <p>The group discussed some of the political drivers that have an impact on change in health and social care integration.</p> <p>JC responded to some questions from SG:</p> <ul style="list-style-type: none"> • JC has no deputy; he works one day a week for OCCG. • There is major building work underway at Malthouse Practice. There have also been some unexpected GP retirements but they have not closed their list. They are being supported by OCCG. • Ear syringing - SG reported that this has been raised as an issue in the South East Locality. JC confirmed that it has been a 'bubbling issue' here for some time - provision is inconsistent, as some practices do not consider ear syringing as part of core medical provision. There is an oversubscribed service at the JR in advance of ENT appointments. Practices do not offer microsuction due to equipment costs and training requirements. <p>JC reassured the group that respite care services will still be available following the closure of the Sue Ryder provision at Nettlebed, but it has not yet been decided how this will be delivered.</p> <p>The closure of Douglas House was queried, however there has been limited public reaction.</p>
<p>10.</p>	<p>Update or bubbling up issues from PPGs</p> <p>MB Clifton Hampden Have a new secretary Have a meeting this week</p> <p>JP Church St Church St/Newbury Street met together Are concerned about premises and have Wantage Hospital march on Sunday</p> <p>LP Didcot Health Centre AGM in June - 40 attendees Have 3 new committee members Patient survey due to be issued</p> <p>DP Woodlands Ros attending 23rd July to talk about Healthwatch Oxfordshire A new doctor is starting next month Have a new business administrator as an apprentice</p> <p>GH White Horse Medical Practice Faringdon Medical Centre is being reconfigured so do not have two reception/waiting areas - work in progress and due to be completed in next two weeks. Have a paramedic working in the centre. EMIS - there were difficulties accessing this following a system upgrade</p> <p>RP Berinsfield The last meeting was well attended Need a new chair</p>

	<p>HK Long Furlong The last meeting was cancelled due to holidays but was carried it out by email instead</p>
11.	<p>Healthwatch Update Link circulated with agenda</p>
12.	<p>Any other business</p> <ul style="list-style-type: none"> • SG showed the group the information governance guide from OCCG. AL will access a final version without tracked changes. SG will circulate • GW asked about progress with the locality plan and where they can access progress updates. AL will issue the updated action tracker prior to each SWOLF meeting. • JC confirmed practices have a direct line so paramedics, etc. can get hold of staff during busy times. <p>Action: AL will issue the updated action tracker prior to each SWOLF meeting</p>
13.	<p>Summary of Actions:</p> <p>Item 2: NP will send AL a list of PPGs at South West practices that do not attend SWOLF meetings Item 3: AL to Find out if the KPIs for the Healthshare contract can be made available to the group Item 3: SG to circulate the MSK report to the group Item 7: SG will circulate her thoughts to the group for comment about the four OCCG questions to do with reviewing OCCG Communications and Engagement Strategy. She will take back any comments from the group to OCCG. Item 8: SG and MTJ will draft and circulate a response from SWOLF based on the supporting document, 'SWOLF questions and suggestions for consideration by the OCCG' Item 12: AL will issue the updated action tracker prior to each SWOLF meeting</p>
	<p>Dates for the next meeting: Date of the next meetings 2018-19 All Saints Room, Didcot Civic Hall from 10.00am - 12.30pm is booked for the following dates:</p> <p>18 September 2018 20 November 2018 15 January 2019 19 March 2019</p>