

Minutes. SWOLF

20th November 2018, 10.30am, Didcot Civic Hall

Present	Name		Organisation / LF
		Shelagh Garvey	SG
	Janet Parker	JP	Newbury Street Practice, Wantage
	Tom Thacker	TT	Newbury Street Practice, Wantage
	Martin Tarron-Jones	MTJ	Woodlands Medical Centre
	Dermot Paddon	DP	Woodlands Medical Centre
	Gene Webb	GW	White Horse Medical Practice, Faringdon
	Richard Pullen	RP	Berinsfield Health Centre
	Graham Hall	GH	White Horse Medical Practice, Faringdon
	Lesley Powell	LP	Didcot Health Centre
	Bruce Claxton	BC	Church Street Practice, Wantage
	Sue Hannon	SH	Church Street Practice, Wantage
	Eileen Langley	EL	Marcham Road Health Centre
	Mary Braybrooke	MB	Clifton Hampden Surgery
	Anne Lankester	AL	OCCG
	Richard Maynard	RM	Healthwatch Oxfordshire (minutes)
	Dr Kiren Collison,	KC	OCCG
	Jo Cogswell	JC	OCCG
	Dr Jonathan Crawshaw	DR JC	OCCG

1.	<p>Welcome, introductions and apologies</p> <p>Apologies: Hazel Knott</p>
2.	<p>Minutes of meeting held on 18 September 2018</p> <p>Sue Hannon's name to be added to Attendees.</p> <p>Updates/Matters Arising</p> <p>DP confirmed that the EMIS system does not carry any patient data across when the user is taken to an external site, and therefore does not pose a risk to confidentiality. GW said he received emails even when he had specifically asked not to receive them; he asked who commissioned the EMIS system, and AL responded that it is bought in by the GPs themselves.</p> <p>SG reported that the planning application for the Health Centre at Great Western Park had now been submitted, with concerns being voiced by Didcot Town Council and residents about the design, especially the size of the building (three storeys), effect on neighbouring properties and the lack of parking. AL confirmed that the plan was submitted by Oxfordshire CCG, and that South Oxfordshire District Council had encouraged them to apply for a three-storey building. Planning permission sits with the Vale of White Horse, not SODC.</p> <p>Didcot Civic Hall: SG had reported new restrictions on access to the toilets, especially in the evenings, which would affect evening meetings. She has spoken to a local Councillor, who was unaware of the restrictions, and has queried them; the facility is now left unlocked after 6 pm if there is a function or meeting. A paper prepared by Creative Parking containing proposals to regulate parking on the site has not been accepted by the Town Council, who acknowledge the need to address issues but want a different approach.</p> <p>Earwax removal: AL reported that the CCG was looking at developing a contract for GPs to be paid for providing this service.</p> <p>Need to keep pushing OCCG on Healthshare – AL said that a scoping paper is being prepared.</p> <p>ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS</p> <p>AL to speak to Emma Teasdale at Healthwatch Oxfordshire regarding those practice PPGs which do not send representatives.</p> <p>AL to find out if the KPIs for the Healthshare contract can be made available to the group.</p>
3.	<p>Chair update / OCCG/LFCs</p> <p>SG reported that the topics discussed at the recent meeting of Locality Forum Chairs had included social prescribing. MTJ called for a clearer narrative from the CCG about this, as GPs not talking to patients about social prescribing. There are different models throughout, and it's not in the GP Contract. AL outlined some of the work already being carried out in different localities, including contracts with Age UK Oxfordshire and MIND.</p> <p>SG also reported that a pilot for an online triage service was running in some parts of the county although not in the South West locality. AL added that the Abingdon Federation had an Early Visiting Service, designed to prevent unnecessary visits to GPs.</p>
4.	<p>Report on Didcot Town Council Healthcare Forum</p> <p>DP reported that very few members of the public had attended this event, and that it had mainly been councillors and health officials. Those members of the public who did attend were mainly from PPGs. There had been presentations from SG, Kiren Collison (OCCG), Jo Cogswell (OCCG), Dr Jonathan McWilliam (OCC Director of Public Health) and Dr Jonathan Crawshaw. There had been a recognition that Didcot could not be looked at in isolation when planning services.</p>

	<p>Public Health data presented was out of date. Nothing concrete was achieved – basically a political points-scoring exercise - SG is chasing Town Clerk to see if report/action points to be published.</p> <p>SG said the event had not been well-publicised, and had it not been for the PPGs publicising it, no one would have attended.</p> <p>MTJ suggested that SWOLF should run an event with the CCG, with the aim of attracting at least 100 attendees. SG said that if an event was focused, and people knew about it, then they would attend.</p>
<p>5.</p>	<p>Update on SWOL</p> <p>In Dr JC's absence for the early part of the meeting, AL reported that Tehmeena Ajmal has been appointed as Winter Director for Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, the County Council and the CCG. The role is based at the John Radcliffe Hospital, and Ms Ajmal will speak at today's SWOL meeting.</p> <p>Lou Patten has now been appointed the permanent Joint CEO of Oxfordshire CCG and Buckinghamshire CCG.</p> <p>Oxfordshire has launched an Associate Nursing Trainee Programme. The programme is similar to the old State Enrolled Nurse qualification. Training lasts two years at Band 3 level, qualifying as a Band 4 nurse, registered with the NMC.</p> <p>Dr JC reported there was no update on the Abingdon EMU, except that much work was being done on a more coherent pathway for frail adults. The initial focus will be on 1-2 'neighbourhoods', and Abingdon will be one of the places where this will be tested.</p> <p>Hospital at Home: Dr JC reported that a Community Nurse Team (part of the Integrated Locality Team) would provide short-term intensive support for patients at home, which may include administering I/V drugs. The intention is to respond to a crisis, then withdraw when the patient has been prevented from deteriorating to where they need hospital admission. The team are activated by a GP or other community team (e.g. District Nurses, Occupational Therapists, etc.).</p> <p>Physiotherapy/MSK: in response to a question from SH, Dr JC's understanding was that Healthshare was now asking Oxfordshire CCG for increased funding, in recognition that demand had originally been grossly under-estimated. The issue of waiting times was being addressed. The focus for delivery points has been on capacity, rather than locations, in order not to split teams. This was described as a major point of frustration, which had made for a difficult year.</p> <p>MTJ responded that it was apparent that previous provider Oxford Health had been under-funded. Healthshare had offered to provide more, at a lower price, but services had now declined to their previous level.</p> <p>Dr JC pointed out that Healthshare ran several other services not previously provided by Oxford Health. Awarding the contract to Healthshare had been less to do with how its managed appointments and more that it was delivering the model that the CCG wanted, in a single hub. Oxford Health had not been able to offer that. He added that waiting times were coming down but were still too long. LP pointed out that there was a purpose-built physiotherapy room at Didcot Hospital, paid for by the local community, and currently standing idle.</p> <p>Vaccines: Some practices had experienced a shortage of flu vaccine. Dr JC explained that this was down to a national decision to send out vaccines in three phases, instead of one single delivery in September; 40% were sent out in September 20% in October and 40% in November. In some practices, communication had not been done effectively and flu clinics had not been planned well. All practices should now have their stock, and next year there will be pressure for all surgeries to have their full stock in September, and for better communication about how flu clinics are arranged.</p>

<p>6.</p>	<p>OCCG update</p> <p>KC explained that the approach to Transformation had now changed and had gone from being a county-wide approach to being more focused on particular areas and demographics. JC distributed a Framework summary, which had been presented to HOSC and the Oxfordshire Health & Wellbeing Board.</p> <p><u>Key points:</u></p> <ul style="list-style-type: none"> - how can developments be tailored to local needs? – demographics, disease burden, desired outcomes, current services/buildings/facilities, use of models from elsewhere; - involvement of patients, patient groups, Councillors, etc. from the start; - impossible to have identical facilities in every town; - Locality Place Based Plans ‘still absolutely valid’. <p><u>Q & A</u></p> <p>MTJ – the plan lacks an explanation of how improvements would actually be delivered. JC highlighted improved interactions across the system in the last six months – good feedback from recent CQC follow up visit.</p> <p>MTJ – how does OCCG intend to break down South West Oxfordshire into areas? KC - CCG won't make the decision, it's up to 'the system' to decide.</p> <p>MTJ – nothing to show how the system-based approach will be implemented – e.g. NHS England objective of moving care closer to home.</p> <p>MTJ - need for a common language concerning the definitions of words such as engagement, consultation, involvement etc. SWOLF raised this a long time ago, and SG and MTJ included this in the SWOLF welcome letter to Lou Patten (April 2018); SG has also mentioned this at LFC meetings with OCCG.</p> <p>BC – what are the restraints holding back progress on Wantage Hospital? KC said that options for the future of Wantage Hospital should be ready by June or July next year. If an immediate gap is identified, it will be addressed straight away.</p> <p>MTJ - called for the setting up of an Operations Board, with goals, key strategies, plus an outline of what was to be done to make them happen. The current plan does not present a strategic picture.</p> <p>BC – some services, e.g. ENT, could be offered in surgeries</p> <p>KC and JC emphasised that the Framework is not intended to be a draft Plan, and they want to work with us on taking tis forward.</p> <p>SG thanked KC and JC for attending, and emphasised that SWOLF wish to work with OCCG, but will continue to question and criticise as necessary. She repeated that SWOLF members were still keen to hear from Lou Patten the CEO of Oxfordshire CCG and were disappointed that she had not taken up their invitation to attend a SWOLF meeting.</p>
<p>7.</p>	<p>Update or bubbling up issues from PPGs</p> <p>Newbury Street: JP reported still collaborating with Church Street practice. There will be a Health and Wellbeing event in early October next year</p> <p>Woodlands Medical Centre: MTJ reported that the surgery now had 14,500 patients (up from the original 8,500) and was now months away from being full. Waiting times are now going up. The PPG has been very active and is about to launch an initiative involving Parkrun. The local foodbank is under pressure and there is now a donation box in the surgery reception.</p>

	<p>White Horse Medical Centre: GW reported that the new building is now finished. The reception is in a better location and each doctor has their own consulting room. There is also room to expand. There is no update on finding a new Business Manager. GH reported that attempts are continuing to recruit more PPG members.</p> <p>Berinsfield: GH reported that there is a new Chair and the most recent meeting was well-attended. The new triage system is working well.</p> <p>Didcot Health Centre: LP reported that a PPG Patient Survey was currently running, with hard copy returns via PPG face to face work in the surgery, and online survey via the Patient Reference Group. The online survey was extended after initial problems with the Survey Monkey format There have been flu jab issues, with appointments being made when there was no stock. An additional Advanced Paramedic started in November, to handle minor issues and some home visits, and the practice is recruiting a respiratory and diabetic nurse.</p> <p>Church Street: BC reported that the burning issue was the expansion of the building, as more patients were signing on every day. The AGM included an event featuring Ambulance Service, including First Responders. The theme was 'Where can you get help before you need a doctor?'</p> <p>Marcham Road Surgery: EL reported that the AGM had taken place. The position of Secretary is vacant, but Bob Lassam had been re-elected Chair. The surgery was looking at the possibility of an online set-up. The triage system was working well and was very effective. Some people had complained about not being able to always see the same doctor. The flu jabs went well, with individual invitations by text.</p> <p>Clifton Hampden: MB reported that the PPG had held a meeting with the GP and the Practice Nurse about what to put in newsletters. The next meeting will be held in December and will feature a talk from Healthwatch Oxfordshire. The practice is stable but very small, and the group would like to work more closely with Berinsfield and Abingdon.</p>
8.	<p>Healthwatch Update</p> <p>https://healthwatchoxfordshire.co.uk/wp-content/uploads/2018/10/Paper-2-Executive-Directors-Report.pdf</p>
9.	<p>Any other business</p> <p>None</p>
	<p>Date of the next meetings 2018-19</p> <p>These will be circulated by SG.</p> <p>All Saints Room, Didcot Civic Hall from 10 am-12.30 pm is booked for the following dates: 15 Jan 2019 19 March 2019</p>
	<p>Summary of Actions</p> <p>Item 2: AL to speak to Emma Teasdale at Healthwatch Oxfordshire regarding those practice PPGs which do not send representatives. AL to find out if the KPIs for the Healthshare contract can be made available to the group.</p>