

Minutes. SWOLF

15th January 2019, 10.00am to 12.30pm. Didcot Civic Hall

Present	Name		Organisation / LF
		Shelagh Garvey	SG
	Lesley Powell	LP	Didcot Health Centre
	Anne Brownson	AB	Marcham Road Health Centre
	Bob Lassam	BL	Marcham Road Health Centre
	Gene Webb	GW	White Horse Medical Centre
	Graham Hall	GH	White Horse Medical Centre
	Janet Parker	JP	Newbury Street, Wantage
	Tom Thacker	TT	Newbury Street, Wantage
	Richard Pullen	RP	Berinsfield Health Centre
	Dermot Paddon	DP	Woodlands Medical Practice
	Bruce Claxton	BC	Church Street, Wantage
	Dave Butterworth	DB	The Abingdon Surgery (Stert Street)
	Laurie Jackson	LJ	Long Furlong Medical Centre
	Emma Teasdale	ET	Healthwatch Oxfordshire (minutes)
	Martin Tarran-Jones	MTJ	Woodlands Medical Centre / HWO
	Jonathan Crawshaw	JC	OCCG
	Anne Lankester	AL	OCCG

1.	<p>Welcome, introductions and apologies</p> <p>Apologies from Eileen Langley The members introduced themselves.</p>
2.	<p>Minutes of meeting held on 20 November 2018</p> <p>Item 2 GWP planning application is still awaiting a decision - indicative decision date on application is end December 2018 (decision will be with Vale of White Horse DC), Didcot Town Council raised objections over size/style of building, inadequate parking, 'unneighbourly aspects', etc., also objections from nearby residents, plus technical objections raised by developer. EMIS system - BL still in deep discussion, some progress and issues acknowledged (e.g. lack of transparency that information links lead to non-NHS site). There is a presentation on EMIS available for PPGs, and this could be shared at a SWOLF meeting.</p> <p>Item 4 Following the Didcot Town Council Healthcare Forum, SG contacted the Town Clerk to ask if there were any minutes or action points published, to date there has been no response, and unlikely to happen.</p> <p>Action EMIS system issue to remain on agenda until further notice. BL to present the EMIS presentation at a future SWOLF meeting.</p> <p>Outstanding Actions from previous meetings to be followed up by ET & SG AL to speak to ET at HWO 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>
3.	<p>Chair Update OCCG/LFC</p> <p>The LFCs have requested meeting OCCG every 3 months, rather than every 2 months, on condition that either Lou Patten or Kiren Collison is in attendance, and focus is on key issues. Healthwatch Oxfordshire will continue to support in between these meetings.</p> <p>At the last OCCG/LFC meeting on 20th December, Lou Patten was unavailable and Kiren Collison only available for first half hour, so meeting concentrated initially on discussing what co-production means, definition of its key principles and how co-production can be implemented.</p> <p>SG reiterated the ongoing local issues: -</p> <ul style="list-style-type: none"> - lack of progress on Wantage Hospital – some movement but on long timescales - Ally Green explained that activity had to be suspended during recent local by-election. - Primary Care capacity issues in Didcot – short term solutions needed urgently. - concern over lack of premises in Wantage and Abingdon for MSK services – pointed out purpose-built physio centre (paid for by Didcot residents) in Didcot Hospital, but not being used. <p>The Task and Finish group is continuing its 'deep dive' into Healthshare provision, and a report will be made to HOSC in February 2019. There is concern that Healthshare are not offering placements for trainee physios - Ally Green will ask Task and Finish group to investigate.</p>

<p>4.</p>	<p>Feedback on Primary Care Stakeholders meetings - Wantage and Didcot</p> <p>Wantage (JP) Those attending these meetings were told that they are now Stakeholder meetings, OCCG were also in attendance. OCCG explained that they were looking at the needs of the whole of OX12, not just Wantage. Concerns raised that OCCG don't see the impact that the closure of the hospital has had on the area. An OCCG meeting had been held in December 2018 to establish the stakeholder base, including school children, younger parents, etc. Several points made were incorrect and were challenged by JP, e.g. that there are no areas of deprivation, plus inaccurate population figures quoted, with no account taken of housing development. JP has also asked for TORs for these meetings and who could attend, as nothing has been explained. No date notified for next meeting.</p> <p>AL explained that the Stakeholder meetings are the start of a wider process - this was soft engagement, inviting various groups to come along so that OCCG can find out who are the right people to engage with. Information was used from Healthwatch Oxfordshire, following their recent project in Wantage. Libby Furness will be leading on Wantage for OCCG.</p> <p>Didcot Primary Care (SG) SG attended a Stakeholder meeting on the 13th December, as sole patient representative - was told that most of the information discussed is not available to share, due to confidentiality. SG expressed concern that things aren't happening fast enough for current and planned population growth, and patients not mentioned as part of planned consultation processes. One proposed development on Didcot /West Hagbourne border has now been withdrawn, following substantial objections, including pressure on health provision (AL objected on behalf of OCCG). Staffing is critical in all surgeries in Didcot and any staff shortages have significant effect, e.g. HCAs covering some Practice Nurse activity has knock on effect on basic HCA activity (delays in getting blood tests, etc.). Visions and aspirations for 5 years' time are not good enough, there need to be short term solutions available now. AL explained that a paper was being looked at by Oxfordshire Primary Care Commissioning Group Committee and has both short- and long-term solutions. The paper is confidential, due to the sensitivity surrounding practices and businesses. AL also informed the group that SG has been asked to be a patient's rep from SWOLF at the Stakeholder meetings</p> <p>BL thinks the GPs see PPGs as a 'nice to have' but they don't get used to their full potential. It would be easy to use a PPG Chair involved by asking them to sign confidentiality doc to alleviate the problem of being criticised for not having public engagement as not only are they PPGs, but they are also members of the public.</p> <p>Action AL to find out next steps about Stakeholders meetings from Libby Furness.</p>
<p>5.</p>	<p>Update on SWOL</p> <p>The new NHS Ten Year Plan is a high level 'enabler', and priorities for 2019 are around Primary Care and Community Care Networks, which are long overdue and should make a difference. Federations will still hold contracts, with Primary Care Networks emerging. PCNs are discrete and local PCNs, which should lead to more collaborative work between GP practices, are at different stages. A pilot will be run in Abingdon over the next 3-6 months, to trial different ways of working. Once results have been analysed, lessons learned will be cascaded over the rest of the area. GPs will continue to hold contracts but many of the contracts that OCCG hold with individual GP practices will start to be delivered by a Primary Care Network instead. This may result in moving resources, as well as looking at shared learning that can be incorporated into delivering services.</p>

	<p>JC clarified the relationship of Networks to Federations by explaining that Federations are still important, as they are still delivering services and holding contracts. They will act as umbrella support to the PCNs and deliver services that don't work well at PCN level. Within the Federations, the Primary Care Networks will begin to work together. The Federations in our area are in Abingdon, who already have their network in place, and one in Didcot, Wantage and Faringdon, which is not yet delivering together as a Primary Care Network. It is anticipated that each practice will still hold a contract, but it will be smaller, with money redirected to bolt on to a contract held by a PCN.</p> <p>DP asked what will happen to the PPG element once the GP surgeries become part of a Primary Care Network, and whether they will they have to combine. JC said that he was sure they would still be required in each individual surgery.</p> <p>Didcot Primary Care - there have been further meeting with practices and Oxford Health, with another meeting planned for next week. The CCG Primary Care Team are meeting today to talk about other practical measures to support Didcot practices in the immediate future. There is an acknowledgement that the plan needs to work for patients, as well as for practices.</p> <p>AL & JC are writing a 'light touch' update to the Locality Plan and would like input from SWOLF members. This will be a progress report highlighting progress towards achievement of goals, including those that are still work in progress or those that may have been put on the back-burner, as lower priorities. There will also be some refocusing in the context of new developments, e.g. Primary Care Networks, Integrated Care Systems, NHS Long Term Plan. The intention is not to rewrite the Plan, but to examine what is happening in 2019. AL will advise on timescales and a draft will be circulated, with comments directly to AL via email.</p> <p>DP asked for JC response to his reservations concerning MTJ comments about the Framework document. JC replied that we need to be more explicit in the local ambitions and timeframes, but these can't be part of the Framework.</p> <p>Action JC & AL to request for input from SWOLF members regarding updating the Locality Plan.</p>
6.	<p>Progress on OCCG Framework</p> <p>MJT said that the Framework has been signed off and agreed by both the Health and Well Being Board and HOSC. MTJ has 3 basic concerns – cost, methodology and timescales. There is concern over OCCG capacity to fulfil all the stages in the document and how the involvement of the public will be implemented at all stages. MTJ opinion is that, ideally, OCCG should be coming to speak to Localities and asking them what is happening on the ground. CQC have acknowledged it in their report. A reply from Jo Cogswell is still awaited on how the Framework will be completed, and public engagement will be achieved. A critical point is the potential for conflict arising from system managers trying to comply with the larger scale BOB STP plans, as well as considering Oxfordshire and local needs.</p> <p>SG asked SWOLF members if they were happy for us to position ourselves with OCCG as their critical friend and by asking how we can help them take plans forward. BL expressed concern about the SWOLF role, with wide ranging agenda at SWOLF meetings leading to nothing concrete being achieved – meetings should have a single focus. After a brief explanation of how Locality Forums were set up to facilitate two-way flow of information between OCCG and patients, MTJ suggested need for an agreement for all Localities to work together to get answers to fundamental questions. SG to put Framework discussion on the agenda for next LFCs meeting, for referral to the next OCCG/LFC meeting. In response to a query, AL explained that</p>

	<p>Jo Cogswell is the key worker for the Framework and has been brought in from NHS England to work with the OCCG and to lead the process of Public Involvement and Engagement.</p> <p>SG and MTJ will liaise to agree key questions, which can be circulated to members, and then raised with the other LFCs.</p> <p>ACTION SG to get Framework issues onto the agenda for next LFC meeting SG/MTJ to liaise to define fundamental questions for LFC meeting</p>
7.	<p>CQC Review report (attached with the agenda)</p> <p>Members found some aspects confusing - there is a huge amount of work that has only just been started, with little progress made. The report highlights how slowly things are moving and why patients haven't felt or seen any changes.</p> <p>The report shows the reflections of the system leaders, and what CQC see as still needing to happen, but doesn't say where/how public will be informed of progress. AL commented that Oxford Health are working alongside SCAS, with Occupational Therapists, trying to prevent patients going into hospital. It was suggested that a document could be put out to the general public, to show achievements, key performance measures, etc.</p>
8.	<p>HWO Event for PPGs</p> <p>Around fifty delegates are expected at each event. DP and Samuel Barrett are delivering a joint PPG/ Practice Manager presentation from Woodlands Medical Centre at the South event, and SG will be giving an overview of a Locality Forum.</p>
9.	<p>SWOLF Representation at SWOL meetings</p> <p>Alison Langton has recently resigned as our representative at SWOL meetings. SG asked if anyone in the group would be prepared to attend; this would ideally be a specific individual, to enable continuity. The meetings are on the 3rd Tuesday of every month, from 1.00pm – 3.00pm, at Denman College. MTJ said that Locality Forums achieved the right to attend these meetings, so it is important to ensure that the patient voice continues to be heard. BL volunteered to attend the next meeting, once he understands the purpose of the meeting, and will then report to SWOLF as to whether he can continue.</p> <p>Actions AL to email BL details on the SWOL meetings.</p>
10.	<p>Appointment of SWOLF Chair</p> <p>SG has been Acting Chair for the past 2 years. The amount of work involved is increasing and the time has come to decide whether she to put herself forward as permanent Chair. She will announce her decision at the next meeting.</p> <p>A Vice Chair also needs to be elected. This role is currently shared between MB & JP, and SG will find out if they are happy to continue in this role.</p> <p>BL spoke on behalf of the group and thanked SG for all the work she does for SWOLF, with MTJ commenting that he hoped SG would decide to continue.</p>

<p>11.</p>	<p>Update or bubbling up issues from PPGs</p> <p>Didcot Health Centre (LP) the patient survey has been completed, and the results should be available at the next PPG meeting, at the beginning of February.</p> <p>Marcham Road Health Centre (BL): triaging is working well. There are PPG concerns that those patients who don't use it are being put off because they can't just ask for an appointment.</p> <p>White Horse Medical Practice (GW): there is a new Business Chief Executive due to start. The PPG have been invited to have some input in the Practice business plan. GW confirmed that there have been no lost appointments due to triaging system.</p> <p>Abingdon Surgery/Stert Street (DB): Connie Tonks has offered to be the PPG Chair, but she is struggling to get the PPG re- established.</p> <p>Newbury Street (JP/TT): concerns that GP appointments are taking longer, up to 3-6 weeks unless patients are triaged, this is potentially being caused by the lack of extension to the premises. The PPG has been excluded from practice meetings regarding the premises. JP has been asked to raise the question as to whether there are statistics available for deaths due to lack of GP access, especially as the population is continuing to grow.</p> <p>Berinsfield Health Centre (RP): there is now a session for walk-in appointments. This flexibility is aimed at patients who can only talk at certain times of the day, due to being at work.</p> <p>Woodlands Medical Centre (DP): DP and the Practice Manager Samuel Barrett have agreed to deliver presentation, designed by MTJ, at the Healthwatch Oxfordshire South PPG Forum, highlighting benefits of joint PPG and Practice working - next PPG meeting is on 16th January.</p> <p>MTJ left the meeting at 12.25</p> <p>Church Street Practice, Wantage (BC): BC has taken on the role of Vice Chair of the PPG r. There is to be a joint PPG meeting with Newbury Street next week. Questions raised over whether the Health Service can properly plan when so many Trusts have overspent. JC explained that there is a section in the Long-Term Plan for tackling the NHS deficit, but he doesn't have the information to answer the question in greater detail.</p> <p>AL left meeting 12.35pm</p> <p>Long Furlong: LP – NTR</p>
<p>12.</p>	<p>Healthwatch update</p> <p>https://healthwatchoxfordshire.co.uk/wp-content/uploads/2018/10/Paper-2-Executive-Directors-Report.pdf</p>
<p>13.</p>	<p>Any other business</p> <p>MSK Services – Senior Operations Manager offer to speak</p> <p>Marcus Laphorn has contacted SG to say that Rob Walker, Senior Operations Manager at Healthshare, has offered to come and speak to SWOLF. All members agreed, and SG will arrange.</p> <p>Action SG to arrange for a representative from Healthshare to attend a SWOLF meeting.</p>

	<p>Date of next meetings 2019</p> <p>All Saints Room, Didcot Civic Hall, is booked from 10am – 12.30pm for the following dates:</p> <p>15 Jan 2019 19 Mar 2019 28 May 2019 – Please note the change of date 23 Jul 2019 17 Sept 2019 19 Nov 2019</p>
	<p>Summary of Actions</p> <p>Item 2: EMIS system issue to remain on agenda until further notice. BL to present the EMIS presentation at a future SWOLF meeting.</p> <p>Outstanding Actions from previous meetings to be followed up by ET & SG AL to speak to ET at HWO 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> <p>Item 4: AL to find out next steps about Stakeholders meetings from Libby Furness.</p> <p>Item 5: JC & AL to request input from SWOLF members regarding updating the Locality Plan.</p> <p>Item 6: SG to get Framework issues onto the agenda for next LFC meeting SG/MTJ to liaise to define fundamental questions for LFC meeting</p> <p>Item 9 AL to email BL details on the SWOL meetings.</p> <p>Item 13: SG to arrange for a representative from Healthshare to attend a SWOLF meeting.</p>