

Minutes. SWOLF

23rd July 2019, 10.00am – 12.30pm, Didcot Civic Hall

Present	Name		Organisation / LF
		Richard Maynard	RM
	Bob Lassam	BL	Marcham Road Health Centre PPG
	Lesley Powell	LP	DHC PPG
	Graham Hall	GH	White Horse Medical Practice
	Gene Webb	GW	White Horse Medical Practice
	Bruce Claxton	RBC	Church Street, Wantage
	Shelagh Garvey,	SG	Didcot Health Centre
	Janet Parker	JP	Newbury Street, Wantage
	Tom Thacker	TWT	Newbury Street, Wantage
	Dermot Paddon	DP	Woodlands
	Dalleen Last	DM	Clifton Hampden
	Mary Braybrooke	MB	Clifton Hampden
	Julie-Anne Howe	JAH	Oxfordshire Clinical Commissioning Group
	Stewart Lilly	SL	Woodlands
	Sue Hannon	SH	Church Street, Wantage

1.	<p>Welcome, introductions and apologies</p> <p>Apologies Richard Pullen Martin Tarran-Jones Dr Jonathan Crawshaw Anne Branson</p>
2.	<p>Minutes of meeting held on 28th May 2019</p> <p>The Minutes were agreed.</p>
3.	<p>Chair update OCCG/LFCs - SG</p> <p>The last meeting of LFC Chairs and the CCG was held in June – mainly discussed Primary Care Networks and how they will affect PPGs. The plan is to work to scale, with ‘networks of networks’ - North, Central and South - unclear whether will be contiguous with District Council boundaries.</p> <p>JAH reported that CCG Board paper concerning these networks is available on the CCG website, although there is not yet a huge amount of detail.</p> <p>PET scanning: SG reported that it had been referred back by the Secretary of State of Health for a local solution to be found.</p> <p>SG reported that the CCG had decided to discontinue Minutes of OCCG/LFC meetings, with fewer agenda items and reports to move to a ‘discussion and action points’ format. To date, LFCs have not received anything. JAH to investigate.</p>
4.	<p>Feedback on Primary Care Stakeholder meetings – Wantage and Didcot</p> <p>Wantage (SH/JP): Last meeting looked at data concerning patients and where they went in Oxfordshire – feeling that largely a box ticking exercise. More data to come - Stakeholder Group now being split to look at different data sets. Decisions on Wantage Hospital delayed until end of consultation. HOSC have instructed OH to do the repairs for which they already have money. Healthshare have had keys since June, and say they will soon be delivering MSK services.</p> <p>Didcot (SG): Great Western Park was discussed at public PCN meeting 22/7, as was the future of Didcot Community Hospital, which is uncertain - Great Western Park site ‘not ideal’ but no alternative plans on table or land available - capacity clearly not adequate (initially designed for 6,000 patients) and a new surgery does not necessarily mean new doctors.</p> <p>SL -planners had given consent for 10,000 houses in an area covered by three surgeries, with probable increase of 20,000 new people. All the major developments in the area had been enlarged from their original planning consent, making for considerable pressure on primary care infrastructure, including GP premises, staff resources, and waits for appointments.</p>
5.	<p>Update on SWOL - BL</p> <p>The Didcot surgery issue had been raised at SWOL, and it was hoped that planning permission would be in place by Christmas.</p> <p>Meeting papers relating to SWOL now being posted online within 30 days of the meeting. BL to circulate link.</p> <p>BL to be made aware of any issues via SG, so that he can raise them at that meeting. Terms of Reference have been drafted referring to BL’s role - not incorporated into the SWOL constitution but can be done if necessary. SG to have another look at the wording.</p> <p>There were presentations on Healthshare presentation and the Sue Ryder Hospice at Home palliative care project. JAH to investigate obtaining the service specification for Healthshare.</p>

	Documents circulated with agenda show the 19 PCNs countywide, and Clinical Directors in each area - second file shows mapping of boundaries to ensure 100% coverage.
6.	<p>Feedback from Integration Workshop held by OCCG 13.6.19</p> <p>This was attended by JP, on SG's behalf. Most attendees were Practice Managers or GPs, plus a Federation representative and Hospital Governors. A group exercise focused on ways of treating patients while keeping them out of hospital – JP questioned relevance as GPs surely doing this anyway - identified need for greater liaison with District Nurses and expanded gerontology services. Discussion notes will be collated. JP heard one of the participants making comments about the cost of the event, plus GPs had to leave before the networking opportunity. JAH said the event has led to a stronger thought process around the Network of Networks concept, in terms of slimmer, faster and more efficient working.</p>
7.	<p>Feedback and Updates</p> <ul style="list-style-type: none"> - Primary Care Networks DP fed back from a meeting the previous evening, attended by SG, SL, DP, LP and Martin Tarran-Jones. – see item 4. It was suggested that lobbying of PPGs was needed if they were to become involved in Primary Care Networks, but that patient apathy was a barrier, caused in part by the increasing complexity of the health service. - GP contract JAH reported that this is the directly enhanced service, which is now in the public domain. GPs who earn more than £150,000 will have to declare this, but it should be borne in mind that staff costs have to be met out of this sum. - Locality Plan SG asked what would happen to the Plan when Localities are abolished. JAH responded that this had been raised at a CCG meeting the previous day. Areas identified as Localities would remain for PCNs to work through, and Locality Plans will not be ditched. PCNs will decide how to take this forward. The OCCG Board paper previously referenced relates to work starting on how things could look in the future, but for now there is little detail. - PET-SCAN service – see item 4
8.	<p>Update or bubbling up issues from PPGs</p> <p>Reports from PPGs see Annexe A</p> <p>BL - a discussion is needed re: the future of SWOLF and ongoing role – next meeting to be dedicated to this. JAH - for the group not to continue, the CCG would have to be in a position where it ceased its contract with Healthwatch Oxfordshire - not currently under consideration, and no discussion on this at CCG - while the form and structure of SWOLF may change to reflect PCN working, it is not foreseen that a patient involvement group of this kind would not exist.</p>
9.	<p>Healthwatch Update – PPG Forum June 2019</p> <p>Report circulated</p>
10.	<p>Any other business</p> <ul style="list-style-type: none"> i) LP raised the case of a rheumatology patient referred by Healthshare to High Wycombe or Fairford for treatment, although perfectly good facilities are available in Oxford. JAH suggested could be for valid clinical reasons, e.g. availability of specialists. BL said this has been discussed at SWOLF meetings – patient contracts are with GPs so individual cases should be referred to the patient's own GP in the first instance or to Dr Jonathan Crawshaw. JAH to investigate Healthshare's KPIs. ii) JAH - update issued on Community Dermatology Service for both SW and SE Localities at Woodlands Surgery - service extended to include referrals for lesions including basal cell carcinomas on head and neck. Cases elsewhere in the county have to be referred to the Churchill Hospital - increase in expertise available for patients was welcomed.

	<p>iii) SL was surprised to learn that ear syringing was no longer available at GPs. JAH reported that, as discussed at previous meetings, CCG no longer funds it and therefore it is a Practice choice on whether they have the capacity to continue the service</p> <p>iv) SL - CCGs should have input into Local Authority structure plans at a much earlier point to avoid new developments being built without necessary health facilities. JAH responded that responsibilities of previous Locality Co-ordinator (Anne Lankester) included engaging with Local Authorities - CCG therefore has good relationships with Local Authorities, agreement that Health sits at their tables and a recognised level of CIL/S106 funding. Standard response is to object to anything with 10+ homes, or any elderly care facility, as they have a significant impact on health resources. CCG now employs Peter Redman as a specialist in this area, and he is fully engaged with the Great Western Park situation.</p> <p>Meeting closed 12.05 pm</p>
<p>11.</p>	<p>Date of next meetings 2019</p> <p>All Saints Room, Didcot Civic Hall from 10 am-12.30 pm is booked for the following dates:</p> <p>17 September 19 November</p>
	<p>Summary of Actions</p> <ul style="list-style-type: none"> • JAH to investigate publication of Minutes of meetings of LFCs with CCG. • SG to look at ToR for SWOL PPG representative role • JAH to investigate Healthshare service specification and KPIs. • JAH to invite Peter Redman to the September meeting.

Newbury St Practice, Wantage

We have chatted to patients in the waiting area about the various things we do representing them and pointing out the possibility of signing up with the practice by email. We Participated in the Church Street practice traffic survey which has been referred to the Stakeholder Group.

Sadly, there appears to be no further progress in the negotiations about the Health Centre expansion despite our inquiries!

No one seems to know if physio (Healthshare) now takes place in the Hospital building as planned.

Janet Parker

Marcham Road Health Centre – PPG

SWOLF – Update July 2019

- MRHC – to be part of the Abingdon & District Primary Care Network
- Other practices involved are Berinsfield, Clifton Hampton and Long Furlong
- Clinical Director appointed
- PPG uncertain of role and responsibilities going forward.
- Interviews for Clinical Pharmacist & Social Prescriber underway.
- New Clinical Director has indicated that he intends to engage with the PPG in the future.
- Appointment system benefits presentation by Doctor was made to last PPG meeting, Further information about any of the above subjects can be obtained by emailing mrhc.ppg@nhs.net

Bob Lassam

Clifton Hampden PPG

Most senior GP to retire on 31/12/19 who will be sadly missed.

Slightly more people interested in work of PPG and working with local PCN. Next meeting August 27th. All going well.

Mary Braybrooke

DIDCOT HEALTH CENTRE PPG JULY REPORT 2019

AGM held 26 June – not well attended but possible new committee member came forward.

Patient Survey results now available and discussed at last Committee meeting. Committee members pleased with respondents' general awareness of professionals in Health Centre, and willingness to see someone other than GP where appropriate. Results were passed to the doctors, no feedback so far.

Assistant Practice Manager is still under pressure with clinical priorities and covering Practice Manager's sick leave.

Latest newsletter has been produced, including information on PCNs and advice for patients on how to get access to online services.

Shelagh has met Stewart Lilly, new Chair of Woodlands Medical Centre PPG, to discuss working together on Didcot issues.

On 22 July, Committee members are due to attend information event on PCNs for Didcot PPGs, run by Dr Hart (Woodlands).

Shelagh Garvey, Chair

Woodlands Medical Practice

a. Stewart Lilly has been selected as the new chair of the Woodlands PG. Flavia Leslie, a retired medical professional, is the new Vice Chair.

b. A meeting is being held in the Didcot Civic Centre on Monday 22 July to brief patients from all three Didcot practices on the establishment of the GP network in Didcot. Dr Alex Hart, Clinical Lead for the Network, is the principal speaker, Dr Rachel Hart will be speaking about social prescribing and the new Patient Facility at Woodlands.

White Horse Medical Practice

Update from the meeting of 04 June

The PCN which WHMP leads, includes the Botley/ former Kennington Practice and will be known as PCN Botley White Horse. Its Clinical Director is Dr Kerrin Masterman, of WHMP. At the PPG meeting, we were informed that the submission for the PCN was made on 15 May, with the submission of schedules due by 30 June and the PCN would be operational from 01 July. The PPG decided that when everything had settled down, it would be good for the WHMP PPG to hold a 'getting to know you' meeting with the Botley PPG and to remain in contact with them thereafter, to share ideas and experiences.

Sadly, Ann Sadler, Practice Manager, whom we had all regarded as such a valuable recruit, has decided to move on, but has kindly said she will remain in post until a replacement has been found. The applicants were known to include one existing member of staff.

An update was given by Marcus Laphorn on the CT-PET scan situation at the Churchill Hospital, which remains a matter of serious concern to us all.

Concerns were expressed about recent changes to the WHMP website, which were made without reference to the PPG, which has long had a watching brief on its development. This matter was to be raised with the Partners; whose response is awaited.

Two PPG members were planning to attend the NAPP conference on 15 June.

The matter of 'Living Wills' or Advance Decisions was raised by one member and subsequently, a very helpful response was received from the Practice.

Oak Tree Health Centre, Didcot

Oak Tree's PPG met a couple of weeks ago and we are putting in place a recruitment drive to raise the profile of the PPG with our patients and hopefully to boost its membership; two PPG volunteers are going to be attending the Health Centre to meet with patients in the waiting rooms and explain what we are all about. We are starting this on Friday this week.

Oak Tree PPG representatives also attended the presentation by Dr Alex Hart, Didcot PCN Clinical Director, to the three (Didcot) PPGs on Monday this week.