

Minutes. NE Locality Forum Meeting

31st January 2018, 6.00 – 8.00pm. Bicester Methodist Church

Present	Name		Organisation / LF
	Helen Van Oss	HVO	<i>Chair</i>
	Penny Hambridge	PH	<i>Woodstock PPG</i>
	John Brimble	JB	<i>Woodstock PPG</i>
	Peter Clarke	PC	<i>Woodstock PPG</i>
	Rosalyn Roulston	RR	<i>KEY Medical Practice</i>
	Anne Macdonald	AM	<i>KEY Medical Practice</i>
	John Chalcraft	JC	<i>Montgomery House</i>
	Janet Cullup	JCu	<i>Unison Retired OCC</i>
	Linda McGlone	LM	<i>Montgomery House PPG</i>
	Cyril Levicki	CL	<i>Montgomery House PPG</i>
	Patsy Parsons	PP	<i>Bicester Health Centre</i>
	Eileen Turner	ET	<i>Bicester Health Centre</i>
	Doreen Kempton	DK	<i>Montgomery House PPG</i>
	Nicola Perrett	NP	<i>Healthwatch Oxfordshire (minutes)</i>
	Laura Spurs	LS	<i>Principal Medical (presentation)</i>

1.	<p>Welcome and Introductions Helen welcomed members and members introduced themselves</p> <p>Apologies Julie Anne Howe, OCCG, and Monica Mehers</p>
2.	<p>Minutes of last meeting (11 Sept 2017)</p> <ul style="list-style-type: none"> • The CQC has carried out their review of Oxfordshire care of the elderly. The report will be published in March and will contain advice for improvements • The locality plan is on the agenda • Housing growth remains a big issue <p>The minutes were agreed</p>
3.	Update from the Chair / Locality Forum Chairs update

	<ul style="list-style-type: none"> • HVO advised that locality forum chairs are trying to keep patient awareness high eg that documents must be written so that everyone can understand them. • There are concerns about the Horton and Banbury. • Housing growth is causing anxiety. There is no planning for the long term due to political timescales. The group remarked this is the same for education and is difficult to change. • HVO will attend a meeting in March about running super-practices. She will report back about potential anxieties and whether there will be a downside for smaller practices. This is something that is happening slowly.
4.	<p>Presentation, Laura Spurs, Principal Medical on care in the locality HVO introduced LS.</p> <p>LS explained that Principal Medical is a company owned by local GPs. Only GPs can be shareholders and there are no dividends. It is a not for profit organisation with the money it receives being reinvested in services. It links with local practices in NE Oxfordshire.</p> <p>It was set up in 2004 to deliver out of hours GP services. Since then it has developed to work with GPs in different ways; the expectation of practices has grown and become more complex while patients want to have same level of service. PML works with GPs to think about different ways of delivering general practice eg offering a specialised service for back office functions such as summarising notes.</p> <p>PML works closely with other federations. Better access can be provided through collaboration across practices. The individual model is not sustainable and smaller practices are merging. Primary Care has a very small voice although it delivers the majority of health services. It needs a voice to access resources and needs to demonstrate primary care and the community can deliver.</p> <p>PML is an umbrella organisation for practices locally. Although it is not for profit it can hold contracts as a limited company.</p> <ul style="list-style-type: none"> • At the moment it does not deliver the out of hours service • The equitable access service is located in Banbury and focusses on vulnerable groups. Eg travellers, refugees, addictive patients. The future of this centre is under discussion • The Hospital at home service. The NE wanted to have a service linked to general practice. It is a service with specialist nurses who can do assessments on behalf of GPs. It works on the avoidance of admission, trying to keep patients out of hospital. It works closely with district nurses • Counselling services across the county – this is practice based in partnership with Talking Space with Oxford Health and Mind. • Neighbourhood Access Hubs which is at Bicester Health Centre rather than in hospital premises. Premises is the biggest issue in developing local services. • Same day services are referred to the Hub. Patients are seen by a GP or advanced nurse practitioner who have access to records. This means that although GPs are feeling the pressure of increased patient need with no increase in resources, practices can now spend more time with complex patients. The future will be that routine same day appointments will be referred to the Hub. • There is a visiting service reducing the time GPs spend out of the surgery. Referrals are passed to qualified ECPs (emergency care practitioners) who visit then discuss a care plan with the GP. This is less complicated for the patient for example when a patient can't get to surgery. • Health checks and some screening services had separate contracts at each practice. PML holds the contract with the County Council and then subcontracts to surgeries acting as an intermediary.

	<ul style="list-style-type: none"> • PML provides some training and coordination e.g. with the data protection changes in May PML has set up a local conference for practices so training can be delivered locally. Training is an area PML wants to develop. • PML talks to practices about other services e.g. back up in case of flu outbreak in nursing homes / vaccination. They can provide a resource as a collective. <p>LS looked at the output from public event in Bicester in November 17 and discussed the expansion of infrastructure especially premises and staffing. Availability of space is an issue.</p> <p>LS talked about the cost of expanding services on hospital premises. LM and DK queried about physiotherapy services. HVO/LS said expensive to pay for space at hospital. The service has been reorganised and there have been issues around getting to appointments.</p> <p>The group discussed PML, that it is owned by GPs and aims to be a better use of resources. The group questioned admin and healthcare staffing and commented on the fragmentation of services within the NHS and different parts of it charging one another.</p> <p>LS said PML has been successful in bringing additional resource into primary care. HVO mentioned money not increasing. LS said PML wants to support general practice to bring in more resources. There are 100 staff at PML and another 100 health professionals eg counsellors providing services at practice. The CCG pays PML and work is then carried out at practices. The NE has PML which can compete with other organisations to tender for services to build up infrastructure.</p> <p>PML does have overheads which are growing but there are more services delivered as well. Accounts are published at Companies House. HVO said PML relieves pressure on patients and GPs. The group questioned whether this model is value for money. LS said there is increased demand on GP services so a new model is needed to meet demand. LS said PML successes are:</p> <ul style="list-style-type: none"> • Hub means GPs can spend more time with complex needs. • Ability to attract staff into the area. <p>JB asked what happens after a patient has been visited by an ECP – HVO clarified that this could be further tests or into other services. Patients get fast tracked into the appropriate service.</p> <p>There was further discussion about the delivery of physiotherapy services. JB asked whether PPGs could provide feedback in some way to help raise the issue about the availability of physiotherapy. LS said that in future it is possible services will expand so that physios see and assess patients.</p> <p>ET asked about services for family planning / sexual health. The availability of Family Planning Clinics were discussed. The group thanked LS for her input.</p>
5.	<p>NE Locality Place Based Plans / Feedback from Bicester CCG engagement event There will be a one page summary for the plan focussing on key issues There is no more feedback at present. HVO will ensure she will get a copy of the summary</p>
6.	<p>Update on Clinical Locality Meetings HVO advised that JAH is working with local authorities about building pressures.</p>
7.	<p>Bubbling up issues from PPGs</p> <p>CL</p>

	<p>No feedback</p> <p>ET Bicester</p> <ul style="list-style-type: none"> • The PPG has produced a document about how to get to your appointment explaining transport options to patients eg ambulance, volunteer driver scheme. The idea is to let people know about schemes such as volunteer drivers who will accompany vulnerable patients. The group discussed the merits of this scheme. HVO said the information could be shared between practices. • The GPs wanted a list of exercise clubs aimed at people who experience falls or who need to lose weight. The PPG has been credited with producing a leaflet 'one step at a time' for information in Bicester. It is aimed at people who currently do little or exercise and lists clubs that are at low or no cost. She will bring a supply to next NELF meeting. It is also available as a pull out in the Bicester gazette • 'Help your GP to help you' leaflet – the information has been adapted from Which magazine with permission. Which wants to take it to Royal College of General Practitioners. • The GPs appreciate what has been done to identify carers especially those who weren't aware they are carers. They have approached 30 + carers and added them to the GP list of registered carers. <p>DK Montgomery House They are trying to get more coordination between the different PPGs. They are in the early stages wanting to bring the Bicester PPGs together with the potential to share resources and ideas.</p> <p>PC Woodstock They are trying to get decent premises. There are concerns about public transport to hospital during roadworks (now suspended). The group discussed the car access issues at the JR/Churchill hospitals in Oxford.</p> <p>JC Montgomery House</p> <ul style="list-style-type: none"> • A number of PPG members turn up regularly – also virtual members but hear nothing from them. Is there a possibility of bring these people more together. • There have been difficulties with questionnaires. Do PPGs know about the Locality Plan? Could things be more joined up. HVO advised that the system is that JAH emails practice managers who email the virtual/PPG groups. <p>RF/AM Key Medical Practice</p> <ul style="list-style-type: none"> • They have a large number of committee members. They want to have a smaller working committee. • They want more actions on minutes for more practical things • The premises in Kidlington are dire. This is causing problems in recruiting reception staff. <p>HVO The Forum Chairs will meet with MPs for Oxfordshire to discuss transport and access to services. There will be feedback to PPGs. HVO advised the group that it is free to write to your MP and a letter does not need a stamp.</p>
8.	<p>Nominations for Deputy Chair HVO asked if someone would like to be a deputy to help attend meetings etc. She invited nominations in the interests of succession planning. Cyril Levicki was nominated by RF and seconded by AM to become Deputy Chair.</p>
9.	<p>AOB PP commended the Healthwatch briefings and the Healthwatch Bicester report was distributed</p>

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	<p>ET requested more hard copies of the agenda/ minutes at meeting as there weren't enough</p> <p>AM raised the issue of broader representation at PPG meetings eg young people</p> <p>JC Told the group their practice has some chairs/ folding tables available</p> <p>HVO told the group about the Locality Community Service which is a coordinating group across primary services/care/fire services etc. She said it is remarkably good at talking together to coordinate care for individual patients. There is a single number to ring to sort out complex needs across services and they have a place to meet physically to discuss individual cases</p> <p>ACTION: NP to bring sufficient hard copies of the agenda and previous minutes to next meeting.</p>
10.	<p>Dates of next meeting / events</p> <p>25th April 2018 6.00 – 8.00pm Catholic Church Hall Woodstock</p> <p>The Woodstock event will take place on 1st May 2018</p>
	<p>Summary of Actions</p> <p>ACTION: NP to bring sufficient hard copies of the agenda and previous minutes to next meeting.</p>