

1	<p>Welcome HVO introduced herself as the Chair and asked the group to introduce themselves and the PPG they are part of.</p> <p>Apologies Wendy Wasey Alchester Medical Group Monica Mehers Bicester Health Centre Rosalyn Roulston The Key Medical Practice John Brimble Woodstock Surgery</p>
2	<p>Minutes of last meeting (1st August 2018)</p> <p>The minutes were agreed as being correct.</p>
3	<p>Matters arising</p> <p>Ear Syringing: JAH brought along a self-help leaflet on Ear syringing. The consensus was that the leaflet was useful. Many practices no longer offer ear syringing.</p> <p>RH asked how many patients per thousand require ear syringing, had there been a head count across the area. HVO replied that the answer would be variable depends on demographics and that it is more of a problem for the elderly.</p> <p>JAH brought along several documents/ leaflets to share with the group:</p> <p>Bicester Healthy New Town newsletter; Diabetes Team leaflets on Type 2 Diabetes; PPG leaflets – generic PPG information</p> <p>Oxford Parent Carers Forum, the voice of parent carers across Oxfordshire. PP asked if it was for parents caring for people or people caring for parents. JAH contacted Julia Stackhouse who confirmed that “we are only for parent carers of children and young people 0 – 25yrs. After that they would need to contact Oxfordshire Family Support Network (OXFSN)”.</p> <p>Joint Strategic Needs Analysis (JSNA) leaflet https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment-report-2018. JAH explained that Health Data and Public Health are looking at the health needs of the population at a higher level e.g. housing, age and demographics, etc. Once the information has been collated, due to it being such a big document with high level and strategic information, JSNA Bitesize is being produced. The first one is about Sexual Health, JAH asked for any feedback from PPG to be emailed to EJT at Healthwatch or JAH at OCCG. Feedback received will help inform the production of further Bitesize documents.</p> <p>Presentation given by HOSC 2018/2019 Oxfordshire System Winter Plan (Newsletter here), the focus this year is prevention, encouraging “At Risk” groups to have their Flu jab. As well as encouraging people not to use hospitals unless they need to.</p> <p>HVO also highlighted a new project being run in the North East of the County with a high percentage of fallers. Once a call is received relating to falling, an ambulance is sent out to a patient, OT and Physio will also travel with the ambulance staff taking extra equipment to help support the patient. Providing no other care is required in hospital, the OT and Physio staff are left to manage the patient.</p> <p>Details on Oxfordshire Health and Wellbeing Board meeting on 15th November 2018. Oxfordshire Older People Strategy, 2019 – 2024 here and analysis here this has been compiled</p>

	<p>following recommendations in 2018 by the Care Quality Commission (CQC) for the previous paper to be updated.</p> <p>The are 4 themes that have been identified:</p> <ul style="list-style-type: none"> • Theme 1: Being Physically and Emotionally Healthy • Theme 2: Being Part of a Strong and Dynamic Community • Theme 3: Housing Homes and the Environment • Theme 4: Access to Information and Care <p>There are various documents relating to working together as a system across Oxfordshire. A new strategy and framework is currently in draft form, once it has been formally approved by the Health and Wellbeing Board it will be sent out for wide public engagement with further adaptations as required. See link here to details on the Councils website.</p> <p>There has also been a report on engagement (here) to inform the Development of the Older Peoples Strategy for Oxfordshire which has had patient input. HVO has been involved. The report will also look at prevention not just putting in services.</p> <p>ACTION Members of NELF PPGs to email any feedback on JSNA Bitesize to EJT who will forward to JAH</p>
4	<p>Email in practices</p> <p>HVO discussed a pilot email scheme that is running. The NHS would like all practices to adopt the system. Patients can email their enquiry into practice; the email message will be triaged by the practice and sent onto the relevant person. It is a 48-hour response, so is not to be used for patients with urgent issues. Montgomery House is the trial practice in the NELF area.</p> <p>PP said it would be interesting to know from the pilot if it would reduce phone traffic, which would be beneficial to patients who have difficulties contacting their practice by phone. Evidence from elsewhere has demonstrated time savings and this will be tested in Oxfordshire.</p> <p>HVO is concerned as to whether patients will be able to filter the type of information that they send and would like to hear a report from Montgomery House as to how the trial is progressing. JC said that telephone traffic is able to be monitored at Montgomery House and a report run.</p> <p>PP suggested that rather than a flat email a contact form on the website would be useful and that it could help patients identify what the email system is to be used for.</p> <p>JAH said that there were demonstration slides available and a YouTube video for how the system works. See here: https://youtu.be/E_cvVedPFNI</p> <p>RH asked who made the decision it was needed? JAH explained that this was a politically led model of working, but that we were testing it to see if it helped support our practices locally.</p> <p>HVO made a point that it was probably more for administration and about it being for specific questions, example being “it’s been a year since I’ve had my medication reviewed. Do I need to see the doctor, or can I see the nurse?” “Do I need to have blood tests first?”</p> <p>RH asked if it is creating more work for practice? By needing more staff more cost? The response was that we hoped not, and this would be something that would be monitored.</p> <p>JAH mentioned the NHS 10-year plan is out beginning of December 2018, where NHSe will be pushing for IT solutions due to the difficulty of getting staff across the whole system. The benefit will be ensuring that practices use experienced staff to best effect. HVO will be able to provide more information at the next meeting once the Plan is published and the impact considered for</p>

Oxfordshire.

JAH The “e-consult” has been wrapped around 5 criteria

- Commit to lose something to gain the benefits, e.g. ringfence some appointments for online consultation.
- Commit to actively promoting “e-consult” at the start and end of the encounter from the reception desk to end of appointment about there being an option for online should the patient wish to use it.
- Commit to designing work flows to enable consultations for e consult e.g. finding ways so that it doesn't just become an extra job.
- Commit to building adoption in the first 6 months to save GP time. The CCG and GP will jointly agree a target number of sessions target for this.
- CCG were saying to practices that they will commit to fund the licence for 2 years. If it worked well then it would either look to practices paying or if funding came through from NHS England there may be an option to extend to a 3rd or 4th year.

RH asked if there is a time frame for completion for pilot at Montgomery House? HVO replied there is no time frame and the roll out will continue if the evidence supports it.

ET pointed out that the consultation system isn't being thought about and isn't transparent. It's an instruction that people fit to make it work. Calling it a consultation is a mockery as no consultation has taken place.

HVO asked if DK could find out any information, and let the group know. DK said she didn't attend the last PPG meeting at Montgomery House, but it said on the minutes that the practice will review if it suits its needs.

JAH mentioned her concern about somebody writing something that isn't appropriate. Within the package there are flags that will come up depending words used. So key words will trigger a flag, like “chest pain” or “death” but it won't be a hot transfer to the ambulance but will still require an admin action. RH asked if that acts instead of waiting the 48 hours JAH replied that it should react a faster response. RH then asked if it was 48 hours normal or 48 working hours. HVO suggested potentially 48 working especially if it was sent on a Friday evening.

JAH suggested members watch the video (link above). There is also a demo video here: <http://demo.webgp.com/> HVO suggested that NELF members keep the link available should their practice start to use the system the PPGs can see what it means. Post meeting EJT has spoken to Richard Maynard at Healthwatch and a link could go onto the Healthwatch Oxfordshire website.

RH asked as it was his first time attending the meeting for an explanation of how the NELF Forum work? Do they take the information and spread it word of mouth, or do the Forum push back on things they don't think is right for their communities?

JAH replied that a push back should be made on anything that the Forum doesn't feel is right. HVO confirmed that information should go to her as Chair so that she can share it with the other PPG Leads in the County. HVO explained the brief role of the 6 Forum Chairs who meet bi-monthly and about the importance of the LFC meeting so that top management get to hear the messages.

RH stated his opinion was that the Forum shouldn't be adopting anything until there are results from the e-consult pilot proving it works. The whole group agreed this was minuted.

RH asked who own the licences for the system and who wrote the specifications? JAH said it was e-consult. It went out to procurement and a formal process was followed. HVO was on the panel.

	<p>SW asked what the cost of the licence was going to be? OCCG have funding for at least 2 years of the licenses with eConsult and maybe more depending on uptake. After that the practices will have the choice to continue the contract, which will cost 21-22p per patient.</p> <p>HVO advised all practices are on EMIS apart from 2 countywide, this means you can now view your medical records in an abbreviated version. Hospital letters can't be viewed, you must have a form signed by GP to say you can see them. The records are not from birth only the previous few years. But a good opportunity to find out about medication, appointments, blood test results etc.</p> <p>ACTION JAH – to let EJT know the cost of the e consult licence</p>
<p>5</p>	<p>Future Planning for Primary Care</p> <p>JAH handed out copies of HOSC meeting 20th September Planning for future population health and care needs. She explained that the CCG were criticised by Care Quality Commission (CQC), so the paper has been put together as a beginning for improved system wide working. Paperwork on the proposed changes can be seen on the Council website here.</p> <p>HVO mentioned the delayed transfer of care target for people stranded in hospital awaiting care packages etc. Mostly senior citizens have been moved out of hospital into care homes or cottage hospitals specifically provided with specialist support so that patients get better rehabilitation meaning some can get home more quickly. This has reduced the number of people delayed in hospital beds. Care home costs are covered by the NHS.</p> <p>RH asked how many cottage hospitals are in the area? One in Bicester, Wantage, Didcot, Chipping Norton Community Hospital, Witney, Wallingford, Henley, Abingdon. Wantage beds currently closed, (note Oxford use the John Radcliffe, Banbury use the Horton). JAH will ask for details from the Urgent Care Team. RH felt that surely the requirement for care homes linked to cottage hospital needs should be linked to number of houses being developed.</p> <p>JC said that there is concern from Montgomery House surgery PPG of the knock-on effect due to the housing build up in the Bicester area, as they may be swamped and may have to consider closing their list to new patients.</p> <p>JAH explained that any new building application over 10 dwellings is notified to the CCG and were working with Planners to support the local practices. RH questioned that nationally there must be specific strategic plans in place for care homes, number of bed spaces available etc to number of thousand (s) of people moving in and was OCCG working to this sort of formulae with the Planners?</p> <p>HVO made a point that if you are going to have people unwell and at home you are going to require carers, and this was an undervalued profession in short supply.</p> <p>PP asked if there was any movement on joining the NHS and Council funding together? JAH replied that there is a joint budget for some care, and the Integrated Care System working would likely be looking at this further.</p>
<p>6</p>	<p>Role of Forum Chairs</p> <p>HVO explained that the Locality Forum Chairs (LFCs) were a committed group who attend lots of meetings. HVO sees her role as the Chair as hearing concerns from the practices and in turn sharing those at the LFC meeting. As well as hearing what is happening around the county from the other LFC's.</p>

RH –Gosford Practice. He was invited to attend NELF by his practice manager. As he is new to the Forum, he asked how PPG works?

HVO explained how PPG's hold meeting with their practice and bring any useful information or issues to the Forum.

JAH informed PP that the Bicester Health Centre face to face group are relatively newly formed and the practice are now very happy to have a PPG to help support them. Previously they had a virtual group.

JC - Montgomery House. Three Flu clinics have been held this year, normally only hold 2 walk-in clinics on a Saturday morning but at the second clinic there was a shortage of the enhanced vaccine for the over 65 group, hence a 3rd clinic held. 600 patients attended the first session which was impressive. It was advertised by text, website, leaflets promotion.

JAH said she was impressed by the meetings about diabetes at Montgomery House. DK explained it was organised by the practice who expected 50 people and 60 turned up at the first meeting and over 80 at second meeting

RH asked if PPGs could push information on Salt levels, hearing etc. JAH said that PPGs were encouraged to have talks on a variety of subjects.

PP - Bicester Health Centre. The focus is currently on the leaflets rather than physical topic meetings. All unnecessary magazines and leaflets have been removed leaving only practice leaflets for information. Most recent leaflet initiated by GP representative was one to encourage patients to "follow up on test results". The second is "What Bereavement Services are available in Bicester" both now on the practice website but a newer version of the second leaflet is due to be uploaded soon. EJT to contact PP for leaflets to be added to the HWO website PPG development page.

HVO mentioned the first leaflet that PP did which was a leaflet on "Help your GP". The second leaflet produced was put together by ET following a "Which "article and was one on exercise available in the Bicester area, covering affordable or free activities. The Bicester newspaper took the details and advertised it. Dance to Health has now been added to leaflet, which has recently been updated. Bicester Health Centre PPG has also put together a Transport leaflet.

PP also volunteers for Age UK for people who need help with IT. ET explained that the push has been reduced due to the change in the IT system but would probably be reintroduced once the change has been completed whilst also including details in the leaflets.

- JAH asked if any practice who have done a write up of any talk, leaflet, events; to pass the details to EJT as they can be added to the HWO PPG Development page.

JAH informed the Forum that all practices county-wide can have a screen even if they have one already, they can apply to have another. The caveats to these screens are that specific promotional messages must be displayed as well as Practice messages and PPGs can utilise the screens to put a variety of information on if they discuss this with their Practice Manager. This was already happening in Bicester Health Centre.

RH - Gosford, nothing to report yet as he was unsure if there is a PPG? Practice manager invited him to tonight. EJT asked if RH would like to send her an email to be added to the secure database if he becomes part of the PPG

MK was concerned that the NOC was 1/2 empty during his recent stay. For the PPG at the Keys a GP always attends. The PPG are concerned with the withdrawal of their physiotherapist, the Practice is writing to CCG to see if funding was available to reinstate the Physio. MK is trying to get other PPG members interested in attending NELF. MK said the Keys PPG meeting has been held at Yarnton in the past as parking is easy.

	<p>JAH advised she had recently attended a meeting where people were able to give their views to a planning inspector with regards to the consultation for the 4400 dwellings that are planned as part of the “breathe out” of Oxford cities capacity. He was listening to views as to whether this should be considered an exception to use green belt land, and if the 4.400 was a suitable figure. Report is due out in January 2019.</p> <p>SW - Alchester Group, the main issue is rising numbers of patients. A couple of PPG members had an impromptu meeting with Victoria Prentis in Sainsburys to try and highlight issues around the numbers and the funding as well as the number of GPs that the practice is able afford against what it needs. Especially with the concern over the expansion of housing. The meeting would have been more productive if NELF or the Bicester PPGs had got together to provide a more coherent approach it would have made it more productive. PP suggested using Tesco Community Room for a future meeting.</p> <p>As well as housing increases, the number of patients has grown following the closure of North Bicester Surgery, it has also taken on Upper Heyford patients. Another 1500 houses have been planned on Wretchwick Green. The practice now needs new staff to cater for all these patients.</p> <p>HVO pointed out that the practice will lose some funding due to losing dispensing in the new rurality in Bicester.</p> <p>JAH asked how the new phone system at the Alchester Group is working out. SW reported that it seemed to have improved and it was now just waiting times seeming to be the key issue. It can take up 5 weeks to see your named GP. If a more urgent appointment is required and the GP is aware, an appointment can normally be arranged within 2 weeks.</p> <p>SW commented that the PPG group have been promoting the Patient access system, there has not been as much take up as they would like. A GP and Practice manager attends the meetings. It would be useful to know what other Surgeries and PPGs do, a joint meeting has been held with Bicester Health Centre PPG to discuss.</p> <p>ET There was an item in the local newspapers about health hubs which Les Sibley attended, there seems to be confusion as to where the practices are to be located. JAH advised there is land allocated on the Kingsmere site for a health campus, and a recent letter had gone in to the Council Planners to try to ensure the developers held this land until OCCG was in a position to make a decision on its use. Public engagement could then take place as to the services which may be provided from the site. Two sites in the Bicester area had been identified following an options appraisal, the second is on graven hill site however no D1 land is allocated there.</p> <p>HVO the Woodstock PPG have met but are finding it difficult with not having a new practice site identified as the current space was extremely limited. A GP and Practice manager attend. The discussion seems to be centred around the need for new building.</p> <p>ACTION EJT to contact PP for leaflets to be added to the HWO website PPG development page</p>
7	<p>AOB</p> <p>ET has heard that patients from other surgeries have been sent to Yarnton surgery to use a treadmill but were sent away due to no equipment.</p> <p>DK the PPG will be putting together another survey, the previous one proved useful and improvements were made.</p> <p>PP said the Bicester Health Centre considered putting together a survey, but a member had concerns over privacy. DK replied that the survey is anonymous unless people wanted to give their details.</p>

	<p>RH asked when comments about the JSNA leaflet need to be in by. JAH said no deadline date, it will eventually be available in electronic form for PPGs and Patients.</p> <p>JC asked if there was any further information following discussion at the last meeting around Bicester Cottage hospital being underused and the possibility of other agencies using the facility. HVO explained that as the build was made under PFI and therefore change costs were high, CCG were discussing how best the space could be utilised.</p> <p>ACTION JAH to send a copy of the 10-year plan to EJT; EJT to send 10-year plan onto HVO</p>
8	<p>Dates of next meeting</p> <p>6th March 2019 – Location TBC</p>
	<p>Summary of Actions</p> <p>Item 3: EJT to email documents supplied by JAH to NELF members – JAH can you confirm this is correct. Members of NELF PPGs to email any feedback on JSNA Bitesize to EJT who will forward to JAH EJT to send out link to the documents from JAH regarding the Older Peoples Strategy? – Julie can you confirm that the documents that I am to use do you want it sending out to NELF members as well as putting in the minutes</p> <p>Item 4: EJT to send links for the Demo video and YouTube video – Julie Anne could you let me have the links please</p> <p>Item 4: JAH – to let EJT know the cost of the e consult licence</p> <p>Item 5: EJT to email HOSC letter to NELF members – JAH can you confirm this is correct</p> <p>Item 5: JAH will ask for details from the urgent care team reference the number of cottage hospitals in the area</p> <p>Item 6: EJT to contact PP for leaflets to be added to the HWO website PPG development page</p> <p>Item 7: JAH to send a copy of the 10-year plan to EJT. EJT to send this onto HVO</p> <p>Item 8: EJT to research locations in Kidlington, for the March meeting</p>