

Minutes. Oxford City Locality Forum

1st February 2018, 1.00 – 3.00 pm. Northway Community Centre

Present	Name		Organisation / LF
	Sylvia Buckingham	SB	<i>Botley/Kennington PPG</i>
	Makena Lohr	ML	<i>The Centre for Sustainable Healthcare (presentation)</i>
	Roger Smith	RS	<i>OMP</i>
	Kathryn Wilkinson	KW	<i>Donnington Health Centre</i>
	Nicola Perrett	NP	<i>Healthwatch Oxfordshire (minutes)</i>
	Elaine Cohen	EC	<i>Observatory Medical Practice</i>
	Tracey Rees	TR	<i>Manor Surgery</i>

1.	<p>Welcome and introductions Elaine welcomed the meeting with Sachertorte. The members of the group introduced themselves.</p> <p>Apologies Julie Anne Howe Bruce Gow Margaret Simpson</p>
2.	<p>Minutes of previous meeting Agreed</p>
3.	<p>Matters arising</p> <ul style="list-style-type: none"> • How patients can become engaged in the development programmes / workstreams – no progress has been made. • Comments on patient engagement have been reported back • Cluster information – no direct information is available. <p>ACTION: To get a proper list of which practice is in which cluster</p>
4.	<p>STP consultation – phase 2 / Locality Plans consultation</p> <p>Consultation on locality plan. TR/EC discussed the locality plan</p> <ul style="list-style-type: none"> • Feedback to the CCG was that the plan is too long to be circulated for wider public engagement. • The plan on a page has been discussed as a summary for people to look at. However two links have been sent for consultation which are not plan on a page. • The idea/concept for plan on a page is good but the example has too much jargon that appears to have been cut and pasted. • The original intention was to have patient scenarios in the plan but this has not happened. It is rather a collection of facts which can't be used as a checklist for the services. It gives background but not the plan what are going to do. • Oxford has a more diverse and complex population which is hard to show in one page. • The final 71 page plan has now been published. It would be hard to share with people who do not work within service. • They are disappointed with the jargon and all the comments have made have hit a wall. • Date/timescale for phase 2 public consultation still not known. <p>KE asked about funding for the workstreams. EC/TR explained these are at different stages of funding. There is nothing about how much money is going where in terms of public accountability</p> <p>TR raised the West locality wish to bring in professional support for consultation ie an IPSOS MORI poll with costs over £300k. An initial plan from IPSOS Mori been proposed which has been critiqued by Rosalind Pearce at Healthwatch. Questions were supposed to be targeted at diverse groups and the group queries why this would start in West Oxford. TR thinks there are local organisations with expertise who could work on this.</p> <p>The group discussed further:</p> <ul style="list-style-type: none"> • EC it is imperative that STP2 works but there is no money to transform services – in Oxfordshire capital is limited with only 2 practices have capital funding for refurbishment in spite of growth in population • TR – The judicial review into ACOs is on hold. There is evidence is that model does not save money. Concern about privatisation but this is likely to attract larger organisations. There are 10 year contracts even in the pilot phase so it is more like a first wave. There could be some benefits by putting money into whole system and reduces divisions. There

	<p>is government commitment that the NHS will still be free at the point of delivery but money could still go to private organisations. There are still many unknowns. And there is lack of national leadership on issue.</p> <ul style="list-style-type: none"> • KE said it could be good at stimulating more engagement with patients who could be more likely to go to an appropriate professional other than a GP. • SB raised the issue of staffing with incentives to nurses being offered elsewhere, not available at the JR. • SB asked if there had ever been a plan to take health out of government and make it non – political. EC/TR said that is the role of the Royal Commission however this will take time and does not include social care. Health care in the UK still ranks highly but GDP spend is low. <p>The group discussed the frustration of not being able to go back to PPGs and engage them with anything coherent, that people feel powerless if they are unable to engage, there is information from practices to PPGs but no discussion and every practice should have a staff member willing to talk to patients.</p> <p>ACTION: The group would like TR to take the message to other chairs about their disappointment there is no change in communication around locality plan.</p> <p>ACTION: The group would like to feedback to JAH that they would like to see in the comms plan a specific role for PPGs that is achievable with the designation of a person in a practice to work with PPGs to improve feedback</p>
5.	<p>Locality Plans consultation As above in item 4</p>
6.	<p>Centre for sustainable healthcare – Oxford Health Walks – Makena Lohr This scheme works on the overlap between healthcare and environment issues It is funded by different routes with NHS trusts funding clinical work</p> <p>There is a programme to encourage GP practices to prescribe health routes / walks to promote positive health outcomes.</p> <p>In Oxford they are setting up walks through green spaces providing walking groups with maps. This encourages people to know where green spaces are with minimal intervention. They offer:</p> <ul style="list-style-type: none"> • Materials – ‘prescription’ pad that GPs can give to patients • Leaflets • Guided walks with schools • Work with elderly care homes bringing nature indoors. • Partner with Walking for Health / go active who train vols to lead walks. <p>There is informal evaluation with GPs and health walk leaders to find out how much it is used.</p> <p>Each area is funded as one project eg the Marston Green health route. TR said that Manor not a place where people walk from as when walk set up it was at Marston which is now closed.</p> <p>They have been working in Jericho in schools and are now working with GP practices and developing maps for their use.</p> <p>The group discussed walking groups for differing levels of activity. ML said that groups who have the will could talk to CSD to develop supporting resources. Maps could be shared between areas.</p> <p>ML advised that in Jericho</p> <ul style="list-style-type: none"> • A map has been produced and updated

	<ul style="list-style-type: none"> • Leaflets will go to practices • Schools have leaflets • Signs and maps are an option and funding is available but this is not wanted in this area. Schools/community centres will have an A3 map outside so people will know where to go TR/EC suggested involving cafes and shops to publicise them. <p>The group said they have a will to be involved with this and want to know how to connect. They discussed:</p> <ul style="list-style-type: none"> • EC queried the launch in Jericho and wants to have a display inviting the other practice as well. • RS queried the choice of photographs and whether there were missed opportunities eg businesses paying for a picture entry/why was only one pub included. • EC suggested having a portfolio of walks in different areas of Oxford. ML said the intention is to create a 'green necklace' around Oxford. • EC suggested the use of a QR code – 'I did this walk today' using the opportunity to use phones which would help evaluation. <p>ML suggested interested groups can send a form with more information enabling them to make a case for funds to develop the scheme in different areas.</p> <p>EC suggested holding a PPG meeting as a walk to get them involved once the weather is better SB will take the information back to the self-care sub group at PPG</p> <p>ACTION: TR will feedback about healthwalks – propose practices develop a volunteer lead to take it forward</p>
7.	<p>Update from OxFed Volunteering Project TR queried whether volunteering is being used to backstop lack of staff. There will be a review workshop early April. A volunteer website is being explored. A formal evaluation is being explored.</p> <p>TR – The Manor PPG is working with a volunteer to get feedback from patients. They have been working with clinicians to produce guides about conditions, and want to know which condition to look at next. This was originally an Oxfed scheme volunteer – PPG stepped in when the practice was unable to provide support needed.</p> <p>EC – Volunteering is seen as positive especially in getting patient feedback, however there are concerns about patient confidentiality with office roles</p>
8.	<p>Feedback from December workshop The notes have been circulated. The group noted that there were some strong opinions raised Taking actions forward:</p> <p>The group would like to be able to share agendas more, having easier access to what is going on, not a newsletter but some kind of way to share resources/ideas. The group wants the CCG role to be maintained. Practice involvement was discussed as a key to PPG effectiveness. Draft notes of the meeting need to be clarified before further distribution</p>
9.	<p>Meeting programme for 2018 (2 wider meetings?)</p>

	<ul style="list-style-type: none"> The group would like an event to tie in with the City locality plan consultation but timescales are not yet known <p>EC invited ideas for a further meeting</p> <ul style="list-style-type: none"> KW suggested an event called the 'Changing face of general practice'. It would not necessarily be a talk but would provide information about what other practitioners in a practice do. It would give messages to patients about changing roles and responsibilities. eg the nurse practitioner. The group would need to identify who would be able to come and speak. It was suggested to ask JAH about people who could come. <p>There will be a planning meeting Mon 12th March 1.30 pm at Elaine's House</p> <p>ACTION: NP to send her email address to core group ACTION: Thoughts from group to be sent to NP by 14.02.18 (collate and send to EC/TR) ACTION: EC to email group to summarise plan so aware of plan and dates. ACTION: NP to check availability of West Oxford Community Centre 1-4pm weekdays in May</p>
10.	<p>Any other business</p> <p>EC asked if someone could attend the next GP meeting on Feb 8th 1 – 3pm (tbc). SB to attend</p>
11.	
12.	
	<p>Summary of Actions</p> <p>ACTION: The group would like TR to take the message to other chairs about their disappointment there is no change in communication around locality plan.</p> <p>ACTION: The group would like to feedback to JAH that they would like to see in the comms plan a specific role for PPGs that is achievable with the designation of a person in a practice to work with PPGs to improve feedback</p> <p>ACTION: TR will feedback about healthwalks – propose practices develop a volunteer lead to take it forward</p> <p>ACTION: NP to send her email address to core group</p> <p>ACTION: Thoughts from group to be sent to NP by 14.02.18 (collate and send to EC/TR)</p> <p>ACTION: EC to email group to summarise plan so aware of plan and dates.</p> <p>ACTION: NP to check availability of West Oxford Community Centre 1-4pm weekdays in May</p>