
Minutes. PPPWO

13 Feb 2018, 10am – 12 noon. West Oxfordshire District Council Wood Green

Present	Name		Organisation / LF
	Roy Thomas	RT	<i>Eynsham Medical Group</i>
	Jacqui Wright	JWr	<i>West Oxfordshire District Council - presentation</i>
	Brenda Churchill	BC	<i>Cogges PPG</i>
	Laura Spurs	LS	<i>Principal Medical Ltd - presentation</i>
	Deborah Hofman	DH	<i>Charlbury PPG</i>
	Nick Way	NW	<i>Charlbury PPG</i>
	Meryl Smith	MS	<i>Charlbury PPG</i>
	Graham Shelton	GS	<i>Chair - Nuffield PPG</i>
	Nicola Perrett	NP	<i>Healthwatch Oxfordshire - minutes</i>
	Madeleine Radburn	MR	<i>Windrush PPG</i>
	Jane Southworth	JS	<i>Deer Park Campaign Group</i>
	Jan Cottle	JC	<i>Action for Carers</i>
	Judith Wardle	JW	<i>Action for Carers</i>

<p>1.</p>	<p>An additional presentation was given by Laura Spurs from PML (Principal Medical Limited)</p> <p>GS: PML is a 'not for profit' organisation supporting GPs to work together in a federated way. The PML GP Federation covers a wide geographical area beyond West Oxfordshire. They perform an essential service in allowing practices to work effectively together, offering additional services to those that an individual practice provides. PML has innovated and responded fast to short-order requests from the local commissioners for quick proposals to attract additional funding into primary care, bringing significant benefit to patients.</p> <ul style="list-style-type: none"> • PML brings together the general practices in the West Locality, as WestMed. There is a clinical and management lead from each participating practice in the West who come together to decide how they can deliver services collectively. • All shareholders of PML are GPs. PML is about collaboration with all resources coming in being reinvested into clinical services. There are no dividends. • PML is able to offer a primary care view about how services could be delivered and reduce pressure on general practice. • PML works with practices to facilitate information flow by linking clinical software that enables practices to connect together electronically. • PML employs mainly clinical staff and works with some self-employed practitioners. • The services PML delivers are diverse. As one of the first federations that the CQC inspected, the CQC needed to understand what PML does as a federation and also as a standalone organisation. • The services PML provides includes: <ul style="list-style-type: none"> o Banbury Health Centre (currently under review); o Hospital at Home (North) an advanced responsive nursing service; Collaborative care services with advanced practitioners giving support at home; o Counselling services - are the 'Plus' in Talking Space Plus; o Neighbourhood access hubs – IT systems put in place with a view to sharing resource. This is an enhancement of the GP pathway with appointments referred by GP practices. This means about 1000 additional appointments per month in the West; o Visiting service – this allows GPs to be able to maintain their clinic provision while someone else carries out a home visit to make an assessment. A care plan is then decided with the referring GP. o Public health – PML, in the North and North East, made an application on behalf of the federation practices there for services, including smoking cessation, contraception and opiate replacement therapy, which are then subcontracted back to practices. This approach enables practices to share resources. o Training – PML is part of the community education provider network and has recently offered Practices training about new data protection requirements. o Ad hoc speciality community services – eg flu vaccinations in care homes. • The benefits for patients in the West were identified from the OCCG board paper Nov 17 • GS thanked Laura for her talk and remarked on the benefits of coordination and management. He asked about how patient feedback gets to PML. LS said practices are the core of the service and that PPGs are where dialogue needs to start with PML as the second line after the practice. • JC asked whether there is a role for PPGs and PML. MS suggested a link between PML and the Locality Forum. • BC said PPGs are not everywhere and they all operate differently – patients do not sit on decision making committees and there should be patient voices on committees. BC asked about criteria for Hub and how this fits with triage. LS said hubs are usually
-----------	---

	<p>providing same day and pre-bookable appointments rather than complex care needs where continuity with the patients own practice is most beneficial.</p> <ul style="list-style-type: none"> • JS questioned the triage system, the hub and the need for patients to provide consent to share their medical information. The group discussed the issue that Hub services are not currently available for patients who haven't given consent to share their medical records. It was noted that patients opting out of the Oxfordshire care record are not aware about the implications of that decision in relation to accessing hub appointments. • GS suggested a future discussion about future communication between PML and patients. • NW queried how PML relates to community nursing. LS explained that the hospital at home service and the visiting service work closely with other community services, including district nursing.
2.	<p>Minutes of last meeting The minutes were agreed</p>
3.	<p>Matters arising</p> <ul style="list-style-type: none"> • JS raised an action to carry forward about the West Locality Plan - FC to follow up reference in document to Catherine Mountford meeting with Deerpark • MR asked to query with PPG members whether any issues with Boots pharmacy. • GS – there is an action to carry forward to invite Dr Latif to the next meeting.
4.	<p>West Locality Primary Care Plan next steps A written report has been sent by Fergus.</p> <ul style="list-style-type: none"> • BC remarked that the planning process is lengthy and that Witney will grow during the planning period. • GS recommended the group provides feedback for the OCCG at this stage. • MS queried how the plan connects with the voluntary sector. The group discussed how practices are working with social prescribing • GS questioned the clarity about how plans will be funded. The group discussed infrastructure planning, premises and workforce availability in new practices. • JS raised the question about co-production and felt the plan had not been sufficiently co-produced with patients eg discussing the options for solutions about primary care needs. The group discussed co-production and what it means for this process. <p>ACTION: FC to advise at next meeting about co - production of the West Oxfordshire plan</p>
5.	<p>Healthshare and MSK referrals</p> <ul style="list-style-type: none"> • Reports of experiences from the group have been mixed. Some are good and others have had difficulty in accessing the service. • MR suggested the group invite someone from Healthshare to the next meeting to have a more in depth discussion about the ongoing issues. <p>ACTION: Healthshare to be invited to talk to the group</p>
6.	<p>Physical Activity Jacqui Wright, Shared Healthy Communities Officer for West Oxfordshire and Cotswold District Councils, gave a presentation about physical activity and the relationship with health outcomes.</p> <p>Physical activity is in the Locality Plan for West Oxfordshire as part of the priority 'prevention'. Physical activity has a positive impact on health and supports long term outcomes. Some pressures are created due to a lack of preventative work.</p>

	<p>JWr discussed the relationship between physical activity and</p> <ul style="list-style-type: none"> • physical fitness • mortality and fitness • fitness and independent living • strength training and age • health related effects (both physical and mental) • risks of inactivity • childhood overweight and obesity • adult overweight and obesity <p>JWr presented statistics for inactivity and the health implications in West Oxfordshire. The rate of exercise on referral is low and could be increased.</p> <p>The group discussed referrals to physical activity (exercise on referral), what patients with long-term conditions receive as a tailored programme, the scheme could be improved as there are some issues i.e.the complexity of the referral form, capacity, many eligible patients but not enough being referred, transport and other barriers.</p> <p>JWr said that physical activity is one aspect of prevention and that there is room for improvement. Possible actions could</p> <ul style="list-style-type: none"> • Work in education with children • Young families / pregnant women • Prevention in the workplace • Work with the elderly • Community activity • Upscaling exercise on referral • Bring physical activity more onto the agenda of health professionals – training might be required <p>JWr asked the group to consider action points where could help. She advised that OCCG and public health are meeting to discuss a county wide strategy. GS said the group could consider what this means in our own communities.</p> <p>ACTION: Group to consider possible ideas / actions to share and discuss with JWr at a future meeting</p> <p>ACTION: JWr to forward her presentation to NP to circulate</p>
7.	<p>March 3rd Public Event in Witney and publicity plans</p> <p>MR updated the group about publicity for the Witney event:</p> <ul style="list-style-type: none"> • 2 copies of the poster have been given to each practice • MR gave copies of poster to each attendee to put up either at their surgery or in their community. • Roy Thomas will attend the meeting and will be at the PPPWO table in the foyer • JW will help with refreshments • BC will put the event on the town council website. <p>Richard Maynard (Heathwatch) has sent details of the event to listings magazines NP will distribute the link on the HWO website to the PPPWO group once it is available JWr offered support to distribute the information through her connections. BC suggested it is sent to Witney Radio – NP will advise RM at HWO</p> <p>There will be 4 stands in the entry</p> <p>GS/ MR suggested badges to identify members</p>

	<p>GS thanked MR for her contribution to this group event.</p> <p>ACTION: NP to follow up online event information at Healthwatch ACTION: NP to find out if identification badges are available ACTION: Group to promote the Witney event in their communities</p>
8.	<p>June Public event in Eynsham JW advised that Kay Francis, head of carer support in Oxfordshire, will talk to GS about how to take the event forward. GS will forward the emails he has received to RT as the event will be based in Eynsham. The practice is being very supportive.</p> <p>GS asked the group to consider what a carers event should cover. They identified</p> <ul style="list-style-type: none"> • Identification of carers • Having a carers champion at a surgery • Awareness of what is out there as it is linked to social prescribing and support organisations. • A general information event with carers stands • Invitation to Rethink / Parkinsons / Dementia etc • Invitation to a PML representative • Invitation to an OCCG representative <p>ACTION : GS to include RT in future communications about the event</p>
9.	<p>Governor updates</p> <p>OXFORD HEALTH FOUNDATION TRUST UP-DATE provided by MR</p> <ul style="list-style-type: none"> • Elections for new Governors are being organised as from now: if anyone is interested in doing this it is very worthwhile and full details are on the Oxford Health website. • Our Governor meetings are very lively and we feel that we are beginning to make a difference and our voices are being heard. We are particularly pleased that we will be meeting up with the Oxford University Hospitals Governors regularly in order to share mutual concerns and successes. • The main focus of the OHFT up-date today is the fact that Oxford Health had been involved in the CQC visit to Oxfordshire Adult Social Care and Acute and Community healthcare services. The report was only received yesterday. Some positives but also the CQC identified a key theme - lack of collaboration. • In Oxfordshire we found that there was a lack of whole system strategic planning and commissioning with little collaboration between system partners. We could not find a compelling shared vision for the design and delivery of services. This is one of the fundamental building blocks to providing joined up care. • Although there was increased ambition to work together system leaders continued to face significant challenges in coming together to formalise their ambitions through a joint strategic approach. • Leaders were not able to provide a comprehensive strategy for the transformation and delivery of integrated services • A lack of collaboration had led to a fragmented system where there was duplication of effort and at times, a reactive tactical response to embedded performance issues such as delayed transfers of care (DTC). • There was too much focus on service delivery when a person was at the point of crisis and little attention to prevention and early intervention services for older people with social inequalities, seldom heard groups and for those who may not be known to the system.

	<p>ACTION: To take forward discussion about the CQC report to the next meeting www.cqc.org.uk/localsystemreviews</p>
<p>10.</p>	<p>Updates from PPGs</p> <p>NW Charlbury Charlbury PPG held its first meeting last month. There were nine attendees and representation from the practice. They have a steering group with terms of reference. An article will go into the Charlbury Chronicle. They are promoting membership locally. There is an emphasis on virtual communications / integrating PPG information with the practice e-newsletter. They have questions for this group about the take up of childhood immunisation, and whether other PPGs have resources to share about promoting preventative strategies for childhood obesity.</p> <p>MR Windrush</p> <ul style="list-style-type: none"> • Social prescribing will move forward slowly as it is done on a voluntary basis. • The information on the screen in the waiting room has been simplified. • The answerphone message for patients is now provided by a GP which has been well received. • A quarterly newsletter is produced and information (5 interesting things) distributed to 191 members on the virtual group. • 3 receptionists have resigned due to patient rudeness. • The PPG is a member of NAPP and they have joined the group of 100 to do surveys eg how do we know that doctors give good care. The learning from this will be shared with patients; it is hoped this will give confidence to patients to give feedback to GPs. The PPG has positive feedback about NAPP <p>BC Cogges</p> <ul style="list-style-type: none"> • A general survey is carried out every 3 months. • There is discussion about expansion of the surgery premises. • The last PPG meeting was attended by BC and the practice manager only – membership is an issue <p>RT Eynsham</p> <ul style="list-style-type: none"> • Two young people from the school are involved in PPG. They want a career in medicine and attend when lessons permit. • The PPG has agreed that the virtual group will have minutes of physical group. • They are keeping 10 / 11 members – there is some turnover of members. • A survey being prepared – it will be short and focussed. • Healthshare has been discussed at the PPG – there is concern that self-referral will cause additional work <p>GS Nuffield</p> <ul style="list-style-type: none"> • The PPG is planning a survey. They would find it helpful if each practice shares their survey ideas via NP. MR said NAPP newsletter contains info about surveys. JC suggested a process of continuous patient feedback. <p>JS referred to a letter of claim that has been sent to the OCCG about the lack of implementation of IRP recommendations. A response is due by 14.02.18.</p> <p>Action: PPG survey ideas to be sent to NP for circulation to PPPWO</p>
<p>11.</p>	<p>Healthwatch update The most recent board minutes will be used as the HWO update. The link will be circulated with</p>

	the agenda.
12.	<p>AOB and reminder of next meeting</p> <ul style="list-style-type: none"> • Tues 13 March 2-4pm. Room 2. (Elmfield) • Tues 10 April 10-12. Room 1. • Tues 8 May 2-4pm. Room 2. • Tues 12 June 10-12. Room 1 • Tues 10 July 2-4. Room 2. • Tues 7 Aug 10-12. Room 2 • Tues 11 Sep 2-4. Room 2 • Tues 9th Oct 10-12. Room 2 • Tues Nov 13 2-4. Room 2. • Tues Dec 11 10-12. Room 1. <p>All except March are at WODC Offices, Wood Green, Witney</p>
	<p>Summary of Actions</p> <ul style="list-style-type: none"> • Item 3: West Locality Plan - FC to follow up reference in document to Catherine Mountford meeting with Deerpark • Item 3: All to ask PPGs if there are any issues with Boots pharmacy prescription services. • Item 3: GS/FC to invite Dr Latif to a future meeting • Item 4: FC to advise at next meeting about co - production of the West Oxfordshire plan • Item 5: Healthshare to be invited to talk to the group • Item 6: Group to consider possible ideas / actions to share and discuss with JWr at a future meeting • Item 6: JWr to forward her presentation to NP to circulate • Item 7: NP to follow up online event information at Healthwatch • Item 7: NP to find out if identification badges are available • Item 7: Group to promote the Witney event in their communities • Item 8: GS to include RT in future communications about the June carers event • Item 9: To take forward discussion about the CQC report to the next meeting www.cqc.org.uk/localsystemreviews • Item 10: PPG survey ideas to be sent to NP for circulation to PPPWO