

Minutes. PPPWO

8th May 2018 14.00 – 16.00pm WODC Offices, Wood Green, Room 2

Present	Name		Organisation / LF
	Graham Shelton	GS	The Nuffield Practice PPG / PPPWO Chair
	Madeleine Radburn	MR	Windrush Medical Practice PPG / PPPWO Vice Chair
	Roy Thomas	RT	Eynsham Medical Group PPG
	Sue Smith	SS	Charlbury Medical Centre PPG
	Kathy Broughton	KB	Charlbury Medical Centre PPG
	John Simpson	JRS	Retired GP
	Judith Wardle	JW	Action for Carers
	Jacqueline Wright	JWr	WODC
	Suzi Morgan	SM	Witney Dementia Action Alliance
	Teresa Archer	TA	Citizens Advice West Oxfordshire
	Kay Francis	KF	Carers Oxfordshire
	Heather McCulloch	HM	WODC
	Fergus Campbell	FC	Oxfordshire Clinical Commissioning Group (OCCG)
	Nicola Perrett	NP	Healthwatch Oxfordshire - minutes

<p>1.</p>	<p>Welcome and apologies</p> <p>Apologies from: Dr Amar Latif Peter Branson Brenda Churchill</p>
<p>2.</p>	<p>Teresa Archer (West Oxon Citizen’s Advice)</p> <p>Teresa Archer talked to the group about the plans to deliver a social prescribing project:</p> <ul style="list-style-type: none"> • The outcome of a bid for funding is pending. Cherwell and West Oxford District Councils, CAB South Oxfordshire and Northamptonshire, OCCG are involved. • The CAB is looking at a model to deliver social prescribing locally – they are learning from previous examples. • The North, North East and West localities will be covered. • The CAB will employ coordinators (one for west and one for north) to align with their boundaries. They will act as a hub to receive referrals • Community navigators and volunteers will provide the ongoing support • Immediate priorities are the socially isolated and physically inactive • If the funding bid is unsuccessful, CAB will still deliver a social prescribing project but on a smaller scale. <p>Teresa went through the agreed principles of the scheme which are:</p> <ul style="list-style-type: none"> • The scheme will focus on the needs of a clearly defined cohort of patients in both a targeted way and opportunistically. • There will be an attractive, easy route for referrals • There will be a low level of barriers to being involved: • People will not need to be ‘fit enough to engage’ or need lots of medical screening • People will be encouraged to get involved in activities that match their interests – they may promote physical exercise or simply social integration. • If the voluntary activity involves a cost, vouchers will be provided so that the initial sessions are free. Voluntary groups to be reimbursed this cost. • Referrals will be made to activities that are self-sustaining once patients have engaged in them as they will be part of the current offer provided by local voluntary organisations • The intervention will provide motivational coaching and support to engage patients, signpost them to activities and motivate them to continue until their activities have gained momentum and patients will continue with them un-prompted • Digital support will be a central part of the scheme to support patient activation and adherence • Volunteers, including volunteer drivers, will be recruited to provide additional support for up to four months, to support people to access community based activities • The service will link with other services to sustain health improvement such as patients exiting weight loss programmes and IAPT services including talking space • The scheme will have a robust evaluation with clear performance measures • The scheme needs to operate for at least three years in order to provide the voluntary sector with the confidence that they have the resources and time required to invest in building up their capacity • In both localities the scheme will prioritise those populations with high social needs and high health inequalities <p>The scope of the funding bid is £400,000 Each funding partner has a different interest and is contributing to developing the evaluation indicators.</p>

	<p>The group further discussed the project noting:</p> <ul style="list-style-type: none"> • GPs are the gatekeepers and they are key to success • this will be a separately identified service from CAB. CAB will be a delivery partner but not the only one and there is a wider alliance of voluntary groups involved. • there is commitment to push this forward and grow the model as a partnership. • patient groups will need to have enthusiasm to get patients to understand that GPs are not always the best way forward. • The project will start next week whether the funding bid is successful or not, with services being offered from September. • It has not been decided how the first practices will be selected • It was suggested trialling a GP writing the prescription • Collating services is a big challenge; CAB and Councils are pooling their experience. PPGs can provide information about small local groups <p>The group wished CAB every success with the project and can see the benefit of CAB leading on delivery of the project.</p>
3.	<p>Minutes of last meeting and also Lou Patten Meeting</p> <p>The minutes were agreed</p>
4.	<p>Matters arising none</p>
5.	<p>Dementia Action Week (21 to 27 May 18) (presentation made at beginning of meeting)</p> <p>Suzi Morgan from Witney Dementia Action Alliance spoke to the group</p> <p>Dementia Action Alliance is a group of volunteers with limited resources. As part of Dementia Action week in May they are organising 'Turn Witney Blue' including:</p> <ul style="list-style-type: none"> • 200 shops in Witney will have blue displays • a programme of events • a short walk through the town for carers and dementia patients on National Memory Day (Thursday) - all are welcome to join <p>The aim is to raise community awareness and help people to feel supported</p> <p>JW suggested PPG members join the walk on 24th May (10.15 at the Methodist Church) SM invited the group to take part in a tug-of-war SM said can follow up with dementia friends as a starting point SS asked if there could be a training session tailored to a medical practice with a view to practices becoming more dementia friendly. FC told the group that practices should have a dementia lead and have attended the basic course. PPGs with queries should ask to discuss with the dementia lead.</p> <p>Action: NP to circulate the Dementia Action Alliance events programme to the group</p>
6.	<p>West Locality Primary Care Plan next steps</p> <p>GS circulated the draft summary of the West Locality Primary Care Plan. The group noted:</p> <ul style="list-style-type: none"> • the type size is too small (but there is a balance between type size and content) • the colour scheme and whether it makes the document less accessible • abbreviations need to be explained

	<ul style="list-style-type: none"> reference could be made to where to go for more information <p>The group discussed the definition of frail, both physically and mentally</p> <p>The group endorsed the plan on a page idea and valued it as it gives timescales for things to hold to account.</p> <p>The group asked whether future updates could include noting completed actions, and questioned the content for the actions due in April 18. FC will get an update on those actions</p> <p>Action: FC to update the group on the actions in the draft summary of the West Locality Primary Care Plan due in April 18</p>
7.	<p>Healthshare and MSK referrals</p> <p>FC – the letter previously circulated has been updated and was shown to the group.</p> <ul style="list-style-type: none"> The phone line has been an issue. A new system and staff has been introduced. The advice to give is, if in doubt call the number in the letter MAT assessment should be made more prominent, to make it clear there is a wait before an appointment is made and advise when to follow up. <p>The group discussed examples where the service is not working well in practice and there are continued waiting times and delays built in to the appointment process.</p> <p>MR noted that Windrush Medical Practice has a diagnostic physiotherapy service which means that some patients do not need to be referred</p> <p>GS suggested to the group keeping Healthshare and MSK referrals on the agenda for next time.</p> <p>Action: to include Healthshare and MSK referrals on the agenda for the June meeting</p>
8.	<p>Physical Activity Follow up</p> <p>JWr spoke about the presentation about physical activity given at a previous meeting when she talked about obesity rates in children increasing and wanting some actions to increase physical activity levels in all age groups</p> <p>She is looking at funding for supporting physical activity actions for:</p> <ul style="list-style-type: none"> Exercise on referral Exercise to prevent ill health <p>The current referral form is too complex and the capacity to deliver exercise on referral is not available. JWr is working with the service providers on capacity and improving referral pathway.</p> <p>Linking exercise on referral with social prescribing was considered.</p> <p>JWr would like to have a local community approach working with children, and would like to involve PPGs in this</p>
9.	<p>15th June Public Event in Eynsham</p> <p>Kay Francis, head of carer support services Oxfordshire updated the group about the PPPWO carers event to be held in Eynsham. The focus will be on carers in the West who can come for advice and help with assessing their needs. There will be:</p> <ul style="list-style-type: none"> carers healthchecks (It is known that carers put off their own needs) blue badge application support exercise classes (carers become more sedentary)

	<ul style="list-style-type: none"> • a life coach to help carers think about their own needs and understand the impact of their role • celebrating caring - looking at enjoyable part of caring <p>Their aim is to take carer support into communities. They will look at this event, and then take the plan forward by having it a few days in one area so they can capture more people including working carers</p> <p>The group discussed young carers and how this service supported under a separate arrangement within the Oxfordshire County Council. The group said they have had issues with engaging with the service and it seems a bit lost.</p> <p>GS asked what needs there will be on the day from PPGs – KF has a team from Carers Oxfordshire in place.</p> <p>The group discussed ways that the event can be promoted.</p> <ul style="list-style-type: none"> • Carers Oxfordshire has a marketing person who is dealing with the marketing of the event including radio and newspapers • KF will check whether the library service will distribute the posters / leaflets to local libraries • WODC can send the information to parish councils. • Information will go onto social media and Carers Oxfordshire website • JRS suggested pubs as a way to publicise <p>The group asked for a text version of the promotional poster for local news publications.</p> <p>Action: KF to send promotional documents for the Carers Event to NP to distribute to the group</p>
10.	<p>September Public Event</p> <p>This will take place in October in Carterton subject to venue availability eg the community centre</p> <p>Action: NP to check that Jackie Wilderspin, Public Health Specialist Oxfordshire County Council, has been invited to the next meeting</p>
11.	<p>Rescheduled Antibiotics Lecture in Witney</p> <p>This event has been rescheduled for 22nd September 10.00 for 10.30 Corn Exchange Witney</p>
12.	<p>Governor updates OUHT</p> <p>A lot of changes are taking place relating to the Governors in this year. The OUH itself will be appointing a new Chairperson, many of the Governors have come to the end of their three year tenure and much work is on hold pending the results of the elections. They are keen to liaise with the Oxford Health Governors to find common denominators which we can resolve together.</p> <p>Oxford Health</p> <p>Elections are now open for Governor posts and any one who is a member of the Foundation Trust is encouraged to vote. There are several posts open and it looks as though we will have an influx of new and enthusiastic Governors. (This doesn't include MR but it will next year!)</p> <p>The Trust is very keen to enrol some new Foundation Trust members: this just involves signing up on-line at https://www.oxfordhealth.nhs.uk/about-us/foundation-trust/membership-categories/ in order to receive up-dated information about changes, developments, research and activities within the Trust.</p>

	<p>The current Chairman is standing down at the end of his nine year appointment: Martin Howells will be greatly missed. Work is on-going to identify and appoint his replacement.</p> <p>OH hospital staff are strongly encouraging all patients who can do so to get out of bed, get dressed and get mobile: this is the “End PJ Paralysis” campaign and is on for 70 days until the 26th June. The aim is to get patients home earlier, reduce the number of falls and pressure ulcers which are caused by reduced mobility and spending long periods of time in bed.</p> <p>The major part of Oxford Health’s work relates to mental healthcare. A series of talks is taking place weekly from 10th May – 7th June on Thursday evenings in Oxford.</p>
<p>13.</p>	<p>PPG updates</p> <p>SS Charlbury Medical Centre The Locum was ill over Easter and patients were referred to the Hub. A new GP has been appointed to start in July – they are still short some GP hours. The PPG stepped in to help and sent out a notice to explain the situation to patients</p> <p>GS The Nuffield Practice The PPG is meeting next week The PPG is working on a draft survey to test and on website which is proving challenging GDPR – the practice operates the data elements of the PPG so they do not need to handle it.</p> <p>RT Eynsham Medical Group A clinical pharmacist is in place The practice is considering employing paramedics to carry out visits as ECPs. This will be discussed on 5th June Lloyds pharmacy visited to explain how their service will be improved The new Long Hanborough surgery has been delayed as there is a query about funding There is concern about online pharmacies – the practice is sending a letter to patients to provide information.</p> <p>MR Windrush</p> <ul style="list-style-type: none"> • Receptionists’ training: at our surgery new receptionists attend a first-class course which encourages them to be positive and constructive. They are all shadowed in the first instance and have a progressive handover before they sit at the reception desk on their own. A comprehensive check list is used for them to identify appropriate pathways. They also have thorough training in the specific IT programmes of the NHS, as well as mandatory training such as safeguarding. The Practice is investing a lot in this training. • DNA is down to 2.64%: this included two appointments made 8.30 am for the same day, neither of which were kept. • There was concern about the effects of GDPR on the NHS. • The new Clinical Pharmacist had attended our meeting. Five hundred Clinical Pharmacists now appointed in England have significantly reduced GPs workload to free up appointments for GPs to see patients with non-medication based needs. He is patient facing for 50% of his time and 50% supporting GPs in medicines management. Additional pharmacists are being recruited in West Oxfordshire to work in the other seven practices just for medicines management – less patient focussed but more supporting and advising GPs. We asked him about waste medication. So far the various schemes trialled have had limited success. Patients need to be asked whether they still need their medication, whether it works, whether there is something better. He is concerned about the volume of stock piling: when a patient passes away, their relatives frequently come into pharmacies and surgeries with carrier bags full of unopened medication which cannot be used.
<p>14.</p>	<p>Healthwatch Oxfordshire update</p>

	<p>Action: Link to Healthwatch Oxfordshire report to be circulated</p>
<p>15.</p>	<p>AOB and date of next meeting</p> <p>JW has received a question from NHS England is about whether she does not want photos taken at events to be published.</p> <p>Future Meetings to be held at WODC Wood Green:</p> <ul style="list-style-type: none"> • Tues 12 June 10-12. Room 1 • Tues 10 July 2-4. Room 2. • Tues 7 Aug 10-12. Room 1 • Tues 11 Sep 2-4. Room 2 • Tues 9 Oct 10-12. Room 2 • Tues 13 Nov 2-4. Room 2. • Tues 11 Dec 10-12. Room 1.
	<p>Summary of Actions</p> <p>Item 5: NP to circulate the Dementia Action Alliance events programme to the group Item 6: FC to update the group on the actions in the draft summary of the West Locality Primary Care Plan due in April 18 Item 7: to include Healthshare and MSK referrals on the agenda for the June meeting Item 9: KF to send promotional documents for the Carers Event to NP to distribute to the Group Item 10: NP to check that Jackie Wildespin, Public Health Specialist Oxfordshire County Council, has been invited to the next meeting Item 14: NP Link to Healthwatch Oxfordshire report to be circulated</p>