

Minutes. PPPWO

7th August 2018 10.00 am – 12.00 pm WODC Offices, Wood Green, Room 1

Present	Name		Organisation / LF
		Graham Shelton	GS
	Roy Thomas	RT	Eynsham Medical Group PPG
	Madeleine Radburn	MR	PPPWO Vice-chair / Windrush PPG
	John Simpson	JRS	Retired GP
	Judith Wardle	JW	Action for Carers
	Jan Cottle	JC	Action for Carers
	Brenda Churchill	BC	Cogges PPG and Deer Park Campaign Group
	Peter Higgs	LS	Burford PPG
	Sue Smith	SS	Charlbury PPG
	Jane Southworth	JS	Deer Park Campaign Group
	Teresa Archer	TA	Citizens Advice West Oxfordshire
	Heather McCulloch	HM	WODC Healthy Communities Manager
	Jacqui Wright	JWr	West Oxfordshire District Council
	Jeanette Baker	JB	WODC Cabinet Member
	Fergus Campbell	FC	Oxfordshire Clinical Commissioning Group (OCCG)
	Rosalind Pearce	RP	Healthwatch Oxfordshire
	Nicola Perrett	NP	Healthwatch Oxfordshire - minutes

1.	<p>Welcome and apologies</p> <p>GS welcomed the group to the meeting. The group introduced themselves.</p> <p>Apologies from: Dr Amar Latif Peter Branson Councillor Duncan Enright</p>
2.	<p>Minutes of last meeting</p> <p>The minutes were agreed</p>
3.	<p>Matters arising</p> <ul style="list-style-type: none"> • The link to the JSNA has been circulated in the minutes (agenda item) • RT has some feedback about Healthshare which he will forward to Healthwatch Oxfordshire • The group still has some reservations about the use of the bcc function in email communications • FC is waiting for further guidance about the next steps for the Locality Plan (carry forward) <p>Action: FC to find out how the next version of the Locality Plan will move forward</p>
4.	<p>The future of Cogges Practice</p> <p>(Discussed as first item)</p> <p>GS spoke about the special extra PPPWO meeting held 24th July 2018 and thanked MR for taking the notes. He spoke of PPPWO as a useful group with a wide mix of PPGs and other community groups and that other surgeries are also small and could be in the same position. GS also remarked on the CCG's effective engagement with the patients.</p> <p>GS summarised that Cogges is under threat of closure as they cannot recruit partners. He asked that if partnership responsibilities are too onerous, what are the alternatives to a partnership and how can this be delivered across West Oxfordshire given that the issues are not confined to Witney.</p> <p>FC summarised that partnership issues are particularly acute for a smaller practice with the associated management and financial responsibilities. There are possible advantages of autonomy but also liabilities which are concentrated on one person. Also, career patterns and expectations are changing. There is a shortage of GPs and options for different career paths. There are alternative limited liability models. A national review of the partnership model has started but this does not help Cogges right now.</p> <p>https://www.gov.uk/government/publications/gp-partnership-review-terms-of-reference</p> <p>There have been a number of different solutions to similar situations across Oxfordshire, including closures and mergers. The majority of funding for a GP practice is via the GMS contract with the CCG</p> <p>JRS highlighted the difference between GP practice in his day and now, saying that caring for patients in his day was hard work but worthwhile.</p> <p>The group discussed the 'uncomfortable' mix of private ownership and public money. Financial viability of GP practices was discussed saying that whatever the business model there is risk and</p>

responsibility. The question should be is it financially viable and how could the practice be viable in the future? FC clarified that OCCG is not legally able to deliver GP services.

RP clarified that the difference between GP partnerships and APMS contracts is that the partnership contract in perpetuity whereas the APMS contract is fixed term subject to renewal. The priority for Healthwatch Oxfordshire is that patients are involved, treated properly and kept informed. People will still have a GP.

JB said the priority is to look after the patient and questioned any additional costs to the NHS from the APMS model

The group discussed communications with patients:

- HM is interested in understanding what questions need to be put to patients and how will that be put forward to patients? How will fears and concerns be handled? OCCG needs to provide some reassurance.
- JW said that one option for patient engagement is email but there are other ways to reach all patients to explain all patients will have a doctor
- JS expressed concern that decisions have already been made and patients will be consulted afterwards
- BC said newspapers and radio are also options but it needs to come from the surgery. They need to consider those without email or the internet.
- HM – the practice knows who the patients are and they need to communicate with the practice population.
- GS/All suggested that Cogges PPG has an enhanced role in this but the PPG can't contact all patients.
- JB asked if a letter could be hand delivered
- The group discussed what PPGs can do practically eg stuff envelopes, deliver letters and the impact of GDPR on the options
- FC said one option is for OCCG to buy a mailing service.

JRS asked if Cogges has private patients still and would it be possible to augment the practice income through private practice.

GS said that as the discussion is not at a stage to get to a conclusion, what should PPPWO communicate to OCCG this evening? The group suggested:

- Contacting all patients to keep them informed
- Patient meeting with small groups so people can talk
- Patients should be asked what options they want rather than options OCCG want
- What ideas/options are round the table for Cogges?

BC asked whether is it possible to ask the partners if they would extend for a short period to allow more time – what is plan B if things can't be resolved by January? BC asked if it is known how many GPs are planning to retire – FC confirmed that OCCG knows this.

MR – Windrush would rather Cogges remain independent (and for this reason wanted to close its list to Cogges patients) but would be prepared to do a merger if that were the only option. Some things would need to be moved off the Windrush site as they would not want to run a separate building.

SS said that Charlbury is feeling anxious. PH reported that 2 of 4 partners retired at Burford but new partners have been recruited. The group discussed that recruitment of GPs is not an issue everywhere.

The group confirmed to JB that practices talk to each other through WOLG

	<p>GS reported that the Nuffield wants to have a model to limit liabilities and expand the services on offer.</p> <p>RP confirmed that Healthwatch Oxfordshire asked for clarification about information that has been published about site lists. Windrush has not been able to close its list to Cogges patients. Patients are contacting Healthwatch to ask for advice; patients need to be given the choice to move practice if they want. TA asked whether patients are told that if they move practice the future of Cogges could be unsustainable.</p> <p>The group discussed GP Forward View. This is a discussion document not legislation but raises questions about the sustainability of small practise under 20,000</p> <p>JS queried overall GP capacity and the need for another surgery in Witney.</p> <p>JC shared her experience of her practice closing in Oxford. She received a letter explaining things which provided reassurance. There needs to be transparency about what other practices are thinking.</p> <p>(RP left the meeting)</p>
<p>5.</p>	<p>Joint Strategic Needs Assessment (JSNA)</p> <p>To be carried forward for further discussion</p> <p>The group made some initial observations about the JSNA becoming more robust and the need for it to be used more in forward planning. The group commented on the lack of progress over years in reducing inequalities and poverty.</p> <p>TA said that Citizens Advice contributes data and provides commentary</p> <p>JWr alerted the group to the mental health JSNA that has been published</p> <p>Action: The group will invite Margaret Melling to a future meeting to discuss the JSNA and what it means for West Oxfordshire.</p>
<p>6.</p>	<p>Public health meeting</p> <p>The working group has not yet met. Venue availability has been circulated to the sub-group members identified at the previous meeting.</p> <p>Merlyn Mistry from the Oxfordshire Public Health team will be working on the plan for the event and will be available after today's meeting to have an initial discussion.</p>
<p>7.</p>	<p>Antibiotics lecture on 22nd September</p> <p>Arrangements have been confirmed. Further publicity will be arranged by MR over the coming weeks. NP confirmed it is already being publicised in Talking Health and the Healthwatch Bulletin, and that Healthwatch Oxfordshire would be able to issue a press release.</p> <p>MR would like some help from the group on the day for example with refreshments.</p>
<p>8.</p>	<p>Governor updates</p> <p>OUHT</p>

	<p>Voting is open for the new band of governors. GS is standing.</p> <p>Oxford Health</p> <p>Oxford Health is in the process of appointing a new chair.</p> <p>Better lines of communication with the board have been established.</p> <p>There has been discussion about the mental health night team in emergency situations – this is being reviewed and is moving to Littlemore.</p>
<p>9.</p>	<p>PPG updates</p> <p>GS The Nuffield Practice</p> <ul style="list-style-type: none"> • The practice is finalising its new website • The PPG has completed its survey; there was praise from patients for the Nuffield. Patients like signposting • It is a very diversified practice including much valued paramedics • The practice has signed up to the national 'Park Run' scheme. <p>RT Eynsham Medical Group</p> <ul style="list-style-type: none"> • There has been problems with the local Lloyds pharmacy. They have attended a PPG meeting and there has been some improvements • The PM has produced a letter about online pharmacies to alert patients to the pros and cons. It is an open letter to every patient. • Hanborough Gate will open in 2019 • Cotswold Garden Village is being planned including 2200 houses and a park and ride. The practice has met with the developer to talk about the impact on their services. • The practice has been successful recruiting a replacement for a senior partner who is retiring. • The practice has taken on three paramedic practitioners. • The reception team will be doing more to direct patients to the right service. • There are still some problems with EMIS for some patients • The surgery has asked the PPG to publish information about Blandford Flies next year at the beginning of the season. • School survey – more discussions are happening to revise an agreed set of questions. <p>MR Windrush</p> <ul style="list-style-type: none"> • The PPG produces a quarterly newsletter and prints 700 copies • MR asked other PPGs to promote the 'message in a bottle' scheme in their newsletters • MR raised that if a patient is seen and diagnosed by an online GP they agree to the terms and conditions which mean deregistering from their own GP and are registering with the online service. This has the potential to drop patient numbers at a practice. TA would like to talk to people with experience of this so Citizens Advice can highlight this to ensure there is an informed choice. FC said this has been an issue in London to date. NP will find out if HWO has any reports of this. <p>PH Burford</p> <ul style="list-style-type: none"> • They have two new replacement partners who will offer more sessions. • They are trying to publicise the PPG more • They get little feedback from patients and are trying to change this • Lindsey Stevenson is now the PPG chair – they will alternate am and pm PPPWO meetings

	<ul style="list-style-type: none"> • They are focussing on improvements to patient comfort (with thanks to Windrush for the idea) <p>BC Cogges</p> <ul style="list-style-type: none"> • A PPG meeting has been arranged • Membership is very low <p>SS Charlbury</p> <ul style="list-style-type: none"> • They received 107 comments from their survey. They are now drawing up a patient fact sheet on the appointment system which shows the complexities • They have a new GP with a special interest in COPD, dementia and palliative care. • They are looking at the practice policy / protocol on advanced directives and then will do a promotion • Dementia awareness training has been provided to improve the understanding and knowledge of all staff • The PPG does not meet as a group • SS thanked JW_r for her article. <p>Action: NP will find out if Healthwatch Oxfordshire has any reports of patient concern about online GPs.</p>
10.	<p>Healthwatch Oxfordshire update https://healthwatchoxfordshire.co.uk/wp-content/uploads/2018/07/Agenda-Item-8-Paper-3-Executive-Directors-Report.pdf</p>
11.	<p>AOB and date of next meeting</p> <ul style="list-style-type: none"> • MR Lloyds have moved their repeat prescription service to Warrington which now comes in large plastic bags. • JC Luke Clements will be speaking about carers right in Kidlington on 11th September. It was noted that this is being held at the same time as the next PPPWO meeting • TA Recruitment is underway for the social prescribing scheme <p>Future Meetings to be held at WODC Wood Green:</p> <ul style="list-style-type: none"> • 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>Action: JC will send information about the carers rights talk to NP for circulation to the group</p>
	<p>Summary of Actions</p> <p>Item 3: FC to find out how the next version of the Locality Plan will move forward Item 5: The group will invite Margaret Melling to a future meeting to discuss the JSNA and what it means for West Oxfordshire. Item 9: NP will find out if Healthwatch Oxfordshire has any reports of patient concern about online GPs. Item 11: JC will send information about the carers rights talk to NP for circulation to the group</p>