

Minutes. NOLF

12 June 2018, 2.30 – 4.30 pm. Waitrose Community Room, Banbury

Present	Name		Organisation / LF
	Anita Higham	AH	Deddington, NOLF Chair
	David Heyes	DH	Chipping Norton NOLF Vice Chair
	Patricia Lesley	PL	Bloxham/Hook Norton PPG
	Brian Noble	BN	Hightown PPG
	Rosemary Wilson	RW	West Bar PPG
	Peter Branson	PB	Chipping Norton PPG
	Charles Keighley	CK	Wychwood Surgery PPG
	Jane Manley	JM	Horsefair PPG
	Paula Coniff	PC	West Bar PPG
	Andy Anderson	AA	Deddington PPG
	Dr Judith Wright	JW	Cropredy PPG
	Lynda Lambourne	LL	South Central Ambulance Service
	Pat Wood	PW	Citizens Advice NOSN
	Fergus Campbell	FC	OCCG Locality Coordinator (North and West)
	Nicola Perrett	NP	Healthwatch Oxfordshire (minutes)

1.	<p>Welcome</p> <p>Anita welcomed the group to the meeting and especially Charles Keighley and Andy Anderson as new members.</p> <p>AH provided the group with information about a vacancy for a governor position at OUH</p>
2.	<p>Apologies</p> <p>Dave Winpenny Barrie Wood Jacqui Wright Rob Jones</p>
3.	<p>Minutes of the previous meeting (10th April 2018)</p> <p>Paula Coniff's name is to be added to the apologies list</p> <p>AH has written an article for the Banbury Guardian due to be published in 'Voices' this week. AH told the group that a HOSC task and finish group about Healthshare is to be set up – the terms of reference are being established.</p> <p>FC confirmed that the current NOLG leadership arrangement with Dr Shelley Hayles and Dr Neil Fisher is interim for a year and will be reviewed</p> <p>AH attended a meeting of a group of Hardwick patients – the lack of GP availability is the deciding factor in the decision not to have GP consultations at the outreach surgery.</p> <p>AH IRP – Horton services – waiting for more information</p> <p>There will be an Age UK meeting in the Town Hall on 20th June 2 – 4pm. Connections will be made at the NOLF Public Meeting on Thursday to launch "Age Friendly Banbury".</p> <p>The minutes were agreed</p>
4.	<p>Matters arising not covered in the remainder of the Agenda</p> <p>None</p>
5.	<p>The new Thames Valley Integrated Urgent Care Service (TV IUC)</p> <p>Lynda Lambourne gave a presentation to the group.</p> <p>Lynda joined South Central Ambulance Service SCAS in 2012 when the first 111 service was launched. At that point it was taking 175,000 calls a year and had a lot of connections with out of hours GPs.</p> <p>The service has now developed across a number of regions and works across four call centres. It needs a big workforce to sustain calls and it is hard to recruit in Bicester. Most calls are evening and weekends; this means that most of the workforce don't do it as a long term career choice.</p> <p>Behind 111 calls there sits a local directory of services – how a caller is directed is dependent on geography and proximity of services. It is commissioner responsibility to provide those links to services.</p> <p>From September there will be an improved patient journey by having the ability to share records and by being able to book more appointments. Clinical staff will be able to log in to access</p>

records, see medication and treatment plans. There is a focus on increasing the number of clinicians in the service from 20% to 30%.

Community services vary considerably and are called a number of similar things with different levels of access.

The two numbers 111 and 999 are both in use, but a caller should end up with the same outcome; if a caller dials 111 and needs an ambulance it will be sent (and vice versa) meaning patients get the right service without having to dial again.

There are 100 call handlers at weekends, 50 in the evenings and 25 during the day. As there are skeleton services out of hours it is hard to get patients to an available service. Work is being done to identify gaps.

They work with other services eg there is a memorandum of understanding with Oxford Health to supply pharmacists. In this way they are able to join up a wider range of clinicians to enable callers to get to the service they need at first contact. Another example is they don't employ mental health workers directly.

Palliative care providers are often charitable and so are not commissioned through health. This was identified as a gap in working relationships.

An increased number (40%) of calls go directly to a clinician. Calls are free and patients can be booked into GP "out of hours" services. They are working on booking appointments during surgery opening hours, developing the electronic links and technical capability to be able to do this with the Federations.

There are 200 pharmacists across the Thames Valley that open later and can provide urgent repeat prescriptions. Whether 111 can refer into this is dependent on where a patient lives and where the pharmacy is. 50% of urgent prescriptions are going to a pharmacy rather than out of hours GPs.

There is system pressure on 999 and Emergency Departments (ED). There is currently a review of non-urgent calls to see if another service can support the situation. Risk and timescale is monitored. The need to speak to a clinician is identified in the pathways. There are 200,000 calls a year but only 2 – 3 complaints a month.

They are working with commissioners on a 5 year development plan including the end of life pathway and specialist palliative care support. They have started working with Thames Hospice in Windsor which is joined with the SCAS infrastructure. They have 20 calls a month but usually these are in the evening or during the night. This service will start as a pilot this August. It is not intended to take patients from existing services; the patients who call are those who don't know who to ring eg when staying with relatives and are out of area. 111 and 999 is used heavily in last 3 – 6 months of life. The support is in Windsor but they can access records and offer support and guidance to callers from Oxfordshire.

Their HQ is at Northern House is in Bicester. They welcome visitors to see how the service works. Booking into Minor Injuries Units (MIUs) is being tested and will go live in August with all of Oxfordshire covered.

The national 111 online service should have been working in December last year. It is still being tested and is now due to go live in July. The services listed are being reviewed.

Phase 1 - a symptom checker

Phase 2 – connects a person directly with a call queue

	<p>Phase 3 - links into the GP out of hours service and dentists. The target start date is December 2018 but this is more challenging as dentists are all on different systems.</p> <p>20 – 40 year olds like to use online service for minor conditions. SCAS will monitor any change in the way services are being accessed.</p> <p>All staff are audited and if they fail are put on an action plan with coaching and development. Any complaints are managed through the service.</p> <p>There are a number of workforce opportunities, for example there is scope to work better together to identify where clinical staff are who could help as a whole system, as opposed to having an ambulance travel a distance when there is a member of staff close by.</p> <p>The group had a number of queries which were addressed</p> <p>AA:111 is joined up as a national directory and looks for nearest service regardless of border. If a GP referred service would be the nearest available service it is linked to the GP.</p> <p>PW: The directory is a commissioner led tool and has been developing over time. It does not include local authority services. They want to do more with the third sector. It is a health orientated model – if the need is social care or safeguarding they would refer appropriately. There is a potential link with social prescribing to get those referrals that don't 'fit' with health or social care thresholds.</p> <p>PB: Public perception of 111 isn't good. What can PPGs do to help promote the service? The situation has improved with time and patients/professionals are more used to it.</p> <p>RW: How does this work for mental health? Questions about not breathing and bleeding at the start of a call are not helpful and a caller would be likely to disengage quickly. A special patient note should be flagged. Accessing records out of area can cause difficulties with flags. It is not clear how this system works for internet phone calls as they could be picked up anywhere out of area.</p> <p>BN – there is a very small number of calls that are inappropriate</p> <p>JM wants to feed back to PPGs. JW suggested checking the GP website to see what links there are to promote the service already.</p> <p>Anita thanked Lynda on behalf of the group</p> <p>Action: NP to check Healthwatch Oxfordshire information to see if we have a summary about the service that could be used by PPGs to promote Action: NP to distribute the presentation to the group Action: those who want to visit the centre to liaise with NP</p>
6.	<p>NOLF Vice Chair Election</p> <p>David Heyes has stepped down as Vice Chair after 4 years. The expression of interest request has been sent to GP Practices. Andy Anderson has made a formal expression of interest and the Terms of Reference have been consulted. Andy talked to the group about his involvement working with the NHS. He is Chair of Deddington PPG and is a patient of the practice. He has a passion for educating patients and understands</p>

	<p>the challenges getting people engaged with healthcare. He noted that he is the driver of Cherwell Council Health and Wellbeing bus which is a mobile service that could be utilised more.</p> <p>As there was only one candidate it was agreed that there was no need for a formal election process. The NOLF group unanimously agreed for AA to be vice chair for a period of three years. The group thanked Andy and also David for his years of service as Vice-Chair to date.</p>
7.	<p>Update on Banbury Primary Care</p> <p>There has been a gradual movement towards integration of three practices in Banbury</p> <ul style="list-style-type: none"> • West Bar • Woodlands • Banbury Health Centre <p>There will be discussion with the PPGs about the way forward and how things will work. There are potential back office savings to be made and there will be greater flexibility in using a range of clinicians. It will be a practice up to 30,000 patients. This means patients may be less likely to see the same doctor but more likely to see someone with specialised skills.</p> <p>There is learning to be had from other GP practices where the transition has been made from a small to a large practice and how this changes the approach and style of a practice.</p> <p>The group discussed that for some people the change to a larger practice is seen as a good thing and for others there is anxiety about the implications of the change.</p> <p>This plan is a work in progress. PPG members are encouraged to be involved in the discussion</p> <p>Action: FC to update on the position on Banbury Primary Care at the next NOLF meeting</p>
8.	<p>PPG Communication with patients</p> <p>JM invited the group to add to the information she has collated from NOLF PPGs about how they communicate with patients.</p> <p>They are talking in Horsefair about how they can improve communication with the PPG. There is huge variation in the ways that PPGs communicate with patients. They want to include patients who do not use or are less confident using IT</p> <p>BN raised the issue that patients will not necessarily actively look at a notice board or look at a website, so they do not know about the information policy.</p> <p>PL showed the group the example used to engage with men's health when she started a PPG</p> <p>PB – The Chippy Health newsletter has been distributed through community channels. It is on the Chipping Norton Health Centre website</p>
9.	<p>NOLF Public Events, Banbury 14th June, Chipping Norton 25th September</p> <p>'Take Care of Your Health' was the possible intended title of the event for Chipping Norton, using the model of the recent Aynho Health day which AA had organised. AH would discuss with PB, DW and DH as to their views of what would be of value to the people of CNHC and the Wychwood Surgery in September.</p> <p>AH also reminded members of the June 20th afternoon event in Banbury Town Hall to launch</p>

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	<p>"Age Friendly Banbury". The event will be led by Age UK Oxon, CXDC, OCVA et al.</p> <p>Members discussed the plan for the June 12 NOLF public meeting about "Social Prescribing" in Banbury Town Hall at 7.15pm. AA recommended an NHS England pamphlet about social prescribing which he will try to source.</p> <p>Action: NP to distribute the programme for the Banbury Public Event and resend the link to information ASAP</p>
10.	<p>AOB</p> <p>AH introduced the '4 questions' from OCCG; it was agreed to carry them forward to the next agenda, although members were not very interested in them.</p>
11.	<p>Confirm Dates and venue for forthcoming NOLF Steering Group meetings.</p> <p>4th September 2.00 – 4.00 6th November 2.00 – 4.00 To be held at Waitrose Community Room Banbury</p>
	<p>Summary of Actions:</p> <p>Item 5: NP to check Healthwatch Oxfordshire information to see if we have a summary about the service that could be used by PPGs to promote</p> <p>Item 5: NP to distribute the presentation to the group</p> <p>Item 5: those who want to visit the SCAS 111 AND 999 centre in BICESTER to liaise with NP</p> <p>Item 7: FC to update on the position on Banbury Primary Care at the next NOLF meeting</p> <p>Item 9: NP to distribute the programme for the Banbury Public Event and resend the link to information ASAP</p>