

The South West Oxfordshire Locality Forum Meeting

Didcot Civic Hall

15 November 2016, 10am – 12.30pm

1. Welcome, introduction and apologies

The meeting was chaired by Shelagh Garvey

| Member Name | Name of PPG |
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| Shelagh Garvey (SG) | Didcot Health Centre PPG |
| Mary Braybrooke (MB) | Clifton Hampden Surgery PPG |
| Tom Thacker | Newbury Street, LINK, PPG |
| Gene Webb | White Horse Medical Practice, PPG |
| Sue Hannon | Church Street Practice PPG |
| Lesley Powell | Didcot Health Centre, PPG |
| Janet Parker | Newbury Street, LINK |
| Rosemary Allen | Long Furlong PPG |
| Martin Tarran-Jones | Woodlands PPG |
| Visitors | |
| Julia Stackhouse | Senior Communications and Engagement Manager, CSU |
| Anne Lankester | Locality Co-ordinator, Oxfordshire CCG |
| Dr Julie Anderson | Clinical Locality Director (from 11 am) |
| Cllr Monica Lovatt | Abingdon Town Council and member of the Health Overview and Scrutiny Committee |
| Apologies received from: | |
| Alison Langton, Marion Watson, John Tabor (South and Vale carers centre) | |

2. Minutes of meeting held on 26 July 2016

It was noted that Marcus Lapthorn has stood down from SWOLF, thanks were passed to Gene Webb for all the involvement that Marcus has offered to date.

The Minutes were confirmed as an accurate record.

Matters arising:

- SG noted that the Science Vale project has been cancelled as this work is now forming part of the wider transformation agenda. SG noted her disappointment in this, and expressed concern that this is not seen as a priority.
- MTJ queried the role of Federations, and highlighted that more information was needed about Federations, as he was unclear how they currently operated. Action: AL to provide further information.

3. Update on Communications and Engagement

JS updated the group on the further engagement that has taken place since the roadshows that were held in the summer.

- MTJ raised a variety points about the Oxfordshire Transformation engagement work and how this fits in with the wider Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Plan (STP). JS highlighted the ongoing engagement work that has taken place since the roadshows and emphasised that this was engagement on the case for change and awareness raising of the future consultation. JS advised that this was never intended to be consultation on options and that the Options would come, as part of consultation in 2017. Feedback from the roadshows has been fed back to the relevant work streams, and they will produce impact assessments, etc. JS advised that the engagement report from the summer is available on the website here: <http://www.oxonhealthcaretransformation.nhs.uk/docman-all-categories/consultation-material/116-engagement-report> and that a further report is being written about the engagement that has taken place since September. JS advised that this would be circulated in due course. Concerns were raised by some members that the roadshows are just a box ticking exercise. SH and MTJ raised concerns about the lack of advertising and involvement from the public and JS advised that this is because currently the work has been about raising awareness and that money will be spent on advertising when the consultation launches, including activities such as a leaflet door drop, print and radio and local magazines. JS noted that it had been agreed that it would be better to spend the money promoting the consultation rather than awareness raising. MTJ requested a further update from Sarah Adair on the Q&A's that were submitted by the Locality Forum Chairs, and

emphasised that concrete locality-specific proposals are essential once the consultation gets under way. Action: JS to follow up with Sarah Adair

4. Bubbling up issues from PPGs

- JP raised concerns about Wantage Hospital, and that fact that the hospital will have been closed for a year by the time the CCG consults on community hospitals. It was noted that the community are extremely unhappy with this. JP said that there was a strong petition (3,000 signatures) that was taken to Parliament and asked why the CCG had not responded. JS advised that the CCG had not received this petition and that the decision to close was based on the grounds of safety, and taken by Oxford Health NHS Foundation Trust. JP highlighted local scepticism over closure on safety grounds, as there had never been a case of legionella in the hospital and the Maternity Unit is still functioning.
- CQC Inspections – MB asked if anyone had any views on CQC inspections as it was raised at the last Locality Forum Chairs meeting. The LFCs felt that the inspections are not helpful to already struggling practices. A variety of PPGs in SWOLF had been involved in their CQC inspection to varying degrees - SG was particularly concerned that the inspectors had not contacted her, even though she had made herself available after the inspector's early conversation with LP. It was felt that the inspection reports were lengthy, unclear and repetitive, suggesting that they had been produced from a template. Sending press releases out for practices that require improvement is not always helpful, depending on what improvement is required.
- Wantage Health Fair – JS asked if there is to be report written up on the Wantage Health Fair, as she felt that this would be good to share amongst the group. Action: SH and TT agreed to look into this.
- MTJ suggested that SWOLF hold a public meeting when the consultation is launched to look at the needs of Didcot. MTJ raised concerns about the CCGs motto 'best bed it your own bed', as he felt that the support services are not there.

5. Savings Taskforce presentation and questions

JA provided a presentation on the work of the CCGs Savings Taskforce. The slides for the presentation were circulated in advance, so JA highlighted the following key points:

- CCG has a minimum saving requirement for 17/18 of £12.6m
- The Task Force is clinically led
- Areas being looked at include Lavender statements, prescribing and over the counter medicines

- Ideas are currently being developed and a paper is being presented to the CCGs Board in November.

A discussion followed around the impact of Lavender statement and that they are 'rationing' of services. MTJ raised concerns about the impact that this 'rationing' would have on a patients quality of life. JA advised that this is not necessarily about 'rationing' more about ensuring that more conservative methods of treatment had been explored in the first instance.

Other questions raised included:

- What about management savings? JS advised that this part of the CCG business as usual
- JP asked if it would be possible to run the 'choose well' campaign again and highlighted concerns around patient administration in hospitals and the waste that this causes. JA advised that this is being looked at through the OUH contracting cycle.
- RA highlighted issues with the OH appointment system, and being stuck in a cycle of being offered appointments rather than being able to book appointments by phone.
- MTJ asked if there had been work to look at stock piling of medicines and reducing medicines waste. JA advised that the CCG has a number of promotions to reduce waste and over-ordering as it was aware of the issue.
- SG asked for clarification on what constitutes 'low(er) value activity'. JA advised that treatments such as ear grommets, tonsillectomies and hysterectomies were not necessarily efficient

JA asked the group if they would be willing to be consulted on more detailed proposals as they are developed. The group expressed willingness to do so, both through email and in face-to-face discussion. It was agreed that a significant amount of time would be allocated to this at the next meeting in January.

6. Update from Dr Julie Anderson, Clinical Locality Lead

Dr Julie Anderson, advised that she would provide a written update to be circulated with the minutes, and due to time pressures highlighted the following:

- Deputy Clinical Locality Director has now been appointed, Dr Jonathan Crawshaw, GP partner at Berinsfield Health Centre
- JA term of office ends on 30 April and she will be standing down as Clinical Locality Director
- GP practices in SWOL are in the process of implementing various schemes to increase GP appointment capacity using the OCCG Sustainability and Transformation Fund, having had proposals approved over the summer.

- Practices are also looking at the GP Access Fund (a national initiative for eligible areas)– this is ongoing
- Community Dermatology Services is now established and will run from January. The purpose will be to remove low risk basal cell carcinomas.

7. Any other business

SG asked if people were interested in setting up a Facebook page, as suggested at a previous meeting, and it was agreed that this was not required.

8. Date and venue of next meeting:

- Tuesday 17 January 2017, 10am – 12.30pm, Didcot Civic Centre
- Tuesday 21 March 2017, 10 – 12.30, Didcot Civic Centre – please note change of date, this has changed since the last meeting as it aligns with the clinical locality meeting that will be held later that day.