

**Minutes. SWOLF**

18 September 2018, 10.00 a.m. - 12.30 p.m. Didcot Civic Centre

	Name		Organisation/PPG
Present	Shelagh Garvey	SG	Didcot Health Centre (Chair)
	Richard Pullen	RP	Berinsfield Health Centre
	Dermot Padden	DP	Woodlands Medical Centre, Didcot
	Janet Parker	JP	Newbury St Practice, Wantage
	Tom Thacker	TT	Newbury St Practice, Wantage
	Bruce Claxton	BC	Church Street Practice, Wantage
	Mary Braybrooke	MB	Clifton Hampden Surgery
	Gene Webb	GW	White Horse Medical Practice, Faringdon
	Laurie Jackson	HK	Long Furlong Medical Centre, Abingdon
	Jonathan Crawshaw	JC	Locality Clinical Director
	Richard Maynard	RM	Healthwatch Oxfordshire (Minutes)
	Bob Lassam	BL	Marcham Road Health Centre, Abingdon

1.	<p><b>Welcome and Introductions:</b></p> <p>SG</p> <p><b>Apologies:</b>            Lesley Powell, Didcot Health Centre            Martin Tarran-Jones, Woodlands Medical Centre            Hazel Knott, Long Furlong Medical Centre (alternates with Laurie Jackson)            Graham Hall, White Horse Medical Practice            Anne Lankester, Oxfordshire Clinical Commissioning Group</p>
2.	<p><b>Minutes of previous meeting 17<sup>th</sup> July 2018:</b></p> <p>The <del>M</del>minutes were agreed. Some actions are still outstanding - see list at end of Minutes:</p> <p><b>Matters arising:</b>            SG and MTJ spoke at Didcot Town Council Extraordinary Meeting on 30 July. Public Healthcare meeting in Didcot agreed, and now scheduled for 8 October. SG to represent SWOLF on panel of speakers - invitees include Lou Patten/Kiren Collison, Jonathan McWilliam (OCC Director of</p>

	<p>Public Health), Mark Stone (SODC) and Jonathan Crawshaw - SG has been sent poster and invited to planning meeting - concerned that very little publicity seen in Didcot so far.</p> <p><b>Action: SG to report back at next SWOLF meeting</b></p>
<p>3.</p>	<p><b>Chair update</b></p> <p>OCCG/LFCs met on 30 August - items discussed included:</p> <ul style="list-style-type: none"> <li>- Communications and Engagement update - plan to develop framework for engagement across systems, under auspices of revised Health &amp; Wellbeing Board, including agreed intent and common approach, identifying differences across systems, e.g. terminology (co-production, consultation, engagement), and how engagement will work across different parts of the system - plan being prepared to submit to Lou Patten.</li> <li>- Older People's strategy - OCCG and OCC working together.</li> <li>- Oxfordshire Vasectomy Service and Female Sterilisation Service - no further referrals being accepted, to address backlog - LFCs concerned re: how patients are being informed, also sterilisation option needs to be available for those for whom alternative non-invasive options present difficulties.</li> <li>- Lou Patten's temporary CEO role ends in December - currently CEO of both Oxfordshire and Buckingham CCGs. OCCG looking at the CEO role and requirements; two main options - extend Lou's contract or go out to open recruitment for a permanent role.</li> <li>- STP/BOB still exists as an NHS function. There is no plan at present to merge CCGs, 'partnership' model more likely.</li> <li>- STP/CCG/Integrated Care Services - no scope for legislation pre-Brexit, range of models currently exists on the ground.</li> <li>- LFC reports to OCCG - SG highlighted Wantage Hospital issues, concerns over patient data security with online access to medical records, plans for public healthcare meeting in Didcot.</li> </ul>
<p>4.</p>	<p><b>Didcot Town Council meeting</b></p> <p>Dealt with under Matters Arising.</p>
<p>5.</p>	<p><b>Patients' use of online access</b></p> <p>SG reported that she had information on how every GP surgery in the county was performing with online access for repeat prescriptions, GP appointments and medical records. Latest figures available are from May 2018.</p> <p>BL reported serious concerns with how online access was being implemented via the EMIS system. He was concerned that records were not secure - online user is taken out of the system to a commercial non-NHS site, with patient record data left open for 5 minutes and no way of getting back to the patient record unless the user is very tech savvy. He also voiced concern about cookie management on the system.</p> <p>SG said she had raised the issue at the last OCCG/LFC meeting, and would report further to OCCG on concerns over data security and lack of transparency about the switch from medical record page to a non-NHS commercial site.</p> <p>Accuracy of the figures was questioned. GW reported that only application available at White Horse Surgery when data compiled was access to medical records. MB thought it highly unlikely that 56% of patients at Clifton Hamden practice are registered and using EMIS. It's unclear as to what figures are being reported.</p> <p>BC suggested that the low take-up of online access was down to demographics - new developments were largely populated by younger people, who were less 'medically active'.</p>

	<p><b>SG</b> voiced concerns that the identity/proof of address requirements for access to medical records present problems for some people, especially as online documents are not accepted.</p> <p><b>Action: SG to liaise with BL over further action on EMIS and data security concerns</b></p>
6.	<p><b>Preparation for discussion with Kiren Collison at the November SWOLF meeting</b></p> <p>The following topics were suggested:</p> <ul style="list-style-type: none"> <li>- update on Wantage Hospital;</li> <li>- MSK/Healthshare - loss of services across SWOLF area;</li> <li>- Locality Plans - where do they fit in with the new system-based approach?</li> <li>- Primary Care - GP practices and lack of capacity;</li> <li>- future of Locality Forums;</li> <li>- how can the Health &amp; Wellbeing Board be strengthened?</li> <li>- future of Transformation following cancellation of second phase of consultation.</li> </ul>
7.	<p><b>Update on SWOL, Dr Jonathan Crawshaw</b></p> <p><b>Didcot</b> - developer has allocated site, and outline planning application now submitted for a new GP practice on Great Western Park. NHS England has pushed back against this and see a new practice, run by a new provider, as a last resort. Their preferred option is for an existing practice to expand into the site. A meeting is due to take place on October 4 with the existing practices and Oxford Health. OCCG and Oxford Health have put in an outline bid for funds to develop the Didcot Community Hospital site, as an alternative to the Great Western Park site.</p> <p><b>EMU, Abingdon</b> - there have been discussions regarding how to increase capacity in winter. Data suggests that between July and December, the EMU can cope with all the patients sent by GPs, with most seen within two hours. However, between January and June, the EMU is having to turn away some patients, about 50 per month or 10 percent. There have been problems with transporting patients to the EMU in time for a detailed assessment, some shortages of beds, etc. Areas being looked at include getting other healthcare professionals, e.g. District Nurses, to take up the slack, plus using available care home beds that are normally used for JR patients, under contract.</p> <p><b>Wantage Hospital</b> - <b>SG</b> reported that she had met with Kiren Collison, at Kiren's request, on 11 September, and they had a useful discussion. SG had stressed that it's vital for OCCG to understand the historical funding background and genuine sense of ownership felt by Wantage residents, who feel very strongly that any solution short of a full public consultation would be unacceptable. Many consider the legionella issue a 'smokescreen', and are concerned that the hospital's future should have been discussed in Phase 2 of the Transformation consultation. People want to know what is going to happen - strong evidence from SWOLF colleagues that some Wantage patients have been discharged from hospitals in Oxford, without a care package in place. SG also highlighted transport difficulties, especially lack of public transport around Wantage - she has ascertained that a taxi from Wantage to the John Radcliffe Hospital costs, on average, £60 one way, which is unrealistic for the general population.</p> <p>Kiren Collison responded that Wantage Hospital is seen as a key priority, and OCCG were preparing an outline plan for the Oxfordshire Health Oversight &amp; Scrutiny Committee (HOSC) meeting on 20 September. A strong evidence base, including local intelligence, is crucial to the planning process. If this outline plan, which SG has now received, is agreed by HOSC, it will go to the Health &amp; Wellbeing Board. The plan could include models from elsewhere, and different options. The plan is that a consultation should begin in the Spring. SG said she had pointed out that residents in other parts of the county with Community Hospitals, such as Didcot, would be watching developments very closely.</p>

8.	<p><b>Update or bubbling issues from PPGS.</b></p> <p><b>SG</b> - Didcot Health Centre - PPG carrying out a Patient Survey (hard copy and online) to ascertain people's knowledge of services, expertise and range of professionals available.</p> <p><b>BL</b> - Marcham Rd - big focus on triage, with a survey of members showing that 90% were happy with the way the triage process was working.</p> <p><b>GW</b> - White Horse practice been doing similar work, also how to reduce no-show appointments, and how to achieve continuity of care. The PPG publishes a timetable of doctors on duty. Some building work taken place, providing capacity for 20,000 patients. Current Practice Manager due to retire next year, and practice will recruit a new senior manager, combining business and practice management. Practice now has a Facebook page.</p> <p><b>RP</b> - Berinsfield - nothing to report.</p> <p><b>MB</b> - Clifton Hampden - due to have a talk by Healthwatch Oxfordshire in December.</p> <p><b>JP &amp; TT</b> - Newbury Street practice - concern that they could not get any information regarding the expansion of their Health Centre and what new services may be introduced.</p> <p><b>DP</b> - Woodlands Medical Centre - Practice Manager is leaving at the end of October. Woodlands has now achieved Approved Training Practice status</p> <p><b>SH</b> - Church Street practice - triage process working well. Julie Dandridge has met Assura to discuss rates for land, further meeting to come. There is now a paramedic on the staff.</p>
9.	<p><b>Item 9 Healthwatch update</b></p> <p>As per weblink on agenda.</p>
10.	<p><b>Item 10. Any other business.</b></p> <p>Concern was raised over notice seen at Didcot Civic Hall to announce restricted car parking measures being introduced - SWOLF members may need to produce evidence of attending a meeting?</p> <p><b>Action: SG will check this out.</b></p>
11.	<p><b>Summary of Actions:</b></p> <p><b>SG to liaise with BL over further action on EMIS and data security concerns</b>  <b>SG to report back on Didcot Town Council public meeting</b>  <b>SG to check new parking arrangements at Didcot Civic Hall</b></p> <p><b>Outstanding from July meeting</b></p> <p><b>Item 2: NP to send AL list of PPGs at SW practices that do not attend SWOLF meetings</b>  <b>Item 3: AL to find out if KPIs for the Healthshare contract can be made available to group</b>  <b>Item 12: AL will issue the updated action tracker prior to each SWOLF meeting</b></p>
	<p><b>Date of the next meetings 2018-19</b></p> <p>All Saints Room, Didcot Civic Hall from 10.00am - 12.30pm is booked for the following dates:</p> <p>20 November 2018  15 January 2019</p>

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