

Notes of Meeting held 17 December 2013

Time: 7-9 pm

Venue: Deddington Surgery

Attendees:

Name	Attended		Attended
Ted Sutton	Y	Ted Short	Apologies
Anita Higham	Y	James Simmons	Apologies
Ken Wilkinson	Y	Ken Norman	Y
Anita Higham	Y	Julie-Anne Howe (JAH)	Y
Dave Lloyd Harris	Y	GP Chairperson – Dr Sue Ruddock (Dr SR)	Y
Barbara Harris	Y	Sue Johnson – Practice Manager (SJ)	Y
Peter Richardson	Yes		
Maureen Richardson	Apologies		
Veronica Lough-Scott	Apologies		

1. **Welcome and Introductions** - took place and refreshments were served.
2. **Notes of last meeting** – Julie-Anne Howe (**JAH**) reviewed the minutes of the last meeting and the meeting agreed that they were an accurate recording of the 25-09-13 meeting. The actions from the meeting were checked by JAH.
 - One point of action that we discussed was getting Power of Attorney (POA) – a legal document that enables one or more person in a family to act on behalf of another person in the family. Sue J will add something about this in the next newsletter, so that people are aware of the importance of drawing up a POA when all those who are signing are in good health mentally. The most recent change has been that POA is separate for Health and Wellbeing, and Financial matters. Both are required, but can be held by separate individuals.
3. **Actions on the Deddington Surgery new Website**
 - Sue Johnson (**SJ**) stated that the previous website has now been replaced and the new one is up and running. It clearly involved a lot of hard work for **SJ** but considerable progress has been made. So far there have been no major complaints from users but if they do problems they are encouraged to contact **SJ**, or Silicon Practice who manage the website for us. (Their contact details are on the website). Now that the new website is up and running, it requires the patients to familiarise themselves with it and the efficiency will be reviewed on an on-going basis.
 - The PPG members commented positively about the website and there were no negative comments. Advice on using the online process will continue to be available. Silicon Practice – the company who assist us by managing the online website, are happy to liaise with people having difficulties
 - Patients are being encouraged to ‘sign up’ for the online services and lots of people are now using ‘Email your GP’ and ‘Repeat medication online requesting’. Advice on using the online process is available on the website.
4. **The New Clinical Computer System at the surgery – called EMIS Web**
 - S.J advised us that the new computer system was absolutely necessary because our old clinical system had been DOS based with no possibility of future upgrades being developed for this very old system. The change to the new web based system happened on 19 September 2013.
 - S.J. explained that while the new system was working well in general, for the doctors and nurses, it wasn’t all plain sailing. One problem was that everyone’s computer seemed to be running slower since the upgrade which was time consuming for the doctors and Dispensary. We have had quite a lot of help from external computer experts working on the system and we hope that over time problems will be resolved, though unfortunately there are a lot of issues with EMIS Web (the name of the new system) and our Dispensary. A

typical problem that has not been resolved is related to the Dispensary drug ordering function. It has been experienced that the new system inadvertently orders drugs that are not required. This problem will (we hope) be sorted with some urgency – though nothing has happened as yet.

- There was a short discussion about the perceived percentage completion of this project. **SJ** thought that in her opinion it was 60% complete. **Dr SR** said that apart from the problems with the dispensary, it is operating clinically quite well, albeit, somewhere in the region of 80% complete. Although she added it has a tendency to be quite slow.

4. **New Healthcare Structure** in the NHS since March 2013

- The Group were aware that as of 1.4.13 the old Primary Care Trust, which used to operate under Health Authorities, had ceased, and the new GP membership organisation, called Clinical Commissioning Groups (CCGs), is in place. This was a national change to the NHS.
- Oxfordshire also has a Health and Wellbeing Board which links the needs of the population of Oxfordshire for health services to social care services within Local Authorities, and a Healthwatch organisation to monitor how well services are being provided for patients.
- J-A.H outlined various changes which are happening at the CCG, where the current Chairman is becoming the new Deputy Chair, the current CEO (who is a GP) is stepping aside but will apply for the new Chair post which will be more medically based, which leaves the CEO post vacant and applications for this post are sought.
- The change has come about because the CCG is already aware that it has insufficient funds to financially balance by 31.3.14, and therefore NHS England, via the Local Area Team (LAT), are asking for the CCG to have a stronger business voice in the CEO post. Oxfordshire is funded at £938 per head of population under the national formula, which is about 3rd lowest in the country.
- The LAT have also asked Deloitte to support the CCG with mitigation plans to close the financial gap and enable a better financial balance for next year. Outcome based commissioning, which is looking at how we can fund successful patient pathways rather than just paying for aspects of care on a piecemeal basis will contribute to this, with early work in maternity, older people, and depression / anxiety in mental health. More on how we are doing at the next meeting.
- Meantime – services for patients will continue as usual locally and in hospitals.
- For more on the Interim CEO see no. 6 below.

5. **Deliveries of Medication to villages**

The surgery currently delivers medication to 9 villages in our patch, so that people who live a long way away do not have to travel to the surgery to get their medication. This system has been working well for a long time, but now the Care Quality Commission is saying that maybe there are safety and confidentiality issues with this system. Therefore we are planning to add some questions about this service to our Patient Survey - which will take place in January – so that we can see exactly what our patients feel about this service. Does it work well?

6. **Change of OCCG Leadership.**

- A paper was handed to the Group prior to the commencement of the meeting entitled **Ian Wilson-An Introduction**, and most members had the opportunity to read this document, JAH gave us an overview of the new Structure and in particular a biography of Mr Ian Wilson. J-AH informed the meeting that Ian Wilson will be employed as the interim CEO of Oxfordshire Clinical Consortium Group (OCCG). He will hold this post until the 31st March 2014, by which time we should have a new CEO in place, although notice periods required may mean the interim arrangements go on slightly longer. Ian Wilson has excellent past experience and should prove to be very useful. It is anticipated that additional funding will be sanctioned and provided for the changed posts. There are many changes being put into place and it is hoped that the patients will benefit from these.
- Dr S R said that at present the communications between Hospitals and Practice is not working as well as it could/should. It is hoped that the changes envisaged will solve this problem to the benefit of the patients.

7. **Visit to Surgeries by Care Quality Commission (CQC)**

West Street Surgery in Chipping Norton had a visit from the CQC this week – it went well, and one of the positive things was that members of their PPG were able to come along to the surgery and talk to the CQC giving a

patient perspective. Our PPG members agreed that they would be willing to do the same when Deddington has its visit from the CQC. Each practice only gets 2 working days' notice of a visit by the CQC. SJ will email round PPG members and see who would be available to come along (at this short notice). Each surgery in England will get a visit by the CQC in the next 2 years

8. Feedback from the NOLG forum

Oxfordshire Clinical Commissioning Group has 6 Locality Groups within it. Our Locality group is called NOLG (North Oxfordshire Locality Group). This group has a GP representative from each practice, and meets monthly. Each year each Locality produces a Plan of what areas of healthcare it will focus on in that year. The first NOLG newsletter is also now out.

Each Locality is seeking ~ 2 people to provide feedback from each surgeries patient group, to sit on a wider Forum group. This wider group will provide a patient and public voice into projects and decisions which NOLG is working on. You can contact Maggie Dent (Equality Manager) directly if you are interested in being one of these patient representatives on

Maggie.Dent@oxfordshireccg.nhs.uk Mrs AH gave feedback on the last NOLG forum that she attended and encouraged anyone else on the PPG who was interested to come along to the next meeting.

9. Horton Hospital – views of the GPs

There is still no intention of closing the Horton Hospital, or any other community hospital, though some of the surgical & medical services have now transferred to Oxford (eg abdominal surgery; care of stroke patients). There were concerns raised about the Horton having services downgraded – the general view was that the population needs were changing over time as aging occurs, and changes at the Horton were quite possible/probable. The GPs stay unbiased on OUHT's (Oxford University Hospitals Trust) plans for the Horton. They are not, anyway, in a position to influence what happens at the Horton.

10. Federating and the surgeries in the north of the county

Federating means 'joining together' so that some services are provided jointly rather than by one surgery on its' own. In Oxfordshire, the north of the county has taken a lead on this and are forming a federation of GP practices in the north of the county, called NOXMED. This organisation is linked to the organisation PML (Principal Medical Limited) – which currently provides the out of hours services for the north of the county. This link has been made because PML has a track record of providing high quality services in the north of the county. It is optional as to whether a surgery joins NOXMED or not. So far Deddington Surgery has declined to join, as we do not currently see a pressing need to do so. This does not rule out our joining at a later date. We are not the only surgery in the north not to have joined.

11. Date of Next Meeting –Tuesday, March 18th at 7pm. Dr Chambers will be the Chair of the next meeting.