

STAKEHOLDER BRIEFING

Public consultation on Oxfordshire Transformation proposals set to begin in January.

The public consultation on proposals for changes to health services in Oxfordshire is set to start end of December / beginning of January 2017.

Although originally scheduled to begin in October, Oxfordshire's Transformation Board agreed the consultation should begin later to ensure proposals for change are tested rigorously before options are finalised for patients and the public to have their say. Public engagement will continue through until the end of December to the launch of the consultation and will help inform the final proposals.

Proposals are likely to put forward options that focus on a more ambulatory model of care in Oxfordshire as suggested in the Five Year Forward View¹. Whereby the best bed for someone to recover is their own and care will be provided on an outpatient basis including diagnosis, observation, consultation, treatment / intervention and rehabilitation services and support; unless treatment in hospital is the best place for a patient at the time.

The Board also agreed that more should be done to:

- Keep more people healthy, prevent ill health and manage long term conditions
- Provide convenient and accessible care to patients as close to their homes as possible – by grouping together services in neighbourhoods or localities. This includes providing health professionals, working with patients and carers, with access to diagnostic tests and expert advice quickly so that the right decision about treatment and care can be made for patients while avoiding sending patients to hospital unnecessarily
- Ensure the system of hospital based care keeps pace with developments in modern healthcare so they are able to provide high quality services to meet changing demands – with doctors on site 24 hours a day to deliver the quality of care patients need where required
- Prevent people from being unnecessarily admitted to hospital or using A&E services because there isn't a better, quicker or more local alternative

¹ The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement.

- Make the best possible use of taxpayers' money (including staff, equipment and buildings)
- Meet the rising demand for services and, wherever possible, reduce that demand by improving people's health.

Background

The NHS in Oxfordshire performs well compared with other parts of the country, but faces increasing demands and challenges to its services. Changes in people's health and longer life expectancy means the county's services are facing challenges on a scale not seen before. In addition, those people living in Oxfordshire's most deprived communities often experience more ill health and worse outcomes than other people. While the amount of money received for the NHS locally is increasing year on year, the cost of delivering services is growing at a faster rate; we need to cope with a significant increase in activity within broadly the same resources. If nothing changes, Oxfordshire's NHS faces a potential funding gap of £200m in 2020/21.

In order to address these challenges, earlier in the summer, the local NHS embarked on 'The Big Health and Care Conversation', via a series of county wide events; discussion groups and public survey. The NHS asked the public's views on how care can be delivered differently while still providing the best care, the best health outcomes and the best value for people living in the county.

In particular, the local events described how Oxfordshire's healthcare leaders, with doctors, nurses and patients' input, have been developing options to meet these challenges. They are considering options for how to make care clinically and financially sustainable for the future, across the following services:

- Maternity and children's services
- Learning disability, mental health and autism services
- Specialist advice and diagnostics (outpatient services and planned operations)
- Urgent and integrated care
- Primary care

So that more services can be delivered locally and people treated closer to where they live, it is likely that proposals will include substantial changes not just in how care is delivered, but in the number and location of sites from which it can be provided; while ensuring services are safe, of high quality, affordable and can be staffed appropriately.

For example, we are reviewing the in-patient beds we have in the community and in our hospitals, with a balance to be made between having high quality specialist services all on one hospital site to making the best use of the eight community hospitals across Oxfordshire.

Among the community in-patient options which are emerging from clinical and stakeholder discussions, informed by public feedback, is the consideration of up to four site hospital model with beds – mainly for frail older people - at the John Radcliffe in Oxford, the Horton General Hospital in Banbury and two other sites in the West and South of the county. Specialist services for cancer, neurology and cardiology would remain unchanged, while secondary care acute services could be centralised at the JR, Churchill and Nuffield Orthopaedic Centre in Oxford or spread across the latter sites and the Horton General Hospital.

Similarly, Oxford University Hospitals NHS Foundation Trust (OUHFT) has been working on developing a number of options relating specifically to the Horton General Hospital site.

Conversations with the public in Oxfordshire will continue through the autumn with views and feedback being used to help shape the options that go into the Oxfordshire-wide public consultation for the future of health services in the county.

Early feedback from the local events suggests that more than 75 per cent of respondents say they understand why change is needed and they recognise the challenges the NHS faces.

These challenges will inevitably mean that patients and the public will face difficult choices next year when they are asked to comment on the possible options during the consultation.

The Transformation Board is clear that we need to make sure health services change to keep pace with growing demand, and the new opportunities for providing care in a better way. At the same time any changes will require trade-offs between different options both in terms of the organisation of care and how it meets the needs of different communities. Some services, currently much cherished by local communities, may undergo significant changes as we move towards providing high quality, value for money services across the whole county for a growing population and for the long term.

We must emphasise that at this stage nothing has been decided and stakeholders, patients and the wider public continue to feedback and inform the options which will eventually shape the transformation of healthcare services in Oxfordshire for the future.

Next steps

Where the NHS makes proposals for significant changes it is required to formally consult with the public. This is the process which is set to get underway in January and will last for three months. The consultation will be the culmination of seven months of local discussions and conversations between NHS organisations, patients, the public, local groups and local councils. Before Oxfordshire's public consultation can begin, any proposals must be reviewed by NHS England.

No decisions have been made and will not be taken until the public consultation has run its course and final proposals are put to Oxfordshire Clinical Commissioning Group's (OCCG)

Board. OCCG is responsible by law for running this process and taking a decision following the consultation process.

The Chair of the Oxfordshire Transformation Board, Stuart Bell, said: “We do not want to set a public consultation process going without being completely assured ourselves that we have thoroughly considered the impact of any possible changes. When we do go out to consultation we want to present a set of proposals and options which we think are achievable - that we have ‘stress tested’ to make sure they can be staffed effectively, are in line with clinical best practice, are safe, provide fair and equitable access and help us to meet our financial challenges.”

More information on the Oxfordshire Healthcare Transformation Programme can be found at www.oxonhealthcaretransformation.nhs.uk

What’s not changing?

Whatever the shape of services in the future, there are a number of things that *won’t change*

- The NHS will continue to provide a comprehensive service, available to all
- Access to NHS services will continue to be based on clinical need, not an individual’s ability to pay
- The NHS will continue to provide high quality care that is safe, effective and focused on patient experience
- Patients will be able to access care provided by their local GP
- More services will continue to be delivered closer to home
- When people need hospital treatment, they will get it
- When people need emergency treatment, they will get it
- The NHS will continue to work in partnership with other organisations in the interest of patients, local communities and the wider population.