

Summary

Oxfordshire CCG held one event in Wallingford in November 2017. The workshop allowed local people to share their views on how GP and primary care services in their localities could be organised.

This workshop and an online survey (for anyone unable to attend the workshops) follow and expand the work involving the CCG, local GP practices and patient representatives, who have been discussing plans for the future of primary care services in Oxfordshire for the past six months.

The key themes highlighted are below:

Key Themes	Summary of issues
Continuity of Care	<ul style="list-style-type: none">• Continuity of care more GPs• Continuity of care a big concern for patients• Not having continuity of care is counterproductive overall• Continuity of care is very important. See same GP. Registrars good but for long-term conditions important to see same GP. Accept not always possible
Ambulatory Care/Rapid Access Care Unit (RACU).	<ul style="list-style-type: none">• RACU is good, near practices can access, expand the service• Ambulatory care - how will it work? Staffing? Funding? Premises?• Broader ambulatory care in Thame, like RACU in Henley• RACU in Townlands / transport - pitch up broken leg and see/strap and home. Not casualty - different to MIU• Lengthy discussion on the ambulatory model of care - good examples of care in the RACU in Henley and the similar unit in Thames (frailty assessment unit)• Was agreed that there needed to be some sort of ambulatory unit in or close to Wallingford as North and South of the locality were supported• Recognition that people did not want to give up their community beds but that the RACU model did seem to be working and the community were happy with it.

Care Homes	<ul style="list-style-type: none"> • Less care homes in Henley, putting a strain on GP times - need more young families • Care home initiative good but also need to include end of life patients who want to stay at home therefore their specialist needs have to be addressed. They also need to fit into the model. They also need to have choice. • Care home initiative - done by partners, affects local service. Could this be done by locums?
Structure of GP services	<ul style="list-style-type: none"> • Henley practices working together - what level of collaboration is there? • Locums not understanding patient needs, coming back twice • All practices/GPs in the area do not always work effectively together • Essential for GPs to get to know their patients • Part-time GPs is this realistic? • Centralising services doesn't always work • NHS 111 abolished - money to GPs, to respond to needs, employing additional GPs to do that • Practice nurse tasks - some devolved to health • ?over 75's have named GP / some patients can only see own GP rarely. Long term conditions hugely valuable - potentially it is about speed / kids - elderly want continuity • Choice re see own GP or other • Receptionists triage - didn't like - can be both ways
Waiting Times	<ul style="list-style-type: none"> • Waiting times for appointments needs to be improved • Seeing your named GP earlier than 3-5 weeks later • Seen on day access vs own doctor - won't build up relationships • Tried so hard appointments on the day - but if not needed on that day feel guilty to pick a much needed appointment. Online = 28 days / needs triage re on today eg = phone discussion by GP. Some practices do. Patients to understand this
Integration	<ul style="list-style-type: none"> • Integration with Bucks and Berks • More sharing of staff across organisations to meet the needs of the patients • There needed to be more joined up thinking across the SE and especially across borders as many patients live on the borders • Linking GPs better into the depth of NHS services • GPs and other providers (mental health) working across practices – liked • All practices/GPs in the area do not always work effectively together

IT	<ul style="list-style-type: none"> • Should use Skype or facetime to give more appointments • Aging population - IT a problem (not all have mastered) • What IT do older people use / feel comfortable with? • Some older people are fine with IT • Sharing of patient records - cross border comms • IT up to date - Dr had old DELL / nothing countywide central hardware. Systems all fall over sometimes. • Monitor in home re falls and if no main carer - sensory technology eg buttons to press (eg soles shoe - door frame where frequently walk eg loo and not back to bedroom in middle night) Call made helps admission avoidance • More technology to support better working and patient access as well as record sharing • Sonning Common info useful to spread about. Helps even if only tells Sonning Common own patients. Vehicle used to communicate / email and online get more info than if not. Tec savvy benefits more. Sonning Common 24% on email • IT - some practices reluctant to use emails. Could this be used for simple medical queries. Have national policy setting out what can be done by email
Health Promotion	<ul style="list-style-type: none"> • Prevention - eg obesity - healthy eating • More prevention info on basic biology / kids to understand to manage self-care and go for advice. NOT GP. • Monthly short para from a GP on key messages eg flu jab records • Ideas: keep people out of surgery = early warning indicators eg. UTI's in place and contact GPs when concerns • Prevention - eg obesity - healthy eating
Information/Communication	<ul style="list-style-type: none"> • Information needs to be on website • Newsletters / emails • Signposting to other services • Using local communication channels - insert sheets of magazines, newsletters, etc • Directory of services - voluntary / other support organisations • GPs and other providers (mental health) working across practices – liked • Reaching older patients who may not come into the surgery

A full report on this public engagement and its feedback will be published before the end of 2017. This feedback will help shape and inform the draft locality plans before they are published in January 2018 for further public comment.

Implementation of some of the proposals will begin in 2018, but the plan will be continuously revisited as further engagement helps develop it.