Summary

Oxfordshire CCG held one event in Oxford City 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
Support areas of deprivation	• Will resource allocation follow deprivation, therefore innovations in health teams. Can work to local need. • Allocate resources - based on deprivation so people can see. • Deprivation pockets - if tell them to go elsewhere they can be setting up additional problems - must be careful. If from deprived community may be an education issue.
Funding concerns	• Why are public health budgets slashed? • Fund them properly (and in line with need not geography) • Inequality of funding • Place based funding in Oxfordshire (nationally underfunded) • How can we shift from specialist care budgets which are over-funded
Recruitment	• Young medical students are being put off becoming GPs • Scope for different models of employment - flexible employment - Oxford weighting • 111 don't have staff either and tell patients to call back • Increase attractiveness of GP/community work

Work differently	• Neighbourhood teams and practices working together • Pharmacy nurses who can prescribe - extended hours (surgery just started doing) • More social prescribing - CAB/MIND • Use other staff eg nurse practitioners can advise on the smaller health problems • Changing patient expectations/nurses are not second best • Social care experts - not in a bed - direct elsewhere
Prevention	• School health nurses very important for prevention and to ensure mental health and other issues addressed early • Health education - schools should be starting to educate children, education and money are main drivers for prevention • GP practices to include things like pilates/prevention
Concerns for vulnerable patients	• Fraility - essential that local services are available for people who are frail regardless of age. • Have someone linked to the practice who links to the area looking after elderly people • Continuity of care for elderly is an issue particularly for ongoing illness, repeating prescriptions is an issue • Specialists - more for vulnerable children and safeguarding
Services for mental health	• Appointments for mental health - need to be seen then, not wait. • Possible hub for wellbeing - for people to go to and talk about it. Mental health is such a wide range - severe to minor/access to mental health - develop support network • Support for mental health across age range in the hubs • Waiting times for mental health support/quicker - people go back to GPs - not necessarily right place to go
Access and transport issues	• Transport and access is a huge issue- bus services are a main issue as parking is horrid. • Ensure transport is available for patients to travel e.g. local people who can help transport

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.