Executive summary

National context

- In 2007 the Oxfordshire Primary Care Trust (OPCT) developed a strategy which described its future aims and the associated outcomes it would be working to deliver for patients between 2008 and 2013. The Department of Health requires this plan to be refreshed every year and rewritten every three years to fulfil new “World Class Commissioning” guidance, and the PCT has been doing the first annual refresh.

- In addition, since 2007, the demands on Primary Care Trusts (PCTs) to inform and consult have been strengthened by the NHS Act 2006 (section 242 (1B)), and the PCT has been engaging on the changes proposed to its strategy as a result of that refresh.

- PCTs are responsible through the commissioning process for investing public funds on behalf of their patients and communities. In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, PCTs must engage the public in a variety of ways, openly and honestly. They should be proactive in seeking out the views and experiences of the public, patients, their carers and other stakeholders, especially those least able to act as advocates for themselves.

Local context

In this year's refresh, a number of key changes are proposed to the PCT strategy: These include:

- Simplifying some of the key communication themes
- Strengthening the focus on specific areas of need and focusing on 6 key areas that required further attention (see page 7).
- Sustaining involvement with patients and the public
These changes take into account the engagement work in 2007, further comment from our partner organisations during the summer of 2008 and the information gained from the Joint Strategic Needs Assessment (see page 6).

Oxfordshire’s public engagement process
A number of different approaches were identified through which we gained the views of 239 individuals and groups. There was a series of meetings, leaflets providing supporting information, a summary document and questionnaire made available on-line and distributed direct to over 200 individuals. 25,000 leaflets were distributed to over 450 venues in Oxfordshire and advertisements placed in publications with wide distribution.

Key Messages
Respondents at meetings and to the questionnaire were given the opportunity to discuss a wide range of topics – and often this took discussion beyond the content and focus of the strategy.

- Most though not all thought the refreshed strategy was better.
- Many expressed an interest in understanding some of the key current issues for the PCT and expressed concerns about particular topics, particularly the referral scheme for GPs, currently being used to manage the level of referrals to secondary care.
- There was a strongly expressed view that the needs of carers had not been sufficiently addressed in the strategy.
- It was also felt that the voluntary sector was not sufficiently mentioned to reflect its value to the PCT.
- Another key area raised related to deprivation – there was a concern that hidden pockets of deprivation may not be recognised and there was a need for an explanation of what was being described by the index of multiple deprivation.
- Other comments related to local services, boundary issues (specifically the transition between secondary and primary care), breaking the cycle of deprivation, GP led health centres, dentists, geriatric care and weight management (this last was seeking more information).

These and other topics are addressed in detail in the appendices.
Further action

From the comments made at meetings and the responses received, a series of 13 actions have been identified. Of these responses, only 2 are best addressed through edits to the draft strategy. Significantly the identified action for several of the points raised relates to how we communicate with local people from key points of change to just letting them know what is going on.

All actions will be reviewed in early 2010 and the outcomes will be reported to all those who requested information. Responses to specific questions raised at meetings and via the questionnaire have been collated and will be fed back to those who have requested information. We will also publish updates on our website.

This includes, for example, the concern which was raised widely about the GP referral scheme. On the whole, most attendees were satisfied that the action of the PCT is appropriate once they had had an explanation of how this worked but had been made anxious by the adverse publicity. This scheme is explained at Appendix 5.