NHS Oxfordshire Draft Strategic Plan 2008-2013

Report on public engagement

Version 10

Judy McCulloch
Patient and Public Involvement Manager
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1) Executive summary

1.1 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.

1.2 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).
1.3 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.

1.4 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.
1.5 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.
2) Introduction

In 2007 the Oxfordshire Primary Care Trust (OPCT) developed a strategy which described its future aims and the associated outcomes. During 2008 we started a process of reviewing and refreshing the strategy as promised in 2007. This enabled us to identify some gaps to fully reflect all aspects of the work we had to take forward to meet our goals.

During 2008 a major review of local health needs was undertaken in the Joint Strategic Needs Assessment (JSNA). This enabled us to review health need and identify some changes we should make in the light of that assessment and therefore we made some changes to the original document to reflect this increased knowledge. We also included descriptions of the work programmes which we are taking forward. This was intended to make the document feel more ‘real’ for the general public and also to show the work we are already doing.

Since 2007 the demands on Primary Care Trusts (PCTs) to inform and consult have been strengthened by the NHS Act 2006 (section 242 (1B)). PCTs have also been required to meet the demands of a new assessment process under World Class Commissioning. This expects that we show evidence of how we have responded to the public during development across the spectrum of commissioning. The PCT welcomes these changes and is strongly committed to improving its consultation and engagement. The process we have followed here is, we hope, a clear demonstration of that commitment.
3) **Context**

As explained there were gaps identified in the strategy as it appeared in 2007. In particular, it was felt that the needs of those with mental health problems were not fully reflected. The previous strategy also did not identify how we would carry out some of the work we had committed ourselves to or have clear measures so that we could easily demonstrate delivery.

**Joint Strategic Needs Assessment**

In order to achieve the world class services that people expect, we must have a full understanding of local needs.

The Local Government and Public Involvement in Health Act (2007) places a duty on local authorities with responsibility for social services and PCTs to undertake Joint Strategic Needs Assessment (JSNA). The JSNA is a process that will identify the current and future health and wellbeing needs of a local population. It informs the priorities and targets set by Local Area Agreements [and leading to agreed commissioning priorities] which will improve outcomes and reduce health inequalities.

During 2008 a Joint Strategic Needs Assessment (JSNA) was produced with Oxfordshire County Council. The intention of this was to identify “the big picture” in terms of the health and wellbeing needs and help ensure all inequalities of the local population are understood. This document will be revised every three years and refreshed in the intervening two years.

The main conclusions from JSNA were that the focus should be on:

- tackling inequalities and breaking the cycle of deprivation;
- reducing mortality and improving life expectancy;
- responding to an ageing society and the needs of older people;
- meeting the needs of those with long term conditions and improving the availability of mental health services;
- improving children and young people’s life chances;
- increasing healthy lifestyles to prevent and reduce harm (e.g. obesity).
Engagement

The PCT began a process of engagement in July 2007, where it gained approval for its vision and strategic priorities. This laid the foundation for an extensive engagement process which involved a series of district council and countywide themed events. The audience for these events was made up of individuals from the public, patients groups, voluntary sector organisations and professional groups. This work is fully described in Appendix C of the PCT strategy 2008- 2013.

Further engagement was undertaken with our partners in the summer of 2008, in order to inform the first annual refresh. This process confirmed that the overall strategy proposed was correct and that the initiatives put in place during the previous year are broadly the right ones to deliver the strategy. However, as a result of the engagement undertaken in the autumn of 2007 and the feedback from work undertaken this summer, a number of key changes have been made to the PCT strategy. These included simplifying some of the key communication themes, strengthening the focus on specific areas of need, sustaining involvement with patients and the public and focusing on 6 key areas that required further attention. These are:

- The need to ensure best quality and value from major providers
- The need to raise the profile of improving mental health services within the PCT
- Broadening the remit of one key initiative to encompass Long term conditions
- Ensuring a care pathway approach to service redesign
- Maximising access to both elective and non elective services closer to home
- Specifying the contribution to tackling health inequalities made by each substantive initiative.
4) Background

Primary Care Trusts (PCTs) are required by world class commissioning to “proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health.”

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 will have to engage the public in a variety of ways, openly and honestly. They will need to 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.

4.1 Skills

To do this work effectively PCTs will have to develop specific skills:

- Proactive listening and communication skills to address the needs of all relevant stakeholders, including using third sector and community partners to seek and engage the voice of those who are seldom heard
- Patient and public relations skills: enquiry response; engagement event management; feedback evaluation; website management; survey management; report-back mechanisms in appropriate formats
- Presentation and influencing skills.

4.2 The PCT

To show these skills PCTs must:

- Routinely ensure that patients and the public can share their experiences of health and care services and use this to inform commissioning
- Have a deep understanding of different engagement options, including the opportunities, strengths, weaknesses and risks
- Routinely invite patients and the public to respond to and comment on issues in order to influence commissioning decisions and to ensure that services are convenient and effective
• Ensure that patients and the public understand how their views will be used, which decisions they will be involved in, when decisions will be made; how they can influence the process; and then publicise the ways in which public input has influenced decisions
• Proactively challenge and, through active dialogue, raise local health aspirations to address local health inequalities and promote social inclusion
• Create a trusting relationship with patients and the public, and be seen as effective advocates and decision makers on health requirements
• Communicate their vision, key local priorities and delivery objectives to patients and the public, clarifying their role as the local leader of the NHS
• Respond in an appropriate and timely manner to individual, organisational and media enquiries
• Undertake assessments and seek feedback to ensure that the public’s experience of engagement has been appropriate and not tokenistic.

Oxfordshire Primary Care Trust is working towards achieving these competencies and this is reflected in the engagement work undertaken in this process.
5) The process
A number of different approaches to this were identified through which we gained the views of 239 individuals and groups. The responses from groups represented a much larger number of individuals and some groups had met specifically to discuss the strategy.

A series of meetings were arranged – one in each District Council area and one in the City area. In addition the there was a presentation at the voluntary sector forum in November. Information was posted on the OPCT website. A summary document was prepared and a response form was developed. (Appendix 9 – Information document, Appendix 2 – Questionnaire)

5.1 Leaflet
A simple leaflet was designed with two purposes - it advertised the event dates and locations and it also provided a form on which respondents could record their views. Via this leaflet, readers were invited to view the website or to phone in for more information. 25,000 leaflets were printed and received very wide distribution - it was sent to all GP surgeries, Parish Councils and to local libraries. A local distribution firm took delivery of 15,000 and arranged to place the leaflet in 450 locations refreshing and replacing the leaflets over a four week period. (Appendix 1 leaflet)

5.2 Publicity and Advertising
A poster was developed and distributed to a wide range of outlets including GP surgeries, libraries and local parish councils (for display on their notice boards). The poster was also used as a basis of an advert placed in Round and About and the Oxford Mail. Round and About is distributed to 80,000 homes in the south of the county. This was also distributed to all voluntary sector organisations on our behalf by Oxfordshire Community and Voluntary Action (OCVA).

Information was placed on the OPCT website about the strategy refresh including the questionnaire (which could be completed electronically or on
paper), the detailed strategy with appendices and summary information about the strategy. The events were also publicised there.

Information about the strategy refresh was sent to the local press but not picked up.

5.3 Meetings
Meetings were held in Henley, Witney, Oxford, Wantage and Banbury. Invitations were sent out to all parish councils, individuals whose information was held locally and a range of voluntary sector organisations.

OPCT was represented at each meeting by at least one executive director, a representative from the clinical executive committee, one non-executive director (with the exception of Oxford and Wantage – the latter due to ill-health). In addition staff from the planning and system reform directorate supported each event and took notes.

A presentation about the strategy was given at each meeting and following the meeting at Henley this was placed on the website. During the meetings the audience were invited to interrupt and ask questions and dialogue was effectively established. Representatives in the audience were also invited to place comments on comments sheets. (Appendix 3 – sample of presentation)

At each meeting a complete record of questions and responses was taken.

The attendance was considerably higher than it had been for similar meetings last year and the audiences included a wider range of representation. This included parish councillors, the voluntary sector, patient participation groups and individuals with an interest in the work of the PCT.

For the voluntary sector forum there was a presentation by the Head of Planning and Programmes and an opportunity to pose questions.
Attendance was as follows:

- Henley: 25
- Witney: 20
- Oxford: 15
- Banbury: 32
- Wantage: 25
- Voluntary sector forum: 70
- **Total**: 187

5.4 Response form and summary document

All those invited to the meetings were also invited to respond to a simple questionnaire. This was included with the summary document and in a simple publicity leaflet. It was also accessible via the PCT website. The summary document was available at all the meetings and distributed direct to over 200 individuals and organisations. We received 48 responses to this both on paper and completed online. Of these 16 responses came from groups or organisations including several local parish councils and voluntary sector organisations. There was also a comprehensive email response received from a parish which had met to discuss the strategy. Most of these responses represented a number of individuals’ comments. In addition we received several detailed responses from our partner organisations which have not been recorded here but will be noted for the revision of the strategy. (Appendix 2 – Questionnaire, Appendix 9 information document)

5.5 Comments on process

The process we followed this year enabled us to talk to a wider range of individuals about our plans. However, in all the meetings there was an expressed preference to have a direct dialogue with those making presentations rather than discussion in groups. This enabled us to provide extensive feedback to our audiences. This meant that most comments related to dialogue or were made on the comments sheets or by direct response to our response form.
We also heard comments from a number of sources and locations that the meetings were not local to them.

“Your meetings are too far away”

“I am disappointed that no consultation meeting was scheduled for Faringdon – please include us in future.”

Similar comments were also received from the Didcot and Abingdon areas.

**Action 1:** PCT public engagement plans in 2010-11 and beyond will seek to improve access to meetings.

**Responsible team:** Communications and Public Involvement

**Time frame:** Continuing
6) The key messages

Significant themes from meetings and responses are shown. Section 1 contains comments made widely at most of the meetings and in direct responses from the general public. Section 2 shows comments which were made less frequently.

6.1 Section 1

Issues raised across the whole of Oxfordshire.

General comments on the strategy

There was a general feeling that the strategy was an improvement on last year. Though not everyone was in complete agreement.

"Much better than last year. Shows a need to continue services for the sick as well as work on prevention."

"The language is still opaque"

| Action 2 (a): An easy read/plain English version of the strategy will be produced once a final version has been agreed. |
| **Responsible team:** Planning and Programmes / Communications and Public Involvement |
| **Time frame:** July 2009 |

| Action 2 (b): Training and support on using plain English will be investigated with a view to increasing use across the PCT. |
| **Responsible team:** Communications and Public Involvement/all directorates |
| **Time Frame:** March 2010 |
**Carers**

Although it was acknowledged that carers were mentioned in the document there was considerable concern that they were not mentioned enough or with sufficient significance. It was felt that the needs of carers should be clearly evidenced and not simply implied by context. The issue of carers needs was raised at most of the meetings and in all cases identified as a short-coming in the strategy document.

Workforce development, particularly in the context of the predicted increase in the number of older people in the population has also been raised as a gap. This population change will result in a greater number of informal carers and possibly a greater burden too; there should be an indication of what the PCT were doing about developing the workforce.

“If you read the Age Concern booklet, it is quite different from what the PCT are doing - there is a big gap and people don’t get support when they are discharged. There is little mention of unpaid carers anywhere in the Strategy - the National Carers Strategy came out before the PCT Strategy, would welcome bigger emphasis for carers - we’d like to see them in there.”

“Delayed transfers of care can really only be improved by ensuring that carer support and training is in place.”

**Action 3:** The PCT will meet with representatives of the Carers Forum and review how the draft Strategic Plan refers to carers and agree how the document can be improved.

**Responsible team:** Director of Planning and System Reform

**Time frame:** Action completed
**Voluntary sector**

There was some feeling that the voluntary sector was not sufficiently reflected in the strategy and that it was in a position to meet the needs of the PCT provided its strengths were recognised.

The overall aim of the voluntary sector forum meeting was to consider the relationship between commissioners in both the Primary Care Trust and Oxfordshire County Council. Key concerns for the voluntary sector relate to the lack of continuity in relationships and the problem of relating the ‘soft’ goals of the voluntary sector to the outcome based requirements of PCT commissioners. This can mean that it is difficult for providers to provide adequate or acceptable measures and problematic for commissioners to understand or accept as appropriate the measures which are used by the voluntary sector.

Pressures on finance and staffing resources can also mean that the voluntary sector is ill-equipped to make adequate and appropriate bids for work and may also find that withdrawal of funding at the end of contracts has a significant impact on viability of organisations.

**Concerns**

“A sector forgotten is the Voluntary Sector, they are doing much of the work with little money - please can you always include the voluntary sector?”

“Need help sharing knowledge and developing good quality metrics”

“Oxford Council for Voluntary action - we are the people who have the connections but it’s difficult for us to get contracts with you. “

“Funding often short-term: needs consistency.”
“Simplify processes and build capacity”

**Answers given**

“There are 3 questions we need to address: 1) What can we do to make contracting easier? 2) What can we do to raise the skill level to level the playing field? 3) How can we work with PBC consortia so that relationship development is localised and targeted. We’re working with MIND and RESTORE in mental health services - how do we transfer that learning across.”

“Have to speak a language which speaks to statutory sector re contracts and commissioning”

“Practice-based commissioning consortia might also be a good avenue for commissioning smaller value services”

“Working on partnership - effective if done properly; needs to be encouraged; but not quite right at the moment.”

“Commissioners want evidence of quality”

“Workshops before tender process for voluntary sector orgs - some orgs folded because couldn't keep up. Keep in touch after commissioning so know how to keep contract: long term relationship”
**Action 4:** The PCT will follow up on the key points made at the Voluntary Sector Forum with regard to commissioning issues (see also 7.4 in the report). It is likely that this will take the form of a workshop to explore what needs to change in order to enable the voluntary sector to bid effectively for PCT contracts. It will be important to ensure the PCT is working to the Compact, using existing partnership structures. The PCT will also need to support the way that PCT staff understand the work of the voluntary sector and voluntary sector contracting issues.

**Responsible team:** Head of System Management / Health Improvement
Principal, Public Health (Partnerships and Inequalities)/Commissioning/all directorates

**Time frame:** June 09

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**GP referral scheme**

Following the national and local publicity for this issue the GP referral scheme was raised as a worry at every meeting. This scheme in simple terms provides funding to GP practices to support the time required to review their referrals as a group. This ensures that all potential treatment options have been considered, appropriate to the care of that patient. It has been introduced to ensure that referrals to secondary care are the best course of action for the patient, provide valuable learning/educational opportunities and identify future areas for service development within the community. Referrals to secondary care have increased in number considerably this year and have meant that the finances of the Primary Care Trust have been put under considerable pressure.

There was considerable concern that the message that had been in the press was that a lot of money was being paid to GPs not to refer patients to hospitals. The fear was that this could mean that patients would not be sent for secondary care to see a consultant when they needed that care. At most meetings the audience accepted and agreed with the explanation provided, though in one case the response was regarded with scepticism. The full situation is outlined at Appendix 5. (Appendix 5 - GP referral)
Concerns

"Why do you have to pay GPs - if they are doing their job properly you shouldn't have to pay them?"

"If people don’t have an opportunity for an operation - they will grin and bear it. This can lead to later impact and more extreme or chronic health problems. Choice seems to be against this principle?"

Answers given

"There is a middle group of patients who may or may not need referrals so giving extra money to GPs they can consult with colleagues to determine. One GP said this is “revolutionary” - we make decisions, but don’t have the overheads of time; someone in the practice may have a skill they can provide. Fundamentally, a GPs job is to keep patients in primary care. The payment will be in 2 parts and has to be focussed on keeping the budget down."

“GPs are making extra time to do this. It's forcing us to set time aside. Chance for us to share experiences and thinking. Some people don't need to be referred to hospital. It's a good idea. Badly covered in the Press.”

“Small change of behaviour in hospital care can have a very big financial impact and those resources then not available to the PCT.”
Areas of deprivation
There were several mentions of the need to understand the issues with regard to smaller areas of deprivation. There is recognition in the PCT that there are small pockets of deprivation not identified by the Index of Multiple Deprivation (IMD). However concern was expressed that this is not fully reflected in the strategy so that the commitment to these small areas can be seen.

“You are looking at a higher concentrate of people – will you be looking at smaller areas of deprivation?”

There was also a request for clarification of what the indices were.

Action 5: The PCT to ensure that messages about new services and changes and developments to existing services are well-disseminated to a wide audience. The PCT will consider how it can ensure communication of complex problems and proposed solutions at the right time and to the right audiences.

Responsible team: Communications and Public Involvement/ All directorates/ Executive Board

Time frame: Continuing

Local services
Some concern was expressed that examples given in the presentation were not always local to the area. Weight was placed on suitable services being available locally but at the same time ensuring that these local facilities were of the same quality as services provide centrally.

“I think we are very lucky and to travel half an hour is nothing (I come from North of Scotland).”
“With the current aging populations within the villages the journey to Oxford can be difficult and the problems with parking on arrival are well known. If many out patient visits could be accommodated at our local hospitals where appropriate facilities exist or could easily be made available, a single trip by a doctor/consultant or nurse to a community facility could save very many individual trips to Oxford with savings for everyone and a reduced environmental impact by eliminating many car journeys.”

**Action 7:** The PCT to ensure that where a variety of meetings are taking place across the county about service change or development more local information or examples are provided during the meeting, rather than using generic examples from other areas.  
**Responsible team:** Communications and Public Involvement/all directorates  
**Time frame:** Continuing

### 6.2 Section 2

Issues raised at some meetings or in comments but not as widely expressed.

**Boundary issues**

In two meetings particularly reference was made to the difficulty for those people who live in Oxfordshire but receive their secondary care services from hospitals over the county border. This can have a number of implications for those affected. Sometimes they feel lost in the system. It may mean, for example, that once secondary treatment is complete and if further on treatment is required this may be very difficult to access and does not always follow on naturally. An example given of this was the transfer between secondary care physiotherapy and primary care physiotherapy. There was a wish that these issues should be recognised and managed for the future.
Breaking the cycle of deprivation

Breast-feeding
It was felt to be really important that the needs of mothers particularly young mothers was recognised but this was not necessarily reflected in what actually happened.

"New mothers should have the assurance that help is always available for breast feeding, especially during the first two weeks."

Young people – particularly in areas of deprivation
The needs and concerns of young people were identified as of local concern and it was strongly supported that there should be health support for young people of various sorts.

Concern

“Some young people have nothing to do, especially 15-18. Are there any initiatives for young people?"

Answer

“The NHS needs to work with county and district councils - such as Cherwell - and the police. We want to focus our efforts on poor areas together. However it is difficult for statutory agencies to
make that pledge for 15 years due to political and administrative changes."

**Action 9 (a):** The Childrens and Young Peoples Plan will be refreshed by the end of 2009. The intention is to address many of the issues affecting Children and Young People in areas on deprivation.

**Responsible Team:** Head of Joint Commissioning – Children & Young People

**Time frame:** March 2010

**Action 9 (b):** Through the maternity care pathway, which the PCT commissions, all expectant mothers will receive information and advice on breastfeeding antenatally. Midwives support new mothers with breast feeding initiation and through the first 2 weeks. Subsequent to that, support is available to sustain breast feeding through their Health Visitor. The PCT regularly monitors the number of women initiating breast-feeding and the number still breast feeding at 6-8 weeks and ensures that support is targeted appropriately.

**Responsible Team:** Public Health – Choosing Healthy Lifestyles

**Time frame:** On going

**GP led health centre and polyclinics**

The GP led health centre was raised as a continuing concern in Banbury. Doubts were expressed that it was wanted by local residents or that it was right for Banbury and there was concern that it might drive business away from respected local practices.

“This affects GPs’ business. If the PCT were challenged and able to comment they would say they don’t want the centre. It’s a city solution being imposed on a rural area. We have come up with alternative solutions but they don’t meet the rules.”
More widely the issue of polyclinics was raised. There is still some confusion between these and the development of the GP led health centre. Concern was expressed that polyclinics would be inappropriate for the Oxfordshire area. Reassurance was given that there is no intention to develop such a service in Oxfordshire but this has been presented as a concern frequently and can be difficult to scotch as a rumour.

**Action 5:** The PCT to ensure that messages about new services and changes and developments to existing services are well-disseminated to a wide audience. The PCT will consider how it can ensure communication of complex problems and proposed solutions at the right time and to the right audiences.

**Responsible team:** Communications and Public Involvement/ All directorates/ Executive Board

**Time frame:** Continuing

**Practice based commissioning**

People were keen to get involved in local Practice Based Commissioning (PBC) but reported that it could be difficult to know who to contact if they did want to be involved.

**Action 10:** A list of the main contacts for PBC is provided at Appendix 7 and will be published on our website. (See appendix 7)

**Action complete:** See appendix 7

**Time frame:** Completed
**Dentists**

Mentions of dentistry focused on dentistry in schools and lack of dentists in specific areas. There is continuing concern that the need for NHS dentistry is not being met.

**Action 11:** During 2009/10 additional dental services will be contracted from current providers and new services procured in Oxford and Banbury in line with the Strategic Commissioning Framework for Dental Services (July 2008). Delivery of service to other areas of the county will be reviewed and plans develop for additional services to increase percentage of the population who are able to access NHS dentistry.

**Responsible Team:** Commissioning - Contracted Primary Care Services

**Time frame:** To complete December 2009

**Geriatric care (refers to hospital beds)**

There were questions about the provision of specialist geriatric beds in Witney and Abingdon hospital. This refers to a concern that the change in provision of beds might mean that the number of beds would be reduced. Audiences were reassured that there is no intention to reduce the number of beds available in any community hospital.

**Action 5:** The PCT to ensure that messages about new services and changes and developments to existing services are well-disseminated to a wide audience. The PCT will consider how it can ensure communication of complex problems and proposed solutions at the right time and to the right audiences.

**Responsible team:** Communications and Public Involvement/ All directorates/ Executive Board

**Time frame:** Continuing
Choosing Healthy lifestyles

Weight management and exercise on referral

There was some interest in the exercise on referral schemes and the opportunities for referral to private providers such as Weight Watchers for assistance in weight management. It was noted that these were not yet widely available but that where they are available they were being well-used and can take pressure off over-stretched GP services. These were generally supported.

Action 5: The PCT to ensure that messages about new services and changes and developments to existing services are well-disseminated to a wide audience. The PCT will consider how it can ensure communication of complex problems and proposed solutions at the right time and to the right audiences.

Responsible team: Communications and Public Involvement/ All directorates/ Executive Board

Time frame: Continuing
7) Further actions

The following outlines in more detail some of the suggested actions arising from the public comments (see appendix 5 for full details of actions).

7.1 Publicity

For those aspects of health where there is still some confusion about information it may be that much of this can be resolved through more extensive local publicity. This particularly refers to the quite wide spread concern about polyclinics where there is no intention or plan to introduce this kind of service locally. Action 5 refers.

7.2 Deal with misconceptions

However there are other misconceptions about the new referral service for example where it has been difficult to overcome the impact of extensive national and negative press which provides often inaccurate but frequently trusted information. Only continuous debunking of these issues is likely to succeed. Publicity about successful outcomes after the review has been completed is suggested.

7.3 Strengthening information in the strategy document

There are number of areas where some strengthening of current information would deal with concerns raised. This particularly applies to carers.

7.4 Review PCT approach

Comments from the voluntary sector in particular about the commissioning of the voluntary sector have indicated a gap between the needs of the sector and the wishes of the PCT. Some review of how we work with the sector may support change in a way that is more effective for the voluntary sector.
8) What will happen next?

- This report will be considered by our executive directors and taken into account in the final version of the strategy. When the Strategy is presented to the Board in March for adoption there will be a clear reference to what we heard and how that has changed the document and what we will do.
- This report will be posted on to our website and a summary distributed to all those who attended events or requested information following on from the consultative activity.

“How will a community know which services/ improvements are being provided to them e.g. Faringdon.”
- Following the final signing off of the strategy document feedback will be provided to all those who expressed an interest on how their comments were taken into account.
- The agreed action list will be referred to the relevant departments and a report on how the actions have been taken forward will be made at a later date (normally after a year).

9) Acknowledgements

We would like to thank all those who gave their time and commitment to attending meetings and responding to our request for comments. Without their time it would not have been possible to do this work.

We would also like to acknowledge the time and commitment of our partner organisations who sent representatives to the meetings. Those representatives provided helpful and informative input to all our meetings.
10) References

Further information can be found at the following links:

DH Guidance on JSNA (Dec 07)

NHS Oxfordshire Draft Strategic Plan 2008-2013

Department of Communities and Local Government, Indices of Deprivation 2007
http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/

World Class Commissioning - Competencies December 2007
Department of Health
11) Glossary

**Partner organisations**
The term used to describe the institution or other body with which the PCT enters into an agreement to collaborate.

**Stakeholders**
A person or group with a direct interest, involvement, or investment in something.
Stakeholders are individuals or organisations that have a direct interest in a service being provided.

**World Class Commissioning**
World class commissioning is a statement of intent, aimed at delivering outstanding performance in the way we commission health and care services in the NHS.

**Practice Based Commissioning**
Practice Based Commissioning (PBC) is a United Kingdom Department of Health initiative designed to target financial drivers towards primary care. PBC is about engaging practices and other primary care professionals with the NHS (National Health Service) commissioning of services. Through PBC, front line clinicians are being provided with the resources and support to become more involved in commissioning decisions.

**Joint Strategic Needs Assessment**
JSNA describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future planning taking into account evidence of effectiveness. JSNA identifies the ‘big picture’ in terms of the health and wellbeing needs and inequalities of a local population.
Index of Multiple Deprivation
Ranking of wards and districts in England according to health, education, employment etc, which is used as the basis for government allocation of funds for neighbourhood renewal and tackling deprivation in terms of health, education employment etc

Local Area Agreement
A three year agreement, based on local Sustainable Community Strategies, that sets out the priorities for a local area agreed between Central Government, represented by the Government Office (GO), and a local area, represented by the local authority and other key partners through Local Strategic Partnerships (LSPs).
Appendix 1 - Leaflet

Working with local communities

Help us shape the future of healthcare
Oxfordshire Primary Care Trust wants to talk with local people about our vision for the future of health services in Oxfordshire.

We want to find out what is important to you, to understand what your priorities are and to involve you in planning the future of health services.

All views and ideas will be taken into account before we finalise our five year strategy for health services in Oxfordshire early next year.

You can take part by:
- filling in and returning the tear-off slip from this leaflet
- asking for more information, including our draft strategy
- completing our questionnaire
- attending a public meeting

The draft strategy and the questionnaire are available on our website:
- www.oxfordshirepct.nhs.uk

...or you can ask for copies by:
- phoning: 01865 336790
- emailing: public.involvement@oxfordshirepct.nhs.uk

What have we done already?
Since 2007, we have made changes to our strategy based on comments from many sources, including people who have talked to us about their views.

For example:
- The strategy explains what our goals are, how we will deliver them and how we will measure what we have achieved.
- We have added some new goals, including a focus on getting the basics right in primary and secondary care so we can manage costs and make investment in important areas like long term conditions and mental health services.
- We have developed partnership work, particularly to help us to break cycles of deprivation within parts of Banbury and Oxford.
- We have focused on reducing inequalities in health across Oxfordshire, including rural communities.
- We will ensure that patients and the public are involved in the development of our plans.

Please let us know how we might further improve the strategy.

Have your say
If you have any comments or questions about the strategy, or would like to be involved in some other way, please complete this slip. Then return it to Cathy Dyer at the Freepost address overleaf by 5 December 2008.

Your comments:

About you
Are you...
- providing your own response?
- responding on behalf of an organisation?

If your response is on behalf of an organisation, please tell us which organisation you represent:

Would you like to be further involved in shaping the strategy? If so, how?

Attending public meetings
Responding to surveys
Receiving the key findings of this work
Being contacted about other work that we are involved in

If you would like to be contacted or to receive information, please give your details.

Name:
Address:
Email:

If you provide your contact details, these will not be shared with any other organisation

Would you like to attend a meeting?
We are holding a series of public meetings to explain more about the strategy, answer your questions and listen to what you have to say.

Doors will open at 6.30pm, with a 7.00pm start and a finish time of around 8.30pm. Everyone is welcome, but please register for your place first. Light refreshments will be served.

Witney  Thursday 30 October 2008
Oxford  Tuesday 4 November 2008
Henley  Tuesday 18 November 2008
Banbury  Thursday 27 November 2008
Wantage  Tuesday 2 December 2008

For venue details and to register for your place, please contact Cathy Dyer:

Post:  Freepost OXXK-B23T-ASU
2nd Floor Jubilee House
5510 John Smith Drive
Oxford Business Park South
Oxford
OX4 2HL
Phone: 01865 336790
Email: public.involvement@oxfordshirepct.nhs.uk

Please also let us know if you would like an interpreter or help with access, or have any other special requirements.

Have your say
Appendix 2 - Questionnaire

Oxfordshire Primary Care Trust strategy 2008-2009

We want to know whether you feel this strategy will meet the needs of your local area. If you have any comments or questions about the Primary Care Trust Strategy please write them below. Please provide any comments by 28th November 2008. (You will find our contact details at the end of this document).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please let us know whether you are replying on your own behalf or on behalf of an organisation.

☐ I am providing my own response

☐ I am providing a response on behalf of an organisation

If you are providing your response on behalf of an organisation please state below which organisation you represent.

If you would like further information about this work please tick the boxes below.

| Attending public meetings | ✓ |
| Responding to surveys     |   |
| Receive a summary of the key findings of this work |   |

(If you provide your contact details these will not be shared with any other organisations).

If you want to be contacted please give your name and address here:

Name:

By email:

By post:

Many thanks for sharing your views. Please send your completed form directly to the address below so that it arrives with the PCT by 28th November 2008

PCT Strategy
Freepost RRRK-BZBT-ASXU
Cathy Dyer, Portfolio Administrator
Oxfordshire PCT Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley, Oxford OX4 2LH

If you would prefer to respond by electronically please visit our website.
www.oxfordshirepct.nhs.uk
Appendix 3 – Sample of presentation

The presentation can be found at the following link:

Alternatively, for a hard copy please contact the Communications and Public Involvement Team on 01865 336790.
Appendix 4 – Actions and responsibilities

**Action 1:** PCT public engagement plans in 2010-11 and beyond will seek to improve access to meetings.

**Responsible team:** Communications and Public Involvement  
**Time frame:** Continuing

**Action 2 (a):** An easy read/plain English version of the strategy will be produced once a final version has been agreed.

**Responsible team:** Planning and Programmes / Communications and Public Involvement  
**Time frame:** July 2009

**Action 2 (b):** Training and support on using plain English will be investigated with a view to increasing use across the PCT.

**Responsible team:** Communications and Public Involvement/all directorates  
**Time Frame:** March 2010

**Action 3:** The PCT will meet with representatives of the Carers Forum and review how the draft Strategic Plan refers to carers and agree how the document can be improved.

**Responsible team:** Director of Planning and System Reform  
**Time frame:** Action completed

**Action 4:** The PCT will follow up on the key points made at the Voluntary Sector Forum with regard to commissioning issues (see also 7.4 in the report). It is likely that this will take the form of a workshop to explore what needs to change in order to enable the voluntary sector to bid effectively for PCT contracts. It will be important to ensure the PCT is working to the Compact, using existing partnership structures. The PCT will also need to support the way that PCT staff understand the work of the voluntary sector and voluntary sector contracting issues.
**Responsible team:** Head of System Management / Health Improvement Principal, Public Health (Partnerships and Inequalities)/Commissioning/all directorates  
**Time frame:** June 09

**Action 5:** The PCT to ensure that messages about new services and changes and developments to existing services are well-disseminated to a wide audience. The PCT will consider how it can ensure communication of complex problems and proposed solutions at the right time and to the right audiences.  
**Responsible team:** Communications and Public Involvement/ All directorates/ Executive Board  
**Time frame:** Continuing

**Action 6:** Indices for deprivation to be provided.  
**Responsible team:** Attached to report at Appendix  
**Time frame:** Completed at Appendix 6

**Action 7:** The PCT to ensure that where a variety of meetings are taking place across the county about service change or development more local information or examples are provided during the meeting, rather than using generic examples from other areas.  
**Responsible team:** Communications and Public Involvement/all directorates  
**Time frame:** Continuing

**Action 8:** The PCT to review the care pathways from secondary to primary care to ensure that commissioning of these services takes into account the needs of patients who live on borders and may receive their secondary care within a hospital mainly commissioned by another Primary Care Trust.  
**NB** This has been identified as an issue for patients within the Oxfordshire borders as well via incident reporting.  
**Responsible Team:** Commissioning Directorate  
**Time Frame:** March 2010
Action 9 (a): The Childrens and Young Peoples Plan will be refreshed by the end of 2009. The intention is to address many of the issues affecting Children and Young People in areas on deprivation.

**Responsible Team:** Head of Joint Commissioning – Children & Young People

**Time frame:** March 2010

Action 9 (b): Through the maternity care pathway, which the PCT commissions, all expectant mothers will receive information and advice on breastfeeding antenatally. Midwives support new mothers with breast feeding initiation and through the first 2 weeks. Subsequent to that, support is available to sustain breast feeding through their Health Visitor. The PCT regularly monitors the number of women initiating breast-feeding and the number still breast feeding at 6-8 weeks and ensures that support is targeted appropriately.

**Responsible Team:** Public Health – Choosing Healthy Lifestyles

**Time frame:** On going

Action 10: A list of the main contacts for PBC is provided at Appendix 7 and will be published on our website. (See appendix 7)

**Action complete:** See appendix 7

**Time frame:** Completed

Action 11: During 2009/10 additional dental services will be contracted from current providers and new services procured in Oxford and Banbury in line with the Strategic Commissioning Framework for Dental Services (July 2008). Delivery of service to other areas of the county will be reviewed and plans develop for additional services to increase percentage of the population who are able to access NHS dentistry.

**Responsible Team:** Commissioning - Contracted Primary Care Services

**Time frame:** To complete December 2009
Appendix 5 - GP referrals to Secondary Care

GP referrals to Secondary Care

Demand Management/Over Performance
Demand Management Local Incentive Scheme

Background
Oxfordshire Primary Care Trust PCT has experienced a statistically significant increase in the number GP referrals to secondary care (such as the Oxford Radcliffe Hospitals (ORH)). The unprecedented rise in referrals from primary care to the acute hospital providers means that 154 people more than was planned for are being referred each week.

This has resulted in a considerable cost pressure for the PCT and could impact on our ability to fund and support other service changes we would like to make. In order to understand the causes of increase in referrals, we have worked jointly with our GP colleagues to introduce a Demand Management Local Incentive Scheme (DM LIS), which has been in place since 1st October 2008. The key element of the DM LIS is to adopt a process of peer review within practices to enable the sharing of good practice and learning between clinicians. The supporting payment for this DM LIS is to allow practices time to undertake reviews of their referrals in a timely manner that supports patient care.

Achieving a change
Our main aim is to make sure that anything we do does not compromise the quality of patient care. To achieve this we had to make sure that GPs are still able to refer whenever it is clinically necessary. However we wanted to establish a system which would ensure that alternative approaches to caring for patients are fully explored.

Measuring the difference
The latest referral figures show 400/week drop in referral rates to the ORH, from 1500/week in July to 1100/week at 22nd November. This fall in referral rates has now been consistently sustained for 18 weeks.

Each practice provides a monthly audit return which provides information on the number of patients reviewed and the alternative care provided. After three months of audit returns the PCT will be developing an action plan to ensure the learning from this process is fed into future service delivery.

Ensuring Quality
When monitoring change the PCT needs to assure itself and the public that the care provided has not compromised the quality of service received and has met the patient’s expectation/satisfaction and can fed back into future service delivery. Therefore the PCT there will be an independent review of the scheme.
Appendix 6 - The Index of Multiple Deprivation 2007

The Index of Multiple Deprivation 2007 (‘IMD 2007’).

The seven Domain Indices are:

* Income
* Employment
* Health Deprivation and Disability
* Education, Skills and Training
* Barriers to Housing and Services
* Crime
* Living Environment

Two supplementary Indices - the Income Deprivation Affecting Children Index and the Income Deprivation Affecting Older People Index - which are subsets of the Income Domain are presented separately. The District and County level summaries are also presented separately.

Extracted from the explanatory notes from Department of Communities and Local Government, Indices of Deprivation 2007
Further information can be found at the following link.

http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/
Appendix 7 - Practice Based Commissioning Consortia contacts

The attached document shows you who the links are for each consortium. Can I suggest that any contact is made through the Service Development Manager or Locality Commissioning Manager rather than the clinical leads as they will be in a good position to get PPI on the agenda.
North Oxford Commissioning Consortium
Clinical lead: Dr Martyn Chambers *
PCT SDM Lead: Julie-Anne Howe
PCT Link Manager: Emma Tidy
PCT Locality Manager: Laura Carter & Helen Weber
* email: corinne.watson@virgin.net

North East Consortium
Clinical lead: Dr John Galuszka / Stephen Attwood
PCT SDM Lead: Julie-Anne Howe
PCT Link Manager: Alison Westmacott
Consortium project Manager - Paul Netherton

West Oxford Locality Group
Clinical lead: Dr Stephen Smith
PCT SDM Lead: Anthony Hughes
PCT Link Manager: Shakiba Habibula
PCT Locality Manager: Chris Wilkinson (mat)

Oxford City
Clinical lead: Dr Peter Von Eichstorff / Sheena Sharma
PCT SDM Lead: Mathew Epton
PCT Link Manager: Mark Dillon
PCT Locality Manager: Jackie Masters

Vale PBC Consortium
Clinical lead: Dr Gavin Bartholomew
PCT SDM Lead: Anthony Hughes
PCT Link Manager: Shakiba Habibula
PCT Locality Manager: Chris Wilkinson (mat)

South East Oxfordshire PBC Consortium
Clinical lead: Dr Andrew Burnett
PCT SDM Lead: Mathew Epton
PCT Link Manager: Tracey Rees
PCT Locality Manager: Jackie Masters
Consortium link - Cathy Ronald
Appendix 8 - Questions and Answers

Topic 1: Dementia and intermediate care

**Question:** What form of support is there for older people? – This appears to relate to 2 aspects – delivery of intermediate care and support for those with older people with mental health issues. Re dementia services – “Concern that if services are reduced/location changed what about transport issues”

**Response:** Intermediate care is short term input to prevent admission into hospital or long term care and to support intensive rehabilitation following discharge from hospital.

In Oxfordshire last year, the PCT commissioned intermediate care in mental health services. This covers registered and non registered practitioners working in every intermediate care team across the county. They work with patients and their carers in designated intermediate care beds and in their own homes to ensure effective rehabilitation in the physical, cognitive and social elements of people’s life.

This is an area of development highlighted nationally in the soon to be published national strategy for dementia, so in Oxfordshire we are an early adopter and we will have a full team in place by April 2009.

On discharge from intermediate care, patients who require on-going input will be transferred to the older people community mental health team that is an integrated health and social care team.

**Topic 2: Support for brain injured children**

**Question:** What support is available for brain injured children?

**Response:** Community Health Oxfordshire has teams of therapists and nurses delivering co-ordinated packages of care with our colleagues in Oxfordshire county council – schools, support staff and specialist services. Supporting discharge from hospital and return to school for school aged children.

**Topic 3: Stroke services**

**Question:** Will the quality of stroke services remain the same if away from acute hospitals and will there be specialist staff?

**Response:** All stroke services as they are developed will be delivered in line with the national stroke strategy, the Royal College of Physicians and NICE guidelines that will ensure quality of care. There will be stroke specialists within acute and community settings. The PCT has commissioned additional stroke specialists outside of the acute setting this year to deliver improved capacity and quality in stroke rehabilitation. This development will continue into 09/10.
Topic 4: Mental Health

Question: Should mental health not be the job of the mental health trust?

Response: Not entirely no. We have over 17 contracts with voluntary organisations who deliver mental health services and we envisage that mental health services will be delivered by an increasing number of agencies in the voluntary and community sector.

Topic 5: Finance

Question: Clarify how funding for the PCT works – how we get what we do from government?

Response: The PCT is financed directly from the Department of Health through a funding allocation which it calls down on a monthly basis. The allocation is based on a national funding formula. Oxfordshire presently receives more funding than the latest formula suggests and is therefore likely to receive less than average growth over the next few years.

Question: How will inflation at 5%-10 % (as the government prints money) affect the main actions of the strategy?

Response: The NHS funding is now confirmed for 2009/10 and 2010/11 at just over 5% increase per annum. Inflationary pressures during this period will have to be managed primarily by the providers of healthcare through additional efficiency savings.

Topic 6: Strategic position

Question: How does this plan fit into all the other strategies that exist as there is no reference to all the other initiatives taking place? – refers to county plan 2030 and ‘Your Vale – your future working together for a better Vale, a strategy for sustainable communities 2008-2016’.

Response: The PCT has worked closely with the County Council on preparation of this strategy to ensure that there is good synergy between the County’s plans and our own. This has ensured, for example, that we have shared objectives around older people and deprivation, and that our strategy will deliver Local Area Agreement (LAA) 2 targets.

The PCT’s Partnerships team lead work with each of the districts over the last year and a half as they have developed their strategies. Planning has been based on the Oxfordshire Public Health Strategy which included specific analysis of health needs in the Vale and other districts and which was worked on collaboratively. We also work with the Vale and other districts through the
Health and Well-Being Partnership, Children’s Trust, Community Safety partnership and all the officer groups.

We have not specifically referenced all the District Council Sustainable Community Strategies in developing the strategy, but will consult with the Public Health staff to seek their views on how best to ensure alignment.

We also remain happy to come and talk to Officers or Members at the District Council about our plans and how they affect the Vale, if that would be helpful.

Topic 7: Motor Neurone Disease

**Question:** Very vague information given at the Strategy Meeting and in the document. We would like exact details on:

1. How the PCT and social services work together to keep people with a terminal illness (like MND) in their homes, with appropriate and affordable level of care (this does not seem to be working).
2. Why the NHS Continuing Care Scheme does not seem to be working well in Oxfordshire.
   
   A. Why is it not offered to people?
   B. Why is it not explained that it is not means tested?
   C. Why does it take so long? District Nurse Assessment Committee -- >Committee---> Another Assessment---> Finding and Appropriate, possibly 24 hrs care package.
   D. With MND, this needs to be thought about by GP/DN soon after diagnosis and put into place very quickly as needed. Discussed with MND centre at the JR. Could we have some statement that could be circulated to our members?” (from Oxfordshire branch of the Motor Neurone Association)

**Response:** the PCT and social services will:

- Set up jointly funded services which can provide sitting services to give carers breaks from caring - this will enable them to care for longer overall
- set up jointly funded carers breaks to give carers a longer break from caring
- set up services which are able to deliver social care e.g. getting shopping or doing household tasks as well as deliver health needs such as getting out of bed/ helping with personal care in order to help people stay at home longer
- set up health services which will be able to provide nursing care at home to dying patients to support carers/ provide appropriate level of care/ keep patients safe and comfortable
- services to be delivered will be well planned in advance including crisis and contingency plans in order to ensure that emergencies which arise have been foreseen and planned for. Forward planning for emergencies means ensuring adequate access to pain relief and other palliative care medicine out of hours; access to equipment to keep people at home, rapidly (e.g. commodes) and that possibilities such as
carers illness have been thought through and planned for (e.g. admission to community hospital).

All of the above are aimed at keeping people within the community, helping them be cared for and die in the place of their choice and keeping them out of acute hospital which is the place least likely to be appropriate for dying.

_The above services already exist to varying degrees across Oxfordshire but we are now planning to introduce all of them comprehensively across the patch ensuring equitable access for all patients._

Future planning
With regard to MND we are at the start of a project to look at neurological conditions and the work stream will focus on reviewing current service availability for a whole raft of neurological conditions of which MND will be one.

The work programme will be as follows:
- Review current services and funding
- What are the gaps?
- What do voluntary sector offer
- What is the gold standard evidence of best practice nationally?

The ultimate goal is to design a clinical pathway which will best meet the needs of all these individuals. There will be some common themes that link into the end of life project

This work is very much in its infancy. The PCT is still trying to meet with stakeholders, having met with Rachel Marsden from the MS centre. We are looking at developing a project brief and work programme and using the Neurological Alliance as our user engagement reference group. We are aiming for a first meeting in March 2009.
Working with local communities

NHS Oxfordshire strategy
2008-2013
Working with local communities

NHS Oxfordshire strategy 2008-2013

Background

There was a wide ranging consultation on the strategic priorities of the Oxfordshire Primary Care Trust last year.

We have made changes to the strategy based on comments received from many sources including involvement and engagement projects undertaken during this year and where we have recognised need for change or development from our experience and observations during the year.

A summary of key changes we have made:

- The PCT Vision and core aims have been simplified. In addition we have:
  - agreed a set of goals.
  - described initiatives through which we will deliver those goals.
  - selected nine outcome measures to monitor and communicate progress.

- We have developed one important new goal:
  - improving the core services we purchase in primary and secondary care and managing demand effectively. This means we are putting important strategic emphasis on getting the basics right and controlling costs, so that we can make investment in strategic priorities.
  - Delivering this goal is imperative – without doing this we won’t be able to deliver the rest of the strategy.

- Our strategic priorities have also developed over the last year. In the refreshed strategy there is:
  - a broader focus on outcomes for people with a range of long term conditions, rather than referring specifically to diabetes.
  - a stronger focus on improving outcomes for people with mental health needs as a major priority.
We have developed our work with partners on how we can work in specific geographical patches in order to break cycles of deprivation within parts of Banbury and Oxford.

We have taken steps to ensure that we meet the needs of vulnerable people who do not live in targeted geographical areas such as older people in rural areas

The PCT’s performance management framework has been completely overhauled so that it is built around measuring our success in delivering our Vision.

We have made sure our plans are informed by an objective review of the organisation from the perspective of a range of stakeholders.

Context for the strategy refresh

In developing this strategy we face some key issues. The core purpose of Oxfordshire Primary Care Trust is to improve the health and wellbeing of our population. That population is broadly healthy, but it is a population that is ageing and that contains communities which experience very real health inequalities, as well as growing numbers of people who suffer from a range of long term conditions and people with mental health needs. We must meet the health needs of these vulnerable communities whilst managing the challenges that rising costs and usage of acute services present.

What is the PCT’s vision?

Oxfordshire PCT is ambitious about improving the health and wellbeing of local people. The PCT will work with its partners to deliver a transformation in local health services, so that by 2013 the people of Oxfordshire will:

- Be healthier – particularly if they are vulnerable or live in our most deprived communities.
- Be working with the PCT to promote physical and mental well being and prevent ill health.
- Be actively supported to manage their health and care needs at home, when this is appropriate.
- Have access to high quality, personalised, safe and appropriate health services.
- Get excellent value from their local health services.
- Have a PCT which is a high performing organisation.

What is the PCT’s strategy to deliver this vision?

The core proposition of our strategy is that:

a) Oxfordshire PCT’s core purpose is to improve the health and wellbeing of our population;
b) This population is largely healthy and mostly enjoys good access to services of a good quality, with good health outcomes;

c) There are however significant population groups in the county for whom this is not true, and these are:
   - People living in deprived communities who experience very real health inequalities, and they are largely clustered in Oxford and Banbury.
   - The growing cohort of older people across the County
   - People with limiting long term conditions across the County
   - People with mental health problems across the County

d) The PCT must – in the long term - drive service developments that will reduce health inequalities and improve health outcomes for these priority groups. It must embed this work within the wider partnership working being undertaken in Oxfordshire to tackle underlying socio economic determinants of poor health;

e) To be able to make this investment, the PCT must ensure that its primary and secondary care providers deliver services within budget, whilst also ensuring that the quality of those services and access to them continues to improve;

f) In the first two quarters of 2008/09 there has been a significant increase in referrals to secondary care and over performance against all contracts within secondary care. The cost overrun resulting from this has severely limited the PCTs ability to begin delivery of the long term service improvements that can make a difference to those priority population groups;

g) It is therefore imperative that the PCT puts demand and system management at the heart of this revised strategy, so that it can ensure that all players in the local health and social care economy take appropriate responsibility for ensuring that they operate within agreed and contracted budget limits so that investment can be made in the priority areas identified.

What are the major work programmes through which we will make a difference?

Our Goals
The PCT has developed a set of goals through which it will deliver its vision. This section outlines our goals and the initiatives through which we will deliver these goals.

GOAL A: Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients optimum access to satisfactory, timely high quality care that also offers good value for money.
GOAL B: Improve health outcomes and promote independence for the following key population groups:
   a. older people
   b. those with long term conditions
   c. people with mental health problems
   d. children and families living in areas of deprivation.

GOAL C: Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity from hospital into primary and community care settings.

GOAL D: Help more local people of all ages to make sustainable health lifestyle choices.

GOAL E: Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole.

Our initiatives
Project programmes have been developed for each of the following main initiatives:
   a) Effective resource management:
      i) In secondary care
      ii) In primary care
   b) Breaking the Cycle of Deprivation
   c) Securing a better deal for older people
   d) Commissioning excellence - Long term conditions
   e) Improving Mental Health outcomes and services
   f) Choosing healthy lifestyles
   g) Protecting our health
   h) End of Life care
      i) Specialist commissioning
   j) Urgent and immediate care
   k) Delivering solutions for better health to the people of Banbury.

Monitoring the impact of this strategy
It is important that we track delivery of our strategy. Therefore we have picked 9 high level outcomes to measure.

   1. Health Inequalities - measured by tracking changes in the average IMD (deprivation index) score.

   2. Life Expectancy – measured by monitoring life expectancy at time of birth in years.

   3. Smoking quitters - measured by rate per 100,000 population aged 16 and over.

   4. Self reported experience of patients and users.
5. Mortality from causes considered amenable to healthcare.
6. Delayed transfers of care.
7. Rate of reduction in mortality in areas with the highest rates.
8. Increase in spend outside acute setting.
9. Reduction in Emergency bed days.

Help us to shape the future of healthcare

We want to talk to local people about our vision for the future of health services in Oxfordshire. We want to hear from local people what is important to them, to understand what their priorities are and to make sure that our plans for the future of services are well-publicised so that Oxfordshire residents can feel engaged and involved in the future of health service provision.

We have developed a draft strategic plan for the period 2008 – 2013. This talks about our values, aims, objectives and the initiatives through which we plan to deliver the transformation detailed above.

What will happen next?

We will be undertaking further engagement work until the end of November. The PCT will expect to factor responses from this programme into its final version of the current refresh together with feedback gained during the World Class Commissioning Assurance process. As part of this work we will be holding 5 workshops in the autumn. These will be for a combined audience of surgery patient groups, voluntary organisations and groups and parish councillors in each patch. We will also be attending the voluntary sector forum this autumn.

To view the full draft document please go to: http://www.oxfordshirepct.nhs.uk/

Please go to the next page to see how to get involved.
Have your say – please get involved

A survey is enclosed with this brochure. Please fill this in and return it to the FREEPOST address shown below before Friday 28th November 2008.

Cathy Dyer, Portfolio Administrator
Freepost RRRK-BZBT-ASXU
2nd Floor Jubilee House
5510 John Smith Drive
Oxford Business Park South
Oxford OX4 2LH

Or you can complete the survey online by visiting our website at www.oxfordshirepct.nhs.uk

Please note – all your answers will be treated in the strictest confidence

Accessibility & other languages

Please let us know if you require this information in another language, audio or Braille by writing to us at Oxfordshire PCT at the FREEPOST address (above) or by calling: 01865 336 790.