Development of Oxfordshire Clinical Commissioning Group’s Strategic Objectives

Public Engagement Report
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1. Introduction

Oxfordshire Clinical Commissioning Group (OCCG) funds and buys health services on behalf of everyone living in Oxfordshire. To do this successfully OCCG need to work with local people, Oxfordshire GPs, hospital clinicians, community healthcare and other partners including local government and the voluntary sector.

The following report looks at public engagement on the national ‘Call to Action’ programme and the development of a strategic plan for OCCG.

2. Background

2.1. National – A Call to Action

NHS England introduced a national ‘Call to Action’ programme of engagement that aimed to give everyone the opportunity to discuss the future of health and care provision in England. The engagement aimed to be patient and public-centred through hundreds of local, regional and national events, as well as through online and digital resources. It aimed to produce meaningful views, data and information that Clinical Commissioning Groups (CCGs) could use to develop their three to five year commissioning plans setting out their commitments to patients and how services will improve.

Each CCG was asked to undertake the local engagement within their area.

2.2. Local – Development of OCCG strategic objectives

OCCG has a provisional direction and focus for its three to five year Strategic Plan. This includes seven proposed objectives which it believes will help tackle the challenges faced by the NHS locally and to achieve a vision of a healthier Oxfordshire. The plan is consistent with the issues and themes in the NHS England publication ‘A Call to Action’ which describes the challenges faced by the NHS as a whole. At its heart, it is about harnessing the opportunity OCCG has, as a clinically led organisation to improve the quality and the effectiveness of NHS services in Oxfordshire.

The seven objectives proposed include:

1. Clinicians and patients working together to redesign how we deliver care
2. Reducing health inequalities by tackling the causes of poor health
3. Outcomes based commissioning
4. Commissioning patient centred high quality care
5. Promoting integrated care through joint working
6. Supporting people to manage their own health
7. More care delivered locally
At the same time as supporting the national ‘Call to Action’ programme, OCCG needed to gather feedback on these seven proposed strategic objectives for Oxfordshire.

2.3. The challenges ahead

It is important to set the scene locally. Healthcare is becoming more expensive. New technologies, new drugs and new treatments extend the range of services that the NHS is able to deliver, but may also increase costs. Coupled with the increasing demand for services, this means that the cost of providing services to meet the future needs of the population of Oxfordshire will continue to rise.

OCCG’s main challenges in the next five years:
- Maintaining the quality and safety of health services
- Ensuring health services develop to meet the changing needs of our population – particularly the increasing number of older people and the increasing number of people with more than one long term condition
- Reducing the overall costs of our healthcare system by £20m a year
- Identifying and driving out wastage

Financially, OCCG has a baseline income of £597.8m for 2013/14, this equates to £856 per head of population and is the lowest of any baseline income of any CCG in England. The increased demand for services in the current financial year is likely to be c£12m above what the CCG can afford and this increased demand for services will continue. OCCG will receive an additional £4.7m of funding in 2014/15 and an additional £5.4m in 2015/16. However, despite this there will still be a projected gap between spending (if nothing changes) and funding available of almost £200m by 2020/21.

In view of the financial challenge that is facing Oxfordshire, detailed above, improvements such as better performance management, reducing length of stay for patients in hospital, wage freezes or better procurement practices all have a role to play in keeping health spending at affordable levels. However, these measures have been used for a number of years and there is a limit to how much more can be achieved without damaging the quality or safety of services.

A fundamentally different Oxfordshire health service is now needed, one capable of meeting future health needs with broadly the same resources.

3. Purpose of the public engagement

The purpose of the public engagement was to gather feedback on the proposed strategic objectives outlined above and support the ‘Call to Action’ programme of work. The public were invited to feedback and suggest ways in which OCCG could improve the quality and effectiveness of NHS services locally and address the financial challenges currently faced.
During the engagement activity, which was undertaken from 1 November 2013 to 7 January 2014, OCCG aimed to gather feedback on three key areas:

1. Whether the seven proposed objectives would help:
   - OCCG maintain financial stability
   - OCCG build a local NHS that is excellent for the future
   - To improve the quality of NHS care in Oxfordshire

2. Do the public have any suggestions as to how, OCCG can:
   - Maintain financial stability
   - Build a local NHS that is excellent for the future
   - Improve the quality of NHS care in Oxfordshire

3. Can the public identify any barriers to OCCG delivering the seven objectives?

In addition to this we also asked the public to comment on the national ‘A Call to Action’, asking:

1. How can health and care services support people to take more responsibility for their own health?
2. Mobile, smartphone, computer technology are now part of life. Please give us your views on how the NHS and care services could better use this type of technology?
3. Thinking about health and care services, what three things would make the biggest difference in improving patient experience?

4. Process and Methodology

The engagement was undertaken through a series of public events, discussed at various stakeholder meetings, as part of an on-going dialogue and an online/ hard-copy survey was available on Talking Health. An online discussion forum and an online mini poll were also made available. Individuals also had the opportunity for direct feedback via email, phone, or freepost.

Seven public events were held around the county, aligned to the CCGs localities:

- Wantage (38 attendees)
- Oxford (47 attendees)
- Banbury (46 attendees)
- Bicester (27 attendees)
- Crowmarsh (68 attendees)
- Witney (46 attendees)
- Oxford – Panel Question and Answer session (80 attendees)
In addition to the public meetings, the strategic objectives and ‘A Call to Action’ was also discussed at various stakeholder meetings, as part of an on-going dialogue:

- Health and Wellbeing Board
- Health Overview and Scrutiny Committee
- Better Mental Health Partnership Board
- Cherwell District Council Committee meeting
- Community Partnership Network
- Six patient Locality Forums

In total 352 people attended the public meetings. 135 people responded to the online survey and 11 written responses were received.

The events and online survey were promoted in the following ways:

- Through all local media (TV, radio and print)
- Community websites
- Posters advertising the event were circulated to:
  - GP practices
  - Pharmacies
  - Libraries
- Schools News to head teachers in Oxfordshire’s primary and secondary schools
- Voluntary sector organisations were notified of the events via Oxfordshire Community and Voluntary Action (OCVA)
- Colleges of further education and the Universities were also contacted
- A social media campaign was used to engage with over 4800 followers of OCCG’s Twitter and Facebook pages
- OCCG staff, and staff and Foundation Trust members at Oxford Universities Hospital’s Trust and Oxford Health were notified via email and through the staff intranet
- ‘Round and about’ magazine publicised the engagement events and survey to 24,630 households across the south of the county
- Carers Oxfordshire publicised the engagement events and online survey in their magazine which is delivered to 8,320 households across Oxfordshire
- Voluntary organisations such Autism Oxford, Carers Oxfordshire, Parent Voice, MIND, Restore, Age UK circulated the information to their service users/members and Carers
- Specific community/special interest groups were approached for their feedback, including My Life My Choice, Oxfordshire Unlimited, Patient Participation Groups (PPGs), the faith forum in Cherwell, Polish communities, Youth Parliament, good
neighbourhood schemes, mother and baby groups, sports centres, community associations, parish councils and town councils

- Partner organisations including all the district councils, Oxfordshire County Council (OCC) and Oxford City Council were asked to promote the events to their staff and on their website
- Local businesses were asked to promote the events, including BMW and Unipart

5. Key Findings

Common themes emerged throughout the engagement and in the detail of the survey responses. The key themes are outlined below. Further detail can be seen in the appendices of this report.

- A need for greater education on the types of health services that exist and what they should be used for, to inform correct use and prevent inappropriate/expensive use of A&E. Particular reference was made to increasing awareness of NHS 111.

- Improve communication between the NHS and the public, using a wide variety of formats and reaching communities through a variety of groups, including the voluntary sector, as we also need to reach those that do not regularly use the NHS.

- Use innovation and technology, both to benefit patient care and to create greater efficiencies within the NHS. This includes things such as social media, mobile technology, electronic patient records and telehealth.

- More and better integration between care organisations and especially across patient-facing teams/staff ‘on the ground’ so that patients benefit from a more joined up service and efficiencies are achieved.

- Invest in more prevention activities and public health campaigns to ensure costly health conditions are minimised and a healthy population is encouraged.

- Greater patient and public involvement to redesign how we deliver care, including using feedback from patients currently using services and complaints/patient data.

- A need to change attitudes and empower patients to take control and ownership of their own health. In addition a need to change the belief that hospital is the only place where professionals can be seen.

- Support for care closer to home, both making use of community hospitals and to have specialists or routine tests available from local GP surgeries rather than outpatients clinics. A note of caution was also expressed however regarding vulnerable and elderly patients and that this must not reduce quality of care.
A need for greater financial transparency and clear plans to manage costs within the local and national NHS. There was also a call for the NHS to be more open about the cost of different NHS services used by patients.

Reduce waste across the NHS, with common reference made to administrative and costly external consultants. A review of all departments within the NHS was suggested by many respondents to remove waste and repetitive procedures.

Concern and confusion surrounding Outcomes Based Commissioning (OBC). In particular there was confusion regarding what OBC would look like for patients using services and concern OBC contracts would negatively impact both patients and the voluntary sector.

6. Next Steps

The themes and feedback identified in this engagement report will be fully considered in further developing the five year strategy for OCCG and its strategic operating plan. The feedback from this report will inform the work for each of the six localities within OCCG. In addition this engagement report will help to further inform and develop current programmes of work, such as the Older People’s Programme, NHS 111, and Oxfordshire’s Health & Wellbeing Strategy.

The report will also be shared with NHS England.

This engagement report will be shared with those that participated in the engagement activity. The report will also be made available on OCCG’s Talking Health website at:

https://consult.oxfordshireccg.nhs.uk/consult.ti/5yrstrat/consultationHome

To request a hard copy of this report, please email ccsu.talkinghealth@nhs.net or phone 01865 334638

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Julia Stackhouse, Communications and Engagement Coordinator on behalf of OCCG

Date: 18 February 2014
Appendix 1: Analysis of Responses to Survey

Quantitative responses from Questions 1 – 8 in the survey, specific to OCCG

Below outlines the response to the quantities responses from the survey

**Question 1:** The priorities for Oxfordshire Clinical Commissioning Group are to create a healthier Oxfordshire, with fewer inequalities and health services that are of high quality, cost effective and sustainable. OCCG has identified seven opportunities to help deliver these priorities.

**To what extent do you agree or disagree with the opportunities that have been identified?**

There was general agreement with all seven of the themes identified with varying degrees of support. Below shows the respondent summary information for each theme identified:

**Theme 1: Clinicians and Patients working together to redesign how we deliver care** – 107 people either agreed or strongly agreed with this opportunity. 11 people responded as either neutral and 3 disagreed.

**Theme 2: Reducing health inequalities by tackling the causes of poor health** - 117 people either agreed or strongly agreed with this opportunity. 4 people either disagreed or strongly disagreed. 11 people provided a neutral response.

**Theme 3: Outcome Based Commissioning (OBC)** – 86 people either agreed or strongly agreed with this opportunity. 14 people either disagreed or strongly disagreed. 30 people chose to give a neutral response, neither agreeing nor disagreeing.

**Theme 4: Commissioning patient centred high quality care** - 117 people either agreed or strongly agreed with this opportunity. 13 people provided a neutral response with 2 disagreeing with this opportunity.

**Theme 5: Promoting integrated care through joint working** – 123 people either agreed or strongly agreed with this opportunity. 8 people provided a neutral response and 1 person disagreed.

**Theme 6: Supporting individuals to manage their own health** – 113 people either agreed or strongly agreed with this opportunity. 14 people provided a neutral response with 4 people either disagreeing or strongly disagreeing.

**Theme 7: More care delivered locally** – 111 people agreed or strongly agreed with this opportunity. 19 people provided a neutral response and 1 person disagreed.
Question 2 - 8: People were asked whether or not they felt the 7 opportunities would:
  - help OCCG maintain financial stability
  - help OCCG build a local NHS that is excellent for future generations
  - help to improve the quality of NHS care in Oxfordshire

Theme 1: Clinicians and Patients working together to redesign how we deliver care'

<table>
<thead>
<tr>
<th>Do you agree that Opportunity 1 (Clinicians and Patients working together to redesign how we deliver care) will help to support the following statements:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>will help OCCG maintain financial stability</td>
<td></td>
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<tr>
<td>will help OCCG build a local NHS that is excellent for future generations</td>
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<tr>
<td>will help to improve the quality of NHS care in Oxfordshire</td>
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</table>

78% of respondents felt that Clinicians and Patients working together to redesign how we deliver care would help to improve the quality of NHS care in Oxfordshire. In contrast there was not such strong agreement that this opportunity would help OCCG maintain financial stability.

Theme 2: Reducing health inequalities by tackling the causes of poor health

<table>
<thead>
<tr>
<th>Do you agree that Opportunity 2 (Reducing health inequalities by tackling the causes of poor health) will help to support the following statements:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>will help OCCG maintain financial stability</td>
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<tr>
<td>will help OCCG build a local NHS that is excellent for future generations</td>
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<tr>
<td>will help to improve the quality of NHS care in Oxfordshire</td>
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</table>

78% of respondents felt that reducing health inequalities by tackling the causes of poor health would help to improve the quality of NHS care in Oxfordshire. However fewer felt it would help to maintain financial stability.
Theme 3: Outcome Based Commissioning (OBC)

The chart above shows that there is **not strong** agreement that Outcomes Based Commissioning as a means for achieving any of these three goals. The responses were balanced without any strong preference to agreeing with this opportunity or disagreeing with it. A more detailed breakdown of responses is shown below:

**Detailed breakdown for 'will help OCCC maintain financial stability'**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td>14% (18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td>35% (47)</td>
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<td></td>
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<tr>
<td>Neutral</td>
<td></td>
<td></td>
<td>25% (45)</td>
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<td></td>
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<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td>12% (16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td></td>
<td>2% (3)</td>
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</tbody>
</table>

**Detailed breakdown for 'will help OCCC build a local NHS that is excellent for future generations'**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td>16% (20)</td>
<td></td>
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<tr>
<td>Agree</td>
<td></td>
<td></td>
<td>26% (46)</td>
<td></td>
<td></td>
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<tr>
<td>Neutral</td>
<td></td>
<td></td>
<td>36% (46)</td>
<td></td>
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<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td>9% (12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td></td>
<td>3% (4)</td>
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</tbody>
</table>

**Detailed breakdown for 'will help to improve the quality of NHS care in Oxfordshire'**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td>15% (24)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td>35% (45)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td></td>
<td>34% (44)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td>9% (11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td></td>
<td>2% (4)</td>
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</tbody>
</table>
Theme 4: Commissioning patient centred high quality care

The chart above shows that people feel that this opportunity will help OCCG to improve the quality of NHS care in Oxfordshire with 77% of respondents either agreeing or strongly agreeing. However, respondents were less convinced that this opportunity would provide financial stability, with 44% giving a neutral response and 16% disagreeing.

Theme 5: Promoting integrated care through joint working

The chart above shows that people feel that this opportunity will help OCCG to improve the quality of NHS care in Oxfordshire with 87% of respondents either agreeing or strongly agreeing. There was also strong support that this opportunity would help OCCG build a local NHS that is excellent for future generations, with 83% of respondents agreeing or strongly agreeing.
Theme 6: Supporting individuals to manage their own health

The chart above shows that people feel that this opportunity will help OCCG to improve the quality of NHS care in Oxfordshire with 78% of respondents either agreeing or strongly agreeing. There was also support that this opportunity would help OCCG build a local NHS that is excellent for future generations, with 73% of respondents agreeing or strongly agreeing. There is also agreement that this opportunity could help to achieve financial stability.

Theme 7: More care delivered locally

The chart above shows that 52% of respondent felt this opportunity would help to maintain financial stability, 35% of respondents gave a neutral response and 14% either disagreed or strongly disagreed with the supporting statements for this opportunity.
In summary and as part of the closing question in the survey, people were asked whether or not they agreed with the following statements:

**Statement 1:** There is a need to fundamentally change the way the NHS works in Oxfordshire

**Statement 2:** I would like a greater proportion of the health budget to be spent on keeping people from becoming unwell, even if it means there is less spent on hospital-based care

**Statement 3:** The NHS should ensure that it cares for people who are the least healthy, regardless of where they live in Oxfordshire

As shown above for those individuals that responded to the survey “the NHS should ensure that it cares for people who are the least healthy, regardless of where they live in Oxfordshire” is the statement that respondents agree with the most. However the numbers were not significantly different from the other two statements.
Questions 9 – 13 of the survey were open ended questions, allowing respondents to comment freely in their own words on questions related to OCCG’s strategy and proposed objectives. The key themes that emerged are as follows:

- **Question 9**: Taking into account the seven opportunities we have identified, do you have any suggestions as to how OCCG can achieve and maintain financial stability in the future? This question was answered 91 times.

37 of the suggestions made by respondents related specifically to how OCCG manages and communicates its finances with calls for clear plans for service reduction and greater transparency regarding costs. Waste and the need to tackle inefficiencies was also highlighted as a key issue by 15 respondents.
Question 10: Taking into account the seven opportunities we have identified, do you have any suggestions as to how OCCG can build a local NHS that is excellent for future generations? This question was answered 84 times.

As you will see from the above chart a range of suggestions as to ‘how OCCG can build a local NHS that is excellent for future generations’ were given. Whilst the top two themes from respondents were to reduce the amount of administration in the NHS and to educate young people on healthy lifestyle choices, there was not a significant difference between the number of ideas suggested.
**Question 11:** Taking into account the seven opportunities we have identified, do you have any suggestions as to how OCCG can improve the quality of NHS care in Oxfordshire? This question was answered 81 times.

In order to improve the quality of NHS care in Oxfordshire, the most common theme highlighted by respondents was to listen to patient needs (6 related comments), closely followed by more/better staff training (5 comments). With single suggestions being covered in the ‘other’ column.
The greatest barrier identified by respondents to OCCG delivering the seven opportunities was financial, highlighted in 33 responses. This was closely followed by national Government/red tape (29 related comments).
When asked if respondents had any further suggestions or comments regarding OCCG’s Strategic Direction and related opportunities, the most common response were suggestions related to education (8 comments). This includes education about types of health services available and how to use them. Five further comments were also made regarding identifying waste and inefficient administration.

**Qualitative analysis of the responses to 9 – 13 of the survey questions have been framed thematically, as follows:**

**Financial challenge in Oxfordshire**

There was a strong theme throughout the survey responses relating to transparency of the financial challenge in Oxfordshire. Specifically this related to people wanting clear and open detail around how much services cost in Oxfordshire and clarity on whether or not services would be ‘cut’ in order to make savings. Whilst there was concern about the financial position of OCCG, it was also clear that people felt that this was due to Government funding allocations and that more work should be done to raise this concern with central Government. In addition to this, people also felt that central government interference impedes the success of OCCG and that more should be done to lobby central Government for additional resources. It is clear that people want services commissioned that are cost effective, high quality and show a commitment to reducing waste in the system.
“‘I think the only way forward for you is to set out a clear set of measurable targets that you want to meet, document these to the public along with the costs of meeting them (service by service), and get going to achieve those targets whilst reporting annually on progress. These targets should explain to your patients exactly what to expect, and will disappoint most of us as the numbers will probably be lower targets than we would like, as well as missing out on at least one of our favoured health areas. If you over-achieve that would be great, but I don’t think you should try for stretch targets that will only cause service and budget tensions and probably set you on the path to failure. So realistic, measurable targets, regular reporting and clear budget allocations to services may help you get through”

Within this theme, people also recognised that if the NHS has less money then there is less it can do, and people specifically highlighted IVF and complementary therapies as areas where cost savings could be made.

“…looking at reducing funding for non-evidence based treatments”

Some practical solutions to the financial challenge were made, as follows:

- Review staffing structures
- Extend current contracts
- Make clear plans for service reduction
- Tackle inefficiencies in the system
- Commission primary care/pharmacies to do more
- Ask staff, how they can make savings
- Stop funding treatments (gluten-free, IVF, follow-ups, homeopathy/osteopathy

“Patients NEED to understand and sign up to this financial restraint, and to be more cost thoughtful in their demands”

Waste

A strong theme from respondents related to ‘waste’ within the system. Concern that there is poor administration in secondary care services, duplication of effort, lack of IT use and unnecessary use of written communication.

“Ensure that services are not duplicated & monitoring of what is actually being achieved doesn’t involve masses of administration with associated costs”

People perceived ‘waste’ as a variety of things, and not just relating to systems and processes. Some specific suggestions included:

- Commissioning suppliers to control waste
- Employing specialist GPs to streamline patients from secondary care
- Employing GPs in A&E to prevent unnecessary attendances
- Improve discharge procedures
- Train staff about ‘financial waste’
- Enhance GP practices to provide more services
- Utilise nurse led initiatives

“The perception of many is that administration in hospitals, communication between hospitals and GPs, utilisation of hospital equipment and operating theatres, poor buying of supplies, poor contract specification and management is wasting of money”

“Everything needs to be done to streamline to reduce central/management/overheads”

**Education**

Education was a strong theme that underpins all of the challenges facing the NHS, both nationally and locally. There was a strong recognition that the NHS is about ‘illness’ but that people need to be educated about prevention and how to use the NHS.

“Better education is a no-brainer”

Specifically, people felt there needs to be more emphasis on educating our young people in schools on keeping healthy and how to use the NHS, and when. Suggestions include:

- GPs handing out information leaflets to patients
- Training classes – weight/exercise/smoking
- Talks to children in schools

“...include health education at school”

“Much more time should be expended on preventative medicine than trying to patch people up once things go wrong. Much more time and effort should be invested in catching children in school and explaining food issues, tobacco and alcohol abuse issues to them”

The view of education was expanded to commissioners and service providers, as well, with people feeling that ‘best practice’ should be modelled in services, and learnt from other areas to benefit services in Oxfordshire.

More training should be given to staff on the front line to ensure that they know how to promote healthy living, and know what services are available for people to use.

“Creating the necessary support to nurses and give them the financial reward that will keep them in the profession for life. More highly skilled experienced nurses will be able to more easily deliver and improve the quality of care that is desired. If staff are lost, time and resources are ploughed into recruitment and training which makes it harder to maintain and plan for financial stability”

“Continue to engage with- and put demands on- secondary care, which will involve training of junior staff to understand the financial implications of their actions”
Quality

Quality was a broad theme, which has been broken down as follows:

- **Location of services:** There was recognition of the geographical challenges and rurality of Oxfordshire, however, people felt that services should be accessible to all. Concerns related to transport in rural areas, access for those with disabilities, access for people who don’t have English as a first language. There was also a view that there needs to be a balance of services, as people feel that services are often Oxford/Banbury centric. People welcomed the opportunity for more care closer to home, but were concerned about how this would be achieved, against cuts in social care, poor ‘at home’ care services, limited transport networks and lack of co-ordination/communication between services and clinicians in primary and secondary care.

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"Shift resources from 2ndary to primary care, including community hospitals. Focus more on quality of life and less on morbidity and mortality"

"...so many small community hospitals must be very expensive. Move the care into the community"

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- **Carers/patients:** Within the context of quality, people felt that there needed to be greater involvement of carers in decision making for the cared for. Greater recognition of the role of carers amongst senior consultants and clinicians.

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"Person-centric - not just the empty word but in reality. The patient at the centre, if they’re complex or disabled, with a clear care plan where organisations work together and talk to each other"

People also felt that patients need to be listened to more and empowered by clinicians and consultants.

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"Patients have to have confidence in the treatment pathway. The 'consultants' need to be giving appropriate advice in all cases"

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**Barriers**

People identified a list of barriers to OCCG achieving the seven opportunities identified in their strategic direction. There was recognition that OCCG has a significant task ahead in order to reach financial stability. The biggest barrier identified is money, closely followed by central government interference.

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"Money..... Government interference..... Competing pressures"

"Cost. Given that the current system is unsustainable in the long term, and that it always costs *extra* money to change a system, the future will be extremely difficult"

"The whole organization is too complicated. For example, taking public health away from the NHS establishes a barrier to collaborative working. And the introduction of competition law provides another barrier to collaborative working"

"Hopeless, really given funding cuts, without an unacceptable reduction in services"
In addition to this the following other areas were cited:

- Disengagement from primary care clinicians
- The public, not taking responsibility for their health
- Impact of social care cuts on services for the elderly
- Blame culture
- Staff attitude/resistance to change
- Local and national media/publicity
- Consultant led care
- Lack of engagement from secondary care
- Bureaucracy of the NHS – systems

“\textit{The staff of the NHS needs to see themselves as members of a team in which there are no barriers between members. All members should see themselves as equals making an equal, though different contribution depending on their role and skills}”

**Opportunities**

There was strong recognition that if there is less money then the NHS locally has to do less. However, people felt strongly that in order to improve the financial position, quality and patient experience, there should be greater focus on reducing waste in the system and promoting ‘health’ rather than illness.

‘\textit{Of course, tackling health inequalities will assist the delivery of all three ambitions, but it feels like seeking a solution to world hunger to say that you want to reduce health inequalities across the board. I would be more convinced at increasing education from pregnancy through primary and secondary school as a way of emphasising the need for good diet, sufficient exercise, and learning means to resolve stress within yourself}’.

Suggestions as to how to improve this are through:

- Education – in schools, with young people
- Education – training programmes on healthy living for people with long term conditions
- IT systems – across primary and secondary care should be more integrated/streamlined
- Mental Health – incorporate mental health into physical health, addressing mental health as part of a holistic approach to people’s physical health
- Communications – ensuring hard hitting health campaigns, utilising all media outlets, changing public attitude
- Choose Well – greater signposting of services
- NHS 111 – streamlining patients to the right services at the right time, improving public awareness of 111 and creating a positive image of the 111 service in Oxfordshire
- Listen to patients more
- Better co-ordination of services between primary and secondary care
- Keep people at home for longer, rather than hospital being a default position
- Charge people to use services
- Assess the quality of care homes against hospital re-admissions
- Support for local services, rather than hospital services
Appendix 2: Themes from the survey questions specific to the national ‘Call to Action’

The national element (Call to Action) of the survey was broken down into three areas:

1. **How can people take more responsibility for their own health?** This question was answered 107 times.
   
   The top three things that respondents identified in response to this question were:
   
   - Empower patients to take control of their own health
   - Invest in prevention/training and education
   - Publicise health rather than illness

   “There should be a big message in the public domain that every individual is responsible for their own health. There are many chronic conditions that are exacerbated by lifestyle choices. Individuals should absolutely take responsibility for their illness if it is exacerbated by their lifestyle. Clinicians should have the right to refuse treatment if individuals are unwilling to accept responsibility and make changes in order to help themselves. I think we breed a helplessness in society”

   In addition to these main themes people also suggested:
   
   - Charging schemes for people who don’t help themselves
   - Improved communication from health professionals to patients about their care pathway and treatments
   - Greater funding for mental health – addressing talking therapies, holistic approach to the individual/not working in silos
   - More publicity about the prevention agenda in primary care – GPs should hand out patient information leaflets
   - Charging system for inappropriate attendances at A&E

2. **How the NHS and care services could better use technology?** This question was answered 108 times.
   
   The top three things people identified in response to this question were:
   
   - Use of technology in GP practices – text messaging for appointments/reminders/results – cost saving on letters
   - Apps – reporting blood pressure, bloods, weight, exercise levels
   - Online booking for appointments – both in primary and secondary care

   “Awareness of availability of information: advertising: easy access; easy to understand: through emails”

   “Education and training: circulars: advertisements: at GP facilities: at pharmacies”
In addition to these main themes people also suggested:

- Interactive webpages
- Social media
- Skype/video conferencing for appointments/consultations
- Ipads for doctors and nurses to use on wards
- Universal database for the NHS, so patient records are accessible by all
- Emailing healthy lifestyle tips

3. What three things would make the biggest difference to improving patient experience?

This question was answered 109 times.

The top three things that people identified in response to this question were:

- Waiting times / accessibility – this covered all elements, appointments, referral, results, both in primary and secondary care. Health services should be 24/7 like life – evening and weekend appointments, improve out of hours services, more GP appointments, longer appointments with GPs, regular health check-ups

- Respect and dignity – treating the patient and carer with respect and dignity, listening to patients, allowing patients to make decisions

- Communication – sharing of information between services, improving the co-ordination of services, patient records, patient expectations, access/knowledge of patient records, face to face contact with clinicians, greater continuity of care, clinicians to know patient record / history before patient appointment, involve carer / family in patient related decisions

In addition to these main themes, people also suggested:

- Improve staff morale
- Improve the NHS 111 service
- Improve care agencies
- Educate the public to use services appropriately
- Improve the quality of food on inpatient wards
- Encourage living wills
Appendix 3: Key Findings from the public engagement events

A total of seven public events were held across the county between November 2013 and January 2014 including three morning events, two afternoon events and two evening events to ensure a wide variety of stakeholders were able to attend. The events were held in each of OCCG’s six locality areas to ensure that we also heard views from different areas across the county.

The events that were held are as follows:

- South West Locality – 19 November 2013, Wantage Civic Hall
- West Locality – 20 November 2013, West Oxfordshire District Council
- City Locality – 21 November 2013, Watlington Road, Oxford
- North Locality – 3 December 2013, Banbury Cricket Club
- North East Locality – 5 December 2013, Littlebury Hotel, Bicester
- South East Locality – 19 December 2013, South Oxfordshire District Council, Crowmarsh
- Countywide event with panel question and answer session – 7 January 2014, Oxford Town Hall

The format of each of the six locality based events included a presentation describing OCCG’s views about the challenges the NHS in Oxfordshire faces over the next five years, in addition to the proposed key areas OCCG’s strategy propose to focus on to deal with these issues. The attendees then split into three groups to discuss what OCCG needed to do to address these issues, what the barriers and opportunities might be and how we should work together to deliver the changes required.

Recording of discussions plus a ‘graffiti wall’ which people could log comments are analysed and summarised in this appendix.

The final event at Oxford Town Hall took a different format. Following the presentation a panel question and answer session took place allowing for open questions and suggestions to be made to key members of OCCG staff, and for these questions to be heard by the whole room.

Key themes from the engagement events

The following explores the key themes and suggestions that emerged from the 676 comments and questions and suggestions made at the workshop discussions that took place during the engagement events. The most popular theme (83 comments) was the suggestion of many alternative approaches that the NHS could take to improve efficiency and save costs. The second most popular theme (67 comments) was the identification of potential barriers or problems that may prevent the NHS achieving its goals.

The next two most popular themes that were identified were the need for more and better communication in a wide variety of formats (61 comments) and the need for greater education
about healthcare and health services (60 comments) – particularly in schools and in the wider community, not just in NHS settings.

**Suggestions to help make the NHS more efficient**

A number of ideas were put forward to help make the NHS more efficient and to potentially save costs. This included things such as having better triage at A&E; better triage with greater clinical input at NHS 111; a GP available at a drop-in clinic or a GP at A&E to field patients that don’t necessarily need A&E care. In addition a strong message came across that the NHS should not ‘re-invent the wheel ’ and should learn from what works well elsewhere, as well as not changing things that currently work well.

“Learn from what is working well elsewhere/ other CCGs/best practice”

“Use GPs in A&E to assess/triage patients”

**Barriers identified**

Attendees identified a number of potential barriers to improving patient care/health and barriers to saving money/improving efficiency in the NHS. This included barriers presented by external things such as confidentiality legislation preventing use of smart phones; and marketing of fast foods encouraging an unhealthy lifestyle. Organisational/process barriers were also identified, such as the number of non-patient facing processes or administration that GPs are now required to complete. Behavioural barriers were also identifies such as patients being afraid to complain, or feeling that they are not being taken seriously unless they are referred to hospital.

“Patients are scared to complain”

“Medical confidentiality – barrier to using smart phones at the moment”

“If we want to ask GPs to do more, need to take other tasks away e.g. box-ticking exercises.”

**Improve communication and use a wider range of communication methods**

Requests were made for a full range of communication methods to be used when communicating health messages with the public – from traditional methods such as leaflets, letters and phone calls to social media such as Facebook and Twitter, and use of text messages e.g. appointment reminders. In addition attendees gave a strong message that all available networks should be used to share messages, not just the GP surgery.

“More and more the NHS and local authorities are doing things online but need to be mindful of potential for digital exclusion of specific groups”

“Make messages clear and simple”

“Information in surgeries alone is not enough – some people don’t see a GP. Info needs to be more accessible.”
Education about healthcare services and how/when to use them

The greatest message at the public events was that people do not know what services exist, especially if they use health services rarely, and so therefore will inevitably use them incorrectly e.g. go straight to A&E. Therefore attendees agreed that we need to educate the public, with healthcare education included in schools right through to educating the elderly, as health services may have changed significantly since they last used them.

Support for increased use of innovation, technology and new media

There was wide support and many suggestions on how new technology could be embraced to make things more efficient and to deliver a better service to the patient. This included the use of things such as smart phones, video/skype appointments, text reminders, telehealth and online patient records that the patient can access. Amongst the suggestions given there was also a message of caution that new technology will not suit all audiences and so should be used appropriately.

More and better integration of services ‘on the ground’

Integration and ‘joined-up’ working was highlighted as essential as the NHS faces this financial challenge. In particular attendees felt that even if integration is currently happening in the planning of services, it is not currently evident to patients receiving care and so there needs to be more ‘joined-up’ working across patient-facing staff – this includes the NHS, social care, housing and other supporting services such as mental health.

“Use every network – e.g. employers, education, voluntary sector”

“Need information points in community – know what services are available locally”

“More work needed to inform EU students”

“Use the education system – include community care, health, mental health, first aid, Long Term Conditions e.g. diabetes and part of national curriculum”

“Consultation with GP via telephone/smartphone/email”

“Patient accessed portal/patient record would enable to see and manage their own health better”

“Use webcam videos, online media such as YouTube, services available online and telehealth”

“Joined up working-integration rather than a top down approach. Teams and workers on the ground designing the solution.”

“Include integration with housing and how we using housing stock in Oxfordshire”
More frank and open discussions about the financial situation in the NHS
Following the presentation at the public events, many people felt that there is a need to raise awareness of the current and future financial situation in the NHS. Attendees strongly felt that the NHS must remain a public service, free at the point of delivery and so the wider public need to know that the NHS is in this situation in order to be able to choose whether they wish to use services appropriately, campaign for more funding, and influence Government decision making.

“Need to publicly acknowledge financial challenges and choices faced”

Problems with availability of GP appointments
Discussions revealed wide variation across different GP Practices in terms of availability of appointments. It became clear that many GP Practices did not offer evening appointments and that for some patients, a wait of 3 weeks or more was necessary to get an appointment with any GP in their practice. It was also highlighted that in order to ease pressure on A&E services that availability of appointments needs to increase as some patients may default to A&E if they cannot access their GP.

“Can’t get appointments when we need them”

Patient and Public Involvement
Many suggestions were made regarding patient and public involvement and how this could, and should be developed and improved further. There was a strong sense of wanting to reach people and communities that have not been involved in the past and a need to capture the views of patients currently using services.

“GPs need to be more open eg. video booths to share experiences”

“Much more management time should be spent talking to users of services on the ground/sharing experiences”

“Need to develop things the user/patient/local community wants, not the managers”

Greater clinical input for NHS 111 and improve the service
There were mixed views on the usefulness of NHS 111, however the majority of people indicated that it had potential to really help as a signposting and advice service and to relieve pressure from A&E. However all were in agreement that there is currently still a lot of confusion about the service and some people felt that it still needs improvements such as greater clinical input and a more “...patient-friendly approach to avoid feeling like a standard call-centre.”

“Make 111 more obvious to people and how to use it”

“Move towards more clinical input on the 111 service”
The importance of mental health services and ensuring they are maintained

Concern was raised about the potential impact of the current NHS’ financial situation and that mental health services should not be cut as a result of this.

“Keep hold of mental health services e.g. Restore that work well for individuals. Carefully consider contracts.”

Change public attitudes to health and healthcare services

A common theme amongst the discussion groups was the need to change public attitudes to healthcare. In particular attendees felt that the “consumer society’ and ‘instant fix’ culture is impacting the NHS. It was suggested that people need to take more responsibility for their own health and in particular, health prevention. In addition the attitude that A&E is safest and that they are not being taken seriously unless they are at hospital, was another underlying attitude of some people which can negatively impact services.

“Change mind-set of helping people to manage own health care”

“People believe A&E safest place to go”

More preventative measures

There was great support from stakeholders at all events for more preventative measures and public health messages to help keep people healthy and reduce the number of people needing more costly health services. This included a number of good suggestions such as holding ‘training’ for people with certain conditions to let them know how to look after themselves better, more public health advertising and increasing physical activity in schools.

“More prevention for people with long term conditions – access to health information and advice e.g. what would be good physical exercise for my condition”

Support for bringing services closer to home

Support was given to the possibility of bringing more healthcare services closer to home, if with a note of caution regarding ensuring quality and expertise do not diminish. Attendees in general liked the concept of being able to access more services and have common tests via their GP surgery or a local community hospital, as opposed to traveling to the main hospital in Oxford. This was particularly raised by those that lived outside Oxford in areas such as Banbury and Bicester.

“Bring services in-house (at surgeries) and commissioned by GPs”

“GPs doing more: diagnostics, procedures nearer home”
Concern for care of elderly people
There was concern in the discussions about care of frail, elderly people as these are the people that generally need health and social care services the most, and can quickly deteriorate if they become ill. In particular concern was raised around bringing care closer to home and whether this would provide adequate support should a patient’s health suddenly deteriorate. Recognition was also made to the valuable work of the voluntary sector in caring and supporting the elderly, and preventing the problems associated with isolation.

| “Not enough provision of care packages to enable elderly and frail to go home” |
| “Over 80’s: greater need towards end of life – think about how best to help this group” |

Problems caused by cuts to transport and the impact on health
A number of people raised the problems that external changes can cause to healthcare services and the main issue was that of transport. Cuts or changes to public transport routes can make some health services inaccessible – particularly to the elderly, disabled, or those that do not drive. It was pointed out that this can cause some people to have to use services that are further away on a main bus route, rather than a local GP Practice.

| “Transport – particularly in rural areas (e.g. very little public transport) makes it difficult to access key services.” |

Eliminate waste across departments in the NHS
Attendees highlighted ways in which they thought waste could be minimised across the NHS, including ensuring that patients are aware of the cost of waste e.g. missed appointments. A strong message came through to review every department in the NHS as every area may be able to make some sort of improvement in efficiency.

| “People not turning up to appointments – waste. Need to address this.” |
| “Look at a system wide approach that drives out waste and duplication and improves quality.” |

Quality of Care
A few concerns were expressed regarding quality of services and how quality is monitored to ensure consistency of care across Oxfordshire. Concern was also expressed regarding how the use of non-nhs might impact quality.

| “How do we quality control the voluntary sector” |
| “…don’t be like US companies solely motivated by profit with little concern for quality of service as seen by patients” |
Advocates needed to ensure successful use of personal budgets
On a number of occasions during discussions it was highlighted that in order to ensure successful use of some healthcare initiatives such as personal budgets, it is extremely important to have access to advocates that can support and advise patients in using this in the most successful way and help them to navigate the wide range of services available in the NHS and social care. It was pointed out that without advocates, personal budgets may be unsuccessful and a waste of NHS funding.

“Self-directed budget – many people that have this cannot effectively manage it as too ill. Use advocates”

Ensure continuity of care
With the financial situation in mind, concern was raised regarding continuity of care particularly for the elderly. A preference for a named contact or GP was frequently raised. Continuity of care was also closely linked to the need for better integration across services as in areas such as mental health for example, this was raised as a reason for people ‘falling through the net’ and potentially becoming more ill and costing the NHS more as their condition became more serious.

“Continuity of care with your own GP/one named contact”
“Continuity – services linking up – reducing risk of falling through the net and going back into crisis.”

Improve training of NHS staff
Some comments were made in the discussion groups about the need for more staff training, both to ensure consistency of care across NHS services but also that there is an opportunity for non-clinical staff to help identify and help with patient needs. It was also felt that this additional training could potentially reduce more costly emergency patient care.

“GP receptionist may be more aware of certain problems – first point of contact - so need to know how to deal with them”
“More highly trained paramedics can provide a positive contribution to the A & E/out of hour’s situation.”

Concern and confusion surrounding Outcomes Based Commissioning
At the majority of events, both in the question and answer sessions following the presentation and in the discussion groups, there appeared to be confusion about what Outcomes Based Commissioning will look like for the patient, would it affect quality of services, and how would it impact on other areas of healthcare.

“Don’t be outcome based as people will be left to fend for themselves and GPs may be left to pick up”
“Outcomes Based Commissioning - How is waste managed?”
Other themes

With the financial situation faced by the NHS, a key area that attendees felt to be essential in maintaining was support for carers. Carers are an essential part of healthcare and without them, many people would require costly health and social care services. Other points raised included the need to keep what works well and not to ‘re-invent the wheel’, to support staff needs more, to support the health needs of ethnic minorities and to learn from patient complaints/patient data.

| “Also adequate support/care for Carers needs to be considered” |
| “Don’t re-invent things - assess what is working well now and learn from that” |
| “Inequality exists in services across Oxon, need proper data on ethnic minority health” |

Countrywide event, 7 January, Oxford Town Hall

80 people attended the engagement event on the 7 January at Oxford Town Hall. The format of this event included a presentation on the financial challenges faced by the NHS and the ‘Call to Action’ along with the proposed objectives. This was followed by an open panel question and answer session.

Members of the panel included:

- Ian Wilson, Interim Chief Executive, OCCG (Chair of the panel Q&A)
- Ros Avery, Lay Member for Governance and Audit
- John Jackson, Director of Social and Community Services, Oxfordshire County Council
- Dr Mary Keenan, Medical Director, OCCG
- Gareth Kenworthy, Director of Finance, OCCG
- Catherine Mountford, Associate Director of Strategy & Governance, OCCG
- Joe McManners, Oxford City Locality Clinical Director
- Dr Stephen Richards, Accountable Officer, OCCG

The key themes that emerged during the panel Q&A session included:

- **Concern and confusion surrounding Outcomes Based Commissioning** Attendees raised concerns about the potential benefits of Outcomes Based Commissioning (OBC) and asked whether it will not lead to greater fragmentation rather than greater integration. There was also some confusion as to how OBC might affect patients and services on the ground and an example of OBC not working as intended in the justice system was cited.

- **The need for strong integration and communication across providers of care** Attendees highlighted a need to ensure services are joined up and that there is strong communication
between different services so that patients and carers are fully informed and that the patient experience is improved.

- **Education about health and healthcare services**  
  Education was raised as an essential part of health prevention as well as ensuring health services are used appropriately. This was suggested as something that needs to be integrated into education within schools, which in turn would help messages reach families.

- **Requests for more detail regarding the cost of services and the current financial situation**  
  Questions were raised regarding the financial situation and the cost of various services. A strong theme emerged for greater openness and more information to be available on this.

- **Concern about addressing health inequalities and rural deprivation**  
  Health inequalities, lack of staff to support this – with particular reference to ethnic minority health advocates, rural deprivation and isolation, and issues such as ability to afford heating over winter were raised as key to preventing more serious health problems.

- **Problems created by lack of transport**  
  Transport related issues were raised in a number of questions to the panel and the impact that cuts to transport has on access to health services particularly for the elderly, service users and those in rural locations.

- **Communication and the need for a wide range of approaches**  
  It was highlighted that with an ever increasingly diverse population that information needs to be delivered jargon free, in a variety of languages and in a variety of formats. It was also pointed out that the NHS needs to ensure we are making best use of innovation and new media such as smart phones, telehealth and social media.

- **The valuable role that carers play and the need to ensure they are appropriately informed**  
  The important role that carers play in ensuring that the people they care for remain healthy and the need therefore to involve them in key decision making or changes.
Appendix 4: Feedback from written responses

In addition to the seven public events and the online survey, we also received 11 written responses; these included responses from Oxford City Council and the Community Partnership Network (CPN) in Banbury.

There was strong support for:

- Greater partnership working to reduce A&E admissions
- Improved cross boundary working
- Greater integration of non-hospital based services
- The need for systematic change to the health system in Oxfordshire.
- Greater partnership working with councils to address the local agenda and demographic changes.
- Promoting change in NHS organisations and to the public

Some specific suggestions were made for areas of improvement or cost savings:

- Waste - more work needed to encourage and support personalised health budgets and contract arrangements with suppliers
- Funding Treatments – consider Nice guidance when funding or not funding treatments and the long/short term impact

“Make sure that when people are discharged from hospital after emergency admission, staff do not forget to give them back their medicines that were brought in with them in the ambulance. Our experience at Horton is that they often forget and then have to pay for taxis to take the medicines back to the patient. It might be just hearsay but when we complained that this had happened staff said it happened “all the time” and a friend who works at JR agreed!”

“How much money does this cost? A tick box on a discharge form should deal with it surely?”

“Bigger thing – get some decent commercial people in who can negotiate a contract with suppliers in a rigorous way – must be huge savings here. Make purchasing staff act as if it’s their money they are spending, not like now where it seems cost of goods varies dramatically across NHS organisations.”
Appendix 5: Themes relating to Primary Care

Throughout the survey responses a number of issues were raised relating to primary care provision as outlined below. These will be forwarded to the Primary Care Team at the Thames Valley Area Team of NHS England.

**GP practices**

Throughout the survey responses there was a key theme around access to GP surgeries and the services that GP surgeries offer, specifically:

- **Time:**
  - People want more time with their GP and longer appointments

- **Access:**
  - People want to be able to book appointments online,
  - receive text reminders for appointments and test results
  - have greater continuity with their GP and more face to face contact
  - improved communication between primary and secondary care in care pathways/treatments
  - improved waiting times, or to have waiting times explained to them
  - evening and weekend appointments/NHS should be like life 24/7
  - Improved specialisms in primary care to avoid hospital appointments

> “Many patients appear to be unable to see their GPs about common problems and so go to A&E clogging up those departments. Rather than being frustrated by this, the A&E departments should have a GP on call at all times so that patients triaged as not needing A&E services can be directed to the GP in the A&E dept.”

> “Better access to appointments with GPs.”

> “Perhaps GPs could have longer consultations with their patients.”

> “Same-day access to a doctor (I have heard of people having to wait days to see a doctor).”

- **Health Promotion:**
  - People want their GPs to actively promote wellness
  - Hand out patient information leaflet
  - Have wellbeing clinics

- **Barriers**
  People felt that primary care clinicians/services were potential barriers to OCCG achieving the opportunities set out in their Strategic Direction, the reasons for this being:
  - Disengagement of primary care clinicians in the Strategic Direction
  - Workload of GPs

> “Disengagement of primary care clinicians due to the deluge of work and low morale.”
“Supporting primary care as the risk of de-stabilisation is both real and catastrophic for health care in general.”

- **Opportunities**
  People felt that primary care could also provide solutions to the financial challenge in Oxfordshire, by having:
  - A GP in A&E, to manage inappropriate attendances
  - More drop-in out of hours surgeries
  - Enhance GPs to provide more services
  - More nurse led initiatives
  - Schemes to incentivise people to lead healthy lifestyles
  - More communication with carers to support the patient’s needs
  - Regular wellbeing check-ups

  “Focus on enhancing GP practices in primary care to deliver core services.”

  “Reducing time pressure on doctors’ appointments.”

  “Ban the term ‘out of hours’. Health like life is 24/7.”

  “Remove the silos between GPs and Specialists.”

- **Pharmacies**
  A theme for pharmacies was that they could be commissioned to do more, offering wider community based services to reduce pressure on GP practices.

  “The CCG needs to start to look at healthcare differently and not assume that all solutions include a GP or hospital intervention. There are many areas where pharmacies could deliver services e.g. flu immunization services as an example- my local surgery could not give me an appointment for 5 weeks and yet, if commissioned, I would have been able to walk into my local pharmacy and have the vaccination done immediately.”

  “Pharmacies could also deal with many minor ailments thus freeing up GP appointments. Also the CCG may need to do some engagement work with the local communities to encourage patients to choose the least expensive option i.e. not to always go to A&E.”
Appendix 6: Glossary

- **Carer** - Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.

- **Commissioning** - The process of specifying, securing and monitoring services to meet people’s needs at a strategic level.

- **District and City Councils** - These cover a smaller area than county councils. They are responsible for services like: Rubbish collection; Recycling; Council Tax collections; Housing

- **Facebook** - Social networking website

- **Healthwatch Oxfordshire** - An independent organisation that listens to people’s views and experiences of health and social care in Oxfordshire. From April 2013 this organisation replaced the Local Involvement Network (LINK)

- **Intranet** - A private computer network open to users working within an organisation to share information, news and documents

- **Joint Strategic Needs Assessment (JSNA)** - tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.

- **OBC** - Outcomes Based Commissioning, which is an outcomes orientated approach to commissioning (buying) and contracting health services. It aims to shift the emphasis from what services a provider will offer, to what outcomes they will achieve for patients.

- **Public Involvement Network** - The PIN is the mechanism for ensuring that the Health and Wellbeing Board, the three partnership boards, the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment are informed by the opinions and experiences of the people of Oxfordshire.

- **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.

- **Twitter** - Twitter is a social networking tool aimed at enabling its users to exchange up-to-the-minute news and opinions on specific topics.

- **Talking Health** – Oxfordshire CCG’s consultation and engagement area on our public website (see [https://consult.oxfordshireccg.nhs.uk](https://consult.oxfordshireccg.nhs.uk))