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

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

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 OCGG maintain financial stability'**

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>16% (20)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>26% (46)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>36% (46)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>0% (12)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>3% (4)</td>
</tr>
</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>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>15% (24)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>35% (45)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>34% (44)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>0% (11)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>2% (4)</td>
</tr>
</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 respondents 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.
Quantitative analysis from Questions 9 – 13 in the survey, specific to OCCG

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.
**Question 12:** Can you identify any barriers to OCCG delivering these seven opportunities?

This question was answered 92 times.

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.

  “Shift resources from secondary 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”

- **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.

  “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.

  “Patients have to have confidence in the treatment pathway. The ‘consultants’ need to be giving appropriate advice in all cases”

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.

  “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

“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.

‘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