NHS
Oxfordshire
Clinical Commissioning Group

Developing GP services and locality place based plans across Oxfordshire Engagement Report

Date: 22 December 2017

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Background

It is recognised nationally and locally, that primary care, and particularly general practice, is under pressure. With a growing population and increasing life expectancy, demands on primary care have increased with people living longer and living with more long term conditions. In the next five years 30% of GPs plan to retire in Oxfordshire, while the numbers of trainees wanting to work as GPs or practice nurses is declining. This is leading to problems in recruitment in GP practices, problems for patients accessing GP services as well as sustainability of primary care being more vulnerable and other workforce issues.

The general practice system in Oxfordshire faces challenges common to practices elsewhere in the UK:

- An increase in the number of potentially avoidable non-clinical consultations (up to 27% of all consultations for GPs and other clinicians).
- The need to improve premises and other infrastructure.
- Increasing demand as a result of patients requesting same-day access for urgent care, who are generally 'low-intensity patients' or 'low complexity patients'.
- The shortage in workforce and difficulty in recruiting staff contributes to problems of access for patients.
- Increasing pressure in managing complex, frail, or elderly patients who require continuity and co-ordination of care, who are generally 'high-intensity patients' or 'high-complexity patients'.
- The increasing administrative burden in general practice, as practice teams (including GPs and other clinicians) are required to spend more time on administrative tasks as well as supporting patients to navigate the NHS.
- A lack of integrated working and co-ordination so information about a patient's condition and their care is not available to all those who provide their care because the information is not shared between different parts of an organisation or between different organisations - a lack of investment to allow general practice to thrive

Purpose of the public engagement

Local GP practices have been working with Oxfordshire CCG and patient representatives on plans for the future of GP and primary care services in Oxfordshire.

Throughout the summer GP practices joined others in Oxfordshire to talk about how they currently work, what problems they regularly face and how they could work better for the benefit of their patients. They have also been talking with their Patient Participation Groups to find out more about the patient experience, listening to what patients feel is important and their ideas for change.

From this ongoing engagement work with patients, GPs and clinicians in your local area, each Locality[1] has identified the challenges they faces, the priorities for their locality and how those priorities could be met. Oxfordshire Clinical Commissioning Group wanted to involve and engage with the wider public on developing these plans, as these will be working documents that we use to deliver primary care services in the future. It is important to note that the work undertaken over the past few months is not a formal consultation; the work has concentrated on involving the public and stakeholders in the development of plans to address challenges in primary care across Oxfordshire. The development of primary care in the county will continue to develop and over the coming year we will be looking more at estates and premises – the published plans will need to be updated over time; in the meantime we would like to continue talking to you about healthcare in the community. Much of the plans will not require formal public consultation however if significant change is proposed we will consult formerly.

Process and methodology

A period of engagement was undertaken between 3 November 2017 and 3 December 2017[i][2]. The plans for each locality were presented and discussed at a series of public workshops around Oxfordshire, and discussed at various stakeholder meetings. An online/paper survey was available on OCCG's engagement website - Talking Health. People also had the opportunity to give direct feedback via email, letter, phone, or freepost. Following this period of engagement the draft plans were published and were available for further comment until 17 December 2017.

i. Public Workshops

Public workshops were held in each locality to discuss the plans in each area, as follows:

1 November 2017 – West Oxfordshire Locality (Witney) 70 attendees

8 November 2017 – West Oxfordshire Locality (Carterton) 35 attendees

14 November 2017 – North Oxfordshire Locality (Chipping Norton) 50 attendees

21 November 2017 – North Oxfordshire Locality (Banbury) 33 attendees

22 November 2017 – South West Locality (Didcot) 36 attendees

23 November 2017 – Oxford City Locality (Oxford) 17 attendees

28 November 2017 – South East Locality (Wallingford) 43 attendees

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[1] We are a clinically led membership organisation made up of 70 general practices, grouped into six areas known as Localities. Each Locality's population has different needs and working this way allows individual GP practices in the localities to reflect local health needs in the services that we buy.
[2] The period of engagement has been longer in the West of the County which was subject to recommendations from the Independent Reconfiguration Panel: http://www.oxfordshireccg.nhs.uk/key-occg-publications/deer-park-letter-from-secretary-of-state-140317/32378

30 November 2017 – North East Locality (Bicester) 26 attendees

7 December 2017 – West Oxfordshire Locality (Witney) 45 attendees

ii. The survey

To support those that were unable to attend the workshops we also provided a short online survey, asking the same questions that were posed in the workshops. This was available for each of the localities. Each survey was available from 3 November 2017 to 3 December 2017; a breakdown of responses is shown below. The draft plans were then published on 4 December incorporating this public feedback and were made available for further comment until 17 December. Full details of the survey results for each locality are shown in the Appendices 1 – 6.

North East Oxfordshire Locality, 37 registered to the Talking Health site to access the documentation. 19 people then responded to the survey and a further 8 took part in the second survey.

North Oxfordshire Locality, 46 registered to the Talking Health site to access the documentation, 13 people then responded to the survey and a further 29 took part in the second survey.

Oxford City Locality, 46 registered to the Talking Health site to access the documentation, 20 people then responded to the survey and a further 6 took part in the second survey.

South East Locality, 60 registered to the Talking Health site to access the documentation, 21 people then responded to the survey and a further 13 took part in the second survey.

South West Locality, 95 registered to the Talking Health site to access the documentation, 46 people then responded to the survey and a further 19 took part in the second survey.

West Oxfordshire Locality, 51 registered to the Talking Health site to access the documentation, 21 people then responded to the survey and a further 9 took part in the second survey.

iii. Stakeholder meetings / discussion groups

In addition to the public workshops and the survey, the CCG discussed the plans at various stakeholder meetings around Oxfordshire. These meetings included:

- Patient Participation Groups (PPGs)
- Public Locality Forums in each locality
- West Oxfordshire District Council, Economic Overview and Scrutiny Committee

- Deer Park Campaign Group
- Former patients of Deer Park
- West Oxfordshire District Councillors
- Witney Town Councillors
- Oxfordshire Health Overview and Scrutiny committee
- Local stakeholders in Witney and surrounding area with interest in Deer Park Practice
- Witney MP Robert Courts

iv. Emails / correspondence

Further to the engagement methods above, the public and stakeholders were also encouraged to submit their views and ideas via correspondence. We received 22 responses from:

- South Oxfordshire District Council – Planning Department
- Vale of White Horse District Council – Planning Department
- Chipping Norton Action Group
- Bloxham Parish Council
- Banbury and Bicester Labour Party
- Hightown surgery Patient Participation Group
- Keep our NHS Public
- Mid Cherwell Neighbourhood Plan
- Pegasus Group
- Robert Courts MP
- Windrush Practice Patient and Participation group
- 6 members of the public
- Clifton Hampden Parish Council
- 2 Councillors
- Patient representative from the Primary Care Co-commissioning Group
- Locality Forum Chair representatives

The majority of the written responses related to the Locality Plans for the North of the County and significant concern was raised about the length of time the plans were able for comment. It was clear that people felt that there had been insufficient time to respond to the Plans in depth.

Other themes that were raised included:

- Concern about waiting times for routine appointments
- The need for care to be local and not centralised in Oxford
- Rurality and lack of public transport
- Importance of continuity of care
- Concern about GP recruitment

- Concern about the Banbury Health centre consultation not aligning to this engagement process
- No mention of impact of Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Plan (STP) or the impact of Accountable Care Organisations

Whilst some of the responses gave positive feedback and encouraging links with some parish councils and the District Councils in the South and South West, they were concern about the lack of detail in the plans and therefore offered to work more closely with the CCG going forward to develop the plans further.

A full analysis of the letters is available in Appendix 9.

The Deer Park campaign group held a public meeting and encouraged people to complete their survey. They received 15 responses which have been passed to the CCG.

v. Promotion

The engagement events and online surveys were promoted to:

- Witney Gazette – paid for advertising
- Media release to local media
- OCCG public website with links to Talking Health web pages
- OCCG Facebook
- OCCG Twitter
- West Oxfordshire District Council
- West Oxfordshire Parish Councils
- Previous attendees at Transformation events in West Oxfordshire
- All West Oxfordshire Locality GP practices and Healthshare Physiotherapy clinic in Witney
- Carers Oxfordshire
- Age UK West Oxfordshire Community Information Network
- Communityfirstoxon.org
- Healthwatch Oxfordshire
- OUH communications for cascade
- Oxford Health communications for cascade
- Cottsway Housing (social housing providers in West Oxon)
- Oxfordshire County Council
- Social media groups in Carterton and Witney
- West Oxfordshire libraries
- West Oxfordshire MS Society
- Through all local media (TV, radio and print newspapers).

- Direct emails to head teachers in Oxfordshire's primary, secondary and special schools
- Voluntary sector organisations were notified of the events via Oxfordshire Community and Voluntary Action (OCVA)
- OCCG staff, and staff and Foundation Trust members at Oxford Universities Hospital's NHS Foundation Trust and Oxford Health NHS Foundation Trust were notified via email and through the staff intranet
- West Oxfordshire District Council, promoted the consultation through their communication channels.
- Specific community and/or special interest groups were approached for their feedback, including Patient Participation Groups (PPGs
- Partner organisations including all the district councils, Oxfordshire County Council (OCC), and Oxford City Council were asked to promote the events to their staff (via meetings, intranet and newsletters) and on their websites
- Parish Councils, Town Councils and County and District Councillors were asked to promote the events in their communities
- Oxfordshire MPs and MEPs
- Groups such as 'Save Wantage Hospital', 'Keep the Horton' and Townlands Steering Group were also notified of the events and encouraged to publicise in their local communities
- GP practices across Oxfordshire were kept updated on a weekly basis via the GP Bulletin and were asked to share the information with their patients and patient participation groups.

Key themes

Whilst we have summarised the key themes that we have received from all the engagement responses, some people provided very detailed feedback which has been shared with the colleagues working directly on these plans over the forthcoming months. It is important to note that these are working plans, so ideas and points raised through this engagement process will be explored further as part of our ongoing work and engagement with local communities. For those groups, organisations or individuals that provided detailed responses, we will endeavour to engage directly with you to explore your thinking further.

It is also fair to say that respondents to the survey felt that they had insufficient time to respond in details to the published draft plans. Respondents also felt that the language in the plans made them difficult to understand and not accessible to the general public, citing that there was too much jargon, many acronyms and insufficient information about how the plans would be developed.

An over-arching theme across all the localities was to question how the plans fit with Phase 2 of the Oxfordshire Transformation Programme and the wider

Sustainability and Transformation Plans for Oxfordshire, Buckinghamshire and Berkshire.

The Key Themes have been broken down by locality below:

5.1 West Oxfordshire Locality

51 people registered and followed this engagement activity on Talking Health. Of these 51 people, 21 people then responded to the survey. 20 people agreed or strongly agreed the ideas and suggestions for the priorities in West Oxfordshire, specifically 'Community clinics for diabetes and respiratory services providing more integrated care closer to home and meaning fewer visits to Oxford hospitals'. 20 people responded to this question, whilst the majority agreed with the approaches identified, three people disagreed with 'Improve information and services available online for patients, and enhance practice receptionists' role in signposting patients to services to meet their needs'.

Although respondents agreed with our proposals and approach, there is continued concern in West Oxfordshire about the closure of Deer Park Medical practice and the lack of engagement from the CCG on the future of primary care services in Witney, specifically relating to Deer Park and the future of the premises. People are aware of the challenges facing primary care and the increased housing growth planned for the area. People are concerned about waiting times for non-urgent appointments, reception staff triaging patients and if there is a risk in using less qualified staff instead of GPs for some work.

However, in general people were positive about their practices, and appear to have a sympathetic understanding of the pressures facing GPs in primary care. The wider issues that were identified related to GP recruitment, lack of funding of the NHS, closer working with local authorities around planning and housing developments and improving infrastructure. Concern was raised about the rurality of the locality and lack of public transport. Communication between health professionals and different NHS organisations could be improved, using better technology. For those that were involved in this engagement, they wanted to know how the plans would be funded and how the plans would be implemented. Specifically raising concerns around the recruitment and retention of staff and the impact that this would have on the development of services. Some of the themes included:

- Improve staff training
- Local Authorities should provide infrastructure
- Increase the opening hours of the Witney MIU to reduce pressure on primary care
- Re-instate Deer Park practice
- Make hospital service local
- Triage minor illness using nurses

- Improve communication between health professionals
- Reduce the number of referrals to Oxford
- Evaluate the services you have already

Next steps:

The feedback provided by people who attended the meetings and events and who responded to the survey have been reviewed to identify the key themes and these have been addressed in the revised locality plans. The full detail of the feedback received has been shared with each locality group and the plans will continue to be developed further over the coming months and years.

Oxfordshire Primary Care Commissioning Committee will receive the revised plans and this report at their meeting on 2 January 2018. They will also be shared with Oxfordshire Health Overview and Scrutiny Committee at their meeting on 8 February 2018. Some elements of the plans that can start to be implemented in early 2018/19 will be initiated and appropriate support and funding will be made available. The ongoing engagement with clinicians, patients and the public will allow further refinement and development of the plans throughout the following year and beyond.

The plans, this report and appendices and any further documents that will be developed in the future supporting locality plans and their implementation, will all be made available on OCCG's website.

In response to some of the feedback received OCCG will also endeavour to write a public version of each of the plans and publish these towards the end of January 2017.

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With support from the Communication team at NHS South, Central and West
Commissioning Support Unit
22 December 2017

Annex A: Summary feedback from patient events and stakeholders and draft CCG response

General feedback

Key Themes	Summary of issues	CCG response
Readability	• The plans are long • How do we know how to navigate the plans?	Alongside the locality plans, OCCG will also publish short summaries for each of the localities, in addition to an Oxfordshire-wide document, which draws out the key priorities in each locality and our approach to delivering the plans in a coherent and planned way. The CCG will consider other comments relating to readability in future versions of the plans.
Relationship between the plans and BOB STP and Accountable Care Systems	• Are the aims of the plans consistent with the BOB STP objectives? • Do the plans aim to contribute to the BOB STP objectives • Are the plans part of a process to turn Oxfordshire into an ACS	The Oxfordshire-wide plan sets out how the plans integrate with the wider OCCG strategy and documents such as the BOB STP and the Oxfordshire Primary Care Framework. Of the 8 STP objectives the plans contribute to achieving 6 of them directly. The Oxfordshire Summary document also highlights how the plans have been developed from both a population based, locality driven perspective as well as a 'top down' county wide perspective. In this way the plans provide a holistic strategy for primary care in the county. The CCG will support future investment in workstreams that are intended to deliver savings elsewhere in the system subject to a robust business case. This will provide a significant step forward in delivering accountable care, in which resources are allocated according to the needs of the population of Oxfordshire and in which partners in the health and social care system share financial and clinical accountability to deliver better outcomes.
Funding Implications	• Is there enough funding for the recommendations in the plans to be implemented? • To what extent is the feasibility of the plans unknown / unlikely?	Not all aspects of the plans require long term investment. Some elements include, for example, different ways of working or delivering efficiencies that reduce bureaucracies. However, full implementation of the plans will require investment either through core funding or through release of funding in secondary care over time. The vast majority of investment in primary care is determined through a nationally agreed formula. However, some additional funding that was secured through the Prime Minister's Challenge Fund and the subsequent GP Forward View has been invested recurrently in general practice and will continue to be invested as part of the local plans. In the longer term, the sustainability of health and social care in Oxfordshire will be dependent on releasing funds from secondary care and investing this into primary and community care.
Phase two STP transformation programme	• Why are you producing the plans now when the consultation on phase 2 of the STP transformation programme has not yet started?	The plans aim to set out how primary care can best meet the needs of the local population and remain resilient and fit for the future, building on the national GP Forward View and Oxfordshire Primary Care Framework. They also aim to provide a locality plan for health services drawing out key components from other work streams in Phase 2 of the Transformation Programme. This is an iterative process, as the plans will both inform the work to develop options for services within the scope of phase 2 and respond to the outcomes of the consultation process related to the transformation programme. We will provide a clear narrative of this in future versions of the plans.

West Oxfordshire locality response to patient feedback

Key Themes	Summary of issues	CCG Response
Population growth/housing development	• OCCG must cooperate more with the councils to get funding for health infrastructure • Work with developers • Need to be planning ahead	We are working closer with planning authorities at West Oxfordshire District Council to secure land and financial contributions to assist with estates growth across the locality and linking in with all local Neighbourhood Development Plans (NDP) to ensure Primary Care Services are on the agenda for planning decisions. Future primary care infrastructure in the area will need to respond in a timely and appropriate way to future housing growth. Any decision will be subject to consultation with local patients. An options appraisal will also be completed on how best to provide services.
Access to GP appointments	• Not acceptable to wait two - three weeks • Poor experience – had to go home to phone for an appointment even though I was already at the surgery • Appointments – some practices have a phone-back system which works well • Want continuity of care but difficult to get appointment with named GP • Important for people with LTC to see own GP who knows you well • Phoned 111 and saw doctor in Witney, experience very good • Early visiting service works well	The plan recognises that different dimensions of access are valued differently by different people, depending on their need, age and working circumstances. Introducing a wider skill mix in practices and increasing overflow appointments for patients who prefer rapid access over continuity enables GPs to concentrate resources on seeing patients who require a higher level of continuity of care and to be seen by the same GP where possible. Our plans look at how this may be done. Additional appointments have been introduced in the locality at evenings and weekends and also during the day at hubs in the county. Due to the success of these appointments, more will be introduced during the year, ensuring patients will have rapid access to appointments and enable patients who prefer continuity of care to see their own GP.
Access to other clinicians/ pharmacists	• Should be able to book to see a nurse , not just GP • Pharmacies could be used more as a first point of contact • Pharmacists have skills but not authority to prescribe? • More use of triage • More training of receptionists • May not need to see a GP – other professionals could be first point of contact e.g. physio	Future sustainability of primary care will be dependent on increasing the contributions from a wider range of staff than the traditional model of GPs and practice nurses. Some practices are already seeing the benefits of employing, for example advanced nurse practitioners and social prescribers. Pharmacists can play a valuable role in general practice, including managing adherence to medicines and holding clinics for patients with specific long term conditions; some are also registered prescribers. We aim to support these other health care professionals have the right skills such as the ability to prescribe (which is permitted for some allied health professionals). NHS England has made funding available for training in active signposting so receptionists can be skilled and confident in sensitively ascertaining the nature of the patient's need and exploring with them safe and appropriate options. Oxfordshire Training Network is delivering the training by March 2018.

Recruitment/ retention of staff	• Shortage of clinical workers is a problem for the proposals • Provide affordable accommodation to help recruit more GPs • Recruitment vital to sustain services • Important for patients to raise funding/investment in GP services issues with their MPs • Upskilling workforce	The CCG agrees that there is increasing pressure on the GP workforce through changes in working patterns and an ageing workforce. NHS England is working with partners to increase medical school places, recruit from overseas and offer incentives for returning GPs. The CCG is also developing a countywide workforce plan with the aim of • increasing capacity in primary care; • upskilling existing staff; and • bringing in and expanding new roles.
IT	• Patients' notes: not everyone can see them, would assist continuity • Electronic conversations – better use of email and website communications • Don't assume everyone has internet or mobile access. Need paper versions of information • Online booking/ access to notes / prescriptions is good • Integration of IT systems to encourage more use of computers • Potential for skype consultations	Greater use of technology will be a key enabler in connecting primary care with others, for patients to manage their own conditions and for the provision of timely advice. This is included in the plan, with clear timelines set out in the countywide plan to be published alongside the 6 locality plans in January 2018. Making the most of opportunities for greater use to technology are intended to enable the CCG to provide care to different patients in different ways. Practices will need to work with their patients and patient participation groups to ensure that all patients have the same chance to contact their practices, whichever mode of access they choose. We will introduce the online consultation initiative across Oxfordshire practices in three phases which will allow patients to be signposted to the most appropriate service.
Prevention/social prescribing	• Not enough emphasis on keeping well • More education in schools about staying healthy • Need to focus on younger generation • Invest time with young people • Social prescribing is a good idea e.g. walking groups • Age UK offers exercise to prevent falls • Paid person to be a befriender or supporter for social prescribing • Keep older people active	There are some excellent examples from across the county of working with schools to promote healthy lifestyles and increase health literacy, which we will aim to build on. As part of the plans, we are piloting a social prescription model, which will enable clinicians to refer for non-medical issues such as isolation and financial advice that can have an impact on people's wider health and wellbeing needs and we will work with patients and their carers to consider the most appropriate model for patients in the West locality, including the suggestions provided as part of the consultation. We have bid for some national funding together with Cherwell and West Oxfordshire District Councils and should find out if we are successful in January 2018.
Witney Community Hospital	• EMU works well • Better use of Witney hospital – gerontologist used to be based there – why was this stopped • Maintain and expand Witney Hospital ; expand the MIU so it can stay open longer and increase capacity	The Witney EMU is a great asset to the current local services and is popular among patients and practices. We will work with clinicians from Witney EMU to explore the factors currently limiting their capacity and ensure that primary care and other community services are making most efficient use of this resource. We will also work with the providers to consider how to build on this, for example developing a plan for virtual ward rounds of identified frail or medically unstable patients or a weekly community pre-

		bookable gerontologist clinic to review the most medically complex or frail elderly.
Mental Health	• Not enough support for young people • School counsellors have long waiting lists • A mental health nurse should be attached to each practice • Need to look at self harm rate in south Witney which is above average • People with mental health issues need more support	Mental health services is a key priority across the county, and we recognise that there are pockets across the West locality that have a high prevalence of patients with severe and enduring mental illness, depression and other common complex mental health problems. We are considering a programme of enhanced support for mental health workers in practice, which may include link workers, based in neighbourhoods who have a track record in mental health and knowledge of the services available in the wider community and who can address identified needs and provide mental health support. Further details will be provided in the next iteration of the plan. We acknowledge that we need to give more focus on children and this will be included in later versions of the plan.
Communication	• Better communications between OUH, GP Surgery, patients at pharmacist without discharge summary. • Language about the elderly - it's not our fault • Website improvement and communication.	The CCG recognises that communications between different healthcare professionals is essential in providing good integrated care. Records sharing for cross-organisational care, in particular between primary care, community and mental health services and secondary care is a key focus across the county to deliver more joined-up care. There are excellent examples in the locality of websites that provide enhanced signposting information, such as that of the Windrush practice. We will aim to support other practices that wish to adopt similar model.
Link to Adult social care	• How do the plans sit in relation to adult social care? • Needs to be good integration between different care providers in social care and primary care	There are some challenges with social care and better integration between social care and the primary care team are a key focus of the plan. Records sharing is an essential component of good joined-up care delivered across organisations and there is a programme for records to be interoperable across primary care, community and mental health services and secondary care.