Supporting Sustainable General Practice in Oxfordshire

Public Engagement Report
Contents
1. Introduction ........................................................................................................................................3
2. Background ........................................................................................................................................3
2.1. General Practice – the current national picture ...........................................................................3
2.2. What is general practice? ................................................................................................................4
2.3. General Practice – in Oxfordshire ...................................................................................................4
3. Purpose of the public engagement ......................................................................................................4
4. Process and Methodology ...................................................................................................................5
5. Key Findings .......................................................................................................................................7
6. Next steps following the period of engagement ...............................................................................9

Appendix 1: Analysis of Responses to Survey .....................................................................................10
Appendix 2: Qualitative results from discussion groups ......................................................................10
Appendix 3: Discussion group evidence .............................................................................................. Error! Bookmark not defined.
Appendix 4: Glossary ................................................................................................................................10
1. Introduction
Oxfordshire Clinical Commissioning Group (OCCG) funds and buys health services on behalf of everyone living in Oxfordshire. To do this successfully OCCG needs to work with local people, Oxfordshire GPs, hospital clinicians, community healthcare and other partners including local government and the voluntary sector.

‘Transforming primary care’ is one five transformational programmes of work for OCCG. The programme is initially focused on general practice due to pressures within this part of the health system; its relationship with wider primary care services will be considered in due course.

The following report examines the feedback gathered during a period of public engagement on Improving Services in General Practice in Oxfordshire during July and August 2014.

2. Background
2.1. General Practice – the current national picture
Nationally, the NHS needs to make sure it spends taxpayer’s money wisely and fairly, so we can go on meeting patient demand for services. In Oxfordshire, GP services are facing a range of challenges, placing GP practices under pressure and the risk is that the current system is not sustainable.

Change is needed to address the effects of:
- Changing population, the population is increasing and living longer
- Increasing health and wellbeing needs
- Variations in access to primary care medical services
- Variations in clinical quality and patient health outcomes
- Increasing workload and financial pressures affecting the morale of the workforce
- Problems with recruitment and retention
- Changes in public expectations

These are challenges faced by general practice nationally and were recognised by NHS England in its ‘A Call to Action: General Practice’ (2013). This approach calls on NHS England’s Area Teams and Clinical Commissioning Groups across the country to work with their local GP practices to address the challenges described above by delivering the following six core objectives;

1. Provision of holistic care
2. Ensuring fast, responsive access to care
3. Promoting health and wellbeing and reducing inequalities and preventing ill-health
4. Personalising care by involving patients and carers more fully in managing their own care
5. Operating at greater scale whilst preserving strengths of continuity of care and relationships with local communities
6. Working as a more integrated part of a wider set of community based services.

This OCCG programme takes up these challenges set by NHS England to work to develop general practice in Oxfordshire for patients.
2.2. What is general practice?
General practice is an essential part of medical care. General practitioners (GPs) are the first point of contact for many patients seeking advice or treatment for an ailment. General practice is part of the primary care tier of medical care, with the other components including dentistry, ophthalmology and pharmacy.

Members of the public choose a GP practice and become a registered patient of that practice. Patients can then request an appointment with their GP or practice nurse to seek advice about an illness or ailment.

GPs call on an extensive knowledge of medical conditions to be able to assess a problem and decide on the appropriate course of action. They know how and when to intervene, through treatment, prevention and education, to promote the health of their patients and families and when to refer their patients on for specialist treatment in secondary care.

GPs provide a wide spectrum of care: dealing with problems that often combine physical, psychological and social components. They increasingly work in teams with other professions, helping patients to take responsibility for their own health.

2.3. General Practice – in Oxfordshire
Locally, OCCG is actively working with GP practices, community groups and Public Locality Forums to meet the challenges faced by general practice and ensure it offers a strong, sustainable and high quality service for patients in the county.

There are 81 practices in Oxfordshire serving the county’s residents. Oxfordshire has been divided into six geographical localities and the practices within those boundaries have formed a group. The localities are: North; North East; City; West; South East and South West. The GP practices of each locality meet on a regular basis to discuss the priorities for healthcare in their area of the county. Each locality is supported by a Public Locality Forum.

3. Purpose of the public engagement
OCCG has identified primary care as one of the county’s five transformational programmes. In order to thoroughly consider the future options for general practice, OCCG undertook a period of engagement from 9 July to 18 August 2014, inviting patients, the public and our partners to participate in a survey to gather feedback on the type, range and standard of services people in Oxfordshire would like to see provided by general practice. The results of this survey will help shape a strategy for general practice in Oxfordshire for the next two to five years.

This survey builds on feedback OCCG had already received from patients, the public and our stakeholders during an engagement programme that ran in Oxfordshire in Autumn 2013 as part of the national ‘A Call to Action: General Practice’. This latest survey in 2014 sought to involve our patients and partners, gathering their feedback to help develop a strategy for a general practice service across Oxfordshire that offers a high quality service, makes full use of technology and is able to meet the increasing demands for care.

OCCG set out a number of ambitions in the Five Year Strategic Plan, these include; ensuring people live well at home and avoid admission to hospital when it is their best interests. Also to enable more
services to be delivered out of hospital, particularly for the frail elderly and people with multiple, complex long term conditions.

4. Process and Methodology
The engagement for the ‘Primary Care Transformation Programme: Sustaining General Practice’ ran in July and August 2014. A public survey was undertaken. The survey was made available on OCCG’s online consultation platform, Talking Health, which has a membership of more than 2,500 people. The survey was also emailed to 26 community groups, networks and stakeholders. OCCG’s Equality and Access Commissioners also took paper copies of the survey with them throughout the engagement period to encourage members of 30 community groups, particularly within hard to reach groups to complete the survey and share their views. An opportunity was given for people to return the survey as a paper copy via freepost.

An easy read version of the survey was compiled and distributed to our community networks and stakeholders to enable as broad a range of residents as possible to participate in the survey. 19 easy read versions were completed.

Finally discussion questions based on the survey were devised to enable OCCG’s Equality and Access Commissioners to run discussion sessions on the survey and gather feedback from a broad range of community groups who may not otherwise complete the survey, such as a Polish Women’s Group in Oxford. Analysis of the feedback received from these groups is contained in Appendix 2 and the full feedback compiled by the Equality and Access Commissioners contained in Appendix 3.

The survey was also presented and discussed at various stakeholder meetings, as part of an on-going dialogue:

- Six public locality forums
- Six clinical locality meetings
- Age UK Health and Social Care Panel

The Survey
In total 506 people responded to the survey, 77 of these were in hard copy format.

The online/paper surveys were promoted in the following ways:

- Through a broad range of local media (BBC South Today (TV), BBC Radio Oxford, Jack FM, Heart radio and the Oxford Mail and Banbury Guardian)
  - Publicity before the engagement period and half-way through as a reminder to take part
  - Media interviews at the start and half-way through
- Community websites
- The survey was promoted on OCCG’s Twitter and Facebook pages, engaging 4,800 followers
- OCCG staff and GP members, staff and foundation trust members at Oxford Universities Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust were notified via email and through their staff intranets
- OCCG’s six public locality forums and the representative patient participation groups
- Registered respondents on OCCG’s online consultation platform, Talking Health
- Voluntary organisations such as Community Partnership Network in Banbury, HealthWatch Oxfordshire, Oxford 50+ Network, the Older People’s Joint Management Group, Oxfordshire
Community and Voluntary Action (OCVA), MIND and Restore circulated the information to their service users/members and carers

- **Specific community/special interest groups** were approached for their feedback, including: Oxford 50+ Network, mothers of young children via Children’s Centres and school health nurses, older people’s champions
- The survey was shared with representative groups including; The Hubs (early intervention service), Oxfordshire Youth Parliament, Children in Care Council and Oxfordshire Disability Forum’s Oxfordshire Youth Enablers (OYE), adults with learning disabilities via Oxfordshire County Council and adults within mental health services via Oxford Health NHS Foundation Trust.
- **Partner organisations** including all the district councils, Oxfordshire County Council (OCC) and Oxford City Council were asked to promote the survey to their staff and on their website. Oxfordshire County Council was also asked to share the survey through their Public Involvement Network.

OCCG’s Equality and Access Commissioners also promoted the survey to **hard-to-reach community groups** including;

- Christian Life Centre, Oxford
- Emmaus, Oxford (homeless charity)
- BK Luwo (African women’s group)
- Barton Community Association (Oxford group)
- Islamic Cultural Centre and Mosque at Asian Community Centre, Oxford
- Refugee Resource, Oxford
- Open Door, The Gatehouse, Oxford
- Luther Street Practice PPG (homelessness)
- Forum chairs and PPGs
- Isis Carers Group, Oxford (dementia carers support group)
- Happy Place (Oxfordshire group for older people from the Chinese community)
- Redbridge Gypsy Community, Oxford
- Rose Hill Tenants Association, Oxford
- Asian Women’s Group, Rose Hill, Oxford
- Polish group, Oxford
- Over 50’s Club, Blackbird Leys, Oxford
- Neighbourhood Regeneration Partnerships, Oxford
- Cowley Community Club at the Mill (for over 50’s with a West Indian heritage)
- Terrence Higgins Trust/LGBT
- MIND, Oxford
- EMBS (an advisory and training organisation for young people)
- African Women’s group Christian Life Centre
- Clockhouse
- Day Break Service
- Elderly women’s group, Witney
- Chipping Norton community group
- Banbury community group
Discussion Groups

51 responses were also received via discussion groups.
Discussion sessions were held with the following groups;
- North Public Locality Forum
- North East Public Locality Forum
- West Public Locality Forum
- City Public Locality Forum
- South East Public Locality Forum
- South West Public Locality Forum
- MIND Witney – 29 July 2014
- BK Luwo, African women’s group – 17 July 2014
- Open Door, 24 July 2014
- Isis Carers Group (dementia carers) – 8 August 2014
- Polish Women’s Group – 28 July 2014
- Over 50’s Club, Blackbird Leys – 6 August 2014
- EMBS – 28 July 2014
- Didcot Women United Group (MIND) – 13 August 2014
- Abingdon Carers Support Group – 5 August 2014
- Burford Community Group – 28 July 2014

Publicity

It should be noted, that the survey was extensively publicised throughout Oxfordshire during the summer engagement period. The response levels, in our experience, reflect a significant degree of interest in spite of the activity being undertaken during a peak holiday period. Previous engagement activity in Oxfordshire on primary care (Call to Action) ran over three months, attracted 498 responses using a variety of methods including online survey, six public events and written responses.

5. Key Findings

Common themes emerged throughout the engagement and in the detail of the survey responses. The key themes are outlined below.

ACCESS - APPOINTMENTS

67 per cent of respondents to the survey rated the ease of making an appointment as ‘easy’ or ‘acceptable’. There were further suggestions that it should be as easy to book an appointment with a nurse as with a GP electronically. There was also a call from participants (11.6 per cent) who wished to see easier access to their own GP so that there was continuity in their care.
An increase in appointments was highlighted by 19 per cent of people due to the waiting times they regularly experience when booking appointments. Extended hours and weekend drop-in surgeries were also popular suggestions.

A proportion of those responders (13 per cent) also called for a variety of consultation options from practices including home visits, nurse appointments, health checks and minor operations.

There were a significant number (approximately 60 per cent) of people willing to attend a nearby surgery to access an urgent same day GP or nurse appointment compared to 30 per cent who were not willing; with a prevalence of those willing to travel preferring a journey of around two miles. This ratio of respondents willing to travel to a same-day appointment was mirrored by those prepared to travel to another surgery to access a specialist nurse for their condition: approximately 65 per cent were prepared to travel compared to 35 per cent who were not.

QUALITY

A small number of respondents (7 per cent) commented on the attitude of receptionists and sometimes GPs. However it is worth noting that a greater number of respondents (24.4 per cent) in both the survey and discussion groups took the opportunity to record having received good quality care from their practice. This satisfaction with medical practitioners was a strong theme throughout the engagement activity. Points for improvement centred on the management of care and access.

Of those who stated that they had a long-term condition (289 respondents), approximately half (149) stated they received good care with regular health checks and tests. Patients were satisfied with care once it was in place, illustrated by 251 respondents (77 per cent) who said they felt involved in planning their care.

ADDITIONAL SERVICES/NHS SYSTEM

A large number of people responded to the question about additional services to be provided at GP practices or reflected on it in the final question when asked for suggestions. A large proportion (224 respondents of 406 people who answered the question) felt that the question didn’t apply to them, which, to a degree reflects the proportion of those receiving secondary care for long-term conditions. In total 139 respondents gave suggestions of services they would like to see provided more locally in the community or at their surgery. Among these respondents there was an appetite from 31 responders for receiving pre-operation or diagnostic checks more locally to streamline referrals and to be able to access minor procedures and specialist nurse-based care more locally.

HEALTH SYSTEM – Pharmacy

There was a good response (454 responders) to the question on using pharmacists for advice on minor ailments, with suggestions and comments indicating an appreciation of the opportunity pharmacists could provide in offering prompt advice on simple medical issues.

There were three main messages from respondents, which were; greater communication around the role of the pharmacist was suggested by 109 responders with a further group of 86 people suggesting that to increase public confidence, the pharmacists qualifications and training should be publicised; 69 people called for a greater degree of privacy when consulting a pharmacist; and finally 65 people wanted more information with a further 46 respondents suggesting a list of treatments available and ailments that pharmacies can treat should be made available.
TECHNOLOGY

Of those with a long term condition, 50 per cent of respondents (160 people) would be interested in using more technology to manage their condition.

A second technology question was included in the survey and asked all respondents to select their preferred technology solutions from a list compiled from feedback gathered in previous engagement activity on general practice during Autumn 2013. The technology solutions to enhance patient access and improve information sharing were the popular choices. The suggestions included; text message appointment reminders (57 per cent of respondents chose this option); the ability to book appointments online (80 per cent of respondents felt this was important or very important) being able to email a GP for advice was felt to be important or very important to 71 per cent of respondents. Similarly being able to email a nurse for advice was felt to be important or very important to 67 per cent of respondents.

It is important to note that 30 respondents to the survey and a large number of discussion group participants urged caution with adopting technological solutions due to some patients not having access to technology. It is worth noting that video calls achieved interest (from 26 per cent of respondents) but was not the most popular solution.

Further detail can be seen in the appendices of this report.

6. **Next steps following the period of engagement**

The themes and feedback identified in this engagement report will be fully considered in developing the vision, strategy and action plan for sustaining and developing general practice in Oxfordshire.

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/

To request a hard copy of this report, please email ccsu.talkinghealth@nhs.net or phone 01865 334642

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Appendix 1: Analysis of Responses to Survey

Appendix 2: Qualitative results from discussion groups

Glossary