



**The 'Big Health and Care Conversation'**  
**Phase 2**  
**Engagement Report**  
**Update September 2016 – November 2016**

**Date: 14 November 2016**

**Version: Draft 1**

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## 1. Purpose of report

The purpose of this report is to outline the further public engagement undertaken from 22 August 2016 to 31 October 2016 as part of the Oxfordshire Transformation Programme's Big Health and Care Conversation. It describes the engagement, outlines key themes and identifies concerns and issues expressed by members of the public. It then sets out the next steps building on the early feedback, through to public consultation planned for early January 2017.

It should be noted that the Transformation Board continues to have a patient representative and Healthwatch, whose role is to ensure that the patient and public view is considered throughout the programme.

## 2. Background

From June to December 2016 patients and the public are being invited to get involved in the development of proposals to transform the way health and care are delivered in the county. This period of engagement will help inform our thinking and help us to develop plans and inform our ideas for the way services might be best provided in the future.

We want to hear people's views as part of an on-going process that will lead to public consultation later in 2017 on proposals for how some services may be configured in the future.

The 'Health & Care' Transformation stakeholder event held on 6 June signalled the start of this public conversation. It aimed to gather views on possible ways we can use resources to develop sustainable, high quality and affordable care both now and in the future.

Following the initial stakeholder event at the Kassam Stadium on 6 June, a series of public roadshows around Oxfordshire were held and various stakeholder meetings were attended. The report of this engagement is available here: [https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/717186/22624517.1/PDF/-/Big\\_Health\\_and\\_Care\\_Conversation\\_Engagement\\_Report\\_Final.pdf](https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/717186/22624517.1/PDF/-/Big_Health_and_Care_Conversation_Engagement_Report_Final.pdf)

A discreet period of engagement took place in July and August where a total of 359 people attended public roadshows. During this period 209 people responded to the survey of which 118 were online responses and 91 hard copy responses were received.

**This report further outlines the additional engagement that has taken place since 22 August 2016 and details that we have directly spoken and met with approximately a further 550 people, since the summer roadshows and have reached through promotional activities (excluding newspaper readership and radio listeners) a further 27,256 people.**

### **3. Purpose of the public engagement**

Following the first phase of public engagement, the programme timeline was adjusted with a consultation planned for January 2017 later than originally intended. This has enabled the Transformation Programme to hold further engagement activities across Oxfordshire to help inform its thinking and further develop options for change.

### **4. Process and methodology**

Since September 2016 we have tried to approach our engagement in two ways. We have done some targeted engagement around specific workstreams for Transformation, together with broad awareness raising in the community for the case for change.

**This report further outlines the additional engagement that has taken place since 22 August 2016 and details that we have directly spoken and met with approximately a further 550 people, since the summer roadshows and have reached through promotional activities (excluding newspaper readership and radio listeners) a further 27,256 people.**

#### **i. Public road shows**

Two further roadshows were held: in Henley-on-Thames on 6 September where approx. 17 people attend together with local media; and Abingdon on 19 October where 50+ people attended.

#### **ii. Displays**

Displays from the roadshows were available for a week at a time at the following locations (these were unmanned displays so we do not know how many people visited them):

- w/c 5 August in Henley-on-Thames
- 22 August – 2 September in Thame
- 22 – 30 August in Didcot
- 8 – 15 September in Faringdon

These areas were identified as they had not hosted a roadshow in the summer (Oxford, Banbury, Wallingford, Witney, Bicester, Wantage).

#### **iii. Maternity Focus Groups**

Three focus groups were held in Banbury, Oxford and Abingdon. Twelve people attended the focus groups but a further 30 people have been asked to contribute their views electronically as they were unable to attend the dates offered, this will form a separate report.

#### **iv. Primary Care Focus Groups**

Focus groups were held with students from Abingdon and Witney College and Henley College, to discuss the needs of young people accessing primary care and to understand

what awareness there is among young people on prevention, such as obesity, mental health, smoking and alcohol. The groups were as follows:

17 October (Abingdon):

- Motor Vehicle students, aged 16 – 19 yrs, approx. 10 students
- Health and Social Care students, aged 16 – 19 yrs, approx. 25 students

18 October (Witney):

- Hair and Beauty students, aged 16 – 19yrs, approx. 25 students
- Sports students, aged 16 – 19yrs, approx. 12 students

11 November (Henley):

- 12 Health and social care students, made up from the Politics course and Health and Social Care at Henley College, Henley-on-Thames.

#### v. The survey

The survey launched in the summer to support ‘The Big Health & Care Conversation’ roadshows has continued to be available and we have received a further 48 responses.

#### vi. Stakeholder meetings / discussion groups

We have also attended various stakeholder meetings since the summer to further raise awareness of the case for change. These meetings included:

<b>Date</b>	<b>Number of attendees</b>	<b>Group / Location</b>
Wednesday 7 September	Approx. 30	Age UK Voluntary Sector Partnership Didcot
Friday 9 September	20	Oxford Strategic Partnership Oxford
Wednesday 14 September	Approx. 30	Age UK Voluntary Sector Partnership Bicester
Monday 19 September	Representatives from PPGs – approx. 2 from each practice	North East Locality Forum Kidlington
Tuesday 20 September	representatives from PPGs – approx. 2 from each practice	South West Locality Forum Didcot
Wednesday 21 September	Approx. 30	Age UK Voluntary Sector Partnership Oxford City Centre
Thursday 22 September	26 stakeholders plus NHS facilitators	Community Hospitals Workshop
Friday 23 September	5	District Council Leaders and Councillor meeting

Monday 26 September	7	Primary Care Patient Advisory Group
Tuesday 27 September	Approx. 30	Age UK Voluntary Sector Partnership Witney
Wednesday 28 September	Approx. 30	Age UK, Voluntary Sector Partnership Abingdon
Friday 30 September	Approx. 10	Older People's Day Bicester
Wednesday 5 October		Parkinson's Group Oxford (Botley)
Tuesday 25 October	Approx 40	Community Partnership Network, Banbury
Thursday 27 October	Approx 15 - 20	Local Strategic Partnership Banbury
Wednesday 9 November	Variable numbers	Stand at the Parish Council Liaison Meeting at Cherwell District Council

These are in addition to formal scrutiny meetings such as the CCG Board meetings, Annual Public Meeting, Oxfordshire Health Overview and Scrutiny Committee (HOSC) and the Health and Wellbeing Board.

From these meetings we have met and discussed the case for change with further 250+ people.

#### **vii. Emails and Correspondence**

Further to the engagement methods above, the public were also encouraged to submit their views and ideas via correspondence. As of 22 August, OCCG received nearly 200 letters, including correspondence from OCCG's Locality Forum Chairs, as well as via Banbury GP practices from residents and parish councillors in the North of the county opposing any proposed downgrade to the Horton General Hospital. A template letter is available, for the local community to use, on the 'Keep the Horton General' website:

<http://www.keepthehortongeneral.org/>

A further 70 letters have been received since 22 August.

Many of the letters include personal patient experiences of the Horton General Hospital and the good care received at the hospital.

#### **viii. Horton General Hospital specific engagement**

Oxford University Hospitals Foundation Trust (OUH) ran a survey between Friday 17 June and Saturday 30 July. 233 responses were received.

(The survey remained open until 22 September: 6 further responses were received between 30 July and 22 September. These responses are not included in the summary shown in Appendix I).

The summary results are shown below, with the fuller analysis in Appendix I:

### Which services at the Horton General Hospital do you use / have you used?

#### Top five

- ED 74%
- Outpatient (including children) 73%
- Diagnostics 51%
- Adult surgery 36%
- Maternity 29%

The lists **below** give the 'weighted average' – *average resulting from the multiplication of each component by a factor reflecting its importance.*

*The smaller the number, the most important. This means that the largest number of higher rankings was received for this option.*

#### Results in summary – issues ranked most important

- **Issues impacting on emergency and urgent care:**  
Speed of access to urgent care / minor injury unit
- **Issues impacting on maternity services:**  
High quality obstetric provision when required
- **Issues impacting on children's services:**  
Access to consultant expertise
- **Issues impacting on assessment and diagnostics:**  
Access to tests and scans in local outpatient centres
- **Criteria to evaluate potential options to develop services at the Horton General Hospital:**  
Quality of care for all

The Table below lists the OUH engagement to date:

Oxford University Hospitals Foundation Trust Engagement Log					
	OUH Strategic Review		Horton Strategic Review		Sustainability and Transformation Plan (STP) and Transformation
Channels	Internal communications	External communications	Internal communications	External/ stakeholder communications	Informal engagement
<b>Engagement events/ activities</b>	<ul style="list-style-type: none"> <li>• OUH clinical workshops – 11 Feb and 24 Feb</li> <li>• All staff briefing at John Radcliffe Hospital (JR) / Churchill/ Nuffield Orthopaedic Centre (NOC) – 8 June</li> <li>• Various OUH clinical reference group meetings.</li> <li>• 10 Aug – senior manager briefing</li> </ul>	<ul style="list-style-type: none"> <li>• Service user/ stakeholder engagement event re OUH quality priorities- 19 April.</li> <li>• Trust Annual General Meeting (AGM) – interactive displays on strategic themes – 28 Sept</li> <li>• HOSC meeting re rebalancing the system, and OUH strategic review/ obstetrics issue – 15 Sept</li> <li>• HOSC meeting to discuss bed realignment,</li> </ul>	<ul style="list-style-type: none"> <li>• All Staff meeting at Horton – 3 March 2016</li> <li>• Staff meeting with Midwives – 3 June.</li> <li>• All staff meeting at Horton – 28 June.</li> <li>• Horton staff drop-in session – 11 July</li> <li>• Staff meeting re maternity – 18 July.</li> <li>• Horton staff drop- in session 18 August</li> <li>• Horton maternity staff</li> </ul>	<ul style="list-style-type: none"> <li>• 23 February – North Oxfordshire Locality Group (GPs)</li> <li>• 8 March – Community Partnership Network (CPN)</li> <li>• 22 March – North Oxfordshire Locality Forum Public Meeting</li> <li>• 12 May - CPN workshop</li> <li>• 27 May – Director update at South Warwicks NHS FT.</li> <li>• 9 June – CPN workshop</li> <li>• 14 June – CPN meeting, and North Oxfordshire Locality Group (NOLG) Steering Group.</li> <li>• 16 June – meeting with Victoria Prentis MP</li> <li>• 21 June – NOLG meeting</li> <li>• 7 July – Director update at Northampton General Hospital NHS Trust.</li> </ul>	<ul style="list-style-type: none"> <li>• 6 June - Stakeholder / Patient and Public Involvement ( PPI) engagement event at Kassam Stadium.</li> <li>• 30 June – HOSC</li> <li>• <b>12 July to 4 Aug</b> – community engagement events x6.</li> <li>• 28 July – OUH Governors’ seminar on transformation and Horton.</li> <li>• 28 July – stakeholder/PPI event at Kassam stadium.</li> <li>• 22 Sept – stakeholder event at Kassam stadium.</li> <li>• 15 Sept – HOSC; health and care transformation update.</li> <li>• 30 Sept – HOSC re bed realignment, and emergency suspension of Horton obstetric-led maternity services</li> </ul>

	<ul style="list-style-type: none"> <li>• 7 Sept – OUH update on Strategic Review.</li> <li>• 28 Sept – AGM and update on strategic review</li> <li>• 18 October – Senior Managers’ briefing</li> </ul>	<p>and emergency suspension of Horton obstetric-led maternity services – 30 Sept.</p> <ul style="list-style-type: none"> <li>• Chief Executive Officer (CEO) meeting with Andrew Smith MP – 7 October.</li> </ul>	<p>meeting – 12 Sept</p> <ul style="list-style-type: none"> <li>• Horton all staff meeting – 12 Sept</li> <li>• Horton all staff meeting – 29 Sept</li> <li>• Meeting with Horton midwives and staff – Sept through Oct.</li> </ul>	<ul style="list-style-type: none"> <li>• 11 July – CPN workshop</li> <li>• 18 July – Cherwell District Council meeting re Horton emerging options</li> <li>• 20 July – CPN/workshop on maternity.</li> <li>• 26 July – Dr Holthof telephone conversation with Victoria Prentis MP</li> <li>• 16 August – North Oxfordshire locality GPs workshop at Horton.</li> <li>• 22 August Meeting with local MPs.</li> <li>• 24 August – CPN workshop re maternity</li> <li>• 25 August – Public Meeting, St Mary’s Church.</li> <li>• 26 Sept – meeting with Victoria Prentis MP at Horton.</li> <li>• 28 Sept – Victoria Prentis visits JR Maternity and Neonatal units.</li> <li>• 29 Sept – Dame Fiona Caldicott meets Victoria Prentis to discuss HGH issues.</li> <li>• 21 Oct – CPN meeting.</li> </ul>	
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## 5. Seldom Heard Groups

Various 'seldom heard' groups were visited and feedback was gathered at both group and individual level between 1- 18 August 2016. In total we spoke with 145 individuals. The engagement followed a proforma format, seeking experiences of NHS services, both positive and negative. A positive key word search of the feedback showed the following:

*Friendly      Helpful Kind      Caring      Good service      Clean      Quick*

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Overall there was praise for a lot of services, including community paediatrics; maternity services at the JR and maternity services at the Horton hospital. However, the after-care by midwives in Banbury, once discharged, had negative feedback.

### **Issues**

The following is a summary of the key themes emerging from the 'negative' feedback, documented by service.

### **GP Surgeries**

The overarching issue reported is the long wait or inability to get an appointment with a GP. Other comments included the receptionist being a barrier; a long wait in the surgery for the appointment slot; where Practices use a call back system, this sometimes didn't happen effectively; GPs not reading patients' notes and not fully knowing the patient and understanding any specific issues such as a disability. There were also comments on the language barrier for some patients and a perceived negative attitude towards patients from Black and Minority Ethnic communities.

### **Mental Health Services**

Key issues reported were not receiving sufficient support, even when feeling suicidal; no continuity of service and no availability of beds for older mental health patients in Banbury.

### **Horton Hospital**

A&E- long waits to be triaged.

Ear, Nose and Throat (ENT)- if no appointments are available, patients are given an appointment at the JR.

**Physiotherapy**- long waits for referrals.

**Dental services**- long wait for appointments; turnover of dentists so lack of continuity; high cost.

**Care Home Support Services**- inconsistent visits; quick staff turnover so no continuity and racist approach by some staff.

Other general comments were long waits for referrals into secondary care and appointments for referrals into secondary care being changed several times; lack of support for treating addictions. Another key issue raised was the distance from Banbury to Oxford (JR) for services such as paediatrics and if a child needs to be admitted, the distance from home.

Some people were reluctant to express their views where they were from a vulnerable group and didn't necessarily have a rapport with the staff member conducting the questionnaire. In this and instances where it was not possible to interact with people face to face, the relevant leaflets on the transformation programme were disseminated.

Appendix G, shows all the groups that either met with us face to face or had the case for change and survey sent to them.

## 6. Promotion

### Newsletter

Since the initial promotion of the case for change document in the summer, Oxfordshire CCG has continued to send updates to people registered on its 'Talking Health' engagement website which has a membership of 2,560, of whom 1,114 receive a fortnightly newsletter.

### Media

We have also had the following media enquiries which we have responded to:

06/09/2016	Attendees at Henley Big Conversation event	Henley Standard
08/09/2016	Inquiry re charging at Horton for out of county patients	Banbury Guardian
08/09/2016	Transformation programme	BBC Radio Oxford
13/09/2016	Horton closure	Banbury Guardian
14/09/2016	Recruitments at the Horton Hospital	The Guardian (national)
19/09/2016	Hi Sarah/team, Please see attached a letter sent to DH from John Bercow MP (Speaker: Buckinghamshir	NHS England
19/09/2016	Query re. STP.	Pulse
27/09/2016	STP and claims OCCG too 'secret' about them by NHS campaigners	Oxfordshire Guardian
30/09/2016	Signing of provider contracts and impact on transforamtion consultation	Oxford Mail
07/10/2016	STP in relation to Horton Hospital plans	Sunday Times
07/10/2016	Oxfordshire Transformation Programme	Oxford Mail
07/10/2016	Transformation	Oxfordshire Guardian
10/10/2016	Request for statement about Abingdon roadshow	Oxfordshire Guardian
11/10/2016	Request for informaiotn about the closure of Oak Ward at the Horton	Banbury Guardian
21/10/2016	Request for Interview with Dr Joe McManners	BBC Radio Oxford
24/10/2016	Hi Richard, I am writing a story about the commissioning executive that is to be set up across the	HSJ
24/10/2016	Request for information about the numbers of responses to Transformation engagement	Banbury Guardian
25/10/2016	Follow up to STP stats inquiry	Banbury Guardian
31/10/2016	Request for dates of publiaction of BOB STP	Banbury Guardian
21/10/2016	Request for statement on BOB STP following FOI rebuttal	Banbury Sound
21/10/2016	Request for statement on BOB STP following Healthwatch Press Release	Oxford Mail
01/11/2016	More queries re. STP	Banbury Guardian

This has resulted in the significant coverage in the local media. Please see appendix A:

### Social Media

We have also continued to promote through our social media networks as follows:

#### Twitter:

- 9 Tweets on transformation
- 13,640 impressions (number of times seen in people's Twitter feeds)
- 42 active engagements (clicking on links to surveys etc)

### **Facebook:**

- 13 Facebook posts
- Reach = 12,502 (number of people who see it in their Facebook feed)
- 9 Likes
- 51 Shares

## **7. Key themes**

A number of common themes emerged from the engagement:

### **Community Hospitals**

- Concern about the future of Wantage Community Hospital and The Horton Hospital were both raised at the maternity workshops. Specifically this relates to:
  - The impact on support available to mothers not just in pregnancy and birth but also with aftercare and breastfeeding.
  - The domino effect of whether other services will close as a result
  - The impact on support in the community when children's centres are also closing
  - Accessibility to Oxford and other Midwife Led Units (MLUs) for those who rely on public transport as they can't drive.
- The workshop held on 22 September 2016 was a follow up to an event on 28 July focusing on options for community hospitals in Oxfordshire. Its discussions around rehabilitation services in fewer centres and good quality home care is feeding into the Transformation Programme's Integrated Care for Frail Older People and Urgent and Emergency Care for the General Population workstream.

The key themes which emerged from the workshop included:

- problems of access to fewer community hospital facilities in relation to public transport shortages and lack of convenient parking.
- The recruitment and retention of well trained , well qualified staff to provide care in people's homes and the impact of workforce shortages on timely rehabilitation were also strong themes. Collaboration between services, patients and unpaid carers was the key theme around discussion of care at home. Key agencies and families need to be more joined up with better communication and information; patients need continuity of care at home.

### **Continuity of Care**

- Continuity of care was a strong theme for the Maternity focus groups, where it was felt that continuity of midwife throughout pregnancy was important. Whilst seeing the family GP was also important it was felt that the GP didn't provide any added value and that continuity

with a midwife was more important. In addition to this it was also felt that having a 'risk assessment' appointment at 10 weeks would be beneficial but that GP receptionists would need to be trained to offer this to ensure that all mothers take it up.

- The students across all four groups felt that it was important that they saw their named family GP, and for some of the girls their preference was that this should be a female GP.

### **Transport and accessibility**

Problems with transport were highlighted again at the two roadshows and in the Maternity focus groups. Concern about parking at the main hospital sites for labouring mothers was a significant concern along with the travel times and distances from the north of the county.

### **More funding**

At the two roadshows, there was overall acceptance that change is necessary and that the main reason for this is due to a lack of sufficient funding. At the Abingdon roadshow people felt strongly that there needed to be greater funding for mental health services and better diagnostics. However, they felt that the funding issue had been exasperated by 'hidden' privatisation. This also led to comments about the national government agenda and concern that money was being spent on activities like such as cosmetic such surgery (which is not currently funded) and smoking cessation, which is offered available on the NHS. People felt that these are areas that are considered life choices and people perceived that these of these should be funded by the NHS.

### **A focus on prevention and education on leading a healthy lifestyle**

A strong message from the public throughout all engagement activities was for more preventative activity and education for all ages on how to lead a healthy life.

This included:

- Appropriate messaging for young people, who once they leave school do not appear to receive messaging around healthy eating, smoking, alcohol awareness etc
- Mental Health awareness and breaking the stigma. Again for 16 – 19 year olds at college it was not clear where they can access information on mental health services and some of the groups we spoke to were uncertain of the role of the college nurse.
- The Primary Care patient advisory group explored further the role of encouraging people to self-care and again it was felt that 'information' was not readily available to enable people to self-care. It was also felt the NHS needed to be clear on what was appropriate to self-care.
- The wider engagement events felt that better education in schools was important but this was contradicted by the student groups, who felt that information was available and easy to access at school. Once they leave school it becomes harder.
- Mental health was also a strong area for maternity, with concern that maternal mental health not being addressed appropriately post-delivery.
- Students felt that other social media such as snapchat could be effective for messaging.

## **Access to GPs**

Across the focus groups, people did not feel that there was a problem in accessing their named GP when they want too but acknowledged that on some occasions , depending on the problem they would be happy to see 'any' GP. The challenge appeared to be with the receptionist, and being required to explain their need to see a GP.

## **Staff and recruitment**

Many people recognised the lack of NHS staff in certain areas of health services and highlighted the need for recruiting more front line staff. In particular, it was felt that more GPs are needed, in addition to more specialists or training in certain health specialties e.g. mental health. Concern around Deerpark Health Centre in Witney and Horsefair Surgery in Banbury highlighted the public awareness of GP recruitment challenges.

## **Support for Mental Health**

Mental health came up in all the focus groups and both the roadshows as areas where greater investment was needed and more support groups, especially for people with Learning Disabilities. Other suggestions included:

- increase budget to match other NHS budgets
- more mindfulness classes and quicker appointments for mental health patients
- more support for vulnerable people to access exercise schemes
- early diagnosis of mental health issues
- signpost patients to good care, mental health targets should be as important as cancer targets

## **Integration of health and social care services**

The Henley roadshow had specific feedback relating to the new Rapid Access Care Unit (RACU) at Townlands Hospital and the need to better integrate health and social care to provide community services to support Townlands Hospital.

## **Use of technology**

In contrast to the feedback received from the first phase of engagement, when we tested technology with the students, it was clear they would prefer to have face to face consultations with their GPs. They felt that technology was more appropriate for awareness campaigns. Some comments included:

- mixed views on using social media to book appointments
- most agreed sending texts to remind people of appointments ok
- some not ok with GPs using Skype for appointments

- some agreement on email consultations
- posters were not rated as effective for communicating messages
- texts were viewed as better than letters
- suggestion of exploiting more social media such as the snap chat video function for health promotion messages

The maternity focus groups highlighted:

- blue notes could be electronic, supported by an app, this was welcomed
- use of local websites and social media to share information to expectant mothers about new services
- GP booking systems could have prompts and flags on them to remind mothers to book certain appointments

### **Improving communications**

Some criticisms were made of the communications and engagement process for Transformation and doubts were raised that patient views across Oxfordshire will truly be listened to and acted on as the proposals are developed. Significant feedback was received from the Abingdon roadshow about the lack of promotion of the event.

The need to improve communications between health professionals and across all departments associated with an individual's care was also highlighted, alongside the need to take time to properly listen to patients, families and carers.

## **8. Next steps:**

This report further outlines the additional engagement that has taken place since 22 August 2016 and details that we have directly spoken and met with approximately a further 550 people, since the summer roadshows and have reached through promotional activities (excluding newspaper readership and radio listeners) a further 27,256 people.

This report has now been shared with all those involved in the Oxfordshire Transformation Programme and was used to help further develop the models of care and future service options which will be subject to a public consultation in early 2017.

The report is now published via the Oxfordshire Transformation website and via Talking Health, OCCG's online consultation tool at

<https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome>