

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

Date: 22 December 2017

Contents

Developing GP services and locality place based plans across Oxfordshire Engagement Report	1
1. Background	3
2. Purpose of the public engagement.....	3
3. Process and methodology	4
4. Key themes	8
5. Next steps:.....	13

1. 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

2. 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 Locality¹ 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.

3. Process and methodology

A period of engagement was undertaken between 3 November 2017 and 3 December 2017ⁱ². 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

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>

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

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 concerned 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.

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.

4. 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 GP 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

5.2 South West Oxfordshire Locality

95 people registered and followed this engagement activity on Talking Health. Of these 95 people, 46 people then responded to the survey. Whilst the majority of respondents agreed with all the ideas and suggestions, ten people were either neutral or disagreed with 'sharing of clinical records among health professionals' and six people were neutral or disagreed with the 'expansion of premises'. 47 people responded to Question 2 which highlighted our approach to how to deliver our plans and whilst the majority of respondents agreed with our approach to delivering the plans, notably 21 respondents were either neutral or disagreed with 'exploring technology in healthcare, eg: Skype appointments'.

There is a high level of concern, from respondents about the future housing growth in South West Oxfordshire, and how the CCG is able to harness funding from developers in a way that it can plan and develop health services in a timely manner. This is further impacted by concerns relating to Wantage Health Centre and practices in Wantage that have been unable to expand due to a lack of national funding. People felt strongly that, as a rural community, health services should be brought out into the community, making best use of the community hospital facilities. In addition people were also concerned about future funding of services and recruitment of staff. Some of the themes included:

- Section 106/CIL funding and allocation – how does this work in a timely way for planning of healthcare
- Transparency around the STP relating to the sale and redevelopment of NHS sites
- Concern that midwifery and children's services were not in the plan
- Recruitment of GPs
- Plans seem to be based around the South Oxfordshire District Council Local Plan which is not guaranteed or signed off
- Population growth/ageing population
- Expansion of GPs services
- Access to GP appointments

5.3 South East Oxfordshire Locality

60 people registered and followed this engagement activity on Talking Health. Of these 60 people, 21 people then responded to the survey. Twenty two people responded to question 1 and agreed with all the ideas/suggestions. Only one

person gave a neutral response to increasing preventative and self-care. Respondents felt that their GP practices were working well, with friendly and supportive staff. There was concern about the layout and design of some of the surgeries, in particular, that they do not offer a lot of privacy. Waiting times for routine appointments was also an area of concern. People felt that there needed to be more emphasis on self-care and prevention, as well as considering different models of care for managing care of the elderly in care homes. Rurality was another strong theme because of limited access to public transport. Integration of health and social care was a key theme, with concern for people requiring support at home. Some of the key themes included:

- Encourage patients to self-care, eg purchase their own equipment such as blood pressure monitors
- Establish an independent service to provide health care to residents in care homes
- There is no mention of Thame in the plans and there should be.
- Access difficulties including lack of parking and public transport
- Lack of staff
- Suggestion that patients should be charged if they miss appointments
- Remove free prescriptions for non-chronic conditions

5.4 Oxford City Locality

46 people registered and followed this engagement activity on Talking Health. Of these 46 people, 20 people then responded to the survey. 21 people responded to the question 1. The majority of respondents either agreed or strongly agreed with the ideas. However, 10 people gave a neutral response to 'creating neighbourhood team'. Nobody disagreed with the ideas put forward. 21 people responded to this question 2. 12 people either gave a neutral response or disagreed with the suggestion 'Increased access to primary care at weekends for tourists and students' and 12 people either gave a neutral response or disagreed with the suggestion for a Health and Wellbeing hub.

There was a general acceptance from respondents that services are good but overstretched. For those that responded they receive a good service currently with continuity of care, and there was concern that some of the proposals may lose this. People felt that more could be done to raise awareness of services, either through better practice websites or with better direct communication with patients. Funding was again a key theme in this locality, with concerns about how these plans will be delivered. The key themes were:

- Staffing, recruitment and retention
- Access, parking is an issue
- Integration of health and social care

- Promotion of services

5.5 North Oxfordshire Locality

46 people registered and followed this engagement activity on Talking Health. Of these 46 people, 13 people then responded to the survey. 15 people responded to question 1. As a whole most people agreed or strongly agreed with the ideas, however, three people provided a neutral response to 'Tackle deprivation and health inequalities'. 15 people responded to question 2. The majority of respondents agreed or strongly agreed with the approaches shown. A small number gave a neutral response to 'Harnessing skills of a wider group of health professionals such as nurses and therapists, including building on successes of pharmacists and mental health workers' and two disagreed with 'Expanded primary care visiting service for older and vulnerable people. The service is made up of a team of emergency care clinicians working closely with GP practices and other community health and social care services who provide home visits to patients on behalf of their GP'

A strong theme was the future of primary care services in Banbury and the knock on impact that this may have on the Horton Hospital and Chipping Norton Community Hospital. Both hospitals are highly valued and supported, and people welcomed the idea that more services could be delivered in the community, so long as it was not at the expenses of any urgent care provision on these sites. People were very concerned that there had been insufficient time to respond to these proposals and also felt that the plans were too vague. People were keen to see more detail on how the plans would be implemented and the impact that these would have on Phase 2 of Transformation. The key themes highlighted were:

- Affordability of the plans
- Access to other health professionals
- How will you deliver the plans
- Maintain acute services at the Horton
- Improve the retention of staff
- Insufficient time to digest and respond to the plans
- Proposals are too vague to comment on

5.6 North East Oxfordshire Locality

37 people registered and followed this engagement activity on Talking Health. Of these 37 people, 19 people then responded to the survey. 21 people responded to question 1. Six people either disagreed or provided a neutral responses to the following idea 'Increased self-care and health and wellbeing support'. The remainder of the suggestions were either agreed with or strongly agreed with. 21

people responded to question 2. Whilst the majority of respondents agreed or strongly agreed with the approaches identified, a number of people did provide neutral responses to some of the questions. This may indicate there was insufficient information for them to make an informed response.

Respondents were positive about the plans and the services that they currently received, citing some welcomed initiatives including walk-in blood clinics, online services and access to nurse practitioners. There was concern about waiting times for non-urgent appointments, and the impact this has on continuity of care. Respondents were also aware of the planned increase in housing and the population growth in area and so were keen to see more clinics in the community and services at the Horton Hospital retained. Some of the key themes included:

- Training of other health professionals
- Access
- Funding
- Bring secondary care consultations to GP surgeries
- Improve mental health services
- Increase provision, due to housing and population growth

5. 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.

Appendix 1 – West Oxfordshire Locality Survey Feedback

Appendix 2 – South West Oxfordshire Locality Survey Feedback

Appendix 3 – South East Oxfordshire Locality Survey Feedback

Appendix 4 – Oxford City Locality Survey Feedback

Appendix 5 – North Oxfordshire Locality Survey Feedback

Appendix 6 – North East Oxfordshire Locality Survey Feedback

Appendix 7 – Social Media Coverage

Appendix 8 – Event Feedback

Appendix 9 – Letters and email Feedback
