Summary

Oxfordshire CCG held one event in Bicester in November 2017. The workshop allowed local people to share their views on how GP and primary care services in their localities could be organised.

This workshop and an online survey (for anyone unable to attend the workshops) follow and expand the work involving the CCG, local GP practices and patient representatives, who have been discussing plans for the future of primary care services in Oxfordshire for the past six months.

The key themes highlighted are below:

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<th><strong>Key Themes</strong></th>
<th><strong>Summary of issues</strong></th>
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| **Continuity of care**   | • Older people like to see the same GP  
                            • Long term conditions need continuity of care  
                            • Don’t care who I see as long as I get sorted  
                            • Two types of patient care demand - access without continuity and also continuity first |
| **Access to GP appointments** | • Extended access/hours services needs to be advertised more  
                                • Good triage model is important  
                                • Issue of confidentiality around receptionist triage  
                                • Train receptionist to be professional – will be better accepted by patients  
                                • Feel OK about seeing other people other than GP  
                                • Possibility of using the most efficient/appropriate member of staff  
                                • Early visiting service a ‘brilliant idea’ |
| **Structure of GP services** | • Local practices are expected to implement national initiatives without resources which increases pressure  
                                • Work as individual practices but in a loose grouping  
                                • Working well together enables services to share specialists and expertise  
                                • Branch surgeries are good for access  
                                • When surgeries merge have to pay attention to integration of systems  
                                • We don’t want to lose the good things  
                                • Share best practice |
| **IT/information**       | • Access and use of online services to save time  
                            • Text/email should be a two way dialogue  
                            • Email are not read by practice  
                            • Challenge of branch surgeries in rural locations - could benefit from technology access |
| **Transport**            | • No bus service so no point in choose and book  
                            • If I couldn’t drive I couldn’t get to Horton General Hospital because there is no bus service  
                            • Early visiting services is a good idea if you can’t drive to the GP surgery  
                            • Out of hours service difficult to get to without using |
<table>
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<th>taxi</th>
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| Bicester Community Hospital | • Under-use  
• Could become a Minor Injuries Unit  
• Does have beds but not clear what’s happening there  
• NHs doesn’t advertise itself very well  
• Needs to be a bigger hub |
| Did not attend | • Everyone should pay £10 per appointment to GP, then if you attend you get it back  
• Campaign for early appointments might help to fill gaps left by DNAs |
| Pharmacy/prescriptions | • Why do I have to go through a GP to get low level medication? A pharmacist should deal with it  
• Better use of health workers to deal with repeat prescriptions  
• Do have services in rural practices to dispense directly to homes |

A full report on this public engagement and its feedback will be published before the end of 2017. This feedback will help shape and inform the draft locality plans before they are published in January 2018 for further public comment.

Implementation of some of the proposals will begin in 2018, but the plan will be continuously revisited as further engagement helps develop it.