



A report for Health Overview and Scrutiny Committee

Primary care in Oxfordshire

October 2016

1. Purpose

The purpose of this paper is to provide an overview of general practice in Oxfordshire and to note the work that is being undertaken to ensure sustainability of General Practice. A summary of recent changes to General practices is also provided.

2. Background

The GP Forward View published by NHS England in April 2016 reiterated the importance of general practice at the heart of the NHS. It emphasised that, with a growing and aging population with complex and multiple health conditions, a personal and population-orientated primary care is central to any country's health system.

Oxfordshire currently has around 600 GPs and 300 other clinical staff working in 72¹ general practices, with a total of around 720 000 patients on their collective lists. Practices are grouped into six localities (City, North, Northeast, South East, South West, and West). They, along with the majority of the rest of healthcare in Oxfordshire, are commissioned by Oxfordshire Clinical Commissioning Group (OCCG), of which all 72 practices are members. These practices are contracted to be open to their patients from 8am to 6.30pm. Outside these hours we currently contract Oxford Health Foundation Trust to deliver out of hours services.

Primary care is largely commissioned on a 'practice list' basis, which means that GPs receive an annual amount of money for serving their registered patient list. A smaller proportion of practice funding is linked to specific outcomes and initiatives, for example the Quality Outcomes Framework, enhanced services and local improvement schemes. The vast majority of practices are run as partnerships, receiving commissioning income and premises reimbursement from the NHS and employing their own staff.

Whilst GP practices are independent contractors, the vast majority of Oxfordshire practices are also members of one of four GP federations. These federations provide patient services at scale (e.g. local urgent care hubs, home visiting and care navigator services). GPs are often also contracted to support the provision of a broader range of health services, such as the county-wide out-of-hours service, and medical support for community hospitals and care homes.

¹ CCG data 1 Oct 2016

Oxfordshire CCG took on delegated responsibility for the commissioning of general medical services from NHS England on 1st April 2016. However other primary care services still commissioned by NHS England are also key to the delivery of primary care to the population of Oxfordshire. They include² 118 pharmacies, 81 high street dental practices and 67 high street opticians.

3. Primary care delivery in Oxfordshire

3.1. GP Access survey

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices³. The most recent data collection is based on the July 2016 GPPS publication. This combines two waves of fieldwork, from July to September 2015 and January to March 2016, providing practice-level data. In Oxfordshire CCG, 20,571 questionnaires were sent out, and 8,718 were returned completed. Feedback was positive from patients with Oxfordshire CCGs results being better than the national average in all but one of the domains.

Survey questions	% who answered	CCG result	National result
Overall, How would you describe your experience of your GP surgery?	very good / fairly good	90%	85%
Generally how easy is it to get through to someone at your GP surgery by phone?	very easy / fairly easy	79%	70%
How helpful was the receptionist?	very helpful / fairly helpful	88%	87%
Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?	yes / yes, but I had to call back closer to or on the day	89%	85%
How convenient was the appointment you were able to get?	very convenient / fairly convenient	93%	92%
How would you describe your experience of making an appointment	very good / fairly good	80%	73%
How do you feel about how long you normally have to wait to be seen?	they didn't wait too long	57%	58%
Did you have confidence and trust in the GP you saw or spoke to?	Yes definitely / Yes, to some extent	97%	95%
Did you have confidence and trust in the nurse you saw or spoke to?	Yes definitely / Yes, to some extent	98%	97%
How satisfied are you with the hours that your GP is open?	very satisfied / fairly satisfied	77%	76%

² NHS E data Oct 2016

³ Ipsos MORI administers the survey on behalf of NHS England and more information can be found at <https://gp-patient.co.uk/>

3.2. Quality and outcome framework (QOF)

The QOF was introduced as part of the new General Medical Services (GMS) contract on 1 April 2004. The objective of the QOF is to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients. The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice. This Quality and Outcomes Framework (QOF) publication⁴ provides data for the reporting year 1 April 2015 to 31 March 2016.

Oxfordshire GP practices achieve better quality for their patients compare to the national average.

	Oxfordshire CCG average	England average
Total achievement	97.5%	95.3%
Clinical domains totals	97.7%	95.2%
Public Health domains totals	98.2%	98.3%

3.3. Compliance with Care Quality Commission (CQC) Standards

Registration with the CQC means that a GP practice is making a legal declaration that they meet all the CQC standards of quality and safety. Once a practice is registered, the CQC has a duty to monitor and inspect the service to make sure the practice is compliant with these standards. Where a practice is non-compliant the CQC has a range of sanctions, including withdrawing registration. The role of the CQC is to ensure that practices in England provide people with safe, effective and high-quality care, and to encourage them to make improvements. The CCG works closely with the local CQC representative to share intelligence and promote best practice.

The table below compares England performance with Oxfordshire performance. (Up to 30 September 2016)

Rating	England		Oxfordshire CCG		% difference
	No of practices*	%	No of practices*	%	
Outstanding	180/4827	4%	3/44	7%	+3%
Good	4013/4827	83%	35/44	79.5%	-3.5%
Requires Improvement	500/4827	10%	6/44	13.5%	+3.5%
Inadequate	134/4827	3%	0/44	0%	- 3%

*No of practices with rating over the number of practices inspected

⁴ <http://content.digital.nhs.uk/catalogue/PUB22266>

4. Pressures on primary care

There has been much identified nationally about the pressures on General Practice and the sustainability of the current model going forward⁵. Oxfordshire practices offer about 4 million appointments each year which may be delivered as face-to-face, telephone, or home visit consultations, by GPs, nurses, and other clinical staff. This accounts for about 70% of patient contacts with healthcare in Oxfordshire. This number is currently increasing at the rate of about 4% a year and is likely to increase further as a result of a growing and aging population. The practices are responsible for the majority of urgent appointments, prescribing, long-term condition (such as diabetes or asthma) care, end-of-life care, continuity of care, and co-ordination of care for complex patients. As such, they face challenges common to general practices across the UK, including:

- Increasing need from patients requesting same-day access for urgent care, who are generally low-intensity patients;
- Increasing need from complex, frail, or elderly patients who require continuity and co-ordination of care, who are generally high-intensity patients;
- Worsening practice sustainability due to rising costs, difficulty in recruiting or retaining staff, need to update premises and other infrastructure, and retirement of older GPs;
- Proliferation of patient contacts and multiple patient records across various organisations (general practice, hospital, mental health services, community health services, social care, and so on), leading to delays and gaps in communication, and greater difficulty in understanding and co-ordinating how care is delivered to the patient.

5. Investment for a Sustainable and Transformational Primary Care

In 2016/17 the CCG allocated an additional £4M to support a sustainable primary care. The CCG six localities were asked to submit proposals for spend against the £4million allocation to support a sustainable and transformational primary care. Following a review of the financial recovery plan by the extra ordinary CCG Board held on 25 August 2016, the following investment in primary care for 2016/17 was agreed in line with the business case presented to the Oxfordshire Primary Care Commissioning committee (OPCCC) in August 2016. Full year funding will be available for 2017/18.

Scheme	Locality	Budget for October 16 – March 17
Home visiting service	North, North East, South West, West	£407,403
Care Navigator and Social prescribers	Oxford City	£145,763
Practice Sustainability and working at scale scheme	Oxford City	£472,193
Guaranteed access to	South East	£182,000

⁵ The Kings Fund, Understanding pressures in general practice. May 2016

routine appointments		
Enhanced long term conditions management	South West	£36,000
Improving GP access	South West	£125,702
Increase in appointments from hubs	North, North East, West	£354,844
	Total	£1,723,905

6. General Practice Access Fund (GPAF)

As a result of a successful application to the Prime Ministers Challenge Fund in March 2015, the CCG has been invited to be an early participant in the Access Fund. The GP Access Fund will fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.

The new national requirements include

- weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
- appointments can be provided on a hub basis with practices working at scale.
- a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

The CCG is working with practices and Federations to ensure delivery of extended access for the population. There will be mixed delivery models across the CCG with some additional appointments provided at locality level possibly through an access hub or out of hours service and some will be provided through practices although not necessarily the patient's own practice. Patients will not necessarily see their own doctor. The patient's own practice will book the extended hour appointment at the practice/hub offering the service. Some services will be in place from 1 November 2016 with full service delivery by 31 January 2017.

7. Vulnerable Practices

Quality and primary care team leads are working closely with 11 practices currently assessed as vulnerable either due to recruitment difficulties, CQC inspection at requires improvement or quality issues. Funding from the national team has been provided for 'expert' practice management support, away days for the practice to explore new ways of working, training sessions with staff and facilitation costs. From 1 November 2016

the vulnerable practice scheme is being replaced by the General Practice Resilience Programme.

8. GP Fellowship Scheme

The first GP Fellow has been appointed and will start in November 2016. The appointee will work in practices requiring support on a series of 6-monthly placements as well as working with a federation for service redesign.

9. Patient Voice on future plans for primary care

The CCG has a Primary Care Patient Advisory Group (PAG) which has a patient representative as chair; links from each of the localities and also a representative from Healthwatch. The Primary care PAG met regularly with the Head of Primary care and Localities for the CCG. It has recently been asked to comment on the care closer to home strategy, the draft visions and outcomes for primary care in Oxfordshire and how patients could be supported to self-care where appropriate.

10. Oxfordshire Practice changes

10.1. Merger of Victoria House Surgery and Langford Medical Practice, Bicester

The merger of these two practices was affected on 1 October 2016 and the new practice has been named Alchester Medical Group. The practice has confirmed that services will continue to be delivered from both the Victoria House and the Langford premises for the time being. Any changes to longer term location of care will be made following the outcome of the NHS England Estates & Technology Transformation Fund process where a bid for a new site has been put forward.

10.2. North Bicester Surgery: Following a decision by the practice to terminate its contract, the practice closed on 30 September 2016 and the patient list has been dispersed to neighbouring practices. At the beginning of September it appeared that less than half the patients had re-registered with an alternative practice. As a result the remaining patients were contacted again urging them to re-register as soon as possible (see Appendix 1)

10.3. Deer Park Medical Practice, Witney: Following an open procurement process which resulted in no provider offering services even at a premium price, Deer Park Medical Practice will close on 31 March 2017 and its patient list dispersed. The CCG is working with the practice and its patients to ensure that the list dispersal is managed in a safe way over the next six months. We will also be working with other practices in Witney to help minimise any impact on services delivered in those practice.

Re-tendering was considered, but, given the lack of response to this procurement it was considered that a further process was not likely to produce a different result. No local practices had bid for the contract and there was no option for a merger with another practice. In the absence of any other alternative, the only available option was to close

the practice and to 'disperse' the patient list (this is asking patients to register with another practice who are still accepting patients). Ahead of the decision, other local practices were consulted on a confidential basis to confirm that there would be sufficient capacity to absorb the patients in a safe and managed way.

The PPG has been very unhappy with the lack of engagement and consultation on the closure and list dispersal. There has been coverage in the Witney Gazette, Oxford Mail and a petition has been started to halt the closure. The CCG has met with the PPG and explained the reasons for not engaging / informing them sooner and the reasons behind the closure. The reasons relate to the 'commercial in confidence' nature of the procurement process. The CCG has also presented to the West Oxfordshire District Council Economic Overview and Scrutiny Committee and its subsequent working party on the Deer Park closure. Examples of the CCG communications to patients and stakeholders can be found in Appendix 2 and 3.

10.4. Kennington Health Centre

The GPs at Kennington Health Centre have had difficulty in recruiting permanent new doctors due to a national shortage of GPs and the high workload in the practice. There are also continued increases in the work expected from GPs and the complexity of running the business side of the surgery which increase the pressure on GP partners further.

While the doctors at the surgery remain very committed to providing high quality patient care, they have reluctantly given notice to Oxfordshire Clinical Commissioning Group (OCCG) to terminate their contract to provide medical services at the surgery as they feel unable to continue to maintain the current workload.

The GPs want to continue to provide medical care to their patients without having to run the business side of the practice. This will enable the GPs to concentrate on providing clinical work while the administrative and business roles are undertaken by another provider. The GP partners have written to patients to reassure them it will be business as usual at the surgery, and that patients will continue to receive support, advice and a high level of care from doctors and all practice staff over the coming months while an option for the future is sought.

OCCG is looking at a range of options on ways to continue providing GP services at the surgery; as part of this it has started discussions with nearby practices about one of them delivering services from the Kennington Health Centre site. This option could allow current GPs at the practice to focus exclusively on providing patient care.

OCCG and practice GPs have met with the surgery's patient participation group (PPG) whose members recognise the way health services are delivered at the practice needs to change. They will be kept fully informed on developments over the coming months. The PPG have also inputted to the letter sent to all patients of the practice.

10.5. Horsefair Surgery

The partner GPs at Horsefair Surgery in Banbury are now in the final stages of arranging a new partnership arrangement with a commercial company. This means the practice will be able to continue providing services to patient's long term despite going through a difficult stage of being unable to recruit to posts left vacant as a result of retirement and ill health.

However the partners at Horsefair consider that continuing to provide a service across two sites would put the practice at risk. They have therefore requested approval to close the branch surgery at Middleton Cheney. As a result, the CCG has asked the practice to engage with patients to ensure the impact is clearly understood and arrangements are put in place to ensure everyone has access to GP services either at Horsefair's main surgery or another local practice.

10.6. Oak Tree Health Centre, Didcot: The practice has applied to reduce its practice boundary in order to ensure that it has capacity to absorb planned growth close to the practice. This was agreed, subject to formal agreement between practices in the locality about how the anticipated growth will be shared which has now been received.

10.7. A sustainable primary care in Banbury

Banbury practices have been especially affected by difficulty in recruitment over the last 6 months and as a result many have GP vacancies. One practice has its list closed to new patients, two practices are on the CCG vulnerable practices list, two practices have applied to the CCG to close their lists and one has requested reducing its boundary. All practices are reporting recruitment of GPs is extremely difficult and are looking at other ways to skill mix. The large amount of housing development is also having pressure on the practices in Banbury.

The CCG has been working with the practices to understand these pressures and develop novel ways of assisting the practices. One of the areas that is hugely time heavy is patients moving between practices. It has been agreed that Banbury patients should be encouraged not to change practices and we are supporting a process whereby inter practice transfers will only happen in exceptional circumstances. These might include the patient moving house or relationship issues with the practice. This action was proposed by the North Locality GPs as a means to avoid the need to close the lists of a further two practices and better equalise pressure and risk. The Banbury Health Centre non registered patients will continue to offer some flexibility.

11 Next steps

Primary care is being considered as part of the Oxfordshire Healthcare transformation programme. It is likely that the model of delivery will have to change in order to provide a sustainable primary care that can continue serving the population into the future. New models of delivery are likely to be through better skill mix and through alternatives to face to face appointments where appropriate. The changes will be part of the Oxfordshire Healthcare Transformation Programme.

Julie Dandridge
Deputy Director. Head of Primary care and Localities

Diane Hedges
Chief Operating Officer / Deputy Chief Executive

1 November 2016

Appendix 1

Dr Andrew Gibson
Surgery
Dr Brendan McDonald
Dr Anna Watkinson

North Bicester

Bure Park
Bicester
Oxon OX26 3HA

Julie Ford - Practice Manager

Tel: 01869 323600

Fax: 01869 323300

Date

Title Firstname Surname

Address 1

Address 2

Town

County – Postcode

Dear **Patient**,

URGENT: Your doctor's surgery is closing. Please register with a new doctor now:

We wrote to you on 22 July 2016 to inform you that North Bicester Surgery is permanently closing on Friday 30 September. You will not be able to contact anyone at the surgery after this time.

According to our records you have not yet registered with another GP Practice. It is important that you now register elsewhere, so if you become ill, you are registered with a GP practice and can be seen quickly.

If you do not register with another practice by 30 September 2016, then your medical record will be held by NHS England until you register with a new practice. Please note that if you transfer after this date, the transfer of your medical records may take longer.

There are four other GP practices in Bicester, ready to welcome new patients, including;

- The Health Centre, Coker Close, Bicester. Tel: 01869 249 333
- Langford Medical Practice, Nightingale Place, Bicester. Tel: 01869 245 665
- Montgomery House Surgery, Piggy Lane, Bicester. Tel: 01869 249 222
- Victoria House Surgery, Buckingham Road, Bicester. Tel: 01869 248585.

Registering with a new GP practice is simple. You can visit the practice of your choice and complete a form. You will need to bring a form of identification with you, such as a passport or

driving licence. You can collect a registration form from North Bicester Surgery and complete it before handing it in at your new chosen practice.

To find out more about GP practices in your area visit the NHS Choices website at www.nhs.uk
If you need further support in finding a practice, contact the Patient Services Team at Oxfordshire Clinical Commissioning Group on 0800 052 6088.

If you have recently registered with another practice, please ignore this letter, your records will be transferred as soon as possible to your chosen practice.

The decision to close the practice has not been taken lightly and we would like to thank you, our patients, for the loyalty you have shown us and the good relationships we have built with you over the years.

We are working with Oxfordshire Clinical Commissioning Group (the OCCG) to help support all of our patients during this period of change.

We thank you for your support and wish you well for the future.

Yours faithfully

Dr Andrew Gibson

Dr Brendan McDonald

Dr Anna Watkinson

Partners of North Bicester Surgery

North Bicester Surgery Information about Surgery Closure

Why is North Bicester closing?

The practice has had to take this action as a result of the continued decrease in national funding which still has a further five years of cuts to run. The three doctors have spent the last two years exploring all options for the future but on the advice of their accountant have decided that changes in the national GP contract have made the practice financially unviable and unable to recruit new doctors.

When is North Bicester Surgery closing?

North Bicester Surgery is closing on 30 September 2016.

You will continue to receive full medical care while you remain registered at the surgery.

Will I need to register at a new practice?

Yes. North Bicester Surgery will continue to provide medical care until it closes on 30 September 2016. You can register at a new practice at any time. *You will not be automatically registered at a new surgery.*

Choosing a new GP practice

There are four other GP practices in Bicester. They are aware that patients from North Bicester Surgery will be looking to register with a new GP practice and are ready to welcome new patients.

The Health Centre Coker Close Bicester, Oxfordshire, OX26 6AT Tel: 01869 249333	Victoria House Surgery 119 Buckingham Road Bicester, Oxfordshire, OX26 3EU Tel: 01869 248585
Montgomery-House Surgery Piggy Lane Bicester, Oxfordshire, OX26 6HT Tel: 01869 249222	Langford Medical Practice 9 Nightingale Place Bicester, Oxfordshire, OX26 6XX Tel: 01869 245665

How to find out about alternative GP practices

To find out about the closest GP practices in your area you can visit the NHS Choices website where you will find more information on these practices. Bicester Library can help patients who don't have online access and family and friends can offer advice too. If you need further support in finding a practice, you can contact the Patient Services Team at Oxfordshire Clinical Commissioning Group on 0800 052 6088.

How to register at a new GP practice.

You will need to complete a form to register at a new practice. You will need to visit the practice to collect and complete this form.

What will happen to my records and paperwork?

Your medical records will automatically transfer to your new surgery when you register.

Hospital and Out Patient arrangements.

Please remember to tell any hospitals you visit that that you have a new GP so that letters are correctly addressed.

What happens if I forget to register at a new surgery?

If you forget to register at a new surgery you will no longer have a GP after the 30 September 2016. Your records will be returned to a central register until called for by your new surgery when you do register.

What will happen to North Bicester Surgery staff?

Staff at North Bicester Surgery will be made redundant on the 30 September 2016. The surgery will work with all their staff to assist them; some have already secured new positions. The doctors are either retiring or pursuing other interests

What role does the NHS take in assisting the closure of Bicester Surgery?

North Bicester Surgery will work with Oxfordshire Clinical Commissioning Group (OCCG) and NHS England South (South Central) to ensure the smooth transfer of patient care and records and help patients with locating and choosing an alternative practice to move to. If you have any questions regarding the closure of North Bicester Surgery you can contact the Patient Services Team, Oxfordshire Clinical Commissioning Group on 0800 052 6088.

Appendix 2 – Briefing sent to Councillors and on CCG website

Update on Deer Park Medical Practice, Witney

Following an unsuccessful procurement process Deer Park Medical Practice will close on 31 March 2017 and its patient list dispersed. Oxfordshire Clinical Commissioning Group (OCCG) will work with the practice and its patients to ensure that the list dispersal is managed in a safe and orderly way over the next six months. We will also be working with other practices in Witney to help minimise any impact on services delivered in those practices.

All efforts have been made to secure services at Deer Park Medical Centre. The contract with Virgin Care to provide GP services at Deer Park Medical Centre, Witney, was due to expire in November 2016. OCCG and NHS England (NHSE) went through a procurement process for a new contract in March 2016. The contract value was offered at a significantly higher price than that paid to other practices in Oxfordshire as it was recognised that as an Alternative Provider Medical Services (APMS) type contract there was a shorter payback time due to a defined contract length (General Medical Services – GMS contracts are contracts in perpetuity). However, following evaluation, OCCG and NHSE was not able to award a contract.

The decision not to award the contract was taken at the Oxfordshire Primary Care Commissioning Committee which is responsible for primary care issues. Following delegation of responsibility from NHS E for primary medical services and in line with national requirements, the CCG Board does not make decisions on primary care.

Following discussions between the provider Virgin Care, OCCG and NHSE, the contract has been extended for a limited period until 31 March 2017. This will allow time for patients to choose and register with a new GP practice and to allow the three remaining GP practices in Witney which have offered to take on the care of the Deer Park Medical Centre patients, to put arrangements in place to accommodate them.

OCCG and NHSE considered re-tendering, but, given the poor response to this procurement it was considered that a further process was not likely to produce a different result. No local practices had bid for the contract and there was no option for a merger with another practice. In the absence of any other alternative, the only available option was to close the practice and to ‘disperse’ the patient list (this is asking patients to register with another practice which is still accepting patients). Ahead of the decision, other local practices were consulted on a confidential basis to confirm that there would be sufficient capacity to absorb the patients in a safe and managed way

The particular challenges to the sustainability of small practices are well documented e.g. in the Nuffield Trust report *Securing the Future of General Practice* the need to develop larger-scale organisations is identified as a pressing priority for primary care. In Oxfordshire, it is noticeable that the number of smaller practices is declining steadily as they have either merged with other practices or closed over the past few years.

OCCG and NHSE have met with the practice patient participation group and will continue to meet with them over the next six months. A letter has been sent to patients registered at the Deer Park Medical Centre to update them on the current situation.

A letter to patients reassures them that the practice will remain open until the end of March 2017 and they do not need to take any action at the moment. A further letter will be sent to patients early in the New Year with more detailed information about registering with a new practice.

For further information please contact Julie Dandridge, Deputy Director Delivery and Localities, Head of Primary Care at Oxfordshire Clinical Commissioning Group julie.dandridge@oxfordshireccg.nhs.uk or call 01865 336861.



Oxfordshire

Clinical Commissioning Group

**To all patients of the Deer Park
Medical Centre, Witney**

Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford
OX4 2LH

Telephone: 01865 336800

22nd September 2016

Dear Patient,

Re. Future of the Deer Park Surgery

As you may be aware, the contract to provide GP services at Deer Park Medical Practice was recently put out to tender as it was due to expire. Unfortunately, despite prolonged negotiations no contract was awarded and having considered all possible alternatives Oxfordshire Clinical Commissioning Group (CCG), supported by NHS England, have decided to close the practice. We understand that this decision will be distressing to patients of Deer Park, but we feel that this is the only realistic option available.

Please note that you do not need to do anything at this stage. We have recently agreed with Virgin Care that the current contract can be extended until **31st March 2017** in order to ensure that all patients have plenty of time to choose and register with another practice. This will also enable other local practices to be fully prepared for receiving new patients when Deer Park closes. This means that you can continue to be seen by your GP at the Deer Park surgery where services will continue as usual.

We will be writing to you again in **January 2017** to provide you with more detailed information about other local practices and how to register with them. During this period of change, Oxfordshire CCG and NHS England will continue to work with the Deer Park practice and the Patient Participation Group to support all of our patients, including

providing you with all the information, advice and support that you will need to find an alternative practice and, when you move practice, ensuring the smooth transfer of your care and your patient records.

Oxfordshire CCG is also working closely with the three other GP practices in Witney, all of whom have confirmed they are very keen to take on new patients. The Windrush Medical Practice, Nuffield Health Centre and Cogges Surgery have all confirmed they will have plenty of capacity to welcome new patients.

Although there is no immediate need for you to change practices, if you would like to find about the closest GP practices in your area you can visit the NHS Choices website via <http://www.nhs.uk/Service-Search/GP/LocationSearch/4> to find a list of practices and contact details. Alternatively, you can contact the **Patient Services Team** on **0800 052 6088** who will be able to give you information about GP practices closest to where you live and will also be able to answer any questions you have regarding the closure of Deer Park Medical.

If you would like to discuss this with a patient representative from your practice, the Chair of the Deer Park Patient Participation Group, Mrs Brenda Churchill, can be contacted on 01993 704752.

Yours faithfully

Diane Hedges

Director of Delivery & Localities