OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 SEPTEMBER 2026

Report of the Joint Health Overview and Scrutiny Committee Primary Care Access and Estates Working Group

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATIONS

1. The Committee is **RECOMMENDED** to:

a) **RECEIVE** and **ENDORSE** the Joint Health Overview and Scrutiny Committee (JHOSC) primary care and estates Working Group report found in Annex 1.

b) **AGREE** to the recommendations outlined in the Working Group report and for these to be issued to the Thames Valley Integrated Care Board.

c) **AGREE** to share this report and its findings with the Secretary of State for Health and Social Care.

d) **AGREE** to share this report and its findings with the Oxfordshire Health and Wellbeing Board.

e) **AGREE** to **DELEGATE** to the Health Scrutiny Officer to arrange for this report to be graphically finalised, and for a graphical and accessible version of this report to be published in the November JHOSC public meeting.

f) **NOTE** the formal closure of the Joint Health Overview and Scrutiny Committee primary care access and estates Working Group.

Executive Summary:

2. This report introduces the Committee to the work, findings and recommendations of the JHOSC Primary Care Access and Estates Working Group (Annex 1).

3. The Working Group was established to support the Committee's scrutiny of primary care access and the condition, capacity and suitability of the primary care estate across Oxfordshire, including how system partners are responding to pressures in access and premises and what plans are in place for improvement.

4. The report in Annex 1 sets out the key themes emerging from the working group's work, and its findings and recommendations for the Committee to consider.

5. The Committee is asked to receive and note the Working Group's update report and to consider the findings and recommendations within Annex 1. The Committee is also asked to allow the Working Group members to conduct two further planned site visits (on behalf of the wider Committee) to Bicester Health Centre and Newbury Street Practice.

Background and work undertaken:

6. The JHOSC Primary Care Access and Estates Working Group was established by the Committee to undertake detailed work on issues relating to access to general practice and primary care estates, and to report back to the Committee with findings and recommendations.

7. The Working Group's remit includes understanding the current position on access (including variation across localities and groups of patients), reviewing the capacity and condition of primary care premises, and considering the plans of system partners to improve access and address estates constraints. The group has gathered evidence through engagement with relevant NHS partners and by reviewing available performance and estates information.

8. Since its formation, the Working Group has continued its programme of evidence-gathering and discussion on primary care access and estates, supported by officers.

9. The report in Annex 1 contains some key findings of the Working Group and summarises the key themes emerging from the Group's work, including issues raised in relation to access routes and patient experience, and the constraints and opportunities associated with the primary care estate.

10. Annex 1 also sets out the Working Group's recommendations on GP services and estates matters for the Committee to consider and submit to the Thames Valley Integrated Care Board.

Sharing findings of the inquiry with the Health and Wellbeing Board

11. As indicated above, it is also important that the Working Group's report and findings are shared with the Oxfordshire Health and Wellbeing Board, on the basis that the evidence considered by the group points to significant and interrelated challenges within primary care and general practice services. These include pressures around access, capacity, patient experience, premises constraints and the ability of services to respond consistently to population growth and changing patterns of need. These issues are not simply operational matters for individual practices or for the Integrated Care Board in isolation; they are central to the wider place-based planning of health, care and prevention in Oxfordshire.

12. This is particularly important in the context of neighbourhood health planning. National policy is clear that neighbourhood health is intended to shift care closer to home, improve access, strengthen prevention and support more integrated

working between the NHS, local government, social care and wider partners. The Government's Neighbourhood Health Framework defines the roles of Integrated Care Boards, local authorities, Health and Wellbeing Boards and other partners in the development and implementation of neighbourhood health services.

13. The Local Government Association has also highlighted that Health and Wellbeing Boards have a critical role in leading the development of neighbourhood health plans through local evidence, partner alignment and coordinated action. It is therefore appropriate for the Committee to ensure that the Working Group's scrutiny findings are brought formally to the attention of the Oxfordshire Health and Wellbeing Board, so that the challenges identified in relation to GP access and the primary care estate can inform neighbourhood-level planning at the point when that planning is being developed, rather than being considered separately or retrospectively.

14. Sharing the report with the Board would also help ensure that neighbourhood health planning in Oxfordshire is grounded in the experience of residents, the evidence gathered through health scrutiny, and the practical constraints facing primary care, particularly where estates, workforce, digital access and service integration will affect the feasibility of delivering more care closer to home.

Sharing findings of the inquiry with the Secretary of State for Health and Social Care:

15. It is also appropriate and timely for the findings of the Working Group's inquiry, together with the recommendations being made to the Thames Valley Integrated Care Board, to be shared with the Secretary of State for Health and Social Care. The issues considered by the Working Group are local in their evidence base, but they speak directly to national questions about the future sustainability, accessibility and configuration of primary care.

16. The Group heard evidence of significant and persistent pressures within general practice and primary care services, including pressures on access, workforce, digital routes into care, estates capacity, premises suitability, population growth and the ability of primary care to support a wider shift of activity out of acute hospitals and into community-based settings. These are precisely the kinds of issues which the Government's current programme of health and care reform is seeking to address. The 10 Year Health Plan for England sets out a national direction based on three major shifts: from hospital to community, from analogue to digital, and from sickness to prevention.

17. The Government's Neighbourhood Health Framework and subsequent NHS England guidance also make clear that neighbourhood health is expected to be a central mechanism for delivering more integrated, preventative and accessible care closer to home, and that Integrated Care Boards, local authorities, Health and Wellbeing Boards and other system partners will need to work together to develop local neighbourhood health plans and delivery models.

18. In that context, the Committee's findings are likely to be of wider relevance because they show how national ambitions around neighbourhood health, community-based care and strategic commissioning will depend in practice on the capacity, condition and resilience of local primary care infrastructure. Sharing the report with the Secretary of State would therefore provide locally gathered scrutiny evidence at a point when national policy is actively being translated into implementation guidance, commissioning reform and estate planning. It would help demonstrate that the success of national reforms will depend not only on new models of care, but also on whether existing general practice and primary care services have the premises, workforce, digital systems, investment routes and commissioning support needed to fulfil the expanded role being envisaged for them. It would also enable the Secretary of State to consider the Committee's recommendations as part of the broader national conversation about the future of primary care, the development of neighbourhood health centres, the strategic commissioning role of ICBs, and the practical conditions required to make the shift from hospital to community meaningful for residents.

Legal implications:

19. The establishment of this Working Group has been undertaken pursuant to Part 6.1B of Oxfordshire County Council's Constitution which states that: 'Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.'

20. There are no other direct legal implications arising from this report relating to the existence of this Working Group or its interim report and recommendations to the wider Committee.

    Legal Comments:
    Jay Akbar – Head of Legal & Governance

Financial implications:

21. There are no direct financial implications arising from the existence of this Working Group or its report and recommendations to the wider Committee.

    Comments checked by:
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Anita Bradley
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Annex 1: Report of the Oxfordshire JHOSC Primary Care Access and Estates Working Group.

Please note: The Report of the Working Group has its own set of annexes labelled A-E.

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