



Oxfordshire Joint Health Overview and Scrutiny Committee

Date of meeting: 18 April 2024	Paper no:
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Title of paper: Oxfordshire General Practice provision and access
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Paper is for:	Discussion	✓	Agreement		Information	✓
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Purpose of paper: The paper sets out the key aspects of the provision of primary care services in Oxfordshire, specifically general practice services. It includes access data as well as reference to Oxfordshire practice workforce and estates. It builds on the work of the draft Primary Care Strategy. The paper is presented to provide Members with data relating to provision of services

Recommendations Members of HOSC are invited to note the contents of this update paper.
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Authors:	Julie Dandridge. Head of Primary Care Infrastructure Head of Pharmacy, Optometry and Dentistry, NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
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Date of paper: 3 April 2024

Oxfordshire General Practice provision and access

1. Introduction

This report is provided to the Joint Health Overview and Scrutiny Committee for information and discussion. The paper sets out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It provides an update to the paper presented in May 2022.

2. Context

As of 1 April 2024, Oxfordshire has 64 General Practices providing general medical services to between 3,500 and 42,000 individuals. The reduction in the number of practices follows two separate practice mergers in Oxford City – 27@Northgate and 28@Northgate; St Bartholomew’s Medical Centre and Hollow Way Medical Practice. In both cases there was no change to the provision or location of services. Merging of two practices can often strengthen the resilience of smaller practices and allow more services to be provided.

In October 2023 there was the closure of Botley Medical Centre following the hand back of the contract by the partners. As a result, the ICB worked with local practices to secure the continued provision of services from both the Elms Road and Kennington site. The practice team at the Manor Surgery in Headington now provide services to patients from the Kennington Health Centre site, while the team at 19 Beaumont Street, (now Beaumont Elms Practice), provide services to patients jointly from the Botley Medical Centre and 19 Beaumont Street sites. Feedback from patients and staff has been very positive following this change.

3. Improving capacity in general practice

In May 2023 the national ‘Recovery and Access Primary care programme’¹ (PCARP) was launched which defined actions to be taken to ensure improved access and capacity to general practice. A full report² on progress was presented to the Integrated Care Board (ICB) board in November 2023.

The PCARP plan focused on four main initiatives including empowering patients, implementing modern general practices access, building capacity and cutting bureaucracy. Details of the 2024/25 programme are expected soon.

One of the features of the PCARP plan was to ensure cloud-based telephony was in place across all practices. This enables call back functions and ‘off site’ use and allows call volumes to be monitored. By the end of March all practices in Buckinghamshire, Oxfordshire and Berkshire West (BOB) will have this functionality.

¹ <https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf>

² <https://www.bucksoxonberksw.icb.nhs.uk/media/3478/20231121-bob-icb-board-item-11-primary-care-access-and-recovery-plan.pdf>

The next step is for the ICB to support practices to make more use of the functionality making it easier for patients to contact GP practices by telephone together with using other solutions like the NHS app and online consultations.

4. BOB Primary Care Strategy

The ICB has put primary care at the heart of transformation with the development of a primary care strategy³ to transform general practice, community pharmacy, optometry (eye care) and dentistry.

The strategy has been developed with the support of health and care partners and local people to meet the challenges facing primary care, including high demand and reduced access to these services, an ageing population requiring more complex care, and workforce pressures around recruitment and retention of staff.

This programme of work is underpinned by the ICB's [Integrated Care Strategy](#) and [Five-Year Joint Forward Plan](#) published last year (2023). These set out an ambition to integrate primary care with community services across the ICB and to develop new ways of providing care for patients.

The **draft Primary Care Strategy** outlines three priorities to help deliver these ambitions:

- to improve access so patients get the right support first time to manage their health and wellbeing;
- to develop proactive and personalised care in the community setting for patients with complex health needs;
- to prevent ill health by using and sharing data with our partners about the health needs of local communities.

To help deliver these priorities we are proposing to develop the following services:

- Non-complex same day care
- Integrated Neighbourhood Teams
- Prevention; with an initial focus on cardiovascular disease

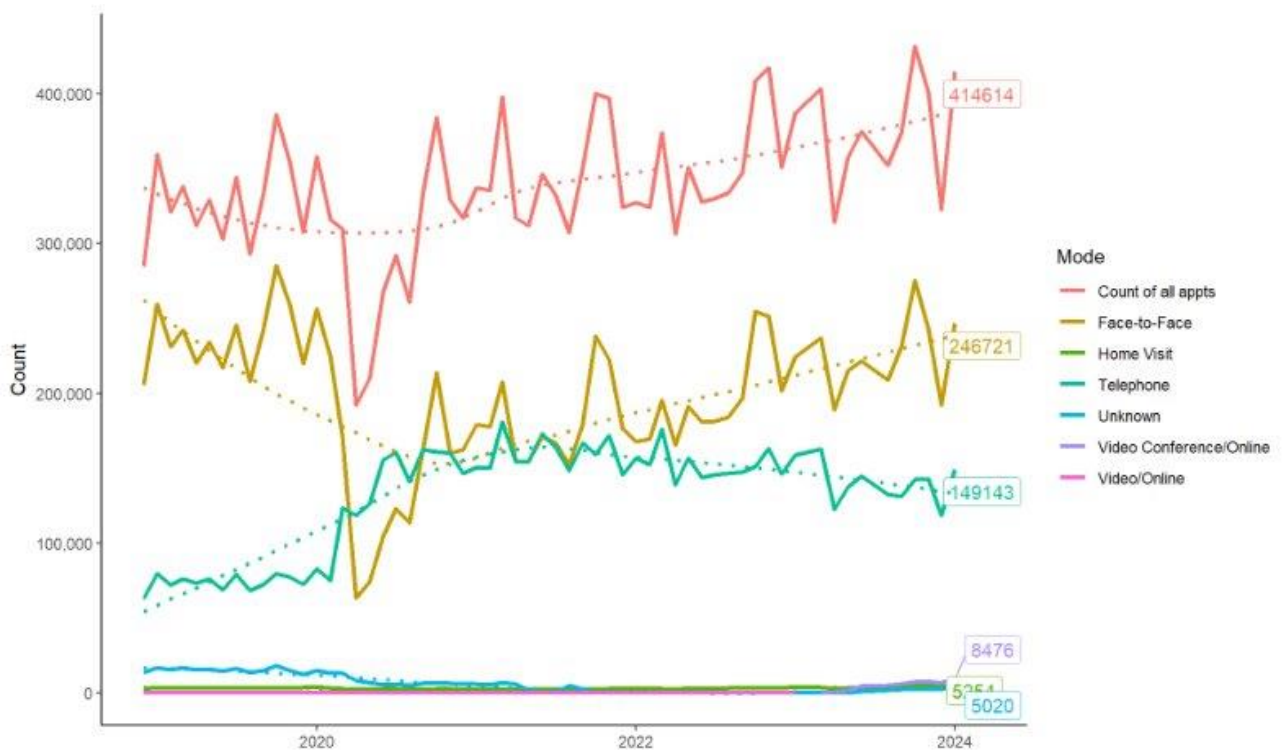
The strategy is currently in draft and been subject to extensive engagement. The final strategy should be available in May 2024.

5. GP Appointments

Appointments in General Practice are collected and reported nationally each month⁴. The graph below sets out the appointments since December 2019.

³ <https://yourvoicebob-icb.uk/engagementhq.com/primary-care-strategy>

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>



Graph 1 General Practice appointments by mode

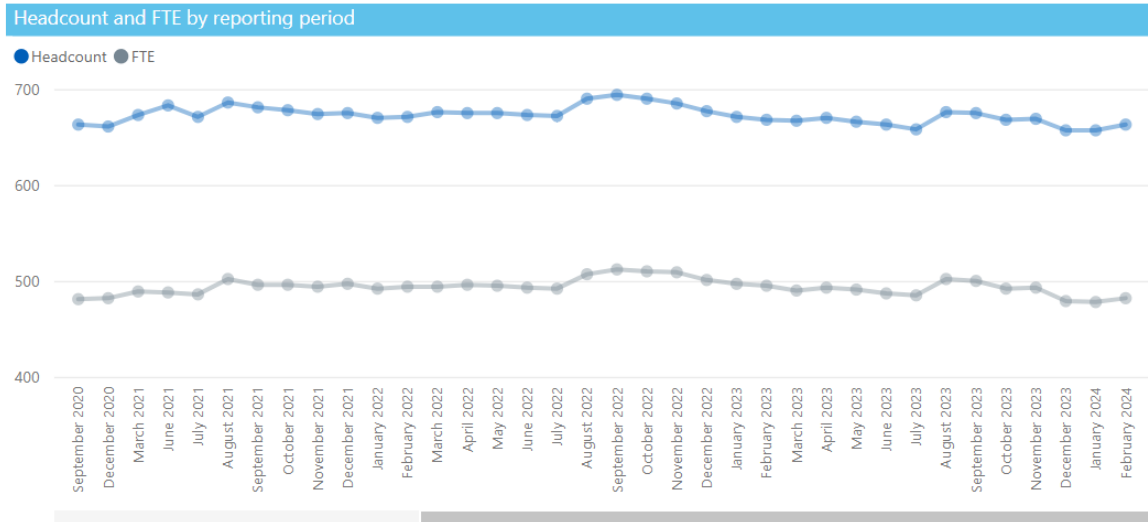
In Oxfordshire appointment levels have been sustained at pre pandemic numbers since September 2020 with the number of appointments being delivered increasing over time. The appointment patterns follow the seasonal trends seen in previous years and the majority of appointments are delivered face to face and this proportion is still increasing.

A recent focus has been to ensure that those patients that need an appointment with their GP practice gets an appointment within 2 weeks where appropriate and that those who contact their practice urgently are assessed the same day or next day according to clinical need. 86% of Oxfordshire patients are seen within 2 weeks of contacting their practice which compares favorably with the national position of 84% with 45.4% being seen on the day compared to the national position of 44.7%.

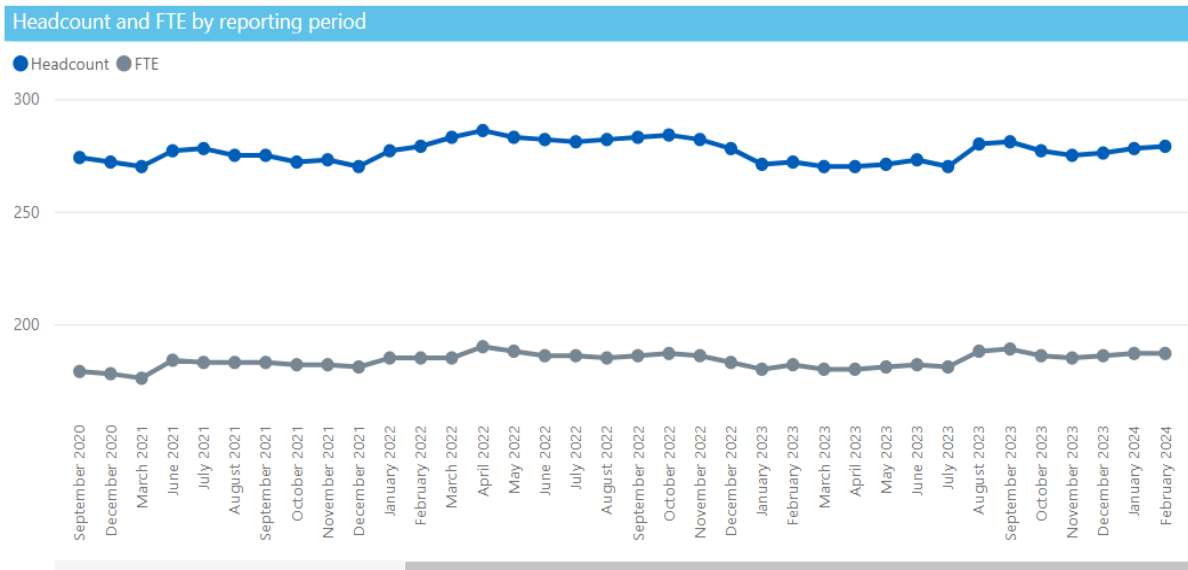
6. General Practice workforce

Practices are individual businesses and as such are able to decide on the number and type of staff that they employ. Data shows that Oxfordshire has slightly more GPs per 10k patients than the national average but slightly less nurses although the number of nurses and GPs have been slowly decreasing over time despite the demand for

appointments increasing⁵. However the number of additional role reimbursement scheme (ARRS) staff has increased from 313 in April 2022 to 339 in March 2024. From April 2024 Primary Care Networks will have more flexibility on how they use their ARRS funding.



Graph 2 Oxfordshire GP Headcount and full time equivalent (FTE)

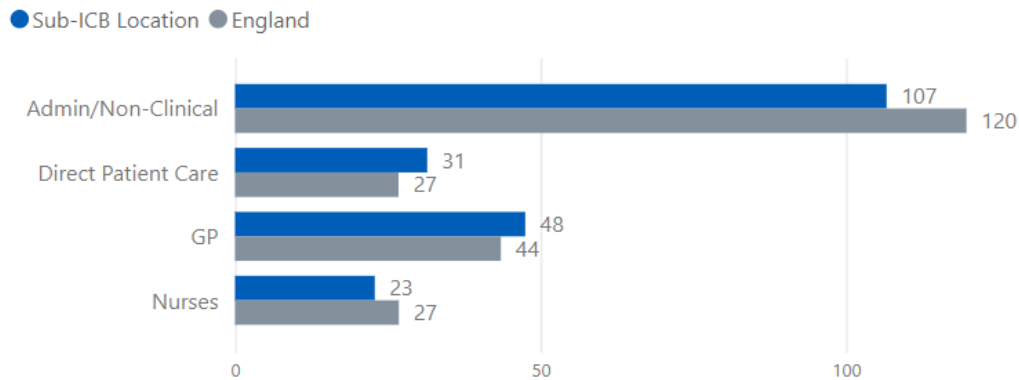


Graph 3 Oxfordshire primary care Nurse Headcount and full time equivalent (FTE)

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<https://app.powerbi.com/view?r=eyJrIjoiZTEwODNkOTItZjVmYS00OTNjLWJhNDkNjkdYTRI0GY3Njg4IiwidCI6IjM3YzMIjG1YjAtNDdmNSIiMjIyLTA3YjQ4ZDc3NGVIMyJ9>

Staff FTE per 100,000 patients, Sub-ICB Location and England



Graph 4 Oxfordshire primary care staff per 100,000 pts

There are a number of schemes in place to improve the recruitment and retention of general practice staff including a GP retainer scheme which provides more flexibility and training support for those GPs thinking of leaving the profession and a new to practice fellowship scheme open to doctors and nurses who are new to general practice.

Alongside this there are both national and local training schemes (Care Navigator training) for practice staff including receptionists to ensure that patients are triaged to the most appropriate person or place first time.

7. Primary care Estate

7.1. Current context

It is recognised that many GP premises across BOB need additional capacity and modernisation, due to the mix of house conversions or older purpose-built surgery buildings not designed for modern day healthcare. There are currently 154 practices across BOB operating out of 223 practice sites. Very few have room to expand which means practices have outgrown their existing space.

The draft BOB Primary care Strategy recognises that primary care estates is becoming pressured from population growth as well as less fit for purpose over time. A lack of capital, the high rental costs and lack of suitable options make investment and improvement in primary care estates difficult.

Despite this Oxfordshire has seen two major expansions in primary care estate over the past two years.

Development	Year	Type
Northgate Health Centre new build	2022	Part of a 4-storey mixed use new development in heart of Oxford City co-locating 3 practices.
Wantage Health Centre extension	2023	Significant extension and remodelling of existing

		premise housing two practices
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Table 1: Oxfordshire new primary care developments

Furthermore, after extensive work and negotiations with the medical estates developer of the site, and due consideration of the significant needs of the increasing Didcot population, the executive Board of BOB ICB has accepted the business case for the GP new building on the Great Western Park housing development. The ICB has agreed to provide the required revenue funding to add to the capital contribution resulting from a S106 Agreement.

The project now requires full planning consent and a series of legal agreements (between Vale of White Horse District Council, the ICB, the Woodlands Medical Centre, the medical estates developer and NHS England) before a construction tender can be entered into and building work started.

7.2. Health service planning

The ICB is a duty-to-cooperate prescribed body under the Town and Country Planning (Local Planning) (England) Regulations 2012 and as such local planning authorities and county councils are under a duty to cooperate with the ICB on strategic matters that cross administrative boundaries.

As a result the ICB has regular meetings with local Council partners in Oxfordshire to ensure that primary healthcare is considered in planning. The ICB is also invited to attend a regular planning forum, which is formed by all Oxfordshire authorities and coordinated by Oxfordshire County Council Public Health team.

In 2023/2024, the ICB reviewed more than 11 Oxfordshire draft local plan and/or neighbourhood plan documents and made formal representation to 4 consultations including both local plans and neighbourhood plans, which have implications for primary healthcare in the local area, including:

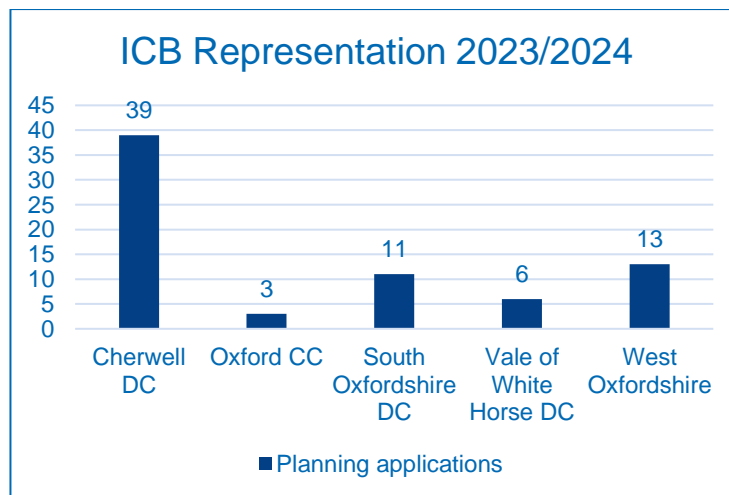
- Oxford Local Plan 2040 Regulation 19 consultation
- South Oxfordshire and Vale of White Horse Joint Local Plan 2041 Preferred Options Regulation 18 consultation
- Mid-Cherwell Neighbourhood Plan 2040 Regulation 14 consultation
- Heyford Park Neighbourhood Area Designation application



Graph 5 ICB representations on Oxfordshire planning in 2023/24

Despite the ICB not being a statutory consultee in planning applications the ICB is proactively work with local Council partners to ensure appropriate primary healthcare mitigation is identified for those strategic and major developments within Oxfordshire. Mitigation may include the provision of land and/or a new facility and/or financial contributions towards primary care estate projects of existing premises. Currently, the ICB is responding to those major developments which have more than 50 units or have significant impact on a local Primary Care Network (PCN).

In 2023/2024, ICB has provided comments on 72 planning applications including pre-applications in Oxfordshire.



Graph 6 ICB representations on Oxfordshire planning applications in 2023/24

7.3. Developers Contributions

The ICB considers many requests for expansion/extension of GP premises some of which can be funded or part funded by housing developer contributions through the Town Planning system. However, these contributions are not generally easily

allocated nor sufficient to fund major new build projects in areas of significant population growth.

Healthcare has been allocated 20% of the infrastructure proportion of Community Infrastructure Levy (CIL) funding from South Oxfordshire District Council and Vale of White Horse District Council for primary healthcare projects supported by ICB.

These contributions have currently been approved for extensions to two existing practice estate in Abingdon as well as for the Great Western Park development with plans emerging for Henley and other areas.

8. Next steps

The Primary Care Strategy will be instrumental to ensuring we have a resilient and efficient primary care services across BOB. Once approved by the ICB Board, the Primary care strategy will be implemented using the principles of quality improvement in order to drive change. The ICB will oversee delivery of the strategy at a local level, whilst empowering staff working in primary care and system partners to make the required changes where necessary. There is already good practice across Oxfordshire such as the Same Day Urgent hub in the south east of the City and integrated neighbourhood teams in Bicester, Banbury and Headington. The aim will be to spread this good practice.

A key part of the strategy and things we have heard from the feedback is the need to engage more with the patients and public so that they understand what services are available and how to contact them when needed. This will include when they can self refer without having to visit the GP practice. As mentioned practices are also training up their reception staff so that they can direct patients to the right person and place.

Digital tools can provide a way of streamlining processes for both the patient and the practice although it is recognised that not all individuals will wish to use a digital/online route. The ICB will continue to promote the use of the NHS app as its functionality increases (including ability to track prescription requests between a GP practice and a community pharmacy and being able to book appointments through the NHS app). There are also good examples of where Patient Participation Groups are actively supporting others with use of the app. A scheme to allow patients to register online with a practice (rather than needing to visit a practice) is also being rolled out.

In order to increase capacity in general practice it is important to consider all of our healthcare professionals. The newly introduced Pharmacy First scheme allows community pharmacies to assess and if appropriate treat patients for 7 common conditions. This scheme launched in February 2024 and work will be done to ensure it is fully embedded so releasing pressure on general practice.