



## Oxfordshire LMC Chair's statement for JHOSC, November 2021

2021-11-18

by email

Dear Councillor Jane Hanna (OBE), Chair of Oxfordshire JHOSC.

for attention of: Oxfordshire JHOSC.

I write on behalf of Oxfordshire LMC, the statutory body that represents Oxfordshire GPs within the NHS, regarding continued closure of certain specialties to routine referral at our local NHS Foundation Trust.

### Background

In April 2020 the pandemic necessarily resulted in much reprioritization of services. Throughout 2020 and into 2021, many of our patients, although non-urgent, still needed specialist input or advice. Recognizing this, NHSE's Primary Care team advised "GPs should continue to refer patients to secondary care using the usual pathways" on 16th April 2020 (1). Unequivocal guidance to both primary and secondary care followed on 29th April 2020, advising GPs to "make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate" (2).

By June 2020, neighbouring hospital trusts had reconfigured their services and were open to all routine referrals via the NHS eReferral System. These organizations were honest about the long waits patients would face, but shared this burden and provided vital specialist oversight for patients on their waiting lists, as was expected of them. The Oxford University Hospitals NHS foundation trust (OUH) was the exception, and refused to reopen several specialties for routine referral. This remains the case to this day.

We are now over a year into this pandemic, and Oxfordshire GPs are still unable to refer routinely to certain specialties at OUH. Routine ophthalmology (cataract surgery), ENT and maxillofacial outpatients clinics remain closed. Requests for explanation from the Trust have not been answered in any substantive or reassuring fashion. There does not appear to be a robust recovery plan. We have reached a situation where it appears the trust is either unable or unwilling to resume this routine work.

## **Actions taken by Oxon LMC**

To raise these concerns, Oxon LMC have throughout the pandemic remained in regular contact with commissioners and with the OUH directly. We have done this as clinicians, in line with GMC guidance on raising and recording concerns, which requires us to work collaboratively with local colleagues before escalating elsewhere.

In September 2021, Oxon LMC committee directed the LMC secretariat to make contact with CQC, in order to raise concerns about service provision at one of the large acute trusts in our area – the OUH. This was done by contacting the CQC Head of Hospitals Inspection for Thames Valley, by email/Teams, and by letter.

Specifically, with reference to the CQC's 5 Key lines of enquiry, we have drawn attention to the "Responsive" domain: *"Responsive = services are organised so that they meet your (i.e. patients') needs."*

We have requested that the CQC look closely at service provision in certain specialties (as detailed above). The OUH is commissioned to provide basic secondary care to the local population, and in these specific areas, it appears that it is not delivering.

The trust has previously been judged as "requires improvement" in the "safe" and "well-led" domains, but it has been judged as "good" under "responsive". However, this does not reflect the availability of basic services to meet the needs of our local population. I can only speculate that the OUH may assume this work can go elsewhere – but many of these patients cannot, and it is not good patient care to expect them to travel unnecessarily, or to fragment the care of complex patients with multiple comorbidities so that they see some specialties in Oxford and others elsewhere.

As we move into a more integrated care system, it is more important than ever that NHS Foundation Trusts treat the basic needs of their local populations as their core mission, not as an inconvenience or an externality. Oxon LMC looks forward to working together with you, with commissioners, and the trust, to reach a better outcome for our local population.

Yours,

Dr Raman Nijjar, Chair, Oxfordshire LMC.

1. Issue 19: NHS England Primary Care Bulletin – 16 April 2020\_ *"guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals. Therefore, GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds (taking into consideration need for non face to face consultations, likely delays in recommencement of routine elective activity, and communicating likely delays to patients at point of referral)."*  
<https://www.england.nhs.uk/coronavirus/primary-care/other-resources/primary-care-bulletin/>
2. [Coronavirus » Second phase of NHS response to COVID-19: Letter from Sir Simon Stevens and Amanda Pritchard](https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/) - "make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate"  
<https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>