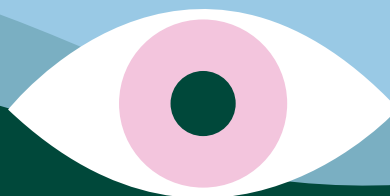
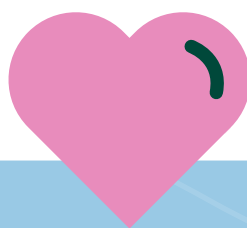


July 2023

# Oxfordshire Joint Health Scrutiny Committee (HOSC)



**Annual Report**

2022/23



OXFORDSHIRE  
COUNTY COUNCIL

# 1 Chair's introduction

**This annual report comes after a year where a number of critical themes for health services have converged – the creation of the local integrated care system (ICS), trying to return to ‘business as usual’ with pre-pandemic serious issues (flagged nationally by previous HOSC committees since 2016) and COVID-19’s enduring effects across the country on waiting lists, staffing levels and wellbeing and the economy and labour market.**

These issues have posed unprecedented challenges for health services in maintaining service levels to local residents, and to those residents who have faced delays and disruption at times to their care, and also the voluntary sector organisations working alongside them. They have required a greater level of involvement by the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) to fulfil its role to be a democratically underpinned ‘critical friend’ to those providing health services to our residents.

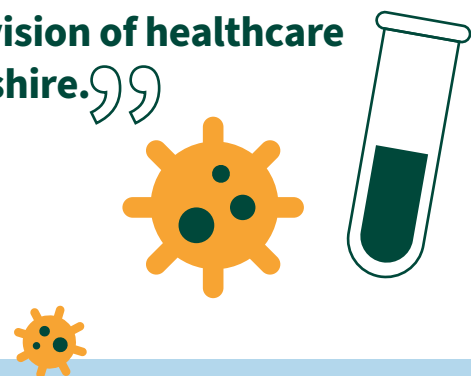
The formal establishment of integrated care systems (ICSs) on 1 July 2022 as a result of the Health and Social Care Act 2022, has made 2022/23 a challenging but exciting year for the HOSC, as it looks to scrutinise a wider - yet still evolving - ICS and introduce itself to key system personnel and structures.

While moving forward, the role of HOSCs remain very unclear in national guidance relating to the Secretary of State’s power to intervene, the Oxfordshire Joint HOSC has built up stronger relationships with different parts of the system to collaborate and produce a number of valuable, in-depth, scrutiny reviews.

As a product of this the committee has made 13 formal recommendations to health partners and cabinet and provided critical feedback on proposals, most of which have been accepted. These range from primary care, to dentistry, maternity services, the Integrated Improvement Programme and stop smoking services.

Reflecting this greater involvement and activity, I want to place on record my thanks to all the committee members, especially those who have volunteered on working groups in between full committee. I believe we are a great and maturing team with an increasingly good overview as to the factors which affect the provision of healthcare across Oxfordshire. It is standard procedure for the vice chair of the committee to rotate between district and city council members. I would therefore like to put on record particular thanks to Cllr Paul Barrow as 22/23’s vice-chair for being such a strong source of support over the last year. With other departures, the committee also said goodbye to its longstanding and deeply appreciated co-opted member, Dr Alan Cohen. The people of Oxford are fortunate to have had such a knowledgeable and hard-working champion working on their behalf.

“We are a great and maturing team; with an increasingly good overview as to the factors which affect the provision of healthcare across Oxfordshire.”





“2022/23 has been a challenging, but exciting year for the HOSC.”

Furthermore, I wish to name a few colleagues from across the healthcare system who have supported the committee’s business, though the committee is acutely aware that there are many people who support them behind the scenes too.

- Ansaf Azhar** (Director of Public Health, Oxfordshire County Council)
- Karen Fuller** (Director of Adult Social Care, Oxfordshire County Council)
- Dan Leveson** (Place Director, Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board (BOB ICB))
- Julie Dandridge** (Deputy Director, BOB ICB)
- Sam Foster** (Chief Nursing Director, Oxford University Hospitals NHS FT)
- Dr Ben Riley** (Managing Director, Oxford Health NHS FT)
- Helen Shute** (Community Services Programme Director Oxford Health NHS FT)
- Will Hancock** (Chief Executive, South Central Ambulance Service)
- Rosalind Pearce and Veronica Barry** (Executive Directors, Healthwatch Oxfordshire)

Thanks go also to Oxfordshire County Council cabinet members who have participated regularly in meetings and liaison with the committee including Mark Lygo (public health); Tim Bearder (adult social care) and also to Judy Roberts (Oxfordshire County Council and Vale of White Horse district cabinet member who took part in the primary care deep dive workshop which gave consideration to the particular case of GP estate provision in Didcot).

Particular thanks must go to Eddie Scott, the committee’s scrutiny officer. Although he has left his post at Oxfordshire, he deserves special mention for his exceptional contribution to the work of HOSC. Without him many of the HOSC’s successes would not have been possible.

The fundamental purpose of the HOSC is to provide democratic oversight into the provision of our health services and to provide an alternative door for residents to share their concerns. Consequently, I am also grateful to the members of the public that have engaged with the HOSC, either by talking to or writing to the committee. This includes engagement from local stakeholders - Wantage Town Council Health Sub-Committee, Keep our NHS Public Oxfordshire, Keep the Horton General, and Didcot Against Austerity.

**Councillor Jane Hanna OBE**  
Chair of the Oxfordshire Joint Health  
Overview and Scrutiny Committee 2022/23

# 2 About the committee

**The Joint Health Overview and Scrutiny Committee is administered by Oxfordshire County Council and made up of 15 members. It draws its membership from the county council, the city and district councils within Oxfordshire (Cherwell, Oxford city, south Oxfordshire, Vale of White Horse, west Oxfordshire), plus three non-councillor co-opted members.**

The HOSC is fundamentally not a decision-making body. It does not have the power to directly change policy. Its remit is to scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authorities and the ability to bring those involved in those areas before it to discuss specific health services, using their knowledge and experience, and their position as democratically elected members, to be a 'critical friend'.

The most formal outcomes of the HOSC come in the form of written recommendations to specific service providers, making suggestions as to ways in which those services might be improved. Scrutiny's power to influence policy lies in identifying practical ideas for local improvement and making a clear case for them. Those to whom recommendations are sent must respond to the HOSC in writing, usually within 28 days, the responses of which are published and form part of the public record.

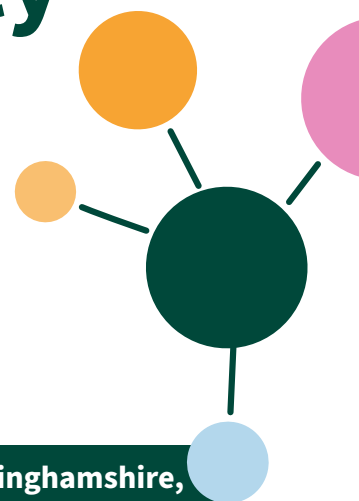
The committee's power is also to give improved clarity where local improvements are constrained by national powers, resource and guidance.

The committee has been able in these cases to make these local findings and correspond with government to seek support for local improvements. These have notably included consultation and improved clarity for democratic scrutiny; workforce planning; national contract arrangements for dentistry and devolution of capital funding for primary care estate.



# 3 Summary of activity

## HOSC activity in brief



The committee has met on six occasions over the course of the last municipal year, more than is required. I has scrutinised 27 substantive items, including topics such as

- Emotional wellbeing of children
- The Integrated Care Programme
- The ICB's public engagement strategy
- The development of the ICB
- Winter pressure readiness
- Muscular skeletal service
- Health inequalities in rural areas
- Tobacco control
- South Central Ambulance Services' Improvement Programme
- Access to primary care
- Dentistry provision
- Engagement proposals concerning Wantage Hospital



### i. The development of Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC)

A major development this year has been the launch and the formalisation of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC). The committee is made up of councillors from Oxfordshire County Council and the unitary authorities of Buckinghamshire, west Berkshire, Wokingham and Reading and looks to scrutinise the integrated care system at a 'system' level, (rather than place-based issues which are reserved to the OJHOSC).

Following two informal meetings of the BOB JHOSC in previous years, the committee held its first formal meeting on 25 January 2023 in order to scrutinise the forthcoming BOB integrated care partnership strategy. At the meeting Cllr Jane MacBean, Buckinghamshire County Council, and Cllr Jane Hanna, Oxfordshire County Council, were elected as chair and vice-chair of the committee respectively.

Throughout the process there has been a collaborative tone to cross council scrutiny by BOB OJHOSC members. However, during the first meeting of the committee, it became apparent that there were a number of ways to develop its working practices. It was notable at the 25 January 2023 meeting, that only Cllrs Hanna, Champken-Woods and Levy were able to attend. There is a need to make the meeting more

The committee has made 13 formal recommendations, of which five have been accepted, two partially accepted, three rejected and three await responses.

### Key achievements

The core measure of HOSC's success is not how much effort it has put in, but to effect positive change for residents.



accessible by making virtual attendance options available. In addition, there is a need to firm up, and develop a joint protocol in respect of the BOB JHOSC.

Many of the BOB JHOSC's comments on the integrated care partnership (ICP) strategy were taken into account on finalisation of the BOB ICP strategy, as shown in the report on the ICP strategy consultation.

## ii. Co-optee recruitment: Extending representation

Within the membership of the HOSC there is space for three co-opted members. These members play two key roles on the committee – bringing in new knowledge and experience to the committee, and by virtue of being non-politically aligned giving deeper assurance to the public of the HOSC's independent and apolitical commitment to improving local resident health outcomes.

Over the last year, two co-opted members finished their terms: Alan Cohen and Barbara Shaw. With both having served two two year terms it was necessary that the committee undertake an open recruitment exercise.

A key principle of the committee is the recognition that different service levels in health services do not impact all residents in the same way. Typically, health inequalities weigh most heavily on those with the fewest spare resources. Consistently asking how existing health inequalities may be addressed is therefore an important part of the committee's mission, but this sort of challenge really relies on understanding the practical experiences of members in order to assess the robustness of any reply put forward.

The committee expressed a desire that in its recruitment exercise it should broaden its expertise and representation to groups whose voices may not usually be heard.

Barbara Shaw was reappointed as a co-opted member and Siama Ahmed was invited to join the committee as a result of this recruitment.

Barbara has previously worked at a national level for the Citizens' Advice Bureau. She has shown tireless enthusiasm for the mission of HOSC and the committee is greatly strengthened for having her return.

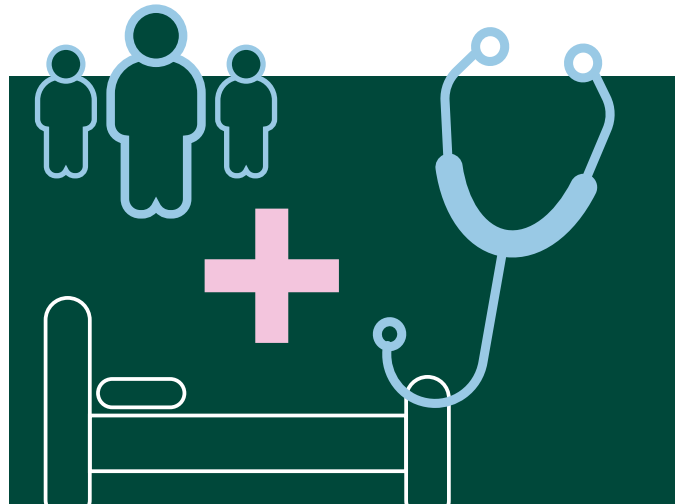
Siama Ahmed works professionally with asylum seekers, refugees and British survivors of exploitation. She expressly put forward on her application her wish to give voice to under represented communities. Siama has experience as a non-executive director in a Primary Care Trust and the committee is really excited to have her on board. The HOSC is grateful that it has been able to appoint two co-optees with so much to offer.

## iii. The reopening of the midwifery-led units (MLUs) at Wantage Community Hospital and the Cotswold Birth Centre (Chipping Norton)

The committee was pleased to hear the news in early January of the reopening of the temporarily closed MLUs at the Cotswold Birth Centre and at Wantage Community Hospital. This followed its resolution to consider a report on temporarily closed services within Oxfordshire and a completed substantial change toolkit form for the service.



Maternity within Oxfordshire and the temporarily closed MLUs had been a long-term area of work for the committee, which included the chair and a group of committee members attending an OUH stakeholder event during November 2022, which built upon the committee’s consideration of maternity during the 2021/22 municipal year. At the event HOSC members provided a scrutiny perspective on discussions which would inform the trust’s forthcoming clinical strategy for maternity and neonatal services. The post-COVID-19 reopening of these local services is a significant improvement for those areas and the HOSC is glad to see its continued input has contributed towards their re-opening.



#### iv. Improving future resident access to primary care

Following on from the committee’s consideration of primary care in May 2022, it enjoyed a superb co-produced workshop session on primary care provision within Oxfordshire. The session explored the multi-faceted primary care workforce issues within Oxfordshire and BOB, the complexities in providing primary care estate and making use of developer contributions. The session also benefitted from invaluable input from a number of GPs and the council’s property services team. Attendees would like to thank Dr Richard Wood, from the local medical committees, for his engaging and provoking presentation on capacity within general practice and Dr Joe McManus and Dr Rachel Ward for their rich day to day insights from working in general practice.

The findings of the workshop were provided to the committee at its meeting in November where there were further discussions which resulted in a total of three recommendations to the ICB:

- A recommendation to cabinet and a resolution to write a letter to the secretary of state to highlight the need for primary care estate to be a pre-requisite for major development, in relation to national planning policy

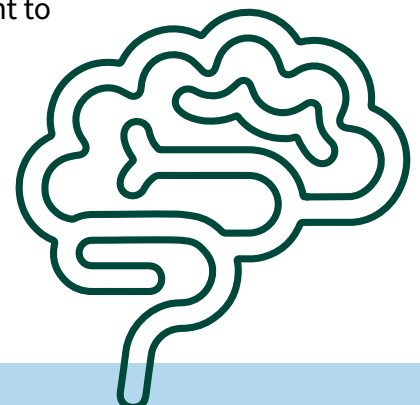
- The requirement for devolved capital funding to ICB’s for estates projects
- To highlight the national workforce issues relation to general practice.
- The submitted letter can be found as an appendix to this report.

A new role will be included in the ICB structure to focus on liaison with local authority planning colleagues. This follows recommendations from the committee for roles to be created to ensure the use of available funds is taken up. This would include the Community Infrastructure levy and Section 106 funds.

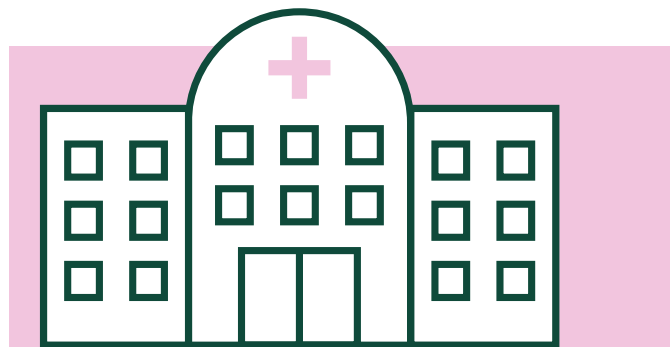
This also includes quicker use of developer contributions for health facilities in areas of the county like the Vale of the White Horse, which have experienced some of the highest areas of population growth in the south-east region.

The committee found the more informal workshop session improved HOSC members’ understanding of the subject area, and allowed more detailed, open discussions with health professionals and service users.

The committee sees the primary care workshop as a blueprint to effective scrutiny work and looks forward to a forthcoming workshop on serious adult mental health services.



In addition, with the aim of encouraging better understanding around the use of developer contributions for health facilities, and to promote greater partnership working, the HOSC looks forward to facilitating a workshop discussion between the ICB and district council development management officers and relevant cabinet members and chairs.



#### **v. Encouraging co-working over Wantage Hospital bed provision**

Under legislation, one of the few legal powers available to the HOSC is to make a referral to the secretary of state if a substantial change has been made to an element of healthcare provision without sufficient consultation by health care providers. The power to do this is to be rescinded but the timeframe for doing so is unclear.

In response, after the final ordinary meeting of the municipal year in April 2023, a sub-group of the committee held discussions with system partners to determine whether a substantial change had occurred in Wantage with the temporary removal of beds approximately seven years ago, whether sufficient consultation had occurred, and whether a referral to the secretary of state was merited.

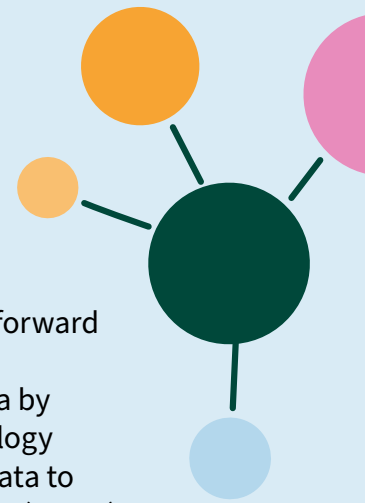
The final outcome of this work is due to be determined in the next municipal year, but HOSC has recognised the complexity of the situation and has consistently pressed for consultation and co-working between local and healthcare stakeholders to give the greatest opportunity to find a mutually agreeable solution. The outcome of HOSC's work to date has been to get clarity over NHS partners' timings for consultation around this topic, including the arrangement of a co-design workshop between local residents and NHS system partners. The decision to make a referral to the secretary of state remains live, but ultimately the HOSC would see the need to involve external arbiters as a failure and hopes that the issues can be worked through at a local level.





# 4

## Other HOSC highlights from 2022/23



### Elective recovery backlog working group

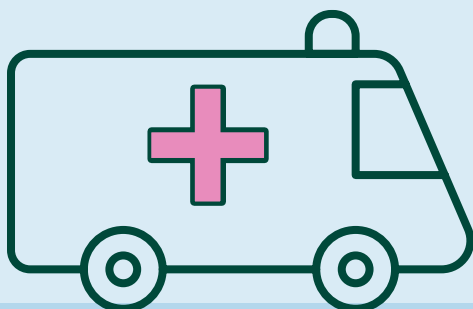
Since January 2022, as a result of the greater scrutiny report, the sub group has been able to regularly review the elective care backlog in the OUH board papers.

The group are looking forward to receiving a briefing from the programme director for elective care for the ICS. The working group looks forward to reporting back to the committee in due course.

The chair had calls with the operations director at OUH in the lead up to the NHS strikes and was able to get reassurance that the management team and staff at the hospital were doing all that they could do to manage an extremely challenging context for delivery of services.

### South Central Ambulance Service

The committee has been pleased to welcome representatives of the South Central Ambulance Service (SCAS) twice within the last year in order to scrutinise their actions in response to their inadequate rating by the Care Quality Commission (CQC). The committee are reassured that the trust is making progress towards identified areas for improvement in the CQC report and has built up a good relationship with outgoing Chief Executive, Will Hancock.



The committee is also looking forward to have taking a closer look at Oxfordshire response time data by locality, once the SCAS technology allows the breakdown of this data to middle layer super output areas (MSOA).

### Integrated improvement programme

The committee continues to follow progress of the integrated improvement programme. It's aims are to provide an interconnected system of care and the provision of reliable, high quality care as well as joining up community services provision and emergency care work.

A committee site visit to Wantage Community Hospital heard presentations from Oxford Health. There is now a better understanding of outpatient pilot services. These were established as a result of the OX12 project in 2018.

In July 2022, the committee recommended that funding to progress the establishment of the IIP programme management office (PMO) be considered and if approved, released at the earliest opportunity.

The HOSC received a response from Oxford Health NHS Foundation Trust that the trust were committed to providing resources to support the transformation activities of the services in which it is the provider. The JHOSC recommendation that Oxford Health NHS Foundation Trust provides information relating to the governance of the IIP was partially accepted and the recommendation that funding to progress the establishment of the Integrated Improvement



Programme's (IIP) Programme Management Office (PMO) is considered and, if approved, released at the very earliest opportunity was also partially accepted.

Oxford Health NHS FT has committed resources to support transformation activities linked to the services it provides, however some of this action lies outside of the remit of the trust with the ICB.

The committee will be continuing to monitor and scrutinise the programme, including the appraisal of the reconfiguration of the county's community bed provision and the development of virtual wards.; It looks forward to receiving a report from the programme's new programme director during 2023 on whole system support and timescales.

## The Oxfordshire tobacco control strategy

In September 2022, the committee considered the proposed changes to the Oxfordshire tobacco control alliance's tobacco control strategy and corresponding action plan. The committee were pleased to endorse the alliance's aim to achieve a lower than five per cent of level of smoking prevalence within the county.

The committee were able to provide valuable feedback on potential opportunities to conduct a piece of work to advertise stop smoking services in the context of the cost of living crisis at foodbanks. Furthermore, the committee also offered its support to and suggested that there was room for the co-production of initiatives to reduce smoking prevalence amongst social housing tenants.

In April 2023, the committee invited officers to provide an update on the progress of this work and were pleased at the results. The one area of serious concern identified by HOSC members in September and April was the prevalence and normalisation of vaping amongst younger people, particularly at school. This is an issue which the HOSC considers to have a significantly higher risk factor than official responses suggest and the committee will seek to continue to raise the profile of the dangers involved. This is especially the case since most recently the national media has published concerning research on vaping and toxicity levels of illegal vaping products being used by the young.





The committee was pleased to see that schools were being provided with balanced video materials to ensure a clear and helpful message to the young about smoking.

### Engagement

The committee has regular engagement with public speakers and members at HOSC around government reforms and the community strategy but also including end of life care and changes in hearing-loss services. The committee received and took up questions on behalf of the public in between and at committee on changing plans from protection to living with COVID-19, problems from patient group leaders with using the internet links provided by the CCG to participate in the BOB public engagement strategy and to champion the health needs of the Didcot community.

### Care homes

The committee has been clear that all those working in health and care during the pandemic have gone above and beyond for our local population in the most challenging of circumstances.

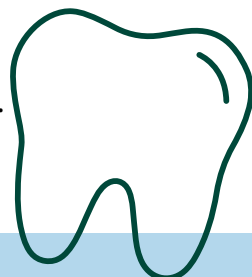
Scrutiny and learning through those challenging times is viewed by the committee as valuable not only for bereaved families and key workers but for future prevention. Member reports on the first thirty days of COVID-19 and a piece on infection control in care homes had been supported by worthwhile discussions with the director of public health and the interim executive director – people, transformation and performance.

Members undertook an insightful visit to Henry Cornish Care Centre, which was an exemplar for effective infection control in a care home setting, and a report on the visit was compiled and presented to the committee. The committee is keen that these findings are not lost and are used to inform future findings and recommendations on a national level about infection control and the country's COVID-19 pandemic response. However it is understood by the committee that the local government response to the national COVID-19 inquiry is being coordinated by the Local Government Association under national rules for engagement and it is unlikely that there will be a role for scrutiny committees to submit information to the inquiry. This is most concerning given the valuable work of the JHOSC committee which included local learnings agreed within Oxfordshire County Council since 2020.

### Dentistry

Healthwatch is a statutory body acting as health and social care champions for the local community. Their work and that of HOSC is complementary, with Healthwatch providing a lot of excellent feedback on the practical issues experienced by people whose voices are not always heard.

In April 2023, the committee received an update from Healthwatch identifying the huge challenges residents face in accessing NHS dental services, and another report from NHS commissioners on their challenges about a reduction in numbers of NHS dental providers, staffing challenges and funding levels.

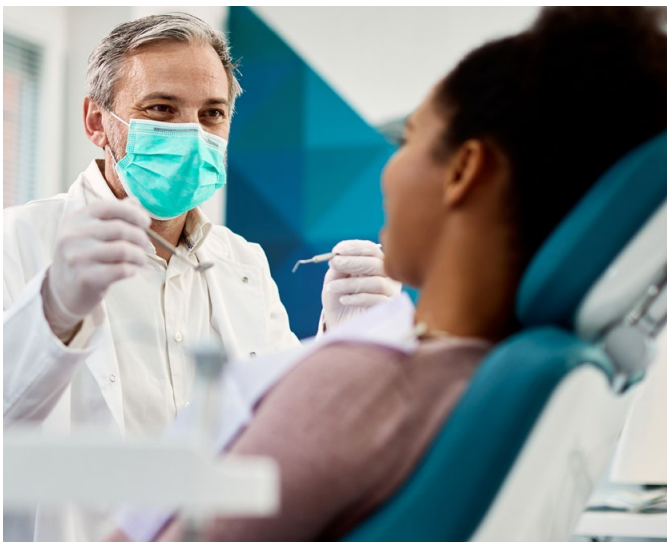




This topic illustrates the challenge HOSC faces in delineating between national level issues, which it has minimal influence over, and local ones, where it can make a tangible difference. HOSC cannot make more dentists receive training, but it can and did look at ways of ensuring dentists wanting to work in the area are not put off by bureaucratic hurdles. It was also able to identify a particularly high area of dentistry underspend in Oxfordshire because of especially low activity in NHS dentistry and make a recommendation that this underspend is used to invest in a work programme in Oxfordshire aimed at helping the most vulnerable.

A further strong outcome of the meeting was the recognition that Oxfordshire is one of the areas nationally which does not add fluoride to its drinking water and doing so would have immense clinical benefits to oral health. Indeed, poor dental health in children under five is the leading cause of admission to accident and emergency and poor dental health in all is associated with higher risk of other physical disease.

At a time of unprecedented challenge in health and care, consideration of the most effective way of addressing this is vital. Recognising that any additions to water can be controversial, the committee has agreed to write to the secretary of state to consult on whether this might have public support and will be notifying local authorities of this intention.



## Ear wax

The committee appointed Barbara Shaw to represent the JHOSC at a meeting with representatives from the Integrated Care Board and local stakeholders about the Oxfordshire age related hearing loss contract. A number of topics were raised including patients not being aware that earwax removal could be accessed for free through the NHS, the payment mechanisms relating to the provision of the service, and access to earwax removal to those below the age of 55. The committee looks forward to continuing to monitor the service and together with the other stakeholders to receiving a more detailed report by the commissioner on the state of the age related hearing loss service in future.

## Muscular skeletal services

Over 22/23, HOSC had positive engagement with the ICB concerning the future plans for the commissioning of a new Muscular Skeletal Service (MSK). The MSK sub-group, comprised of Cllrs Champken-Woods, Cllr Paul Barrow and Barbara Shaw, met with Connect Health, the new provider of MSK services in Oxfordshire in their pre-mobilisation stage. Issues discussed included their plans for mobilisation - including transition arrangements between Connect Health and the previous provider Healthshare - and their plans for recruitment. The group were able to offer valuable feedback on the developing webpages for the service, and locations for future services.

The group met again in December 2022 to scope the scrutiny committee's consideration of the MSK Service at its February 2023 meeting and to discuss informal qualitative feedback on the service. The committee would like to thank Danielle Chulan and Avril Fahey, Connect Health, as well as Judy Foster, BOB ICB, for their continued engagement with the committee and the chair on an ongoing basis, in relation to recruitment and access to services by local people in the south of the county.

# 5 Looking ahead to 2023/24

## Staffing and capacity

One of the core themes of HOSC's scrutiny this year has been around workforce issues, which has illustrated time and again the pivotal factor staff capacity has in delivering an organisation's objectives.

The HOSC is itself, at present, in a state of transition regarding its staffing and resourcing. The committee's dedicated scrutiny officer, Eddie Scott, left employment at the county council in March 2023. The timing of this changeover means that it has been impractical to undertake the planning which would be expected of the committee in terms of work programming and developing priorities for the forthcoming year. However, whilst delayed until the newly appointed Scrutiny Officer, Dr Omid Nouri, comes into post in early July 2023 the future staffing of the committee does look very bright. Dr Nouri has transitioned from academia, and lecturing in politics specifically, to applying those skills more directly and has been working as a health scrutiny officer at Surrey County Council. In addition to this, over the coming year the scrutiny function at the county council will be expanding, with a dedicated democratic services officer to be recruited which will add significant extra capacity to the scrutiny team across the council.

Whilst the new officer joins in July, short term priorities have been agreed. In its June meeting it is scheduled to look at the quality accounts (similar to an annual report) of Oxford Health and Oxford University Hospitals NHS Foundation Trusts and end of life care in the county. In September, the committee will consider the



multi-organisational health and wellbeing strategy, and specific work on obesity.

Further to this, there are some clear themes which can be committed to over the forthcoming year:

## Wantage

As detailed elsewhere, the temporary closure of beds at Wantage Hospital has been a high-profile issue locally and the committee has helped to move the discussion forward. The HOSC sees its role in resolving these issues not simply as a participant in discussions between stakeholders, but also partially as a facilitator and will seek to support constructive discussion between relevant health and non-health stakeholders with hopeful resolution in 2023.

## BOB JHOSC

The Oxfordshire HOSC and the wider area BOB JHOSC are technically different from one another, but the membership and functions of them have so much cross-over that forthcoming steps concerning the BOB JHOSC merit being included as an aim for the Oxfordshire HOSC.



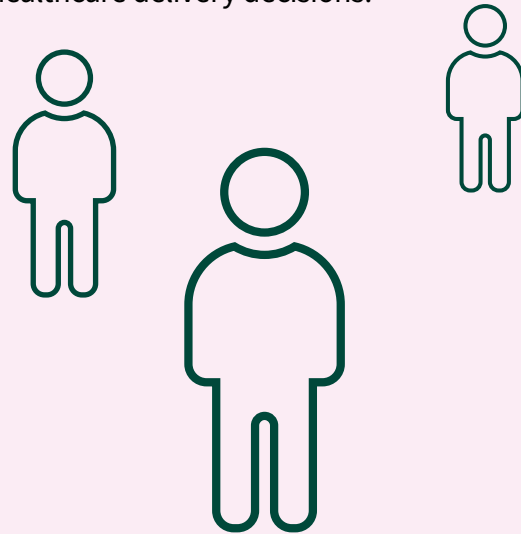
Over the last year the terms of reference for the BOB JHOSC have been agreed by its constituent councils and it has met once, so practically much is required to integrate this new body into the existing structures of scrutiny and governance.

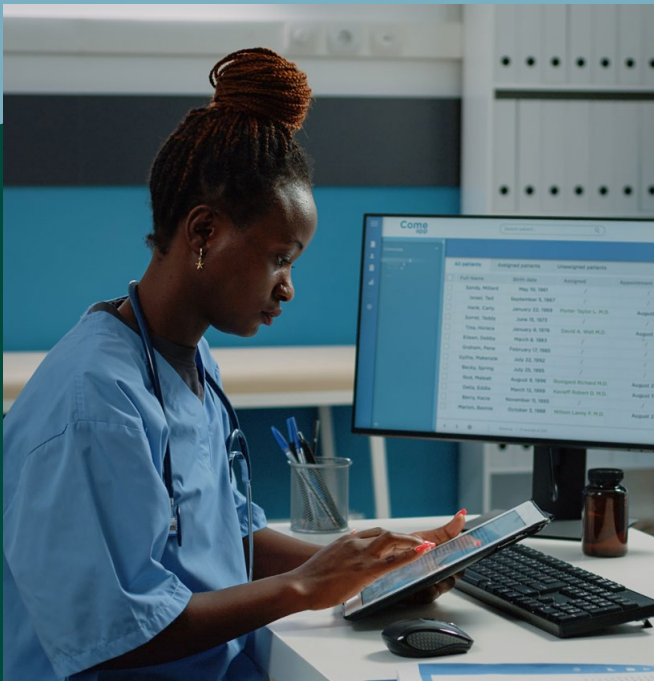
It is important that the BOB JHOSC operates in such a way that it can truly work on issues of relevance across the Buckinghamshire, Oxfordshire and Berkshire west area, but that it does not simply add a layer of duplicate scrutiny to that which is already happening in place-based HOSCs such as Oxfordshire, or move the level of scrutiny to such a broad area that the views and concerns of individual residents are lost.

The BOB JHOSC will be an important feature of health scrutiny, impacting on local people. There is much work to be done to ensure that it operates effectively and efficiently within current structures. National resources and guidance on ICS level democratic scrutiny were not part of the outcomes of the Health and Care Act. HOSC members will continue to seek to shape and develop this to ensure this aim is realised.

### Further increasing diversity, engagement and representation

When a co-optee position arose over the last year, the committee made a conscious decision that it should seek to develop the diversity of its membership and thereby to strengthen the representation of lesser-heard voices in our community. As mentioned above, the committee is delighted that Siama Ahmed has joined, with her professional insights into the needs of asylum seekers, refugees, and British survivors of exploitation. To avoid being a tick-box exercise, the committee's commitment to improving its diversity, engagement and representation must not simply be a one-and-done action but an ongoing challenge of constant improvement. The HOSC will seek, therefore, to identify ways it can be more open to the public, particularly those whose voices are rarely heard or who are disproportionately impacted by specific healthcare policies, to ensure that their concerns and expertise are given full consideration in healthcare delivery decisions.





For further information on the Committee, and its work, see the links and contact details below:

[Committee details - Oxfordshire Joint Health Overview & Scrutiny](#)

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tom.hudson@oxfordshire.gov.uk



**OXFORDSHIRE  
COUNTY COUNCIL**

**Cllr J Hanna OBE**

Chair, Oxfordshire Health  
Overview and Scrutiny  
Committee

**07 June 2023**

Dear Secretary of State for Health and Social Care,

**Challenges Facing Primary Care in Oxfordshire**

I am writing on behalf of and in my capacity as the Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) to draw your attention to the challenges facing primary care provision in Oxfordshire following the OJHOSC's scrutiny of the topic.

Members of the OJHOSC heard evidence from a number of Oxfordshire GPs, Healthwatch, the ICB and the Berkshire, Buckinghamshire and Oxfordshire Local Medical Committee at a co-produced roundtable workshop discussion; and paid formal consideration to its collated findings at its formal meeting on 24 November 2022.

Following discussions at its formal meeting, the Scrutiny Committee felt it was imperative to highlight the following obstacles, which were at a national level and currently preventing exceptional quality primary care from being delivered in Oxfordshire:

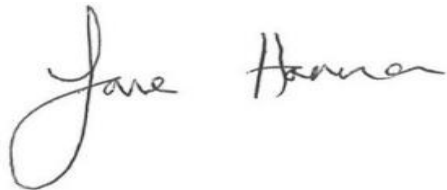
1. The current national narrative centred on the perception of 'access' issues to primary care. However, the publicly-perceived issues in primary care are symptomatic of a lack of GP Capacity exemplified by an informal study, which was conducted by the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Local Medical Committee. The study suggested that there was 60-78% of unresourced overtime per BOB GP; and unsustainable and potentially unsafe levels of appointments seen each day per GP. This issue is only exacerbated by the estimated loss of 2 GPs per day nationally and the lack of a national workforce plan which was highlighted in a [previous letter to Oxfordshire MPs following a cross-party agreed Oxfordshire County Council motion](#).
2. The current lack of capital funding devolved to Integrated Care Boards (ICBs) creates reliance on third party developers' willingness to invest in primary care estate and hinders the ability for ICBs to build primary care estate which responds to local population and demographic changes; and which is a prerequisite for major housing developments. This would allow avoidance of situations such as at the Great Western Park Estate in Didcot where delays to the provision of a new GP surgery have resulted in a severe lack of clinical space and unmanageable patient numbers at Woodlands Medical Centre.

From the Committee's engagement on the subject it is clear that Primary Care has the opportunity to offer a strong base and foundation to provide exceptional healthcare provision in Oxfordshire; and act as the frontline to an evolving landscape of healthcare

provision. However, this can only be achieved and enabled by the devolvement of NHS England funds to local systems and changes which enables primary care estate to become a precursor to major developments.

The Committee looks forward to your engagement in this area and developments to address the issues raised above.

Yours sincerely,

A handwritten signature in black ink that reads "Jane Hanna". The signature is written in a cursive style with a large, looped initial 'J'.

Cllr Jane Hanna OBE

Chair, Oxfordshire JHOSC, OCC

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