



*Oxfordshire  
Clinical Commissioning Group*

# **Consultation Plan**

# **Banbury Health Centre**

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## 1. Introduction

This document sets out the consultation plan on proposals relating to Banbury Health Centre. This plan is designed to:

- Describe the approach to the consultation.
- Describe the materials to be produced to support the consultation.
- Set out a timeline for the consultation.

## 2. Background

Banbury Health Centre is run by PML<sup>1</sup> under a contract that expires on 31 March 2018.

The Health Centre provides services for its 6,186 registered patients and bookable appointments for non-registered patients. It is also providing extended hours 365 days each year 8.00am – 8.00pm. The practice runs from a building in the centre of Banbury, close to public transport but without any dedicated patient or staff parking.

The services provided from Banbury Health Centre were originally commissioned in response to a national policy direction for every Primary Care Trust (PCT), the Clinical Commissioning Group (CCG) predecessor organisation, to have a GP led health centre (or 'Darzi centre) to be open 8.00am – 8.00pm, 365 days a year. Banbury Health Centre opened in 2009.

Since the practice opened, the policy direction has changed. The Five Year Forward View, published in 2014 and the General Practice Forward View published in 2016, focus on:

- delivery at scale (larger practices);
- extending hours of access to primary care for everyone
- extending the multi-disciplinary team (groups of clinicians and professionals – doctors, nurses and therapists – working together);
- developing new models of care in General Practice (looking at different ways of working such as using technology).

This is reflected in Oxfordshire CCG Primary Care Framework published in March 2017.

Banbury Health Centre is now at capacity with no space to expand but is still relatively small, leaving it vulnerable in terms of workforce to cover the hours of operation. The current provider has indicated that they would not bid to continue to provide the services under a similar contract.

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<sup>1</sup> Principal Medical (PML) PML was founded in 2004 by a small group of GPs. It is a 'not-for-profit' organisation, which means that all the money they generate through service contracts is reinvested back into providing patient care.

### **3. Local context**

All GP practices in Banbury have faced significant difficulties maintaining services over the past few years. This has been partly related to difficulties in recruiting to vacant posts in practices but also in relation to the increasing demands on primary care to deliver better access to services, a broader range of services and in supporting patients to avoid attendance at Accident and Emergency departments and admission to hospital.

Smaller practices are more vulnerable to these increasing demands and to difficulties caused by vacancies in their team. Larger practices tend to be more resilient and flexible.

#### **3.1 A new model of primary care**

There is an opportunity to develop a new way of working across several practices that would improve the resilience and sustainability of primary care in Banbury.

The CCG is working with PML (who run Banbury Health Centre) and two of the other Banbury GP practices (West Bar Surgery and Woodlands Surgery), to develop a sustainable solution for the services they provide.

The vision is for the CCG to commission primary care services from a single provider with a unique relationship with the local GPs and their practices caring for at least 24,000 or more patients. This would facilitate greater skill mix and an ability to provide more services in primary care.

The new model for a single large practice would offer a number of advantages including:

- It could be more efficient with its 'back office' functions.
- It would have the ability to offer a broader range of services for patients in-house with GPs and other staff with specialist skills (e.g. diabetic nurse).
- It would be more resilient when staff retire or leave.
- It would be an attractive place to work making recruitment and retention of staff easier.

Once established, there would be an option for other GP practices to join this initiative in the future.

There are some legal and business implications for delivering this vision. Each practice would need to consider carefully the implications for their partner GPs and will want to seek legal advice before finally agreeing to any new organisation form.

Until then, practices are proceeding with discussions that do not bind them into completing this course of action.

### **3.2 Extended hours for GP services**

Under separate contracting agreements, all residents across Oxfordshire should have access to appointments with GPs during evenings and weekends. This is organised in different ways with 'hubs' being used in some parts of the county. In the north of the county (including Banbury), 'hub' GPs are based in some GP surgeries as well as at Banbury Health Centre. The additional appointments rotate around these locations.

The 'hub' appointments at Banbury Health Centre have largely been used by registered patients of that practice and unregistered patients presenting there. However, as the service has become more readily available an increasing number of patient are being referred to the hub from their registered practices.

With the contract for Banbury Health Centre coming to an end, there is an opportunity to improve the equitable access to GP appointments during the extended hours period to the wider population of Banbury.

Work is currently developing the potential options for providing extended hours access to primary care for everyone living in the Banbury area. This will be more fully described in the consultation document.

## **4. The options**

The contract held by PML for Banbury Health Centre is complex and unique in Oxfordshire because it includes offering services to registered and unregistered patients 8.00am – 8.00pm, every day of the year. PML has a separate agreement with OCCG to deliver a GP access service including in-hours and extended hours provision from Banbury Health Centre for the wider North Oxfordshire population.

There are a number of options available to OCCG when the Banbury Health Centre contract comes to an end. These include:

- finding a new provider to manage the registered patient list;
- look to a neighbouring practice to provide a branch surgery from Banbury Health Centre and incorporate the registered patients into their practice registered list;
- close the practice and disperse the registered patient list by asking patients to register with another practice;
- close the practice and transfer all registered patients to another practice and informing them that they have been transferred and offering the option to re-register elsewhere.

To allow arrangements to be developed that will improve access to extended hours for everyone living in the Banbury area, it is intended to separate out this part of the current contract. This means the services provided 6.30pm – 8.00pm Monday to Friday and

8.00am – 8.00pm Saturday and Sunday. More details will be provided in the consultation document about the options for this.

#### **4.1 Option A: Re-procure Banbury Health Centre by advertising for a new provider (not including the parts of the contract relating to extended hours and unregistered patients)**

The current contract has an end date of 31 March 2018. This option would require a full procurement process to be undertaken to find a new provider as the current provider has indicated that it would not bid to run this service.

##### **Advantages:**

- Current patients would continue to receive a similar service;
- Meets likely public expectation of retaining a practice in the centre of Banbury;
- Employed staff protected under TUPE<sup>2</sup> rules;
- It would be possible to commission additional services as well as those currently provided.

##### **Disadvantages:**

- The space is limited within the building and so little potential to expand services.
- Given that this is a small practice with little potential to expand, it will be difficult to find a new provider.
- OCCG may need to negotiate either with PML or others to put in place a short term contract to allow sufficient time for the procurement process to take place (9-12 months);
- This is likely to be the most expensive option – OCCG will need to offer an APMS<sup>3</sup> contract and consider offering it at a higher price than the standard GMS<sup>2</sup> contract;
- This does not help to create more sustainable primary care for Banbury.
- This is not in line with the strategic direction to strengthen practices and to work at scale;
- A recent procurement for a small practice in Witney was not successful

#### **4.2 Option B: Practice Merger**

Banbury Health Centre is run by PML under an APMS<sup>3</sup> contract. All other GP practices in the Banbury area have a GMS<sup>3</sup> contract with OCCG. The NHS Regulations do not

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<sup>2</sup> Transfer of Undertaking (Protection of Employment) is part of employment legislation. The TUPE Regulations preserve employees' terms and conditions when a business or undertaking, or part of one, is transferred to a new employer.

<sup>3</sup> National rules apply for GP contracts that OCCG is required to follow. Two types of contracts are used for GP practices. APMS contracts are for a fixed time, typically 5 years, and cost more than a GMS contract that has no end date. GMS contracts cannot be offered with a procurement process and are the type of contract most GP practices hold.

allow the merger of an APMS contract with a GMS contract. This is not a viable option and will not form part of the consultation.

#### **4.3 Option C: Provision of a branch Surgery at Banbury Health Centre for patients registered with the practice (not including the parts of the contract relating to extended hours and unregistered patients).**

An existing practice in Banbury may be willing to provide a branch surgery from the Banbury Health Centre site.

##### **Advantages:**

- Current patients continue to receive similar service.
- Meets likely public expectation of retaining GP services in the centre of Banbury;
- Employed staff would be protected under TUPE rules.

##### **Disadvantages:**

- An existing practice may not wish to provide a service as a branch surgery as their operating costs would be increased.

#### **4.4 Option D: Dispersal of the list of registered patients**

This would mean patients currently registered with Banbury Health Centre would be asked to register with another local practice. Patients would be informed by letter that the practice is closing and provided with a list of alternative practices from which to choose who to register with. This is a cost effective solution, but the CCG would need to be sure that there is sufficient capacity within neighbouring practices.

##### **Advantages:**

- Easiest solution to manage by OCCG;
- Can be carried out within the remaining period of the contract;
- Groups of patients likely to disperse across existing Banbury practices;
- Potential savings for premises budget.

##### **Disadvantages:**

- Existing practices may not be able to expand due to workforce or building restriction and are thus unable to absorb the registered patients of Banbury Health Centre;
- Additional patients may make the existing Banbury practices more vulnerable;
- Unlikely to be popular with patients;
- Increased cost - newly registered patients attract extra funding (1.46%) during their first year of registration at an alternative practice;
- Some patients may not register with an alternative practice and so their continued care might be put at risk;
- There may be job losses for staff employed at Banbury Health Centre.

#### **4.5 Options E1 and E2: Managed dispersal of the list of registered patients**

This is a cost effective solution in which all patients are transferred to one or more other practices. They are informed of the practice closure and provided with details of their new practice and their right to register with another practice if they so wish.

This option would be linked with the new model of primary care in Banbury and it will be proposed to disperse all patients registered with Banbury Health Centre to the new practice proposed to be formed from Woodlands Surgery and West Bar Surgery. This is a unique opportunity that offers some additional advantages for patients of all practices and for primary care as a whole in Banbury by ensuring sustainability for primary care in the future.

There are two versions of this option that will be part of the consultation. The difference between the two is whether the Banbury Health Centre premises is retained. It is anticipated that patients of Banbury Health Centre would prefer the building to be retained. There is, however, a cost implication for doing this.

##### **Option E1: Closure of the Banbury Health Centre building and transfer the patients to the new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands Surgery and West Bar Surgery.**

This option would mean no primary care services would be provided from the current building of Banbury Health Centre. The new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands Surgery and West Bar Surgery would operate out of the Woodlands Surgery and West Bar Surgery premises.

##### **Advantages:**

- Can be carried out within the remaining period of the contract;
- Potential savings for premises budget;
- May provide some protection for staff who could transfer to the new practice.
- Wider range of services for patients including specialist clinics and clinicians.
- More resilient to staff leaving or retiring, particularly GPs. Larger practices are more attractive places to work and a practice with 30,000 patients would offer wider opportunities for GPs and other clinicians.
- More efficient practice with opportunities to reduce administration costs and redistribute funds released as a result to direct patient care.
- More financially viable - the large registered patient list will mean the practice will have a larger budget and potential to offer more services attracting further funding. This would bring benefits for patients who would have high quality and wider range of services;
- Easiest solution to manage by OCCG.

##### **Disadvantages:**

- This option will reduce patient choice for primary care in Banbury;
- The loss of the Banbury Health Centre premises would mean patients would need to attend one of the other practice buildings for appointments which may not be convenient for all.
- Patients who use public transport may find it difficult to attend another building for an appointment.



## **Option E2: Transfer the patients to the new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands and West Bar practices.**

This option would mean primary care services would continue to be provided from the current building of Banbury Health Centre. The new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands Surgery and West Bar Surgery would operate out of three buildings.

There would be cost implications of doing this because the rent for the building is significantly higher than other practices and the running costs of operating out of three buildings would be higher. These additional costs could be met within the review of the extended hours provision (see below).

### **Advantages:**

- Patients would benefit from services continuing to be offered from the Banbury Health Centre building;
- Can be carried out within the remaining period of the contract;
- May provide some protection for staff who could transfer to the new practice.
- Wider range of services for patients including specialist clinics and clinicians.
- More resilient to staff leaving or retiring, particularly GPs. Larger practices are more attractive places to work and a practice with 30,000 patients would be offer opportunities for GPs and other clinicians.
- More efficient practice with opportunities to reduce administration costs and more money available for direct patient care.
- More financially viable - the large registered patient list will mean the practice will have a combined, more flexible budget and potential to offer more services attracting further funding. This would bring benefits for patients who would have high quality and wider range of services.
- Easiest solution to manage by OCCG;

### **Disadvantages:**

- This option will reduce patient choice for primary care in Banbury;
- The additional cost of retaining the building will have to be met and this could impact on the opening hours or other primary care services.

Options E1 or E2 would be preferred options of OCCG.

## **5. Access to GP appointments in the evening and weekends (extended hours)**

Currently, Banbury Health Centre is open every day of the year from 8.00am until 8.00pm. Appointments are available to unregistered patients as well as those registered at the practice. However, the majority of patients who use the extended opening hours are those registered at the practice. There is also a substantial workforce challenge in trying to recruit GPs and other staff to these extended opening hours that attracts a

significant cost burden. There are also other services open at the same time such as A&E and the hub appointments.

To improve the equity of access for all patients in the Banbury area, options for providing access to appointments in the evening and weekends are being reviewed. Options will be presented in the consultation document but at this stage they are still being developed.

If Option E2 above were the favoured option, it would be necessary to find savings from the extended hours element of the contract. At least one option will be developed that will deliver sufficient savings to allow the building to be retained.

More information will be provided in the consultation document.

## **6. Consultation Aim**

The aim of the consultation is to inform and engage patients of Banbury Health Centre and the wider population of the Banbury area to:

- Share the information about the future and potential options.
- Explain why the CCG might have a preferred option(s).
- Seek feedback from patients about their view of the options and preferences.
- Seek views about what impact the changes could have and what mitigation the CCG should put in place.

To achieve this, the CCG will work with PML and the PPG in producing suitable materials to support the consultation:

- Poster and display material for the practice waiting room.
- Leaflet to be available in the practice and sent to patients.
- Letter to be sent to all registered patients.
- Questionnaire to be sent to registered patients and to be available on the CCG website via Talking Health.

Community groups will be contacted to inform them of the proposed changes and to ask for their support in sharing information amongst their members or visitors. Offers will be made to attend meetings and these will be supplemented by organising two open events in Banbury.

Oxfordshire Health Overview and Scrutiny Committee will consider the proposals formally at their meeting in February 2018.

## **7. Patient Engagement**

Over the summer, three meetings took place with registered patients from Banbury Health Centre to explain the issues and the various options available. The Chair of the

North Oxfordshire Locality Forum attended two of these meetings. An article was published in the practice newsletter to also raise awareness.

A further meeting with patients took place in September to share the draft consultation plan and to seek their feedback and their support in helping OCCG in developing appropriate materials for the consultation. Changes were made to the consultation plan presentation and content with the most significant concern raised being the potential loss of the building location.

The PPG will be asked to support the consultation in the following ways:

- This consultation plan has been shared with them for comment and changes made as a result.
- Draft materials for patients will be shared with them before being finalised.
- A meeting will take place with the PPG before the start of the consultation to listen to any concerns and answer questions. At this meeting, the draft consultation document will be shared with them to allow them to review the content and suggest where improvements can be made.
- Members of the PPG will be asked to attend the open events.
- Members of the PPG will be asked to support raising awareness.

## **8. Travel Survey**

Patients who use Banbury Health Centre have been surveyed to find out how they travel to the practice. The results of this survey will be included in the consultation document and used in the decision making following consultation.

## **9. Responsibilities**

Ensuring appropriate consultation with patients is the responsibility of OCCG.

PML will support the consultation by:

- Coordinating communications with the practice PPG, including meetings with them.
- Sending information provided by the CCG to registered patients.
- Making suitable space available in the practice waiting room to display materials.
- Supporting the CCG at meetings with patients.
- Gathering feedback in the practice.
- Taking responsibility for all staff consultation/engagement in relation to their on-going employment.

## **10. Key Messages**

The key messages to be used during the consultation:

- Explaining how Banbury practices have been struggling to maintain services.
- Explaining why practices working together could deliver improved service that will lead to more patients having their needs met.
- The CCG is leading positive changes to deliver sustainable primary care that is safe, efficient, value for money and offers an improved service and the most appropriate care for patients.
- An emphasis on the benefits both to patients/public and to clinician/GPs of a new model of primary care that delivers sustainable, improved and enhanced primary care service to patients.
- How the new model of care might work differently (and what might be the same) for patients, staff and organisations involved
- Any new services or features that the patient might experience i.e. will patients and the public see/experience anything different?
- Reassurance to patients that primary care services are the bedrock of NHS care and so any changes that might result from the new model will be ones that will ensure services are sustainable for the future.

### **10.1 Risks**

It is important to consider and plan for any risks that may arise though the consultation with different audiences. These risks may include but are not limited to things such as:

- Confusion caused by complexities of different contracts and the legal/business procedures required to deliver any change.
- Confusion among patients and public about what the changes will mean for them.
- Practice staff concerned that it may affect jobs.
- Patients and/or staff losing confidence in primary care due to uncertainty of what is happening – particularly if there is negative media activity.
- Unrealistic raising of expectations of how things might immediately improve for patients/the local population.
- The media promoting negative messages after the consultation relating to the Horton General Hospital which affects patient and public confidence in services.

Clear and consistent messages will help to minimise some of these risks alongside continuous engagement with those stakeholders most closely affected.

## **11. Communication and Engagement Methods**

A number of different communication and engagement methods will be used to target registered and unregistered patients of the practice.

### **11.1 Newsletters/websites and email communications**

The practice newsletter will be an important communication tool for sharing information with patients about the consultation. For patients with an email address, this same information can be shared with them electronically. All information about the consultation will also be published on the practice and OCCG websites.

## 11.2 Talking Health engagement website

Oxfordshire CCG has an area on their website for engaging the public called Talking Health. This is where surveys can be placed and space will be made available to hold information about this consultation and all relevant information can be hosted on this page.



For example this may include:

- **Frequently Asked Questions (FAQs)** – to ensure the facts are clear.
- **A documents area with any relevant information.** – This may also include summary information available in 'Easy Read' or other languages to enable the messages to reach a wider audience and be easily understood.
- **A questionnaire** – to gather views from patients about the options and mitigation.



## 11.3 Social Media

Social media such as Twitter and Facebook is capable of reaching large and varied audiences very quickly e.g. OCCG has over 7,600 followers on Twitter. Using all social media sites reaches a great number of patients and community and voluntary organisations quickly. Paid-for advertising through Facebook can be targeted at certain demographic groups using information provided by Facebook users such as where they live, their age, interests and family situation. This form of advertising to raise awareness about the consultation will be used with links to the website information and the questionnaire.

## 11.4 Media communications

A press release will be issued at the start of the consultation to ensure local media provide coverage and help to raise awareness about the options and any changes to access to extended hours for Banbury. Additional statements will be prepared for use depending on how the story is covered during the consultation.

Spokespeople will be identified as appropriate should interviews be requested.

## 11.5 Open meetings

Two meetings will be organised to take place during the consultation. These will be publicised widely and will be open to registered and unregistered patients. Details about the options will be provided and questions and comments will be invited.

## 11.6 Equality Impact Assessment

An Equality Impact Assessment has been conducted. This identifies the groups in the community that will be affected by the proposed changes and whether there are some that are more affected than others. The focus is on those groups that are protected under the equality legislation but is not restricted to them. For example, homeless people are less likely to be registered with a GP practice and the proposed changes to services

for unregistered patients could impact on this group more than others. The full report will be published and the findings will be included in the consultation report.

## 12. Actions

All actions in the consultation plan will be managed and co-ordinated by the Head of Communications & Engagement at Oxfordshire CCG, with delivery of local actions supported by PML.

## 13. Key stakeholders

For this consultation the following stakeholders will be engaged:

Stakeholder	How they will be engaged
Patients registered with Banbury Health Centre	<ul style="list-style-type: none"> <li>• Letter to patients</li> <li>• Information available in the practice</li> <li>• Questionnaire</li> <li>• Invitation to open meetings</li> </ul>
Unregistered patients in Banbury	<ul style="list-style-type: none"> <li>• Information sent to community groups working with the homeless:               <ul style="list-style-type: none"> <li>○ Banbury Young Homeless Project</li> <li>○ Connection Support Banbury</li> <li>○ Banbury Salvation Army</li> </ul> </li> </ul>
General public who may access the additional hours service	<ul style="list-style-type: none"> <li>• Information on display in neighbouring practices</li> <li>• Information on OCCG website</li> <li>• Questionnaire</li> <li>• Press release to local media</li> <li>• Open meetings in Banbury</li> </ul>
Community Partnership Network	<ul style="list-style-type: none"> <li>• Consultation materials shared</li> <li>• Agenda item for discussion at meeting (open to the public)</li> </ul>
Local Authorities	<ul style="list-style-type: none"> <li>• Letter to local authorities</li> <li>• Consultation materials</li> </ul>
MPs and councillors	<ul style="list-style-type: none"> <li>• Letter to MPs and councillors</li> <li>• Consultation materials</li> </ul>
Health Overview and Scrutiny Committee	<ul style="list-style-type: none"> <li>• Share consultation plan at Nov 2017 meeting of HOSC</li> <li>• Consultation materials</li> <li>• Attend February 2018 meeting to seek formal view of HOSC</li> </ul>
Community Groups	<ul style="list-style-type: none"> <li>• Consultation information to be translated into Polish and to other languages on request.</li> <li>• Information shared with all community groups in Banbury including:               <ul style="list-style-type: none"> <li>○ Faith groups</li> <li>○ Colleges, schools and nurseries</li> <li>○ Black and minority ethnic community groups</li> <li>○ Banbury Carers Support Group</li> </ul> </li> </ul>

## **14. Analysis and reporting**

The following activity will be monitored and analysed:

- Quantitative and qualitative analysis of media coverage (including local and national press).
- Quantitative and qualitative analysis of social media coverage.
- Quantitative and qualitative analysis of the reach of communications materials via patient/stakeholder group networks and channels such as websites and newsletters.
- Qualitative feedback from practices and PML.
- Analysis of feedback via the questionnaire and written responses.

A report will be produced describing the consultation activities, the responses received and the evaluation. This will be published within four weeks of the end of consultation.

## **15. Decision-making**

The decision on the consultation will be made by Oxfordshire Primary Care Commissioning Committee and widely communicated following the decision.

## **16. Timeline**

The consultation will run for six weeks and will start in January. The date is still to be confirmed but the intention is for it to be completed in time for decisions to be taken before the end of the contract.