

**Developing GP services and locality place based
plans for Witney and West Oxfordshire Engagement
Report**

Date: 10 January 2018

Contents

1. Purpose of report	3
2. Background	3
a.Primary Care in Oxfordshire	3
b.Primary care in Witney and surrounding areas	4
3. Where are we now?	5
4. Purpose of the public engagement	6
5. Process and methodology	7
a.Public Workshops	7
b.The survey	7
c.Stakeholder meetings / discussion groups	9
d.Emails / correspondence	9
e.Promotion	10
6. Key themes	11
7. Next steps:	13
Appendix 1: Public presentation.....	15
Appendix 2 Witney and surrounding area - Survey Results and Demographics.....	22
Appendix 3: Feedback from the events.....	31
Appendix 4: Feedback and themes from Meeting with Deer Park Patients.....	38

1. Purpose of report

The purpose of this report is to outline the public engagement undertaken from 16 October to 17 December 2017 to co-produce the Locality Place Based Plan for primary care in Witney and West Oxfordshire. It describes the engagement, outlines key themes and identifies concerns and issues expressed by members of the public.

2. Background

a. Primary Care in Oxfordshire

It is recognised nationally and locally, that primary care, and particularly general practice, is under pressure. With a growing population and increasing life expectancy, demands on primary care have increased with people living longer and living with more long term conditions. In the next five years 30% of GPs plan to retire in Oxfordshire, while the numbers of trainees wanting to work as GPs or practice nurses is declining nationally; this is leading to problems in recruitment in GP practices. Workforce issues, together with increased demand for services are making GP services vulnerable.

The general practice system in Oxfordshire faces challenges common to practices elsewhere in the UK:

- An increase in the number of potentially avoidable non-clinical consultations (up to 27% of all consultations for GPs and other clinicians).
- The need to improve premises and other infrastructure.
- Increasing demand as a result of patients requesting same-day access for urgent care, who are generally 'low-intensity patients' or 'low complexity patients'.
- The shortage in workforce and difficulty in recruiting staff contributes to problems of access for patients.
- Increasing pressure in managing complex, frail, or elderly patients who require continuity and co-ordination of care, who are generally 'high-intensity patients' or 'high-complexity patients'.
- The increasing administrative burden in general practice, as practice teams (including GPs and other clinicians) are required to spend more

time on administrative tasks as well as supporting patients to navigate the NHS.

- A lack of integrated working and co-ordination so information about a patient's condition and their care is not available to all those who provide their care because the information is not shared between different parts of an organisation or between different organisations
- A lack of investment to allow general practice to thrive

b. Primary care in Witney and surrounding areas

In Witney, following an unsuccessful procurement process, Deer Park Medical Centre closed on 31 March 2017. Its patient list was dispersed to surrounding practices. Oxfordshire Clinical Commissioning Group (OCCG) worked with the GP practice, its 4,399 patients and neighbouring practices to ensure that the list dispersal was managed in a safe and orderly way.

In December 2016 a member of Deer Park Medical Centre Patient Participation Group requested a judicial review on the decision of OCCG to close services at Deer Park Medical Centre. The judge hearing the case in February 2017 refused permission for a judicial review.

However, the Joint Oxfordshire Health Overview and Scrutiny Committee (JHOSC) agreed to refer the matter to the Secretary of State for Health on the grounds that the closure was a substantive change in service. As a result:

- The Secretary of State passed the referral to the Independent Review Panel (IRP) in March 2017.
- The IRP concluded that a full review was not required but wrote to the Secretary of State with advice for the NHS and JHOSC
- The Secretary of State responded to Oxfordshire JHOSC on 3 July 2017 with a copy of the IRP review, confirming he had accepted the panel's recommendations in full.
- On 25 July 2017 NHS England (NHSE) wrote to OCCG confirming their expectations that OCCG would address the recommendations from the IRP.

The IRP recommended that:

The CCG should immediately commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. At the heart of this must be the engagement of the public and patients in assessing current and future health needs, understanding what the options are for meeting their needs and co-producing the solutions. This work should seek to produce a strategic vision for future primary care provision in line with national and regional aims and should not preclude the possibility of providing services from the Deer Park Medical Centre in the future. (NHSE added that this needs to be linked to, and integrated with, the wider OCCG and STP plans for the whole of Oxfordshire).

3. Where are we now?

As demand on GP services continues to increase, there is a need for change and to encourage patients to self-care and access health services at the most appropriate point. Together with GP colleagues, OCCG has developed a Primary Care Framework to provide strategic direction for a sustainable GP service in Oxfordshire. It describes a number of operational principles all of which will be important to the sustainability of GP care in the county. These include practices working together to share resources and share workload to provide a better service and manage demand; delivering care closer to home via a multidisciplinary neighbourhood team, supported by a modernised IT system and investment in estates.

The aim of the Framework is to set the strategic direction for Primary Care, across Oxfordshire, over the next five-10 years so that it can steer localities in achieving sustainable primary care to best meet the needs of the local populations, which will result in a general practice that is fit for the future and at the heart of the NHS in Oxfordshire. Work is currently being undertaken to develop plans to implement this framework at a locality level; the Locality Place Based Plans. This requires new thinking and new models of care and delivery. The new model of primary and community care in Oxfordshire will be based on:

- delivering appropriate services at scale
- organising around geographical population-based need
- delivering care closer to home

- a collaborative, proactive system of care
- delivery by a multidisciplinary neighbourhood team
- support by a modernised infrastructure

4. Purpose of the public engagement

OCCG wanted to hear the views of local people relating to services provided at their GP practice and in their local community to help inform the development of the Locality Place Based Plan for primary care in the West of the county¹. This included feedback on ideas put forward by GPs and Patient Participation Groups, what worked well in their GP practice, what could be improved and any suggestions for how services could be improved and / or developed in the future.

It is important to note that the work undertaken over the past few months was not a formal consultation; the work concentrated on involving the public and stakeholders in the development of plans to address challenges in primary care across Witney and West Oxfordshire. The development of primary care in West Oxfordshire will continue and over the coming year OCCG will be looking more at the estates and premises – the published plans will be iterative and updated over time. In the meantime OCCG would like to continue talking to patients and the public about healthcare in the community. Much of the plan will not require formal public consultation however if significant change is proposed OCCG would consult formally.

¹ OCCG have undertaken engagement across Oxfordshire as each of the six Localities will have a plan for their specific area based on the needs of the local population. Engagement around the plan for the West was also a was also a key part of the IRP recommendations.

5. Process and methodology

A period of engagement was undertaken between 16 October 2017 and 3 December 2017. The approach to the engagement was agreed with representatives of patient participation groups in the West Locality. Draft proposals for Witney and surrounding areas were presented and discussed at three public workshops and discussed at various stakeholder meetings. An online/paper survey was available on OCCG's engagement website - Talking Health. People also had the opportunity to give direct feedback via email, letter, phone, or freepost. Following this period of engagement the draft plan was published and was available for further comment until 17 December 2017.

a. Public Workshops

Three public workshops were held, as follows:

1. 1 November 2017 – West Oxfordshire Locality (Witney) 70 attendees
2. 8 November 2017 – West Oxfordshire Locality (Carterton) 35 attendees
3. 7 December 2017 – West Oxfordshire Locality (Witney) 45 attendees

The workshops (and stakeholder meetings) covered discussion around:

- Challenges facing primary care in Witney and the surrounding area
- Health needs in the area informed by Oxfordshire's Joint Strategic Health Needs Assessment
- Expected population and housing growth
- Ideas previously put forward by patients and GPs
- What could be improved at local GP practices
- Suggestions for how GP services could be improved across the area

(See appendix 1 for the presentation)

b. The survey

To support those that were unable to attend the workshops a short online survey was provided, asking the same questions that were posed in the workshops; a breakdown of responses is shown below in appendix 2. The draft plan was published

on 4 December incorporating the initial public feedback and was made available for further comment until 17 December 2017.

For Witney and the surrounding areas, 51 people registered to the Talking Health website to access the documentation, 21 people then responded to the survey and a further 9 took part in the second survey, following the publication of the plan.

Full details of the survey results are shown in the appendix 2.

In addition to the OCCG survey, the Deer Park campaign group also held a public meeting and encouraged people to complete their survey. They received 15 responses which were passed to OCCG.

c. Stakeholder meetings / discussion groups

In addition to the public workshops and the survey, OCCG discussed the plans at various stakeholder meetings around Witney and West Oxfordshire. These meetings included:

- Deer Park Patient Participation Group (PPG) / Former patients of Deer Park
- Public and Patient Partnership West Oxfordshire
- West Oxfordshire District Council, Economic Overview and Scrutiny Committee
- Deer Park Campaign Group
- West Oxfordshire District Councillors
- Witney Town Councillors
- Oxfordshire Health Overview and Scrutiny Committee
- Local stakeholders in Witney and surrounding area with an interest in Deer Park Practice (organised by Healthwatch Oxfordshire)
- Witney MP Robert Courts

d. Emails / correspondence

Further to the engagement methods above, the public and stakeholders were also encouraged to submit their views and ideas in writing. We received 4 responses from:

- Keep our NHS Public
- Robert Courts MP
- Patient/public member of the Primary Care Co-commissioning Committee
- Locality Forum Chair representatives

Themes that were raised in the letters included:

- Concern about waiting times for routine appointments
- The need for care to be local and not centralised in Oxford
- Rurality and lack of public transport
- Importance of continuity of care

- Concern about GP recruitment

e. Promotion

The engagement events and online survey were promoted to:

- Witney Gazette – paid for advertising
- OCCG public website with links to Talking Health web pages
- OCCG Facebook
- OCCG Twitter
- West Oxfordshire District Council
- West Oxfordshire Parish Councils
- Previous attendees at Transformation events in West Oxfordshire
- All West Oxfordshire Locality GP practices and Healthshare Physiotherapy clinic in Witney
- Carers Oxfordshire
- Age UK West Oxfordshire Community Information Network
- Communityfirstoxon.org
- Healthwatch Oxfordshire
- Oxford University Hospitals NHS Foundation Trust for cascade to patient members
- Oxford Health NHS Foundation Trust for cascade to patient members
- Cottsway Housing (social housing providers in West Oxon)
- Oxfordshire County Council
- Social media groups in Carterton and Witney
- West Oxfordshire libraries
- West Oxfordshire MS Society
- Through all local media (TV, radio and print newspapers).
- Direct emails to head teachers in Oxfordshire's primary, secondary and special schools in West Oxfordshire
- Voluntary sector organisations were notified of the events via Oxfordshire Community and Voluntary Action (OCVA)

- OCCG staff, and staff and Foundation Trust members at Oxford Universities Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust were notified via email and through the staff intranet
- West Oxfordshire District Council, promoted the consultation through their communication channels.
- Partner organisations including all the district councils, Oxfordshire County Council (OCC), and Oxford City Council were asked to promote the events to their staff (via meetings, intranet and newsletters) and on their websites
- All Parish Councils, Town Councils and County and District Councillors were asked to promote the events in their communities
- Oxfordshire MPs and MEPs
- Deer Park Campaign Group
- GP practices across Oxfordshire were kept updated on a weekly basis via the GP Bulletin and were asked to share the information with their patients and patient participation groups.

6. Key themes

Key themes from the engagement are outlined below:

Some respondents to the survey felt that they had insufficient time to respond in details to the published draft plans. Respondents also felt that the language in the plans made them difficult to understand and meant they were not accessible to the general public, citing that there was too much jargon, many acronyms and insufficient information about how the plans would be developed.

An over-arching question was how the plans fit with Phase 2 of the Oxfordshire Transformation Programme and the wider Sustainability and Transformation Plans for Oxfordshire, Buckinghamshire and Berkshire.

Fifty one people registered and followed this engagement activity on Talking Health. Of these 51 people, 21 people then responded to the survey. 20 people agreed or strongly agreed with the ideas and suggestions for the priorities in West Oxfordshire, specifically 'Community clinics for diabetes and respiratory services providing more integrated care closer to home and meaning fewer visits

to Oxford hospitals. 20 people responded to this question, whilst the majority agreed with the approaches identified, three people disagreed with 'Improve information and services available online for patients, and enhance practice receptionists' role in signposting patients to services to meet their needs'.

Although respondents agreed with the proposals and approach, there is continued concern, from a small number of people, in West Oxfordshire about the closure of Deer Park Medical practice and the lack of engagement from the CCG on the future of primary care services in Witney, specifically relating to Deer Park and the future of the premises.

People are aware of the challenges facing primary care and the increased housing growth planned for the area. People are concerned about long waiting times for non-urgent appointments, the role of reception staff in triaging patients and if there is a risk in using less qualified staff instead of GPs for some work.

However, in general people were positive about their practices, and appear to have a sympathetic understanding of the pressures facing GPs in primary care.

The wider issues that were identified related to GP recruitment, lack of funding of the NHS, closer working with local authorities around planning and housing developments and improving infrastructure.

Concern was raised about the rurality of the locality and lack of public transport. Communication between health professionals and different NHS organisations could be improved, using better technology. For those that were involved in this engagement, they wanted to know how the plans would be funded and how the plans would be implemented. Specifically raising concerns around the recruitment and retention of staff and the impact that this would have on the development of services. Some of the themes included:

- Improve staff training
- Local Authorities should provide infrastructure
- Increase the opening hours of the Witney MIU to reduce pressure on primary care

- Re-instate Deer Park practice
- Extend services provided at Witney Community Hospital
- Triage minor illness using nurses
- Improve communication between health professionals
- Reduce the number of referrals to Oxford
- Evaluate the services you have already

Whilst we have summarised the key themes that were received from all the engagement responses, some people provided very detailed feedback which has been shared with the colleagues working directly on these plans over the forthcoming months. It is important to note that these are working plans, so ideas and points raised through this engagement process will be explored further as part of our ongoing work and engagement with local communities. For those groups, organisations or individuals that provided detailed responses, we will endeavour to engage directly with you to explore your thinking further.

7. Next steps:

- All of the feedback provided has been reviewed to identify the key themes and these have been addressed in the revised locality plan.
- The full detail of the feedback received has been shared with the West Locality group and the plan will continue to be developed further over the coming months and years.
- On the 2 January 2018, Oxfordshire Primary Care Commissioning Committee received the report on the engagement across Oxfordshire including the findings presented in this report.
- This engagement report and the plan will also be shared with Oxfordshire Health Overview and Scrutiny Committee at their meeting on 8 February 2018.
- Some elements of the plan that can start to be implemented in early 2018/19 will be initiated and appropriate support and funding will be made available.
- The ongoing engagement with patients, the public and clinicians will allow further refinement and development of the plans throughout the following year and beyond.

- The West Oxfordshire Locality Place Based Plan², this report and appendices and any further documents that will be developed in the future supporting locality plans and their implementation, will all be made available on OCCG's website.
- In response to some of the feedback received OCCG will also prepare a public version of this plan and publish it towards the end of January 2018.

² The plan references the feedback from engagement and how it has been used and taken into account within the plan.

Appendix 1: Public presentation

Developing GP services and a locality plan for West Oxfordshire

Wednesday 1 November 2017



North



North East



Oxford City



South East



South West



West

Programme

6.30pm	Arrival and Introductions
6.35pm	Presentation; Developing GP services and a Locality Plan for West Oxfordshire
6.50pm	Panel Questions and Answer session Panel <ul style="list-style-type: none">• Dr Miles Carter, Clinical Locality Director• Dr Kiren Collison, Deputy Clinical Locality Director• Catherine Mountford, Director of Governance for Oxfordshire Clinical Commissioning Group• Julie Dandridge, Deputy Director. Head of Primary Care and Localities
7.15pm	Workshop around tables to discuss: <ul style="list-style-type: none">• Do you agree / disagree with the suggestions / ideas above?• What do you like / works well at your GP practice?• What could be improved at your GP practice?• Do you have any suggestions for how services could work / be improved?
8.00pm	Closing remarks and next steps

GP practices face challenges

- Shortage in workforce and difficulty recruiting staff
- Increasing demand for same-day access for urgent care
- Increasing pressure in managing complex, frail or elderly patients
- Small practices finding it increasingly challenging to be sustainable
- Premises requiring improvement
- Increasing administrative burden
- Increase in the number of non-clinical consultations
- Lack of integrated working



North



North East



Oxford City



South East



South West



West

Primary Care for Oxfordshire

The new model of primary and community care in Oxfordshire will be based on:

- delivering appropriate services at scale
- organising around geographical population-based need
- delivering care closer to home
- a collaborative, proactive system of care
- delivery by a multidisciplinary neighbourhood team
- support by a modernised infrastructure



North



North East



Oxford City



South East



South West



West

GP practices in West Oxfordshire Locality

There are currently eight GP practices in the West locality with a total population of 81,000 patients.

Practice	Number of patients registered
1. Bampton Surgery	8,428
2. Broadshires Health Centre	10,346
3. Burford Surgery	6,525
4. The Charlbury Surgery	5,322
5. Cogges Surgery	7,617
6. The Eynsham Medical Group	13,924
7. The Nuffield Health Centre	12,097
8. Windrush Medical Practice	16,982

The Deer Park context

- Deer Park Medical Centre was closed on 31 March 2017 and 4,399 patients asked to register with another GP practice
- Following a referral to Secretary of State for Health the following advice was given to Oxfordshire CCG and to Oxfordshire HOSC:

The CCG should immediately commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. At the heart of this must be the engagement of the public and patients in assessing current and future health needs, understanding what the options are for meeting their needs and co-producing the solutions. This work should seek to produce a strategic vision for future primary care provision in line with national and regional aims and should not preclude the possibility of providing services from the Deer Park Medical Centre in the future.

NHS England added that this needs to be linked to, and integrated with, the wider OCCG and STP plans for the whole of Oxfordshire.

Developing the plan

We have been engaging people as we develop the plan for West Oxfordshire:

- GP practices have told us about their challenges and ideas for the future
- Patient representatives have told us about the experience of using primary care in west Oxfordshire
- Patient survey data has helped us understand the experience patients have of using local services.
- West Oxfordshire District Council and other organisations have helped us understand the expected growth in housing and future needs.
- Public Health at Oxfordshire County Council have helped us understand the health needs of west Oxfordshire and whether these are different from elsewhere.



North



North East



Oxford City



South East



South West



West

Housing growth

	Total Population			% increase	
	Apr-17	5 year growth	10 year growth	5 year growth	10 year growth
West	81,585	90,266	101,363	11%	24%
Rural West	30,413	33,490	35,563	10%	17%
Witney and East	51,172	56,776	65,800	11%	29%

- Based on planning permission at August 17 granted for new housing development, there are 3,600 dwellings expected in the locality over the next 5 years and over 8,000 in the next years.
- This does not take into account any rebasing as a result of the new formula

- 2.7% of the population is aged 85 and over, just above the Oxfordshire average (2.4%)
- The ward of Burford had a significantly higher proportion of the population aged 85 and over
- Areas of Witney had the highest rates of child and older people poverty in West Oxfordshire
- Health outcomes were generally better than average for Oxfordshire and country.
- The 2 wards highlighted as above average on health indicators:
 - Freeland & Hanborough – death from stroke (all ages)
 - Witney South - hospital admissions for self harm
- The ranking of Freeland & Hanborough ward on stroke deaths (all ages) may have been influenced by the number of care home beds in this area

West Oxfordshire Locality

Challenges:

- Rapidly growing population, in particular Witney, Carterton and Eynsham
- Parts of the locality have a significantly older population, which challenges for access to services as very rural
- Shortage of staff to meet changing demographics



What are our priorities?

1. Meet the needs of the ageing population
2. Ensure safe and sustainable primary care
3. Support access for an increased population
4. Deliver improved prevention

How will we meet our priorities?

- Gerontologists in the community and proactive care in care homes / assisted living
- Increased primary care visiting service
- Improved self-care and social prescribing
- Additional extended access in Rural West
- Enhanced signposting roles for receptionists
- Estates prioritisation

The developing plan

We would like to expand some services, such as:

- Better care for the highest-need patients including:
 - care home residents - more co-ordination and specialist medical input
 - include residents in assisted living developments
 - extend Primary Care Visiting service
 - Community clinics for diabetes and respiratory services - fewer visits to Oxford hospitals.
 - Clearer and more integrated same-day services building on services such as the Minor Injuries Unit, the Neighbourhood Access Hub and GP Out of Hours.
 - Ensure a high standard of end of life care.
 - Increase in self-care and social prescriptions.
 - Develop services, staff and buildings to meet the needs of an ageing population and future population growth.
-

How?

To do this we would like to:

- Develop a wider skill mix of staff, e.g. pharmacists, mental health workers and others working alongside GPs and nurses in local surgeries.
 - Develop closer working with community based teams.
 - Review and change practices' handling of letters, clinical results and requests to make best use of GP time.
 - Assess opportunities for shared back office facilities to aid efficiency.
 - Look to Oxfordshire-wide support for recruitment and retention of GPs.
 - Improve information and services available online.
-

Questions to discuss

1. Do you agree with the suggestions and ideas above?
2. What do you like and what works well at your GP practice?
3. What could be improved at your GP practice?
4. Do you have any suggestions for how services could be improved?

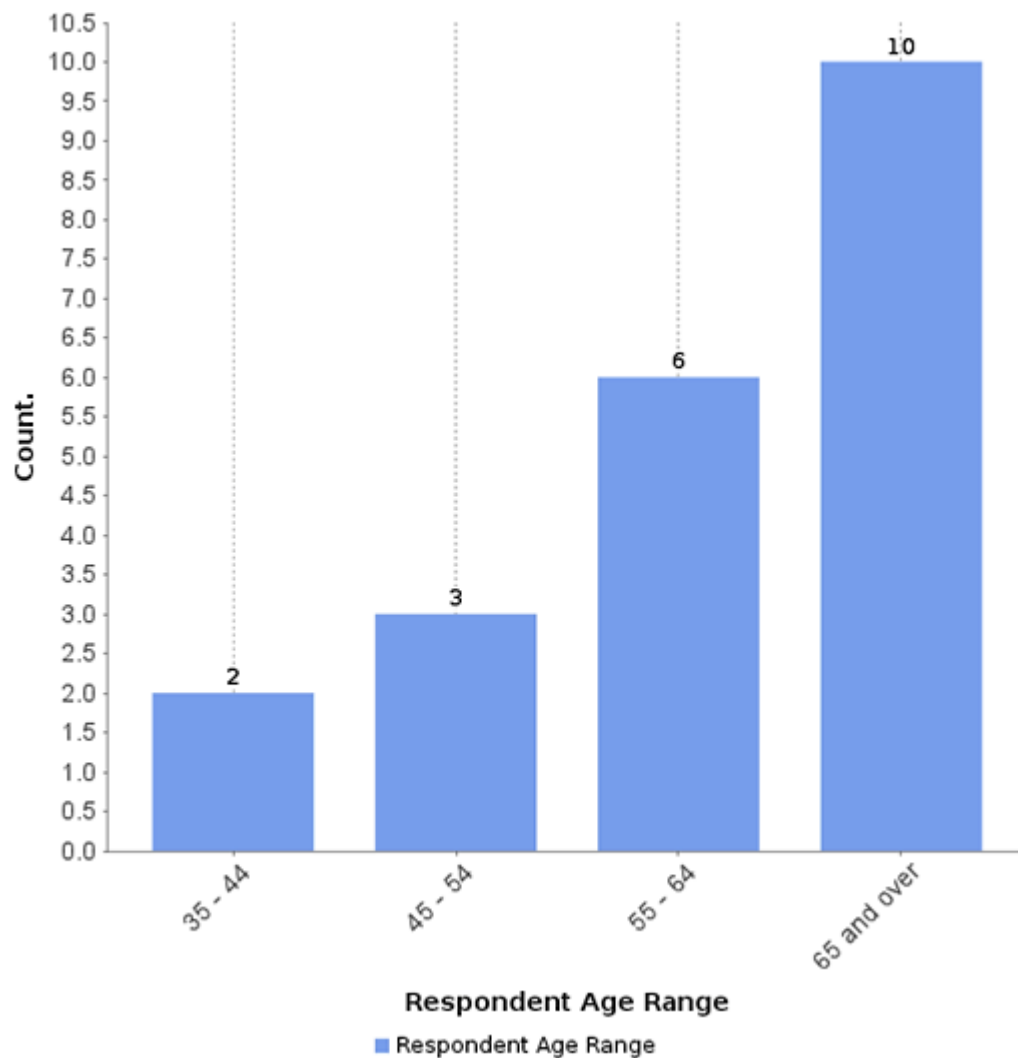
Appendix 2 Witney and surrounding area - Survey Results and Demographics

51 people registered and followed this engagement activity on Talking Health. Of these 51 people, 21 people then responded to the survey.

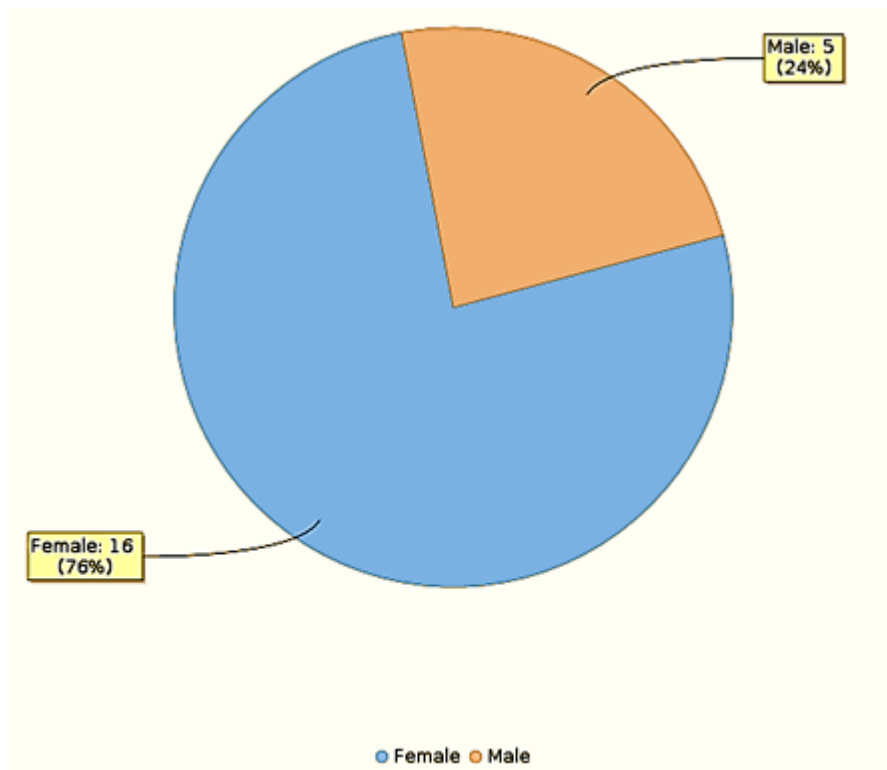
Demographics

The demographics for the 21 people that responded to the survey are shown below:

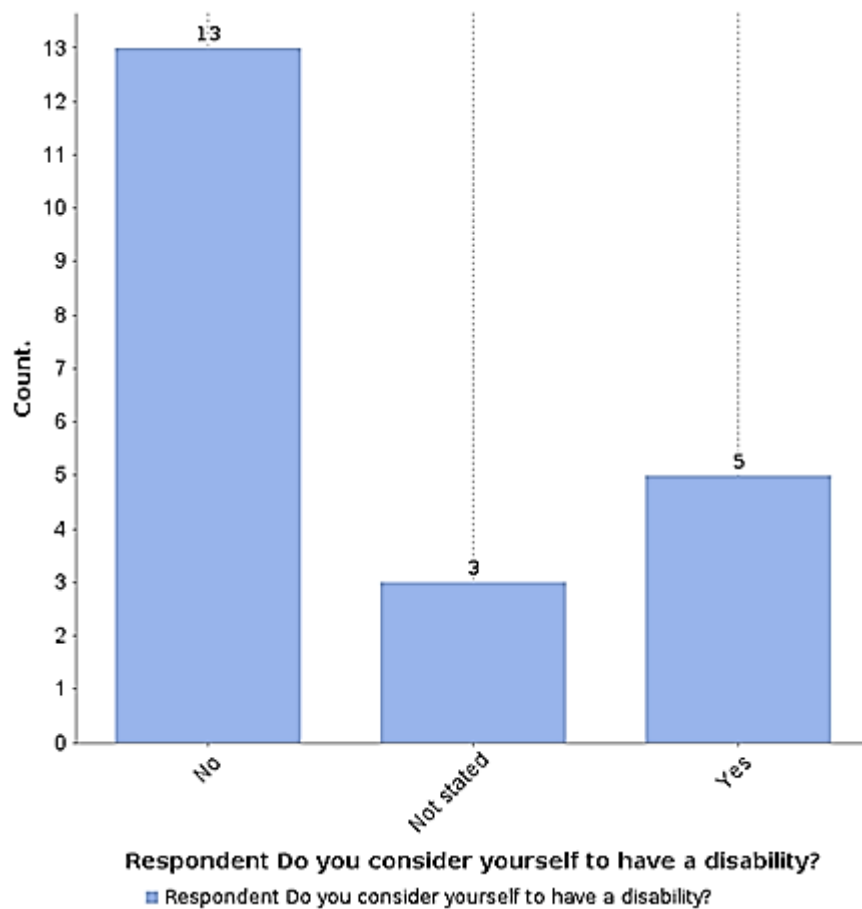
Respondent Age Range



Gender of Respondents



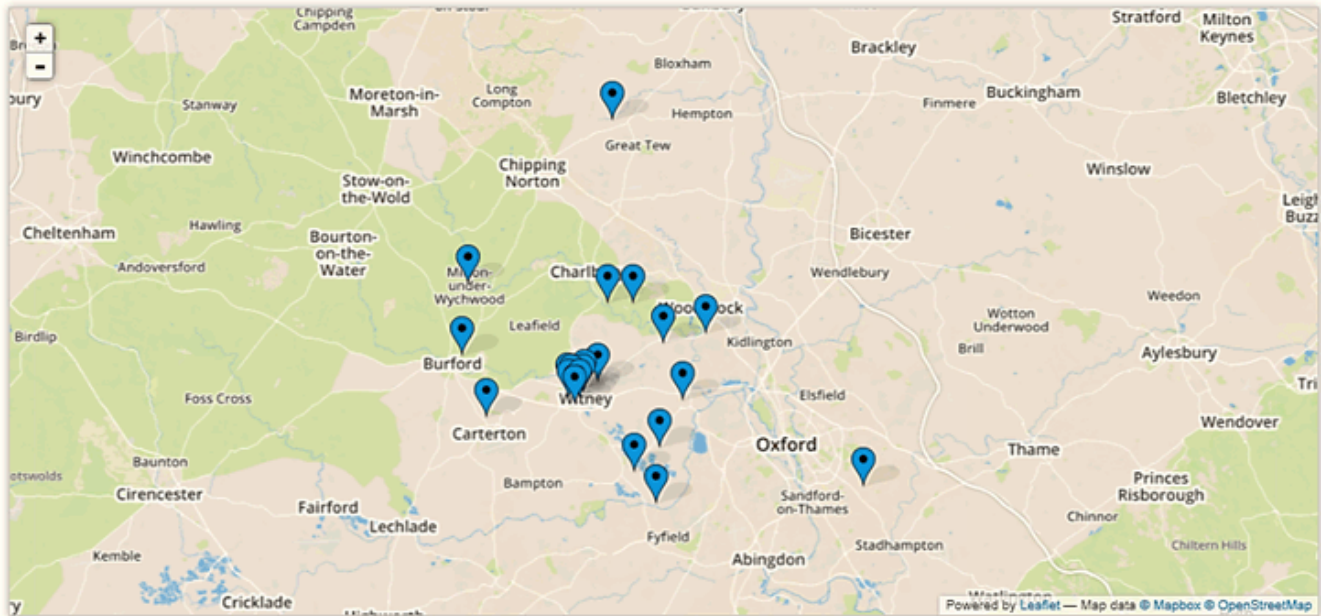
Disability status of respondents



Survey Results

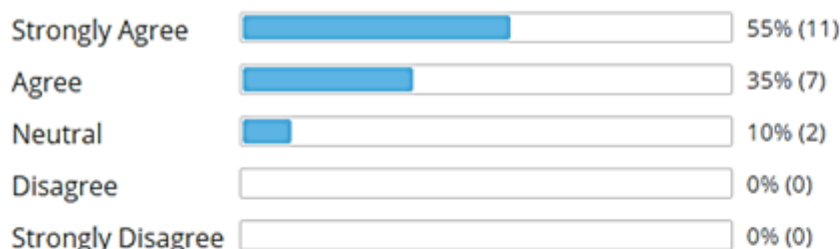
20 people responded to this questionnaire. The map below shows where the responses came from:

Map of respondents - West Oxon Locality Plan

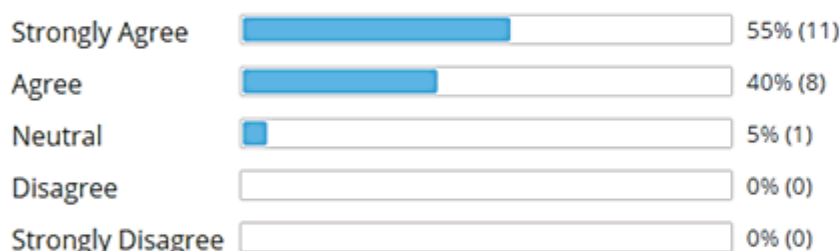


1. To what extent do you agree or disagree with the ideas/suggestions below:

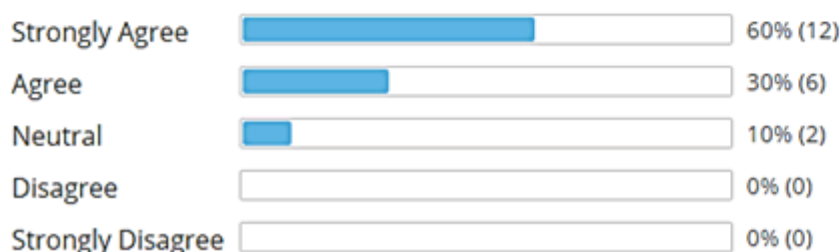
Detailed breakdown for 'Better and more proactive care for care and nursing home residents including more co-ordination of care and specialist medical input'



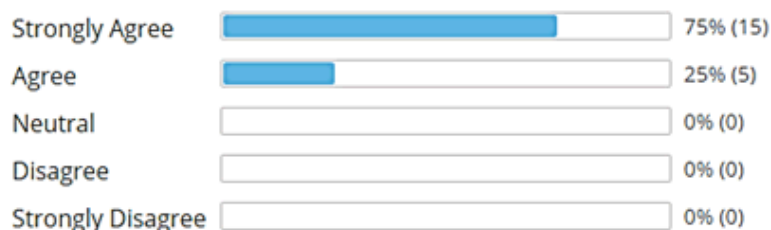
Detailed breakdown for 'Better and more proactive care for residents in assisted living developments'



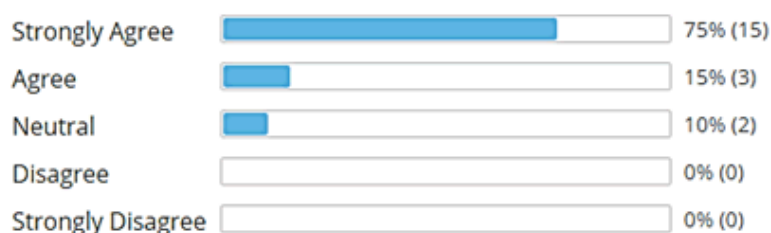
Detailed breakdown for 'Extend Primary Care Visiting service to provide urgent visits to more patients who need it, including later in the day than currently provided.'



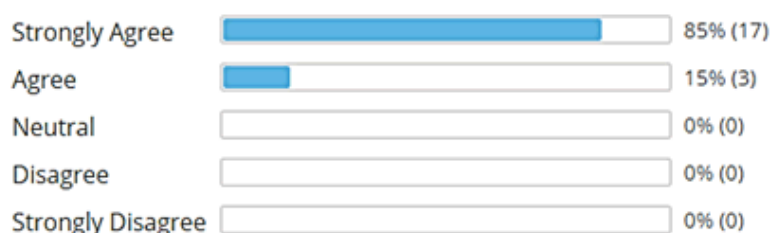
Detailed breakdown for 'Community clinics for diabetes and respiratory services providing more integrated care closer to home and meaning fewer visits to Oxford hospitals.'



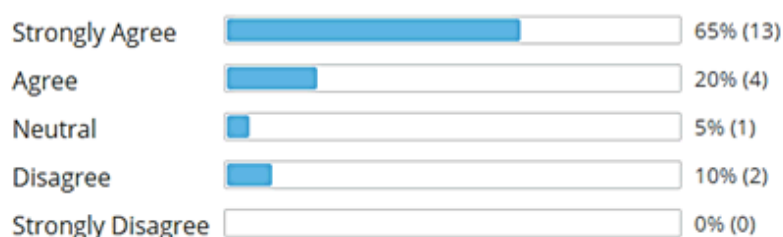
Detailed breakdown for 'Clearer and more integrated same-day services available to patients across the whole locality. This will build on current well-used services such as the Minor Injuries Unit in Witney, the Neighbourhood Access Hub and GP Out of Hours.'



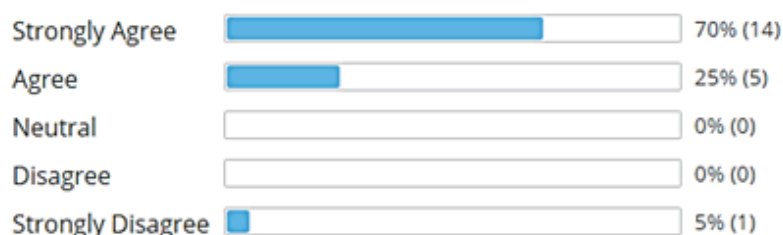
Detailed breakdown for 'Ensure a high standard of end of life care.'



Detailed breakdown for 'Increase in self-care and social prescriptions directing patients to resources in the local community which can help address their needs to reduce the frequency of patients visiting GPs unnecessarily.'

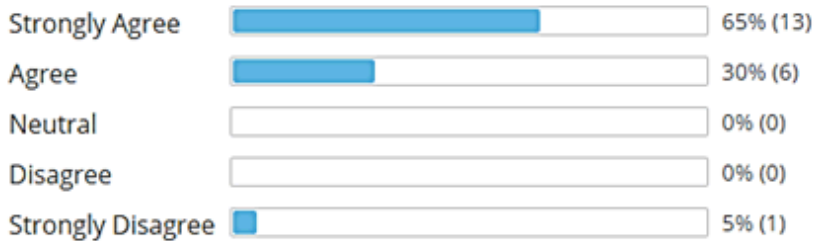


Detailed breakdown for 'Develop services, staff and buildings to meet the needs of an ageing population and future population growth.'

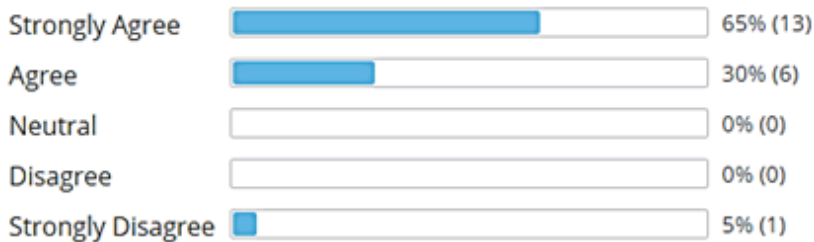


2. Please could you tell us if you agree or disagree with our approach on how to do this?

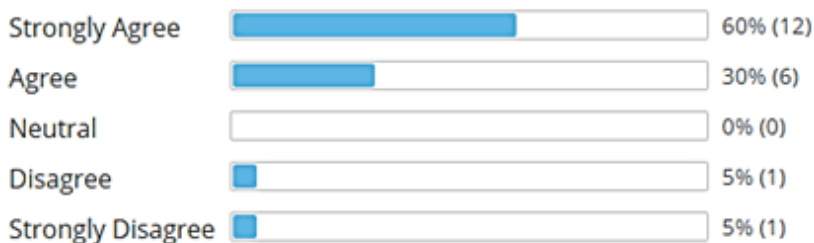
Detailed breakdown for 'Develop a wider skill mix of staff, e.g. pharmacists, mental health workers and others working alongside GPs and nurses in local surgeries.'



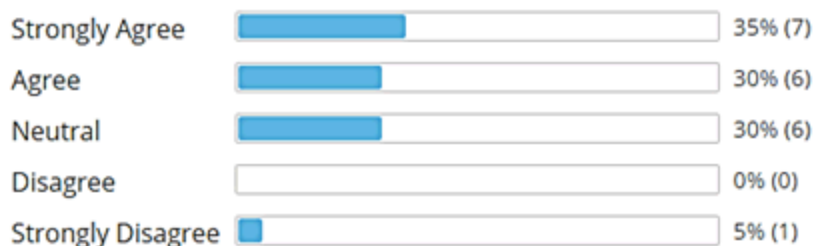
Detailed breakdown for 'Develop closer working with community based teams to further improve care for the highest-need patients.'



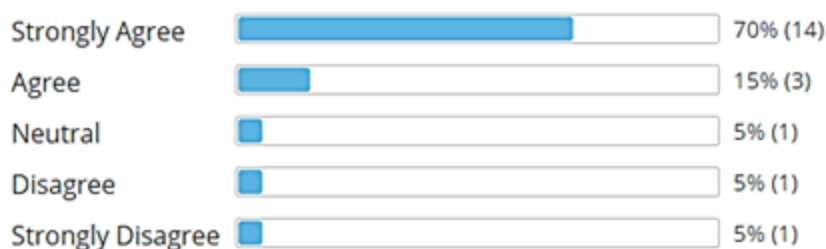
Detailed breakdown for 'Review and change practices' handling of letters, clinical results and requests to make best use of GP time.'



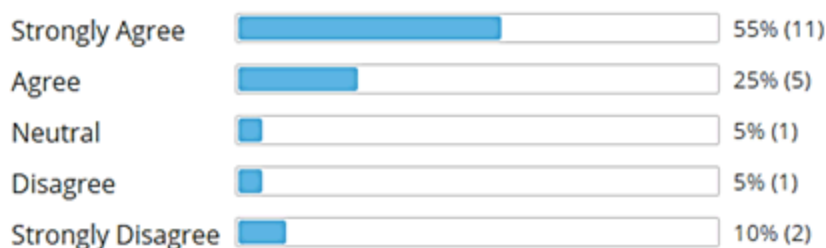
Detailed breakdown for 'Assess opportunities for shared back office facilities to aid efficiency (e.g. administration, finance)'



Detailed breakdown for 'Look to Oxfordshire-wide support for recruitment and retention of GPs.'



Detailed breakdown for 'Improve information and services available online for patients, and enhance practice receptionists' role in signposting patients to services to meet their needs'



3. What do you like / works well at your GP Practice?

Eighteen people responded to this question. The key points made related to:

- Two respondents felt unable to answer this question as they have no relationship with their surgery following the closure of Deer Park
- Some people felt that it was easy to get an appointment if the issue was urgent, but that generally waiting times had increased
- Some felt that staff were polite and friendly
- Online bookings, face to face appointments, drop-in clinics, onsite pharmacy, Saturday clinics, self monitoring equipment were all cited as positive things.

4. What could be improved at your GP Practice?

Nineteen people responded to this question. The key themes raised were:

- Capacity is an issue – suggestion to re-open Deer Park
- Lack of GPs and consequent waiting times, need more funding for GPs
- Reception area cramped
- Reception staff not approachable
- Better collaboration/communication amongst health professionals

5. Do you have any suggestions for how services could work/be improved?

Seventeen people answered this question. The key themes raised were:

- Improve staff training
- Local Authorities should provide infrastructure
- Increase hours of the MIU to reduce capacity on primary care
- Reinstate Deer Park
- Make hospital service local
- Triage minor illness using nurses
- Improve communication between health professionals
- Reduce referrals to Oxford
- Evaluate the services you have already

6. If there is anything else that you would like to tell us about primary care services in West Oxfordshire , please do so.

Sixteen people responded to this question. The points raised were:

- Nurses need training/development
- Facilities need to be developed closer to home
- Expand community hospitals, rehab, EMUs
- Ambulatory care relies on improve transport networks
- Improve IT systems
- What about community hubs based around an agreed population – where do these BOB STP plans fit in this?

- Concern that intermediate care beds are at risk in Witney Community Hospital
- Cost and resource impact on these plans
- Consultation on Deer Park failed
- Continuity of care is important

Appendix 3: Feedback from the events

Oxfordshire CCG held two events in Witney and Carterton in November 2017 and another follow up event in Witney in December to share the engagement feedback and draft plans. The workshops allowed local people to share their views on how GP and primary care services in their localities could be organised.

The key themes highlighted are below:

Witney Event

Key Themes	Summary of issues
Population growth/housing development	<ul style="list-style-type: none">• OCCG must cooperate more with the councils to get funding for health infrastructure• Work with developers• Need to be planning ahead
Access to GP appointments	<ul style="list-style-type: none">• Not acceptable to wait two - three weeks• Poor experience – had to go home to phone for an appointment even though I was already at the surgery• Appointments – some practices have a phone-back system which works well• Want continuity of care but difficult to get appointment with named GP• Important for people with LTC to see own GP who knows you well• Phoned 111 and saw doctor in Witney, experience very good• Early visiting service works well

<p>Access to other clinicians/pharmacists</p>	<ul style="list-style-type: none"> • Should be able to book to see a nurse , not just GP • Pharmacies could be used more as a first point of contact • Pharmacists have skills but not authority to prescribe • More use of triage • More training of receptionists • May not need to see a GP – other professionals could be first point of contact e.g. physio
<p>Recruitment/retention of staff</p>	<ul style="list-style-type: none"> • Shortage of clinical workers is a problem for the proposals • Provide affordable accommodation to help recruit more GPs • Recruitment vital to sustain services • Important for patients to raise funding/investment in GP services issues with their MPs • Upskilling workforce
<p>IT</p>	<ul style="list-style-type: none"> • Patients' notes: not everyone can see them, would assist continuity • Electronic conversations – better use of email and website communications • Don't assume everyone has internet or mobile access. Need paper versions of information • Online booking/ access to notes / prescriptions is good

	<ul style="list-style-type: none"> • Integration of IT systems to encourage more use of computers
Prevention/social prescribing	<ul style="list-style-type: none"> • Not enough emphasis on keeping well • More education in schools about staying healthy • Need to focus on younger generation • Invest time with young people • Social prescribing is a good idea e.g. walking groups • Age UK offers exercise to prevent falls • Paid person to be a befriender or supporter for social prescribing • Keep older people active
Witney Community Hospital	<ul style="list-style-type: none"> • EMU works well • Better use of Witney hospital – gerontologist used to be based there – why was this stopped • Maintain and expand Witney Hospital ; expand the MIU so it can stay open longer and increase capacity
Mental Health	<ul style="list-style-type: none"> • Not enough support for young people • School counsellors have long waiting lists

Carterton – 8 November

Continuity of Care	<ul style="list-style-type: none">• People want to know they can talk to someone when vulnerable.
Transport	<ul style="list-style-type: none">• Getting to hospitals in Oxford - time is so difficult and parking so stressful. Couldn't we set up a skype consultation/video - even if people went into Witney to do this? It would save on transport/ time / stress and make use of technology to cut down on people going
Money/Charging	<ul style="list-style-type: none">• People coming from abroad should pay for treatments.• Think it reasonable to be charged housekeeping for food - the money should go to medical care. But some people find it hard to feed themselves anyway - means testing nightmare.• Money to pay for services is limited to patients need to be given choices• Are these plans affordable• Government need to put more money in the NHS• Agency staff are better paid - bad for patient.• Better pay would help recruitment and staffing. There is no pay rise.• Money - Go regularly to eye hospital/JR. It costs £68m p.a. for patients not turning up - patients should be charged for this.
Housing	<ul style="list-style-type: none">• Housing development - In this area are they looking at creating a new surgery?

	<ul style="list-style-type: none"> • How will they cope with this? • Where are people going to go if surgeries are already full?
Structure of GP Practices	<ul style="list-style-type: none"> • Why can't we require GPs to work in NHS for some time before they go to private practice? • Sharing back office functions - couldn't support more. Council has saved £9m a year in avoiding duplication - small pool of very well trained admin staff. • Length of time to get an appointment an issue • Waiting times for appointments need to go down • A lack of GPs in the Eynsham GP practice so there is pressure on GPs; need to recruit more GPs at the surgery • Why can't practices list conditions that other staff can deal with - signposting • Physios could take a huge load off GPs - muscular skeletal etc • Community based teams - ideal to spot emergencies before they happen
DTCO	<ul style="list-style-type: none"> • On the whole the NHS is a v good service. It's aftercare - 'bed blocking' and time it takes from knowing the person is fit to go home, to the time it takes to get a plan in place. • Used to be intermediate care - maybe nursing homes are taking their place? But they are full. • Recognise that high level full on provision isn't there. It's the convalescent stage during that transition that is needed at a local level. • Out of hospital discharge

	<ul style="list-style-type: none"> • Social Care • Poor sharing of discharge information from OUH. • Overnight stay - discharged and notes transferred to GP. Patient had notes. •
Technology/Communication	<ul style="list-style-type: none"> • If I go to Swindon - the letters don't go back to your GP/the right place - e.g. Cancer treatment in Swindon. Results don't get referred back? Technology to save time and communicate/share information. • Had test at Witney hospital but they didn't know about it at the JR. • Better communications between OUH, GP Surgery, patients at pharmacist without discharge summary. • Language about the elderly - its not our fault • Hospital admin not good, duplicate letters - bad service. Staff frustrated at the hospital with it - problems. • Website improvement and communication.
Pharmacy	<ul style="list-style-type: none"> • NHS cuts to pharmacist - cuts income by 15%. Independent pharmacies. • Pharmacist availability also a problem. GP employ pharmacist to do medicine reviews - new idea. • Pharmacist skill mix • Need more pharmacists to save GP time
Future services	<ul style="list-style-type: none"> • Walk-in services in town centres, shopping areas (i.e. where people are during the day or can get too easily) - for advice, and minor conditions. A good way to promote self-care.

Receptionists	<ul style="list-style-type: none">• Don't want to see receptionists triaging patients• Using receptionists to triage is cost effective for the NHS• Receptionists are rude
Mental Health	<ul style="list-style-type: none">• A mental health nurse should be attached to each practice• Need to look at self-harm rate in south Witney which is above average• People with mental health issues need more support

Appendix 4: Feedback and themes from Meeting with Deer Park Patients

Eight previous patients of Deer Park Medical Practice met with a Director and two senior managers from OCCG on 29 November 2017.

The themes raised at this meeting included:

Themes	
Concern about the IRP advice which did not preclude having a GP practice in Deer Park or another practice in Witney	<ul style="list-style-type: none"> • The CCG haven't taken on board the recommendation of the IRP? • The IRP response was focussed but the CCG plans address wider issues. • IRP states that patients should be involved in the process. • Lack of engagement by CCG
Waiting times	<ul style="list-style-type: none"> • When looking at Deer Park closure waiting time for appointment was 2 working days. Windrush was 3-4 weeks for a non-urgent appointment. Now, its 6-8 weeks for non-urgent. No online appointments available for the last 3 months. More doctors have been taken on and the waiting times are still bad. • Data – analysis of Drs to patients in Witney – 1,200-1,300 patients per GP. This hasn't changed but waiting times have doubled/trebled.
Access	<ul style="list-style-type: none"> • Transport from outside Witney comes in to the Deer Park side but not the other side of Witney. • Concern about people not being able to

	<p>get to the Deer Park building for appointment for other clinical services – physio. Wanted to know how that decision (to have physio services in Deer Park building) was made and whether transport was part of the decision-making.</p> <ul style="list-style-type: none"> • People are making appointments in case they need an appointment and cancelling if they don't need it.
Population increasing	<ul style="list-style-type: none"> • Need to recognise the new developments along the A40.
Alternative suggestions	<ul style="list-style-type: none"> • Suggested there are 2 GPs who worked at Deer Park would be willing to come back. • Have you considered the idea of using the Deer Park as an option. • The land at Deer Park belongs to the council and a new building could be built or expanded there. • Our proposal is that services at Deer Park or somewhere in West Oxfordshire should be re-convened. Need more doctors to allow more appointments available. Hub appointments not sufficient for population. • Deer Park walk-in clinics worked very well and would like to see something similar available. • Open it on a community-led social enterprise.
Financial Impact	<ul style="list-style-type: none"> • Not yet had a cost analysis of closing Deer Park. What would have been the cost of keeping it open? Ploughed money

	<p>into other practices in Witney.</p> <ul style="list-style-type: none"> • We need to have a better understanding of the costs and of the benefits/value of the new model. What are the clinical outcomes? How much has the whole process cost and what would it have cost to stay where we were until the new developments produced more patients. • Concern that commercial element might lead business managers in other practices to be keen to take on new patients to get the extra money without being able to deliver clinical services needed.
Patient outcomes	<ul style="list-style-type: none"> • Comparing outcomes? Look at walk-ins, waiting times for appointments? KPIs used? Has the T/F of patients made things better, the same or worse?
Communication	<ul style="list-style-type: none"> • Messages displayed in waiting room suggests because more patients being absorbed, more notice is needed for prescriptions.
A new practice in Witney	<ul style="list-style-type: none"> • Could bigger practices have worse waiting times? Are the practices being managed properly? • Wanting to have another practice in Witney suggests you have come to the same conclusion? • What are the benefits and disadvantages of opening a new practice in the Deer Park area? • Talked to west Oxon practices about growth.

	<ul style="list-style-type: none"> • Question whether small practices can be sustainable?
Recruitment	<ul style="list-style-type: none"> • APMS contracts are different and challenges of recruiting GPs are not as big. • Many new GPs are reluctant to be partners, so would we not need to move to more APMS contracts?
Shared resources	<ul style="list-style-type: none"> • How much time spent doing the paperwork? Should the other surgeries take on board the model of Virgin and have a hub to take on the back room work.