

**Health Overview and Scrutiny Committee.
20 September 2018**

Chairman's Report

1. HOSC Visit to the Churchill

- 1.0 On the 2nd of July 2018, four members of the Oxfordshire's Joint Health Overview and Scrutiny Committee (HOSC), took up an invitation from Oxford University Hospitals Foundation Trust (OUHFT), which was made at HOSC's February 2018 meeting, to attend the Churchill Hospital to visit its Cancer and Haematology Services.
- 1.1 HOSC's committee members were warmly welcomed at 'Maggie's Centre' at the Churchill Hospital, where they heard how the charity Maggie's offered non-clinical support and environment for cancer patients. Members noted how valuable these services are for Oxfordshire patients and that such support is not available in all places.
- 1.2 Committee members were shown around the Oncology and Haematology Outpatients service, the Day Treatment Unit, Radiotherapy Services and Early Phase Clinical Trial unit. All committee members noted the professionalism and humanity of the staff they encountered.
- 1.3 Members heard how the world-leading research of OUHFT and Oxford University is helping to understand more about cancer and cancer treatments; for patients now and in the future.
- 1.4 During the visit, committee members had the opportunity to understand more about some of the workforce challenges faced by the local health and social care system. This included uncertainty created by Brexit, the cost of living in Oxfordshire and local transport and parking issues. They also heard about some of the initiatives being used by OUHFT and partners across the system to tackle these issues. These included, investing in the back-office to free clinical and care staff from administration, using technology to help with more effective scheduling, being flexible with recruitment and where appropriate, increasing the use of chemotherapy at home.
- 1.5 All HOSC members in attendance personally thanked the team involved at OUHFT for the visit. The Deputy Chairman, Cllr Neil Owen then wrote a letter of thanks to the Chief Executive of OUHFT. This was duly acknowledged by Dr Bruno Holthof.

2. Letter from the Chairman

- 2.0 On the 31st of July, the Chairman wrote to request greater clarity by Oxfordshire Clinical Commissioning Group (OCCG) and Oxford Health Foundation Trust (FT) over the future options for Wantage Community Hospital and the likely timescale for such options to be available for public consultation. This letter is included in Appendix A.
- 2.1 The letter stated how at its meeting of the 21st of April 2016, HOSC recognised the closure of Wantage Community Hospital as a substantial change in service. The

Chairman recognised the changes regarding the planned transformation programme (as it was). However, given the committee's view of April 2016 and now having made that assessment more than two years ago and public consultation still outstanding on the issue, he requested greater clarity as a matter of priority.

- 2.2 The Chairman received a joint response from OCCG and Oxford Health FT (contained within Append B of this report), who committed to presenting a paper to the 20 September HOSC meeting that will set out the emerging framework they are proposing to follow in all localities in Oxfordshire; to determine the health and care needs of the population and how they can be met today and in the future. This approach will be evidenced based and include:
- population health and demographics review
 - local assets mapping
 - identification of good practice
 - consideration of the impact of the Oxfordshire 'Growth Deal'
 - options development and review.
- 2.3 OCCG and Oxford Health FT, recognise how public involvement and engagement will be critical throughout this approach along with the involvement of clinicians and care professionals. They intend to clarify that this work will be advanced and championed by commissioners and providers in Oxfordshire and owned by the Health and Wellbeing Board, with a strong sense of co-production at District level.

3. Health liaison

- 3.0 The Chairman and committee received briefings regarding the following issues, which are each summarised below.

Banbury Health Centre

- 3.1 This briefing was received from Oxfordshire Clinical Commissioning (OCCG) and circulated to the committee on the 28th of June 2018. It contained the following key information.
- 3.2 Banbury Health Centre, situated in Banbury town centre, provides services for its 6,186 registered patients and was providing bookable appointments for non-registered patients. It also provided extended hours 365 days each year 8am – 8pm.
- 3.3 The Health Centre is run by Principal Medical Limited (PML) under an Alternative Provider Medical Services (APMS) contract that was due to expire at the end of March 2018. This was subsequently extended until the end of June 2018 while Oxfordshire Clinical Commissioning Group (OCCG) and PML worked to ensure that there was continued provision of GP services from the Banbury Health Centre site after this time.
- 3.4 OCCG worked closely with the Patient Participation Group (PPG), listened to the views of local patients at Banbury Health Centre and conducted a travel survey. This engagement made it clear that the primary care services provided at Banbury Health Centre are highly valued by the local community and in a central location that benefits many patients.

- 3.5 OCCG worked with PML on how primary care services can still be provided from the same location for the foreseeable future. Subsequently OCCG let a new contract with PML from 1 July 2018 that means:
- From 1 July 2018, registered patients of Banbury Health centre will still be able to access primary care services at the Banbury Health Centre site during standard practice hours (08.00 to 06.30, Monday to Friday). They will also be able to access evening and weekend appointments in the same way that other practices do (extended hours and 'hub' appointments- some being commissioned from Banbury Health Centre until further services are developed at the Horton General Hospital- see below).
 - As from 1 July 2018 Banbury Health Centre (BHC) will not be offering appointments to patients registered at other GP practices in Banbury. Therefore, patients registered to another GP practice who might previously have accessed Banbury Health Centre's extended hours or same day bookable appointments, will now be directed to contact their own practice where they are registered. They will still be able to access extended hours and hub appointments via their own practice. If they need help out of hours they will be advised to call NHS 111.
 - Patients who are not registered with any GP in Banbury, and need to see a GP for urgent treatment, can be seen as a temporary resident at any practice in Banbury.
- 3.6 OCCG are now working with primary care, PML and the relevant partners in Banbury to explore the creation of a new, larger, unified General Practice in Banbury by integrating Banbury Health Centre with West Bar Surgery and Woodlands Surgery. If agreed, this change will occur later in the year.
- 3.7 OCCG are also seeking to bring NHS partners together to bring out of hours and A&E clinicians closer together at the HGH. Which may mean registered patients in Banbury are offered the choice of an appointment at their own practice, in a primary care access hub or, where appropriate, at the HGH.
- 3.8 Because there will be no significant changes for patients at BHC as once anticipated could be the case, a public consultation is no longer needed.

Cogges Practice

- 3.9 This briefing was received from OCCG and circulated to the committee on the 17th of July 2018. It contained the following key information.
- 3.10 Cogges GP Surgery is a small practice in Witney, with a patient register of approximately 7,700 people. Following the loss of two GP partners and without success in recruiting new partners, the with two remaining partners had been facing increasing difficulties in maintaining services at the practice.
- 3.11 The PPG and patients were reported to have been informed of the difficulties being faced by Cogges Surgery and its possible future.

- 3.12 OCCG stated that they were supporting Cogges in exploring their options, assisting in communications with the PPG and patients and until the partners made a decision about the future of the practice, they were unable to take any direct action. In the meantime, the CCG was undertaking background work preparing a thorough options appraisal, looking at the commercial case, strategic vision, service needs assessment, new models of care, state of the workforce and patients/public feedback.
- 3.13 The future of Cogges Surgery will be included in an update to the Committee at its meeting of the 20th of September 2018.

4. The Horton HOSC

- 4.0 Following an Oxfordshire CCG decision to permanently close consultant-led obstetric services at the Horton General Hospital, the decision was referred to the Secretary of State by Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC). As a result the Secretary of State and the Independent Reconfiguration Panel (IRP) deemed that further local action was required.
- 4.1 To respond to the IRP recommendations and establish a HOSC over the relevant patient flow area, Oxfordshire JHOSC agreed a proposal to establish a 'Horton Joint Health Overview and Scrutiny Committee' at its meeting on the 19th of April covering Oxfordshire, Northamptonshire and Warwickshire. All three county councils agreed the proposal in May 2018.
- 4.2 The first meeting of the new Committee will take place on **Friday the 28th of September 2018 at 2pm in Banbury Town Hall**. The membership of the new committee reflects the patient flow for the services under scrutiny and is politically balanced in-line with the upper-tier authorities with health scrutiny powers. There are ten places on the committee, with eight representatives (seven councillors, one co-opted member) being from Oxfordshire and one Councillor each from Northamptonshire and Warwickshire. The membership is therefore as follows:

Member	Member for	Party
Cllr Arash Fatemian	Oxfordshire County (Deddington)	Con
Cllr Alison Rooke	Oxfordshire County Council (Abingdon East)	Lib Dem
Cllr Barry Richards	Cherwell District Council	Lab
Cllr Fiona Baker	Northamptonshire County (Brackley)	Con
Cllr Kieron Mallon	Oxfordshire County Council (Bloxham & Easington)	Con

Member	Member for	Party
Cllr Neil Owen	West Oxfordshire District Council	Con
Cllr Sean Gaul	Cherwell District Council	Con
Cllr Sean Woodcock	Cherwell District Council	Lab
Cllr Wallace Redford	Warwickshire County (Cubbington & Leek Wootton)	Con
Keith Ruddle	Coopted	Non political

4.3 Oxfordshire HOSC will receive a summary from the first meeting of the Horton HOSC at its meeting in the Chairman's report for its November meeting.

5. Task and Finish Group

5.0 The HOSC Task and Finish Group on Musculoskeletal Services (MSK) met for the first time on the 13th of June. Due to timing of the publishing of papers for HOSC in June, the following was circulated to the committee via email to summarise the content and outcomes of that meeting.

- The Task Group met for the first time on the 13th of June, with Cllr Lovatt, Cllr Price and Dr Cohen from the Committee and representatives of OCCG and Healthshare (the existing provider of MSK services).
- The Terms of the Reference for the Group were confirmed, with the only change being in Cllr McHugh no longer being able to participate because of his new appointment on the Executive of Cherwell District Council.
- The meeting reviewed the history of MSK services, the development of a new service specification and a procurement process to appoint a new provider. Key messages within this are:
 - Services needed to change to address significant waiting times, to introduce an integrated approach and to improve patient experience and access.
 - Clinicians and patients were engaged in an extensive process to develop a new specification for MSK services.
 - The procurement process which followed was lengthy, complex and challenging. The process resulted in a new provider of MSK services in Oxfordshire.
- The transfer of services to the new provider has been impacted by legacy issues, including the hand-over of over 12,000 patient paper records.
- Early indications are that the new provider is reducing the wait for MSK services.
- Next steps for the Group will be:

- To hear evidence and stories from patients, patient representative Groups, GP's, an orthopaedic surgeon and previous providers to understand the full implications of the change in contract on patients.
 - A further meeting with the CCG and Healthshare would be established in early November to allow the Task and Finish Group to see a full year's worth of performance information on the new contract.
- The output of the Task and Finish Group is proposed to be a jointly-presented item (HOSC Task Group and the CCG) at a full HOSC. The planned date for this is February 2019.
 - The format will be a report written by the CCG on the MSK services contract background, existing service, evaluation and quality monitoring. The Task and Finish Group will also write a report on the findings of their evidence gathering. A third and jointly-agreed report will then pull together all of messages from the Group's work to make some clear recommendations to HOSC.

5.1 Following the meeting in June and the agreement to hear evidence and stories from patients, patient representative Groups, GP's, an orthopaedic surgeon and previous providers to understand the full implications of the change in contract on patients, two meetings have now been scheduled for the Task and Finish Group. During the meetings in September, the Group will be asking each party to reflect upon the following:

- Can you describe your current experience of MSK Services in Oxfordshire?
- Can you describe how your experience has been different in the past?
- From your perspective, what do you think works well about the service as it is being provided today?
- From your perspective, what do you think needs improving about the service?

5.2 Due to the timing of the publishing of papers for the September HOSC, a summary of the group's meeting on the 12th and 17th of September will be reported in the Chairman's report in November 2018.