

**Overview and Scrutiny Committee.  
29 November 2018**

**Chairman's Report**

**1. Health liaison**

- 1.0 The Chairman and committee received briefings regarding the following issues, which are each summarised below.
- 1.1 GP contract decision pathway workshop
- 1.2 On Friday the 21<sup>st</sup> September, three HOSC members attended a stakeholder workshop at the Kings Centre to discuss a decision pathway in the instance a GP hands back its contract. This workshop included representatives of NHS England, the Local Medical Committee, Healthwatch, Patient Participation Groups and patients themselves. The meeting was held as a result of contract notices given in Oxfordshire practices, with different paths taken and different outcomes.
- 1.3 During the meeting, the factors which need to be considered were explored and the following issues raised:
- Consideration of the size of the practice
  - Rural or urban setting of the practice
  - Early indications of a struggling practice
  - The employment model the practice is working with and their existing partnerships
  - The estate the practice occupies
  - Viable options for the future (inc capacity considerations)
- 1.4 The results of the workshop are being fed into a draft 'decision tree', which the same group of stakeholders will consider again on the 21<sup>st</sup> of November 2018. The decision tree will consider the lessons of what has (and has not) worked in Oxfordshire in the past.

**HOSC recommendations on review of local health needs and Wantage Community Hospital**

- 1.5 A meeting was held on the 2<sup>nd</sup> of October with five HOSC members, the Director of Governance from the CCG and the Chief Executives of the CCG and Oxford Health FT (OH) to discuss recommendations that were made by HOSC at its meeting on the 20<sup>th</sup> of September 2018. The meeting was requested by the CCG and OH to clarify HOSC expectations regarding the recommendations the committee made during its meeting. The recommendations were:
1. *The Oxfordshire Clinical Commissioning Group (CCG) Board to consider the committee's comments about the effective coordination of local needs with broader county health issues in their proposed framework for assessing local health needs;*
  2. *Oxford Health Foundation Trust to take a recommendation to their next Board meeting to release the reserved capital funds, in this financial year, to undertake remedial works on Wantage Community Hospital. This is to ensure the condition of*

*the building does not exclude it from options for the future of health services in the local area; and*

3. *The CCG to accelerate the timeframe for the process they propose in assessing health needs and be ready to come forward with concrete proposals at the 29th of November HOSC meeting. This includes to be ready, or close to being ready, for any necessary consultation on services in Wantage Community Hospital. For example, this may include the resumption of some services or change to services for consultation.*

1.6 The following summarises the discussion:

- The Chairman stated that the HOSC recommendations were made formally, in public, given the committee's consideration of all the issues presented to them on the 20<sup>th</sup> of September 2018. Representatives of the committee present at the meeting of the 2<sup>nd</sup> of October, were not empowered to change or negotiate these recommendations but could offer clarity on what was expected in response.
- With specific reference to recommendation (3), and accelerating the timescales involved for consultation, the CCG outlined how there are specific requirements on the NHS with regards to consultation. The law requires NHS bodies to engage with members of the public before making decisions on changes to health services and then to formally consult where changes are substantial. Where formal consultation is required, NHS England need to provide assurance on proposals which are written in a Pre-Consultation Business Case (PCBC) which contains all the necessary evidence for assurance. The NHS England assurance process takes two months to complete and a consultation period would run for 12 weeks, in line with statutory guidance.
- There was a discussion regarding the definition of consultation and engagement so as not to confuse expectations with legal definitions in the NHS. The interpretation of what is consultation and what is engagement has specific legal definitions for the NHS. Consultation for the committee is about open communication with the public and giving the public opportunities to have their say in the shape and provision of services. The NHS understands this to be more like an early step of the process, going out to formal legal consultation only when proposing service change.
- Engagement is a development phase of exploration with patients and residents. Proposals emerge from this, along with identifying alternative models. Consultation is a formal set of options which are clinically safe, sustainable with staff, affordable and deliverable. In engagement, people might say they want access to primary care, they might be concerned about dementia or they might be concerned with access to community hospital beds. Engagement bears this out.
- HOSC, at its meeting on the 20th of September, understood that the new approach is one of engagement that comes up with options, some which can be progressed without consultation and some which may need consultation. HOSC was also clear that the Wantage Hospital closure was supposed to be temporary but two years (three by the time consultation is likely), is not temporary. By end of November, the committee expects to see an acceleration of the proposed framework up to deliver proposals which can be taken forward, either to recommence services, deliver identified services from Wantage and/or to move forward appropriately to consultation. The Committee want specific information which will describe how decisions will be taken to move forward on any consultation. This may include the CCG speaking to local residents, looking at models working in other places and be

understanding which aspects may be able to change anyway and which are likely to need consultation.

- Changes to models of service delivery in other community hospitals which have been made in the past are not popular when first proposed and people think they are losing hospital beds. The models of care now in Henley Townlands and Thame Community Hospitals are now popular with patients and residents, but this was not the case before and during the changes.
- The original reason for not progressing remedial plumbing works at Wantage Hospital was because the issues with the system which had been created by incremental changes, creating spaces in the plumbing system for legionella to develop. Carrying out remedial works and spending £450k when changes to the configuration are very likely would not be a good use of public money. Oxford Health FT Board will reconfirm the money will be available to replumb the hospital, as determined necessary, so that the need for replumbing does not stand in the way of the options.
- There is a need to have as wide ranging an engagement process as possible, so that the process is not just about beds; its about primary care as well, local health issues and other models. The process has to be sufficiently broad in consideration of local health need, yet it is key that proposals are specific; with specific dates for events and decisions by the HOSC November meeting.
- The HOSC paper deadline is seven weeks away and by that time, the recommendations make it clear that the CCG needs to be ready to come to HOSC having taken action, be specific and have an understanding of proposals for engagement and then consultation. The stages of the framework proposed at the HOSC meeting on the 20th of September need to be progressed at pace. There needs to be a vision and a strategy developed for Wantage which the CCG need to schedule engagement on and make a decision for moving forward to formal and legal consultation. The end point needs to be sooner than the existing process indicates (e.g. February-March instead of May 2019).
- The CCG can begin the conversation with Wantage residents before the HOSC meeting in November; this is engagement work which will flow into the formulation of proposals which may or may not require consultation but they cannot move into a formal consultation until the engagement work has been completed and options have been developed. This is a requirement of NHS England assurance, who are the body that give the approval to move to consultation.
- The CCG and OH need to have a conversation with NHS England to explain the locally specific issues which need resolving so that the broader health issues picture can be looked at. NHSE need to understand the local context and that HOSC and health are working together, in-line with the recommendation from the Secretary of State and in-line with the local HOSC/health protocol which NHSE themselves were involved in developing.

### **Next steps:**

- The CCG and OH to meet with NHSE to explain the local circumstances and what they are expecting them to do with regards to assurance as the terms with which they deal with these issues need to be different.
- CCG and OH to feed in to the HOSC Planning Group after the NHSE conversation.
- CCG and OH to report back to HOSC on the 29<sup>th</sup> of November against the recommendations outlined by the committee.

## Chairman's meeting with the CQC

1.7 The Chairman was interviewed on the 6<sup>th</sup> of November as part of the Care Quality Commission (CQC) re-visit to understand progress being made by the Oxfordshire health and social care system since its inspection in November 2017.

## **2. The Horton HOSC**

2.0 The first meeting of the new Committee took place on Friday the 28<sup>th</sup> of September 2018 at 2pm in Banbury Town Hall. In considering the Oxfordshire Clinical Commissioning Group (CCG) and Oxford University Hospital (OUH) Trust's proposed approach to addressing the Secretary of State's recommendations in response to the referral of proposed changes to obstetric services at the Horton General Hospital, the following was agreed at the meeting:

1. A meeting of the Horton HOSC would be arranged in early/mid-November 2018 the CCG and Oxford University Hospitals FT (OUH) will share:
  - a) A more detailed scope for each of the proposed workstreams and a realistic timetable for completion.
  - b) A review of transfer times between the Horton and JR hospitals for mothers needing obstetric interventions and the contingency plans for when there are multiple demands on the dedicated ambulance or severe traffic delays, etc.
  - c) A clinical view on the acceptability of the quoted transfer times (30-120 minutes) from the Horton Hospital to the JR.
  - d) An overview of the data on mothers who have *chosen* to go to other hospitals because of the situation at the Horton and where those hospitals were.
  - e) Analysis of the current and future demand for services at the Horton, including an assessment population growth as a result of future housing and growth plans.
  - f) A comprehensive engagement plan that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire.
  - g) Further refinement of the options (particularly option 4 in the papers provided to the Horton HOSC on the 28th of September to have 50 / 50 split of nontertiary births) to take account of the population share of births, as opposed to just the size – i.e. some sensitivity analysis.
  - h) An overview of the cost of patients going out-of-county vs. the income received from patients coming to the Horton.
  - i) The questions in the proposed survey before this is sent out.
  - j) Detail about the options appraisal process and any weighting of the appraisal criteria.
  - k) Further information about the approach to recruitment and retention of midwives and doctors at the Horton.
2. An 'opinion-evidence gathering meeting' will be held in December 2018 for the Horton HOSC to hear the views of key stakeholders, the public and interested parties in order to inform the Committee's future scrutiny of CCG and OUH plans.

The Committee agreed to initially invite the following witnesses (this is not an exhaustive list):

- The Local Medical Committee
- District Councils
- Healthwatch (across Oxfordshire, Warwickshire and Northamptonshire)
- Royal Colleges
- NHS England
- Thames Valley Clinical Senate
- Interested professionals (e.g. midwives, obstetric trainee doctors, middle-grade doctors, consultants)
- The Ambulance Service
- Mothers / families who are or have been affected by the loss of obstetric services at the Horton
- Campaign groups

2.1 The next meetings of the Horton HOSC are scheduled for:

- Monday 26th of November
- Wednesday 19th of December 2018.

### **3. Judicial Review**

3.0 A Judicial Review was heard on the 6th and 7th of December 2017 in response to a legal challenge on Oxfordshire Clinical Commissioning Group's (CCG) consultation for Phase One of the Transformation Programme. The challenge was launched by Cherwell District Council, with support from South Northamptonshire Council, Stratford-on-Avon District Council, Banbury Town Council and interested party Keep the Horton General. Following the hearing at the High Court Judge, Mr Justice Mostyn announced his decision on the 21st of December to dismiss the judicial review on all six points relating the consultation process.

3.1 In response to the judgement, Keep The Horton General campaign lodged an appeal against this decision in January 2018. On 30th of October 2018, there was an announcement that Keep the Horton General Campaign were granted the right to appeal against Mr Justice Mostyn's decision in December 2017.

3.2 The CCG released the following statement from Louise Patten, Chief Executive in response to the decision to grant a right to appeal:

*"We are disappointed with this new development as it has been nearly 11 months since Mr Justice Mostyn ruled in favour of the CCG in the judicial review of its Transformation Consultation process. The judge dismissed the claims brought by the claimants which included interested party Keep the Horton General campaign group. We are currently seeking clarification on the implications of this permission to appeal as well as the impact this legal process has on progressing the Secretary of State's recommendations and working with the newly formed joint Horton Health Overview and Scrutiny Committee."*

*“I personally feel that the Horton General Hospital has a vibrant future. Last year saw the refurbishment of the endoscopy unit; the award winning bowel scope screening test will be rolled out to the hospital in December and good progress is being made to develop a single access point for patients requiring urgent care at the front door of the Horton.”*

#### **4. MSK Task and Finish Group**

4.0 The HOSC MSK Task Group met several times during September, October and November. The following summarises the Group’s meetings:

<b>Date</b>	<b>Details</b>
12 <sup>th</sup> Sept	Meeting to gather views of MSK services from patients through Healthwatch and from GP’s through the Local Medical Committee
17 <sup>th</sup> Sept	Gather the views of clinicians working within the MSK pathway
19 <sup>th</sup> Sept	Hear the perspective of a previous provider
9 <sup>th</sup> Oct	Review information gathered and determine next steps; this included drafting some recommendations to discuss with Healthshare and the CCG
5 <sup>th</sup> Nov	Meetings with Healthshare and the CCG to look at a full year’s data, discuss performance and draft recommendations

- 4.1 The Group has made some interim recommendations, which the CCG and Healthshare are taking action on. In addition, the Task and Finish Group supported recommendations that Healthwatch made regarding the services made through their report to the Task Group. These recommendations can be found in Appendix A of this report and have been published on the Healthwatch website, along with positively received responses from Healthshare and the CCG, they can be found here: <https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/>
- 4.2 Following the Task Group’s last meeting on the 5<sup>th</sup> of November, it is now in the process of gathering final pieces of information in finalising its recommendations. Its recommendations will be shared with the CCG and Healthshare for a response before reporting to HOSC in February 2019.

## Appendix A: Recommendations from Healthwatch Oxfordshire Report on MSK services

1. Constant problems with accessing Healthshare telephone number:
  - a. Increase capacity at Healthshare to answer calls within agreed time
  - b. Do not let people hang on waiting for reply then cut them off!
  - c. Offer a call back system
2. Patients not receiving written confirmation of appointment time and location:
  - a. Automated letter sent within 24 hours of when appointment made with contact number and email for cancellation / further information
  - b. Use mobile telephone text for confirmation and reminder
3. Patients are being asked to travel substantial distances to appointments:
  - a. Review of locations of service considering where people live who are being referred
  - b. First choice appointment offered at closest location – ask the patient as they will know travel / public transport needs
4. Information about Healthshare not given to patients on referral – confusion arises about whether this is an NHS service or not and how to contact them prior to receiving ‘welcome’ letter a. General Healthshare leaflet given to all patients referred by GP to include contact number, email, commitment to contact within set time
5. The Healthshare complaints procedure, including how to complain, should be accessible on the web site and in paper form. Patients who file a complaint should then be responded to stating whether Healthshare are treating this as a formal complaint.
  - a. Healthshare must be required to report to OCCG on complaints received.
  - b. Healthshare should place the Healthwatch Oxfordshire widget on their web site, thus giving patients a route to an independent voice.
6. ‘How are we doing?’ is **not** part of a complaints procedure:
  - a. Healthshare should be required to report to OCCG analysis of ‘How are we doing?’ not just on the patient survey.
7. Patient satisfaction survey does not ask any questions about the referral process or administration:
  - a. Healthshare Patient satisfaction survey must include questions about the referral process, and communication between Healthshare and patient.