

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 20 June April 2019

Title of Paper: Oxfordshire Clinical Commissioning Group: Key & Current Issues

Purpose: The following paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on:

- Bicester primary care
- Banbury Primary Care
- South Oxford Health Centre
- Sue Ryder Palliative Care Pilot
- Finance Update

Senior Responsible Officer: Louise Patten, Chief Executive, Oxfordshire Clinical Commissioning Group.

Oxfordshire Clinical Commissioning Group: Key & Current Issues

1. Bicester Primary Care

Bicester has three GP practices, the Alchester Medical Group, Montgomery House Surgery and Bicester Health Centre. Together they cover a registered population of 50,300 patients.

In line with primary care across the country, Bicester's GP practices are facing the challenge of an expanding population in the town which is expected to grow from 30,000 to 50,000 over the next decade. Cherwell District Council's Local Plan is the prime mover for this expected population increase and is a long term vision for the district over the next 15 years. It includes significant investment in Bicester for 10,000 new homes, thousands more jobs and better transport links including new train, cycle and pedestrian provision.

All GP practices in Bicester need more physical space to meet demand and to provide quality care for a growing population. In addition, primary care in the town will need to be multidisciplinary and offer more enhanced healthcare which would mean fewer patients travelling to Oxford or Banbury for hospital treatment. The existing premises at the Alchester Medical Group practices and Montgomery House Surgery are not big enough to accommodate their growing patient list, and they have limited options to expand on their existing sites.

All three GP practices in Bicester have been talking together over the past year to find a way forward to meet the challenge of a growing population. Their proposal is to relocate Alchester Medical Group's three sites into a new purpose built premises with Montgomery House Surgery – this would be on a site (yet to be identified) in Bicester by 2022.

The Bicester Health Centre has the space to expand at its current site. The practice GP partners did consider moving into the new building shared with Montgomery House Surgery but the practice partners have agreed the best option is to remain in their building and develop plans for expansion as their patient list expands.

The benefits of this proposal:

- There would be more space to accommodate the growing number of patients in each practice
- It would allow the surgeries to provide additional services in purpose built GP practices
- It would create better and bigger parking facilities and encourage patients to use more buses, cycling and walking to the new site
- It would allow Bicester Health Centre to expand facilities and services at its current location

- Patients will have a choice of a town centre GP practice or one of two GP practices in new facilities on the edge of town (location to be decided).

The three practices have undertaken wide engagement with stakeholders over the past year with local GPs, patients, the public, local councillors, local MP and Oxfordshire CCG. Discussions have included explaining the challenges facing primary care in Bicester and the opportunities to make GP services more effective as well as listening to the views, ideas and concerns about the impact changes would have on patients. This activity has included the following:

- Meetings with District and Town Councillors to explain the challenges they face and their proposal to change primary care services locally.
- GPs from the three surgeries have met with the lead for the Health and Wellbeing Board on Cherwell District Council and the leader of Bicester Town Council.
- OCCG supported each of the GP practices in Bicester to have a short information video made and shown on practice and [CCG websites](#) and which have been shown on surgery screens in the reception of each surgery (with subtitles). These films explained the challenges facing primary care in the town and the proposal for the future of GP practices in Bicester.
- Each GP practice in Bicester announced the proposals for the future of GP services in the town on their websites from February onwards. OCCG has also provided information on its website around the challenges facing GP services in Bicester.
- PPGs in each of the three GP practices in Bicester have been discussing the need for new premises for some time.
- A survey was organised by the practices to gather views of patients during March and April 2019. Paper copies were made available in the GP practice waiting rooms as well as an online version. The survey asked four questions around how patients travel to see a GP, if they agreed with a new purpose-built surgery, what they considered were the most important things when looking for a site for a new surgery, and what other factors patients considered important in the planning of a new surgery. Main findings from these patients were:
 - most people drove to visit their surgery (70% of the time)
 - 40% were undecided on a new purpose built surgery
 - 40% agreed with a new purpose built surgery
 - 20% disagreed with a new purpose built surgery
- An open public meeting was held at the John Paul II Centre in Bicester and attracted almost 200 people on 14 May 2019. The meeting was a mixture of presentations to explain why a move was necessary and to provide feedback on the results of the survey, present the options being considered and answer questions from the public. It was an opportunity for GPs from Alchester Medical Group, Montgomery House Surgery and Bicester Health Centre to meet with the wider public and patients and explain the proposals for changing primary care services in Bicester in response to a growing population in the town. The meeting was also attended by OCCG and local Councillors. The meeting was promoted by the GP practices in Bicester and via Oxfordshire CCG's website and social media sites.

All staff at Alchester Medical Group and Montgomery House Surgery were informed of the proposals for primary care in Bicester in late February 2019. This engagement included a staff travel survey for employees of both practices to find out if there would be a significant change in travel pattern if another site was selected for a possible new surgery. Around 60 staff responded. The main findings of the staff survey were:

- Most staff at the Alchester Medical Group drive to work and there would be little difference in the distance travelled to either of the proposed new sites.
- More staff at Montgomery House Surgery walk to work - compared to staff at Alchester Medical Group - so they would be more affected by the move and the location of a new site.

The findings from patient and staff feedback are published on the GP practice [websites](#) and will be used to help shape the ongoing discussions with stakeholders who are involved with the proposals. These include the partners who would develop the proposed site/building for a new surgery, the local authorities and with bus companies to help improve transport links in the area. If the proposals are agreed Alchester Medical Group and Montgomery House Surgery should move into a new site in 2022.

2. Banbury Primary Care

The sustainability of primary care in Banbury has been discussed with the HOSC previously ([November 2017](#)). Part of this discussion focused on a solution for sustainability for primary care in Banbury was agreed in July 2018 with Principal Medical Limited (PML – a local GP Federation) working towards bringing together Woodlands Surgery, West Bar Surgery and Banbury Health Centre under PML to deliver primary care ‘at scale’ in line with the national direction as part of a new integrated practice.

The Banbury Health Centre contract (Alternative Provider Medical Services - APMS) ended on 30 June 2018 which allowed OCCG to seek a solution that would bring sustainability to Banbury primary care. OCCG determined that for the General Medical Services (GMS) elements of the service it wished to identify a provider who would provide primary care services at the Banbury Health Centre site and also work with existing practices in order to develop a long term sustainable solution for primary care in Banbury. The provider would be expected to actively collaborate with local Primary Care Providers. OCCG were aware of a number of GP practices who were keen to collaborate with others to deliver more resilient services and offer a wide range of care through working at scale.

The first stage of the process resulted in the award of the APMS contract for Banbury Health Centre to PML from 1 July 2018 as part of a step towards the longer term solution. The second stage was transacted at the start of May 2019 with PML now responsible for the West Bar Surgery GMS contract. There is no change to the provision of services and GPs and staff have remained. PML and the practice have been engaging the Patient Participation Groups (PPG) throughout this process.

Horsefair Surgery in Banbury has faced significant pressure over the last three years in its efforts to ensure patients get good quality services with the loss of a number of partners and with difficulty in recruitment of new staff. In December 2016 the practice partnered with two new partners and then engaged Integrated Medical Holdings (IMH) to provide the business administration support at the practice and bolster resilience. Subsequently, for a number of personal reasons the three longstanding GP partners left the practice at the end of June 2017. Since then the clinicians and staff have managed to improve Horsefair Surgery from a 'requires improvement' to a 'good' CQC rating.

The IMH Group is a network of primary care sites across the UK whose aim is to help the NHS to deliver its 5-year plan. It is a clinically led group of over 50 sites, including GP Practices, Walk-In Centres, and Urgent Care Centres

Following another partnership change in late 2018, Horsefair has been run under a GMS partnership with two executive GP Partners with IMH providing back office support. However at the end of March 2019, IMH withdrew from supporting Horsefair Surgery and a number of other practices across the South East region. Prior to this, IMH had been working with PML to pass the Horsefair Surgery contract to PML.

In order to provide stability for Horsefair Surgery, OCCG's Primary Care Commissioning Committee agreed that PML take over the running of Horsefair surgery subject to due diligence exercise. This is in line with the longer term solution for Banbury. This will ensure that stability of the practice is maintained.

3. South Oxford Health Centre

In recent years, South Oxford Health Centre, in Lake Street, Oxford, has been working hard to meet current challenges at the practice - difficulties in recruiting new doctors, increasing workloads and costs, all of which are similar to those faced by many other practices across the country.

Despite these efforts, the practice's only remaining partner, decided to end his contract to provide primary care services on 31 July 2019.

Oxfordshire Clinical Commissioning Group (OCCG) followed the Primary Care Decision Tree developed last year. An initial meeting was set up with the practice PPG to discuss the situation. OCCG then wrote to other Oxfordshire GP practices inviting expressions of interest in taking over the contract from 1 August 2019 and to run the practice as a branch surgery.

OCCG has accepted a bid for the contract from neighbouring practice - St Bartholomew's Health Centre in East Oxford. All staff currently at South Oxford will remain, including former partner Dr Nick Wooding, and the surgery premises will remain open. This will mean patients at South Oxford Health Centre can expect their primary care services to continue to be provided from the same building and staff.

4. Sue Ryder Integrated Community Palliative Care Pilot

In April 2018 Sue Ryder launched an Integrated Community Palliative Care Pilot to expand existing community services available from its hospice in Nettlebed, in South Oxfordshire.

The Palliative Care Hub provides a single point of access via a central contact telephone number for patients, carers and healthcare professionals. The service incorporates planned Clinical Nurse Specialist (CNS) support, Hospice at Home, Clinical Nurse Specialist Rapid Response and a fast track Continuing Health Care service. All of the inpatient beds at the Nettlebed Hospice remained open.

For the past year it has an additional service, funded by the charity and ran alongside current services. In February 2019, OCCG agreed that Sue Ryder could extend their Palliative Care Hub pilot for another year until the end of March 2020.

While Sue Ryder provided a seven day CNS planned support service to patients in the community, before the launch of the service, there was no hospice at home service in the area and no face-to-face rapid response out of hours.

The pilot includes the following services:

- Palliative Care Hub: 8am-8pm Sunday-Wednesday and 8am – 2am Thursday, Friday and Saturday:
- Single Point of Access - coordination for patients requiring palliative and end of life care in South East and South West Oxfordshire.
- Triage
- Responding to end of life phone calls from patients, careers, family, health and social care professionals
- Telephone assessment, advice and support to patients, family, clinicians
- Proactively managing those patients who are end of life and discharged from hospital
- Home visit to provide assessment, symptom control and care planning
- Liaison with GPs, district nurses and other health care practitioners
- Specific ongoing engagement and coordination with Sobell House Hospice regarding patients in the South West locality of Oxfordshire.

Planned Clinical Nurse Specialist (CNS) service (8am-8pm 7 days a week) provides:

- Supporting patients in the community with complex care needs, including home visits and phone support
- Prescribing and coordinating medical assessment
- Complete overview of patients in the community and tracking of their progress
- Supporting patients in nursing homes

Rapid Response Clinical Nurse Specialist service (8am-8pm 7 days a week) provides:

- CNS rapid home visits and phone calls in response to crisis calls to the Hub, which require a response within 2 hours.
- Focused on rapid deterioration, symptom management, carer support and medicines management.

Hospice at Home service (8am-8pm 7 days a week) delivered by registered nurses and nursing assistants, with CNS support as required provides:

- Rapid assessment
- Face to face crisis visits
- Crisis support
- Over-night sitting work in partnership with other professionals
- Regular holistic assessment
- Fast track end of life care
- Support rapid hospital discharge

Care includes:

- Personal care such as washing, toileting and monitoring of symptoms
- Social support and respite to carers
- Support with simple social activities.

The service works alongside the community team including clinical nurse specialists, occupational therapy, physiotherapy, family support, befriending, social worker and spiritual lead.

Since launching the pilot, Sue Ryder has reported a 25 per cent increase in community nursing activity across South Oxfordshire, as well as supporting patient discharge from hospital and decreasing unnecessary hospital admissions. The CNS team also works with local nursing homes to support better end of life care.

Feedback from patients and their families has been positive.

Sue Ryder has engaged with OCCG and other Oxfordshire healthcare providers to ensure full integration with other community services. It is measuring the impact of the pilot service and reporting regularly to OCCG and stakeholders. OCCG is also monitoring and evaluating the service.

Due to workforce recruitment challenges, the full roll-out of the service has been slower than anticipated. Sue Ryder will therefore continue the pilot for an additional 12 months to fully evaluate and demonstrate its outcomes.

With the pilot on-going and more people receiving care in the community the general occupancy levels of the inpatient beds at Nettlebed have dropped to around 40% on several occasions, with an average of 58% occupancy over the last six months.

As such, Sue Ryder will be temporarily reducing the number of beds on the inpatient unit; they will have six operational beds for the rest of the pilot. OCCG, along with Sue Ryder, will continue to closely monitor occupancy levels and demand. We have

been assured contingency measures are in place to meet any spike in demand for inpatient care.

OCCG is continuing to work closely with Sue Ryder and other key stakeholders to monitor and evaluate the impact on patients of the community palliative care pilot and reassure the community as it progresses.

5. Finance Update

Oxfordshire Clinical Commissioning Group (OCCG) has remained in financial balance for year ending 2018/19 with a small surplus of £16,000. This is a significant achievement given the challenges facing the NHS nationally and the demand for healthcare increasing every year. Our surplus will be added to the CCG's historic surplus of £23.4 million and be returned to us to invest in patient services in future years.

OCCG's financial plan for 2019/20 was approved at its board meeting in May; the plan delivers the business rules required of the CCG. It includes a savings target of £12.2 million of which £5.6 million is high risk. The net risk has reduced reflecting contract agreements achieved. Risk areas which will require mitigation throughout 2019/20 include:

- Acute hospital activity linked to payment by results¹
- Continuing healthcare spend
- Primary care prescribing spend

¹ PbR is the payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs. The two fundamental features of PbR are nationally determined currencies and tariffs. Currencies are the unit of healthcare for which a payment is made, and can take a number of forms covering different time periods from an outpatient attendance or a stay in hospital, to a year of care for a long term condition. Tariffs are the set prices paid for each currency