

## Update on OxFed

### 1. Are other GP federations in the county likely to cease trading?

Each of Oxfordshire's four Federations have a different business operating model, based on discussions we have had with other GP Federations it is unlikely that other GP Federations will cease trading.

### 2. What will happen to the services provided by OxFed at the moment? (These include a home visiting service, training, development, 7 day access to services, College Nursing Service, social prescribing projects, and a community gynaecology service pilot).

The CCG and other partners are working with the OxFed team to ensure a smooth transition period. A number of the contracts for services that OxFed deliver are due to come to a scheduled end in March 2021. With respect to those services that the CCG commissions they are currently subject to commissioning review. In line with the CCGs procurement process a decision over the future specification and provision of those services will be made as soon as possible to enable handover to a future provider.

OxFed is working with other service commissioners to support a transition to suitable alternative providers in line with the appropriate commissioning and procurement approaches of those commissioning organisations.

### 3. The primary care plan for the Long Term NHS Plan, was based around PCNs and three localities, covering the North, South and the City, as represented by existing GP Federations. What impact will this have on the plan for primary care services, if there is a risk localities cease trading?

Oxfordshire's approaches to the delivery of the Long Term Plan differ somewhat to the boundaries of the GP Federations within the County. At the Oxfordshire Health and Wellbeing Board we have included proposals to work within three locality areas. These are mapped to the boundaries of the District Councils; Cherwell and West Oxfordshire in the North, South Oxfordshire and Vale of White Horse in the South and Oxford City Council, with a view to enabling greater integrated health and wellbeing working. These areas are broadly coterminous with groups or networks of Primary Care Networks, the make up of Oxfordshire's GP Federations is similar but not totally coterminous with this approach.

GP Federation provide key services to Practices, particularly the delivery of services at scale. It should be noted that they are not a requirement and that not all areas of the Country operate GP Federations. The Long Term Plan sets Primary Care Networks as the building blocks of integration. General Practice is key to the Primary Care Networks but is not the only included partners, providers

of primary care services, community services and social care are all included in the future plans for PCNs as described in the Long Term Plan.

The GP Federations will continue to be a key partner in the delivery of primary care and the advancement of the requirements of the Long Term Plan. The locality based working discussed at the Health and Wellbeing Board is not at risk as a result of the changes to the OxFed City GP Federation.

**4. If there is a commitment to commissioning services across the county, rather than identifying specific areas of need and commissioning a service to fit those needs. How does the county-wide approach fit with the plan to identify local health needs (such as in the case of the OX12 project for example)?**

OCCG is committed and does commission services across the whole county for example district general hospital services; however it also looks at specific areas of need and commissions a service or services to meet those needs, for example we are currently developing a locally enhanced service contract for GP practices to help reduce inequalities by determining variation in health outcomes across the county and allow targeting of resources to those communities and populations with poorer outcomes.