

Divisions Affected – All

CABINET 24 January 2023

Primary Care

Report of Oxfordshire Joint Health Overview and Scrutiny Committee

Cllr Jane Hanna
Chair of the Oxfordshire Joint Health Overview & Scrutiny Committee
November 2022

RECOMMENDATION

The Cabinet is RECOMMENDED to:

- **AGREE** its response to Recommendation 1 (below)

Recommendation 1: That the Council explores ways in which it can support the ICB, from a communications angle, to better inform the public narrative around primary care.

REQUIREMENT TO RESPOND

1. Under s. 22 (7) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) 2013 Regulations, where a Scrutiny Committee requests a response from a responsible person to whom it has made a report or recommendation, that person must respond in writing within 28 days of the request. This would require the cabinet member to provide a response by 17 January 2022.
2. The Scrutiny Committee accepts this to mean the date of the Cabinet meeting, and not the publication of the agenda.

INTRODUCTION AND OVERVIEW

3. At its meeting on 24 November, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) considered an item on Primary Care, including reports from the Integrated Care Board and a report by the Health Scrutiny Officer on the findings of a recent HOSC Primary Care Workshop. The preceding workshop largely centred on GP workforce issues, including capacity and Primary Care Estates issues. The report provided to the HOSC by the

Integrated Care Board (ICB) also outlined further challenges and opportunities in Primary Care including the lack of capital funding for primary care estates and the increasing complexity of a GPs' caseload.

SUMMARY AND RECOMMENDATIONS

4. During the HOSC Committee meeting, discussions took place as to the training, recruitment, and retention of GPs; as well as the overextended capacity of the GP workforce, which was exemplified by the findings of the informal study undertaken by the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Local Medical Committee, which was presented at the recent Primary Care Workshop and detailed in the report of the Health Scrutiny Officer.
5. These findings, showed BOB GPs were attending 34 appointments per day on average. This was in contrast to British Medical Association (BMA) guidance issued to GP practices which specified that the average maximum number of appointments which could be seen of a complex nature was 12 per day per GP and a maximum of 25 per day of a simple nature.
6. Resulting from such findings, it was suggested during the workshop meeting that there was a need to recast the public narrative around primary care from one around 'access', to one around 'capacity'. It was acknowledged by members of the Committee that there was a necessity to support primary care via a change of public narrative. However, it was felt by those at the event, including Healthwatch, that a narrative of 'capacity not access', would not resonate with the general public.
7. Emanating from questioning at the Committee meeting, it was agreed by the Committee that there was a role for the Council to work in conjunction and in stronger partnership with the ICB.
8. This would be to communicate the changing role of GPs against the context of new models of care with the agenda to prevent and protect and in respect of integration of additional roles and new technologies where appropriate.
9. There was also a role to communicate the strained capacity of GPs within Oxfordshire to the public; but also, to project a message that strong primary care provision, acted as a positive foundation for strong provision of NHS services within Oxfordshire.

Recommendation 1: That the Council explores ways in which it can support the ICB, from a communications angle, to better inform the public narrative around primary care.

LEGAL IMPLICATIONS AND NEXT STEPS

10. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports

and recommendations to a responsible person on any matter it has reviewed or scrutinised’.

11. Under s. 22 (7) the 2013 Regulations, where a Scrutiny Committee requests a response from a responsible person to whom it has made a report or recommendation, that person must respond in writing within 28 days of the request. As this is being taken as the day of the Cabinet meeting, this would require the responsible persons to respond by 14 February 2023.
12. Under Part 6.2 (13) (a) of the Constitution Scrutiny has the following power: ‘Once a Scrutiny Committee has completed its deliberations on any matter a formal report may be prepared on behalf of the Committee and when agreed by them the Proper Officer will normally refer it to the Cabinet for consideration.
13. Following its scrutiny of primary care, the Committee agreed that it would like to take a greater in-depth look at the current use of additional roles within Oxfordshire and their potential to relieve the strain on primary care.
14. For the purposes of clarity, all the resolutions which were agreed by the Committee were as follows:
 - I. Specified roles are filled within the ICB with the primary responsibility to work with District Councils at Place Level to coordinate use of CIL funds held by the ICB and from executed Section 106 funds for Primary Care.
 - II. The Oxfordshire Primary Care Estates Strategy be endorsed by the Committee following amendments, to reflect the significant population growth and change in the more rural areas of the County.
 - III. A priority list for funding of new primary care facilities in Oxfordshire is created with a view to seeking contributions for health where housing developments are already planned and delivered.
 - IV. A letter is sent on behalf of the Committee to the Secretary of State for Health and Social Care to detail the Committee’s concerns in respect of General Practice capacity, workforce and retention issues, need for healthcare infrastructure as a prerequisite to major developments, and to highlight the need for devolved capital funding and flexibility in the interests of meeting the needs of primary care in Oxfordshire.
 - V. The Cabinet is recommended to explore ways for which the Council can support the ICB, from a communications angle, to better inform the public narrative around primary care.
 - VI. The use of additional roles within Oxfordshire is explored by the Committee moving forward.

Resolutions I, II, and III will be the responsibility of the Integrated Care Board to respond to. Resolution iv will be actioned by the Scrutiny function in consultation with the Integrated Care Board.

15. Cabinet Members can view the Scrutiny Committee's papers, including the findings of the informal workshop session, and data in respect of increased patient numbers across individual surgeries via the following link:

[Agenda for Oxfordshire Joint Health Overview & Scrutiny Committee on Thursday, 24 November 2022, 10.00 am | Oxfordshire County Council](#)

The Committee's discussions on the subject can be viewed from 0:14:12 to 1:43:07 on the webcast.

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| Annex: | Addenda 1: Pro forma template for Cabinet response |
| Background papers: | None |
| Other Documents: | None |
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