

## Deer Park Medical Centre Secretary of State Referral – progress report on implementation of recommendations

### 1. Background

A referral was made to the Secretary of State for Health (SoS) by the Oxfordshire Joint Health Overview & Scrutiny Committee (OJHOSC) in February 2017 relating to the decision by Oxfordshire Clinical Commissioning Group not to re-procure the Deer Park Medical Centre contract following the failure to award the contract in the first attempt. In March 2017 the referral was passed to the Independent Review Panel for initial assessment in line with the protocol for handling contested proposals for the reconfiguration of NHS services.

In a letter to the SoS, the Panel concluded that the referral was not suitable for full review because further local action by the NHS with the OJHOSC could address the issues raised. The SoS responded to OJHOSC on 3 July 2017 with a copy of the IRP review and confirming he had accepted their recommendations in full. This letter was shared with OCCG (by OJHOSC), but initially there was no direct communication from the SoS with OCCG.

On 25 July 2017 NHS England wrote to OCCG confirming expectations that OCCG would address the recommendations from the IRP and in particular:

- The CCG must continue actively to pursue the objective that all former DPMC patients are registered as soon as possible
- The CCG should immediately commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. This needs to be linked to, and integrated with, the wider CCG and STP plans for the whole of Oxfordshire. This work should seek to produce a strategic vision for future primary care provision in line with national and regional aims and should not preclude the possibility of providing services from the Deer Park Medical Centre in the future.

This paper reports on the work undertaken by OCCG to address these recommendations.

## 2. Specific recommendations and action taken

1. ***NHS England to monitor the performance of the CCG, including ensuring provision of primary medical services for Deer Park patients yet to register elsewhere and the urgent action required to secure the services needed now and in the future.***

As at 18 January 2018, 285 patients on the Deer Park list had not yet registered elsewhere. As agreed with the OJHOSC at their September meeting an additional (fourth) letter was sent to those who had not yet registered with another practice.

2. ***CCG should commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. Engagement with the public and patients is required in assessing current and future health needs, understanding options and co-producing the solutions. This should not preclude the possibility of providing services from DPMC in the future. To be completed in 6 months and reviewed by a third party identified by NHS England so that residents can see a credible plan for delivering the services they need.***

This was part of the work that OCCG was already taking forward in planning for primary care services in and around Witney through the locality group (as part of the overall work being undertaken on development of place based plans for all parts of Oxfordshire).

OCCG representatives attended the meeting of the OJHOSC on 14 September 2017 to share the proposed approach to addressing the recommendations and in particular the approach to engagement with patients and public.

The report on the engagement (attached) indicates that we carried out our plan in full and adapted it to respond to requests for meetings; for example with the Deer Park Campaign group, Witney Town Councillors and West Oxfordshire District Councillors.

The first version of West Oxfordshire Locality Plan was published on 25 January 2018 and is attached. This has incorporated views that were heard during the engagement period and highlighted where further work is needed. The plan will remain iterative: as the population changes and the way we deliver healthcare evolves, we will continue to work with patients and clinicians to ensure that primary care remains responsive, accessible and of high quality. As and when more specific changes (such as site options for a relocated and/or new practices) might be needed then further engagement (and consultation if necessary) will be undertaken.

NHSE were required to identify an independent third party to review the plan. They commissioned North East London CSU to carry out this review and are presenting this to the OJHOSC.

**3. OJHOSC to review its working practices with the NHS to develop and sustain an open, no surprises, productive and effective working relationship required to command public confidence.**

A productive workshop was held on 18 January which the OJHOSC Chairman will be reporting on. There was good NHS input to the workshop with the following individuals attending:

**OCCG:**

Lou Patten, Interim Chief Executive; Catherine Mountford, Director of Governance and Ally Green, Head of Communications and Engagement

**Oxford University Hospitals NHS Foundation Trust:**

Eileen Walsh, Director of Assurance; Susan Polywka, Head of Corporate Governance and Trust Board Secretary and Matt Akid, Head of Communications

**Oxford Health NHS Foundation Trust:**

Kerry Rogers, Director of Corporate Affairs and Company Secretary and Lorcan O'Neill, Head of Communications.

**NHS England:**

Olivia Falgayrac-Jones, Director of Commissioning; Frances Fairman, Head of Clinical Programmes; Ginny Hope, Head of Primary Care and Annie Tysom, Communications Manager.

**3. OCCG assurance and oversight of work undertaken**

The Oxfordshire Primary Care Commissioning Committee has responsibility for OCCG's work on commissioning primary care. The work undertaken to address the IRP recommendations to the SoS have been reported to the Committee meetings in September 2017, November 2017 and January 2018. These meetings are held in public and all papers are on the OCCG website.

**4. Query raised by OJHOSC on decision making process**

At their meeting in September the OJHOSC asked that OCCG reviewed its decision making processes in order to build a more meaningful relationship and genuine engagement with the community. In response to this OCCG shared a link to a paper presented to the Oxfordshire Primary Care Commissioning Committee in January 2017; this was intended to show that OCCG take learning very seriously and had undertaken a review of practice and made changes very early on. This change of approach has been successfully used in two specific practice examples;

- Firstly for Kennington Surgery after the practice gave notice on its contract, leading to a merger with another practice and services continuing to be provided from the original surgery.

- Banbury Health Centre (where a contract was coming to an end); early and ongoing engagement with the practice PPG led to revisions to proposals to have the preferred option being to continue to provide services from that site.

The OJHOSC is asked to acknowledge the work completed to address the outcome of the referral to the SoS.

Catherine Mountford, Director of Governance  
29 January 2018