

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 29 November 2018

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:

- Respiratory Integrated Respiratory Team Partnership
- Care Quality Commission
- GP practice procurement decision tree

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

Oxfordshire Clinical Commissioning Group: Key & Current Issues

1. Respiratory Integrated Respiratory Team Partnership

Clinical evidence demonstrates that people with chronic obstructive pulmonary disease (COPD) have improved outcomes and a better patient experience when their care is coordinated via a multi-disciplinary integrated care team, as recommended by NICE guidelines and the NHS RightCare COPD Pathway.

Oxfordshire Clinical Commissioning Group (OCCG) has been working with Boehringer Ingelheim Ltd (BI) to co-design a pilot enhanced integrated multi-disciplinary respiratory team (IRT) that will:

- Increase and improve accurate, timely diagnosis of respiratory disease;
- Identify a cohort of patients who are at risk of respiratory admissions;
- Optimise clinical management;
- Introduce early holistic and end of life care;
- Integrate the care of patients within primary & secondary care and community settings.

Whilst this is jointly funded by the CCG and Boehringer Ingelheim Ltd, the operational delivery of the pilot will be delivered by Oxfordshire's system health care providers: Oxford University Hospitals NHS Foundation Trust, Oxford Health Foundation Trust, GP Federations and the Oxfordshire County Council (OCC) commissioned stop smoking provider, Solutions 4 Health Ltd (S4HL).

The pilot will operate in the Oxford City and North Oxfordshire localities over a 15 month period, ending early February 2020. Whilst these areas have been selected due to their high levels of non-elective admissions due to this disease (inferring that more could be undertaken to support patients before having an acute exacerbation), plans will be in place to share best practice and learning from the pilot across the rest of our population in order to maximise benefits.

Oxfordshire healthcare professionals from primary, community and secondary care with expertise and interest in respiratory disease have been involved throughout development of the clinical case, through the IRT Project Group. Further patient engagement will be incorporated into the delivery of the project through the IRT Implementation Group, which will include at least one patient representative and establish reliable means to link into relevant patient groups and relevant third sector bodies.

2. Care Quality Commission

Inspectors of the Care Quality Commission (CQC) visited Oxfordshire in early November to follow up on last year's review of the Health and Social Care system. Their team consisted of 8 people, many of whom were part of the previous review team.

During the two day visit the team:

- Attended a presentation from system leaders showing what we have done since they were last here
- Interviewed 34 people from across the system including representatives from Healthwatch and the voluntary sector
- Held focus-groups with providers, front-line staff and commissioners

The CQC were primarily focused on the progress made against the action plan and the pace of change; I believe we were able to demonstrate good progress in the majority of areas.

This supportive review will be published within the next couple of months; they have expressed preference to present their findings at an extraordinary Health and Wellbeing Board meeting to be arranged in January.

3. GP Procurement Decisions

As part of our ongoing ambition to create greater transparency with our public, we have been working on the challenge of developing clarity on how we make decisions when an existing GP practice contract ends or when significant population growth is planned that might significantly affect sustainability. This has previously been discussed with HOSC and all agreed a local process should be explored.

A workshop was organised on 21 September to develop a process for Oxfordshire and Buckinghamshire to guide the CCGs' decision-making. The aim was to co-produce a 'decision tree' process map using various scenarios and possible options to guide the work. Participants included:

- Members from Oxfordshire HOSC and Buckinghamshire HASC
- Representative for Witney Town Council
- Patient representatives including from Deer Park patient group
- Patient member of Oxfordshire Primary Care Commissioning Committee
- Local Medical Committee
- NHS England
- Oxfordshire CCG and Buckinghamshire CCG
- Healthwatch

The various options available to the CCG were presented and scenarios were then discussed in small table groups with the intention of identifying the questions needing to be asked, the decisions to be made and the possible ordering that would create a clear process map.

A second and final workshop has been organised for 21 November to complete the mapping, from which a defined process can be described that includes the linked scenarios that may affect such decisions. This work will then be shared with HOSC members and will be published by OCCG. It will also be shared with NHS England and neighbouring CCGs to support others when needing to make decisions relating to GP practices.

**Louise Patten CEO
Oxfordshire CCG
November 2018**