

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 4 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:

- Long Term Plan
- Gynaecology Outpatients
- Oxfordshire Vasectomy Service
- South Oxford Health Centre
- Judicial Review Appeal

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

Oxfordshire Clinical Commissioning Group: Key & Current Issues

1. NHS Long Term Plan

The NHS Long-Term Plan, published on 7 January 2019, builds on the policy platform laid out in the NHS five year forward view articulated the need to integrate care to meet the needs of a changing population.

While it seeks to strengthen the NHS's contribution in areas such as prevention, population health and health inequalities, the plan is clear that real progress in these areas will also rely on action elsewhere. The Spending Review, which is due to be published later this year and will outline the funding settlement for local government including social care and public health, will therefore have an important impact on whether wider improvements in population health can be delivered, as will the Green Papers on social care and prevention when they are eventually published.

Overview

Key areas of the Plan include:

- Boosting out-of-hospital care, supporting primary medical and community health services with spending on these services £4.5bn higher in five years' time;
- Strong emphasis on prevention and health inequalities;
- More joined-up care in the community that has the potential to relieve pressure on hospitals and help to create a sustainable service in the face of rising demand;
- Improving outcomes for specific major diseases, including cancer, heart disease, stroke respiratory disease and dementia;
- Better access to mental health services, with an additional £2.3bn being invested in mental health by 2023/24;
- Ensuring all children get the best start in life by continuing to improve maternity safety, including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025;
- Supporting older people through more personalised care and stronger community and primary care services
- Making digital health services a mainstream part of the NHS.

The full plan is available at [NHS Long Term Plan](#)

In addition the following organisations provide useful summaries and analysis:

The Kings Fund [Kings Fund NHS Long Term Plan](#)

NHS Providers [NHS Providers Long Term Plan](#)

Local Government Association [LGA Long Term Plan](#)

Alignment with the Oxfordshire Health and Wellbeing Strategy

The proposed Health and Wellbeing Strategy has a strong alignment with the main themes of the NHS Long Term Plan. Of particular note are the emphasis on prevention and health inequalities and the strong focus on integration of services.

The local NHS and partner organisations need more time to review the plan in full and to understand the requirements being placed on the system. At its next meeting, it will be proposed that this is taken forward through the sub-groups of the Health and Wellbeing Board.

2. Gynaecology Outpatient Waits

Oxford University Hospitals NHS Foundation Trust (OUH) has capacity challenges in gynaecology. Limited theatre capacity and difficulties recruiting appropriate staff have led to a build-up of the waiting list over the last two years.

Every effort is being made by the Trust to improve this situation. Progress has been made in reducing the number of women waiting long periods for surgery but outpatient appointment waiting times are still a significant challenge. Women are experiencing waiting times for gynaecology appointments of 40-plus weeks. This is unacceptable in terms of care and patient experience.

Having fully investigated all alternative options; it has been decided that for a period of three months (from 1 April 2019), women will be referred for some conditions (including general gynaecology and urogynaecology) to other out-of-county NHS hospitals and independent hospitals. A process has been put in place to consider referring to OUH in exceptional circumstances. It is anticipated that this short term action will enable OUH clinicians to bring outpatient waits down as much as possible and allow women to be seen more quickly.

OUH will continue to accept referrals for:

- Suspected cancer two week waits
- Recurrent miscarriage
- Fertility

Oxfordshire GPs are being asked to refer all other conditions to other providers:

- Buckinghamshire Healthcare NHS FT
- Great Western Hospitals NHS FT
- Royal Berkshire Hospital NHS FT
- South Warwickshire NHS FT
- Milton Keynes University Hospital NHS FT

- Independent hospitals providing gynaecology services such as the Foscote in Oxfordshire.

Some of these Trusts hold clinics in community settings e.g. the Royal Berkshire Hospital offers outpatient appointments in Henley and Newbury, which will be convenient for some Oxfordshire patients.

Patients are being advised that they may be eligible for help with transport or reimbursement of travel costs <https://www.oxfordshireccg.nhs.uk/yourhealth/choose-the-right-service/patient-transport.htm>

Whilst this diversion of referrals is expected to affect approximately 1,300 women during the three month period, the situation is being monitored weekly and if waiting times are reduced quicker than anticipated then the diversion will be lifted immediately.

GPs have been asked to support these measures in order to offer their patients the care they need within a reasonable timescale.

The providers listed above have been made aware they may experience an increase in referrals. NHS England's regional team is aware of this difficult situation and has supported the need for Oxfordshire Clinical Commissioning group and OUH to engage regional providers to provide this additional capacity as a one-off initiative.

3. Oxfordshire Vasectomy Service

We have previously updated HOSC of the issues relating to the Oxfordshire Vasectomy Service including OCCG considering decommissioning of the service except where there are exceptional circumstances. There is no consistency in Thames Valley (or nationally) for this service being available on the NHS; some CCGs no longer commission a vasectomy service whereas others have continued. Oxfordshire CCG has undertaken some further work to help frame opinion about this service.

A period of engagement has taken place to gather the public's views about stopping the service or introducing clinical criteria that would reduce the number of referrals for this procedure.

A survey has been available on the OCCG website (Talking Health) which has been open to all and two focus groups were organised to allow more discussion of the potential impact of changes to this service.

The survey ran for six weeks and was advertised through GP practices, sexual health clinics, CCG newsletter, social media and the local media.

An analysis of the survey and focus group discussions is currently being undertaken and a report will be published, later in April. We will then report back to HOSC with the results and next steps.

4. South Oxford Health Centre

South Oxford Health Centre (SOHC) is a small city practice with approx. 4,470 patients. One of the two partners moved abroad in October 2018, which increased its vulnerability with the remaining partner not wanting to remain the sole partner yet struggling to find other GPs willing to take on a Partnership.

Despite efforts by the Practice and the CCG working together to find a resolution, the CCG received notification from the remaining partner at the end of January that he was giving 6 months' notice to terminate his contract (effective end date 31 July 2019).

In line with our statutory responsibilities, the CCG has immediately commenced a process for developing service provision options when this contract expires.

SOHC is located in Lake Street, off the Abingdon Road. It has limited parking but many patients walk to the practice. The building is owned by NHS Property Services. Very little planned housing growth is expected to affect SOHC.

The practice has an active PPG which has previously discussed sustainability and lack of funding for small practices. The practice has already met with the PPG and explained that Dr Wooding was to give notice to the CCG to terminate his contract. The PPG are extremely supportive of the practice and are helping the CCG with communication to registered patients.

There are several possible options going forward:

- Option 1: Another Oxfordshire practice to merge with SOHC and provide a branch surgery from the Lake Street site.
- Option 2: Merge with a nearby practice and move GMS services away from SOHC.
- Option 3: Procure a new APMS contract for the SOHC area.
- Option 4: Disperse patients to neighbouring practices and close SOHC.

In Oxfordshire, we have co-produced with key stakeholders and agreed a local process for making decisions when an existing practice contract ends, or when significant population growth is planned (our Decision Tree). In applying this process, given the small registered population, the need to strengthen sustainability of practices and to ensure efficient use of Oxfordshire resources, our intention is to seek a local solution.

The CCG is following the same process as that used for Cogges Surgery (see here), including the legal requirements to publish a Public Information Notice (PIN). The CCG has written to all Oxfordshire practices to seek expressions of interest in holding a GMS or APMS contract to provide a branch surgery from the Lake Street site. The PPG is supportive of this action which aligns with Option 1 above.

If more than one practice is interested in running a branch surgery for SOHC, a light touch procurement will then be considered involving representatives from the PPG as part of the evaluation panel. It should be known by end of May if a local solution has been found.

As a precaution, work has started to prepare for if a local provider cannot be found. We are seeking to identify a possible interim provider from the NHS England Framework. The closing date for expressions of interest is 5 April 2019.

5. Judicial Review Appeal

The Keep the Horton General (KTHG) who were included in the Judicial Review challenge of the Transformation Consultation Phase 1, as an Interested Party, were granted leave to Appeal against the ruling made by Justice Mostyn in December 2017. The Appeal was heard on Thursday 14 March 2019.

Both parties presented their arguments at the Court of Appeal and we are now awaiting the judgement. We will update HOSC once the outcome is known.