



OxFed GP Federation
Report to Oxfordshire HOSC
June 2019

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Federation Name: OxFed Health and Care Limited
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1) Brief description of your Federation (i.e. geography/population served/practices involved/services/delivery points)

OxFed is a not-for-profit NHS provider established in 2014 to help practices in Oxford City work together. We were founded on the principle that services for the population we serve must continually improve while retaining the strengths of traditional NHS general practice care.

We are wholly owned by the twenty General Practices based in the Oxford City locality and together we care for the 229,000-strong population registered in the city.

OxFed delivers the following healthcare services across the city:

- Social prescribing support to frail patients and people with mental health problems (provided both in local practices and patients' homes)
- Evening and weekend GP clinics from a number of hubs across the city, serving local neighbourhoods
- A Primary Care Visiting Service that provides responsive care to patients who are unable to visit their practice due to illness or immobility

We are also playing a lead role in the developing new care approaches and pathways for older and frail people living in the county. We currently employ a team of clinical pharmacists working in general practices across the city and provide the clinical supervision for the University of Oxford's College Nurse Service (across thirty University colleges), to support student health. In addition, we host the Oxfordshire Training Network which is the HEE-funded Training Hub for Oxfordshire, delivering a variety of projects across the Thames Valley to develop and support the healthcare workforce.

As well as delivering our services directly to patients, OxFed offers its practices a variety of benefits realised through collaborative working. Examples include discounted medical supplies, access to a GP intranet system to enable sharing of best practice, development of shared policies and protocols and access to HR, finance and information governance advice.

We have included our 'strategy wheel' in Appendix One. This lays out our areas of activity and strategic plan for 2019/20 on a single page.

2) What are your Federation governance arrangements for public transparency and accountability?

As a provider of NHS services, we have a range of governance structures and processes in place to ensure we act in accordance with the standards and requirements set by Oxfordshire CCG, NHS England (NHSE), Health Education England (HEE) and the Care Quality Commission (CQC).

We recognise that patient input is a key part of service design and improvement and regularly invite the Chair of the City Patient Forum to our Federation Leads' Meetings to provide representative patient input. We also attend a range of other meetings and events with patient representatives. For example, last year, a number of OxFed colleagues attended the City Patient Participation Group (PPG) Leads' meeting to listen, present and seek feedback on our plans.

We report to and actively participate in OCCG City Locality meetings, which have a patient representative within the group. We produce a monthly report for the Locality, updating the commissioners on our performance and progress. Dr Louise Bradbury routinely attends these meetings to respond to questions, listen to feedback and share new initiatives. We also take the opportunity to discuss new ideas and to gain input into service developments from practices.

Our office is located at Northway Community Centre – it is an important part of our ethos to work in the heart of the community and our staff attend events at the Community Centre regularly, which provides valuable opportunities to engage with local residents.

We are a CQC-registered health organisation and subject to inspection and all regulatory requirements, including those relating to governance and probity. We maintain a register of interests for all our Board members and CEO. We have strong policies in place to ensure a high standard of financial probity and finance control and have anti-bribery and anti-fraud measures in place, overseen by a registered

Management Accountant. OxFed does not pay dividends to its shareholder practices and, in accordance with our constitution, any surpluses made are to be reinvested in services to benefit the population of Oxford and support the City's NHS General Practices

We undertake regular contract reporting and review meetings with the CCG and our other commissioners to ensure we are meeting (and in many cases exceeding) our contractual agreements and delivering services cost-effectively. Information relating to the performance of our commissioned services, including patient feedback, is regularly reported to, and scrutinised by, the CCG and other commissioners to ensure we are effectively monitored against the required outcomes.

In addition, our Board is held to account by our members, who are the 20 General Practices in Oxford City. We provide members with regular updates, alongside a full Annual Report, Business Plan and our accounts at the Annual General Meeting.

Our internal governance is overseen by both our Company Secretary (a Non-Executive Director) and Deputy Company Secretary and we regularly monitor our governance against the Institute of Directors' recommended ecoDA Corporate Governance Guidance and Principles for Unlisted Companies in Europe ([http://ecoda.org/uploads/media/GUIDANCE - 2010 CG for Unlisted - EU.pdf](http://ecoda.org/uploads/media/GUIDANCE_-_2010_CG_for_Unlisted_-_EU.pdf)). The Board and CEO undertake regular performance and development reviews using the Institute of Directors' Competency Framework (<https://www.iod.com/Portals/0/PDFs/IoD%20Competency%20framework.pdf?ver=2017-10-06-135816-827>).

In addition, we have monthly Project and Service Boards to provide detailed clinical and organisational review and oversight of our projects and services, including regular performance reviews and reviews of patient feedback.

We have appointed a legally-qualified Data Protection Officer who ensures we are fully compliant with our obligations to protect patient data and inform patients of their rights under the new Data Protection Legislation.

3) How do you link with other organisations across the health and care system?

As an organisation embedded in NHS primary care, we work with a wide range of organisations across the health and care system. This includes practices, other healthcare providers and teams, social care teams and the third sector as well as research and training networks.

In addition we regularly work with colleagues at Oxford University Hospitals Foundation Trust (most recently on the frailty pathway, pharmacists and community gynaecology initiatives) and with South Central Ambulance Service, who provide paramedics for our Primary Care Visiting Service.

The Social Prescribing service is well embedded and we have recently completed 'trusted assessor' training through Oxfordshire County Council enabling our Practice Link Workers to more quickly and easily provide daily living tools to our frail and elderly patients.

The Oxfordshire County Council Adult Social Care and Oxford Health Community Teams have been key partners in our frailty pilot. In addition we work closely with the MIND link workers and have relationships with a wide range of third sector partners, including AgeUK.

We are founding members of Team Oxford, a city-wide volunteering initiative and work alongside Aspire Oxford, Oxford Health NHS Foundation Trust, Oxfordshire Community and Voluntary Action (OCVA), Oxford City Council, Getting Heard, Oxford Brookes University and Restore to develop events and funding bids focused around key issues in the city.

As the host organisation for the Oxfordshire Training Network, we work closely with partners across health and community care across the county. The network incorporates all 70+ NHS general practices in the county and a range of other health and social care providers, as well as educational organisations, such as Oxford Brookes University, and commissioners, such as Oxfordshire Clinical Commissioning Group and Health Education England (Thames Valley). By way of an example – through the Oxfordshire Training Network, we have introduced a local Minor Illness Training course for nurses and are working to develop clinical supervision opportunities for nurses, clinical pharmacists and paramedics who are working towards a minor illness qualification.

At system level, we work with Oxfordshire CCG and Health Education England as our commissioners and have a seat on (among others) the ISDB (Integrated System Delivery Board), the Primary Care Digital Group and the BOB Local Workforce Action Board as well as the Sustainability and Transformation Plan GP Forward View Workforce Strategic Oversight Group. We are in the process of establishing a provider collaborative (the Oxfordshire Care Alliance, OCA) with the other three Oxfordshire Federations and Oxford Health Foundation Trust to streamline community and primary care and have been working together on a range of innovative approaches to join-up patient care. With the advent of Primary Care Networks, there is a new opportunity for OxFed to work more closely with the

City Council on improving the health and wellbeing of the city population. There is an open invitation to wider health and care system partners to join us in this important area of work.

4) What are your Federation funding arrangements?

OxFed was set up in 2014 using a non-recurrent seed-funding grant from NHSE, who were encouraging the development of GP federations as part of national NHS policy at that time. We have been a not-for-profit organisation from the outset. In order to hold contracts and employ staff, we created a trading company limited by shares as our legal vehicle, as this is the form required under current NHS regulations to enable the federation to hold a GMS (GP services) contract should the need arise (e.g. as a safety net to maintain services to local patients should one of our member practices fail).

We receive no NHS or public funding to support our core costs and our activities have to be fully funded through the services and activities we are commissioned or contracted to provide. We currently hold healthcare contracts with city practices, OCCG, NHSE and Oxford University Colleges. We are currently developing a clinical research capability which should allow us to generate an additional income stream which can then be used to further strengthen primary care services in the city, as well as enabling our patients to benefit from participating in research. We have worked hard to diversify our income streams to secure the sustainability of the Federation, recognising the importance of the services we now provide to the city population and to our NHS practices.

5) How is the quality and effectiveness of your Federation-delivered services understood?

We consider the quality and effectiveness of our services within the context of delivering person-centred, holistic care to the whole population. To do this, we review the performance of all of our services regularly against CQC and other best practice standards, through a range of methods that consider patient experience, service effectiveness, safety and quality.

As a CQC registered healthcare provider, we regularly audit our services against the CQC key questions and standards, to ensure they are caring, effective, responsive, safe and well-led.

Examples of the approaches we use include:

- Activity monitoring
- Outcome monitoring
- Patient satisfaction evaluations

- Practice user surveys
- Quality assurance checks

To monitor patient satisfaction with our social prescribing service, we conduct telephone interviews with a random sample of people who have used our service and report on this monthly to our Executive team, in order to highlight any issues and respond promptly.

Our Clinical Leads (senior healthcare professionals) undertake random case analysis to review the experience and outcomes of patients who have received care from our services, to ensure their safety and quality. Patient confidentiality is protected throughout these quality assurance processes, which only occur with patient consent.

We have a structured programme of learning event reporting and analysis to ensure that we continually improve and identify any errors, sharing the learning points across our teams. We follow the NHS complaints processes and take care to respond openly and honestly to patient concerns.

6) How successful are you at meeting those performance and quality standards for residents across Oxfordshire?

Overall performance

Between April 2018 – April 2019, OxFed offered 26,750 NHS appointments to people living, studying and working in Oxford (excluding our student College Nursing service). We had 88% uptake of the available appointments in our 7-Day Access and Primary Care Home Visiting services, equivalent to delivering 6,856 hours of patient-facing clinical time.

Quality service monitoring information for these three NHS services is carried out on a monthly basis. Approximately 3,000 patients have been surveyed with 96% stating they were satisfied / very satisfied with the service that they received. This survey is carried out either over the phone or by a paper survey given to the patient directly. Across these three services we received 1 complaint during this period, which was resolved to the patient's satisfaction in line with our complaints procedure.

Primary Care Visiting Service (PCVS) –

The aims of this service include:

- Providing a responsive and effective home visiting service for unwell patients who are unable to attend their local GP Surgery (e.g. the elderly, frail, seriously ill or housebound)
- Reductions in numbers of patients admitted to hospital for conditions that could be managed better if care is delivered in their own home.

- Earlier detection and response to health deteriorations and medication issues, leading to improved care planning
- Less disruption of work in practice surgeries when GPs/clinicians are called away on unscheduled home visits
- Improved delivery of pro-active and holistic care to patients at high risk of unplanned hospital admission
- Reduction in A&E attendances, unplanned hospital admissions and bed-days for the residents

From April 2018 – April 2019 we offered capacity to provide 4,127 home visits with an 88% uptake, visiting 3,636 patients in their own homes. We achieved 101.7% of our OCCG service delivery target.

Based on 10 min patient appointments in surgeries, the time GPs saved by using this service was the equivalent of 21,816 GP Surgery appointments (an average of over 1,000 appointments per practice). The practice that used our service most saved the equivalent in GP time of 2,800 appointments. At a time of rising waiting times for GP appointments and primary care workforce shortages, this provided a valuable contribution towards meeting the challenge of growing general practice workload in the city.

7-Day Access Service

The aims of this service include:

- Provision of additional GP and other clinician appointments to support practice sustainability and improve patient experience.
- Provision of additional GP and other clinician appointments in the evenings and weekends, in order to offer patients a wider range of appointments.
- Offering patients access to an increased range of clinicians in primary care to provide a more flexible and personal service to patients.
- Reductions in numbers of patients attending A&E for minor conditions that could be managed by a GP during the periods covered by the service.
- Reductions in numbers of unplanned admissions and A&E attendances for frail elderly patients and those with complex co-morbidities due to availability of longer appointments for proactive care in freed up time.

From April 2018 – April 2019, the 7-Day Access Service offered 22,623 NHS appointments to patients, which was 100.9% of the contract requirement. 19,878 of the available appointments were booked which is an 87.8% uptake by patients.

GP appointments accounted for 58.5% of the offered appointments, phlebotomy appointments for 18.9%, nurse appointments for 13%, HCA for 7.7%. Minor illness nurse and Physio appointments (a recent addition to the skill-mix provided) made up the remaining 1.75%.

GP appointments alone accounted for 12,881 booked appointments. This is equivalent to 3220.25 hours of clinical time.

In addition to helping practices to manage their limited capacity to meet the growing need for appointments, the increased flexibility of the times this service provides at evenings and weekends has been really appreciated by both patients and practices, as well as the extra provision that helps with list waiting times for routine appointments.

Social Prescribing Service (formerly care navigator service)

The aims of this service include:

- Improved delivery of holistic care to patients with a wide range of social, emotional or practical needs, offering non-medical solutions to enable them to improve their mental health and physical wellbeing
- Improved delivery of holistic, personalised care to patients most at risk of unplanned hospital admissions for non-clinical reasons, so enabling them to continue to live well and independently in their own homes
- Helping patients make appropriate use of health and care services, including statutory services and the voluntary sector

Between April 2018 – April 2019 nearly 2,000 patients (the majority of whom are offered a visit at home) were referred to the social prescribing service, many of whom were vulnerable, lonely or frail. Following referral, an average reduction of 9% in the number of GP contacts made by the patient has been found (*Contact search based on GP appointments, home visits, telephone triage, telephone encounters and telephone consultation, based on 2 or more GP contacts).

The service delivered over 5,000 contacts to patients and delivered 122% of the number of patient contacts specified in the contract, resulting in less GP time needing to be spent doing non-clinical tasks.

7) What are the challenges and opportunities for Federations in Oxfordshire, now and in the future?

NHS England's Long Term Plan (LTP), published earlier this year, sets out an ambitious programme of change for primary care and community health services that will have considerable impact on federations and their member practices. The aims behind this change are to address some of the key shifts in the health needs of our ageing population. Since the NHS was established in 1948, the population has grown in size and complexity. More people are living longer with multiple long-term conditions, such as diabetes and heart disease, and experiencing mental health issues. As a result of this, and wider societal changes, people are accessing their local health services more often and, rightly, with greater expectations than in the past. At the same time, significant workforce and funding challenges, and an additional regulatory burden, have all added considerably to the pressures placed on NHS primary care. In order to meet these challenges, practices and federations have been working more collaboratively with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas for some time. These collaborative networks are being formalised through the recent NHS GP contract changes into groupings known as Primary Care Networks (PCNs).

Each PCN will hold responsibility for providing certain aspects of care for its local population (and in particular the people registered with its constituent general practices). This collaborative working between practices will build on the process started in Oxfordshire by the GP federations through the development of Neighbourhoods and services provided collectively 'at scale.'

It has been recognised, both nationally and locally, that the organisations that form the PCN will require a range of support to enable them to meet the challenges associated with forming and running their network. It is important for sustainability reasons to develop cost-effective approaches to problems that can be shared, rather than requiring each PCN to independently duplicate work, risking inconsistent and ineffective approaches. This will inevitably require a degree of system leadership and the ability to coordinate at scale, a challenge which federations are familiar with and are working with their PCNs and localities to address in this new context.

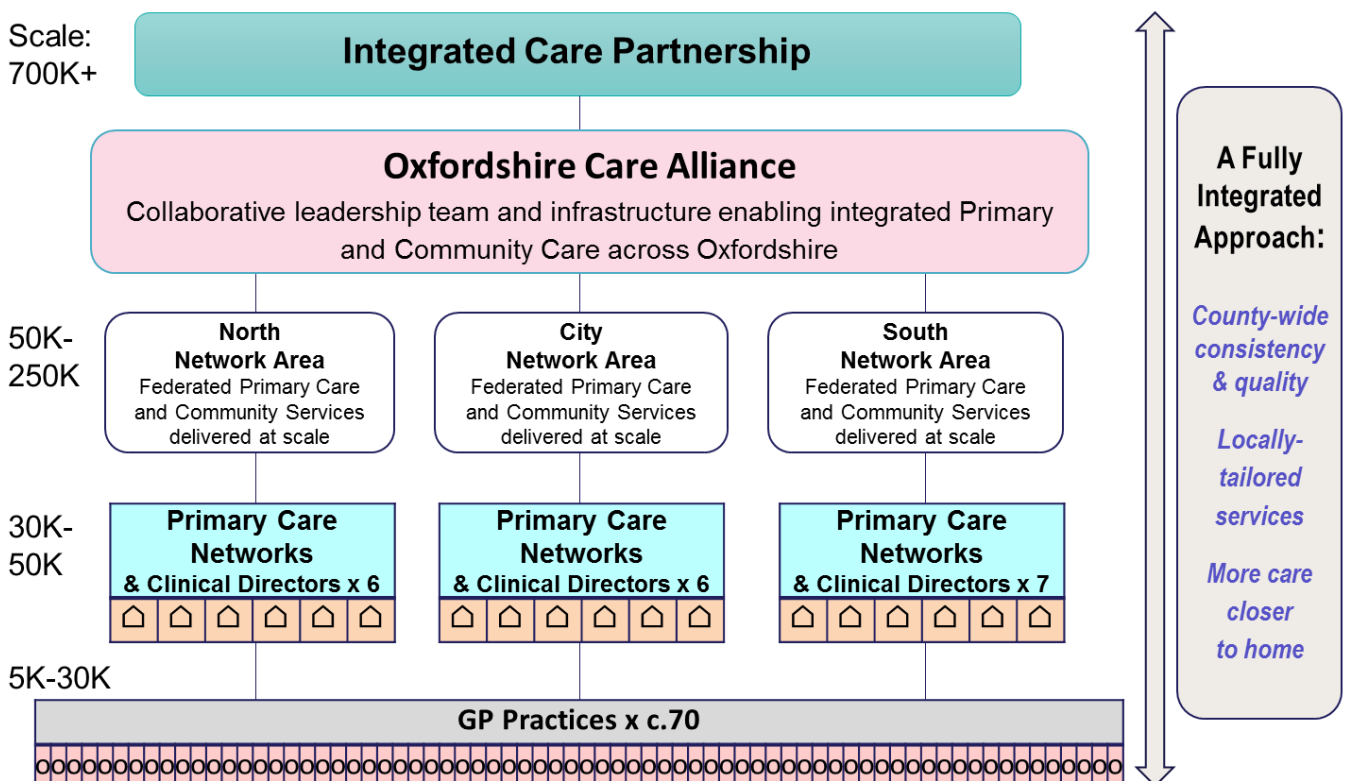
As part of this evolution, the four Oxfordshire Federations and Oxford Health NHS Foundation Trust (working together as the 'Oxfordshire Care Alliance') have proposed to work with the PCNs, OCCG and other partners to form three integrated Network Areas (most likely covering North Oxfordshire, Oxford City and South Oxfordshire). Each Network Area will utilise its federation(s) to provide essential coordination, common infrastructure and support to the PCNs within that zone of the county, should they wish to utilise this resource. It is intended that the Network Areas should align with their corresponding

District/City councils and OCCG localities, enabling streamlined integration of health and social care at all levels of the system.

In addition, the Network Areas, incorporating the federations, will work with their PCNs to coordinate the integrated provision of at-scale primary care and community care services (that are provided predominantly by the Federations and Oxford Health), where these are best delivered at a greater level of scale. Examples will include services that require population coverage of 50K-250K people to be cost-effective and services that need to provide a more specialised or urgent, round-the-clock response).

The evolving structure for primary and community care is illustrated in the following diagram.

Integrated Care System in Oxfordshire: Map of Primary & Community Care



Each Area Network will align with its corresponding District/City Council and OCCG Localities

Despite these structural changes, there will continue to be a clear need to base the majority of everyday health services around the patient's local GP practice, utilising their registered patient lists and the invaluable generalist medical skills and local knowledge of the GP and their team to target health inequalities and improve outcomes. GPs and their other primary care professional colleagues will be providing healthcare at many points in this new system and developing closer relationships between the community service teams and third sector partners, with the shared goals of benefiting both individual patients and the Oxfordshire population as a whole.

GPs coordinating the medical care of patients with long-term needs will work in partnership with patients and carers to achieve agreed goals. This will require offering longer or different types of consultation in local practices and, for some patients (e.g. the very frail, housebound or those at risk of admission), delegating intensive episodes of care to an extended neighbourhood team built around the patient, while retaining an appropriate overview of the patient's care. Federations will play an important role in driving these innovations and sharing good practice.

New members of the primary care team – such as clinical pharmacists and social prescribers – will play an increasing role in co-ordination and delivery of care. Better use of skill mix will be key to releasing capacity to enable GPs to provide longer consultations for patients with complex or multiple long-term conditions. These professionals will require supervision, training and professional development, and a team network, which federations are well placed to provide.

Appendix One

The OxFed Strategy Wheel

