

**Oxfordshire Joint Health and Overview Scrutiny Committee**

**Date of Meeting:** 19 September 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:

- Banbury Primary Care
- Gynaecology Outpatients
- Gynaecology Oncology

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

## **Oxfordshire Clinical Commissioning Group: Key & Current Issues**

### **1. Banbury Primary Care**

The sustainability of primary care in Banbury has been discussed with the HOSC previously ([November 2017](#) and [June 2019](#)).

As you will be aware Horsefair Surgery in Banbury has faced significant pressure over the last three years in its efforts to ensure patients get good quality services with the loss of a number of partners and with difficulty in recruitment of new staff. In order to provide stability for Horsefair Surgery, OCCG's Primary Care Commissioning Committee agreed that PML take over the running of Horsefair surgery subject to due diligence exercise. This is in line with the longer term solution for Banbury and will ensure that stability of the practice is maintained. We are pleased to say that Horsefair Surgery has now moved to the management of PML. This is a contractual change for the practice and there will be no changes for patients.

At the beginning of August, of Banbury Health Centre and West Bar Surgery joined up to be one practice. Patients at both practices can expect business as usual, with no changes to either health services or opening hours. The move helps to develop a more sustainable service in the Banbury which can meet the challenges facing the health service in the years to come. Patients of West Bar Surgery and Banbury Health Centre will have the advantage of being able to use the more extensive range of services being provided across both practices.

Primary care in Oxfordshire, in line with the rest of the country remains under pressure from a shortage of GPs, more demand on services from an increasing population with fewer funding resources. To meet these challenges the CCG are commissioning health services that are run at scale. This allows clinicians like GPs and other health professionals such as nurses, pharmacists and social prescribers to provide a wider range of services to a bigger patient population to improve care.

### **2. Gynaecology**

In March 2019, Oxford University Hospitals NHS Foundation Trust (OUH) proposed that GPs be asked to refer some gynaecology patients to out-of-county hospitals and independent providers during a period of three months (between 1 April and 30 June 2019) as a way of tackling long waits for outpatient appointments.

It was therefore agreed that women seeking referrals for general gynaecology, urogynaecology, endometriosis, menopause and pelvic pain would be offered appointments at the following Trusts (with their agreement):

- Buckinghamshire Healthcare NHS FT
- Great Western Hospitals NHS FT
- Royal Berkshire Hospital NHS FT
- South Warwickshire NHS FT
- Milton Keynes University Hospital
- Independent hospitals such as the Foscote in Oxfordshire

This did not affect referrals for:

- Suspected cancer two week waits
- Recurrent miscarriage
- Fertility

Oxfordshire GPs were asked to support these short term measures to allow their patients to get care more quickly and enable OUH clinicians to bring outpatient waits down as much as possible. It is important to note that if women preferred they could still be referred to OUH but were made aware of the long waiting times.

At the end of the three month period the total number of women referred to benign gynaecology clinics other than OUH was 1010.

As a result improvements in waiting times have been reported, although there is further work to do. There were no Oxfordshire patients waiting 52 weeks in April 2019 (the first time since February 2017). Performance on the 18 week referral to treatment time for benign gynaecology was 66% in June 2019 (target 92%).

At the end of August clinic waiting times are as follows; Menopause 8 weeks; Menstrual Disorders 6 weeks; General Gynaecology 12 weeks and Urogynaecology 8 weeks in Oxford, 10 weeks in Banbury.

The Endometriosis clinic will reopen by the end of December 2019. The current waiting time for these patients (referred prior to the pause) now stands at 16 weeks.

Women who need a referral to chronic pelvic pain clinic are continuing to be offered referrals to other providers as the OUH waiting time for these patients (referred prior to the pause) is currently 39 weeks. OUH is working to increase clinical capacity to reduce waiting times and subsequently take referrals at this clinic

### **3. Gynaecology Oncology (GO)**

OUH commissioned an Invited Review by the Royal College of Obstetrics and Gynaecology (RCOG) in November 2018. This took place in January 2019; the final report was submitted to Trust on 1 July 2019 which detailed a number of options for consideration in relation to the future of the service.

A full options appraisal was developed and discussed by Trust Management Executive and Trust Board at end of July 2019.

Trust Board approved the following actions:

*A short-to-medium term suspension of the Tertiary Surgical Service until such time that a new Leader is recruited to develop a strong, coherent, and effective team to deliver a world-class service and associated cutting-edge research, teaching and training.*

*Setting up collaboration with the Cancer Centres at Imperial and Southampton wherein they would accept referrals, in the short-medium term (8-12 months), from Oxford each month for tertiary level surgery in all Gynaecological Oncology tumour sites.*

*Gynaecological Oncology surgeons having blended contracts to enable them to operate with the teams at Imperial and Southampton. Surgical work would continue at the cancer unit level in Oxford. Medical Oncology provision for all GO cancers would continue in Oxford.*

*Staff facilitation and organisational development work to be commissioned from an external expert to enable Tertiary Service to recommence.*

Once the organisational development work/mediation is completed and the new Leader has implemented the required changes to the service, the surgical work will return to Oxford in a staged manner. Discussions between the OUH, NHS England and CQC have affirmed that the OUH needs to be a centre for Tertiary Services and that as the service rebuilds there will be flexibility in the reintroduction of Tertiary Services.