

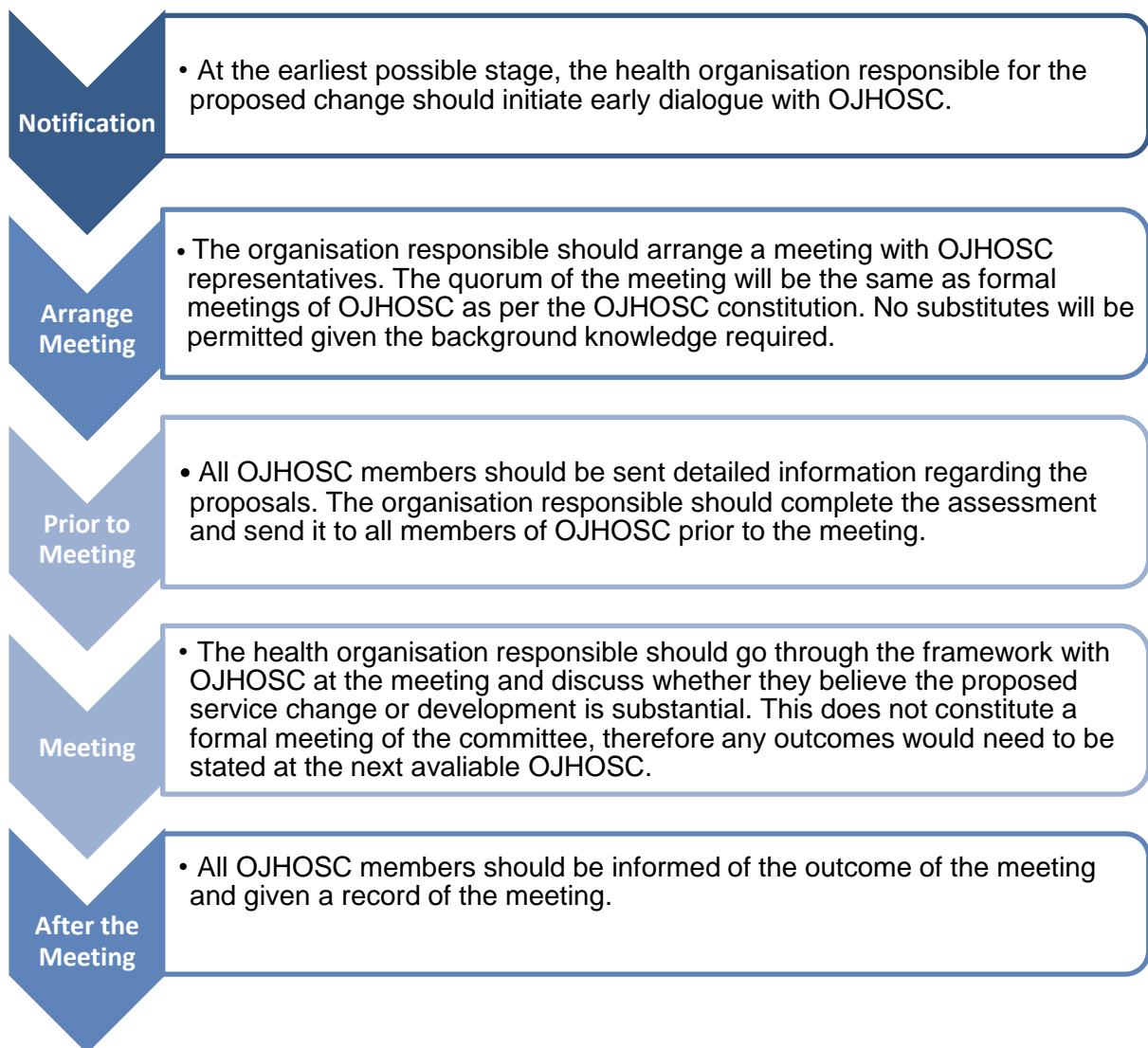
Oxfordshire Joint Health Overview and Scrutiny Committee Substantial Change Assessment

1. Purpose:

NHS bodies and health service providers have a duty to consult health scrutiny bodies on substantial variations and developments of health services. This document sets out a framework for assessing substantial change in Oxfordshire and has been created in line with the Department of Health's (DH) Local Authority Scrutiny Guidance (2014) and the Centre for Public Scrutiny health scrutiny guidance (2005).

Under Section 7 of the Health and Social Care Act (2001) the NHS is required to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. A '*substantial variation or development*' of health services is not defined in regulations. This assessment is designed to help Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) to help identify whether proposed variations or developments in services are 'substantial'.

2. Process:



3. Assessment Framework

A. Background Information	
1. Name of responsible (lead) health organisation:	
	Oxfordshire Clinical Commissioning Group
2. Brief description of the proposal (please include information about timelines and whether the proposed change is temporary or permanent):	
	<p>Currently, the Chipping Norton First Aid Unit (FAU) operates out of the Chipping Norton Community Hospital Building. The proposal is for the service to move to the Chipping Norton Health Centre that is on the same site, adjacent to the hospital building. All other aspects of the service – activity and opening times remain the same. This small switch in location will enable us to integrate the current service (whilst maintaining its current form) into a primary care pathway, allowing access to advice from a wider range of clinicians and most importantly ensure it is compliant with new national urgent care pathways retaining this service to the population of Oxfordshire.</p> <p>This approach will work to showcase the integration with primary care which will enable us to retain all other similar facilities in local settings. The CCG can bring a paper to HOSC in November to describe our proposed approach to retention of services in each area driven by the national requirements to demonstrate integration with Primary care.</p>
3. Why is this change being proposed? What is the rationale behind it?	
	<p>National guidance¹ requires a review of walk-in type services. The national concern is that the wide variation in urgent care walk-in services provided across the country in minor injuries units, urgent care centres, first aid units and others have led to confusion amongst the public about what services offer and how best to use local services.</p> <p>To reduce confusion, NHS England has issued guidance that now requires urgent care facilities to be designated as either:</p> <ul style="list-style-type: none">• Emergency Departments (ED) – full hospital department operating 24/7 <p>Or</p> <ul style="list-style-type: none">• Urgent Treatment Centre (UTC) (open for 12hrs every day) providing treatment and diagnostics, GP-led <p>Other urgent access health services need to be part of primary or community care services; this includes first aid units.</p> <p>Primary care networks are being developed to offer a strengthened approach to further support the range of care available for patients and will support our vision for retaining all local urgent access services by integration with GP leadership.</p>

¹ <https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/>
The UTC principles and standards: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-principles-standards.pdf>
The quick guide: <https://www.england.nhs.uk/wp-content/uploads/2019/08/quick-guide-improving-access-to-utc-using-dos.pdf>

The well regarded service in Chipping Norton would continue to be provided by SCAS, with the same opening hours and will continue to be open to anyone – regardless of which GP practice a patient is registered with.

The national pathway alternatives of a full Emergency Department or even a UTC would not be viable options for Chipping Norton FAU catchment so this route will work to preserve the service locally.

4. What are the main factors driving the change? Please indicate whether they are clinical factors, national policy initiatives, financial or staffing factors.

The main factor driving the change is the NHSE requirement for urgent care facilities to be designated as either EDs or UTCs. However, discussions between clinicians from SCAS and the Health Centre have identified many additional benefits for patients and staff in integrating the service.

5. How does the change fit in with the wider strategic direction of healthcare in Oxfordshire and the Health and Wellbeing Board?

Oxfordshire's health and care system is looking to integrate services to improve safety, care, and efficiency and reduce duplication. This move will allow further integration and collaborative working between the First Aid Unit, the GP practice and the pharmacy. Clinicians have already identified several areas where integration will deliver improvements and more is anticipated. Visibility of care records (where agreed by the patient), point of care testing and access to prescriptions are significant patient benefits widening the options for SCAS staff to keep the patients' care local and avoiding travel to John Radcliffe or the Horton. The national direction of travel is toward integration and OCC are signatories of the Integrated Care System approach in recognition of the benefits brought from bringing like services together.

6. Description of population affected:

The First Aid Unit is open to anyone, regardless of which GP practice they are registered with. This includes anyone living in the local area and visitors. The service will not change so no impact on population.

7. Date by which final decision is expected to be taken:

The direction of travel is set out clearly here and the decision will be confirmed following the second meeting with local public where this small change will be explained.

8. Confirmation that HOSC have been contacted regarding change - including date and nature of contact made:

A briefing has been sent to HOSC along with this template on Thursday 4 October 2019.

B. Assessment Criteria

1. **Legal Obligations:** Have the legal obligations set out under Section 242 of the consolidated NHS Act 2006 to 'involve and consult' been fully complied with?

Yes (please delete as appropriate)

Comments:

- There is no change to the service being proposed so the requirement is one of

engagement

- The proposal has been presented and discussed at the public meeting of the North Oxfordshire Locality Group in September 2019. This meeting is supported by Healthwatch Oxfordshire and is attended by PPG members and members of the public in the North Oxfordshire Locality (that includes Chipping Norton). This meeting took place in Chipping Norton.
- Meetings have been held with South Central Ambulance Service (who provide the FAU) and Chipping Norton Health Centre. Representatives of the League of Friends have attended and one of these meetings was also attended by Councillor Hibbert-Biles.
- A further meeting is planned on 23rd October where the facilities can be viewed by the public.

2. **Stakeholder Engagement:** Have initial responses from service users (or their advocates) and other stakeholders such as Healthwatch indicated whether the impact of the proposed change is substantial?

No (please delete as appropriate)

There have been some concerns raised that have been responded to:

- Concern about whether the service would be restricted to patients of Chipping Norton Health Centre.
OCCG have confirmed the service would remain open to anyone.
- Concern about how people will be made aware of the change.
OCCG have committed to wide communications to patients of neighbouring practices and publicity using local media.
- Concern has been raised about the impact on Chipping Norton Hospital of removing this service from the building.
OCCG have responded that Chipping Norton Hospital is a thriving hub being the base for a wide range of community services provided by a range of different providers including a midwife led unit and various maternity clinics, a range of diagnostic and outpatient clinics. None of these is reliant on the First Aid Unit operating out of the same building and because these services are largely daytime services, there is little opportunity for further integration or support available for lone workers in the FAU.
- There have been questions about why the move is necessary at all.
The briefing provided to stakeholders will be published on the OCCG website that clearly sets out the rationale for the change and describes the wide clinical support for the move and the benefits for patient care.
- There have been questions about a consultation.
The view of OCCG is that the change is not significant (as set out in this document). Patients who currently use the service will continue to be able to, no changes to opening hours are proposed, the location is the same site and so there is no impact on access. The only impacts that will result from the change will be improvements to patient care and the service, all fully supported by local clinicians involved in planning and delivering local health care.

3. **Stakeholder Engagement:** Does the service to be changed receive financial or 'in kind' support from the local community?

No

4. Stakeholder Engagement: Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?
Representatives of The League of Friends of Chipping Norton Community Hospital have expressed concerns that moving the service out of the hospital will compromise the future of the hospital. There is no other service operating in the hospital that is dependent on the FAU. The Practice is not requiring funding for relocating the FAU so this proposal will not detract from funding into the Community Hospital. There is a wide range of diagnostic and outpatient care provided in the hospital by a wide range of healthcare providers. We would seek to work with colleagues across health and social care to identify additional services that could be delivered from this site.
5. Staff Engagement: Have staff delivering the service been fully involved and consulted during the preparation of the proposals?
Yes (please delete as appropriate)
The clinicians in the health centre, pharmacy and SCAS have been fully involved. There is significant enthusiasm for this change with benefits for patients being identified as immediately available and further benefits to come as integrated working develops.
6. Staff Engagement: Do staff support the proposal?
Yes (please delete as appropriate)
See response to question 5 above. This change is very well supported by the clinicians directly involved in delivering the service and those that are anticipating the benefits of closer working.
7. Patient Impact: Does the proposed change of service has a differential impact that could widen health inequalities (geographical, social or otherwise)?
No (please delete as appropriate)
There will be no impact on health inequalities other than potential to improve care received by all patients.
8. Patient Impact: How many people are likely to be affected?
The FAU saw 2,700 patients in 2019/19. There is no direct effect on these patients as they will continue to be able to access the same service at the same site but with enhancements.
9. Patient Impact: Will the proposed change affect patient access? If so how?
No (please delete as appropriate)
The health centre is on the same site, adjacent to the hospital. There will be no impact on access for patients.
10. Patient Impact: How will the proposed change affect the quality and quantity of patient service?
The proposed change should enhance the quality of patient service when clinicians working in the FAU have: <ul style="list-style-type: none"> • Access to medical record for local patients improving the care to patients and communications with patients GPs • Access to onsite diagnostics at Chipping Norton Health Centre (e.g. point of care testing) • Access to GPs providing clinical support where there is an overlap in service provision.

<ul style="list-style-type: none"> • Access to pharmacy for medication, equipment and advice
11. Patient Impact: Does the proposal appear as one of a series of small incremental changes that when viewed cumulatively could be regarded as substantial?
No
12. Patient Impact: How will the change improve the health and wellbeing of the population affected?
As per question 10 above.
13. Wider Impact: Will the proposed changes affect: a) services elsewhere in the NHS b) services provided by the local authorities, c) services provided by the voluntary sector?
This service will be used to showcase and evidence the benefits of integration with primary care and the means to retain local urgent care options whilst remaining compliant with national urgent care pathways. We will use the learning to support the further roll out of integration of primary care into our other urgent care settings to ensure we retain the level of care currently enjoyed by all patients in each of our urgent care facilities.
14. Standards: How does the proposed change relate to the National Service Framework Standards?
Patients will be managed in the same way as they are currently. The National Service Framework Standards will not be impacted.
15. Risk: What could the possible negative impacts of the change be? What mitigations are in place to reduce any potential negative impacts of the proposed change?
No negative impacts are anticipated.

C. Outcome/Decision
1. Is this considered to be a significant change by provider?
No (please delete as appropriate)
This is not a significant change and engagement is being undertaken
2. Is this considered to be a significant change by HOSC?
Yes/No (please delete as appropriate)

Possible Outcomes:

Consultation is Required

- If the health organisation and OJHOSC representatives agree that the proposal does represent a substantial service change or development, the formal consultation with OJHOSC should commence.
- *HOSC must be provided with:* The date by which the responsible organisation intends to decide whether to take the proposal forward.
- The date by which the responsible organisation requires the health scrutiny committee to provide any comments. **N.B.** *It is expected that any formal consultation would be undertaken by the commissioner of the service.*

Consultation is Not Required:

- If the health organisation and OJHOSC representatives agree that the proposal does not represent a substantial service change or development, then formal consultation with OJHOSC is not required.
- Best practice is that the health organisation should continue to engage scrutiny and the public in the development of the proposal and onwards to public consultation in accordance with Section 242 requirements.

Agreement Cannot Be Reached:

- If agreement cannot be reached between the health organisation and OJHOSC representatives, then all reasonable, practicable steps should be taken towards local resolution.
- Further meetings may be conducted with wider OJHOSC members or other stakeholders such as Healthwatch, carer/user groups, the voluntary sector.
- If it continues to be impossible to reach agreement both sides may jointly or independently pursue the options open to them under their respective statutory instruments, such as escalation to the Secretary of State or to the provider's Board.

N.B. *The OJHOSC representatives may prefer not to make a final decision about whether formal consultation is required at the meeting and choose to notify the organisations involved once a decision is made.*

Note on Consultation Processes

The Department of Health's (DH) Local Authority Scrutiny Guidance (2014) states the following in relation to consultation processes:

“The duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals should be seen in the context of NHS duties to involve and consult the public. Focusing solely on consultation with health scrutiny bodies will not be sufficient to meet the NHS's public involvement and consultation duties as these are separate. The NHS should therefore ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals. There should be engagement with the local community from an early stage on the options that are developed.”

- It is therefore understood that the process of assessing substantial change should take place as part of broader meaningful engagement with local communities
- The relevant health organisation is responsible for engaging and consulting all relevant local people. It is expected that this will include locally elected representatives where the service change will have an impact (parish, district, county and MPs).