

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC)

20 NOVEMBER 2025

Report on the establishment of a Primary Care Working Group

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATIONS

The Committee is **RECOMMENDED** to

1. **CONFIRM** its support for the establishment of a Primary Care working group.
2. **AGREE** to the proposed membership of the working group (Cllr Jane Hanna, City Cllr Louise Upton, Cllr Gareth Epps, Cllr Paul-Austin Sargent, Cllr Ron Batstone, District Cllr Katharine Keats-Rohan).
3. **AGREE** to the scope and Methodology of the working group's planned activities.
4. **AGREE** to receive an update on the working group's activities and findings and recommendations in June 2026.

CONTEXT

1. Primary care is the foundation of the NHS and the first point of contact for most patients. In Oxfordshire, general practice is under increasing pressure due to rising demand, workforce shortages, estate limitations, and the need to modernise service delivery. These pressures are compounded by population growth, housing development, and changing patient expectations.
2. Recent reports to HOSC have highlighted some variation in access to appointments, challenges in recruiting and retaining GPs and nurses, and delays in progressing key estate projects such as the Didcot Great Western Park and Bicester Health Centre expansions. There is also concern about the administrative burden on clinicians, which may detract from time spent on direct patient care.
3. In response, during its public meeting on 11 September 2025, the Committee agreed to establish a working group to undertake a deep dive into these issues. The group will explore the systemic barriers to effective primary care delivery and identify practical, locally tailored solutions that can be implemented by the ICB and its partners.

4. The establishment of a primary care working group is designed to be a deep dive mechanism—bringing together elected members, NHS representatives, and the patient voice (via input from Healthwatch Oxfordshire)—to interrogate the systemic issues affecting primary care capacity, access, and estate provision.
5. Therefore, the overarching purpose of this review into primary care is to investigate the challenges facing primary care in Oxfordshire and develop evidence-based recommendations to improve capacity, access, estate development, and service integration, with a focus on sustainability and equity.

SCOPE OF WORKING GROUP FOCUS/ACTIVITY:

6. The scope of the working group's activity has been informed by a combination of avenues including; reviews conducted as part of its public meeting items (and reports submitted for these) on GP access and provision; conversations with NHS commissioners from the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB); reports it has heard from elected County and District Cllrs in Oxfordshire on challenges residents are experiencing with primary care access; reports heard directly from individual GPs on the challenging landscape they are operating under; and verbal and written reports from Healthwatch Oxfordshire as well as members of the wider public who have addressed the Committee in its public meetings.
7. Below are a list of themes that the working group intends to focus on as part of its review:

Workforce Capacity and Clinical Time Balance

- Assess GP and nurse staffing levels across Oxfordshire.
- Examine recruitment and retention challenges, including the impact of short-term funding schemes.
- Investigate the balance between administrative burden and protected clinical time for GPs and practice staff.

Access Equity and Patient Experience

- Map variation in appointment availability between practices.
- Map variation in numbers of General Practitioners per practice against trend in number of registered patients.
- Explore barriers to access including digital exclusion, rural isolation, and transport limitations.
- Review patient satisfaction and continuity of care.
- Align primary care provision with housing growth and local plans.
- Forecast future demand and estate needs using demographic and utilisation data.

Estate Constraints and Expansion Planning

- Identify practices operating in undersized or outdated premises.
- Review progress on major estate projects (e.g. Great Western Park, Bicester Health Centre).

- Examine the use of developer contributions (Section 106, Community Infrastructure Levy [CIL]) and planning obligations.

Alternative Funding Models and Design Solutions

- Investigate schemes deemed unviable under traditional capital models.
- Explore the role of district valuers and local authorities in unlocking new approaches.
- Consider modular builds, public-private partnerships, flexible leasing, and repurposing of existing estate.

Service Integration and Transformation

- Evaluate the rollout and impact of the Modern General Practice model.
- Assess the development of neighbourhood health hubs and co-located services.

Use of Digital tools and technology:

- Review the use of digital tools, including the use of AI and virtual consultations.
- Digital exclusion but also resilience and data security and communications.

STAKEHOLDER ENGAGEMENT:

8. The working group will engage with a wide range of stakeholders to ensure a comprehensive and inclusive review. These will include:
 - NHS Buckinghamshire, Oxfordshire and Berkshire West ICB (including estates, workforce, and commissioning leads). This would include Dan Leveson (BOB ICB Director of Places & Communities) and Julie Dandridge (Strategic lead for primary care across Oxfordshire).
 - Healthwatch Oxfordshire. This would include Veronica Barry (Executive Director of Healthwatch Oxfordshire) and Barbara Shaw (Chair of Healthwatch Oxfordshire).
 - District council planning officers (Names/details of Officers to be confirmed).
 - Individual General practitioners (including Dr Michelle Brennan, Dr Richard Wood, Dr Peter Burkner, and Dr James McNally).
 - GP practice representatives and Primary Care Networks (Names/details of these to be confirmed).
 - NHS Property Services and district valuers.
 - Local MPs and councillors (where appropriate).

9. Engagement will be conducted through online Microsoft Teams meetings, written submissions, and site visits. The working group will also consider feedback from any recent public consultations and surveys.

EXPECTED OUTPUTS AND OBJECTIVES:

10. The working group will submit a written report to the wider Committee in its public meeting in June 2026. This report will summarise the working group's activities as well as findings, any evidence gathered, and any recommendations it proposes to the wider Committee for agreement to be issued to the ICB and/or local authorities in Oxfordshire.
11. The working group will likely make recommendations to the ICB and local authorities around the following potential areas:
- a. Estate planning and funding strategies.
 - b. Workforce support and administrative reform.
 - c. Access improvement and digital inclusion.
 - d. Evaluation and rollout of service transformation models.
12. The working group will also seek to identify of priority areas for investment and/or policy change for primary care, and will potentially write to the Secretary of State for Health and Social Care to express some of its findings that may be relevant to this.
13. In addition, the working group will discuss, and agree a proposed framework for the ongoing monitoring and scrutiny of primary care delivery. This will be crucial to enhance transparency around primary care at a time when residents experience challenges first hand in being able to access basic GP appointments. This ongoing scrutiny will also be crucial in the context of any advancements made by the ICB and its system partners around establishing a Neighbourhood Health framework for Oxfordshire.

TIMELINE:

Month	Activity
November 2025	Initial meeting and confirmation of scope
December 2025	Stakeholder mapping and initial evidence gathering
January 2026	Thematic working group online session with NHS commissioners and Individual GPs on: <i>Workforce and Access</i>
February 2026	Thematic working group online sessions with NHS commissioners, Individual GPs, and Healthwatch Oxfordshire: <i>Access equity and patient experience</i>

March 2026	Thematic working group online sessions with NHS commissioners, Individual GPs, and local authority planning officers: <i>Estates constraints and Estate Planning; Alternative funding models and design solutions.</i>
April 2026	Thematic working group online sessions with NHS commissioners, Individual GPs, and Healthwatch Oxfordshire: <i>Service integration and transformation; Use of digital tools and technology.</i>
April 2026	Site visits to GP practices. Collating all written evidence/data submitted to working group on GP access and Estates.
May 2026	Drafting of findings and recommendations
June 2026	Final report presented to wider Committee.

RISKS AND MITIGATION STRATEGIES:

Risk	Description	Mitigation
Limited stakeholder engagement	Key stakeholders may be unavailable or unwilling to participate	Early engagement and clear communication of purpose and benefits.
Data gaps or inconsistencies	Incomplete or outdated data may hinder analysis	Triangulate data from multiple sources; request updated datasets from ICB, NHS partners, and Healthwatch.
Scope creep	Risk of expanding beyond manageable boundaries	Maintain focus on agreed thematic areas outlined above.
Delays in evidence gathering	Scheduling conflicts or resource constraints may impact timeline	Build in contingency time; prioritise critical evidence early
Lack of implementation of recommendations	Risk that findings are not acted upon	Engage decision-makers throughout the process; align recommendations with strategic priorities and funding opportunities

LEGAL IMPLICATIONS

14. Pursuant to Part 6.1B of the Oxfordshire County Council constitution:

‘The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.’

15. This report outlines the nature and purpose of the working group being set up, as well as the fixed timescales that the working group will operate under. The

membership of the working group has also been shaped by the rules around political balance.

16. There are no other legal implications associated with this working group's deep-dive review into GP access and estates, nor are there any other legal implications arising from this report (its intent being to provide the Committee with an overview of the working group's membership, scope, and anticipated activities and timescales).

Comments Checked by: Jay Akbar (Head of Legal and Governance and Deputy Monitoring Officer).

FINANCE IMPLICATIONS

17. There are no direct financial implications arising from this report.

Comments checked by Drew Hodgson (Strategic Finance Business Partner).

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November 2025