**Robert Courts MP response to Locality Place Based Primary Care Plan: North Oxfordshire Locality**

1. *Background and overview North East Oxfordshire primary care use and outcomes*
	1. In this locality, the Chipping Norton Health Centre and the Wychwood Surgery fall within my constituency, and so I shall focus on the impact that these proposals will have on these particular practices.
	2. In this plan, these practices are included in the ‘Rural North’ cluster. Although the Wychwood Surgery is a small rural practice similar in size to the others in the cluster, however Chipping Norton Health Centre is over double this size and is rightly the hub for this area, as it is located on the same site as the Chipping Norton Community Hospital.
	3. I firstly believe that the Wychwoods is mistakenly categorised in the North Locality, not least because it is further from Banbury – both more southerly and westerly, than Charlbury, which is in the West Locality. The CCG has not provided further detail about the demographics in this practice, but I feel that it is more naturally linked to Witney and its surrounding rural practices than the more urban Banbury.
	4. Furthermore, I am greatly concerned by the lack of detail and attention on Chipping Norton in this plan. As the second largest practice in this Locality, and a natural hub of a variety of healthcare services, I feel that the CCG has missed the opportunity to learn from its best practice, as it is already upskilling staff to handle more varied roles.
	5. I believe that the CCG should be looking at Chipping Norton as a similar site to Witney; with a health centre, community hospital and care home all in the same site, this is a prime candidate for many of the changes looked at later in this document, and similar measures to Witney ought to be prioritized – although, of course, scaled to the population size.
	6. That being said, within its health campus Chipping Norton offers a successful First Aid Unit, however this is successful because it can relieve some pressures off of A&E units. Currently, A&E units are in place in Witney and Banbury, meaning Banbury provides the only A&E care in this locality. I strongly oppose plans to downgrade this service at the Horton, because of the adverse effect it will have on surrounding centres.
	7. The CCG states that its key priorities are to: provide safe and sustainable primary care services for the population; improve outcomes for the frail and elderly; ensuring patients can access the right primary care at the right time; addressing deprivation and health inequalities. This will be delivered through 9 work streams.
	8. With a high number of care beds in the Wychwoods and Chipping Norton, however with much fewer in other wards, this is a clear disparity. Both of these have higher than average death rates for stroke; this is an issue shared by Freeland and Hanborough, and so the CCG ought to look at this issue together. There is no proposed solution to the elevated level of stroke deaths in these wards in this plan.
	9. This plan should be focused on the issues presented by Banbury, such as an expanding population of young families as there will be significant population growth in the coming years, and addressing the deprivation in parts of Banbury. This is less of an issue for the Wychwoods and Chipping Norton, and so I feel their needs are not rightfully assessed and addressed in this plan.
2. *Workforce*
	1. As outlined in the plan, Oxfordshire is facing recruitment issues, particularly in rural areas, in part due to the high cost of living. There is a shortage of healthcare professionals, and although there has been a significant increase in the number of GPs in training in recent years, this will of course take years to have an effect on recruitment.
	2. I agree with the CCG’s plans to make the current workforce more efficient by freeing up GP time through upskilling existing staff and by bringing in and expanding new roles. This is tied to the plan’s proposals to enhance the signposting role for receptionists and bring in a wider range of staff with a different skill mix to supplement existing GP and practice nurse staffing.
	3. Key to these proposals is creating other ways for patients to access treatment and advice away from their GP, I believe through increasing services at the Chipping Norton community hospital as a natural site for growth, as well as Banbury, and removing the need for a hospital stay. In order to realise these aims, staff upskilling is essential.
	4. I welcome the idea of training receptionists to have a greater role in signposting as I understand has been carried out with success at Chipping Norton Medical Centre, which I have visited. However, it is essential that staff are supported by their practice during this role evolution, due to the nature of the change. This is similar to practices employed by the emergency services, whose 111 operators, for example, are not *medically* trained but *are* trained to use specific software which suggests what care a patient may need. Again, I have seen this in practice and would suggest that it is a model that might have a place in reconfigured primary care. I would recommend that the CCG contact SCAS to discuss how to share this best practice and change the system for their needs.
	5. Integral to prevention is education for the public about how they should access the system. This means clear signposting in practice, on websites and through discussions between patients and staff. I would suggest that as these changes are rolled out, the CCG engage with the public in order to explain the system; this could be done through firstly a promotion campaign and secondly through public meetings with community group, care homes, churches, at leisure centres, schools etc.
	6. There are other measures that I suggest the CCG consider. Firstly, further public explanation to help patients understand why care might be provided by someone other than their GP, ensuring the public are comfortable with receptionists having a greater role to play and consequently access to more information. A way to promote this is by launching a campaign to publicise the roles and skills of staff in practice. This could follow a ‘*your journey through the practice*’ flowchart, explaining that as first contact, receptionists need to determine who is best to treat each patient. It is essential that receptionists are properly supported as they are learning these new skills.
	7. I support plans to share back office services, including sharing staff across practices, to ensure better use of resources. I urge the CCG to discuss these measures with WODC who have made impressive savings through these changes, by avoiding duplication and having a small pool of very well trained administrative staff.
	8. I would suggest overall that close and continued co-operation with local authorities, OCC and other public bodies is carried out at all times: they are closest to the people that they represent and understand the needs and requirements of local communities. The challenges faced by healthcare and caused by many and varied factors, and it therefore follows that the solutions will be multi-faceted, with contributions to be made from many local stakeholders.
	9. The CCG also needs to recognize the differing demands for GPs in more urban practices in Banbury and rural practices like the Wychwoods and Chipping Norton. The issues with recruitment, such as the cost of living, is greatly exacerbated in a rural practice.
	10. To increase training capacity and encourage GPs to remain in the area where they have trained, I suggest that the CCG should offer rotations throughout the locality, or the wider county area, when training so that GPs have varied training and gain understanding of the different demands of different practices.
3. *Estates*
	1. Particularly with the projected growth in West Oxfordshire, it should be expected that many of the practices will reach issues with capacity. It is extremely important that the CCG engages with planning authorities, in this instance West Oxfordshire District Council, in order to understand where and when developments are planned to take place, as well as work to understand how new sites can be incorporated into planning applications in order to support a growing population.
	2. I understand that some GPs have concerns that the provision for healthcare facilities in many planning applications are insufficient, perhaps being too small and unfit for purpose. I urge the CCG to work with WODC to make clear the specifications it requires, so that healthcare services can grow with West Oxfordshire. A key way of ensuring this is through the CCG working with the Oxfordshire Growth Board, WODC’s Cabinet and Economic & Social Scrutiny Committee.
4. *Digital*
	1. Pivotal to achieving the overall vision of these plans is for patients to be able to easily access different parts of the primary care system in West Oxfordshire and for whoever is dealing with the patient to be able to do so smoothly, without the patient having to explain potentially complex long-standing conditions. If this is not smooth, patients will be put off meeting with alternative healthcare professionals and go back to having GP appointments as their first port of call.
	2. The way to achieve this is by all local services being able to access patient records. This not only creates a better experience for the patients, but will also ensure that GPs can be kept updated with a patient’s recent discussions with others, for example the mental health team, without the patient having to feedback. This would lead to more streamlined and effective care. However, patient records confidentiality is of the upmost importance: access must remain strictly with healthcare professionals.
	3. In particular, many care home residents have complex health needs and will be regularly treated by a wide range of healthcare professionals at the home, by their GP and visiting clinicians. It is therefore essential that all involved in managing a patient are able to access the same up to date records for the best treatment plan.
	4. The use of clear signposting on practices’ websites is crucial. A first post of call for many patients is to seek advice about whether they need to book an appointment by consulting their practice’s website.
	5. More broadly, I would like to see a greater role in the use of technology in the provision of primary healthcare. The first is in the booking of appointments, where some practices have rolled out a scheme, but progress is slow. The second is in the provision of care in a primary context: simple queries might be better dealt with by a five minute Skype call - provided the vulnerable are protected and this complements rather than replaces traditional appointments - than by a face-to-face appointment. Commercial providers are exploring this idea: perhaps there might also be a place for this within the umbrella of the NHS?
5. *Funding*
	1. This plan does not include any detailed costings about precisely how much these changes will cost and the projected savings made by efficiencies such as pooling back office services.
	2. The plan states that it will require investment either through core funding or through release of funding in secondary care over time. A projected costs plan should have been included in the plan, to understand where this funding will come from, and to understand why funding in secondary care will be released over time, and if this is due to a cut in services elsewhere.
6. *Outline mobilisation plan*
	1. Although I appreciate the desire of the CCG to implement these changes as soon as possible for the benefit of patients, I would appreciate greater clarification of the proposed timelines. As the results of this consultation will be published on 31st January 2018, presumably alongside a revised final plan, this is already a long way into 17/18 Q4. More details about implementation would be appreciated, especially if they are public facing, in order to properly inform patients in advance of any changes. I would emphasise that sudden changes, brought in without notice and without even informal consultation with elected representatives, local bodies or patient groups, ought not to be entertained.

**Robert Courts MP**

**15th December 2017**