David Smith

Chief Executive for Oxfordshire Clinical Commissioning Group

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Friday, 15th December 2017

Ref: RAC/eq/O

Dear David,

I am writing to you to respond formally to the consultation on Oxfordshire CCG’s Locality Place Based Primary Care Plan, specifically looking at the West Oxfordshire Locality.

Although I have responded in detail to the West Oxfordshire Locality Plan, my constituency is in fact spread across the West, North and North East plans. I would like to register my strong disagreement that these borders do not align with constituency and district council boundaries. This unnecessarily complicates matters, not only for stakeholders such as councils and MPs in engaging with the CCG and advising constituents, but is also confusing for patients to know where they are being referred to. For example, Charlbury is in the West locality, but the more west-ward Wychwood practice is in the North locality. I strongly urge the CCG to look again at these boundaries and how they can either be altered or more clearly communicated. I see no good reason as to why the Wychwoods, Chipping Norton and Woodstock are not included in the West locality where they naturally fit.

I look forward to reading the final version of this plan and working with the CCG to implement these changes, but stress the necessity to engage with the public at each stage.

Yours,



**Robert Courts MP**

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

1. *Background and overview West Oxfordshire primary care use and outcomes*
	1. The CCG states that its key priorities are to: meet the healthcare needs of the ageing population in the locality; ensure the safe and sustainable primary care that delivers high quality services; improve prevention services and bring planned care closer to home. This will be delivered through 13 work streams.
	2. I agree with these priorities and that West Oxfordshire is facing significant challenges, mainly due to parts of the locality having an older population than the CCG average, the projected growth in the locality over the next 20 years, recruitment challenges geographically (due to such factors as the high cost of housing) and when the estates of many health facilities require expansion or relocation.
	3. Looking at current health outcomes across West Oxfordshire, overall the locality is generally better than the Oxfordshire average. The priority should be to tackle any particular services where West Oxfordshire has poor outcomes before looking to wider reform; as West Oxfordshire has already done this, this is the right time for the locality to make the changes suggested.
	4. However, I would like to draw attention to the statement that the Freeland and Hanborough ward has a higher death rate from strokes than predicted. Although the draft plan states that this was influenced by the 65 care home beds within Freeland and Hanborough ward[[1]](#footnote-2), am I disappointed that further work has not been done on this issue. With relocation of stroke beds from Witney Community Hospital to Abingdon Community Hospital, I am greatly concerned about how this will affect future outcomes. The 65 care home beds remain and so the risk is the same, but access to stroke services is now much more difficult, and with little work yet on further services to expand WCH.
	5. Further, there is a discrepancy between the CCG’s two documents. The draft plan states that in West Oxfordshire the number of children aged between 10-11 who are overweight or obese is higher than the CCG average. However, in ‘Developing GP services and a locality place based plan for West Oxfordshire’, it states that, “*No wards in West Oxfordshire have higher than the OCCG average of children aged 10-11 classified as overweight or obese*”[[2]](#footnote-3). I would appreciate clarification on this point and, if West Oxfordshire is indeed higher than average, what actions the CCG are taking to rectify this.
2. *Meet the healthcare needs of the ageing population in the locality*
	1. The Witney Emergency Multidisciplinary Unit is an example of best practice and an excellent illustration of why Witney is prime to lead the way in expanding this service. I appreciate that the plans say that the CCG will meet clinicians from Witney EMU to explore the factors currently limiting their capacity and how to make the most out of this resource; as always, those who work at the EMU are best placed to advise what steps they feel need to be taken.
	2. It has been shown that extended time in a hospital bed hinders recovery and can worsen patients; if the EMU can be used to avoid unnecessary referrals and hospital admissions it will result in improved outcomes for patients.
	3. An enhanced EMU will be a great benefit, particularly for rural patients, as it will avoid the need to travel to Oxford, which is difficult for those without access to a car.
	4. As I further say in 8.2, increasing interaction between GPs and care homes is essential to ensure that those with the most complex needs receive the best treatment. This could be through the development of virtual ward rounds, increasing primary care visiting services, or having a gerontologist or interface physician manage practices’ care home patients. As the plan says, a business case needs to be created and overall more detail is needed to understand what specific changes will be implemented in this section, and I look forward to hearing from the CCG about further proposals.
	5. Further detail is needed as to how these plans sit with Oxfordshire County Council’s Adult Social Care services, and I would appreciate the CCG providing more information on the work they have done with the OCC on this matter.
3. *Ensuring safe and sustainable primary care that delivers high quality services*
	1. I support an increase in the capacity of the urgent access hubs, especially as the demand has been demonstrated in Witney. I agree that a second hub, located in Carterton would be well placed to support other more rural practices. However, another reason for the lack of use may be a lack of signposting and explanation of the service, and so further education for patients is needed here.
	2. I have spoken in detail later in this response about my support for the upskilling of staff, including healthcare professionals and developing more varied portfolio roles for GPs. This helps patients by ensuring services and treatment can be accessed more quickly, even if that may be care provided not by a GP but by another qualified professional. Further, this proposal may also help with recruitment as it offers a more varied and challenging role for staff to develop their skills.
4. *Improving prevention*
	1. I am interested by the proposal of developing a social prescribing model. However, I feel that this plan lacks detail about what this would entail. West Oxfordshire is a fantastic, community-driven area with many groups offering a variety of activities, such as volunteering, arts activities and social groups for the elderly, which are already thriving and I have had the opportunity to work with. Is the CCG planning on creating its own social meetings at local practices, for example, or will it make partnerships with local organisations and refer patients to established groups? I would strongly urge the CCG to work with charities such as Age UK who already host events in Witney, such as their monthly ‘Chatterbox’ meetings, Bridewell Gardens or Guideposts - to name just a few.
	2. I welcome the idea of training receptionists to have a greater role in signposting (see 7), 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.
	3. 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.
	4. I would suggest that missing from this plan is how the CCG plan to work with local schools. There are two important points. Firstly, the need for a healthy diet and lifestyle, and regular exercise, should form a central part of every student’s education: prevention is better than cure. Secondly, it would be of assistance for students to be educated, early on, on the ways to obtain care that may - in the future - be more varied than the traditional GP. Taken together, such an approach will ensure that over the time public awareness of the different ways to receive treatment, over than a GP, will increase. This was a particular point raised during the public meeting in Witney on 1st November 2017, and I fully support this, and I am happy to work with the CCG and local schools to understand the best way to achieve this, and to drive this forward.
5. *Planned care closer to home*
	1. I believe that this is the way that healthcare should be adapting, by adopting technology to enable patients to spend less time in an acute environment and be closer to their families and friends. This has been shown to improve clinical outcomes, as well as having the extra benefit of freeing up acute resources for others.
	2. I am proud of the work already being done in Witney to move towards this, and I welcome proposals for an Urgent Treatment Centre in Witney by March 2019, which will integrate current services. The Witney site is a natural candidate for this, at it already has the Witney Community Hospital and the Windrush Health Centre on site. By sharing staff, buildings and resources I anticipate this will create a more streamlined, efficient service for patient and enable this to become an innovative example of healthcare for Oxfordshire.
	3. I am interested to learn of the CCG’s success in the North East with the local diabetes service, and I look forward to building on this model here in West Oxfordshire, but would appreciate more details about how this will sit within other services.
6. *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, through a UTC in Witney, and removing the need for a hospital visit by maximising the benefits of the EMU. In order to realise these aims, staff upskilling is essential.
	4. 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.
	5. The plan states that the CCG wants to increase training capacity and encourage GPs to remain in the area where they have trained. I suggest that a way to do this would be to 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.
	6. 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.
	7. I would suggest overall that close and continued co-operation with WODC, 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.
7. *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.
	3. The plan states that the Nuffield Health Centre and/or the Cogges Surgery will need to expand and relocate. I would like further information about when and where services would be relocated to. It is essential that they stay in the Witney area, and would strongly suggest for example it would be advantageous for the Nuffield to relocate to the West or North of Witney, to a location similar to Deer Park, as this area of the town is set to expand the most; this would work to spread the practices geographically and better serve patients from all over the town.
8. *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.
	3. I welcome this proposal, which should lead to more streamlined and effective care. However, patient records confidentiality is of the upmost importance: access must remain strictly with healthcare professionals.
	4. I support proposals for HSCN access, which will enable the sharing of clinical record data directly with care home computers. 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.
	5. 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. I approve of using the Windrush Medical Practice as the exemplar website.
	6. 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?
9. *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.
10. *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**

1. <https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/864482/31833701.1/PDF/-/Draft_West_Oxfordshire_locality_place_based_plan_20171204_v2.pdf> pg. 12 [↑](#footnote-ref-2)
2. <https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/864482/30541925.1/PDF/-/West_Engagement_Document_FINAL.pdf> pg. 11 [↑](#footnote-ref-3)