Questions to the 26 November 2015 Oxfordshire CCG Board

Q1	<u>New regulations on tendering</u> Monitor's guidance to CCGs on commissioning from December 2013 explicitly stated that: '(3.1) There is no default process that commissioners should use to secure services. In particular, the Procurement, Patient Choice and Competition Regulations (PPCCR) do not establish a competitive tender process as the default mechanism that commissioners should use to buy services.' and (3.2.3.i) Regulation 5(1) of the Procurement, Patient Choice and Competition Regulations provides that a commissioner may award a new contract without publishing a contract notice where the commissioner is satisfied that the services in question are capable of being provided only by that provider. There may be a range of circumstances where only one provider is capable of providing NHS health care services being procured by a commissioner.' a) In OCCG's view how do the new regulations on tendering (Public Contracts Regulations [PCR] 2015) differ from Monitor's previous advice (above)? The PCR 2015 sets out an obligation to advertise contract opportunities for healthcare services in the Official Journal of the European Union (OJEU) over the defined threshold (£589k from 1st January 2016) from April 2016. The current NHS Procurement, Patient Choice and Competition Regulations 2013 (upon which Monitor's advice is based) does not have this requirement. b) Has Monitor given OCCG any new advice about PCR2015? We are hoping Monitor will update its NHS PPCCR guidance but as yet we have not heard anything to this end. c) Has OCCG been given ANY legal advice on implementing PCR2015? Not formal legal advice, we have had annual contract and procurement training which has included it. This training is delivered to the CCG by a law firm. d) Does OCCG foresee any changes in their procurement practice as a result of the new regulations? Yes, but we await revised PPCCR guidance to be clear on its interpretation for the NHS. e) If so, what are they? Contract opportunities for healthcare services over the threshold set out

	under the PCR 2015 will be advertised as required.
Q2	Implementation of commissioning 7-day patient services It has been reported that CCGs must 'ensure that every patient has access to 7-day services by 2020'. http://www.thecommissioningreview.com/article/ccgs-must-ensure-every-patient-has-access-7-day-services-2020 a) What steps is OCCG taking to ensure compliance with the above directive? b) What additional resources does OCCG anticipate will be required to ensure compliance? c) At what cost? The CCG is working closely with Oxford University Hospital Trust who completed their audit and business plans for compliance in all 7 day standards in April 2015, from this the trust has invested £2.25 million this year into bridging the gaps. This summer NHS England with clinical consultation decided that all trusts should concentrate on 4 key standards, these being 2, 5, 6 and 8 and then asked all trusts to complete a self-assessment benchmarking in August. OUHT completed this and the results in September put them in the top quartile in the country. With them fully complaint in standards 2, 5 and 6, and a few gaps in standard 8 which will be complete by March 2017 – the national target Oxford Health NHS FT already has the majority of their services covering 7 days, and are working to extend the day across many teams who deliver rapid care from 9-5 to 8-8 as they have capacity Adult Social Care is in the process of restructuring to deliver a more lean and effective delivery model which will allow them to support in hours and out of hours more fully.
Q3	OCCG's treatment priorities In response to a previous question from Oxfordshire Keep Our NHS Public about which drugs and treatments are considered a low priority for funding and which should be prioritised by OCCG, we were directed to the minutes held by a Commissioning Support Unit (the South, Central and West Commissioning Support Unit), which co-ordinates and manages the meetings held by Thames Valley Priorities Committee. OCCG does not appear on the home page or on the list of participating CCGs on the Thames Valley Priorities Committee: http://www.fundingrequests.cscsu.nhs.uk/ a) Will OCCG explain the reason for this omission? b) If OCCG is still an active member of this committee, will it undertake to

	post on its own and the above website, a policy statement on its treatment priorities, as distinct from its policy on Individual Funding Requests? c) Which other committees make decisions or recommendations about which treatments and drugs are to be funded or not, by OCCG? OCCG has details of the Thames valley Priorities committee and the decisions adopted by the CCG on its website. http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/ Individual funding requests are considered within the CCG and not by the Commissioning Support Unit and as a result it does not appear on the CSCSU website. The Area Prescribing Committee for Oxfordshire will make recommendations on which drugs should be funded. This recommendation is ratified by the Clinical Ratification Group on behalf of the Board.
Q4	Primary care co-commissioning OCCG agreed to primary care joint-commissioning with NHS England in April 2015. a) What are the results of initial evaluations of the effectiveness of this joint approach to primary care commissioning? b) What criteria were used in the evaluation? c) What changes will be made as a result of the review? d) Does OCCG anticipate an increase in running costs to implement co-commissioning, in 15/16? We are not undertaking a formal evaluation of primary care joint commissioning but the CCG will be discussing joint commissioning at its Joint Committee in January.
Q5	Cuts to services a) Which services are no longer commissioned by OCCG from Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust, since April 2015? b) On what evidence were these services cut? c) What are the total 'savings' as a result? The CCG publishes all of its low priority statements on its website. A full evidence review is undertaken by the Central Southern Commissioning Support Unit before the statements are published. http://www.oxfordshireccg.nhs.uk/professional-resources/priority-

	setting/lavender-statements/ Any areas where there is a reduction in services would be approved through the Oxfordshire Joint Committee Health Overview and Scrutiny Committee. http://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CId=148&Year=0 The CCG savings plan is reported in the Board Finance report http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/
Q6	What evidence does the Board have for claiming that the new Oxfordshire Bladder & Bowel Service to be commissioned from April 2016 will be "integrated"? The term "integrated continence service" was defined by "Good Practice in Continence Services" (DH 2001) and further developed by practitioners and researchers (including myself) over the following years – seeking to establish the range of elements needed to create and maintain a fully integrated service. As one of the patient representatives on the Project Board for this proposal, I recognise and commend the excellent work that has been put in by a wide range of professionals to design a more joined-up service in Oxfordshire than currently exists, covering primary care and some of secondary care, but without more changes (so far not envisaged) the result will not be a fully integrated continence service. Examples of elements so far not considered are: an ongoing User Group, agreed input from Social Care, a permanent lead practitioner for the service (the DH term was Director, but various other titles have worked), and agreement from all relevant consultants to participate. The term integration has many connotations and in the bladder and bowel project integration has been determined to be across the two current providers of services. This definition might differ from the guidance quoted in the question. We acknowledge work is continuing on service development including user input and further updates will be given to the OCCG Board.

Questions for the OCCG Board on 26 November 2015 from Healthwatch Oxfordshire Ref: Paper 15: Delayed Transfers of Care

Healthwatch Oxfordshire has heard a number of concerns from local stakeholders about the Delayed Transfers of Care plan and its potential impacts. In part, this has been due to the opacity in language used in the announcement and in this meeting's paper #15. As such we would like to ask the following:

Specific questions of clarification:

1. **Page 3, bullet point 8**: How long will the DTOC bed transfer plan run on a temporary basis before a consultation is required? At what point will the change be considered as permanent?

The transfer plan and initiative will be reviewed in March 2016. If it is decided to reconfigure facilities on a permanent basis, this will be subject to a public consultation.

2. **Page 5, section 3, paragraph 2:** the plan proposes a stay of 'up to 8 weeks' what will happen to patients if their stay reaches 8 weeks?

A multi-disciplinary team of therapists, social workers, hospital doctors and GPs will ensure continuity of care in nursing homes for a period of up to 8 weeks while long-term care plans

and decisions are established. Some patients may require ongoing nursing home care and may remain in the nursing home. But others will go back to their own home with community based support which could include physiotherapy/ day hospital support and/or daily support as part of a social care support package. Patients who are in these beds have been assessed as medically fit for discharge and there will be active planning for their move on to their permanent destination from the date they move into the beds. We do not anticipate that any patient would be delayed beyond the 8 weeks without a decision being made re their future destination.

3. **Page 5, section 3, paragraph 5** – the retention of 75 bed is expected to last until the 'system is stabilized and we have reduced overall levels of delays'. What indicators or thresholds will signal stability?

Key performance indicators are in development that will tell us whether this initiative is having long as well as short-term impact. The number of patients delayed and the % of bed days that are delayed bed days will give us the headline indication regarding the performance of the Oxfordshire system relative to performance nationally.

4. **Page 6, paragraph 5** – what will be the measure of acceptability for patients being placed 'near to home'?

Ultimately this would be based on Oxfordshire's choice policy but the evidence of the project to date (23 December) is that the moves are uncontroversial with families and there is sufficient range of options geographically to meet individual patient need.

5. **Page 6, bullet point 1** – a number of stakeholders have raised concerns about capacity pressures in the care sector – how has the market capacity figure of 220 been assessed?

There are more than 4,000 beds for Older People in Oxfordshire and at any one time there is 95% occupancy (according to with Oxfordshire Care Home Association occupancy figures)

5% of 4,000 = 200 beds which accords with the occupancy figures produced by Caresearch.

Concerns raised by stakeholders:

1. **Beds** – the document refers to the 'release' of 120 beds from OUHFT, but 50 retained for Emergency assessment. Does this mean that 70 acute beds will be closed?

Oxford University Hospitals NHS Trust (OUHFT) will release 120 beds. These beds were opened in response to the delays in being able to transfer patients ready to leave hospital. Around 50 beds will be retained to support the through flow of patients being admitted from the Emergency Department and into the Emergency Assessment Unit. Others will remain available as a contingency. The transfer plan will be evaluated before further decisions are taken.

2. Will this closure be temporary? If so, how will those beds be reopened within the acute setting?

The beds will remain available as a contingency.

3. **Staffing -** Could the redeployment of staff be explained in more detail. Concerns about current staffing pressures in both acute and care sectors has been highlighted to us as a potential risk to this plan. Specifically –

a. what number of acute staff will be redeployed into the care sector?
b. What number will be redeployed to Emergency Assessment beds?
c. What number of community staff will be redeployed and where?
d. How has primary care capacity (GPs in particular) been assessed to ensure they can support this plan?

The numbers of staff moving is based on the capacity freed up by emptying beds in various places within the acute estate. The exact numbers are not available at this point, and the numbers moving to different locations will depend in part on staff choice. The key thing for the project to work is that the staff are deployed in the most effective locations to improve system flow and patient care. There has been a very positive response to the proposals amongst OUH staff.

Oversight and transparency

1. Which organisation will be accountable for delivery of this plan, and what structure is in place to monitor the plan on a regular basis?

Oxford University Hospitals NHS Foundation Trust (OUHFT), Oxford Health NHS Foundation Trust (OHFT), OCCG and Oxfordshire County Council are all accountable for the delivery of the plan. The plan is monitored via the System Resilience Group structure which includes in its membership Chief Executive's and Chief Operating Officer's for each organisation. Chief Operating Officers are currently meeting daily and they then meet with Chief Executives every week to report progress.

2. How will the patient/public be kept updated on the progress of this plan?

A monthly stakeholder briefing will be issued each month for the duration of the plan; it will be available on OCCG's website and sent out to key stakeholders to cascade to their members. The media will also be kept informed of key milestones.

3. Will all reports be made freely available?

An update report was presented at Health Overview & Scrutiny Committee on 11 December: which is available here:
http://mycouncil.oxfordshire.gov.uk/documents/s32061/DTOC%20HOSC%2011%20December%20v1.pdf

Update reports to OCCG's Board will be made available as usual on its website a week preceding its board meetings.