

Questions to the January 2016 OCCG Board Meeting

1. Please could the Board explain why input from patients, for example via the existing Primary Care Patient Advisory Group, gets no mention in paper 16/04? Is the Board aware that there is a proposal to re-brand this group as the "Patient Advisory Group on Primary Care in Care Closer to Home Development"? That would not just be confusing: it is unintelligible. Would the Board consider (a) directing the Group to devise for itself a simple patient-centred name, such as "Oxfordshire Patient Participation Group", and (b) giving the Group a clear role and reporting channel?

OCCG has a variety of ways of seeking input from patients and you are correct to indicate that these were all omitted from this paper. We would want to reassure the public that this will continue to be an important part of our work going forward. The proposal put to the Primary Care Patient Advisory Group to expand its remit was as a result of our primary care strategy now being a component of a wider "Care Closer to Home" strategy which emphasised the importance of all community based services working together. The CCG thinks that the group would be well placed to make input across a wider remit such as on prevention and self-care. A CCG Director is meeting with representatives from the Primary Care Patient Advisory Group on 25 April to discuss future role and reporting arrangements.

2. Is the Board aware that out-of-hospital care is in danger of being re-branded as "Care *Closer to Home*"? (my italics) That would be hugely confusing. The ideal, of course, is care *at home* (not, for example, at the nearest bus shelter). [note added 11.04.16: as exemplified by the admirable-sounding "hospital-at-home" scheme operated, I think, by some part of the JR] And, although it is impossible to get straight answers about it, it appears that, for residents of Oxford city, the preferred place for care of a broken bone is *farther from home*, at Abingdon MIU (as opposed to A&E at the JR).

The Board is aware of this and there has been much discussion around the best name. In the end we agreed on "care closer to home" not "out-of-hospital care" as we feel the emphasis should be about where the majority of care takes place at/or close to home and not focused on hospital.