Questions for November 2016 GB meeting from Oxfordshire KONP

Q1	<u>Engagement and Consultation</u> 'The timescale imposed by NHS England for developing sustainability and transformation plans (STPs) has been condemned as 'ridiculous' and 'shameful' by the former head of its commissioning policy unit.' Julia Simon also questioned the lack of genuine patient and public involvement in STPs, stating that it is entirely driven by the speed that NHS England has imposed on this process which is, 'frankly, kind of mad.' 'Everyone will submit a plan, because they have to,' Ms Simon said. 'But it means there is a lot of blue sky thinking and then you have a lot of lies in the system about the financial position, benefits that will be delivered - it's just a construct, not a reality.' [http://www.gponline.com/shameful-pace-stp-rollout-risks-financial-meltdown-warns-former-nhs-commissioning-chief/article/1410546?bulletin=gp_commissioning_bulletin&utm_medium=EMAIL&utm_campaign=eNews%20Bulletin&utm_source=20161001&utm_content=www_gponline_com_article_14105] 'The lesson we learn from every major reorganisation has been if we take local people with us on the journey, and on the thinking behind it, it is much more likely to be successful. We should not see genuine local consultation and engagement as an inconvenience but as something that improves the eventual plans.' The words of Dr Sarah Wollaston, MP and Chair of the Commons Health Select Committee speaking in September 2016. [http://hansard.parliament.uk/commons/2016-09-14/debates/Hocdebdt20160914scrlgtghs_2Debatedmotionod21tinhssustainabilityandtransformationplans/NHSSustainabilityAndTransformationPlans] a) <u>Before</u> the first formal consultation process begins in January, NHSE will have signed off the BOB STP containing Oxfordshire's contribution (the Oxfordshire Healthcare Transformation Programme); 2-year operational plans and contracts will have been set and agreed (23 December); and cuts, closures and downgrading are already underway throughout the county. How then can OCCG claim that its recent Health and Care Consultation Plan (HCCP) is anything other than a transparent attempt to satisfy the NHSE Assurance process, and is no more than a cynical ploy attempting to appease an increasingly mistrustful public? b) Further, if there is insufficient engagement in the early stages of proposed changes, then any consultation will be considered flawed, and open to accusations of presenting financially-driven pre-determined solutions. How can OCCG claim that there will be a 'deep' consultation process, when the engagement process to date has amounted to an insignificant number of the public (the key stakeholders) having been involved (see the HCCP)? c) Page 20 of the HCCP, under Risks and Mitigation in reference to the Horton, states that 'The case for <u>permanent relocation</u> will be described in terms of patient and clinician benefit'. This is a clear example of a pre-determined solution. How then can OCCG possibly claim that the future of services at the Horton will be the result of an open and transparent consultation?

	d) On page 14 of the Health and Care Consultation Plan (HCCP) it states that 'all core materials (for the consultation) will be tested for accessibility with lay members of the Transformation Board (chief executive of Healthwatch and the nominated representative Chair of Locality Forums)'. Page 18 states that there will be events held to ensure 'pre-consultation on the proposals'. Given that it is now the end of November and the first part of the split consultation is due to begin in January 2017, how is this feasible? e) Page 19 of the HCCP states that there will be 'large, system-wide events in key locations before, during and after consultation'. Will OCCG tell us when and where these 'system-wide' events will be held before the January 2017 consultation begins? f) A recent survey of CCGs by the Health Service Journal (HSJ) found that the majority of Finance Directors anticipated being unable to deliver their sustainability and transformation plans within allocative funding, without the loss of frontline services and reductions in the workforce. If this view is shared by OCCG's Finance Director, what representations have been made to NHSE to protest on behalf of patients in Oxfordshire? g) Page 16 of the HCCP states that 'our plans for health services are being driven by clinicians who see patients every day and see how services could be improved'. This claim is at odds with the findings of the think tank, the King's Fund, which has reported that 'expensive management consultants have also been brought in, but clinical teams or GPs have often only been "weakly engaged in the process.' Its report went on: 'It is clear from our research that STPs have been developed at significant speed and without the meaningful involvement of frontline staff or the patients they serve.' Adding: 'Patients and the public have been largely absent from the STP process so far.' Will OCCG accept that these plans are the inevitable consequence of the deliberate de-funding of the NHS, instructions to make 'savings' of £500 million in Oxfordshire alone, and the centralised imposition of STPs - a vehicle for untested new models of care - that will supposedly solve the problems of the three 'gaps', and deliver national 'savings' (cuts to funding) of £22bn by 2020/21? h) Without publication of the full BOB STP (including all the appendices – financial, activity and workforce) expected sometime in January 2017, giving a necessary and detailed understanding of the implications of the BOB STP for substantial service change in Oxfordshire, how is it possible for the public to participate fully in any consultation? The Oxfordshire Transformation Plan which has been widely discussed (eg HOSC, the Big Conversation, previous Board meetings) contains the main Oxfordshire elements of the STP. Where there are significant service changes proposed these will be consulted on; we are proposing to consult in two phases with the first phase due to start in January 2017. Details of the consultation including events and venues will be made available as soon as possible. The consultation will be supported by access to all the information required for the public to participate fully.
Q2	Cuts to services 'The workstreams were looking at how care was delivered using the evidence available and then testing the service model to see whether it was possible to be undertaken in every place, the skill sets required during the day and around the clock, which people

	needed to be involved, how much the service would cost to run and workforce availability. The conclusion was that it would not be possible to run all services in every location.' [http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/11/Paper-16.73a-2016.09.29-OCCG-Board-Minutes-DRAFT.pdf] a) Which services are going to be cut as a result of this conclusion? b) Which locations are going to be without services as a result of this conclusion? c) What evidence was considered before arriving at this conclusion? d) Which service model was tested? e) What other service models were considered? f) Why were they rejected in favour of this one? This will be covered in the consultation documentation.
Q3	<u>Thames Valley Clinical Senate</u> The Clinical Senate had required more details in the PCBC on clinical areas and on the prevention agenda from OCCG. [http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/11/Paper-16.73a-2016.09.29-OCCG-Board-Minutes-DRAFT.pdf] a) Given that the prevention agenda is supposedly a major feature of the BOB STP, and considerable 'savings' are expected to follow its implementation, this amounts to significant criticism from the Clinical Senate. What details were required to satisfy the Clinical Senate? b) What additional details were required in the PCBC on clinical areas? c) Has the Clinical Senate now approved the plan? The Clincial Senate review is an iterative process and initial discussions enabled them to guide us on the level of detail they wished to see. The Clinical Senate is due to report on 29 November 2016.
Q4	<u>Move from acute care</u> 'The aim was to move from expensive acute care to care closer to home and community care, which should be less expensive.' http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/11/Paper-16.73a-2016.09.29-OCCG-Board-Minutes-DRAFT.pdf 'The Chief Operating Officer explained the Commissioning Intentions were not attempting to be a financial plan for the next year. It provided an indication of where money would be spent but was not comprehensive. The main intention was to flag where money would be removed rather than where monies were to be spent.' http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/11/Paper-16.73a-2016.09.29-OCCG-Board-Minutes-DRAFT.pdf For the public to accept that the planned reorganisation and upheaval in our health and care services and the consequent impact on patient care will ultimately 'transform' services for the better, they must be reassured that decisions are based on verifiable and valid clinical evidence, and not taken to save money. a) Where is the evidence that acute care is more expensive than care closer to home and community care? b) How can OCCG justify the closure of acute care beds based on an assumption that

	it 'should be less expensive'? All proposals for change will be supported by the clinical and financial evidence. This will form part of the consultation.
Q5	<u>The Horton General Hospital</u> 'The Director of Quality advised the decision by OUHFT to temporarily close obstetric services had implications for other services. A Stage 1 and Stage 2 Quality Impact Assessment had been carried out. Stage 1 identified potential risks to patient safety, clinical effectiveness and patient experience. Stage 2 outlined the risk mitigation in place to manage those risks. [http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/11/Paper-16.73a-2016.09.29-OCCG-Board-Minutes-DRAFT.pdf] a) What potential risks were identified to: - patient safety? - clinical effectiveness? - patient experience? b) What risk mitigation was put in place to manage those risks? c) Where are these documents held? As a result of this we have a set of indicator that has been agreed. There is a monthly meeting with Oxford University Hospitals NHS Foundation Trust to monitor these indicators. It has been further agreed that if any adverse incidents occur the CCG will be alerted. To date there have been no such incidents.