

## Questions posed at the OCCG Board meeting in Witney on 29 November 2016 from members of the public:

Key: Question

Answer at meeting

Written response

1. Has the Chief Executive seen, read and circulated the letter sent by all MPs highlighting concerns around a two phase consultation and their request there should be just a single one?

*The Chief Executive advised he had seen the letter and was meeting with Oxfordshire MPs on Friday 2 December. The letter had been circulated to all board members on 28 November following the request from the office of the MP for Banbury.*

2. Could the Board provide clarity around when any STP decisions will be taken? HOSC had been led to believe no decision would be taken until the end of both consultations but it has become known since that decisions will be taken after the first and before the second consultation.

*The Consultation question would be addressed under item 9; Oxfordshire Transformation Programme Update*

Extract from 29 November 2016 Minutes: Absolute clarity could not be given on when decisions would be taken because it was dependent on the responses to the consultation. However, there might be discrete areas where a decision could be taken following the phase one consultation and prior to completing the phase two consultation.

3. If Deer Park Medical Centre was closed, what would be the plan for services on the site? This question had also been submitted by email.

OCCG have approached all local practices to see whether they would like to take on the practice premises as a branch so that some patients could continue to receive services in their usual location, but from another practice, however this was not considered a feasible option by any practice. This will mean that services will not be provided from the site after 31 March 2017 and the private owner will determine the future of the site.

4. The First Aid Unit (FAU) at Chipping Norton was excellent. Would the CCG consider extending the FAU to weekday day-time hours as the FAU was more cost effective than other options and the FAU would relieve pressure on other services. The intermediate care beds at Chipping Norton were removed by Oxfordshire County Council (OCC) and the Order of St John (OSJ) and the service has been significantly down-graded, the patient length of stay is much longer, the type of patients treated has been restricted, the staff are not qualified to administer drugs, the OSJ dial 999 rather than using in-house services and bed blocking is costing the NHS £750k a year. Can you tell me when the 14 intermediate care beds will be reviewed as this would save the NHS thousands of pounds a year by reinstating the beds to be run by Oxford Health NHS Foundation Trust (OHFT). The 14 beds and the hospital were in general very successful. Chipping Norton and district needs a fully functioning hospital as there is nothing else in the area. I urge you to look at the costs as the situation cannot be allowed to continue.

These services will be considered in phase two of the Oxfordshire Transformation work. During the early part of 2017 we will undertake further engagement work with the public and local communities to develop the options for delivery of primary and community services.

Members of the OCCG Board will meet representatives of Chipping Norton on 6 January 2017 to start these discussions.

5. The CCG received a letter in September with proposals to establish a new accountable care organisation which would take over a number of functions the CCG currently administers and proposing the CCG would be stripped back to statutory functions only. Has the Board considered the letter and what is the Board's response?

*The Chief Executive advised a proposal had been sent to the CCG commenting there was an aspiration by some organisations to do something different in Oxfordshire. He advised the proposal would require a lot of time in discussion and planning and currently the system was nowhere near a decision.*

6. In July Wantage Hospital was closed due to suspected legionella but five months later this had not come to the fore. With the consultation slipped until May it was possible the Hospital could be closed for a year. With the winter pressures would OHFT consider reopening the Hospital to help with local needs? Was this a possibility or had the Hospital been stripped?

A member of the audience commented consideration should be given to opening Wantage Hospital as that might help.

The Hospital at Wantage had its inpatient rehabilitation beds closed because of potential risk of Legionella. The beds are only closed on a temporary basis and alternate access to NHS beds is provided in other community hospitals or in additional commissioned intermediate care capacity. Winter pressures are being managed by the opening of additional intermediate care capacity.

7. Mably Way surgeries had put in a bid to NHS England (NHSE) for a grant to extend the centre but this had been turned down despite NHSE telling the inspector three years ago to stop plans for a nursing home on the site as in the next few years the centre would be expanded. Does anyone know if the doctors can be helped to find funding or whether pressure could be applied to NHSE to rethink the situation?

*The Chief Executive advised an extensive range of bids for primary care premises had been submitted explaining there had been a lack of money from NHSE and the Government resulting in a large degree of need and many premises were now out of date in terms of fabric and the growing population. It had been a big disappointment to OCCG, GPs and patients that so many of the bids had been unsuccessful. There was no solution at the moment but options worth considering were whether arrangements could be entered into with local councils to see if there were other ways plans could be financed but currently there was no capital available and OCCG did not have any means. The only way was to bid for funds and only a very limited amount of money had been provided. The Chief Executive observed there was extensive talk around primary care being the foundation for health services but if the buildings were not up to scratch the system had a serious problem. OCCG had been looking for a large amount of money but this had not become available.*

8. In the transformation plan OCCG was relying on self-help, prevention and community activities to make it work and enable it to be safe for patients to go home and thus close hospital beds. We recognise the amount of money you have is not enough but you are not showing how you are working in an integrated way with Social Care and Public Health to rectify problems and even in the inequalities paper it can be seen that all the areas on which the transformation plan relies are underfunded. How do you go forward without demanding money from Government so that Social Care, Public Health, housing and transport are properly funded as the CCG plan will not work unless these areas are properly funded?

Secondly, GP services are in crisis and the plan totally changes GP provision which is the bedrock for services. How can you try to put forward this plan and sign-off contracts on 23 December without consultation? You are here to represent the interests of the population of Oxfordshire and not the Government. I urge you not to do things which are unachievable and stand up to the Government. You tell us in Oxfordshire you want to do the best for the population. The only way to do this is as an integrated plan and you need an increase in funding. This is needed across the whole country. Why are you not doing that?

*The Chief Executive commented many issues around the context in which the CCG was working had already been highlighted. He felt it was good that there was a representative of one of the local MPs in the audience who could report back on the discussion. The Chief Executive reported the allocation was increasing by two per cent a year and this had been set by Government but this would barely cover the cost of living/inflation increases. The issue was money was not supplied through central taxation to cover the actual increases. The level of resources available to the NHS was set by government policy and the CCG is required to manage within the allocation. The CCG was being open with the public explaining it was not possible to do everything everywhere. The CCG had to live within the resources it had and it was not possible to continue in the same way as in the past. This led to the really sensitive issues that were being discussed. OCCG recognised there were areas where things could be undertaken in different ways. The CCG knew patients in acute hospitals could be seen closer to home and by primary care but this required money to move from secondary care and into primary care. There was a need to address the finances and the recruitment of GPs. Core to this was shifting resources within the transformation plan. There were difficult decisions to be made around the whole of Oxfordshire, not just the Horton. The money being received was not enough to do everything and this presented OCCG with the significant choices it needed to make. That was the context for the transformation plans and what the Board was charged to do.*

8. The Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan (BOB STP) was shrouded in secrecy due to pressure from NHSE. The £22 billion cuts required across the country were the culmination of a covert operation started by Thatcher to undermine the NHS. Why hasn't the cut been challenged? The NHS has been undermined by defunding, de-staffing, de-organisation, fragmentation and piecemeal privatisation which had confused many people. The final stage was to bring in private capital through a health maintenance organisation model. What private providers have been contracted by the CCG?

*The Chief Executive advised the resources for the NHS had not been cut; resources were increasing but not by enough to manage all the increasing demand and costs within the system. The national gap between resources available and resources required was £22 billion. Some of this gap could be closed by doing things better but this would not close the whole gap. The Government had been clear they were putting in some resources but the other two thirds had to be found through transformation. Funds were going up but not by enough which was why there was a need to transform services. The situation was very difficult and uncomfortable but that was the job the Board had been given.*

9. MPs had been told many times in writing that money was not an issue for the Oxford University Hospitals NHS Foundation Trust (OUHFT) plans for the Horton but now you are saying money is an issue. We need clarity as OUHFT say the reason is patient safety. This clarity is required in writing.

*There are many drivers for the required changes. For the services proposed to be within phase one of the consultation the prime drivers were patient safety, quality and ensuring sustainable service delivery. All decisions needed to be made in the context of the financial*

*resources available to ensure we are maximising health outcomes for the population of Oxfordshire.*