Introduction

I am pleased to present NHS Oxfordshire Clinical Commissioning Group’s (OCCG’s) annual report for patient and public involvement 2018/19.

OCCG is committed to strengthening participation in all of its areas of work year on year and this report is recognition of how patients and public in Oxfordshire have worked together with OCCG to shape healthcare services across the county over the last year.

Participation is open to anyone in Oxfordshire. We make particular efforts to engage with people who may not always have their voice heard, whether directly or through their communities and representatives. Participation also means involving people in deciding how their views are acted upon and enabling them to know how their views can influence these decisions and what decisions are made on their behalf. This report describes how public and patient involvement is part of the governance of OCCG, and how key decisions are made.

During 2018/19 there was considerable activity by OCCG staff and by the many people who work with OCCG to ensure we hear from all of our diverse communities in Oxfordshire. Work has been progressing in the Wantage and Grove area to apply a new population health and care needs framework to review and plan for future care needs in the local community. The framework is intended to be delivered by working with the local residents, communities and stakeholders, including local councils.

OCCG and Oxford University Hospitals NHS Foundation Trust (OUH) have also been working with the public and our patients about maternity services – with a special focus on the Horton General Hospital. The process has been thorough, involving people from the local community including those from neighbouring counties of Northamptonshire and Warwickshire, together with experienced maternity clinicians. As an example of reaching out to some groups of people who we do not usually hear from, work is continuing to improve our engagement with people who are homeless. We have also been working with the Banbury mosque to plan dementia and cancer screening awareness sessions as well as meeting with the Asian Women’s Voice Group in Rose Hill, Oxford to discuss health services.

This report reflects the breadth of activities involving the public and patients of Oxfordshire from April 2018 to the end of March 2019. For 2019/20 OCCG will continue to review its approach to patient and public involvement to:

- Ensure the many and sometimes conflicting public voices have influenced our business and decision making.
- Look at strengthening the different ways in which patients’ and the general public’s voices can influence decision making in the future.
- Look at how increasing the ways OCCG can demonstrate that patients’ and the general public’s voices have been heard and acted upon.
- Look at different levels of representation to determine the best approach for different types of activity.
- Further develop our system approach to engagement to support the work of the Oxfordshire Health and Wellbeing Board.
- Clearly define what we mean by our approaches to consultation and to co-production, when they are best applied, what these will look like in practice, particularly when seeking to work across the whole health and care system of Oxfordshire.

Please also refer to the Glossary of terms at the end of this document.

Louise Wallace
Lay Member for Patient and Public Involvement of the Board of Oxfordshire Clinical Commissioning Group
Overview

We believe that communicating and engaging with our local population is essential to achieving our vision.

We are committed to putting the patient first and applying the principle of ‘no decision about me without me’ in our commissioning approach. We use the NHS England Principles for Participation to guide our public involvement activities:

- Relationships will be conducted with equality and respect.
- Listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes.
- Use the strengths and talents that people bring to the table.
- Respect and encourage different beliefs and opinions.
- Recognise, record and reward people’s contributions.
- Use plain language, and openly share information.
- Understand what’s worked in the past, and use knowledge that has previously been shared, and consider how to apply it to the present and future.
- Have a shared goal and take joint responsibility for our work.
- Take time to plan well.
- Involve people as early as possible.
- Feedback on the results of people’s participation.
- Provide support, training and the right kind of leadership, so that people can work, learn and improve together.

The Communications and Engagement Strategy 2015 – 2019 set out the overall strategy for engagement. This will be developed further during 2019/20.

The methods used for engagement will vary depending on the project or piece of work. OCCG looks carefully at each project and considers the scale, who should be involved and what methods to use.

For bigger projects, it is likely that the engagement will involve more people and require some publicity to ensure those with an interest are aware of the opportunity to get involved. For smaller pieces of work, it might be possible to work with a patient group or individuals in a targeted way.

More information about the guidance OCCG follows, including the principles for engagement is available at the following link:


This report is intended to make the information about engagement activities easier to find and is published on the OCCG website alongside the full Annual Report and Annual Accounts for Oxfordshire Clinical Commissioning Group. This report is intended for the general public of Oxfordshire.
How we engage with local people

To reach a wide range of people, there are a number of approaches for engaging our communities in the work of OCCG.

At a leadership level, Louise Wallace is the lay member for Patient and Public Involvement (PPI). As a voting member on the OCCG Board (Governing Body) her role is to ensure that public engagement and involvement are given due priority.

Talking Health
Talking Health is an online public engagement system on the OCCG website. Currently we have more than 3,500 members who have registered to be informed and involved in OCCG’s engagement activities. The content is constantly updated and the membership refreshed so that it continues to represent a wide range of interests and viewpoints. Members receive a regular engagement newsletter and surveys. Wider communication about engagement events and opportunities is hosted in this area of our website: consult.oxfordshireccg.nhs.uk/consult.ti

Equalities Reference Group (ERG)
This group has members across the nine protected characteristics of equality and diversity as identified in The Equality Act 2010. It gives a platform to raise any equality and diversity issues regarding health services in Oxfordshire, promotes equality and diversity in OCCG and encourages and respects different beliefs and opinions.

Patient Participation Groups (PPGs)
Every GP practice is required to have a PPG. These are the foundation for the involvement of patients in primary care. More information about the role of PPGs is available here:
www.oxfordshireccg.nhs.uk/get-involved/ppgs.htm

Six Locality Forums bring together representatives from PPGs across GP practices in a locality and in some areas include members of the public from the wider community.

The Chairs or representatives of these forums meet regularly with Board members and staff of OCCG.
www.oxfordshireccg.nhs.uk/your-local-area/ppg-locality-forums.htm

Healthwatch Oxfordshire
Healthwatch Oxfordshire is the local NHS watchdog and is independent of the local NHS. Healthwatch Oxfordshire enables people to influence health and social care by gathering feedback, listening to people’s concerns and experience and provide a collective voice for the people of Oxfordshire. It provides support for OCCG’s Locality Forums, organises events and roadshows, attends the Health and Wellbeing Board and reports to the Health Overview and Scrutiny Committee. All engagement activity of OCCG is shared with Healthwatch Oxfordshire who supports raising awareness.

We also receive reports and reviews undertaken by Healthwatch Oxfordshire to shape, inform and influence services design and delivery.

Collectively, members of Talking Health, PPGs, Locality Forums, ERG members and Healthwatch Oxfordshire make up our ‘informed audiences’; they are our first point of contact before we engage more widely with people living in Oxfordshire.

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The methods we use to engage people

There are a number of ways people are encouraged to get involved in the work of OCCG from the more traditional approach of attending events and meetings to using social media and online surveys.

Engaging people face-to-face is valuable. It usually means more time is available to discuss issues, ask questions and develop ideas. OCCG tries to facilitate as many face-to-face opportunities for engagement as possible. It is important not to rely on face-to-face engagement alone because not everyone is able to participate in this way or would want to.

Meetings in public
The OCCG Board and the Oxfordshire Primary Care Commissioning Committee (OPCCC) meet in public. This means members of the public can attend, watch and listen to the meeting. There is always an opportunity to ask questions at the start of the meeting, or to submit a question in advance, and an opportunity to meet members of the OCCG Board. Details of these meetings, including when and where they are going to be held and the papers being discussed are published in advance on the OCCG website.

Events
Small and large events are organised by OCCG where patients and members of the public can attend and participate in discussion or workshops on a range of topics. Other events are organised by community groups and organisations which invite OCCG to share information, listen and participate in discussion. Often these events are about sharing ideas, testing what people think about them and what impact changes to services would have on them. Opportunities to get involved are publicised on our website at the following link: www.oxfordshireccg.nhs.uk/get-involved

Surveys
These are usually focused on a particular service area, strategy or to support a consultation. Most surveys are open to anyone with an interest in health services in Oxfordshire and are available via Talking Health. We might also use a survey to gather feedback from a specific group of people involved in a piece of work. The number of responses will vary significantly depending on level of interest. Surveys are rarely conducted as the only form of engagement and are usually in addition to other activity to help broaden the reach.

Social media
OCCG has a Facebook page and is active on Twitter:

Facebook
www.facebook.com/OxfordshireCCG

Twitter
www.twitter.com/oxonccg

Increasingly people want to ask questions or share an experience with us in this way. We also look at what people are saying about local health services on other social media channels.

Patients with direct experience
Some work will involve seeking the views of people who have used a particular service. These individuals are often involved in a co-production approach within individual workstreams: Proposal development and procurement, pathway redesign and focus groups. There are more than 720,000 people living in Oxfordshire and the opportunity to receive information and involvement is open to them all (and to people who live outside Oxfordshire and use services in Oxfordshire) and is regularly promoted by OCCG. This is done in a variety of ways, including promotion at public meetings and events, through local and social media, paid for advertising and via a range of networks and stakeholders.

Talking Health
Members of the Talking Health engagement website can share with OCCG their areas of interest when they register and they are invited to take part in activities such as surveys, events and meetings. They also receive a regular newsletter and reports on projects that they have participated in.
Engagement and co-production

Patient and public involvement is embedded within OCCG’s approaches to ensure patients and the public are at the forefront of thinking when developing services.

Some pieces of work can be described as following an approach of co-production where people come together with the CCG to look at an issue or a service and work together on what needs to change and how.

Many pieces of work do not start with a blank piece of paper and the engagement begins in a different way. This might be because, for example, there is national guidance we are following or because some elements of the service cannot be changed. Clarity is provided about each piece of work at the start of the engagement.

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership. It engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with ‘lived experience’ of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. (and then insert the first diagram on this page http://coalitionforcollaborativecare.org.uk/coproductionmodel/)
Engagement and co-production

**Working in co-production**

OCCG is a member of the Oxfordshire Co-production Board. Together with the Locality Forum Chairs and the Co-production team at Oxfordshire County Council (OCC), OCCG has been reflecting on how to develop its approach to engagement so that more projects are managed in co-production. It is important that our understanding and approach is consistent with OCC as many projects are managed jointly and the people we are involving are all residents of Oxfordshire.

If there isn’t the option to manage a project in co-production then we will still ensure that the views of the public and patients are incorporated at every possible opportunity.

We have held discussions at our Locality Forum Chairs (LFC) meeting and one member has been trained as a co-production ‘champion’. The description of co-production that is being used in Oxfordshire is: **Co-production means working together as equals to maximise our resources and assets, and explore new ways of doing things that benefit the community.**

**What is good co-production?**

- Involving the people that matter, at the right time, and in a meaningful way
- Listening to each other, and communicating well, feeling understood
- Respecting each other’s opinions, however different they are to our own
- Working together and developing trust and respect to form good working relationships
- Working as equal partners, from start to finish
- Making decisions and solving problems together
- Developing ideas or solutions to problems together
- Everyone working in a way that gets results
- Everyone working in a positive way to make things better for all
- Understanding that everyone has something to contribute
- Understanding that everyone has different challenges and needs
- Everyone is recognised and celebrated for the contributions they make

**Working as equal partners**

This means that everyone who has relevant experience and skills to contribute can, but that people will have specific roles and jobs to do to make things work smoothly.

It is also important to understand that not everyone can be involved in every single aspect, or nothing would ever get done because progress would be too slow.
How we listen to our communities

We are committed to ensuring equality, diversity, inclusion and human rights are central to the way we commission and deliver healthcare services and how we support our staff. It is important that OCCG listens to people from all parts of the community.

We do this in a number of ways:

The OCCG Equality and Access Team support the work of OCCG with training and support for conducting equality analysis on all project plans, policies and business proposals. The team supports commissioners to engage with diverse, potentially excluded and disadvantaged groups whose voices are seldom heard.

OCCG’s Equality Reference Group (ERG) is made up of a variety of members of the public from Oxfordshire across the nine protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

The ERG provides feedback into OCCG’s Equality Analyses, assesses OCCG’s progress and makes recommendations about issues that need attention.

OCCG works closely with Healthwatch Oxfordshire, sharing draft plans and information, seeking advice and support and involving members in specific areas of work of OCCG. For example, the review they undertook of health needs in Wantage is being used for the OX12 project to inform service planning and design.

It is also important for us to communicate with and engage our staff. OCCG employs 138 people who are all invited to receive newsletters and attend staff forums. Although most staff are not involved in direct patient care, they meet members of the public and patients at many events in the course of their work and most are Oxfordshire residents and service users too. It is important that they are well informed and can feed back concerns, comments and questions to the right place.
What difference does it make?

Listening to people does make a difference. However it may not always result in the change some people would like.

The information, views and experiences shared with OCCG can result in different outcomes.

For example, the different outcome might be:

- People may tell OCCG about how something should be changed to improve the experience for patients. This then influences change(s) to the service.
- People may tell OCCG how something should be changed to improve the experience for patients but for other reasons (such as clinical safety, financial or workforce constraints) this was not possible.
- People may tell OCCG something that confirms a plan or approach is right and should be continued with confidence so no change is necessary.
- People may tell OCCG something is not working or that it needs investigating. If so, OCCG may review priorities to include this new area of work.

This report includes examples of how OCCG has worked with patients, the public and others over the past year.
Making sure we do what we say we will do

It is important that we have the right processes in place to ensure we do what we say we will do. This provides assurance to the OCCG Board and local people.

Regular update reports on patient experience are provided to the OCCG Quality Committee. These reports include analysis of data gathered from the Friends and Family Test, complaints and issues raised through the Patient Advice and Liaison Service (PALS), national and local patient experience surveys and visits to hospitals and other service areas.

Reports on communications and engagement activity are taken to the Locality Forum Chairs’ Group meetings and to the OCCG Board and these are published on our website: www.oxfordshireccg.nhs.uk/your-local-area/locality-forum-chairs.htm

Lay, patient/public members and voluntary sector colleagues are members on the following committees and their involvement forms part of our assurance process:

- OCCG Board – Lay Member for Patient and Public Involvement of the Governing Body of Oxfordshire Clinical Commissioning Group
- Oxfordshire Primary Care Commissioning Committee (OPCCC) – patient/public member and the Executive Director of Healthwatch Oxfordshire
- Quality Committee – Chair is a lay member, and a patient/public member
- Area Prescribing Committee (APCO) – patient/public member
- A&E Delivery Board – Age UK, Oxfordshire Association of Local Councils, Healthwatch Oxfordshire
- Vulnerable Adults Mortality Sub Group – patient/public member
- Thames Valley Priorities Committee – patient/public member
- Equality Reference Group – patient/public members

- Decision Review Committee (DRC) - meets when there is a case to be heard following an Individual Funding Review request which has been turned down by the Individual Funding Review Panel – see “Will the NHS Pay for my Treatment”: It meets rarely – no more than once or twice a year. There was one case in the last 12 months. The DRC has four members, one of whom is a patient/public member.

- Six clinical locality groups in Oxfordshire report (through locality clinical directors) to OCCG Board. Each locality group has a representative(s) of the local Locality Forum.

- Locality Community Services Group - two patient/public representatives.

- Locality Forum Chairs Group meeting – members include representatives from each PPG Locality Forum, Healthwatch Oxfordshire, patient/public members of the OPCCC and Quality Committee and the lay member of OCCG Board for Public and Patient Involvement.
Making sure we do what we say we will do

Externally, all engagement is reviewed by the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC). Oxfordshire Healthwatch also has a statutory role in monitoring and scrutinising OCCG’s engagement with patients and the public.

This is done by sharing draft plans including consultation plans which are presented and discussed with the JHOSC committee in public and adjustments are made as requested. Draft plans and information, seeking advice and support and involving their members in specific areas of work of OCCG are also shared with Healthwatch.

For formal consultations on significant changes to local services, in addition to JHOSC involvement, NHS England and the Thames Valley Clinical Senate scrutinise both the proposals for service changes and the plans for engagement and consultation.
The year in view

This year, OCCG has engaged with patients and the public across many services in many different ways.

The scale, complexity and publicity for each activity varied significantly. In this section we have selected some examples to demonstrate the different types of engagement and have indicated where on the ‘Ladder of Co-production’ each example sits.

**Co-Production**

Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.

**Co-Design**

People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in ‘seeing it through’.

**Engagement**

People who use services are given more opportunities to express their views and may be able to influence some decisions. 

**Consultation**

People who use services may be asked to fill in surveys or attend meetings.

**Informing**

The people responsible for services inform people about the services and explain how they work.

**Educating**

The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge.

*Ladder of Participation*

*Adapted from the Ladder of Co-Production published by the National Co-Production Advisory Group*
The year in view: Examples of co-production

**Bicester Healthy New Town**

Bicester has a population of approximately 39,000. This is set to double by 2031. The Health New Town programme promotes the health and wellbeing of the local population. The programme promotes behaviour change; becoming more active; being good neighbours; and eating healthily.

Involving people from across the town has been critical to the success of the programme and this includes local employers and businesses, local residents, community organisations, schools and councils as well as GP practices and patients.

The programme was developed with local residents and the key objectives agreed in consultation with them are:

- To increase the number of children and adults who are physically active and a healthy weight.
- To reduce the number of people who feel socially isolated or lonely in order to improve their mental wellbeing.

Three workstreams were established:

- Making best use of the built environment to encourage healthy living.
- Enabling people to live healthier lives, with support of community groups, families, schools, and employers.
- Health and social care focused on prevention and care closer to home.

It is important to allow sufficient time when delivering projects through co-production and this programme took more than a year to set up and a further year to start seeing results in the delivery:

- On the Bicester West Health Route, the daily average footfall prior to installation of the Health Route was 557 people: this had increased to 708, a 27% increase.
- Work was being carried out with community groups, leisure providers, schools and businesses, to encourage the use of walking routes and cycle paths.
- New models of care enabled through use of technology are being developed and tested with Bicester acting as a ‘demonstrator site.’
- 2,000 primary school children now run a mile a day at school and 469 more people are participating in health walks.
The year in view: Examples of co-production

Older People's Strategy

Oxfordshire CCG and Oxfordshire County Council worked with the people of Oxfordshire to develop an Older People's Strategy. The process began with a period of pre-engagement, asking the public what is important to them as they age to help inform the first draft of the strategy.

A co-production team was set up to support the design and running of an event to co-produce the joint vision and priorities for the strategy. Those involved have been identified as 'co-production champions' having training and experience of working in this way. They included voluntary sector and patient representatives. The new vision and priorities were co-produced with a wide range of people whose work and lives the strategy affects. This included; members of the public, service users, patients and their families, clinicians, local councillors, commissioning and service managers and voluntary and community organisations.

To ensure the wealth of data and information already gathered through previous engagement projects was not wasted, data was gathered together from local NHS and local authority organisations and a group of interested individuals supported a review of this information to ensure nothing was missed.

A survey was designed and tested with older people and more than 300 people responded. Twelve visits were made to a wide range of voluntary and community groups working with older people and a small number of written responses were also received. The engagement was widely advertised by both OCCG and Oxfordshire County Council using traditional media, social media, and information distributed to organisations, groups and services across Oxfordshire.

The Older People’s Joint Strategic Needs Assessment was then updated and together with the Engagement Report, the co-produced vision and priorities and overarching strategy document, was presented and discussed with the Oxfordshire Health and Wellbeing Board.

Using the feedback heard during the engagement, this strategy aims to create a new image of what it is to become older and to challenge the negative images often portrayed, to create a new focus on prevention that helps people live well for longer. It will help to ensure that people can remain independent for as long as possible by having access to the right support at the right time. The report on the engagement is available on OCCG website.
The year in view: Examples of co-production

Maternity survey
A project was put in place to respond to Secretary of State in relation to decisions about maternity services at the Horton General Hospital. Part of this was to gather information about the experience of women who had used maternity services since the temporary closure of the obstetric unit at the Horton General Hospital. This work needed to be done in the context of wider maternity services in Oxfordshire and so a decision was taken to gather information from all women across Oxfordshire, south Northamptonshire and south Warwickshire.

A survey was proposed in the engagement plan that was discussed and agreed with the specially appointed Horton joint Overview and Scrutiny Committee (Horton OSC).

A small working group was established to help us select an organisation to manage the survey and focus groups. The group included representatives from the Horton OSC and the local campaign group, Keep the Horton General. We met to agree the criteria we would use to assess the bids from potential providers. The group then used these criteria to score the proposals and to interview the two shortlisted organisations.

The working group met with the successful bidder to agree the scope of the survey and the areas for questioning. Several drafts were shared and amended before the final version was agreed.

More than 13,500 letters were then sent to women who had given birth during the two year period. Social media and the local media helped to raise awareness and more than 1,000 women completed the survey. In addition just over 400 partners completed the additional section to gather their experience too.

Focus groups and individual interviews were planned as part of this work, asking respondents to the survey if they would be willing to participate further in this way. Three focus groups were organised (two in Banbury and one in Wantage) attended in total by 20 women and eight individual interviews were conducted with women, two of which were also attended by their partner. These discussions allowed a deeper understanding of their experiences, what worked well and what could be improved.

The data gathered and the report are available on the OCCG website.
The year in view: Examples of co-design

Decision Tree
Following the closure of Deer Park Surgery in Witney, a piece of work was started to develop a 'decision tree' that would support OCCG in making decisions about GP practices. This would be used when a GP practice chooses to give notice to close their practice or when significant population growth is expected in a particular area.

Two workshops were organised and attended by patient and public representatives including Healthwatch Oxfordshire, local councillors, JHOSC members, local GPs, NHS England and OCCG. The first workshop considered what information OCCG would need and what questions needed to be answered before making a decision. This included information about the local population, neighbouring practices, health needs and information about the local area. The participants at the workshop identified which pieces of information were key and attempted to organise them into an order to follow. This was then taken away to begin to assemble a decision tree for consideration at the second workshop.

The second workshop reviewed the results of this work. Further discussion led to shifting the order of some questions, adding links and refining the separate branches relating to the size of GP practice. A good working draft was agreed that could be shared with other interested groups for further discussion.

The draft decision tree was shared with the OPCCC and JHOSC for further comment and refinement.

The final draft has been published on the OCCG website and is being tested as decisions are needed. It is intended that this decision tree will be shared with NHS England for wider dissemination. This is an ongoing programme of work and will be updated and adapted as it develops.
The year in view: Examples of co-design

Cogges GP practice in Witney

In June 2018, the GP partners at Cogges Surgery in Witney gave six months’ notice to hand back the contract they held for providing GP services to around 7,700 people in the town and some surrounding villages.

Increasing workload demands and challenges in maintaining high quality services, along with uncertainty faced by smaller practices, had all contributed to a failure to recruit new GP partners to the practice.

Patients of the practice were informed a few days before the GPs issued their notice and an open approach was taken to ensure patients were kept informed as the work progressed in determining the options and making decisions about how to proceed.

A separate section on the OCCG website was set up to hold information and was updated on a weekly basis. This includes a Q&A section that grew to address questions as they were asked. A link to this page was available on the home page of the OCCG website.

A Reference Group of patients was set up with the support of the Locality Forum and this group worked with OCCG in ensuring the communications were appropriate.

As part of a ‘light touch’ procurement process by OCCG to find a new provider, a review panel was set up to evaluate proposals for running a branch surgery. The panel comprised 12 members, including subject matter experts from the CCG and NHS England South (South Central), an ‘independent’ GP, a practice manager and two patient representatives.

During this process, Cogges informed OCCG they wanted to cancel their notice of termination and continue to run the contract at the practice. Following a similar assessment of their proposal for continuing to run the practice it was concluded that their contract would continue.

Throughout this process OCCG kept patients and other stakeholders fully informed and provided frequent updates on its website.

This communications and engagement approach resulted in positive feedback from the patients and other key stakeholders and has influenced the approach to how we will manage similar situations in future.
The year in view: Examples of co-design

Locality Engagement
A new framework for developing health and care plans based on the needs of communities has been agreed at Oxfordshire Health and Wellbeing Board and has been shared with JHOSC. The framework has wide support and will mean an approach based on evidence of health and care needs both now and in the future.

The framework can be used across the whole population and at different levels of the population and the health and care plans developed will reflect the different context of each community – for example:

- The health needs of the population differs in areas of more or less deprivation
- The age profile and expected growth in population – for example the number of older people and the housing growth planned.
- The urban and rural nature of the locality can affect people's health directly and their ability to access services.
- The health and care facilities already in the locality and how they can be used to meet the needs of the local communities.

The engagement of the public and patients will be organised in a way that will allow all those interested to participate. OCCG will engage early and use co-production so that representatives of organisations, clinicians, patients and managers work together on future plans.

OCCG will use technology to support engagement and strive to engage people from across the communities. OCCG will work closely with health and social care organisations, and especially local authorities to co-ordinate engagement. The challenges ahead remain:

- The growing population with more people expected to move to Oxfordshire.
- The ageing population with rising life expectancy meaning more frail older people living with several long term conditions.
- The rising costs of providing health and social care not being met by the planned funding increases.
- An ageing workforce with many clinicians and other professionals across all parts of the health and care system expected to retire over the coming years.
- The cost of living in Oxfordshire being higher than the average and so attracting staff to live and work in the county is a challenge.
The year in view: Examples of co-design

OC CG looks forward to continuing to develop how it works with patients, the public, clinicians and others over the coming year and beyond.

The first area to use the framework is Wantage and Grove in south west Oxfordshire (referred to as the OX12 area). Initial meetings with a group of community stakeholders from the Wantage and Grove area initiated the planning about what this would mean for that local area and how to engage appropriately. A Stakeholder Reference Group has been established and together with OCCG they worked on the communications and engagement plan for the project.

The first piece of work was an evidence gathering exercise that included looking at the data held by various organisations about how services are used by local people. Public Health colleagues pulled together the evidence and data about the health needs of the communities and a survey was designed by the stakeholder group to gather input from the public.

The intention was to gain an understanding about wider community resources, networks and groups that people are using in their daily life to support their health and wellbeing. More than 1,000 responses were received and have been analysed and published on our website. The feedback will help our understanding of the services and facilities currently in the OX12 area and will also identify the gaps in services.

The next stage of the project will look at possible solutions based on the needs of the community.
The year in view: Examples of engagement

Vasectomy
In August 2018 OCCG suspended referrals for vasectomy because the waiting list had built up to a point where the provider could not manage.

The availability of vasectomies on the NHS varies across Thames Valley. The procedure is not available in Berkshire West but is available in Buckinghamshire and East Berkshire. An Equality Impact Assessment was conducted by OCCG to help highlight if any part of the community would be affected more than others if the service was unavailable. The main finding of this assessment was that without vasectomy the only option for men would be to use condoms and this could leave more responsibility on women for managing birth control. In addition, people with learning disabilities might be disadvantaged by decommissioning the service.

A period of engagement was planned in early 2019 to help inform OCCG how to proceed and to explore attitudes to changing access to this service.

A survey was designed to support this work and included questions exploring the acceptability of introducing different thresholds that would restrict access as well as asking about the importance of the service being available to all. An easy read version of the survey was designed to support feedback and engagement of people with learning disability.

Focus group discussions were organised and publicised with learning disability and equality groups. The engagement ran for six weeks and a report on what we heard is available on the OCCG website.

OCCG has decided to continue to commission this service for all men in Oxfordshire.
The year in view: Examples of engagement

**Maternity Voices Partnership**
The CCG is supporting the development of the Oxfordshire Maternity Voices Partnership (MVP). The MVP is an independent multi-disciplinary advisory and action forum with service users at the centre. The group helps to support the commissioning, monitoring and continuous improvement of maternity services in the county.

The MVP held its inaugural meeting on 4 December 2018 and agreed some areas of work including the development of OUH website pages for maternity services, support for education roadshows to promote midwife led units and work to develop a network of private providers of ante and postnatal care (for example, doulas, feeding support etc).

Members of the group are invited to support any work with patients of maternity services including the Horton maternity services project.

**Musculoskeletal Services (MSK)**
Owing to concerns raised by patients about the newly commissioned MSK services in Oxfordshire, a Task and Finish Group was set up with Oxfordshire JHOSC to take an in-depth look at MSK services in the county. The group was chaired by a member of JHOSC and included other membership from JHOSC, OCCG and public health.

Part of the work of this group was to gather wide and extensive experience of patients who had used the service to understand better what was working well and what could be improved. Anecdotal feedback helped to identify areas of concern in advance, including communication with patients and waiting times.

OCCG undertook a survey using the on-line engagement tool, Talking Health. The survey was designed collaboratively with patient involvement and testing. All patients who had used services since the change in provider were then contacted and encouraged to complete the survey.

The results of the survey were published on the OCCG website. The results of the survey were published on OCCG website and are available here. The key findings supported the anecdotal feedback and highlighted communications with patients and waiting times as areas needing attention. The experience of the care received was positive but other issues were highlighted including choice of location.

These results were shared with the provider of the service and together with OCCG an action plan for improving the service was agreed including returning a physiotherapy service to Wantage Community Hospital to improve access. Significant progress has been made in delivering this action plan and a further survey of patients was carried out during the summer. This will help to demonstrate whether this has made a difference to the experience of patients using the service.
The year in view: Examples of engagement

Health and Wellbeing Strategy
The Oxfordshire Health and Wellbeing Strategy has been reviewed and revised. During 2018 there was wide engagement on two sections of the strategy - the Good Start in Life (Children’s section) and the Ageing Well (Older People’s section). These sections were revised to incorporate feedback from the engagement already undertaken. A survey was conducted to gather views on the wider aspects of the strategy and a stakeholder event took place in February to engage with community and voluntary groups.

The overall aim of the strategy was confirmed and it was agreed we would establish a forum to improve the ongoing engagement of the wider community and voluntary groups across the county with support of Healthwatch Oxfordshire.

Mental Health and Learning Disabilities
In March 2019 Oxfordshire Youth and Oxfordshire Mind collaborated on a new project, called Youth in Mind. A conference took place that was open to anyone who works with children and young people in Oxfordshire. The conference gave access to national and local experts, exhibitions, workshops, youth-led training and much more.

OCCG participated in the young people’s supported housing forum to explain the new Child and Adolescent Mental Health Services (CAMHS) model and the new post designed to provide specific reach and help into the housing pathway. A joint event was also held with Oxfordshire County Council to speak to the providers of residential children’s services to find out more about what sort of support they would like from OCCG.

A new model for CAMHS was developed in partnership with the Oxfordshire Clinical Commissioning Group and local stakeholders following a review of local services. It was launched in July 2018.

The new Oxfordshire CAMHS will provide an integrated service with third sector partners that will build community and individual resilience, educate other agencies around emotional wellbeing and mental health, prevention, early consultation, advice, treatment and self-management.

Following a research project, the Oxfordshire Mental Health Partnership introduced peer support workers with ‘lived’ experience of mental health conditions to help reduce the likelihood of readmission for people who have recently left acute mental health care.
The year in view: Examples of Informing

**Winter Campaign**

We can all do our bit to help make sure our local health services work well over the winter when demand is often high. This includes doing our best to stay well by looking after ourselves, have the flu vaccination if we are in an at-risk group and having a well-stocked medicine cabinet to treat minor illnesses. The winter communications campaign for 2018/19 used the national campaign themes and added local ones. The local media were supporting the campaign with regular stories to help raise the profile the concept of having a ‘personal winter plan’ which inspired people to think about their own plan for coping during winter.

OCCG worked with other local NHS organisations, Oxfordshire County Council and Age UK in developing and delivering the campaign. A comprehensive plan for raising awareness of the various aspects of the campaign was implemented with the intention of encouraging and supporting people to stay well during winter and if they needed health support, to go to the best place to get the help they needed quickly.

Over the last few years attendances at A&E have continued to increase across the country. For some parts of the country this has had a significant impact on the performance of A&E, increasing waiting times for patients. This was also true for Oxfordshire with the numbers attending being higher and performance being affected but this has been to a lesser extent than other parts of the country.

A full evaluation of the winter plan, relative successes of the various initiatives put in place and the success of the communications campaign has been completed. This includes a survey of the public to check what advertising and publicity they remember seeing over the winter months and whether this made a difference to what people did. The full evaluation will be published and will be presented to the September meeting of the Oxfordshire HOSC.
Choosing Well
As part of the winter campaign last year we issued information to 85,000 households on how the minor injuries units (MIU) in Abingdon, Witney and Henley can help treat people for a range of injuries such as deep cuts, small burns and scalds, bites and stings, sprains and sports injuries.

This was to signpost people to MIUs close to where they live rather than making a journey to A&E where they would likely have to wait longer to be seen for advice and support.

We targeted households that are not in the immediate vicinity of an MIU but could find it easier to use than attending A&E.

We continued to promote the Health and Care Oxfordshire phone app to allow people to find local health and care services quickly, at the touch of a button. Local health partners have also signposted people to the app which includes information and the location of GP services, pharmacists, sexual health clinics, minor injuries and first aid units, and signposts people to the support provided by social care.
Equality and Diversity

We are committed to ensuring equality, diversity, inclusion and human rights are central to the way we commission and deliver healthcare services and how we support our staff.

OCCG has a dedicated Equality and Access team which supports engagement with seldom heard and diverse groups. The team facilitate discussions with diverse groups; support people to complete surveys, gather patients' views on services and help people to access services if they are experiencing problems. The team advise the CCG as and when materials need to be translated and in what form to support effective engagement. The team works very closely with the CCG's communication and engagement teams to support projects and target diverse groups. The team has extensive experience of working in different communities and has developed networks across Oxfordshire to support the voice from seldom heard groups.

For example, during the maternity survey described earlier in this report, responses were monitored to ensure we were hearing from the wide communities that would use the service. Before the survey closed it was clear that mothers from the East European community were under-represented and additional efforts were put in place to raise awareness to that community including translated messages posted on social media. As a result the numbers of responses increased.

Equality Objectives
In consultation with stakeholders across Oxfordshire, the Equality Delivery System (EDS2) was used to develop Equality Objectives for the years ahead. Our vision is to improve equality of access, experience and outcomes in healthcare for all groups in Oxfordshire. The Equality Objectives for 2016 – 2020 are:

• Provide inclusive leadership to ensure that OCCG demonstrates a commitment to equality and diversity at a strategic and operational level
• Embed equality and diversity in mainstream processes through EDS2 and Equality Analysis
• Improve equity of access, quality of experience and outcomes for our population by embedding equality and diversity within all our commissioning processes
• Improve access, quality of experience and outcomes for our population by involving and listening to patients from all protected characteristic groups and other vulnerable groups whose voices may be ‘seldom heard’
• Improve the capture and analysis of population, workforce and patient information broken down by protected characteristic
• Ensure equality and diversity is embedded in OCCG polices and processes to ensure a representative and supported workforce.
Engagement in Localities

Each of the PPG Localities were offered an opportunity to include a section in this report.
Engagement in Localities: North Oxfordshire

The North Oxfordshire Locality Forum (NOLF) includes the practices in Banbury, Bloxham, Deddington, the Wychwoods and Chipping Norton.

The NOLF steering group brings together patient representatives of the PPGs from the 12 GP surgeries in this area to reflect on their own and others’ experiences of health and social care, with a major focus on those which are commissioned by OCCG on behalf of the population of Oxfordshire. The Steering Group also invites representatives of the following organisations who serve the North Oxfordshire community to join its group:

- Age UK Oxfordshire
- Citizens Advice
- Mind
- Cherwell District Council’s Community department
- Keep The Horton General (KTHG), a longstanding local health campaign group.

The NOLF Steering Group has responsibility both to inform and to listen to, the local community, via its three annual public meetings, two in Banbury and one in Chipping Norton, of and about the various developments within the NHS and Social Care which impact on the lives of the North Oxfordshire population. During 2018/19, there were two public meetings, one in Banbury and one in Chipping Norton; they focused on “Social Prescribing”.

The steering group meets five times annually at approximately two monthly intervals. The Steering Group elects a Chair and Vice-Chair for three year terms. The Chair meets monthly with the North Oxfordshire Locality Group of GP surgery representatives (NOLG), to share Patient and the Public’s concerns and to raise questions in order to ensure that there is always a sound level of patient involvement in the activities of NOLG and that these are represented on relevant issues to the OCCG.

During this past year, the PPGs in Banbury have been engaged in changes to GP practices and there has been concern with regard to the various alterations to the contract at the Horsefair surgery. The subsequent OCCG decision to amalgamate three of the Banbury Surgeries has also unsettled patients.

Because of the approximately 30,000 new houses being built in and around Banbury, there is enormous concern about the need to provide adequate District General Hospital services at an enlarged Horton Hospital and at least for one or more GP surgeries.
Engagement in Localities: Oxford City

Background
Oxford City has 20 mainstream practices and a specialist practice for the homeless provided by Oxford Health NHS Foundation Trust. The city population is diverse, 25% are students and a significantly higher number of ethnic minority residents (36%) than the rest of the county.

Patient Participation Groups (PPGs)
All practices are required to have a PPG. However, the way in which they are organised in the city is as varied as the population. Some are managed and run by the practice, some by the patients themselves. Seven have a patient who acts as Chair. What they all have in common is that members are all volunteers, and that other than resources provided by the practices, there is no funding.

What do they do?
What PPGs do is also varied. There are some great examples from the city PPGs (see the box) including community health days, health education talks and practice walking groups. However, others feel less certain of their purpose.

What are the challenges?
PPG members are, on the whole, retired, (white) people, and do not reflect the diverse population of the city. It has been difficult to find a way to remedy this despite regular discussions.

Oxford City Locality PPG Forum
This forum is called the City Forum core membership is 7 patient PPG Chairs/members, a CCG manager and Healthwatch Oxfordshire.

Recognising that the PPGs are not representative of the diverse population the Forum has expanded its membership to include representatives from Oxfordshire MIND, Citizens Advice and the health services research unit at Oxford University. The group meets every 6 – 8 weeks.

We run two City-wide meetings a year, and attend numerous groups and meetings, where we act as the patient representative. We also provided support and advice to individual PPGs and practices when requested.

What did the PPG Forum do in 2018 – 19?

City Forum events:
- Survey of all PPGs to ascertain how they work and their development needs.
- October 2018– joint workshop with practice managers.
- November 2018: Public meeting and marketplace: “Health, prevention, promotion, integration? This meeting focused on the health priorities in Oxford and discussed how patient groups can make a contribution. 58 people attended including a range of health and care providers from the NHS and voluntary sector.

Participated in meetings (often as the only patient voice in the room):
- Monthly GP Locality Commissioning Group
- Older Peoples Day at Oxford Town Hall
- Cogges Surgery Reference Group
- OxFed Volunteers project
- Meeting with the other Forum Chairs in Oxfordshire, and the CCG
- OxFed practice leads group
- OCCG Local Incentive Schemes (Practice development meetings)

It is impossible for one person to represent the views of all patients in Oxford, so we consider our role at these meetings to remind others that they should be consulting more widely with all groups of patients.
Engagement in Localities: Oxford City

What does the future hold?
Our meetings this year have been designed to inform patients about the changes in the way that the NHS, especially primary and community services, are working. We have also encouraged PPGs in neighbouring practices to get to know each other and to consider how patient groups can make a difference. We hope that early engagement with the new Primary Care Networks will provide an opportunity for the Forum and PPGs to contribute to better care for patients.

Memory, Ageing and the Brain
Manor Surgery PPG
The PPG regularly holds talks for all Manor Surgery patients. Professor Maud Husain, from Oxford University NHS Trust, spoke on ‘Memory, Ageing and the Brain’. The fascinating talk was attended by 30 people, even though it was held on one of the coldest mornings in February. A positive outcome was that a number of attendees signed up to participate in Professor Husain’s clinical research. Feedback to the PPG was that it was a very interesting experience and those who took part were pleased to have an opportunity to ‘give back’ to the NHS they rely on.

Technical Support
Cowley Road Practice PPG
A PPG member, who is also a volunteer recruited by the OxFed Volunteer scheme helps the practice keep their website up to date and helps patients who need assistance with signing up for GP Access on-line services.

Seeking patient views
Observatory PPG
For the 4th year in a row the PPG and the practice designed a patient survey, and for a week in November 2018 PPG members handed out copies to waiting patients. The practice also sent out an on-line version. Views were sought on waiting times for appointments, quality of care by doctors, nurses and reception staff. 511 responses were received – mostly complimentary!

Temple Cowley PPG
In October the PPG used a Saturday morning walk-in Flu Clinic to promote the PPG, gave out 150 flyers on the PPG, and had lots of conversations explaining what the role of the group is, and patients had the opportunity to give their personal views on the practice.

St Bartholomews PPG
The PPG runs coffee mornings for patients to attend after their appointments. There is also a small selection of books which can be taken if wanted. Although attendance is small it’s definitely worthwhile as people articulated their pleasure at being able to sit and talk rather than be on their own all day.
Engagement in Localities: South West Oxfordshire

South West Oxfordshire Locality (SWOLF) covers PPGs in Didcot, Wantage, Abingdon, Berinsfield and Faringdon, plus the surrounding villages. Representatives from nine PPGs attend SWOLF meetings on a regular basis; and efforts have continued to widen participation to other PPGs.

SWOLF participation is based on regular meetings, rather than Locality-wide events. We are not opposed to holding public events, but recognise the logistical problems; a major issue is the lack of accessible locations that are convenient for all residents across the Locality, with poor/non-existent transport links in many areas, especially in the evenings.

For example, it is impossible to travel between Wantage and Didcot by public transport in the evenings, likewise between Wantage and Faringdon. Berinsfield no longer has a bus service to Abingdon, and many villages now have no public transport at all. For this reason, SWOLF members concentrate on sharing the learning from local PPG initiatives, such as talks from Age UK, South Central Ambulance Service, and promotion of Parkrun.

SWOLF meetings are at two-month intervals, and are usually also attended by the Locality Clinical Director and the OCCG Locality Co-ordinator. A designated member of SWOLF attends meetings of the South West Locality and provides the SWOLF Chair with summaries of the discussions.

The main aims of SWOLF recognise the important role of patients/carers, patient representatives, and the public in general in determining their health needs and their wish to be actively involved in the design and development of NHS service:

- Facilitating two-way communication and consultation with OCCG, as a ‘critical friend’;
- Acting as a forum for the discussion and cross-fertilisation of ideas promoted by the Locality’s Patient Groups and facilitating the embedding of patients’ views into OCCG decision making;
- Improving understanding of patients’ needs, at all levels, and to ensure that there is a formal route to improving patients’ engagement in health and social care decision making;
- Assisting OCCG to achieve equality of health and social care access, experience and outcomes for all patients in South West Oxfordshire.

Key issues discussed during 2018/19 include:

- Musculoskeletal (MSK) Services and the Healthshare contract, including lack of delivery facilities in Abingdon and Wantage
- Critical practice capacity issues in Didcot
- Ongoing concern over the future of Wantage Hospital and the application of the OCCG Framework in the OX12 area
- Implications of the introduction of Primary Care Networks (PCNs) and how patient representation will be incorporated into their development
- Concern over the effects of vigorous housing development across the SWOLF area on the health and social care infrastructure
- Opposition to NHS England proposal relating to how PET-SCAN services will continue to be provided at the Churchill Hospital. SWOLF members have been active in campaigning against this new contract as it affects Oxfordshire patients and in mobilising support from local MPs.
Engagement in Localities: South West Oxfordshire

The Chair and a SWOLF colleague attended an Extraordinary General Meeting of Didcot Town Council in July 2018, to make a presentation on behalf of SWOLF and to support the Council’s proposed Public Healthcare Forum event in Autumn 2018. The Chair was a panel member at the Forum event – other panellists included the OCCG Clinical Chair, OCC Director of Public Health and the SW Locality Clinical Director. The event was not mentioned in Council papers, and there was no indication from the Town Council as to how they would take forward issues raised at the event.

A problem shared by many PPGs is that interest and support from their practices can vary enormously. Even in supportive practices there can be a lack of patients willing/able to play an active role, and PPG membership can become skewed towards a particular demographic and become focussed on the interests of a narrow group of patients’ views.

The huge disparities between SWOLF PPGs were evident at the HWO PPG Forum in January 2019; some PPGs appear to exist in name only, whereas some have funding allocated by their practice. In addition, GDPR protocols, introduced in May 2018, have made it even more difficult for PPGs to communicate directly with patients, without obtaining permissions through specific initiatives, such as publicity and awareness raising activities at local events.

In common with other Locality Forums, the role of Chair can be time consuming, with meetings with LFCs, OCCG, etc to attend. The former SWOLF Acting Chair has now become the permanent Chair, with two other members acting as unofficial Deputies as/when required.

Secretarial and administrative support is funded by OCCG, and provided by Healthwatch Oxfordshire. We use email to communicate between meetings, on a blind copy basis.
Engagement in Localities: South East Oxfordshire

The main aims of the South East Oxfordshire Locality (SELF) are for two-way communication with OCCG, active involvement in decision making about health services, and exchange of ideas between PPGs.

Seven practices of the ten in the Locality currently have PPGs that send representatives to our meetings. A patient from one more attends in a personal capacity. Meetings are at 2-month intervals. They are usually attended by the Locality lead GP and an OCCG liaison. Discussions are lively and informative and the aim of exchanging ideas is working well. For example, two PPGs collaborated to host an open morning on “Matters of Life and Death”.

While we have encouraged the remaining three practices to participate in SELF, this has not happened. A problem shared by all practices is that a limited number of patients are willing to play a leadership role, which makes PPGs fragile or not as active as is desirable. SELF itself is fragile in that the role of chair is large. For most of the year the role was shared by two people, but this ceased in January. To reduce the burden, meetings of SELF and of the chairs will change to be every 3 months.

Secretarial support is funded by OCCG and provided by Heath Watch Oxfordshire. We use email to communicate between meetings and this is archived on an OCCG web site that is mostly private to SELF members. It is also used to hold documents that are unsuitable to be email attachments. An open part of the site holds our minutes as public documents.

Meetings of the Forum chairs (the Vice-chair in our case) with senior OCCG management are held every two months and there is a separate meeting of the chairs with HealthWatch. The chairs also communicate by email. These mechanisms provide a valuable exchange of ideas between chairs and with OCCG, which is important given the pace of change in the NHS. The chair attends meetings of the South East Locality as an observer and provides SELF with summaries of the discussions. Another SELF member attends the Community Services Group. This provides a valuable opportunity for the coordination of different services and is working well now that it is joint with the SW and chaired by the SE lead GP.

We have discussed the possibility of organising an event as a locality, but think that it unlikely that patients will be willing to travel far to attend. We have therefore focussed on practice-based events, but we tell each other about what we have done, which inspires others to do similar things. The following events have been held:

- 6 June - Sonning Common - A day in the life of a GP.
- 12 May - Benson with Watlington and Chalgrove. Whole morning event, Matters of Life and Death.
- 13 July - Sonning Common. Matters of Memory day.
- 17 September - Benson. Patient and public involvement in health research.
- 18 September - Bell, Henley. Ophthalmology.
- 30 October - Wallingford. Men's Health.
- 4 December - Bell, Henley. R.A.C.U and Elderly Care.
- 30 January - Bell, Henley. Sepsis.
- 12 February - Bell, Henley. Urology.
- 16 March - Benson, First Aid Course.
Engagement in Localities: South East Oxfordshire

These are some of the issues SELF considered during the year:

- **MSK Service**
  Oxfordshire HOSC set up a Task and Finish Group and have worked with OCCG and Healthshare to address a wide range of issues, including those raised by patients of this locality. The approach and reports are published by OCCG and HOSC.

- **Co-production**
  We would like to see co-production used more often as an approach to engagement.

- **Integrated Respiratory Team**
  We were concerned about secrecy of negotiations and about the involvement of a pharmaceutical company. These concerns have been responded to including in the Boards’ public meetings, and information has been published on the OCCG website.

- **Medication Reviews**
  We welcomed the scheme for clinical pharmacists to carry out reviews in GP practices.

- **Social Prescribing**
  We welcomed the contract with Age UK.

- **Social Services**
  We participated in the Local Community Services Group which is working well in promoting collaboration between different services.

- **Ear Wax Removal**
  We have protested about some surgeries no longer offering ear wax removal.

- **Vasectomy**
  We were concerned about the suggested removal of the vasectomy service, because this is the only reliable long-term contraceptive for men.

- **PET CT Scanning Services**
  We were very concerned about the privatisation of the service and the secrecy surrounding the decision and the reasons for it. We actively campaigned against it.
Engagement in Localities: North East Oxfordshire

There has only been one general event in January – organised by Healthwatch Oxfordshire when a meeting of many different PPGs shared information and ideas. There is another due in June.

The North East Oxfordshire (NE Oxon) Locality divides neatly into two networks: Bicester and Kidlington/Woodstock/Islip (KIWY)

There has been increasing interaction between the PPG’s in the Bicester network – one of which (Bicester Health Centre) has produced many useful patient leaflets ranging from how to help your GP to access, exercise and screening. These are available to all the PPGs in the locality.

One of the great benefits of the PPG (Montgomery House) has been to assist the running of Diabetes and Chronic Obstructive Pulmonary Disease (COPD) patient groups and, of course, flu clinics.

There have been positive outcomes from the Bicester Healthy New Town initiative which can be translated across the whole NE Oxon locality. KIWY PPGs are integrating more slowly – at present neither Islip nor Woodstock have a face-to-face PPG, a situation which will be amended at Woodstock when there is definite news about a new building.
Engagement in Localities: West Oxfordshire

Patient and Public Participation West Oxfordshire (PPPWO) comprises an unusually broad membership. This includes representatives from all the PPGs in the West Oxfordshire Locality except one (we’re working on it!), Witney Town Council, West Oxfordshire District Council (including the Cabinet Member for Health), Oxfordshire County Council, the Oxfordshire Clinical Commissioning Group, elected governors of both Oxford Health NHS Foundation Trust and the Oxford University Hospitals Foundation Trust and other local organisations. Among these are MIND, Carers Oxfordshire, MS Society, Dementia Oxfordshire and Citizens Advice.

The PPPWO is run by a steering group which meet every month of the year by kind invitation at the West Oxfordshire District Council offices in Wood Green, Witney. Officers during the year were Graham Shelton (Chairman) and Maddy Radburn (Vice Chairman). Graham also attended monthly meetings of the West Oxfordshire Locality Group of GPs in Witney and quarterly meetings with the other Oxfordshire Locality Forum Chairs and with the CCG in Oxford. We are a highly inclusive group and encourage everyone in the area who has an interest in health, social care and wellbeing to take part.

The core activities of the group are encapsulated in three slogans:

- Keep well (prevention)
- Keep out of hospital (early diagnosis)
- Keep [the NHS] solvent (responsible use of services).

These recognise the important role that patients have in optimizing their own health and in the co-design of NHS services. Each year we decide on our theme and this drives our public activities. In 2018/19 our theme was ‘prevention’. We organized three public meetings with financial support from the OCCG and logistic support from Healthwatch Oxfordshire, who also provided the secretariat for our monthly steering group meetings, again funded by the OCCG.

Our three meetings were:

- Carers Event in Eynsham Village Hall (in conjunction with Carers Oxfordshire), providing information and guidance to those who have caring responsibility.
- A public lecture and discussion by Professor Carl Heneghan on the misuse of antibiotics, held in the Corn Exchange Witney (some 70 people attended).
- Health Fair in Langdale Hall, Witney with 25 organizations present and some 89 people attending.

In addition, the PPPWO brought together a wide group of people to discuss the potential closure of the Cogges Practice with the OCCG. This included the practice manager, members of the Cogges PPG and local people, and formed a patient reference group as negotiations took place. Happily, the crisis was avoided as another Partner was found to join the Practice, but the feeling was that this was better managed for patients than the Deer Park closure in which patient engagement was much less.
Lessons Learnt

It is important to reflect on the success or otherwise of the engagement activities conducted by OCCG and look at what went well and what could have been improved.

There has been a very wide range of projects that have involved patients and the public, some small and discrete in scale, others large and inclusive.

**Online Engagement**

Using the online engagement tool – Talking Health as well as social media and the OCCG website is a cost effective way of reaching out to large numbers of people and allowing wide engagement through surveys and simple feedback via social media. The success of using online engagement has been largely good although there have been some examples where the engagement has been limited. Publicity is critical to the success of this type of activity and significant effort needs to be put into raising awareness through all available routes. In addition, the format of the Talking Health tool has some limitations. As technology changes, our expectations increase for how we want these tools to work, for example completing surveys on smart phones and tablets. OCCG is working with colleagues in Oxfordshire County Council to review the effectiveness of the tool and the potential for improving the system or exploring alternatives.

**Engagement and consultation**

The High Court of Justice appeal in the judicial review of our transformation consultation process took place in March 2019. The appeal was dismissed and the original decision made back in December 2017 by Mr Justice Mostyn therefore still stands in our favour.

We have learned much from this experience and recognise the importance of working together, including where appropriate, with local health campaign groups, to understand local people’s concerns and their health needs and then to plan together the services that are required to meet those needs.

**Campaigns**

The impact of running a health campaign is often difficult to evaluate. For example, if a campaign is aimed at changing behaviour it will be difficult to distinguish the different influences on an individual making that change. For the winter campaign we asked members of the public if they remember seeing or hearing a particular message and if they did anything different as a result. The results of this evaluation will be used in planning the winter campaign next year, both in terms of which messages and routes of delivery are most effective.

**Resources**

The work in Banbury on maternity services and in Wantage on community health and care services has highlighted the importance of having sufficient resources and time to ensure effective and appropriate engagement. Employing co-production approaches that involve stakeholders working alongside OCCG in designing and delivering the work of the project does take more time and requires more staff resources to do it well. This was demonstrated, for example, in the decisions made and the design of the maternity survey, the stakeholder workshops and the review of options in the maternity project and the development of the engagement plan and the public survey in the OX12 project. OCCG is keen to continue to develop these approaches and acknowledges that this would mean that projects may take longer to deliver.
Future Plans for PPI and engagement

As we look to the future, we want to work more closely with other organisations in the way we engage local people.

We recognise that the Oxfordshire public is using a wide range of public services and many patients of health services are also service users of social care and other services such as transport and housing. By coordinating our engagement we can reduce confusion and duplication and improve efficiency and effectiveness of the engagement and demonstrate the importance of integration of public services.

With a change of Chief Executive for OCCG in January 2018, and drawing on recent experience, patient and public feedback, scrutiny and challenges of 2017/18, a different approach has been adopted by the Oxfordshire Health and Wellbeing Board to engage people in how health and care services will develop.

It will be important for health and social care organisations to work together in the way we engage people – patients, people who use services, health interest and campaign groups, voluntary organisations and others who work with us such as local authorities, hospitals and GPs. It is intended that working with communities in localities is likely to deliver plans that are more attuned to the needs of local people.

A Framework for working in communities to develop plans has been described earlier in this report.

In addition, we will be working with partners across Oxfordshire and the wider ICS area, including Buckinghamshire and Berkshire West to consider how engagement with patients and the public will develop as the national NHS Long Term Plan is implemented locally. This will include thinking about the new Primary Care Networks, Provider Collaboratives and the new commissioning arrangements to ensure all of our engagement with the patients and public is appropriate and effective.

This will be developed further during 2019/20. The Communications and Engagement Strategy 2015 – 2019 will also be reviewed as part of this work.
NHS Provider Trusts

It is important that the organisations providing health care also involve patients, carers and the public in the running of their services.

Each Trust has a variety of ways for involving people in their work and this information is publicised on their websites. The trusts have provided updates on their key activities which are listed below:

Oxford Health NHS Foundation Trust

- A new “Experience and Involvement Strategy” has been co-developed with people who use Oxford Health NHS Foundation Trust’s (OHFT) services, carers and staff. It was launched in May 2019.
- OHFT has developed an extensive library of patient, carer and families’ stories to support training for staff, and a story is presented at almost every Board of Directors meeting held in public monthly as well as at all trust induction sessions.
- Team-to-team peer reviews have included patients and carers as part of the review team and some governors have also been trained to take part in peer reviews to help improve the quality of care.
- Throughout the organisation there are staff who are patient and / or carer champions for their team. This number has grown over the past year and we hope this continues.
- OHFT uses regular volunteers to facilitate monthly sessions on wards to listen and gather feedback from patients, carers and families. In addition, a new carer volunteer support role has been developed in 2018/19 and will be piloted at one of the community hospital wards in 2019. The role will offer support and information to carers that come into contact with the hospital, it will be embedded within the team to act as the carers voice, by sharing feedback, needs and expectations within the team.
- Raising awareness, promoting and supporting staff to use the OHFT’s single survey mechanism for collecting feedback from patients, carers and families. All teams utilising the mechanism have access to their own patient experience feedback at all times. A peer support worker programme was developed with 14 people with lived experience of mental health problems graduating from a six-month training course in November 2018. All graduates have been offered paid roles to use the knowledge developed through their own experiences in combination with skills learnt to work alongside staff to help with treatment of others in our care.
- A carer awareness online training tool for staff has been co-developed with carers and underwent its first review by clinicians in April 2019 with the next stage to be reviewed by family, friends and carers. The training tool allows staff to role play several situations with a fictional family and understand how their actions and behaviours can change the outcome.
• Creating with Care delivers a participatory arts programme across Oxfordshire’s Community Hospitals. The programme aims to enhance patients’ time in hospital by encouraging individual creativity, promoting self-worth and a sense of identity as well as distraction from stress and worry. The project also aims to enhance the ward environment, through a programme of arts activities for staff, patients and their families.

• Current projects on the wards include a mosaic project to create art for the gardens at both Wallingford and Abingdon Hospitals, regular dance and drama sessions at City Community Hospital, regular dance sessions at Didcot and Bicester Community Hospitals and Textiles, Poetry and Visual arts at Witney Community Hospital. The programme has also developed a county-wide community hospitals knit-a-thon to create temporary art works for dementia awareness week for the patient gardens at each community Hospital.

• Family, Friends and Carers service handbooks are a way of sharing useful information about the service and a way of providing information to carers as individuals including details on carers’ assessments and the local carers organisation and support. The Trust has some handbooks available for example in mental health inpatient and community services, and in 2018/19 a handbook was developed with patients, carers and staff for community hospital services which is due to be launched shortly.

• OUFT has maintained our external accreditation with the Carers Trust, called Triangle of Care, which involves working to national standards co-produced with carers. A further self-assessment against the national standards was completed by services in 2018/19 to identify priorities for improvement which feeds into the carers strategy (icare,youcare) workplan each year.

• HealthFest 2018 at the Warneford Hospital. The event ran all day and was an opportunity to engage with the local community, staff, families and colleagues. The event was part of the Oxford Open Doors programme run by the Oxford Preservation Trust and was an opportunity for people to come ‘behind the wall’ to help breakdown stigma around mental health. Members of the patient experience team ran a stall alongside a young person from the Oxfordshire CAMHS Participation Group and a carer who both attended for part of the day to talk to visitors about Involvement work with the Trust.

• The mental health Complex Needs Service ran a ‘Psychoeducational Training weekend’ for carers. 21 people attended over the course of two days. 11 sessions were held on a range of topics with one session run by ex-service users. The feedback from the event was very positive.

• Witney Community Hospital patients told us that they didn’t like the view from some of the windows, so we created ‘Window Works’ a collaborative project which brought together artists, patients and staff using the theme of birds. Various techniques were explored from painting and drawing, through to printmaking and collage to produce realistic and decorative birds to adorn the finished designs, which were transferred onto clear vinyl to create window stickers for the bedrooms that looked out onto the carpark as well as the windows in the main reception. The original artwork is also on display in the hospital sanctuary.

• The Health Visiting Service has written a new pathway for children with Special Educational Needs or Disability which was launched at the 0-5 Conference on 16th October 2018 and is now live. The Health Visiting Service has been seeking feedback from parents on the new pathway through a survey and also interviews with parents about their experience.

• The first Autism Experience Group was held to better understand the experiences of people with autism using NHS services to help shape how we implement the Autism Strategy to improve their lives. Regular groups will be held going forward.

• OHFT is working with a number of provider organisations in Oxfordshire as well as people with lived experiences and their families, Oxfordshire Family Support Network, My Life My Choice and our commissioner to improve how we gather feedback along a person’s journey and use this feedback together to improve the care for people with a learning disability.
• The Community Dental Service ran a series of focus groups to discuss people’s experience of going to the dentist including any fears or worries and how these might be overcome. This has informed the production of three films about going to the dentist (in development at the moment), improvements to easy read appointment letters and information about dental care.

• Three young people were supported to attend the children and adolescent eating disorder community team away day. The young people took an active part in discussions throughout the day and their feedback has been included in team plans to:
  • Explore the possibility of developing peer support worker roles for the team
  • Reviewing the teams information leaflet and the parent information pack
  • Try new methods to gather feedback from young people post discharge from the service

• The collection and use of patient, carer and family feedback continues to be high at 13,128 local survey responses received between April 2018 to March 2019. The national annual patient survey, concerns, complaints and compliments are additional sources of feedback we also receive and act on through our extensive “you said, we did” campaign.
Oxford University Hospitals NHS Foundation Trust

Oxford University Hospitals NHS Foundation Trust (OUH) actively asks for feedback from patients, their friends, families and carers, and acts on it. This is because we want every patient to have the best experience possible. Feedback helps our staff to know what we are doing well (the things we should keep on doing) as well as what we need to change.

Seeking and acting on patient feedback is key to improving the quality of healthcare services. After they have received care from the Trust, patients are asked for feedback via the Friends and Family Test survey, which asks whether they would recommend the department to friends and family (if they should need similar care or treatment).

Text messaging is used to seek feedback in many of the Trust’s departments, and has improved response rates. Patients can provide feedback via multiple channels; text, agent call, paper and online.

This feedback is central to the development of the Chief Nurse’s Patient Experience Delivery Plan 2019 – 2021 which has 10 focus areas:

• Patient waiting times in ED
• Delivering same sex accommodation
• Cancelled procedures and admissions
• Patient centered care plans for people with cancer
• Home first
• Reduction of noise at night
• Bridging the gap discharge processes
• End of life
• PLACE – Patient led assessment of the care environment
• Car parking

An action plan has been developed which details all patient and public engagement activities to support implementation of the delivery plan. National Patient Survey Programme: Together with many other methods of gaining patient feedback, these annual results help the Trust focus on improving the overall experience of patients in hospital. National surveys also allow us to compare against other trusts, as well as demonstrate improvement year on year.

National Inpatient Survey 2018: all trusts must attempt to contact 1,250 patients. OUH chose to survey an additional sample of approximately 3,200 people, and has done so for four consecutive years. The intention is to provide a broader perspective of the quality of our services.

National Maternity Survey 2018: The national response rate was 36.8% while the Trust’s received a response rate of 46.9%. The sampling included women aged 16 and over, who gave birth in February 2018.

National Children and Young People’s Inpatient and Day Case Survey: The survey launched in November 2018 and is set to run until June 2019.
**Other activities**

As part of the wider engagement with the diverse communities, the Chaplaincy service worked with the Patient Experience team to engage with the Oxford Council of Faiths. A presentation at the Council of Faith’s meeting, on 13 March 2019, outlined the range of activities patients and community groups can engage on with the Trust to provide views and feedback on their experiences of services.

OUH’s patient participation groups share their experiences, provide feedback for service improvements and act as support groups, especially for people with long term conditions and needing follow up care.

The Chief Nurse continues to present a patient story and associated learning to the Trust’s bi-monthly public Board meetings and Quality Committee meetings. These stories, volunteered by patients and relatives, are shared with relevant clinical teams to help them better understand, from the patient’s perspective, what they do well and what could be improved.

The Trust organises Quality Conversation events on an annual basis to engage with patients and the wider stakeholders about Trust priorities. Approximately 75 patients, Foundation Trust governors and members and staff took part in this year’s event on 15 January 2019, to set the Trust’s Quality priorities.

The Bridging the Gap Group has been set up to support the work of the Trust’s Discharge Assurance Group, and encompasses representatives from the clinical teams from the acute and community settings, the Patient Experience team and patient representatives.

The group developed a ‘Leaving Hospital’ questionnaire which was distributed to Foundation Trust Members who have expressed an interest in receiving survey requests. The survey ran over four weeks and closed on 28 January 2019, with 112 completed surveys. Analysis of survey results was discussed at the group’s meeting on 7 February 2019 and has been presented to the Discharge Assurance Group meeting. The result of the survey will help inform the development of the Patient Experience Delivery Plan.

YiPpEe is the Trust’s Public Partnership Group for children and young people. It has two members elected to represent children and young people on the Trust’s Council of Governors. The group has been involved in a wide range of activities over 2018/19, which include:

- Delivering a seminar to children’s nursing students at Oxford Brookes University on service user involvement
- A sleepover investigating the main causes of noise at night on children’s wards
- Launch of a video produced by YiPpEe and the Trust to prepare children for an operation
- Attending the ‘The national Big Youth Forum Meet Up’, at Royal Derby Hospital, discussing issues surrounding mental health and wellbeing.

Supported by the Chief Nurse, the Trust engaged with staff, patients, Foundation Trust members and key stakeholders on their views for the development of the open visiting policy which allows family, friends and relatives to visit patients from 10am to 10pm and was introduced from 1 October 2018. The new visiting times are receiving positive feedback.

The Patient Advice and Liaison Service (PALS) is a first-stop service for patients, their families and carers with a query or concern about our hospitals or services. The team provides an impartial and confidential service and aims to help resolve issues by addressing them as quickly as possible. Where PALS is unable to help, the enquirer is directed to a more appropriate person or organisation.
Most contacts with PALS are requests for information about hospital processes or putting people in touch with the correct department or individual. The service also collates comments, suggestions and concerns made directly to the service or through the patient experience feedback mechanisms available throughout the hospitals.

PALS can be contacted by telephone, email, letter to the hospital or via the leaflet 'We’re here to help' which is available in public areas on all hospital sites. The PALS team also meets with patients on wards or in departments.

During 2018/19 PALS dealt with 2,044 recorded requests, compliments and concerns. The main categories related to communications, appointments, values and behaviour and clinical treatment – in that order. There were also compliments to various staff and departments. The Dementia Café continues to take place on the first Tuesday of each month in the League of Friends Café at the John Radcliffe Hospital. The Patient Experience team host the event which is focused on signposting carers, staff and patients with dementia towards support organisations and support services and our partner organisations.

The café is well supported by volunteers from Alzheimer’s UK, Oxfordshire Age UK, Carers Oxfordshire and clinical staff from the Trust as well as the staff from the League of Friends.

OUH is continuing to explore ways in which it can improve the physical environment for patients with dementia, such as allocating patients to observable quiet areas on wards to reduce sensory stimulation, and using ambulatory assessment areas rather than the Emergency Departments. OUH employs three learning disability acute liaison nurses who are a point of contact for children and adults with learning disabilities, families, carers and healthcare professionals. Looking forward, a specialist learning disability epilepsy liaison nurse will work within Epilepsy Services to support the case co-ordination of people with learning disabilities and complex needs.

OUH has worked hard to expand its Chaplaincy service to offer better support to Muslim patients. This has included appointing a part-time Muslim Chaplain and adapting facilities to support the requirements of Muslim prayer. A multi-faith quiet space has also been developed at the Nuffield Orthopaedic Centre.

OUH’s library of clinical patient information leaflets continues to grow, with a current library of more than 1,500 leaflets which support our patients and their carers with well written and clear information.

A project is being carried out during 2019 to look at improving the review and production process of patient information.

Improvements continue to be made to the provision of interpreters for patients and their carers. Following the project carried out in 2016/17, changes have been made to the way face-to-face language interpreters are booked, which has improved availability and value for money. It has been agreed that clinical staff members whose first/native language is the same as the patients are now able to interpret clinical conversations. A project is in place to look into training non-clinical staff members, to enable OUH and other Oxfordshire NHS healthcare providers access to qualified interpreters of rare languages.

The use of video interpreting for both language and British Sign Language is still being considered and will be looked at as a project later in 2019.
Glossary

Area Prescribing Committee Oxfordshire (APCO): APCO is a committee consisting of GPs, representatives from the OCCG Medicines Optimisation Team and representatives from healthcare providers across Oxfordshire, particularly Oxford University Hospitals NHS Foundation Trust (OUHFT), Oxford Health NHS Foundation Trust (OHFT), Local Medical Committee and Local Pharmaceutical Committee. [www.oxfordshireccg.nhs.uk/professional-resources/area-prescribingcommittee-oxfordshire.htm](http://www.oxfordshireccg.nhs.uk/professional-resources/area-prescribingcommittee-oxfordshire.htm)

Ambulatory care: or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures even when provided outside of hospitals.


Care notes: IT system used by Oxford Health NHS Foundation Trust to hold patient data.

Cherwell Local Strategic Partnership: The Cherwell Local Strategic Partnership (LSP) meets regularly to bring together public, private and voluntary organisations within Cherwell. It delivers the objectives and priorities detailed in the Cherwell Sustainable Community Strategy ‘Our district, our future’ [www.cherwell.gov.uk/info/118/communities/293/local-strategicpartnership](http://www.cherwell.gov.uk/info/118/communities/293/local-strategicpartnership)

Commissioner: Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

Equality Analysis: is a tool for helping us to consider the potential impact that our activities (services, projects, strategies, policies etc.) might have on our community (staff, patients, carers & others), from different equality perspectives.


Equalities Reference Group (ERG): this group has members who represent the nine protected characteristics of equality and diversity as stated in The Equality Act 2010.

Friends and Family Test: The Friends and Family Test was introduced into the English NHS in 2013. It is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

GP Federations: a federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy. The remit of a GP Federation is generally to share responsibility for delivering high quality, patient focused services for its communities.
Healthwatch Oxfordshire: Healthwatch Oxfordshire was set up on 1 April 2013 as a result of the Health and Social Care Act 2012. Healthwatch Oxfordshire sits alongside 151 other local Healthwatch across the country. Healthwatch Oxfordshire hears what children, young people and adults have to say about health and social care services, whether that is praise, criticism or ideas for improvement. They strengthen the collective voice of patients and the public, so that service providers and commissioners listen to what they have to say. We then hold them to account on how they use the information we provide to shape, inform and influence service delivery and design.

Integrated Care System: in an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. For more information see the NHSE website. In our area the ICS covers Buckinghamshire, Oxfordshire and Berkshire West; otherwise referred to as BOB. The BOB ICS covers a population of 1.8 million, three Clinical Commissioning Groups (CCGs), six NHS Trusts and 14 local authorities and 175 GP surgeries.

Joint Health Overview and Scrutiny Committee (JHOSC): the JHOSC is a scrutiny committee of Oxfordshire County Council. It consists of twelve Councillors from the County, District and City Councils and up to three co-opted members. Its purpose is to transparently review and scrutinise any matter relating to the planning, provision and operation of the health service in Oxfordshire.

Locality Plans: locality plans are intended to build resilient, sustainable primary care for the future. In doing this, the plans are intended to support the vision for health services in Oxfordshire where patients will receive more care closer to home and be supported out of hospital as much as possible. https://consult.oxfordshireccg.nhs.uk/consult.ti/LocalityPlansOxon/ consultationHome

Locum: a person who stands in temporarily for someone else of the same profession, especially a cleric or doctor.

KIWY: Kidlington, Islip, Woodstock and Yarnton GP practices.

Maternity Voices Group: is a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. nationalmaternityvoices.org.uk

Minor Injuries Unit and First Aid Units: Minor Injuries Units and First Aid Units can treat sprains and strains. broken bones. wound infections. minor burns and scalds. minor head injuries. insect and animal bites. minor eye injuries. injuries to the back, shoulder and chest. www.oxfordshireccg.nhs.uk/your-health/choose-the-rightservice/minor-injuries-units-and-first-aid-units.htm

Musculoskeletal services (MSK): musculoskeletal conditions affect the joints, bones and muscles, and also include rarer autoimmune diseases and back pain.

NHS Five Year Forward View: the Forward View, published in 2014 by NHS England and other national bodies to broad approval, outlined how NHS services must change to move towards the care models required for the future. England, it argued, is too diverse for ‘one size fits all’ solutions. www.england.nhs.uk/five-year-forwardview/next-steps-on-the-nhs-five-year-forward-view Nurse prescribing: these are nurses who have successfully completed a Nursing and Midwifery Council Community Practitioner Nurse Prescribing course. The majority of nurses who have done this course are district nurses and public health nurses (previously known as health visitors), community nurses and school nurses.

Oxford Federation for General Practice and Primary Care (OxFed): Established in 2014, and wholly owned by Oxford’s NHS GP practices, OxFed is a new kind of not-for-profit healthcare organisation providing NHS services. Their members care for the city’s 224,000 strong population, providing healthcare in people’s homes and in local general practices across the city. https://oxfed.uk/about-us
Oxford Health NHS Foundation Trust: provide physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset. Services are delivered at community bases, hospitals, clinics and in people’s homes. They focus on delivering care as close to home as possible. [www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

Oxfordshire Care Closer to home strategy 2016 – 21: it aims to address the problems facing the Oxfordshire health and care system set out in the Transformation Board's case for change, supporting the redesign of services so that there is less dependence on hospital based care. [www.oxonhealthcaretransformation.nhs.uk/who-isinvolved/transformation-board-meeting-papers/transformationboard-2016-04-26/72-for-info-care-closer-to-home/file](http://www.oxonhealthcaretransformation.nhs.uk/who-isinvolved/transformation-board-meeting-papers/transformationboard-2016-04-26/72-for-info-care-closer-to-home/file)

Oxfordshire Primary Care Commissioning Committee (OPCCC): The role of the Primary Care Commissioning Committee is to carry out the functions relating to the commissioning of primary care in accordance with its statutory powers under section 13 of the National Health Service Act 2006. [www.oxfordshireccg.nhs.uk/get-involved/opcc-committee.htm](http://www.oxfordshireccg.nhs.uk/get-involved/opcc-committee.htm)

Oxfordshire Safeguarding Board: is the means by which organisations in Oxfordshire come together to agree on how they will cooperate with one another to safeguard and promote the welfare of children. The role of the Oxfordshire Safeguarding Children Board (OSCB) is to scrutinise and monitor this process, and to ensure that local agencies co-operate and work well to achieve this. [www.oscb.org.uk](http://www.oscb.org.uk)

Oxfordshire Transformation Board: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

Oxfordshire Youth Parliament: provides opportunities for 11-18 year olds to use their elected voice to bring about social change through meaningful representation and campaigning.

Oxfordshire Youth: Oxfordshire Youth is a registered charity which recently celebrated reaching 70 years old. Our aim is to improve the life opportunities of young people and advance their citizenship through equipping them to positively develop their communities. [www.oxfordshireyouth.org/about](http://www.oxfordshireyouth.org/about)

Patient Advice and Liaison Service (PALS): offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient Participation Groups (PPGs): every GP practice is required to have a PPG. These are the foundation for the involvement of patients in primary care.

PPG Locality Forums: PPG Locality Forums bring together representatives from PPGs across all GP practices in a locality and in some areas include members of the public from the wider community.

PPI: Patient and Public Involvement

Primary Care Networks (PCNs): Primary Care Networks are a key part of the NHS Long Term Plan, with all general practices being required to be in a network by June 2019, and Clinical Commissioning Groups (CCGs) being required to commit recurrent funding to develop and maintain them.
**Proactive care pathway:** the new 2014/15 enhanced service (‘Avoiding unplanned admissions: proactive case finding and patient review for vulnerable people’) now referred to as the ‘proactive care programme’, – together with new opportunities for CCGs to shift funding into primary care services and community health services – is designed to bring about a step change in the quality of care for frail older people/other patients with complex needs.  

**Scrutiny (scrutinise):** the statutory scrutiny function involves non-Cabinet Members in Oxfordshire County Council (taken to include all the councillors and the co-opted members of scrutiny committees), examining the county council's functions and performance, challenging the plans and decisions of the Cabinet and exploring the effectiveness of other public bodies in the locality. They question how key decisions have been made and take up issues of concern to the community.

**Sustainable Transformation Partnership (STP):** STPs are areas covering all of England, where local NHS organisations and councils have shared proposals to improve health and care in the areas they serve.

**Talking Health:** an online public engagement system on the OCCG website with more than 3,000 members that have registered to be informed and involved in OCCG’s engagement activities.

**Thames Valley Clinical Senate:** Clinical Senates have been established to be a source of independent, strategic advice, guidance to commissioners and the other stakeholders to help them to make the decisions about healthcare for the populations they represent. There are 12 clinical senates across England  
https://tvsenate.nhs.uk/about-us

**Thames Valley Priorities Committee:** The Thames Valley Priorities Committee operates as an advisory body to the Clinical Commissioning Groups in Thames Valley. Its role is to provide evidence based recommendations and commissioning policies for consideration and adoption by Clinical Commissioning Groups.  
www.fundingrequests.cscssu.nhs.uk/thames-valley-priorities-committee

**Voluntary organisation:** the voluntary sector or community sector (also non-profit sector or “not-for-profit” sector) is the duty of social activity undertaken by organisations that are not-for-profit and non-governmental. This sector is also called the third sector, in contrast to the public sector and the private sector.
If you would like this document in a different language or in audio, braille, large text or an Easy Read format, please call 01865 334638 or email cscsu.talkinghealth@nhs.net

Or you can write to our Freepost address
Communications and Engagement Team,
Oxfordshire Clinical Commissioning Group