

Annual Report of patient and public involvement by Oxfordshire Clinical Commissioning Group



April 2017 – March 2018

Introduction

I am pleased to present NHS Oxfordshire Clinical Commissioning Group's (OCCG's) first annual report on patient and public involvement. This is a celebration of some of the many ways OCCG has worked during 2017/18 with the public and patients of Oxfordshire.

In previous years OCCG has reported on the engagement work within the main annual report for OCCG. The main annual report is designed for many different audiences, (OCCG Annual Report and Accounts for 2017/18). This report is intended for a public audience.

This report reflects the breadth of activities involving the public and patients of Oxfordshire from April 2017 to the end of March 2018. on page 30 onwards. For more detail please also refer to:

- Summary of the engagement projects in the Appendix set out on page 20 onwards.
- Glossary of terms used in this document.

A core principle of OCCG is the commitment to strengthening participation in all of its areas of work year on year. Participation means involving anyone who wants to be involved directly and enabling anyone to have their voice and views 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.

The annual report describes how public and patient involvement is part of the governance of OCCG, and how key decisions are made. During the year 2017/18 a considerable amount of work and effort

was made by OCCG staff and by the many people who work with OCCG to represent the public and patients in a voluntary and unpaid capacity in engaging with and involving patients and the public in many projects. This report brings together a summary of that work and its positive impact.

The success of many of the projects presented in this document shows what we can achieve, but OCCG acknowledges that we need to involve public and patients early enough or in a meaningful way.

For 2018/19 OCCG will be reviewing its approach to patient and public involvement to:

- Reflect on how the many and sometimes conflicting public voices have influenced our business and decision making.
- Look at different ways in which patients' and public and patient voices can influence decision making in the future.
- Look at how OCCG can demonstrate that public and patient voices have been heard and acted on.
- Look at different levels of representation which work best for different types of activity.
- Clearly define what we mean by consultation and by co-production and what these will look like in practice.

Louise Wallace

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



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Overview

OCCG is committed to putting the views of local people at the heart of the NHS and to making sure that they are included as equal partners in the planning of services.

The Communications and Engagement Strategy 2015 – 2019 set out the overall strategy for engagement and is available here:

www.oxfordshireccg.nhs.uk/key-occg-publications/occg-communications-and-engagement-strategy-2015-2019/64188

The diagram provides an illustration for how public participation can support commissioning.

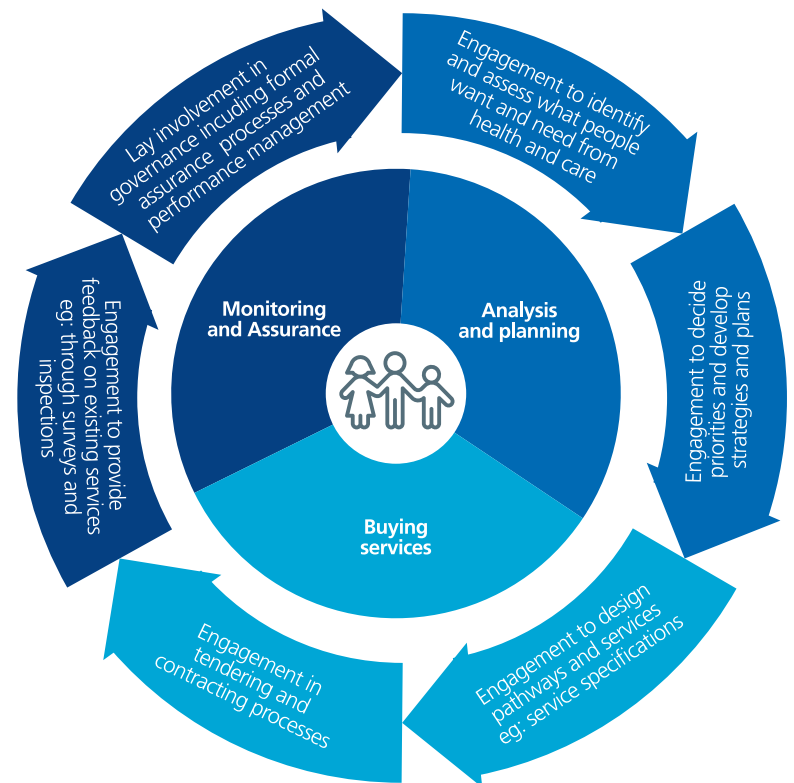
The methods used for engagement will vary depending on the project or piece of work. OCCG looks carefully at each project and considers the scale, who should be involved and what methods to use.

For bigger projects, it is likely that the engagement will involve more people and require some publicity to ensure people 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.

In previous years we have published details of public engagement activities in the OCCG annual report. This is a lengthy document including information about many other aspects of OCCG's work.

This is the first time we have published this separate report to make the information about engagement activities easier to find. This report is intended for the general public of Oxfordshire.



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How we engage with local people

To reach a wide range of people, there are a number of approaches for engaging people 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 with more than 3,000 members that 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 here: <https://consult.oxfordshireccg.nhs.uk>



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.

www.oxfordshireccg.nhs.uk/about-us/equality-reference-group.htm

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 all 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

Collectively, members of Talking Health, PPGs, Locality Forums and ERG members make up our 'informed audiences', and 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

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, where 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.

All these opportunities are publicised on our website at the following link: www.oxfordshireccg.nhs.uk/get-involved/

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.

Surveys

These are usually focused on a particular service area 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.

Social media

OCCG has a Facebook page www.facebook.com/OxfordshireCCG and is active on Twitter 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.

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, focus groups.

There are more than 720,000 people living in Oxfordshire. 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 and via a range of networks and stakeholders.

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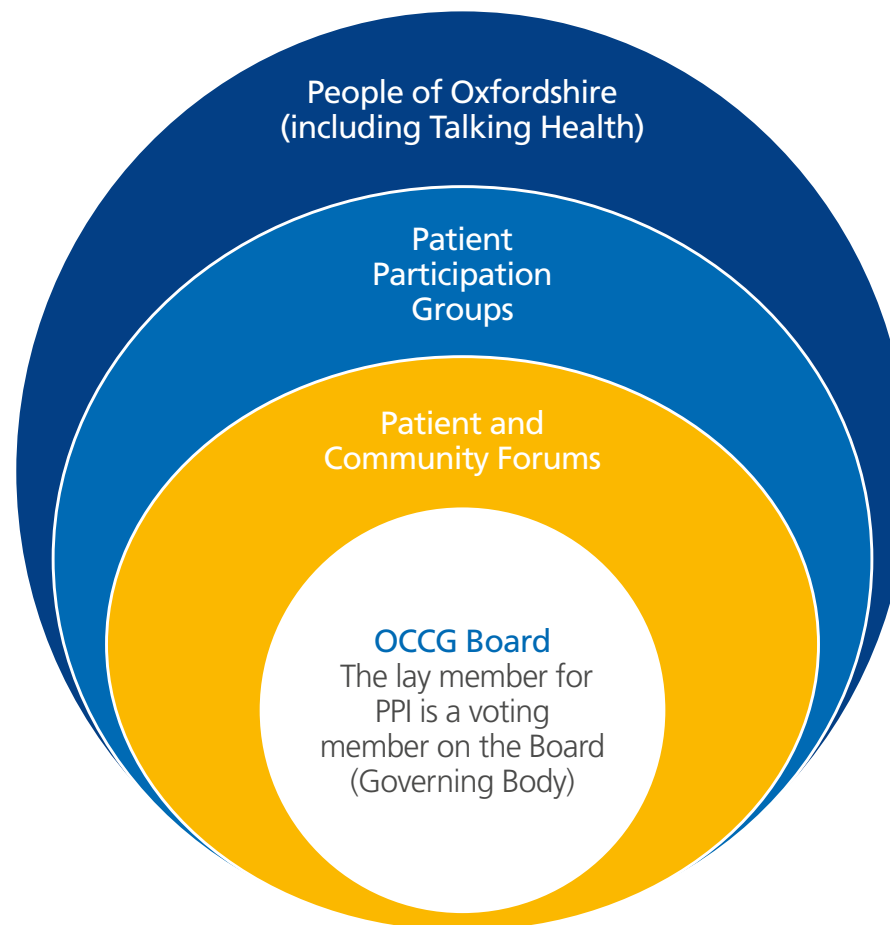
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How public participation is structured

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.

The diagram here illustrates the layers of opportunity for engagement.



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How we work with diverse groups

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, Healthwatch Oxfordshire organised a travel survey to help assess the impact of proposed changes to services in Banbury on patients needing to travel to an Oxford hospital.

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.

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What difference does it make?

Listening to people 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:

- People may tell OCCG about how something should be changed to improve the experience for patients. This then influences change.
- 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.
- People may tell OCCG something is not working or that it needs investigating. If so, OCCG reviews priorities to include this new area of work.

This report includes examples of how OCCG has worked with patients, the public and others to illustrate these different types of outcomes over the past year.

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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.

Within OCCG, assurance is provided by regular update reports on patient experience 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 this 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 Transformation Board – North East Oxfordshire Locality Forum Chair and Healthwatch Oxfordshire Executive Director
- Oxfordshire Primary Care Commissioning Committee (OPCCC) – patient/public member and the Executive Director of Healthwatch Oxfordshire
- Quality Committee – Chair is a lay member, another Governing Body 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 request which has been turned down by the Individual Funding Review Panel – see “Will the NHS Pay for my Treatment” www.oxfordshireccg.nhs.uk/your-health/will-the-nhs-pay-for-my-treatment/how-to-ask-for-a-review.htm 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 (report to OCCG Board):
 - NELG (North East Locality Group) – North East Oxfordshire Locality Forum representatives
 - OCLG (Oxford City Locality Group) – Oxford City Locality Forum representatives
 - WOLG (West Oxfordshire Locality Group) – West Oxfordshire Locality Forum representatives
 - NOLG (North Oxfordshire Locality Group) – North Oxfordshire Locality Forum representatives
 - SEOLG (South East Oxfordshire Locality Group) – South East Oxfordshire Locality Forum representatives
 - SWOLG (South West Oxfordshire Locality Group) – South West Oxfordshire Locality Forum representatives

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- Locality Community Services Group (SE/SW) - 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 for Public and Patient Involvement

Externally, all engagement is reviewed by the Oxfordshire local authorities through their 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.

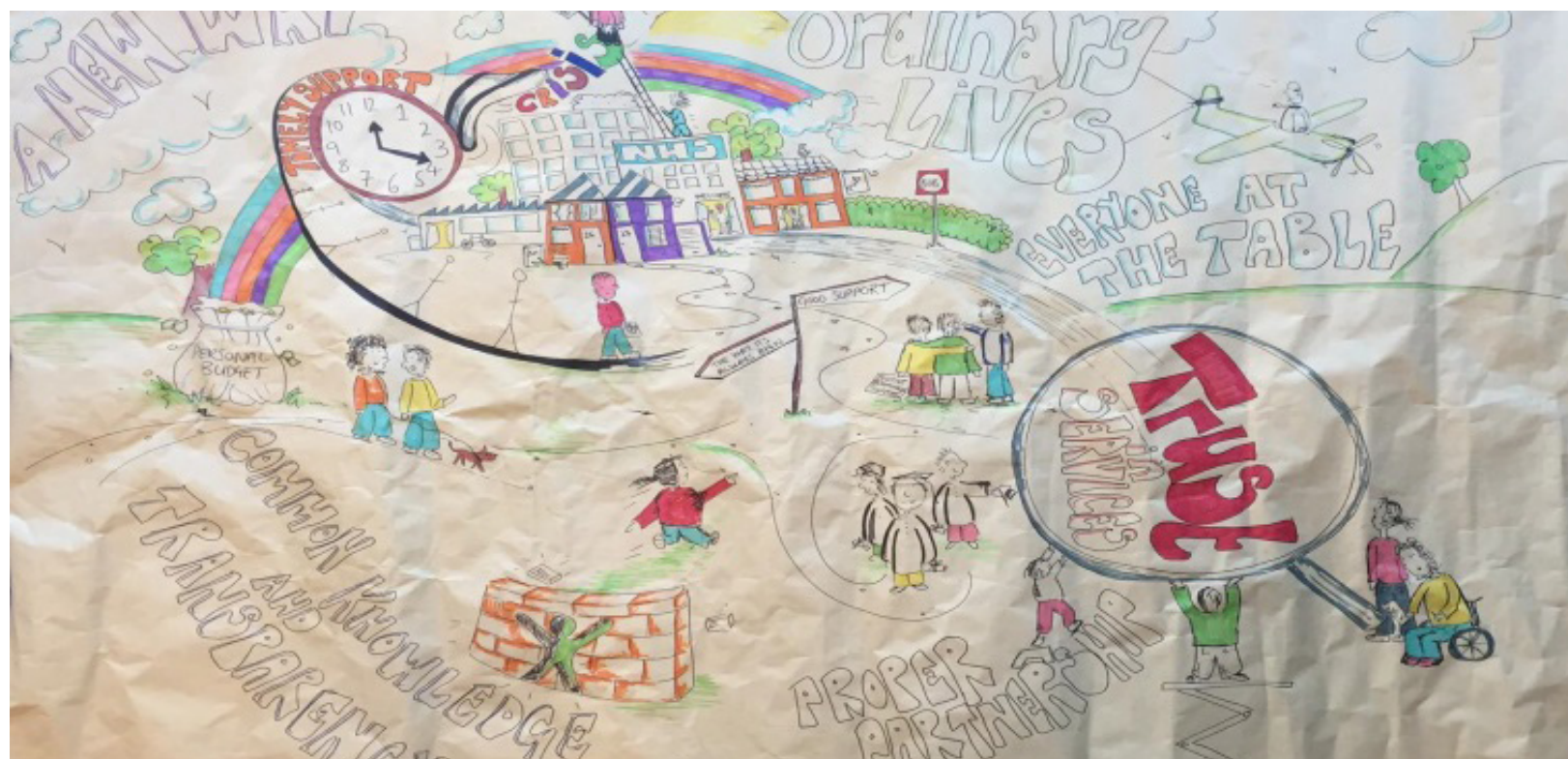
For formal consultations on significant changes to local services, NHS England and the Thames Valley Clinical Senate scrutinise both the proposals for service changes and the plans for engagement and consultation.

The year in view

This year OCCG has engaged with patients and the public across many services in many different ways, ranging from a large county-wide formal consultation to engaging two or three patient representatives in assessing bids as part of a re-procurement exercise. The scale, complexity and publicity for each activity varies significantly.

A full summary of activity including one-off events, or other activity that is ongoing, or had a set time limit are listed in the appendix.

OCCG uses the NHS England Principles for Participation. More information, including the principles is available on page 12 at the following link: www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf



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The year in view

1

Principle 1: Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.

Oxfordshire Transforming Care Programme

The Oxfordshire Transforming Care Programme has been set up to deliver the national Building the Right Support Plan (www.england.nhs.uk/learning-disabilities/natplan).

The focus of this plan is on developing more community services for people with learning disabilities and autism who display behaviour that challenges, so they can live more independent lives in the community with support. The national plan and the local programme have been developed with involvement of service users and their carers and families.

The Oxfordshire Transforming Care Plan was developed jointly by people who use services and family carers, commissioners and operational staff. The Transforming Care Partnership Board oversees the delivery of the programme and has equal numbers of experts by experience and representatives of public sector organisations (OCCG, Oxfordshire County Council and Oxford Health NHS Foundation Trust). Experts by experience are involved in the development and delivery of all the projects related to Transforming Care, most importantly the development of a new urgent care pathway for people with learning disabilities who are in crisis.

Public consultation and ongoing engagement of service users, families and carers resulted in the following key objectives that inform the work of the programme:

1. Enable people with learning disabilities to have more choice and control over their lives.

2. Enable people with learning disabilities to take an active part in their community, through work, volunteering, friendships, and other opportunities.
3. Enable people with learning disabilities to make choices about where they live, and support them and their families with their decision.
4. Have the right support in place for people with learning disabilities to enable them to remain safe and keep well.

An example of this work in action is where OCCG, Oxford Health NHS Foundation Trust staff and family carers looked for potential sites for a learning disability and autism crisis space. Sites will only be considered if the family carers (who have family members who may need to use the facility) think they are suitable and will meet the needs of the service user.

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Principle 2: Promote equality and diversity and encourage and respect different beliefs and opinions.

OCCG has a designated Equality and Access Team who ensure that training and support is provided to OCCG staff members for conducting equality analysis on all project plans, policies and business proposals. The team supports commissioners to engage with seldom heard/diverse groups.

Some specific examples of the work in this area during 2017/18 are below:

OCCG Equality Reference Group

The Equality Reference Group (ERG) works in a number of ways:

- Providing feedback into OCCG's Equality Analyses throughout the year, which were carried out for all new planned services, service re-design.
- Grading OCCG's progress on an annual basis for the NHS Equality Delivery System (EDS2).
- Highlighting and recommending any healthcare equality and diversity issues that need addressing in Oxfordshire to OCCG for further action. For example, throughout 2017 the ERG selected Learning Disabilities as an area of focus and scrutiny for OCCG.

Health and Wellbeing partnerships

OCCG works in partnership with Public Health, Oxfordshire County Council, the City and District Councils, the voluntary sector and members of the public to promote health and wellbeing. The Health and Wellbeing Strategy describes how deprivation has a direct impact on health. People living in deprived areas will typically have more long term health conditions and lower life expectancy than people living in affluent areas. By working together we believe we can better address these challenges.

The Health and Wellbeing Partnerships in Oxford concentrate on areas of high deprivation and groups have been established to work together with the community to develop and deliver a health action plan. Health and Wellbeing Partnerships exist in the following areas:

- The Leys partnership has a broad range of interests including housing, social isolation and activities have included community events raising issues about health.
- The Rose Hill partnership has been focusing on issues relating to health and wellbeing and youth.
- The Barton partnership has been working to create Barton as a Healthy New Town. The plan focusses on the environment, health systems, healthy behaviours and coordinating activities to promote healthy lifestyles.
- The Wood Farm partnership has been focusing on issues relating to youth, education and learning.
- The Littlemore partnership has been focusing on building and valuing strong community with events and activities for all age groups.

3

Principle 3: Proactively seek participation from people who experience health inequalities and poor health outcomes.**Luther Street Medical Practice**

Luther Street is an award winning GP practice that provides healthcare to people experiencing homelessness in Oxford City. This community faces considerable challenges affecting their physical and mental health including being able to access appropriate services. The Luther Street practice is run from a site close to the centre of Oxford and provides specialist primary care services for this community.

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OCCG engaged with patients of the practice and their carers between 17 July – 10 August 2017 to seek their views about whether the services provided at the practice were meeting their needs including identifying what works well and what could be improved. Owing to the practical circumstances for these patients, it was important that the engagement was face-to-face supported by members of the Equality and Access Team at OCCG. A survey was used and this was completed by 101 patients. In general, people were positive about the services offered, but there were some suggestions for improvement around the range of services and the location of the surgery.

This feedback is being used to inform the primary care needs of this patient population as part of wider work for Oxford City's Homeless Strategy.

The Luther Street Medical Practice PPG co-produced a short video with Healthwatch Oxfordshire to explain how the PPG works to help homeless people in Oxford. The production of the video was part funded by NHS England's Celebrating Participation in Healthcare grant and is available here: https://youtu.be/3ZLJ_G-3QMw

The Banbury Brighter Futures programme

OCCG is a member of Brighter Futures in Banbury which is a Cherwell Local Strategic Partnership. It is a multi-agency programme aimed at breaking the cycle of deprivation in Banbury's most disadvantaged wards (Ruscote, Neithrop and Grimsbury and Castle electoral wards). For individuals to realise their full potential the basic ingredients need to be right: a decent home and physical surroundings, access to services and opportunities, secure income, good health and wellbeing, a feeling of safety and a sense of connection or belonging in the local community.

The programme comprises the following themes:

- **Theme 1:** Employment Support and Skills
- **Theme 2:** Parental engagement, attainment, school readiness and young people who are Not in Education, Employment or Training (NEET)

- **Theme 3:** Financial Inclusion and Housing
- **Theme 4:** Health and Wellbeing

A series of well attended workshops were held covering the issues that are faced within the Brighter Futures wards focusing on health inequalities, employability, child poverty and educational attainment resulting in an overarching action plan addressing the community's priorities.

4

Principle 4: Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.

Musculoskeletal services

The Musculoskeletal services re-commissioning project started July 2014 and was prompted by feedback from patients and GPs raising concerns about waiting times, accessibility and inequity of the service. The project started with a review of the patient pathway, involving in co-production a large number of patients who use the service and clinicians who deliver the service. The patients and clinicians worked separately and together to completely redesign the pathway to ensure all patients across Oxfordshire had access to the same quality of service.

This led to a procurement process in 2017/18 which identified a new provider that would deliver the service for patients. A small number of patients were needed to support this stage of the project which involved developing the criteria that would be used to judge the bids and then to score the bids from potential providers - specifically the evaluation and scoring of Question 8 of the bids which related to how services will support patient empowerment.

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'I was involved as a patient/carer representative in the re-design of the Musculoskeletal Services in South Oxfordshire. I was involved in this project from the outset in July 2014 OCCG consulted widely and at length with numerous public meetings where both members of the public and the medics discussed the issues in detail. The final contract tender was drafted taking account of both clinical and user views and opinions. I was also the patient/carer representative during the tendering process in July 2017. OCCG went to great lengths to conduct "an open and transparent conversation" and in my humble opinion, they succeeded'.

5

Principle 5: Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.

Child and Adolescent Mental Health Services (CAMHS)

Children and young people identified that it was difficult to access information and that when found, it was not always easy to use or understand.

A project group involving young people was set up to design and develop a more comprehensive website to enable better information and self-help support for children, young people and their families. Initial designs have been drawn up using learning from other areas and input from young people on how and what they would like the website to look like and be able to offer.

6

Principle 6: Take time to plan and budget for participation and start involving people as early as possible.

The Voice of Oxfordshire Youth (VOXY) was launched at the end of 2016 and is the idea of a young person and past member of Oxfordshire's Youth Parliament who decided that organisations in Oxfordshire need to reach out to more children and young people than ever before. VOXY members include young people between the ages of 12 and 17 years old from all areas and backgrounds across the county, including vulnerable young people and young carers. Engagement with VOXY members is driven by the young people and by the organisations that support the group.

In the past year OCCG has made funds available to do more strategic engagement with children, young people and their families through VOXY. They have recently held their first AGM and had Mental Health as a specific item for discussion.

OCCG, Oxfordshire County Council, Oxfordshire Youth (a voluntary organisation), Oxford University Hospitals NHS Foundation Trust, Oxfordshire Safeguarding Board, the Police, Fire Service, Public Health, District Councils and more are all now jointly engaging with young people on subjects that they choose and are important to their lives. Further information is available here: oxme.info/cms/life/voxy-voice-oxfordshires-youth

Some examples of how VOXY have informed the work of OCCG:

Oxfordshire's Health and care Transformation Programme – 24 November 2017 & 9 December 2017

OCCG held a workshop with VOXY to identify important themes and healthcare priorities for young people for OCCG's Transformation work. Members of VOXY and other young people who have attended the Children's Hospital in Oxford were invited to share their priorities by finishing the sentence "If I ran the NHS, I would...". VOXY members were invited to spread the word at their schools and share these views on social media with the hashtag #IfIrantheNHS.

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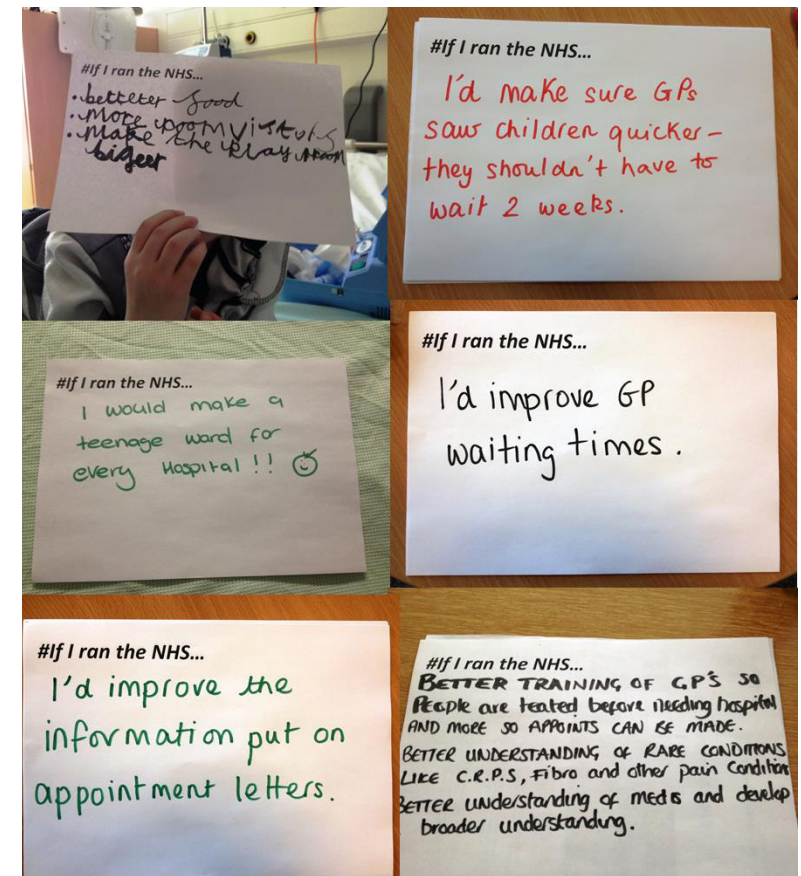
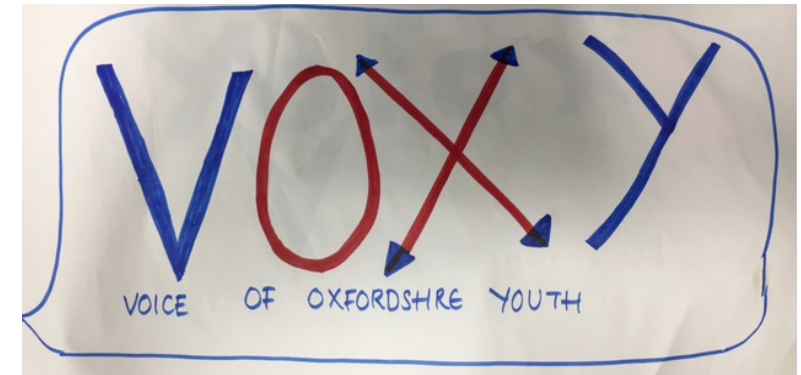
A similar workshop was run with the Young People's Executive (YiPpEe) at Oxford University Hospitals NHS Foundation Trust on 9 December 2017. YiPpEe members are young people aged 12 to 18 who have either been in hospital themselves, or have a relative or friend who has been in hospital, so all have some idea about what it is like.

Key themes of what is important to young people emerged from this work including importance of mental health services for young people, better use of IT to improve access, concerns about gender issues and more room needed on the children's wards to allow visitors to stay overnight. The themes from these events were included in the analysis of feedback for Oxfordshire's Health and Care Transformation Programme and helped to inform OCCG's ongoing work for improving Child and Adolescent Mental Health Services (CAMHS).

How young people use our health services – 16 February 2018

A workshop was held with VOXY to understand more about young people's awareness of the variety of health services in Oxfordshire and how they choose to use these services. This was an interactive activity-based workshop with young people invited to make decisions on their preferences for how they would like to speak to their GP, and then choosing a health service that they would go to for a variety of health conditions. The workshop included discussions to understand the reasons for young people's choices.

The results will be used to inform the further development of health services and the public involvement and engagement for further development of the Locality Plans.



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Principle 7: Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.

South West and South East Locality Community Services Group (LCSG)

This group was established in 2016 and was set up to implement, in partnership, Oxfordshire's Care Closer to Home Strategy 2016-2021 and ambulatory/proactive care pathway. The strategy is wide ranging with a number of objectives to support people of all ages, but in particular older people, in keeping well and avoiding the need for healthcare where possible and when they do need it, to ensure as much care as possible is available close to home.

The membership of the group includes representatives from the GP community in South East and South West Oxfordshire, GP Federations, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, Oxfordshire County Council – Social Care, Age UK and two patient/carer members. The group reports to the South West and South East Clinical Locality groups, which in turn report to the OCCG Board.

The LCSG has made a very positive difference in networking and improving knowledge about what services exist across the SE/SW areas, not only from health but from social care providers. Issues around staff recruitment and retention have been discussed, and patient input has been really appreciated by the group.

Oxford Health (OHFT) needed GP mentors to help with District Nurse prescribing courses but had been unsuccessful in recruiting volunteers. LCSG discussed the issue, the importance of the training and the expectations of GPs involved. As a result OH agreed to fund backfill (locum cover) for GPs prepared to support this work which resulted in suitable numbers of volunteers coming forward and District Nurses getting the support they needed.

8

Principle 8: Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.

Townlands Stakeholder reference group

In the past year OCCG has continued to coordinate and support the Townlands Stakeholder Reference Group (TSRG) in Henley-on-Thames. The purpose of the TSRG is to bring together patients, carers and the public from the local community with OCCG, the Royal Berkshire NHS Foundation Trust, Oxford Health NHS Foundation Trust and Oxfordshire County Council to ensure public views and experiences are taken into account in the delivery and implementation of the Townlands Memorial Hospital redevelopment.

During the year, the group has taken an interest in the experience of people using the new facility and the services offered there. All meetings take place in public and the papers and reports are all made available on the OCCG website

www.oxfordshireccg.nhs.uk/about-us/townlands-reference-group.htm

The Rapid Access Care Unit at Townlands Hospital opened in April 2017. The video link below describes how the RACU works:

www.youtube.com/watch?v=qJN6dCmBiYM&feature=youtu.be

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Principle 9: Review experience (positive and negative) and learn from it to continuously improve how people are involved.

Changing the way we involve patients in primary care

In addition to the cross county work to develop locality plans for the future of primary care in Oxfordshire, OCCG has been working with individual GP practices.

In Witney, following an unsuccessful procurement process, Deer Park Medical Centre closed on 31 March 2017. Its patient list was dispersed to surrounding practices. Some patients previously registered at the practice were unhappy about how this had been managed and the lack of consultation before the closure.

Following a referral to the Secretary of State for Health, advice was provided to the local NHS for delivering a plan for the Witney area. OCCG has reflected and learnt from the experience of closing Deer Park Medical Practice. As a result, changes were made to the approach to engaging with patients when changes are anticipated for their GP practice. In the past year this resulted in working differently on two issues:

- The first concerned the Banbury Health Centre practice contract that was coming to an end. OCCG met with the practice PPG on several occasions to explain about the issue, to answer questions and hear their views. Options for the future and their possible benefits for all their patients were discussed and communication and engagement plans were agreed. A travel survey was organised to better understand the potential impact of moving services. By doing this, OCCG had a better understanding of what aspects of the service were most important to patients and which options would be preferred. The importance of the location of the practice was recognised and options that would retain services from the building continue to be pursued.

- The second concerned patients of the Kennington Health Centre. The GPs running the local practice informed OCCG of their intention to end their contract. Meetings with the PPG allowed early discussion about the issue and the possible options. Communication plans were agreed and draft patient letters reviewed. A neighbouring practice agreed to take on the patients and continue to offer services from the practice building in the village.

In future, changes to GP practices in Oxfordshire will be discussed with the practice PPG and communication and consultation plans will be agreed with the patient group before proceeding formally.

10

Principle 10: Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

Working with and supporting carers in Oxfordshire

OCCG works with carers and organisations representing carers across Oxfordshire. The Carers Reference Group (for mental health) works closely with OCCG, specifically to receive feedback from carers on services so their views can inform commissioning. The Carers Reference Group meets quarterly and ensures that the views of carers are embedded into the work of OCCG. In the past year this has particularly influenced work in commissioning mental health and learning disabilities services.

As part of the work with carers, OCCG has supported a variety of events including:

- Celebrating our Lives2 – an annual event for mental health service users and their carers
- Carers Oxfordshire Annual Conference – holding workshops and stalls for carers and professionals

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Some of the key areas of work this year have included supporting Carers Week (see below), and the Carers Commitment.

Carers Week 2017

OCCG supported the annual Carers Week in June 2017 with a campaign focusing on hidden carers. Staff in the county's 115 pharmacies were asked to look out for adults and younger people (under 18s) collecting prescriptions on behalf of relatives, friends or neighbours. These people may not recognise themselves as carers and may not know about the support they can receive including having a carer's assessment carried out by a trained professional, carers' surgeries with outreach workers, access to support groups, possible financial help and respite care.

Pharmacists were provided with information leaflets and a 'credit card' which carers can carry with their details to alert others that they look after someone in the event of an emergency.

Kay Francis, Head of Carers Support, Action for Carers (Oxfordshire), said more than 61,000 people provide unpaid care to others in Oxfordshire, but only a small proportion of these people recognise themselves as carers and are unaware of the support available.

Carol Trower, Chief Executive of Pharmacy Thames Valley, said pharmacy staff across the county were delighted to take part in the campaign to identify carers. They have successfully identified 'hidden carers' in past years and have helped make them aware of the support and advice available.

For more information about carers and Carers Week go to www.carersoxfordshire.org.uk and www.carersweek.org

What our partners have done this year

OCCG is the commissioner of health services in Oxfordshire. It contracts with different providers who are responsible for delivering services. As commissioners, OCCG works to ensure the local health service providers engage patients in the running of, improvement of and development of services. Each provider NHS Trust has a variety of ways for involving people in their work and this information is published on their websites. Some examples of the work they have done during the year have been included in an appendix on page 30.

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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.

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 is planned to engage people in how health and care services will develop. There is also increasing support for working as an Integrated Care System which will mean health and care providers and commissioners working together more closely than ever before.

It will be important for health and social care organisations to work together in the way we engage people – patients, people who use services, citizens, 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. These plans will reflect the different context of each community – for example:

- The health needs of the population differs in having areas within the localities of more or less deprivation and health need.
- 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 which 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 best be used to serve 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 and 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.

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

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Appendix of activity undertaken over the year

April 2017

Oxfordshire public services were in a period of Purdah for the local elections so were restricted about what engagement could be done.

May 2017

Eye Care

Patient involved in strategic specialty meetings to plan and deliver transformational changes to ophthalmic care at the Oxford University Hospitals NHS Foundation Trust, including the introduction of referral guidance, education materials to optometrists and GPs, shared decision making protocols (involving patients more in decisions about their care), an email advice line, different messaging around attending Oxford Eye Hospital, and consultant triage of GP referrals.

What we heard: In discussing the possibility of moving ocular hypertension appointments into the community, a discussion was had about the risks to the patients and what might be acceptable to patients receiving scans. Following patient feedback it was decided not to progress with this idea.

What we did: This work was ongoing until November. However to date the patient view has helped shaped discussions and has brought the patient view to forefront of planning.

Patient Information Leaflets

Working with members of the public, we have tested leaflets and posters for GP practices. Specifically:

- Over the Counter medicines poster
- 'Managing your conditions'
- Paracetamol
- Paediatric Leaflets – Head Injury
- Paediatric Leaflets – Gastroenteritis
- Paediatric Leaflets – Croup and Bronchiolitis

What we heard: Members of the public told us that there needs to be additional editing and design work, to ensure that the posters were clear and concise. They felt that some of the posters were too busy and that some of the wording was ambiguous.

What we did: We incorporated the feedback we received. The posters were sent to all practices in Oxfordshire to be displayed.

More Information available here:

www.oxfordshireccg.nhs.uk/your-health/patient-leaflets.htm

June 2017

PPG Awareness Week

To support our Patient Participation Groups (PPGs) we supported and promoted PPG Awareness Week 19 – 24 June 2017. One of our patient representatives actively worked with us and with local media to develop case studies.

www.oxfordshireccg.nhs.uk/news/patients-encouraged-to-get-involved-supporting-gp-practices/33221

www.oxfordshireccg.nhs.uk/talking-health-newsletter/talking-health-newsletter-15-april-2016/29358

July 2017

Minor Eye Condition Service

Patient workshop in the design and monitoring of alternative clinical pathways for before Minor Eye Conditions Service.

What we heard: Patients told us that it was important that the pathway instructions were clear and published. It is difficult for patients to know where to go when they are in a panic.

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What we did: Following patient feedback, a clearer pathway with better identification of preventable vision loss and NHS 111 pathways were developed, resulting in fewer patients attending Oxford Eye Hospital and more patients going to a Pharmacy.

Procurement process for a new Musculoskeletal Service

A patient representative was involved in the Invitation to Tender scoring for the re-procurement process, and specifically the evaluation and scoring of Question 8 of the Bids which related to patient empowerment.

What we heard: "I was involved as a patient/carer representative in the re-design of the Musculoskeletal Services in South Oxfordshire. I was involved in this project from the outset in July 2014 and can assure you that OCCG consulted widely and at length with numerous public meetings where both members of the public and the medics discussed the issues in detail. The final contract tender was drafted taking account of both clinical and user views and opinions. I was also the patient/carer representative during the tendering process in July 2017. OCCG went to great lengths to conduct "an open and transparent conversation" and in my humble opinion, they succeeded'.

What we did: A new provider was commissioned following the procurement process. More information is available here:

www.oxfordshireccg.nhs.uk/documents/work%20programmes/msk-business-case.pdf

consult.oxfordshireccg.nhs.uk/consult.ti/MSKsurvey/consultationHome

Luther Street Medical Practice patient survey

A face to face survey with patients of this practice to get their views on a range of services provided by the practice. 101 patients completed the survey with the support from the Equality and Access Team.

What we heard: In general people were positive about the services offered, but there were some suggestions for improvement around the range of services offered and the location of the surgery.

What we did: The feedback is being used to inform the primary care needs of this patient population as part of wider work for Oxford City's Homeless Strategy.

August 2017 Banbury Health Centre

Meetings took place with the practice PPG to discuss options for the future and communications and engagement plans. Draft versions of the documents were shared with patients and feedback collected. This was also an opportunity to explain about the nature of the contract for this practice and why it was coming to an end. The opportunity of a new bigger practice and the benefits this would bring to patients was also explained.

Feedback from patients and from other local stakeholders including the local Member of Parliament and local authority demonstrated an understanding of the benefits of a larger practice for the town but reinforced the importance of the location of Banbury Health Centre. The OCCG was urged to find a way for primary care services to continue to be provided from the building. A travel survey was organised to help understand how patients travelled to get to appointments and this was designed with the involvement of the PPG.

Work on this project continued through to Christmas with outline plans also shared with the Oxfordshire Health Overview and Scrutiny Committee.

What we heard: Patients told us that although they understood the contract would end and a new larger practice would be created that could bring benefits for patients; they were concerned about losing access to primary care services in the building currently occupied by Banbury Health Centre.

What we did: The CCG agreed to work together with the provider of the service to find a solution that would retain primary care delivery from the current location. This is ongoing.

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September 2017

Engaging patients across the county border

A regular 'Have your say' event was organised for patients in Warwickshire and the event took place in Shipston on Stour on 6 September. OCCG were invited to attend the event and provide an update on the issues relating to the Horton General Hospital. Attendees were invited to feedback their views through group discussion followed by a question and answer session.

What we heard: Patients told us that the Horton General Hospital was very important to those that live in south Warwickshire and how they were concerned about any plans to reduce services there. They wanted assurance that OCCG would engage with them again.

What we did: OCCG is currently reviewing its approach to engagement and the need to better engage with people across the borders into south Warwickshire and south Northamptonshire in particular.

October 2017

Deer Park Medical Practice and the West Locality Plan

Throughout the summer GP practices in the West Oxfordshire Locality had been talking about how they currently work, what problems they regularly face and how they could work better. OCCG also talked to Patient Participation Groups to find out more about the patient experience, listening to what patients feel is important and their ideas for change.

From this ongoing engagement work with patients, GPs and clinicians identified the challenges each locality faces, their priorities and how those priorities could be met. Two public events in West Oxfordshire, which were round table discussions with members of the public, clinicians and NHS managers, took place in Witney and Carterton.

What we heard: Although respondents agreed with our proposals and approach, there is continued concern in West Oxfordshire about the closure of Deer Park Medical practice and the lack of

engagement from the OCCG on the future of primary care services in Witney, specifically relating to Deer Park and the future of the premises. People are aware of the challenges facing primary care and the increased housing growth planned for the area. People are concerned about waiting times for non-urgent appointments, reception staff triaging patients and if there is a risk in using less qualified staff instead of what we heard.

What we did next: Following the engagement period and feedback, we have incorporated people's views and the draft version one plan is available here:

consult.oxfordshireccg.nhs.uk/gf2.ti/-/864482/33288101.1/PDF/-/westoxfordshirelocalityplacebasedplan.pdf

More information is available here:

consult.oxfordshireccg.nhs.uk/consult.ti/WestOxonPrimaryCare/consultationHome

www.oxfordshireccg.nhs.uk/news/an-update-on-deer-park-referral-to-secretary-of-state-for-health/29016

www.oxfordshireccg.nhs.uk/key-occg-publications/deer-park-letter-from-secretary-of-state-140317/32378
www.oxfordshireccg.nhs.uk/documents/meetings/opccc/2017/11/2017-11-07-Paper-4-Update-on-Deer-Park-Medical-Centre-Referral.pdf

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November 2017

All Together Better Programme

A patient representative in South Oxfordshire raised the value of the programme to the OCCG. OCCG was keen to explore this further with the patient and two identified practices. OCCG facilitated a meeting between the patient representative and the practices and identified funding for the practices to see if this programme could be rolled out as a pilot.

Unfortunately the practices decided not to progress further with this initiative. More Information: www.altogetherbetter.org.uk

Travel survey at Banbury Health Centre

OCCG conducted a travel survey with patients at Banbury Health Centre to better understand how patients travel to appointments. Given the location of the practice in the town centre, there is no free parking but access using public transport is good.

What we heard: 172 patients were spoken to, and the majority of patients felt that the practice was in a good location for parking and shopping. 89 people arrived at the surgery on foot.

What we did: The results from the survey informed the re-procurement process for the new health centre.

Children and Young People's Plan

A period of joint engagement was undertaken with OCCG and Oxfordshire County Council to develop a new vision for the county's Children and Young People's Plan 2018 – 2021. We asked – what will Oxfordshire look like in 3 years if we are achieving our vision? How will we know we have achieved it? What is the single most important thing we can do?

What we heard: The key themes were: Providing help earlier for children, young people and their families who are having problems with their mental health, increasing school attendance by supporting schools and colleges, and increasing the resilience of children and young people. Supporting children and young people to have good mental health and wellbeing, and access to ways to be active.

Enabling children and young people to be free from abuse and neglect, and for children and young people to be listened to and heard.

What we did: This work is ongoing with the Children's Trust which is part of the Health and Wellbeing Board. The Plan will be finalised in 2018.

More information is available here:

consultations.oxfordshire.gov.uk/consult/ti/CYP.Plan.2018_21/consultationHome?done=VOTConsultationNotOpen

www2.oxfordshire.gov.uk/cms/content/childrens-trust

www2.oxfordshire.gov.uk/cms/content/children-and-young-peoples-plan-2015-2018

Locality Based Plans

A period of public engagement was undertaken between 3 November and 3 December 2017. The draft plan for each of the six localities were presented and discussed at a six public workshops around Oxfordshire, and discussed at various stakeholder meetings. We also talked with Patient Participation Groups to find out more about the patient experience, listening to what patients feel is important and their ideas for change.

What we heard and changed: Following this period of engagement the draft plans were published and were available for further comment from all stakeholders until 17 December 2017. The first versions of the plans are now published and each plan has a section identifying what we heard from patients and the public throughout this process.

More information is available here:

consult.oxfordshireccg.nhs.uk/consult/ti/LocalityPlansOxon/consultationHome

[www.oxfordshireccg.nhs.uk/oxfordshire-primary-care-commissioning-committee-\(opccc\)-meetings/opccc-meeting-2-january-2018/60365](http://www.oxfordshireccg.nhs.uk/oxfordshire-primary-care-commissioning-committee-(opccc)-meetings/opccc-meeting-2-january-2018/60365)

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December 2017

Mental Health Crisis Pathway Workshop – all ages

A workshop took place to develop the pathway for crisis services in Oxfordshire. Service users and carers were involved in this work, to bring their own experiences of existing service to the planning process.

What we heard: People told us that they wanted better 24/7 response and more alternatives to attending A&E.

What we did: It is intended that the information we have heard so far will inform an improved pathway for patients. Work to develop the pathway will continue through 2018/19. Initially a programme Board has been set up.

Child Health Survey

Survey on accessing information and advice on your Child's Health. This was a survey to determine if parents would use an App to access information about their children's health similar to Apps used in other areas of the country.

What we heard: Parents told us that they wouldn't use the app and use either NHS websites, or go straight to an NHS service if their child is ill.

What we did: The app was not commissioned based on the feedback we received.

January 2018

What we heard: All feedback, including from patients, the local MP and the local authority, stressed the importance of the location of the practice. They all accepted that the contract was coming to an end and agreed that a new large practice could have some real benefits for patients but were keen to see primary care services continue to be offered from the building.

What we did: OCCG has been exploring, how it can continue to provide GP services from this location and has extended the current contract for GP services. More information is available here:

www.oxfordshireccg.nhs.uk/documents/meetings/opccc/2018/01/2018-01-02-Paper-7-Banbury-Health-Centre-the-Consultation.pdf

Wellbeing Service Review

Quantitative and qualitative research was undertaken to review how the current contractual arrangements for delivering the Wellbeing Service are working and determine how to achieve the best outcomes for the highest numbers of service users.

Six surveys were developed, aimed at:

- Oxfordshire Mind Wellbeing Service users
- Oxfordshire Mind Wellbeing Service staff
- Oxfordshire Mind volunteers
- Staff from Partner organisations and including Oxfordshire Mind
- Carers
- General Practices in Oxfordshire

What we heard: Overall, feedback demonstrated that the Wellbeing Service is popular, well-regarded and valued by all stakeholders and people who already use the service are overwhelmingly positive about its impact. The hours and location of support were considered to be the most important in providing effective support. Service users expressed a strong preference for facilitated Peer Support and 1:1 support as service models and the qualitative analysis supported this view.

What we did: This will inform commissioning and service improvement. Working with the provider to deliver early practical solutions and take forward the recommendations from the review, during 2018/19.

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Maternity Voices Partnership (MVP)

Oxfordshire MVP was formed in 2017, and is currently operating with an interim Chair until a lay representative is appointed. Agreed Terms of Reference and a strategy are in place and membership includes service users and representatives from the Trust. In November 2017, user representatives were recruited and an induction/training programme was planned for January 2018. The full committee was established in January 2018 following the training day.

What we heard: The Maternity Voices Partnership has identified 3 key areas to focus on:

- **Antenatal** – improving continuity of care
- **Intrapartum** – every woman will be listened to and involved
- **Postnatal** – women to feel well supported by staff on the postnatal ward

What we did: Monthly meetings are planned for 2018; feedback from women via a variety of methods including “walk the patch”, online and informal gatherings with the community have been planned. The two current service users from the Oxfordshire MVP are members of the Buckinghamshire, Oxfordshire and Berkshire Local Maternity Systems Board.

February 2018**Procurement of Combined diagnostic and support services for older people with autism**

OOG established an autism Task and Finish Group including people with lived experience and family carers.

What we heard: That people with autism are at a significantly higher risk of suffering from poorer physical and mental health compared to the wider population. People with autism need to be able to access diagnosis and flexible support which enables them to fulfil their potential.

What we did: This group revised the autism needs analysis and developed the overall model which informed the service specification. A person with autism provided expert input into the subsequent procurement process.

Procurement for employment advisors in Improving Access to Psychological Therapies service

A service user joined the evaluation panel and helped evaluate the tenders received.

What we heard: The patient asked all patient experience questions which highlighted the quality of prospective bids.

What we did: The service user's contribution fed directly into the decision-making process and influenced the selection of the preferred bidder, as the decision was based on the scores of the whole panel.

Perinatal Mental Health

Between February and March 2018, two women who experienced mental health problems associated with having a baby were involved in producing a bid to NHS England to develop a Specialist Perinatal Mental Health Service across Oxfordshire and Buckinghamshire. One of the women is part of the Maternity Voices Partnership in Oxfordshire and was able to bring the views of that group to this process.

What we heard and did: Their involvement ensured the proposal was easy to read and reflected their experience. It also included information about the need for further engagement of women, their partners and families in the delivery of the new service and in seeking feedback on the experience of using the service. More information about the funding is available

www.england.nhs.uk/mental-health/perinatal/community-services

March 2018**Diabetes workshop with patients and Diabetes UK**

Despite the bad weather, 14 people attended the event. A number of people contacted Diabetes UK prior to the event to say that they would not be able to attend, but were very interested in finding out what happened at the event.

What we heard: The feedback has been grouped into seven overarching themes:

- **Peer support** - The need for greater access to peer support was a clear message that was raised throughout the event.

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- Access to healthcare professionals who understand diabetes - People want to ensure that when they need healthcare, the healthcare professional caring for them has at least a basic understanding of diabetes. This was raised in particular reference to primary care and inpatient settings.
- Support for emotional and psychological health - People highlighted that they would like greater support for the emotional impact of living with diabetes. People talked about more integrated support, which included better support from the GP/Practice Nurse, as well as more specialist support.
- Better access to information and education - People who had attended the Diabetes 2gether course were very positive about it and that it provided valuable information. However people did highlight the lack of follow up after attending.
- Access to diabetes technology - It was highlighted by a number of people about access to technology that would help support people to manage their diabetes.
- Increased public awareness - Although not within a diabetes service, people commented on the need to increase awareness of diabetes amongst the general public. There was a particular reference to Type 1 diabetes and local employers.

What we did: One of the aims of the event was to begin developing outcomes that have been defined by the people using the service, to ensure that the service delivers what they want from it. In total 15 outcomes were identified, with some cross over between them. It is noted that further work will be needed to develop these into outcome measures. This work is ongoing.

Locality engagement activities

Each of the six PPG Locality Forums were offered an opportunity to include a section in this report. Four PPG Locality Forums provided a short report and those are included in full below.

North East Oxfordshire Locality

The NE Oxfordshire area is subdivided geographically into Bicester and Kidlington.

Bicester area with the New Town expansion and a very active development has 3 thriving PPGs which are just starting to meet together to share ideas.

Bicester Health Centre PPG has recently set up a face to face group who are well supported by the Practice, and are producing useful leaflets and advice for patients on 'how to use your GP', 'How to access Health Services', 'What activities are available in the area'. They have also recently started a Tai Chi group in the surgery which is proving popular.

Kidlington area PPG is not so active being overwhelmed with the problems of very confined premises and proposed developments by Cherwell and West Oxfordshire, and subsequent population expansion. The promise of OCCG help in digitising notes is slow to be forthcoming but would provide valuable and indeed essential space for both Woodstock and Exeter Hall Health Centres.

Islip only has a virtual PPG and they make no contact with either Bicester or Kidlington areas despite frequent prompting.

South East Oxfordshire Locality (SELF)

The main aims of SELF are for 2-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 and is currently shared by two people. There is a lack of "reserves".

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Secretarial support is funded by OCCG and provided by Heathwatch Oxfordshire. We use email to communicate between meetings and this is archived on an OCCG web site that is private to SELF members. It is also used to hold documents that are unsuitable to be email attachments. An open part of the site used to hold our minutes as public documents, but this facility was removed by OCCG without consultation. While we have been promised that it will be restored, this has not happened after many months. Recently, almost all of our private documents have been removed, again without consultation.

Meetings are held every two months of the Forum chairs (the Vice-chair in our case) with senior OCCG management 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. However, we feel that the aim of active involvement in decision making has not been achieved. Meetings mostly hear about decisions that have already been made.

The chair attends meetings of the Locality Executive as an observer and provides SELF with summaries of the discussions. He is a member of 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 were promised "co-production" for the SE Oxon Locality Place Based Plan. While we are happy with the final plan, our influence was limited to minor corrections. For this document, we commented that the first draft was much too long and the final version is far shorter.

Throughout the year we have been doing our best to support carers. We have exchanged ideas about how to do this and have welcomed the adoption of carers' champions. Public meetings have been held by PPGs and attended by SELF members from other PPGs.

South West Oxfordshire Locality (SWOLF)

SWOLF covers PPGs in Didcot, Wantage, Abingdon, Berinsfield and Faringdon, plus the surrounding villages.

The main aims of SWOLF are to:

- Facilitate two-way communication and consultation with OCCG
- Act as a forum for the discussion and cross-fertilisation of ideas promoted by the Locality's Patient Groups and to embed patients' views into OCCG decision making
- Improve understanding of patients' needs, at all levels, and to ensure that there is a formal route to improve patients' engagement in healthcare decision making
- Assist OCCG to achieve equality of healthcare access, experience and outcomes for all patients in South West Oxfordshire.

Eight PPGs send representatives to SWOLF meetings on a regular basis, and a 'recruitment drive' in 2017 resulted in some PPGs resuming participation after an absence. However, several PPGs do not participate, because they prefer to concentrate on their own practice issues, and/or see no benefit from the wider forum, in the belief that OCCG pays no attention to their views, and there is therefore no point in participating. Meetings are at two-month intervals, and are usually also attended by the Locality Clinical Director and the OCCG Locality Co-ordinator. A member of SWOLF attends meetings of the Locality Executive, and provides the SWOLF Chair with summaries of the discussions.

SWOLF does not hold public events, but have not ruled out this option. A major problem is the difficulty of finding an accessible location that is convenient for all residents across the Locality, especially with the poor/non-existent transport links in many areas, especially in the evenings. This was also a problem with the OCCG public engagement events during STP Phase 1.

A problem shared by many practices is that few patients are willing/able to play an active role, and PPG membership can become skewed towards a particular demographic. In common with other Locality Forums, the role of Chair can be time consuming, with meetings with LFCs, OCCG, etc to attend, and the current Chair occupies the role in an 'Acting' capacity, with two other members acting as Deputies as/when required. The SWOLF Terms of Reference are currently under review.

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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.

Representatives from SWOLF met with the Locality Clinical Director in October 2017, when the SW Locality Place Based Plan was already at an advanced stage. SWOLF members appreciated the hard work that had gone into the draft Plan, set against an uncertain context, with little critical data available, e.g. Phase 2 Plans and budgets. We recognised that the Plan was going in the right direction, and SWOLF should support it, but also emphasised that patients do not want a 'revolution' of healthcare services, but evolution to meet patient needs, with local provision wherever possible. While we accepted the final version, the Plans were produced to a template, and it was not possible for some suggestions to be incorporated.

Oxford City Locality

Background

Oxford City has 21 practices serving a diverse population of around a quarter of a million patients. A quarter of patients are students, the highest proportion in the country (2011 census). The city also has a significantly higher number of ethnic minority residents (36%) than other areas and has the second highest ethnic minority population in the South East. (JSNA 2018)

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, some meet regularly, others are 'virtual' and communicate by email. Many have a patient who acts as Chair, and a few have a more formal committee structure.

The thing that 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 including community health days, health education talks and practice walking groups. However, some PPGs are less well developed, and report spending time discussing the number of posters in the waiting room!

What are the challenges? PPG members are, on the whole, retired, (white) people, and do not reflect the diverse population of the City. How to change this has been a constant topic of debate amongst PPG Chairs. This is important, because PPGs are often asked for their views on potential changes to health services,

Locality PPG Forum

The City PPG Forum, which is supported by the CCG, consists of a core group of 9 PPG Chairs and members. The group meets together with the CCG, 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 2017-18?

City events:

- July – city wide event and marketplace
- December – PPGs Get together (with Healthwatch Oxfordshire)

Participated in meetings (often as the only patient voice in the room):

- Monthly GP Commissioning Group
- OCCG Primary Care Advisory Group
- Oxford Federation for General Practice and Primary Care (OxFed)
- CQC in depth review of older people's services in Oxfordshire
- Community Services development group
- Meeting with the other Forum Chairs in Oxfordshire, and the CCG
- OxFed practice leads group
- OCCG Local Incentive Schemes (Practice development meetings)
- STP public consultation events
- Workshop on changes to community hospital services

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As it is impossible for one person to represent the views of all patients in Oxford, we see our role at these meetings as reminding those present to remember that they should be consulting with patients.

Does it make a difference? PPG Chairs report that they have been able to make changes at a practice level, or provide health education/information when the practice (especially a GP) is enthusiastic and actively engaged with the PPG.

Where PPGs and the City Forum have been less successful is in feeding back patient views on the consultations around the STP and Locality Plans. Our comments may be informed and intelligent, but the lack of diversity in our membership, means that they are not representative.

We fully understand that those who are well, in work, or caring for family are less interested or able to engage with their practices other than when they need care. Our plan for 2018/19 is to make contact with the community centres around the city, and encourage OCCG to reach the parts that we cannot.

Manor Surgery is 'stepping out'- Diabetes Patient Participation Group

As there is no support group in Oxford for people with diabetes the nurses at Manor Surgery were approached and asked to consider establishing a Diabetes PPG for Manor patients. So, with the support of one of the GPs they set up a group.

It started with a Saturday morning event, attended by Type 1 and Type 2 patients. There were various speakers, including the Practice Nurses, Oxfordshire Podiatry Service and information stalls. There have been three other evening meetings. The last meeting was about leisure activities and the benefits, with a speaker from Oxford City Council's Leisure & Sports Services. This was a well-attended meeting at which there was a discussion as to what patients would like, and whether they would be interested in Manor patient only activities. The outcome was they would and so on 1st May 2018 there was the first Manor Health Walk led by the now trained Specialist Diabetes Nurses.

NHS Provider Trusts

What our colleagues have done this year

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 headlines for the last year include:

Oxford Health NHS Foundation Trust

Oxford Health NHS Foundation Trust (OHFT) devolves most of its engagement activities to the individual directorates however, it does have a strategic overview group 'Taking Action from Patient Feedback Group (TAPF)'. Six patients regularly attend the bi-monthly TAPF group alongside staff from all areas of the trust.

This group oversee the implementation of the "Just Ask Me" patient and carer involvement and experience strategy and monitor the 61 key objectives. To date nine objectives are completed, 37 are in progress and 15 remain to be started during the final year of the strategy which concludes in March 2019. This year the group has:

- Developed and implemented Easy Read Terms of reference and meeting guidelines to be used as a template for meetings attended by service users.
- Developed video minutes for the meeting to promote accessibility.
- Supported the implementation of "I Want Great Care" feedback tool, resulting in an increase of responses (335 responses received in January 2017, 1587 responses received in January 2018) which can now be used locally for "you said, we did" actions.
- Designed the "get Involved" webpages on the OHFT website to promote involvement.
- Taken part in document reviews to give service user feedback on information. This resulted in changes to the wording, formatting and point of delivery of the information in many cases.

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- Reviewed and made additions to the Trust Reimbursement Policy for involvement work.
- Two members were on the judges panel at the staff awards which has led to two new awards being developed for this year's ceremony.

OHFT has also undertaken a full review of volunteering within the Trust and there are currently just over 80 members of the community coming into their services to support patients and staff. They are carrying out a variety of roles and there has been a lot of work undertaken to increase awareness of opportunities, especially the launch of the new Getting Involved pages on the website: www.oxfordhealth.nhs.uk/getting-involved-with-oxford-health

The Trust is also working with volunteering colleagues at Oxford Federation for General Practice and Primary Care (OxFed), Oxford University Hospitals NHS Foundation Trust (OUHFT) and Sobell House to share understanding of volunteer opportunities and promote ways in which members of the community can assist across the healthcare system in Oxford. Other key areas of involvement and engagement within the Trust include:

Carers strategy

'I Care You Care' strategy was designed alongside a wide range of carers from all age groups. A new carers Involvement Lead has been recruited (the panel included two carers and two OHFT staff members and takes up the post in March 2018). Carers have been involved in production of new materials and in developing videos to be used in carers awareness training which will be offered to all staff within the trust from summer 2018.

More information can be found at: www.oxfordhealth.nhs.uk/news/i-care-you-care-oxford-health-launches-new-carers-strategy

Children and young people's Directorate

August 2017 – Oxford school website focus group - gave views on what the Trust felt the website should look like and how it should be laid out to make sure that users could get the information they needed without too much searching. Self-help tools and the importance of how accessible the service was online was also

discussed. That feedback is currently being used whilst the new Children and Young People's (CYP) website is under construction.

September 17 – ongoing: Eating Disorder (ED) parent participation group - worked and still working on changing the look and wording within the information packs provided for those new to the service.

November 2017 – Oxford school focus group - a group of mixed ages that came together to discuss the transformation plan put forward by Children and Adolescent Mental Health Services (CAMHS) as well as the 'Ending of stigma' campaign. Big discussion around working with schools through in-reach and creating groups to make sure the Trust gets a better range of opinions.

February 2018 – The Voice of Oxfordshire's Youth (VOXY) meeting focused on mental health - The Trust had a few young people attend a workshop day at VOXY where they met fellow young people to discuss mental health. The Trust asked the question: 'How do you want to access CAMHS?' to get a broad idea and really encourage conversation about the inclusion of social media use through the service and technology use to help make appointments more convenient at times.

Older People's Directorate

Peer review patient participation

OHFT's Older People's Directorate Quality & Governance Team conducted a series of Peer Reviews during quarter three, 2017. These included walkabouts at eight Community Hospital Wards where the patient's reviewed the clinical environment and looked for any environmental risks; review of medications and medication store cupboards; interviews with both staff and in-patients.

OHFT included patients at two of these Peer Reviews – They helped by forming part of the Peer Review team to give a perspective from an ex-service user's point of view.

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Patient Story's presented to Board

Each month the Board of Directors at OHFT meet in public and anyone is welcome to observe the meeting. In January, Older People's services presented a patient story to the Board of Directors which was very well received.

The patient was being seen by our Chronic Fatigue Service (CFS) in the Older Peoples Directorate. This patient first felt the effects of Chronic Fatigue Syndrome back in 2014, when she was 15 years old. She was then diagnosed with suspected CFS by the paediatric team at the John Radcliffe in August 2014, which was then later confirmed by the Chronic Fatigue Specialists.

It was around that time she came into contact with Oxford Health, and our Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis (CFS/ ME) Service. The first time she made use of the services at Oxford Health spanned for about one year until the end of her GCSE's in 2015. In May 2017 she was re-referred to our services and made use of them for several meetings and phone conversations, with her last interaction with us being in September 2017.

This patient told us she feels very positive about her future and still reflects on what she learnt during her time with Oxford Health. She was very happy to have her voice heard by the Board of Directors.

Participation at Directorate patient experience group

Older People's Directorate hold a bi-monthly Patient Experience & Involvement Group to discuss what's been going on within the Directorate. In February 2018 the Trust involved a patient at this meeting for the first time since 2016 which went really well. The Directorate are now focusing on getting more patient involvement into various project, activities and focus groups throughout 2018-19.

Adult Directorate**Peer Support Project**

Adult services within Oxfordshire are working together with service users in developing an employed Peer Support Worker role that will work within Oxfordshire adult services. The roles are suited to people with lived (first-hand) experience of poor mental health, who are willing and able to draw on their own experiences to help others

on their recovery journey. Our aim is to encourage openness about personal mental health experiences, challenge stigmas surrounding mental health and to improve relationships with patients, by breaking down barriers. This is a co-designed project that service users have been involved at every stage of its development:

- Initial steering/focus groups.
- Peer Support role development away days/workshops (four separate full days).
- Development of advertising and information material for staff and wider community.
- Recruitment and interview of Peer Support Coordinator role.
- Service user representation on project steering board.

One service user stated:

"After meeting some wonderfully dedicated and understanding health professionals and hearing about the role of a peer support worker the small speck of light at the end of my tunnel started to burn brighter. I sat and listened to how my experience of mental health issues were valuable and that sharing my personal journey could help others with theirs. I was able to see that I have a positive future and a way of living purposefully with my mental health issues. What this did for my feelings of self-worth, self-belief and self-esteem is immeasurable."

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An Expert by Experience at our local Recovery College said this about co-design:

"I think it's important that professionals and experts by experience work together because without the professional's knowledge, we lack direction and without our peers to guide us, we can lose sight of real hope for change. Professionals helped me to make sense of my illness and my peers empowered me and gave me the hope I needed to carry on".

Engagement Workstream

This workstream monitors projects within the Adult Directorate that relate to improving patient and carer experience of our services. All the projects have service user and/or carer involvement; these include:

- Development of Carers Information Handbook
- Development of Service User Information Handbook

Peer Reviews

Adult Directorate has had services users who have experience of our services being involved in the peer reviews of our services.

Celebrating our Lives

Staff from Oxfordshire Mental Health Partnership (which Oxford Health Adult Service is part of) and people who have used those services have come together to organise an event celebrating the skills and talents of these people through workshops and activities.

Oxford University Hospitals NHS Foundation Trust

OUHFT collects patient feedback in a number of ways:

- Friends and Family Test survey (FFT)
- Care Quality Commission (CQC) National Patient Survey program
- Ad hoc surveys (e.g. Oxford Eye Hospital survey)
- Via the Feedback@ouh email, Twitter, Facebook, and departmental surveys (known as 'local' surveys).

Friends and Family Test

This is a nationally set survey question offered to as many patients as possible on a daily basis. The OUHFT carries this survey out on paper, online, via text message and via agent calls (for landlines – approx. 350 per month)

National Patient Surveys

These are carried out annually or every two years, these surveys (including Adult Inpatients, Maternity Services, Children's and Young Person's Inpatients and Day Cases, and the Emergency Departments) are carried out by an external provider on behalf of the Trust and the patient sample sizes vary from 500 (maternity) to 1250 for the most part. Patients discharged within a particular month (the same each time) are selected for the survey and the questionnaires (usually around 70 questions) are sent to their homes. For the Adult Inpatient survey, for the third year in a row, the Trust will be commissioning an additional sample of around 3400 patients to allow for ward-level data.

Ad hoc/local surveys

As a supplement to the FFT and to the national surveys, several departments choose to create their own surveys (supported by the Patient Experience Team to ensure appropriate questions are used) in order to get more specific and detailed feedback about their service. Survey feedback is used to inform service improvements and changes.

Social media and email

The Trust website invites patients to contact the Trust with feedback via the FFT, Patient Advice and Liaison Service (PALS), Complaints and on the Trust's Facebook and Twitter pages. Feedback given by all of these methods is passed on to teams.

Results from the FFT and National Surveys are discussed by relevant departments and divisions at monthly and quarterly meetings. Divisions are expected to respond and act upon results to contribute to the Trust's mission for high quality service improvement and delivery of excellent care. Action plans and improvement work are reported on at various levels, including to Clinical Governance meetings, the Patient Safety and Clinical Risk Committee (via

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quarterly Patient Experience reports), the Trust Management Executive, Trust Board and Quality Committee as required. For impact, examples of project for improvements can be found on the Trust website with the Trust Board Reports.

As an example, the Trust undertook the National Maternity Services Survey in 2017 and national results were published by the Care Quality Commission (CQC) on 30 January. CQC highlighted that OUH performed better than most other trusts on: women being able to move around and choose the most comfortable position during labour, and staff members introducing themselves before examination or treatment. The results have been reported to the Head of Midwifery and to the Patient Experience Steering Group. The Women's Directorate will share the results with staff via an 'At a Glance' results document. The Trust performed about the same as other trusts on all other questions relating to labour and birth. A paper was due to be presented to the Trust Management Executive in March.

Patient Stories

Patient stories are powerful tools used to gain insight from patients, carers and their families about their experience of using our services. OUHFT has undertaken a practice of providing patient stories and staff stories each month for the past four years. Stories are presented to the Quality Committee or the Trust Board each month with the purpose of:

- Informing and learning as well as service improvement and putting the individual patient/carer's experience at the heart of our services
- Encouraging senior leadership to reflect on both positive and negative aspects of care and what really impacts on the patient or staff's experience.

Service Improvement Projects

OUHFT has engaged with patients and the public on various projects and events during 2017/18, including:

A Quality Conversation

This event held on the 16 January 2018 aimed to review quality priorities of the previous year, identify the priorities for the Trust to focus on for 2018/19. This is part of the annual planning process and to inform the quality account. The event included a showcase of progress against the 2016/17 quality priorities, videos from Quality Priority leads and facilitated table discussions giving attendees the opportunity to vote on their preferred priorities for continuation or for selection of new priorities for 2017/18. The event was attended by 63 members of staff and 36 members of the public, including Public Governors and the feedback on the event was very positive.

The Healthy Hospital day

Took place on 7 February 2018, the Trust's Carer Liaison Worker (from Carers Oxfordshire) held a stall at the John Radcliffe and spoke to eight members of staff and 19 others; both members of the public, patients and members/staff of other organisations. The Patient Experience Project Manager also attended in the morning. A common issue for staff carers was access to and knowledge of carers leave. Common issues for members of the public who were carers were getting access to support and caring for those with dementia. Information and contact details were given out.

Other mechanisms for patient and public involvement include the following:

- OUHFT has 16 Patient Public Partnership Groups where patients and staff work together to embed patient perspectives and feedback in the delivery of specific trust services. This includes the Maternity Voices and the Young Person's Executive (YiPpEe)
- A Patient Experience Steering Group meets quarterly and attendance includes staff, Healthwatch, Lay Governors and Patient Representatives, primarily to look at how patient feedback and public involvement activity is embedded in service improvement and the culture of the organisation.
- The Patient Forum/Panels meet on a six monthly basis where patients and members of the public and partner organisations contribute ideas and opinions on 'bubbling up' issues for the Trust to work on.

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Area Prescribing Committee Oxfordshire (APCO): The Area Prescribing Committee Oxfordshire (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-prescribing-committee-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.

Building the Right Support - national plan: Building the Right Support gives commissioners a clear framework to develop more community services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition, and close some inpatient facilities.
www.england.nhs.uk/wp-content/uploads/2015/10/d-nat-imp-plan-oct15.pdf

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-strategic-partnership

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.

Equality Delivery System (EDS2): The Equality Delivery System for the NHS – EDS2, being a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty. The EDS2 guidance document is available at:
www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf

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.

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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.

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.

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-right-service/minor-injuries-units-and-first-aid-units.htm

Musculoskeletal services: 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-forward-view/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

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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-is-involved/transformation-board-meeting-papers/transformation-board-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.

<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

Oxfordshire Transformation Board:

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/

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

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. www.england.nhs.uk/wp-content/uploads/2014/06/avoid-unplanned-admissions-ccg-guid.pdf

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.

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/>

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Thames Valley Priorities Committee: The Thames Valley Priorities Committee operates as an advisory body to the body to the Clinical Commissioning Groups in Thames Valley. Thames Valley Clinical Commissioning Groups. Its role is to provide evidence based recommendations and commissioning policies for consideration and adoption by Clinical Commissioning Groups.

www.fundingrequests.ccsu.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

