

**Oxfordshire Clinical Commissioning Group  
Governing Body**

<b>Date of Meeting:</b> 26 January 2017	<b>Paper No:</b> 17/03
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<b>Title of Presentation:</b> Locality Clinical Director Reports
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<b>Is this paper for</b>	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<p><b>Purpose and Executive Summary (if paper longer than 3 pages)::</b> To update the Governing Body on matters arising in the Localities.</p>
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<p><b>Financial Implications of Paper:</b> There are no financial implications.</p>
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<p><b>Action Required:</b> The Governing Body is asked to note the content of the reports.</p>
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<b>NHS Outcomes Framework Domains Supported (please tick ✓)</b>	
<input type="checkbox"/>	Preventing People from Dying Prematurely
<input type="checkbox"/>	Enhancing Quality of Life for People with Long Term Conditions
<input type="checkbox"/>	Helping People to Recover from Episodes of Ill Health or Following Injury
<input type="checkbox"/>	Ensuring that People have a Positive Experience of Care
<input type="checkbox"/>	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

<b>Equality Analysis completed</b> (please tick and attach)	Yes	No	Not applicable ✓
<b>Outcome of Equality Analysis</b>			

<b>Author:</b> Locality Clinical Directors	<b>Clinical Lead:</b>
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## North Oxfordshire Locality Group (NOLG)

### Locality Clinical Director Report

Dr Paul Park

At the NOLG meetings in November and December, the 12 north Oxfordshire practices discussed the following issues:

#### 1. Oxfordshire Transformation Plan development

Transformation plans, especially those affecting the Horton General Hospital have been the main focus at NOLG over the last several months. NOLG practices and GPs have expressed concerns about the long term uncertainty around many services on the Horton site, and the effect on recruitment and public opinion. Detailed discussions at NOLG have focused on some of the potential service changes at the Horton General Hospital. Senior Oxford University Hospitals NHS Foundation Trust (OUHFT) staff attended NOLG in December to support the discussions.

- **Case for change:** NOLG noted the documented case for change, with some queries around the disparity in radiology productivity between Oxford and Banbury.
- **Paediatrics:** OCCG and OUHFT representatives presented information on current staffing in paediatrics at the Horton. NOLG practices remain keen to see detailed information before taking a view on proposed future model; this would include information about their implications for local patients, costs for commissioners, and GP training, since most of the junior doctors working in paediatric rotations at the Horton are GP trainees. As before, it was agreed by NOLG that loss of GP training at the Horton would be a major issue for north Oxfordshire and for the county.
- **Critical care:** NOLG practices continue to ask for clinical audit information about the acuity of patients and respective outcomes for Oxford and Banbury, including the potential impact of increased transfers to the John Radcliffe.
- **Obstetrics:** OUHFT representatives updated NOLG on the impact of the temporary closure of the obstetric service on births in Banbury and the number of births at the new midwife-led unit at the Horton, which so far (in this short period) remain about as expected, and in-labour transfers to Oxford<sup>1</sup>. OUHFT also shared details of the progress on recruitment to obstetrician roles with NOLG; while some clinicians do remain interested in working as middle grades at the Horton, they are not enough to staff a full rota.

#### 2. NOLG Locality meetings

Topics other than Healthcare Transformation discussed at the NOLG meetings in November and December 2016 included:

- **Draft Oxfordshire Primary Care Framework:** the locality practices will discuss it further at the next NOLG meeting on the 17 January.

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<sup>1</sup> There were 8 transfers in Oct and 3 in Nov of which a total of 5 were "in labour" (defined as 1st, 2nd, 3rd stage) - according to the HGH KPIs. The total number of births was 31 for the same period so for the two month period the rate is 24%. This is in line with other MLUs locally.

- Planned care issues, including the very positive impact of the Minor Eye Conditions Service, which most practices agreed was very helpful and effective for patients.
- Horton Emergency Surgery Clinic: there are continuing concerns about the availability of this service and the reliance on a single surgical consultant for its provision. The current situation is being monitored carefully and feedback has been requested from GPs about the quality of the service.
- New organisation and contractual models for Oxfordshire healthcare: the recent communications between OCCG and stakeholders (OUHFT, Oxford Health NHS Foundation Trust [OHFT], and the GP federations) about financial risk sharing and working towards an accountable care framework were discussed. NOLG practices were reassured that the use of the term “accountable care organisation” did not imply any enthusiasm on the part of OCCG, its practices, or its stakeholders for adopting an American insurance-based model of health provision.

### **3. Sustainable primary care in Banbury**

Practices in the Banbury area are continuing to experience significant sustainability issues. These are mainly a result of great difficulty with recruitment and retention of clinical staff, especially GPs, at a time of growing patient numbers and demand. Banbury cluster practices (Banbury Health Centre, Cropredy, Hightown, Horsefair, West Bar, Windrush, and Woodlands) have met twice with OCCG to assess and agree priorities for proposals to support sustainable primary care in Banbury. These include potential additional services and changes to practices and their staffing to meet growing demand with a different workforce. Many of these may be relevant to practices elsewhere, and it is hoped that initiatives in the Banbury area may serve as a testbed for supporting practice sustainability in the rest of Oxfordshire. The next step will be to engage public and patients locally with the proposals.

Horsefair Surgery has entered into a partnership with Integral Medical Holdings (IMH) to enable the practice to continue to provide care to its many patients, and develop to meet future challenges. The locality is pleased that the practice has found a way to remain open and move forward, despite the difficulties they have faced.

### **4. Public and patient engagement**

The North Oxfordshire Locality Public & Patient Forum has reported discussion with local people and groups about the following concerns:

- Reported delays for prostate cancer surgery: staffing issues have been noted by clinical directors at OUHFT.
- The status and future of services at Chipping Norton Community Hospital, such as the midwife-led unit and the first aid unit, as well as arrangements for the adjacent intermediate care beds in Henry Cornish House.
- Impact of proposed changes on patient travel and transport, including the proposed increase in outpatient services at the Horton.
- Access by minority groups to healthcare in north Oxfordshire, especially in and around Banbury.

### **5. Federation development**

Currently the NOXMED federation hosted by PML is working on:

- Building up the GP Access Fund revised hub services to meet the new agreed specification, which will be very helpful for the area in improving access to same-day general practice appointments and supporting general practice sustainability.
- Continued delivery of the much-valued Primary Care Visiting Service (previously Early Visiting Service).
- Delivery of the long-awaited community phlebotomy service in north Oxfordshire.
- Revised proposals for a proactive service for care homes to meet local needs, which have been in discussion with OCCG over the last year.

**NORTH EAST OXFORD LOCALITY GROUP (NEOLG)****Locality Clinical Director Report**

Dr Stephen Attwood

**Locality meetings**

The December and January meetings focused on:

**Oxfordshire Transformation Programme** – both meetings included lengthy discussion on transformation progress, and the draft Primary Care Framework being developed. Discussions focused on recognition that many of the aspects within the plan are long term aspirations, and currently unable to be met by the resources and systems in place at present. Sustainability of practices now was paramount as staffing shortages increasingly impinged. It was recognised that some gaps may be filled by clinical or non-clinical support to ensure GPs maximise use of their clinical skills and experience, however these resources still need to be identified and funded. The NHS England (NHSE) Community Clinical Pharmacist bid opportunity will be taken forward within the Locality Neighbourhoods if funding is received.

The sharing of clinical system information was seen as essential to ensure practices working within Hub models, or sharing patient care, could do so optimally. Other suggestions to improve the draft framework were made and will be proffered, and the presentation used will be available to use for internal practice discussions to enable a wider audience to comment.

Other CCG work planned to support practices has not been widely shared yet and this will follow at forthcoming meetings.

**Savings Taskforce** – a slide deck and presentation was provided to practices, seeking awareness and input to the savings requirements of OCCG, with suggestions made.

**Locality Plans** – the practices spoke about neighbourhood working opportunities, and services which would function well locally, e.g. diabetes and ear, nose, throat, urology etc outpatient appointments. Plans are impacted upon by virtue of no new NHSE funding available for practice expansion, so close working with Cherwell District Council to plan the housing and population growth continues to be a priority. This is in addition to the Bicester practices absorbing patients from the now closed North Bicester Surgery.

In addition to the growth planned in Bicester, the Council has been out for consultation on the most appropriate site(s) for the 4,400 dwellings being accommodated following Oxford's unmet housing need pressures. The Locality has registered its views on the pressures this will create for the local practices, in particular Kidlington, Yarnton and Woodstock, which is also affected by housing growth being planned by the West Oxfordshire District Council.

**Clinical discussions included:** OUHFT Diabetes services pilot, ear nose and throat (ENT) project progress, OHFT Eating Disorder Service, Point of Care Testing,

2 week cancer wait forms, suspected cancer pathway, Minor Eye Conditions, and EMIS Resource Manager use.

**Local Community Services Groups** – monthly meetings continue, with Carer bank, carer information, integration and registration, IT integration, and integration of community nurses covered. Additional meeting time covered a Leadership in Integration Development session, and two more of these are planned.

**Papers** - were presented on the following:

OCCG Board briefing for November, Savings Taskforce presentation, Christmas opening, Diabetes Integrated Partnership, and National Diabetes Prevention Programme, Planned Care project updates, GP Update information, NHSE Pharmacists in Practice opportunity, Kings Fund paper on Sustainability and Transformation Plans, letter from OCCG on contracting and new models of care, A&E patient survey report, Physical activity clinical champions training offer, integrated clinical environment (ICE) and electronic Referral System.

**Federated working - ONEMed**

Provision of the GP Access Fund services remains central to the federations work currently, with member practices working hard to find solutions for providing the extended hours appointments using current practice staff. Final details have yet to be drawn up, and ONEMed hope to have definitive working rotas in place as soon as possible.

In-hours hub appointments will be provided from rooms at Bicester Health Centre to reduce costs and enable optimal clinical time within the limited resources available. Criteria for patients appropriate to be seen at the hubs will remain limited due to restrictions on available support services including software issues such as no access to ICE or eReferrals, and the variable skill sets of clinicians available on different days and at different sites.

**Bicester Healthy New Town project -**

The following key actions were delivered in November and December 2016:

- Presentation on programme progress given to Sir Malcolm Grant, NHS England Chairman and built environment leads – positive feedback received.
- Training session held for planners with public health experts and commissioners re: developing healthy environments
- Built environment workshop for all Healthy New Town sites hosted at Bicester.
- Workshop held with Highways, public health and planners to identify how active travel can be promoted through planning processes
- Presentation given to Bicester Vision, a network of local businesses; they have agreed to support its members develop wellbeing at work schemes.

Key Activity Planned for January 2017:

- Final submission of detailed plans for programme delivery and evaluation to NHS England 20 January
- First meeting of a community nurse and therapist network for clinicians based in Bicester to improve communication and to enable shared learning and training 18 January.

- Commence spatial mapping of diabetes population in Bicester to support pilot of North East care pathway.
- Complete mapping of green spaces in Bicester and promote their use through printed and online leaflets.
- Allocation of SPARK funding to support voluntary groups to undertake community projects that support the programme

**Public and Patient engagement**

The next PPG Forum meeting is being held on 13 February 2017.

**OXFORD CITY LOCALITY GROUP (OCLG)****Locality Clinical Director Report**

Dr David Chapman

**Locality meetings**

The 8 December and 12 January meetings focused on the areas below. The next main Locality meeting will be held on 9 February.

**Sustainability and Transformation Programme (STP) and Oxfordshire Transformation plan (OTP) –**

Planning for the wider OCCG phase 1 Transformation public consultation events is underway, with a City date set on 9 February from 7.00 – 9.00pm. Practice Leads have been advised, and practices invited to attend or provide feedback.

Plans to support the Kennington Practice and population have been progressing, with a suitable provider identified and formal process now underway.

Two Deputy Locality Clinical Director posts are up for renewal in April 2017, and practices have been notified and asked to express interest should they wish.

**Transformation Plans –**

The locality considered the Phase 1 proposals for consultation from Oxfordshire transformation plan and agreed that it was appropriate that the public should be consulted on the consolidation of the changes in Obstetrics at the Horton, changes in critical care and stroke as well as confirming the changes in hospital bed sus as part of the Delayed Transfer of Care work which were enacted 1 year ago. Some concern was expressed about the unknown impact on Oxford City patients and also the importance of the plan for primary care as the underpinning of all of the changes in the OTP.

Considerable time was spent at the December meeting discussing the early confidential draft of the Oxfordshire Primary Care Framework, to give it an initial airing and seek early feedback for improvement. This included some initial input of the City Core Leadership PPG Forum group. The importance of GP practices working in neighbourhood clusters to help support wider community changes and recognising the changes in patient need as well as support hard pressed general practice. The size of individual practices and clusters were discussed and it was emphasised that size needed to be appropriate to need NOT an arbitrary figure. More work was needed to reassure GPs that the plan would guarantee sustainability of primary care in the next 5 years.

**2016/17 Primary Care Locality Investment Scheme (LIS) –** The City Locality Group has agreed to proceed with the following as their 3 actions required under the LIS and work on these areas is progressing:

Action 1 – mapping workforce as commissioners to support practice sustainability



Action 2 – Deprivation LES designed and proposed to OCCG  
Action 6 – OUHFT contract – investigation into an adequate mechanism whereby OUHFT absorbs its own issues around appointment problems, waits and queries, where patients attend primary care unnecessarily.

Another requirement of the LIS was reporting on the two development and sustainability meetings held within individual practices and in neighbourhood clusters, enabling practices across the city to have time to consider their own situations and how these could be improved. The reports are now being assessed, and learning and best practice will be shared at a city wide meeting on 19 January.

**Savings Taskforce Opportunity** – The Head of the OCCG Portfolio Management Office attended to raise the profile of the savings project and to seek feedback. Suggestions made were aligned to those already under consideration.

**Papers** - were presented on the following:

Governing Body briefing 29 November 2016, GP Update training dates, a Kings fund paper providing more detail on STPs, National diabetes prevention programme update, letter from OCCG Chair on Contracting and new models of care, A&E Patient Survey report, Planned Care Projects update, 2 week wait electronic Referral system, ICE data and label printing.

**Barton Healthy New Town** – this project is progressing locally. Meetings have been held with Bury Knowle practice who run a branch surgery within the existing Barton Community Centre, and the City Council Planners, looking at how the infrastructure for health care services could be provided in the future.

The Logic Model was presented to NHSE in London on 16 December, along with the other Healthy New Town programmes. This multi-specialty community provider model is one which describes a programme of change; to improve the way out of hospital care is provided in the community. The delivery model is finalised and due to be submitted to NHSE on 20 January and we are awaiting news as to whether we are given continued funding for the programme

### **Federation development - PMCF Schemes**

OxFed continue to take forward the GP Access Fund project signing a contract to deliver 105 additional hours of GP and other clinician appointments per week in place on weekdays, evenings, and weekends at Manzil Way. An after school clinic will also run weekdays at Rose Hill. This supports increased patient access, and enables delegation of work from GPs to other clinicians to provide a more specialised service to patients.

The Information Technology work continues with a view to enabling provision of an EMIS Clinical Service with remote consulting. The Federation is also exploring a joint practice response to the NHSE opportunity to bid for funding for Clinical Pharmacist support across the patch, covering medicines management, chronic disease management, minor illness management, audit and education.

A wider debate was had at the December locality meeting about the role of OxFed and its relationship to Oxford city locality group. It was felt that the federation will

play a greater role as time goes on and that the relationship between federation GPs and Locality Commissioning GPs needs to be more clearly defined. We are expecting a deeper review within OCCG to allow both organisations to thrive.

**Public and Patient engagement**

The City PPG Forum has formed a Core Leadership Team to support the Patient Participation Groups across the patch, and to attend as many key meetings with OCCG and partners as they can. The team are now attending various meetings and introducing themselves to the Locality GPs and leadership team.

## **South East Oxfordshire Locality Group (SEOLG) Locality Clinical Director Report**

Dr Andrew Burnett

### **RACU**

This is the Rapid Access Clinical Unit at Townlands Memorial Hospital, providing rapid multidisciplinary assessment and advice for patients with medical problems. Early intervention will permit more people to be managed in their home environment. Staff have been recruited to the unit and are in the final throes of preparing the service for opening.

### **GP Access Fund**

The GP Access Fund clinics have launched in the SE locality. Practices are all providing extra extended hours sessions in their own premises on a rota basis rather than at a central hub. This means that all patients have an opportunity to be seen at a local site - important in a rural locality. These sessions are equally available to all patients registered with SE practices. It is too early to determine how often patients will use the flexibility to be seen in another GP practice. Nine of the ten practices use the same GP software system. This enables another practice to book appointments on a practice system and allows the GP consulting with a patient from elsewhere to view their records. We have developed a work around for the tenth practice.

### **Thame Community Hub**

Buckinghamshire Health NHS Trust is proposing to develop a gerontologist-led assessment and treatment centre in Thame. It would offer many of the facilities that are to be provided by the RACU in Henley. Thame has some services provided by Buckinghamshire and some by Oxfordshire as it sits on the county boundary. The town has two GP practices, one of which is under Oxfordshire CCG and the other is under Aylesbury Vale CCG. We will participate in the plans to ensure that Oxfordshire patients continue to have access to a full range of services.

### **South East Locality Forum**

Dr Burnett, Locality Clinical Director, attended the November Locality Forum meeting in Benson and will attend the January meeting in Tetsworth. At the November meeting we heard a presentation from a carer's representative and as a result the Bell Surgery PPG are holding a meeting for carers in the area.

## **South West Oxfordshire Locality Group (SWOLG) Locality Clinical Director Report**

Dr Julie Anderson

Dr Jonathan Crawshaw has taken up the deputy Locality Clinical Director (LCD) position. Expressions of interest have been invited to replace the current LCD who completes a 3 year term of office in April and is not standing for re-election.

### **Monthly Locality Meetings**

The December and January meetings have focussed on issues relating to primary care sustainability. Concern has been expressed by member practices that population growth due to new housing will outpace GP capacity to absorb increased patient numbers in the near future and are anxious about the timely provision of additional capacity (including the identified need for a new practice to the west of Didcot). Practices are also disappointed that their submissions for premises extensions, for many a key component of increasing primary care capacity have not been successful.

All SWOL practices are being asked to provide information on capacity, staffing and changes in patient list sizes.

A scheme to partly subsidise clinical pharmacists working in practices to support GPs was discussed and those practices already employing clinical pharmacists reported how they valued the addition of an experienced clinical pharmacist in managing workload. In January, the group discussed the recently produced "Primary Care Framework", a draft document outlining future developments in practices to address capacity issues, eg expanding skill mix, practices collaborating to manage services and developing economies of scale in administration and management. A round table discussion found that most were broadly in favour of the key themes but would like to see more opportunities for developing planned care services locally with practice involvement. Concern was expressed at losing some key GP skills eg in antenatal care, recognising that GPs need to keep up skills for when problems arise in pregnancy when it is likely the GP will be consulted. Some felt the ambition of routine appointments within 7 days was unrealistic where others wondered why some practices managed this already and what the reasons for the differences are. All felt expert clinical triage of patient appointment requests is a prerequisite to meet these targets and using appointments appropriately. It was also suggested there should work undertaken with patients and the public about the range of services available and develop the understanding that sometimes they may be redirected to other services/healthcare professionals. Many would like to see some local appreciation of primary care services to counter the negative publicity nationally that is eating away at morale.

SWOL also had updates on proposals to redesign certain planned care services and a presentation and discussion around a detailed overview of the Minor Eye Conditions Scheme (MECs) (including future plans to develop the service) and cancer referral pathways. GPs present reported that the MECs service is valuable

apart from some prescribing issues to be ironed out and would appreciate more direct access to diagnostic services whether part of the cancer pathway or not. Discussions were also had over locality data on acute hospital admissions from care homes, dementia diagnosis, the progress of the Oxfordshire Transformation Plan and some of the proposals under consideration by the Savings Taskforce.

**SWOL Community Dermatology Service (Enhanced Minor Surgery)**

This service is now operational and based in Didcot.

**SWOL Community Services Review Group**

This group had been meeting monthly until November 2016, part of a process designed to bring community services including social care and primary care together to establish an effective operational model. It has been subsumed into larger “Leadership and Integrated Care” meetings running until March 2017 which has effectively put the “task and finish” work of the locality group on hold.

**Patient and Public Participation:**

The bimonthly meeting of SWOLF was attended by the SWOL Locality Coordinator and Locality Clinical Director. This focussed on the Oxfordshire Transformation Plan which has just been released for public consultation. Further to the November meeting at which an overview of the Savings Taskforce was presented, some of the more detailed emerging proposals were discussed in January and broadly supported. A representative of SWOLF attends the monthly GP meeting in the locality and provides a written feedback to the group.

**West Oxfordshire Locality Group (WOLG)**  
**Locality Clinical Director Report**  
Dr Miles Carter

**1. WOLG Locality meetings**

At its meeting in December 2016 WOLG discussed the following issues:

- **Contracting for New Models of Care** – update on countywide discussions between providers
- **Point of Care testing in primary care** – WOLG noted current trials of some tests. The key issue for members was whether available tests will make difference to individual GPs' clinical judgements, and can be integrated efficiently into primary care.
- **Deer Park Medical Centre** – measures to assist a smooth transfer of patients to other local practices as the closure at the end of March 2017 approaches.
- **Witney primary care** – agreed to meet separately to discuss sustainability issues as a result of the approaching Deer Park Medical Centre closure, staff turnover and recruitment challenges
- WOLG members frustrated at the difficulty in specifying how to move forward with the WestMed New Models of Care proposal. This aims to provide more integrated and sustainable services in the locality for priority patient groups.

**2. Public and patient engagement**

The Public & Patient Partnership West Oxfordshire (PPPWO) steering group has fed back on:

- Concerns from the Deer Park Patient Participation Group about the approaching closure of the practice, and desire to find a way to keep it open
- Growth in numbers of active Patient Participation Groups in West locality practices.
- Planning a future listening event in Burford.

**3. Locality community services group**

- Representatives have taken part in the first Leadership in Integration session and have proposed multi-agency induction training as an achievable local action to improve joint-working.
- Progress on the proposal to get community services to use an EMIS template to submit information.

**4. Federation development**

WestMed is considering its leadership after Chair, Dr Stephen Smith, stepped down recently. WOLG is very grateful for his ideas and hard work in that role. WestMed is implementing revised hub arrangements to deliver the agreed GP Access Fund contract.