

Questions from OKONP to OCCG GB May 2017 meeting – held over to 20 June 2017 Extraordinary Meeting as relating to the OTP consultation

Q1	<p><u>Integrated Impact Assessment (IIA)</u></p> <p>We understand that an Integrated Impact Assessment (IIA) is currently being developed to assess the impact on the public of the proposals in the Phase 1 consultation.</p> <ul style="list-style-type: none">a) Was the IIA developed internally by employees of OCCG?b) If not, which external organisation developed the IIA?c) At what cost?d) What criteria are being used to measure the impact of the proposals on the public?e) The Thames Valley Clinical Senate recommended that the impact on patients of Phase 1 proposals should be ‘produced as a place-based description’. How has this recommendation been met? [http://tvsenate.nhs.uk/wp-content/uploads/2014/09/Senate-Minutes-27.09.16-FINAL.pdf]f) What is the current status of the IIA?g) When will its findings be published? <p>Following a procurement process OCCG have commissioned Mott MacDonald to undertake the IIA for us. The cost for both Phase 1 and Phase 2 is £89,600 excluding VAT.</p> <p>The purpose of the IIA is to identify potential positive and negative health impacts; impact particularly on groups vulnerable to service changes (with a focus on those covered by equality legislation); and detailed travel and access impacts for the whole population as well as for vulnerable groups. It will also include conclusions and recommendations, advice on monitoring and evaluation and any next steps</p> <p>The IIA is still in development and we expect to publish it in July.</p>
Q2	<p><u>Phase 1 consultation</u></p> <p>We understand that as part of the Phase 1 consultation focused work was undertaken to elicit responses from ‘Seldom Heard Groups’.</p> <ul style="list-style-type: none">a) From which groups were individuals consulted?b) How were these ‘Seldom Heard Groups’ identified?c) How many people took part in the consultation from each group that was identified?d) What method/s was used to consult the individuals in each of the groups?e) How were their individual responses recorded?f) How successful was the attempt to elicit responses from these groups of individuals?g) What lessons has OCCG learned from the attempt? <p>This was covered through a variety of means including contacting groups directly to supply information and/or attending meetings and also through commissioning Qa Research to undertake some additional work. This is covered in the report on the Consultation available here; see for example pages 10-12 and page 13.</p>

Q3	<p><u>Oxfordshire Transformation Programme (OTP)</u></p> <p>The Oxfordshire Transformation Programme contains proposals to close Oxfordshire’s community hospitals to replace them with <i>up to</i> four hubs across the county. We understood that public consultation on this proposal was to be included in Phase 2.</p> <ol style="list-style-type: none"> a) Why then is David Smith, CEO of OCCG and leader of the BOB footprint, presenting later this week to the King’s Fund on ‘Implementing community care hubs’ when we have not yet had the consultation? b) How is an already sceptical public to have any faith in your ‘consultations’ when it appears that a decision has already been reached to close our community hospitals and implement the ‘hubs’? <p>The presentation that David Smith gave to the Kings Fund was on 24 May 2017 and was entitled Community hubs and transforming primary care.</p> <p>No decisions have been made to close community hospitals; this is part of Phase 2.</p>
Q4	<p><u>OTP Phase 2 long list process</u></p> <p>http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2017/03/2017.03.30-Paper-17.20-Oxfordshire-Transformation-Programme.pdf</p> <p>Apparently there is to be public as well as clinical and stakeholder engagement in drawing up the short list of options for service delivery for Phase 2.</p> <ol style="list-style-type: none"> a) When will the public see the long list of options for service delivery? b) When will the public see the criteria for determining which options from the long list make it to the short one? c) How will the public know it is being engaged? d) David Smith warned the Board that an open and transparent evidence-based list of options would have to be compromised to avoid ‘rumours’. Does his warning indicate the lip-service paid to these principles, when financial sustainability in Phase 2 is the imperative, rather than the quality and safety of patient services? <p>The engagement on Phase 2 begins in July and will include:</p> <ul style="list-style-type: none"> • The reasons why we believe change needs to happen and our ambition for the future • A long list of options for the future of health care across Oxfordshire • Evaluation criteria for assessing options <p>Stakeholders (including patient, public and community representatives) will be able to take part in discussions, workshops and information sharing at an event in July. This will be followed up with wider engagement throughout the summer.</p>
Q5	<p><u>Shifting care from hospitals to the community</u></p> <p>‘OCCG has good evidence to meet the request by the Secretary of State that alternative services should be in place before any beds were closed.’</p> <p>http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2017/05/Paper-17.29-2017.03.30-Oxfordshire-Clinical-Commissioning-Group-Board-Minutes.pdf</p>

	<p>This claim is not supported by the clinical locality groups, especially in the city, where the chronic shortage of a trained workforce, most notably district nurses, and silo working is causing considerable concern. Despite the case for change, GPs in NOLGO still do not know with whom they are supposed to be integrating. Nor is the lay vice chair reassured when he referred to the ‘long term lack of progress around integrated locality teams’ – a key feature of the OTP.</p> <p>a) Amidst all of this uncertainty and lack of clarity, when will OCCG accept that the OTP is unworkable?</p> <p>The local health and care system needs to ensure that it is delivering the best possible care within the resources available; this is the focus of the OTP.</p>
Q6	<p><u>Primary care framework</u></p> <p>a) Could OCCG please explain what is meant by ‘There was a need to create a market to attract potential new investment providers and for work to be undertaken on a process to enable those potential investors to feel comfortable and have confidence prior to reaching the investment stage’, in the context of the Primary Care Framework?</p> <p>http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2017/05/Paper-17.29-2017.03.30-Oxfordshire-Clinical-Commissioning-Group-Board-Minutes.pdf</p> <p>Answered at previous May Board meeting. Response can be found here.</p> <p>b) At a JHOSC meeting the chair of OCCG’s Board reassured the committee that the public would be consulted on major changes to primary care. When will this go out to public consultation?</p> <p>Please see response to Q4 above.</p>