Annual Public Meeting – 28 September 2017

Jubilee House, Oxford

Questions from the public

Questions	Answers
What is your legal expenses budget and how much have you spent on legal costs?	This was not available at the meeting. Actual spend on legal expenses for 2016/17: £29,647.42 Budget for legal expenses for 2017/18: £26,667.00
To whom is OCCG accountable and how is this demonstrated?	OCCG has a statutory formal accountability to NHSE (and then to the Secretary of State for Health and ultimately to Parliament. OCCG constitution describes the accountability and explains the governance that ensures it remains accountable, including rules about how the money is spent and reported, openness and transparency including public meetings, publishing information, attending meetings of the Health Overview and Scrutiny Committee, engaging and consulting patients and the public and reporting on what we have done. OCCG is also a clinically led organisation which is important for ensuring the way it spends the money is the way clinicians would want money spent. The Board of OCCG has a majority of clinicians, most of whom are GPs who see, treat and talk to patients on a daily basis. Their understanding of what patients need, the experience patients have when using services and what is important to patients is brought to discussions and decisions made.
Using technology, I want to develop a programme for children on obesity. I need some help to test it but not sure how to go about it. How can you help me?	Oxfordshire Academic Health Science Network supports developing and introducing new ideas into health care. Contact details will be made available to the questioner.

What is happening in Bicester is superb but is piecemeal elsewhere. For example, schools could be hub for children, a different approach could be developed to help people who have fallen (alarms or nurses) and services need to be more connected for people with neurological conditions (such as Parkinson's)? This could be seen as invest to save. Neurological conditions are complex and only a relatively small number of people are affected but they use services a lot.	As integrated teams are developed working in localities, they will be made up of a range of clinicians and professionals from different parts of the health and care system, including social care, nursing, therapy staff and doctors. This way of working supports people better because they often need the support from different carers with different expertise. This is true for people with neurological conditions and currently community health staff are part of the teams working at a local level to support these patients. For the wider issues of working better together in communities, social housing and extra care housing could be part of the solution but it is important to include in plans details about how residents will continue to be supported after moving in so that they do not become isolated and lonely.
Please explain how much challenge there was to the increase in care home costs.	This was a national negotiation and so although OCCG did express its concerns about the impact of the increase, there was no opportunity to negotiate at a local level.
Of all the calls to NHS 111, how many were abandoned or repeated calls. Is there data available?	The number of calls to NHS111 is monitored, including the number of abandoned calls. For 2016/17 Number of calls to NHS111 for Oxfordshire: 197,598 Number of abandoned calls (within 30 seconds): 2.621 Number of abandoned calls (after 30 seconds): 2,344 There is no national target for abandoned calls within 30 seconds. The national target for abandoned calls after 30 seconds is less than 5%. For 2016/17, the number of calls abandoned after 30 seconds was 1.2% of the total number of calls which is well within the national target. OCCG is not complacent about this and watches closely what happens to patients who call NHS 111 – whether they are advised to go to A&E, visit their GP or advised on self-care. For Oxfordshire, the proportion of patients advised to see their GP is higher than elsewhere. Some patients need to talk to a clinician and currently, a clinician is not always available. OCCG also monitors patient feedback.

If you have hospital space/equipment – the more patients who use it, the cost goes down. How do you maximise the value of expensive assets?	The cost of buildings and equipment is a capital cost to the NHS and is a fixed cost. The more patients who use the building or equipment means the cost of each use falls. This has been an important issue for the new Townlands Hospital development which has been a significant cost in terms of the new building and it was important to include as many services within the building as possible so that we get best value from the expenditure. However, there are often other limiting factors, in particular staff. An operating theatre is expensive to build and equip but it also relies on having a range of different qualified staff to run it including anaesthetists, nurses, surgeons and other technicians. If one or more of these groups of staff is in short supply the theatre cannot operate. Recruitment and retention of staff is a constant challenge.
How do you gather patient views?	No perspective is perfect. GPs talk to many patients who have been in hospital and used other health services. They will share what happened to them – the good and the bad. OCCG also invite experience and views through other routes including patient groups, meetings with the public, surveys and consultations.
When will Phase 2 start to be rolled out?	We are planning to engage the public before launching a consultation on proposals in Phase 2. At this stage we do not have a date when this will take place.
I want to see more stakeholder engagement. The only way my GP PPG works is online and I don't use a computer	Using online approaches to sharing information is efficient and cost effective and so OCCG and practice PPGs will continue to use online and other technology to allow them to reach as many people as possible. However, some people are not able to take advantage of this and so it is important that information continues to be available in other forms. OCCG will provide information in paper form on request and for engagement and consultations on specific proposed changes; information will always be published in paper form and made available. The suggestion that the OCCG Board papers should be made available to public libraries is one that will be explored with Oxfordshire County Council.

The presentation slides used for the meeting were not easy to read.	The presentation slides could have been easier to read by increasing the font size and using different colours. This point is well made and will be reviewed for future presentations. Key information, including financial tables is available in the full annual accounts and the presentation is also available on OCCG website (and in paper form on request).
Where GP practice buildings are viewed as inappropriate for delivering primary care, could they be converted to social housing and used to support vulnerable people in communities?	This is an interesting suggestion. There would be significant financial implications because if a GP practice needs to relocate into a new building, the funding to support this usually includes sale of the old building.
How many people attend A&E and GP appointments because they are lonely and so do not necessarily need the service? Have OCCG got detailed data on what is happening? It is possible that an enormous amount of activity is going on that, if stopped, could save money.	Reviews of attendance at A&E would suggest there is a significant proportion of people attending A&E who could have got the care they needed elsewhere, or even self-care. Campaigns and information for the public encouraging them to 'choose well' has not proved to be very effective and although people will report that they understand the problem, they do not accept that their own attendance at A&E was not necessary. Nationally, the approach has changed and the campaigns are focussed on encouraging and supporting people to stay well (so avoiding the need for NHS health care) and guidance is expected soon on providing access to GPs alongside hospital A&E departments. This is expected to reduce the number of people being treated in a hospital A&E department. We have less data available about unnecessary use of GP appointments. There is data identifying patters of presentations and the connections between mental wellbeing and physical health is well understood. Many practices employ a range of clinicians and therapists so patients can be directed to appointments with an appropriate clinician rather than a GP and advice is advertised to the public about other places for people to go, including their local pharmacist.

Where can I find a copy of the Director of Public Health's Annual Report?	The report is published as a Board paper on OCCG website here. Once it is ratified by Oxfordshire County Council, it will be available on their website here.
I am proud of GP services in Oxford – thank you. I'm proud of service I work for looking after people who are lonely and my experience of NHS 111 has been very good – thank you.	It is important that we hear about when things have not worked well for patients but it is also important to recognise that for many, many people, the service they receive from their local GP practice and the wider NHS is good and is valued.
Prevention is better than cure. It costs £16 per month for pensioners to use the local swimming pool. Why not pay for that?	This is a good point well made. We encourage people of all ages to stay active and make healthy choices related to their lifestyle. We work closely with local authorities as our partners and they are also recognise the wider role they play in supporting people to be healthy. We will take this suggestion into discussions we have with our local authority partners to explore how we can help keep access to sport facilities accessible to all.
The Oxfordshire Clinical Commissioning Group is one of only ten within the two hundred and ten national Clinical Commissioning Groups that, in the published figures from the Mental Health Five Year Forward View Dashboard, run by NHS England, will fail to achieve Parity of Esteem in the 2016/17 spend. Parity of Esteem is the principle by which mental health must be given equal priority to physical health. It was enshrined in law by the Health and Social Care Act 2012. It is the duty of all CCGs to ensure that they are fulfilling their	1. OCCG is committed to improve equitable access and outcomes for people with mental health problems, in line with the FYFV for MH and meeting our statutory duties in respect of the Equality Act, so that there is parity of esteem with physical health services. 2. OCCG investment in MH in 1617 has been enough to meet the national must dos in relation to Improving Access Psychological Therapies, Early Intervention in Psychosis and dementia 3. We anticipated the requirements within the FYFV MH prior to its publication and commissioned Outcome Based contracts (OBC) that incentivises providers to support delivery of all the must dos for adults and children with mental illness. 4. These contracts are being delivered in partnership with third sector providers and go beyond what the FYFV require and include also improving outcomes for people relating to housing, recovery, and wellbeing. 5. We will meet the MHIS in 2017-18 6. Our focus will be on … • Improving our response to people with emotional distress or behavioural challenges who often present in primary care settings, with a focus on the areas of deprivation in

duty under the Health and Social Care Act, to reduce health inequalities as well as maintaining Equality and Diversity within the NHS Equality Delivery System, a characteristic that OCC publicly state to be 'central to the way we commission and deliver our healthcare services.' The Clinical Chair of OCCG, the Head of Mental Health and Joint Commissioning at OCCG and the Mental Health Champion within OCC have all failed to make any response to the above facts since they were brought to their attention in April 2017. The NHS Constitution clearly states that 'The NHS belongs to the people. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers'. 'Patients come first in everything we do. We put the needs of patients and communities before organisational boundaries.'	the county. • Development of an integrated community perinatal mental health service • An integrated urgent mental health pathway to ensure people in MH crisis get the support they need where ever they come into contact with 'the system', i.e. police, ambulance, A&E • Further expansion of the integration of psychological therapies into physical health long term conditions pathways for diabetes, chronic obstructive pulmonary disorder (COPD) and cardiac which started in April this year.