Board Questions

From Sylvie Nickels
A question which concerns me deeply is the availability of general practitioners in Banbury. Currently there are a good number of locums which has improved the situation but I understand that these will only be available for a limited period. Does this mean that we shall shortly be reduced to very long waits until we are able to see a doctor for advice? We are constantly being advised to consult our doctors on all kinds of issues which will be difficult if there are too few to consult - thus putting ever more pressure on the overburdened A&E services.

GP recruitment is a problem nationally with the number of new Doctors wishing to become GPs falling and the number of GPs retiring increasing. There has also been a change that most GPs now work part time in the practice as the demand of the role increases – GPs are now combining their general practice role with other roles such as research or working out of hours. This means that it is not always possible to see the same GP or being required to wait for a long period of time to do this. Practices in Banbury have been under particularly high pressure in being unable to recruit and we have been working with them to look at ways to address this.

Practices and CCGs are looking at other ways to ensure that patients that need to see a GP can do so. Some practices are recruiting advanced nurse specialists, physiotherapists or clinical pharmacists who are able to see and treat some of the patients so freeing up GP time to see those with more complex conditions. Many practices are also offering a telephone consultation which again reduces GP time. We also offer overflow hubs which can offer same day appointments when continuity of care might not be essential.

We are working closely in support of Banbury GPs and working through the long term solutions to reduce the needs for reliance on locums.

From Save the Horton

I am unable to get to Oxford but would be most grateful if the following questions could be raised, please?

1. In view of the fact so many operations had to be cancelled again this year, will the board now reconsider reopening the closed beds at Banbury? We are aware that F Ward was re-opened to accommodate patients recently, given Mr Brennan said that if you were mistaken the decision to close the beds could be reversed, it appears that this was a mistake, will you be reopening the beds?

Although it is regrettable that patients were cancelled, the reason for the cancellation was not just about beds. Patients were waiting for treatment and staff were used to ensure urgent patients were treated appropriately and in a timely way. Beds were reopened to manage the demand due to increased illness (flu, etc.) and attendances to A&E. This is a known problem in winter and it is important to have beds that can be flexed up and down. Our beds have many people who would be best cared for in home-like settings. Our work now is to find how we can support people at home with the workforce constraints.

2. Given that maternity staff are being diverted to Oxford from both Banbury and Chipping Norton how can we be reassured this is safe practice?

It is normal practice in NHS Trusts to move to staff to areas where there is the greatest patient need. There will be increased demand for midwives at the JR site The OUHFT is committed to ensuring that all women are given choice and options of where they may wish to deliver their baby. This may be at home, free standing midwifery led centre, alongside midwifery led centre or an obstetric unit. One of our key priorities is to ensure all labouring women are given one to one midwifery care in labour wherever they choose to have their baby. Providing 1 to 1 care for all labouring woman has contributed to a significant sustained reduction in poor maternity outcomes. The staffing model allows the staff to be responsive to meet the needs of women and their birth options. There is a long standing escalation policy to deal with high levels of activity that might occur in different areas of the maternity service depending on where women choose to deliver. This includes the on call midwives and the community midwifery teams. Maternity staff work for the whole service and are often called to support the MLU, the home birth service as well as the obstetric unit at the JR. This enables us to provide 1 to 1 care for all labouring woman and has contributed to a significant sustained reduction in poor maternity outcomes.

3. In view of the recent court decision when do you intend to embark on Phase 2 of the consultation?
4. Would a potential appeal of that decision make you defer the consultation?
5. How meaningful will the phase 2 consultation be in terms of you taking note of what the public disagree with?
6. Did any of the thousands of responses by the public in phase one make any difference?

Whilst the Judge dismissed the claim brought as a judicial review we are aware that "Keep the Horton General" are seeking leave to appeal and as such we are mindful that there is an open challenge. We have reflected on the experience of running Phase 1 of the OTP, and the various challenges (a judicial review and referrals to the Secretary of State) that followed. We understand that we need to learn from the experience and develop better relationships with the public, elected councillors, the voluntary sector and our partners in Oxfordshire and those across our borders. At this stage we have not set dates for any further consultations and wish to develop earlier public involvement.

The public consultation was a very important part of the decision-making process; however it was not a referendum. Its purpose was to seek views from the public, answer questions and allow other suggestions to come forward that may not have been considered. This feedback was considered alongside other relevant information such as patient-safety factors and clinical best practice; and the Decision Making Business Case clearly reflected what had been heard and the response. The OCCG Board used all the information to help make decisions about the proposed changes.

7. Are you still recruiting for maternity at Banbury in light of the IRP potentially disagreeing with your decision?

Yes we are continuing to try to recruit the medical staff required to run an obstetric unit at the Horton hospital but have not managed to achieve the required numbers to date.

8. What measures are you putting in place to attract and keep staff at Oxford?

This is a national problem and not just found in Oxford. We have a good record of attracting and recruiting staff to Oxford as the training and clinical experience gained is very good. We, like many other areas in the South East, have a problem with retention. To address this we have adopted different working patterns, improved personal development plans for career enhancement and continued to promote a more positive culture in our maternity service. All Trusts and the Local Authority are working hard to attract and retain staff in Oxfordshire to ensure delivery of health and social care. Each organisation has specific pieces of work to address the challenges they face. Oxfordshire now has a group to focus on workforce with representation from Health and Social Care. The focus currently is attracting unregistered staff to work in the sector.

9. What support are you offering Horsefair surgery in Banbury given they are still continuing to experience problems?

OCCG is working with Horsefair to ensure that they address areas for improvement including issues identified in their CQC inspection. The recent CQC inspection has resulted in an overall rating of Requires Improvement. We will continue to work with the practice to achieve the goal of Good in their next inspection.

From Jenny Jones
Questions to the OCCG Board Meeting 25th January 2018

1. The answer to question 2 asked at the September Board Meeting does not appear to be correct – no results of a ballot appear in the minutes of the August Board Meeting.

The original question, plus answer and the relevant section of the minutes are given below.

Repeating the question:
What written proof is there that the GPs changed their minds?

Question: The opposition of the GPs in the Banbury area to the closure of consultant led maternity at the Horton was well publicised in letters sent both before the CCG Board meeting last September when it was downplayed by Dr Hayles, and again since that meeting. What written proof is there that they changed their minds?

Answer: GPs across Oxfordshire have been involved in discussions about the Transformation Plan and the proposals in the Phase 1 consultation. Every meeting of the North Oxfordshire Locality in the months leading up to and during the consultation included time for discussion about these issues. At their meeting on 18 July 2017 they agreed to a ballot to ensure the collective view of all practices was accurately recorded at the decision-making Board meeting on 10 August 2017. This

ballot demonstrated a majority of practices supported the proposal and this is recorded in the minutes of the Board.

Extracts from minutes: North Locality Clinical Director explained that the North GPs had been concerned about the temporary change at the Horton, but recognised that this was unavoidable. The North Locality GP were therefore slightly in favour of the recommendation

There were concerns about the knock-on effects on other services at the Horton, such as anaesthetics, especially on GP training. OCCG had received assurance from OUHFT that this was not affected. North Locality Clinical Director informed the Board that any support from the North GPs was reluctant. He hoped that the matter would be reconsidered in the future and that Obstetrics would return to the Horton.

As was agreed at the North Locality meeting on 18 July a ballot was undertaken to confirm the views of the GP practices. The attached slides (see end of document) give the outcome of the ballot and this is what Dr Park used to inform his input to the Board meeting on 10 August.

2. Question 3 at the September Board Meeting was misinterpreted. The figures requested were not for DTOCs but for the number of patients being dumped at home without any adequate care package in place.

We are not aware of specific circumstances where insufficient care has been offered. We would be very keen to investigate such cases if the information could be provided. It is the case that sometimes we try to test people in their own home, often with a strong request from the person themselves to make this choice. On occasion these placements back at home do not work. It is, however, the right of the patient to return home if they desire.

3. The consultation proposal which is not being implemented with undue haste is the additional outpatient and diagnostic appointments at the Horton. Why is this not under way using facilities that are already available? The Horton Outpatient Department runs at well below capacity on most afternoons. In addition on 8th January there was a mobile MRI unit operating from the JR car park. How long has it been sited there? How many essential car parking spaces does it occupy? How many patients could have been saved the journey to the JR had it been sited at the Horton?

Whilst the Phase One consultation had been subject to challenge under the Judicial Review, the Trust has not put time and energy into changing services as organisations were advised not to do anything which would incur a great deal of expenditure. In addition if the legal challenge had gone against OCCG all the decisions made might have been quashed. Although the Judge found against the claimants, the situation remains whilst the interested party seeks permission to appeal. However, we are growing the number of services offered at the Horton; we are actively looking to increase work delivered by the Ramsay Hospital; a new clinic for Headaches has opened at the Horton; we are exploring how we can bring more eye services to the Horton.

We need to seek further information from the Trusts on the question about the MRI.

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NOLG opinions on Phase 1 - August 2017

Maternity	For	13	59%
	Against	9	41%
Stroke	For	22	88%
	Against	3	12%
Critical	For	11	48%
	Against	12	52%
Planned	For	25	100%
	Against	0	0%
Acute	For	8	47%
	Against	9	53%

To note: the votes for and against are the “weighted” votes – see overleaf for more information. The total weighted votes for the North practices is 27 votes. The above information does not include abstentions.

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NOLG constitution – decision making process

When a vote is required to make a decision at a locality meeting, where there is no consensus, the following process for allocating votes to each practice will be applied

- Practice List Size <5,000 patients = 1 vote
- Practice List Size 5,001 – 10,000 patients = 2 votes
- Practice List Size >10,001 patients = 3 votes

Any issues that may require a vote will be notified in advance where possible. All members will have the right to request a vote on any issue. Votes will be cast at the locality meeting by Practice Leads or by their nominated deputy on behalf of their practices. A vote will be considered binding if a minimum of 10 practices are represented at the meeting and a clear majority vote is made.