

**Buckinghamshire, Oxfordshire, and Berkshire West CCGs
Governing Bodies meetings in common
9 September 2021 (in public)**

Action Required

Governing Body members provide a response to the public questions submitted in advance of the 9 September 2021 meeting.

Questions submitted

No	Questions / Comments	Responder
No.1	<p>End of Life Residential Palliative Care</p> <p>The OCCG is one of the wealthiest clinical commissioning groups, with the OUH is has a world leading research and medical facility. When it serves a population of 140,000 does it have no specialist end of life palliative care. Sue Ryder at Nettlebed closed last year and it has not been replaced. From Oxford to Henley, From Thame to Caversham and Didcot There is no facility. Sobell House is closed and the Duchess of Kent is closed.</p> <p>Question</p> <p>When is a 6-10 Bedded unit for end-of-life palliative care going to be provided?</p>	
Response	<p>OCCG has one of the lower funding levels per resident in the country based on the relative needs estimated within the county.</p> <p>OCCG is commissioning two specialist palliative care beds at Wallingford Community Hospital to serve the community in South East Oxfordshire. The service is to be delivered in close collaboration between Oxford Health and Sue Ryder's Integrated Palliative Care Hub and Hospice at Home service - including support from Sue Ryder's Palliative MDT. Hospice inpatient admissions data indicates that this is the appropriate level of palliative beds for the population, however the number of palliative care beds at Wallingford Community Hospital could be increased relatively easily if demand increases. The service is scheduled to commence in two months.</p>	
No.2	<p>Sue Ryder Hospice at Home.</p> <p>Sue Ryder Hospice at home caterers for 140 patients. BUT the nurses cannot and do not prescribe medicines and organise blood tests. Previously at Joyce grove Nettlebed this happened with specialist doctors and Consultants.</p> <p>This is probably because the OCCG has not included it in the contract. This is putting unbelievable pressure on the local GP's. Very often the sue Ryder requests come in at 5 pm at night and then the local GP's have the unenviable tasks of professionally making sure that the prescribed medicine is appropriate.</p> <p>Also, for a blood test the chain is:</p> <ul style="list-style-type: none"> Patients need-Sue Ryder nurse- Contact with GP who- Contacts the district Nurse to administer test- Blood test Done- 	

	<p>results back to GP- GP Decides and contacts Sue Ryder Nurse Patient cared for.</p> <p>This is putting enormous strain on the GP's.</p> <p>Question 1. Why is it not in the contract with Sue Ryder that Prescribing and blood test should be done by the Sue Ryder Nurses, Doctors and Consultants?</p> <p>Question 2. The Sue Ryder Hospice at home service is an 8am to 8pm service. What happens out of these hours and what happens at the weekend?</p>	
Response	<p>Q1: Prescribing is included within the Sue Ryder contract and Sue Ryder have specialist nurses who are able to prescribe. The issue of blood tests was raised in a recent meeting with OCCG, Sue Ryder and two South East Oxfordshire GPs. Following that meeting Sue Ryder are going to explore how they can arrange blood tests enabled through relevant IT system access, in the first instance through Royal Berkshire NHS Foundation Trust. In the shorter term OCCG raised with the South East GPs that they could provide primary care system access to named Sue Ryder staff, so they are able to request blood tests from the primary care system and review relevant patient notes for patients on the Sue Ryder caseload. All parties will continue to meet and progress actions to improve how services work together effectively.</p> <p>Q2: Sue Ryder Hospice at Home service is available 8am-8pm Mon-Fri and 8am-10pm over the weekend. The Hospital at Home service is available 7 days a week 8am-10pm. Community End of Life Care Matrons are available 7 days a week 08:30am-4:30pm. Marie Curie Night-Sitting Service is available 7 days a week 10pm-6:30am. There are out of hours services ensuring primary care is available 24 hour a day.</p>	
No.3	<p>Temporary End of Life Palliative care beds at Wallingford.</p> <p>It is proposed that 2 beds are provided at Wallingford Hospital under the supervision of the local GP practice.</p> <p>End of life palliative care is a specialist regime needing properly qualified Nurses, Doctors with access to Consultants. These patients have complex needs and need specialist care. If the needs are not met, they are admitted to the John Radcliffe hospital, which means they are even further from their loved ones.</p> <p>The shows starkly that a Joyce Grove Sue Ryder type of facility is needed in South Oxfordshire.</p> <p>Question</p> <p>Why is the OCCG not funding End of Life residential Care at all or sparsely?</p> <p>Why is the facility being provided at Wallingford without specialist Nurses, Doctors and Consultants?</p> <p>Why are only 2 Beds being provided?</p> <p><u>Conclusion</u></p> <p>The local GP's and Sue Ryder Nurses do a fantastic job and none of my comments are aimed at them. Unfortunately, they are being let down by the administrators and then lack of detail in the contracts.</p> <p>The OCCG has a DUTY to provide for the needs of its population and currently it is not catering for this need.</p>	

Response	<p>OCCG does commission specialist palliative inpatient care. OCCG commissions Sobell House Hospice, which will receive admissions from the South East Oxfordshire population.</p> <p>OCCG will also be commissioning the two palliative beds at Wallingford Community Hospital. The service is to be delivered in close collaboration between Oxford Health and Sue Ryder's Integrated Palliative Care Hub and Hospice at Home service - including support from Sue Ryder's Palliative multidisciplinary team. This will include support from Sue Ryder Clinical Nurse Specialists and Palliative Medical Consultants. Hospice inpatient admissions data indicates that two palliative beds is the appropriate level for the population, however the number of palliative care beds at Wallingford Community Hospital could be increased relatively easily if demand increases. Any small number of patients with exceptionally complex palliative care needs will be admitted to Sobell House Hospice or Duchess of Kent Hospice where necessary.</p>	
No.4	<p>Question:</p> <p>Will the Board read the paper from the Centre for Policy Studies Is Manchester greater? A New Analysis of NHS integration? and comment on its key findings, recommendations, and conclusion?</p> <p>'The Government's determination to tackle the long-term problems facing health and care provision is welcome, but it is important to take the time to get things right.</p> <p>'Everyone seems to be in such fervent agreement that the ICS model of integration and collaboration is the future of the NHS that hardly anyone appears to have looked properly at whether this approach works in practice. This report does just that - and the data does not support the speed or scale of the planned changes.</p> <p>'Ministers need to take a step back and let the pilot schemes run their course so we can properly evaluate their success. Now is not the time to push through costly and disruptive reforms that are not supported by the data, especially given the current pressures on the NHS and its staff - which as widely reported, is already facing a record backlog of more than five million people awaiting treatment because of the pandemic.'</p> <p>The Government should: 'Drop from the Health and Care Bill legislation to put ICSs on a statutory footing. The evidence to date suggests that there is no clear link between integration and improved outcomes... Before charging on down this road, we need much better evidence that the ICS model is the right one to adopt.' (P82) [Emphasis added]</p> <p>https://www.cps.org.uk/research/is-manchester-greater-a-new-analysis-of-nhs-integration/</p>	
Response	<p>The ICS development board, Governing bodies and the Senior leaders across BOB ICS will reflect on relevant guidance and reports as we work to introduction the national legislation supporting the creation of the Integrated Care Board. There remains strong support across the system for a more integrated and collaborative approach to the planning and delivery of health and care services to achieve:</p>	

	<ul style="list-style-type: none"> • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience, and access • enhance productivity and value for money • help the NHS support broader social and economic development 	
No.5	Question: I have read the communications paper (Patient and Public Involvement/Communications Activity Update). What action is the ICS taking to ensure that the public is aware of its existence, what it does, and the opportunity to ask questions at Governing Bodies Meetings? How do patients know that they are at the heart of everything the ICS does, in accordance with the NHS constitution?	
Response	<p>We recently received (end of August 2021) Integrated Care System (ICS) formal implementation guidance. Included within this, is the requirement for partnership working with our partners and building strong relationships with its people and communities, so that these can come together to plan and deliver joined up services and build strong integrated care systems everywhere.</p> <p>Over the next few months, we will be developing summary information about the work to form the new organisation, how it will operate and priorities. We will use multiple ways to share these with our residents. We will also work with local partners and public to develop our ongoing approach to public involvement in everything we do.</p>	
No.6	Question: <ol style="list-style-type: none"> 1. Why has the CCG not presented robust assessment of the need for palliative care in Oxon/South Oxon? 2. What evidence is there this need is being met? 3. Why is provision of palliative care so much worse than 2 years ago? (Covid is not the answer). 4. Why is provision of palliative care so much worse than in Berkshire and other areas served by the 10 SR hospices? 	
Response	<ol style="list-style-type: none"> 1. The assessment of palliative care need in South East Oxon (8 practices) is effectively set out in the presentation for the 30th June 2021 public meeting (attached – Document A) and a summary of all the engagement undertaken including with local GPs is included in the public engagement report that went to HOSC (attached – Document B). Also attached (Document C) is an analysis of deaths in hospital per 1000 population over a 5-year timeframe from 2016/17-2020/21 for the South East Oxon population. We can see that the trend for deaths in hospital at worst remains flat and at best is decreasing over time (although 20/21 was the first COVID year). If there was unmet demand for inpatient care at end of life in South East Oxon – we would expect to see the deaths in hospital going up over time. 2. See slides 6 (<i>hospice inpatient admissions and hospice at home data</i>) and 7 (<i>patient and family experience</i>) of the public meeting presentation (Document A) and the deaths in hospital data (Document C) – which indicates there is not unmet need. 	

	<p>3. Albeit we have lost some inpatient beds through a closure, that was not in our control, OCCG have no reason to believe care is worse. We would welcome specific patient experience that can be provided to us, and this will be fully investigated. We have seen no information to substantiate the concerns being raised. In fact, our information would indicate we are better meeting peoples preferred choice of care. We do know that more people are receiving high quality palliative care at home, and we have positive feedback and compliments on the Sue Ryder service in SE Oxon.</p> <p>4. It is not clear how this assertion contained within the question is defined or by what evidence it is supported. As above, we have no hard data or patient/family feedback to indicate that palliative care in SE Oxon is worse than other areas. We do know that more people are receiving high quality palliative care at home, and we have positive feedback and compliments on the Sue Ryder service in SE Oxon. Attached Document D is a map of specialist palliative care provision across BOB ICS.</p>	
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