Questions received for OCCG Board meeting on 16 March 2021

From Joan Stewart – Keep Our NHS Public

Question 1. Communications and Engagement Strategy

Background:
The previous strategy (2020-March 2021) set out OCGG's approach to communicating and engaging with people in Oxfordshire.

The introduction stated that the strategy was based 'on the principle of open and continuous communication with patients, the public, OCCG members, staff and key stakeholders. It also acknowledges OCCG's statutory responsibilities (see appendix 1) and the NHS commitment to involve patients in the way in which health services are planned and managed.'

Elsewhere in the strategy, OCCG states that its values and principles will include: to be 'honest and transparent', 'to be open and clear from the start what our plans are', and 'to be timely by informing and involving stakeholders as early as possible in the process of communications or engagement'.

https://www.oxfordshireccg.nhs.uk/documents/work%20programmes/Who%20We%20Are/OCCG_CE_Strategy_Final_2020_2021.pdf

While the public acknowledge that understandably OCCG's focus has been on developing a collaborative response to Covid, it has not impeded the progress and process of transitioning to a BOB ICS. The lack of publicly available information and public engagement in this process is of considerable concern. The values and principles of the Communications and Engagement Strategy are not being upheld by OCCG. The public are being side-lined.

The current strategy is due to end this month. When will a revised Communications and Engagement Strategy be publicly available and implemented?

Answer: As the ICS develops and becomes a statutory body the majority of engagement will continue to be delivered locally but coordinated across the ICS to ensure joined up messaging and activity wherever possible and / or appropriate. Best practice will continue to be shared to reduce duplication and share feedback generated locally. As we have focused on response to the Covid-19 pandemic we have not been able to update the strategy therefore we will continue to work to this one and a review and development of a new strategy will take place in the context of the proposed legislative changes including development of the ICS and more partnership arrangements within Oxfordshire
Patient and public engagement remains very important to Oxfordshire CCG and the team who lead this continue to widen approaches and ensure it is embedded in all we do. We have always recognised that there are a range of approaches and different groups/individuals to involve depending on the subject. Some of our work is highlighted in the PPI Annual report for 2019/20 which shows an enormous amount of work and demonstrates the impact this has. This was part of the evidence reviewed by NHSE that led to us being given a "good" rating for the NHSE Patient and Community Engagement Indicator 2019/20 which contributes to the overall assurance framework for CCGs.

Question 2. Replacement of the Lay Member of the Governing Body with responsibility for Public and Patient Involvement.

The matter of public involvement and engagement do not appear to be of concern to OCCG. When will a replacement lay member be appointed?

Answer: As highlighted in the Accountable Officer's report the three CCGs have agreed to move to greater alignment and will be holding Governing Body meetings in common from 1 April 2021. As part of this work, we are reviewing our membership and composition to ensure that we have all the input we need including a Lay Member for PPI. Given the changes proposed by the White Paper we are thinking about the most effective way to do this.

From Professor Louise Wallace

QUESTION 1:
What has the OCCG done and what plans does it have about replacing the Lay Member (PPI) and succession planning for Non-Executive members of OCCG, as their positions as full voting Governing Body members are a requirement in its constitution? Why has this matter been omitted from the Board minutes of November 2020 which are to be approved at this meeting?

This relates to Board paper 2021-03-16 (Minutes) and Agenda item 8 (Accountable Officers' Report- White Paper and Joint Working).
The matter was raised by the outgoing Non-Executive Director/ Lay Member (PPI), Professor Louise Wallace at the November public meeting. There is an omission from the minutes of a commitment made at the public Board meeting by the Chair Dr Kiren Collison to have a proposal to present to the next Board meeting covering this matter, as well as the representation of Clinical Directors. At that time the next Board meeting was scheduled for January 2021. This meeting was cancelled and replaced with the March meeting. The matter was also noted in the OCCG Quality Committee minutes from October 2020 presented at this meeting.
"Lay members bring a wealth of experience at senior or board level and play a pivotal role in ensuring that governance is maintained, and CCGs make the best possible decisions for patients"- Susanne Hasselmann, Former Chair of Lay Members Network, NHS Clinical Commissioners.

Answer: The Clinical Chair answered the first part about appointment in her answer above. We believe the minutes are accurate; the handwritten notes and audio recording of the meeting have been checked. Whilst there is reference in the chat from the meeting members to a successor there is no commitment to bring a proposal to the next Board meeting.

QUESTION 2

Why has the Board's quality report failed to include any report on the quality of maternity and neonatal services experienced by women and families during the pandemic including the additional travel required and restrictions placed on visiting families?

(This is of particular concern given the Governing Body approved a proposal that the Quality Committee would a county wide report on maternity including the MLUs following the downgrading of The Horton unit).

Answer: The quality and performance report presented at the Board today is the first iteration of a BOB wide report prepared whilst we are still operating under a Level 4 incident. A detailed report on maternity is being prepared for the next Quality committee who will consider it before reporting to the Board.

From Maggie Winters on behalf of Keep our NHS Public Oxfordshire

We note that OCCG Executive Committee has approved the Audiology Procurement paper (OCCG Agenda 16 March 2021 Item 15 Paper21-10a). Does the procurement include provision of ear wax removal services at primary or community level as in the guidance from NICE (QS185), and at no charge to the patient for patients suffering from hearing loss or requiring referral to audiology services for a hearing assessment? If not, could OCCG explain why not?

Answer: The CCG signed off the procurement for delivery of hearing aid provision in the community.

A new element to that service is that providers will be delivering aural care (ear wax clearance) where appropriate to ensure hearing tests can be carried out accurately and hearing aids fitted. This will cover GP referrals into the hearing aid services in the Community and will be offered without charge to the referred patient.

Ear wax removal in secondary care will continue to be in line with the Priority committee statement https://www.oxfordshireccg.nhs.uk/professional-resources/documents/commissioning-statements/305-Management-of-Earwax.pdf .

General patient information can be found at Earwax build-up - NHS (www.nhs.uk)

Patients are encouraged to undertake self-care before ear wax removal can be offered by the provider unless there is justifiable reason that the patient is not able to perform self-management e.g. due to disability.

From Sally Povolotsky

When can we expect the GP surgery on GWP (Great Western Park) to be built and ready for residents to use? By providing this, does the CCG expect the subsequent increase to healthcare provision for Didcot and surrounding area to meet the need?'
If there is an alternative plan, can the CCG set out what it is and on what timescale they expect to deliver it?"

Answer: The CCG recognises and has acknowledged in our primary care estates strategy, the expected population growth in Didcot as a result of the new housing developments. Our latest data shows that the number of GP registered patients in Didcot has increased by just over 3800 between October 2017 and October 2020.
We have been working with the practices, councils and more recently the PPGs to ensure that there is adequate primary care provision in Didcot. We are currently working with the Council planning for a new surgery on the GWP site. However there are many hurdles / hoops to still go, including planning permission, business case approval, affordability and value for money as defined by the District Valuer. Therefore at this stage we are unable to provide a date by which any new surgery will be ready to use.
Alongside this we continue to work with the local councils to ensure that we achieve developers contributions for new housing developments in order to support health infrastructure for the new population.

From Mr Keith Dickinson
Bucks and Oxfordshire both received this set of questions in January (from the same individual) posed as to being to our GBs. I checked but BW did not receive them.
1. Have resources originally dedicated to critical care been given over to Covid patients?
2. Has critical surgery been cancelled / deferred / delayed due to the admission of Covid patients?
if so
3. Who made this decision and was it made on the basis of clinical, financial or political considerations?
4. Will you now restore and ringfence critical care resources?

Answer: For the majority of 2020/21 the NHS has been working under national and regional direction to ensure a consistent response to the pressures that it has been under in terms of responding to the COVID-19 pandemic. This has covered both the financial/contractual arrangements we have been working under and also nationally agreed priorities for service delivery. CCG Governing Bodies have discussed this pandemic response, and are also aware that NHS England is reimbursing additional costs incurred.

Since early November 2020 systems nationally have been operating at the highest level of command-and-control emergency alert (Level 4) with regular oversight by NHS England. All critical care resources, driven by clinical priorities, have been utilised to:

1. Support clinical management of patients with COVID who require critical care

2. Maintain services for patients who require emergency or urgent surgery such as for those with cancer

To ensure that all patients can access the critical care they need all our local hospitals have worked together to create additional “surge” critical care capacity. They have also linked into the wider South East and national picture in a process known as “mutual aid”.

Our baseline number of funded critical care beds across Buckinghamshire, Oxfordshire and Berkshire West is 91 and at the peak of the pandemic in January we were caring for nearly 260 patients in critical care. However, we have sustained priority 1 surgery throughout, and the majority of priority 2 surgery. A gradually reducing number of COVID-19 admissions since the peak has meant we have almost returned to normal capacity, with further work ahead to address the resultant backlog in priority 3 and 4 surgery.