NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group Annual Public Meeting
18.00 until 19.30, Thursday 26 September 2019
Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH

Meeting Notes and Questions & Answers

The evening started with some gentle seated and mindfulness exercises.

Financial Accounts 2017/2018

A presentation (see slides here) was given by Gareth Kenworthy, Director of Finance. The presentation highlights key aspects of finance for the year and describes the targets OCCG needed to meet and how the money was spent.

Questions to Gareth Kenworthy:

Q. How are the financial challenges of Oxford University Hospitals NHS Foundation Trust (OUH) accounted for here?

A. The financial challenges of the trust are managed through the contract management arrangements we have in place.

Q. How does inappropriate attendance at A&E affect finance?

A. Inappropriate attendance at A&E means a patient is being treated for something that could have been treated effectively elsewhere – either by their GP, pharmacy, local minor injury or first aid unit or self-care. The cost of treating one patient in A&E is more expensive than any of these alternatives so it does affect the finances within the system. If we have a block contract the impact is felt at OUH who may need to increase staff or use of other resources to manage the additional patients. If the contract is on an activity basis then the financial impact is felt by OCCG who would pay the trust based on how many patients attend and this would then impact on the money available across the health system in Oxfordshire.

Q. Have you considered auditing in a joint arrangement with trusts?

A. This is an interesting idea, we would need to look into this.

Q. Have you done any projects on workforce that have been outsourced so we can plan to get these people back in house?

A. No work has been done by OCCG. We work with providers when contracts are let to private providers. We would need to map this out as a system to know where these are.

Review of the year 2017/2018 by Kiren Collison and Board members:

Dr Kiren Collison, Clinical Chair reflected on the fact that much of the year we are focussed on dashboards and performance, talking about what we need to do to improve things. Tonight we will be talking about some of the great things achieved during the year 2018/19.

The slides for this section are available here.

Dr AmarLatif, GP in Long Hanborough, talked about diabetes prevention. Around 56,000 people in Oxfordshire are estimated to be at risk of developing Type 2 diabetes. This can lead to other serious conditions. In most cases it is preventable and also reversible if diagnosed early. In June 2017 OCCG introduced the national NHS Diabetes Prevention Programme. Up to the end of August 2019 there have been 3,000 referrals with more than 1,250 starting the programme. The weight loss of those on the programme at 6 months ranges between: 2.5kg to 3.75kg. The weight loss might not be sustainable but there are significant benefits to losing the weight in the first place.

There are also extra initiatives to help those people who already have both Type 1 and Type 2 diabetes, these include:

- Development of GP practice diabetes multi-disciplinary team consultations where a diabetes consultant and community diabetes specialist nurse attend the practice to meet with lead GP and practice nurse to review care and share good practice.
- Support to increase the number of community diabetes specialist nurses in the county
- Development of diabetes locality coordinators, including GPs and practice nurses with a focus on diabetes support
- Development of a multi-disciplinary diabetic foot care team who work closely with community podiatry

Dr Ed Capo-Bianco, GP in Goring talked about OCCG working with other partners to tackle winter pressures. Last winter the system appointed a Winter Director to lead the planning and response. Every winter we prepare for increased demands on services caused by higher rates of illness including flu. One of the most effective things we can do is help people to avoid becoming ill including by providing flu vaccinations to our most vulnerable groups in the population. In addition, we encouraged people to think about their own personal winter plan and distributed information about local alternative services to A&E. We also look at how to improve

the way services respond to peaks in demand across the healthcare system including primary care, ambulances and A&E.

Dr David Chapman, GP in Oxford City and Mental Health GP lead for OCCG with a focus on health inequalities and deprivation talked about mental health. During 2018/19 OCCG has continued to focus on making sure that mental health is given equal priority to physical health. Work continues to address the funding issues. The latest figures from NHS England rated the performance of health services in Oxfordshire for people with dementia, mental health problems and learning disabilities as 'outstanding' or 'good'. TalkingSpacePlus (a partnership between Oxford Health NHS Foundation Trust, Oxfordshire Mind and Principal Medical Limited commissioned by OCCG) provides mental health information and cognitive behavioural therapies. This year, the service saw more than 11,000 people needing support with their mental wellbeing and their mild to moderate depression and/or anxiety. OCCG continues to focus on improving access to mental health support for people with physical long term conditions, in particular diabetes, chronic obstructive pulmonary disorder, asthma, cardiac problems and also chronic fatigue syndrome. Over the last year, patients with irritable bowel syndrome and chronic pain were also being included.

Dr Karen Kearley, GP and Deputy Clinical Lead for Oxford City talked about improving respiratory care in the community. In November 2018 OCCG launched an Integrated Respiratory Team pilot project to support patients with long term respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD) and asthma. The project is a pilot with a control group and detailed evaluation so evidence of success is clear both in terms of the actual success experienced by patients and how improvement was achieved.

This initiative will improve all round patient care - including mental health support and end of life care. More care is being provided for patients in their own home or closer to home via GP practice-based specialist clinics. Patients are also being supported to manage their conditions better which will have a direct and positive impact on their overall health. Better outcomes for patients will mean fewer hospital admissions and a reduction in treatment costs.

Patients in Banbury, Chipping Norton and Oxford City are taking part in the pilot, which is also being supported by pharmaceutical company Boeringher Ingelheim. If the pilot project is successful, it could lead to the service model being established across the whole of Oxfordshire.

Dr Neil Fisher, GP in Chipping Norton talked about primary care. He started by describing how important and valued primary care is in Oxfordshire. He continued with a description of Primary Care Networks that came into existence in July 2019. They are groups of general practice working closely together with other primary and

community staff and health and care organisations, who will provide integrated services to their local populations.

In Oxfordshire 19 PCNs have now been formally agreed covering the whole Oxfordshire population. They cover populations of between 30,000 and 66,000 (the largest is in Banbury) PCNs offer services on a scale that is small enough for patients to get the continuous and personalised care they value, but large enough – in their partnership with others in the local health and care system – to be resilient and sustainable. There are ambitious plans for them but it is still early days.

Improved access hubs continue to offer people same day and routine bookable appointments to see a doctor or other health professional. Many of these appointments are provided at the weekend, on Bank holidays or in the evening. In 2018/19, improved access appointments offered 78,947 extra, same day or routine appointments over and above those available in practices. These are sometimes at a different site and with a different doctor than the patient's normal practice. These appointments however can be accessed through the patient's practice reception team.

This service allows patients to get an appointment at a time which suits them and the provision of additional appointments will reduce waiting times. It also frees up practice time for GPs to see more vulnerable patients reducing the risk of them being admitted to hospital.

The primary care home visiting and support teams assist GPs to respond to requests for urgent same day home visits. The aim is to provide a more responsive service, to visit in a timely manner rather than waiting until a GP has finished their appointments session. The service aims to identify the need for early support before a patient's condition deteriorates and they need to be admitted to hospital.

The service is made up of a team of emergency care clinicians such as nurse practitioners and community paramedics who provide urgent home visits to older and housebound patients, people in care and nursing homes, and those in rural areas. The primary care visiting service is available across most of the county and in 2018/19 carried out 12,452 visits.

Questions from the audience

Q. The diabetes programme is impressive. It does, however, struggle to reach patients from different ethnicities and inequalities.

A. This is an important observation and has been noted nationally. In Oxfordshire we are working with colleagues across our partner organisations to improve access as well as looking at what we can learn from other parts of the country, including, for

example, work done in Slough to improve the reach of the service to black and minority ethnic groups in the community.

Q. Very interested to hear more about what has been learnt from the respiratory project.

A. There has been significant learning from this project. Working across organisations - with primary care, Oxford University Hospitals and Oxford Health, plus others is hard work. We need to build in a huge amount of time to recruit the staff and support them to work together as a multi-disciplinary team. The quantitative evaluation will be time consuming but will need to be seen alongside the qualitative evidence. We anticipate emergency admissions will be reduced as a result of this pilot.

Q. You say you need to train people for the respiratory service. It might be helpful to note Age UK's approach which is to use existing staff for the new service and then employ more staff to back-fill.

Q. Voluntary services need staff throughout the year. There are consequences of all the changes in structures going on in the localities and with the introduction of Primary Care Networks. I am a member of West Oxon Public and Patient Forum – not representing a PPG but rather the voluntary sector. Those groups are being phased out so how will the voluntary sector be represented? Is the composition of the CCG going to change?

A. CCGs were set up to give a strong clinical voice in commissioning decisions. We need to continue to give commissioning the voice it needs especially with integrated care partnerships. Healthwatch Oxfordshire is working with OCCG to establish a network of voluntary organisations that can work with health and care organisations and the Oxfordshire Health and Wellbeing Board to ensure the voices of the voluntary sector are very much heard. The first meeting of this network is planned for November and invitations will be sent out next week.

Q. It appears the NHS is struggling to plan for EU Exit. I am concerned that the workforce issues don't seem to have gone away and drug issues also. The risk register identify these risks so why doesn't the CCG take these risks more seriously?

A. The preparation for EU Exit is organised in tiers at every layer of the NHS. The work on availability of medicines is taking place nationally with NHS England. For local planning, there are identified leads and ongoing work in all the NHS organisations. We know there is a risk and we can't rest on our laurels, the group is meeting regularly and working through what they need to do. You will never reduce risk to zero because it is a complex and ever evolving issue.