

Workshop A 5 July 2019

Feedback from Public Health data presentation by Jackie Wilderspin, Public health Specialist, Oxfordshire County Council

Attendees: Geoff Chown, Sue Thwaite, Anne Collins, Maggie Swain, Bernard Connolly, Terry Knight, Jenny Hannaby, Sue Hannon, Julie Maberley, Emma Jackson

Apologies: Janet Parker, James Goodman, Chloe Allens, Rosalind Pearce, Pauline Smith (Comments were received by email).

Table 1 (Julia facilitating)

- A discussion was had around the Child measurement programme, raising concern that it doesn't factor in the build of an individual – this was a reflection of personal experience, rather than a point of clarity
- It was suggested that one area that we could look at is those individuals receiving a council tax reduction – do we know who those people are in OX12 and how we might better support them.
- Nursing home data of 0.7% - when was this gathered? How does it fit with the hospital closing? Have they gone to a nursing home because they can't get into a Wantage hospital?
- Thinking about community resilience and how best to support people, it was queried about how we link with social housing and what support there is for people over 50 where there isn't warden support – this was a reflection from one individual on how we support people better in the community.
- Where do our housing providers fit in this project?
- How do we support people in social housing?
- Street Scene is a national volunteer scheme – noted that this was a suggestion around initiatives to support in the community
- Length of stay in community hospital is lower in OX12 – want to see the data on this? (This item was picked up in the latter half of discussions following the second presentation)
- GAP – concern about re-admissions after discharge – would be good to see the data
- A broad discussion was had with the young person around how they get their messages around healthy eating and exercise, and it was raised that the Impact of social media advertising on young people is a big influencer

- Prevention message to young people needs to be stronger – target governors at schools
- People felt that there still needs to be more information about what support is available in the community. District Nurses could help people more – seems a mismatch (again this was a reflection of someone on that table)

Table 2 (Leila)

- OX12 is relatively affluent as stated in the OX12 Population Health Management Flatpack. The group queried how NHS funding is divvied up and whether its affluence and London commuters using web GPs affects local funds.
 - The group felt there was a gap in children’s mental health data. The group wanted clarification on the public health data area for Wantage and Grove. The group recognised the data set was 65 + and was interested in a further breakdown for older adults. The group wanted more information on housing growth, for example, how would the birth rate change?
 - Is there a relationship between long term health conditions going up to age going up?
 - The group felt the travel times averaged in the flatpack were not a true reflection
 - How accessible are active Oxfordshire, Live Well, Social Prescribing?
 - What is MECC, how does it fit in context with OX12?
 - What support is being provided to the third sector to enable it to be delivered?
 - How is health check being monitored and uptake?
The group queried how the third sector and preventative health care services are supported to enable them to deliver services to residents of OX12 and whether these services are accessible to residents
 - The group were interested in the end of life pathways for residents in OX12 and the split between NHS and social care support in nursing homes
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Feedback from Oxford Health Community Services presentation by Pete McGrane, Clinical Director, Oxford Health NHS Foundation Trust

Table 1 (Julia)

- Where is the data on drugs and alcohol services? There was a discussion around the roles of services around drug prevention, specifically around schools and the remit of youth offending services and the Phoenix Team.
- Hospital at home, what happens when services pull out, where do people get support then? Ongoing care?
- Interface between hospital at home and social care?
- Where is home?
- 87 stranded patients – could use Wantage hospital
- Clarity needed around the stroke pathway
- 83 bed blockers countywide – could use Wantage
- Query services delivered locally – what does that mean?
- Query adult mental health – who provides this – concern that contract has been removed from Oxford Health?
- Can children self-refer to CAHMS – no this is not possible (Query answered at the time)
- Who looks after young carers – (Oxfordshire County Council are responsible for this (query answered at the time)
- Suggestion that there needs to be join up with the voluntary sector, eg: GROW to ensure that people are signposted and supported at the right point.
- A general comment about reaching young people and it was noted that street pastors work with kids in the local area...generally acknowledged that it is hard to engage with young people.

Table 2 (Leila)

- In the presentation there were queries around where 'home' was for patients following discharge from a community hospital. What is the definition of home – re the data provided?
- How many people go back to where they came from?
- How many (2018/19) patients are stranded, for how long and why?
- 3618 contacts were received from patients in OX12 postcode areas in the reference period accounting for 3.55% of all OOH contacts (102,127). The group requested clarity of terminology: what is the definition of a patient contact? For example, is this a face to face contact or and over the phone
- Out of the 20286 contacts, how many are routine?
- From MIU, how many people went to X-ray from primary care vs MIU?
- How many people go to MIU via emergency services?

- What % of patients have contact with Health Visitors?
- What % of patients are referred to specialist services?
- What are the specialist services?
- How does this compare across Oxfordshire?
- A member feels there are significantly higher than average rates of children on Educational HealthCare Plans in OX12

Workshop B – 24 July 2019

Attendees: Maggie Swain, Pamela Roscoe, Sue Hannon, Bernard Connolly, Julie Maberley, Jenny Hannaby, Geoff Chown, Sue Thwaite, Janet Parker

Apologies: James Goodman, Terry Knight, Pauline Smith, Emma Jackson, Chloe Allens, Rosalind Pearce

Feedback from Primary Care presentation by Kate Blowfield, Practice Manager, Church Street Practice and Karen Fido, Practice Manager, Newbury Street Practice

Discussion was had around the role of Principal Medical Ltd (PML) Federation in providing out of hours appointments. PML is a federation of GPs providing primary care services in the OX12 area. These services are paid for by Oxfordshire Clinical Commissioning and there is also funding from NHS England. There was concern that PML was privatising the NHS. It was made clear that PML are providing NHS Services and are made up of local GPs.

Feedback from Social Care presentation by Kate Gleeson, Strategic Commissioning Manager, Oxfordshire County Council

There was a discussion around number of people waiting to receive an assessment for home care and how many people are funded for continuing healthcare at home. People felt that it would be helpful to understand how the OX12 data compares with the rest of the county.

Members wanted to know the numbers of young carers in the OX12 area, and how that compares to the rest of the county.

There was a discussion around those individuals who fund their care themselves, whether at home or in a nursing home. It was felt that it would be useful to have a comparison on the number of people self-funding care in OX12. It was noted that this would be hard to obtain, as it would require the individual care providers to provide the information.

Generally people fed back that it is challenging for people to know where to go to get help. Whilst there is a lot of information available, there is a lack of support to signpost people to the information.

Feedback from the Planned Care presentation by Tehmeena Ajmal, Service Director, Oxford Health NHS Foundation Trust.

There was a discussion around the access of patient data across the different organisations within the NHS locally and the data sharing agreements in place. There was concern that accessing patient notes is limited and members felt that this needed to be more joined up.

There was a request for clarification on the numbers of appointments cancelled by the John Radcliffe, including the reasons for cancelling appointments. People felt that whilst it was important to record when patients do not attend (DNA) it is also important to record, when appointments are cancelled by the hospitals, often at short notice.

Clarification around 'first appointment' does that that factor in when an appointment has been cancelled or rescheduled?

Noted that the 'other' categories listed in the presentation need to be detailed to give the whole picture for OX12.

There was a discussion around the administration processes of the John Radcliffe, specifically relating to letters being sent, the cost of postal correspondence, and concern that letters are often not timely.

Feedback from the Urgent and Emergency Care presentation by Tehmeena Ajmal, Service Director, Oxford Health NHS Foundation Trust.

There was a discussion around the categorisation of 'Diagnosis not classifiable': It was agreed that this would be picked up in the information and data group to explore further.

A discussion around stranded patients: it was noted that 10+ may not always be stranded patients, as there will be patients who require a longer hospital stay depending on their condition.

Query around the length of stay at the Oxford University Hospitals NHS Foundations Trust versus those community hospitals: it was noted that the length of stay is coded differently, and the reason may not be condition specific.