OX12 Project

Summary Record of the OX12 Listening Event

12th September 2019

Background and Context

Background

This 'Listening Event' was organised in response to feedback from members of the OX12 Stakeholder Reference Group (SRG) that they felt they weren't being listened to. The event aimed to give members of the SRG an opportunity to put forward their views to a panel of senior NHS decision makers and to explore and discuss these with them. The key points and issues raised will help inform the OX12 programme of work, particularly the Solution Building Event scheduled to take place on 18th September 2019.

The event was independently chaired by Nick Duffin, an Associate of the Consultation Institute. In his introduction, Nick emphasised that this was both an opportunity for stakeholders to bring information to the table and an 'influencing opportunity' to make constructive suggestions that will shape the project at this critical stage.

Attendees

Panel:

- Nick Duffin, Independent Chair
- Jo Cogswell, Director of Transformation – OCCG and OX12 Project Senior Responsible Officer
- Dr Kiren Collison, Clinical Chair of the CCG and Lead GP
- Tehmeena Ajmal, Service Director, Community Services – Oxford Health NHS Foundation Trust
- Hannah Iqbal, Deputy Director of Strategy – Oxford University Hospitals NHS Foundation Trust

Stakeholder Reference Group members:

- Terry Knight - Save Wantage Hospital Group Member
- Maggie Swain - Save Wantage Hospital Group Member
- Janet Parker – PPG Rep
- Sue Hannon – PPG Rep
- Julie Mabberley (Group Chair) – Fitzwaryn School
- Jenny Hannaby – County Councillor
- Andy Crawford – Town Councillor
- Geoff Chown – Parish Councillor
- Pauline Smith - Ashbury Neighbourhood Planning
- Bernard Connolly - Wantage and Grove Campaign Group
- Sue Thwaite - Wantage Mobility User Group
- Pamela Roscoe – Wantage Independent Advice Centre

Apologies were received from Cllr James Goodman.

There were also a small number of observers from Oxfordshire CCG and the Oxfordshire Health Overview and Scrutiny Committee.

Purpose of this document

This document summarises and records the key points and issues raised at the listening event. This summary was used to inform the OX12 Project's Solution Building event on 18th September 2019 and the OX12 project.

The issues raised have been grouped together and set alongside any actions that were agreed. This does not always reflect the order in which issues were raised and discussed at the event. Similarly, while those raising specific points and giving their point of view are often named in this document, the transcript should be consulted for precise details of who said what.

1. Reviewing the process of applying the Framework

Nick Duffin provided the following introduction to this item:

The partners in the Oxfordshire health and social care system agreed a new approach to planning health, care and wellbeing services using a "population health management" methodology. This methodology is described in Oxfordshire's Population Health and Care Needs Framework. As you know the new framework is being applied first in the OX12 area to look at the health needs of the local population, what the services are currently provided and gaps in provision to meet need.

Can we take this time to get your views / thoughts on the framework and how it has been applied so far in the local area?

Pauline Smith, Julie Mabberley and Pamela Roscoe gave representations on this item. They raised concerns about the Framework itself and the approach to its implementation in OX12. These issues are summarised below. Julie Mabberley also provided a formal written submission with more detail and supporting evidence. This submission will be appended to this document and will be used to inform the Project evaluation.

Lack of details, definitions and specification of terms in the Framework

It was felt the Framework lacked details, definitions and specification of a large number of terms including:

- population health management and the principles;
- what is meant by "system" in the context of population health management;
- wider determinates of health;
- definitions of health and wellbeing.

Vague descriptions of the approach to be used

The Framework states that it is "not prescriptive guidance" and is a "support tool". In light of this, Pauline Smith raised questions of how those involved can understand how the approach will be conducted and how a population health management approach differs from other approaches such as evidence-based commissioning. She suggested it would be helpful to provide greater clarify on the benefits of using a population health and care approach and an explanation of how other initiatives could be strengthened or developed using such an approach.

Deficits at set up of the Project

Pauline Smith listed a number of deficits at the set-up of the Project. For example, the Framework lacks information on the role of a Project Sponsor and a high-level Steering Group. Sign-up at this high level would allow the approach and methodology to be agreed and for agreements to be reached about what needs to be put in place for the approach to proceed / actions put in place. This would have ensured that the data required from different organisations could be identified and made available.

Pauline questioned whether the development needs of those leading and participating in the project were considered to ensure the right skills/competencies and expertise was available to the project. She also suggested that more thought could be given to how language is used to reflect key principles that are important to population health management (such as providing equity and addressing inequalities) as this is not currently visible.

Delay in setting up the Project

The Framework was approved by the Health and Wellbeing Board on 15th November 2018 and stakeholders expected the OX12 Project to start immediately. There was, however, a 3-4 month delay starting the project which caused a significant amount of frustration amongst stakeholders (as this means a 3-4 month delay before any proposals for Wantage Community Hospital and stakeholders are keen to see services resumed in the hospital as soon as possible).

Lack of Project Planning

The Framework should have been sufficient for the production of a detailed project plan. However, stakeholders have seen no evidence of a detailed project plan, task list or critical path. Communication to stakeholders in the project has been poor, particularly around progress, tasks required and their place in the plan.

Pamela Roscoe felt the project particularly stumbled because insufficient time was spent on the initial discovery and scoping stage. Doing this properly would have saved time in the long run.

Meetings were often planned with less than two weeks' notice. Dates of meetings should be set in advance with sufficient lead time to allow stakeholders to manage their other commitments and participate fully. Meetings were set during working hours which inevitably restricted who could attend.

Role of the Stakeholder Reference Group

Julie Mabberley explained that many members of the Stakeholder Reference Group feel that they are only there to provide lip service to public participation in the decision-making process. They do not feel that their views have been listened to by the Project Team. They have not been able to enter into a dialogue about progress as the Stakeholder Reference Group are not aware of the discussions taking place in the wider project.

Pauline Smith suggested it may have been better to engage the Stakeholder Reference Group along the lines of the Listening Event at the outset.

Jenny Hannaby suggested more could be done to engage with a wider cross-section of the community, especially teenagers and young mums.

Project Survey and Roadshows

Julie Mabberley signposted the panel to the detailed description of the issues surrounding the survey and roadshows in her formal submission. This suffered from a number of problems, including:

- poor design of the survey;
- the lack of a sufficient lead time to advertise the survey effectively;
- lack of distribution of the survey to homes;
- issues surrounding the involvement of Save Wantage Hospital Group in promoting the survey;
- design of the roadshows;
- failure to take proactive steps to share the outputs of the survey with the community.

Despite these problems, the Stakeholder Reference Group and the CCG actively promoted the survey and achieved 1,300 responses from 13,000 homes. This is a significant achievement, especially when compared to the 'Oxford 2050' county-wide survey which received a total of 502 responses.

Having noted the current limitations and issues, stakeholders acknowledged that population health management has the potential to provide a positive approach to health and care work. Some stakeholders felt that, while there remain issues that need to be addressed, progress has been made in some areas (such as the work of the Information and Data Group).

Panel Response

Jo Cogswell took the opportunity to explain that the document stakeholders were referring to is a summary of the Framework and was intended to be illustrative rather than comprehensive, although with hindsight she would probably change some of the examples. She assured stakeholders that there is much more that underpins the Framework. Jo spoke of the balance between providing enough information on the approach for participants to understand and too much to bog people down. The interest in the underpinning methodology shown by OX12 stakeholders is unusual for community groups.

Jo welcomed the detailed feedback which will be fed into both the interim and final evaluation of the OX12 Project. The aim of the project evaluation is to identify potential learning that can help inform the use of Oxfordshire's 'Population Health and Care Needs Framework' in other localities.

Actions

- Following a suggestion by Nick Duffin, members of the OX12 Stakeholder Reference Group agreed to put together a set of suggestions on what could be done differently when the population health management approach is rolled out to other localities.
- It was agreed that the CCG will organise a reflection event with stakeholders at the end of the project to capture additional learning and to inform the project evaluation.
- Jo Cogswell will ensure that dates are set in advance for future Stakeholder Reference Group meetings.

2. Wantage Community Hospital

Nick Duffin provided the following introduction to this item:

Community inpatient beds have been temporarily closed for 3 years following the detection of legionella: we know for local community members that this was a valued service. Wantage Hospital is not shut: there are services being provided from the facility including the Midwifery Led Unit, children services, speech and language therapy and physiotherapy Services have recommenced.

Can we take this time to talk about Wantage Hospital and the sort of care/ services that could be provided for the benefit of local people?

Maggie Swain, Terry Knight and Jenny Hannaby presented their understanding of the history of Wantage Community Hospital including the reasons given for the temporary closure of the inpatient beds. A discussion of the former "Minor Injuries Unit" took place towards the end of the meeting: as conversations about this Unit relate directly to Wantage Community Hospital the main points are summarised in this section.

History of Wantage Hospital

There is strong commitment to Wantage Community Hospital from the local community (as evidenced by the high turnout in support of the hospital in July 2018). Until the 1970s the hospital was largely maintained by community funding with the NHS providing the staff. During this time the number and range of services offered at Wantage Hospital increased. However, recent decades have seen a gradual reduction in service provision including the closure of the Minor Injuries Unit, removal of X-ray services and clinics like Ear, Nose and Throat and, until recently, Physiotherapy.

Cllr Jenny Hannaby attributed this reduction in services to changes in government direction and management decisions and cited the 2001 South East Area Health Strategy as an example. Jenny also pointed to the lack of investment in the Wantage Hospital building over time. Maggie Swain gave an example of where she felt investment had been poorly directed – the pipes needed overhaul but, instead, the hospital was given a new roof.

Maggie Swain explained that the hospital has two distinct sections which can each accommodate up to 12 beds. She believed there have been no structural changes to the building so she can see no reason why it is designated by the current management as a 12-bed hospital rather than a 24-bed hospital.

Maggie also highlighted the money that has been spent on the hospital since the temporary closure of the inpatient beds. This includes securing the building and providing security guards to protect the building, converting rooms for use by staff who have moved out of Mably Way Health Centre, and moving physio services. None of this expenditure has directly benefitted the local community.

Community inpatient beds

Maggie Swain spoke of her concerns about the practicalities of moving to a model where people recuperate at home or in a nursing or care home. These approaches require the right staff and equipment to be available. This is often challenging (staff may not be available or homes may not be suitable for equipment) and takes times to organise. This means that patients are often 'bed blocking' in an acute hospital. Where care is provided at home, visits are often limited and rarely at night, leaving patients at risk if they fall, or feeling isolated and

lonely. Nursing homes may not be suitable for younger patients. Maggie expressed a strong view that Wantage Community Hospital was a better place for these patients.

Since the closure of the inpatient beds, people from OX12 have had to travel to places like Wallingford, Witney, Oxford, Didcot and Abingdon. These are difficult to reach on public transport and this often reduces the number of visitors, especially from elderly relatives. (The issues around transport, and opportunities for locally based outpatient appointments, are covered in more detail in section four below).

Julie Mabberley questioned whether the CCG have considered the research by Birmingham University that examined the role community hospitals can play in promoting the health and wellbeing of their local communities.

Many stakeholders expressed concerns about the length of time the inpatients beds have been temporarily closed and the lack of a clear timescale for a decision about their future.

Legionella

Terry Knight spoke about the issue of Legionella at Wantage Hospital. Legionella was given as the sole reason for the temporarily closure of the inpatient beds. The use of the hospital for maternity and physiotherapy services indicates that robust processes are in place to manage any risks associated with the disease, so stakeholders suggested there is no rationale for continuing to keep the beds closed.

Minor Injuries Unit

Stakeholders described the “Minor Injuries Unit” that used to operate at Wantage Community Hospital. This was described as a nurse-led “community casualty” style service that operated during the nurse’s working hours. It closed around 2002 when the nurse who was delivering the service left. The operation of the Unit as described by stakeholders is very different from the NHS’ current understanding of a Minor Injuries Unit but it is clear that the community very much valued the service.

<u>Panel Response</u>

Jo Cogswell, from Oxfordshire CCG, clarified that Wantage Hospital is temporarily closed to inpatients. However, there are community-based services run by Oxford Health and a midwife led unit, run by Oxford University Hospitals. Any decision to permanently close inpatient beds would require formal consultation.

Jo has received (and shared with the campaign group) confirmation that Oxford Health have identified ring-fenced funding to resolve the legionella issue at Wantage Hospital. However, before spending any money, it is sensible to confirm what long-term services are likely to be delivered from Wantage Hospital. This will allow all structural and building work to be done at the same time and at the lowest cost.

With regard to the MIU; we are trying to locate the MIU service specification as the CCG does not have any records of such a unit.

Jo confirmed that she has a copy of the Birmingham University research. Jo explained that the work of the OX12 Project is being guided by the NHS Long Term Plan which makes a commitment to shift services out of acute hospitals and into the community. The OX12 Project, therefore, has an opportunity to identify and shape the future services that could be delivered from Wantage Hospital. This will be one of the tasks of the Solution Building Workshop on the 18th September.

Dr Kiren Collison echoed this, describing the enthusiasm amongst clinicians from all parts of the Oxfordshire system to embrace new approaches to service delivery.

Agreed Actions:

Jo Cogswell agreed to request from Oxford Health:

- A formal update on the current status of legionella in Wantage Hospital.
- The cost of maintenance of the part of the building that is currently closed.

3. Primary Care

Nick Duffin provided the following introduction to this item:

Primary care in Oxfordshire, in line with the rest of the country remains under pressure from a shortage of GPs, more demand on services from an increasing population with fewer funding resources. Primary care in Wantage is no different – they are being affected by pressure on services and a lack of space to grow / expand services to meet need.

Can we take this time to talk through views and ideas on primary care services locally?

Janet Parker, Sue Hannon and Julie Mabberley gave representations on this item. These provided context and history to the current primary care provision and outlined the issues summarised below.

History of the Health Centre Provision

There are two GP Practices in OX12 (Church Street and Newbury Street), both located at the Health Centre in Mably Way.

The practices moved to Mably Way in 2003 because the buildings they then occupied, situated next to the hospital, had proved to be too small. The site was chosen as it is central to the communities of Wantage, Grove and the surrounding villages, is accessible to all and provided ample car parking – which is important as patients come from a wide area.

The land the Health Centre occupies is protected by a covenant which states that only health services can be built there. The land and buildings are owned by Assura who manage and the lease the site and who will be involved in any future developments.

When the current site was chosen it was anticipated that the extra underdeveloped land within the covenant could be used for future expansion, including two further wings that could be built when needed.

The Newbury Street Practice took patients from the Grove Practice when it closed.

Demand Pressures and Planned Expansion

The lists of both GP Practices are virtually full and the premises are currently stretched to capacity. However, new houses and care homes are being built at the moment with more planned for the future. The ageing population of OX12 is also contributing to increased demand.

Over the last four years, patient groups have been asking how primary care services in OX12 will cope with the increasing population and have asked Oxfordshire CCG a number of times. Plans for expansion have been drawn up involving Assura, owner and landlord, and

incorporating community consultation. However it is felt, by local stakeholders that no progress appears to have been made.

At the planning appeal against the decision not to allow a care home to be built on the land behind the health centre in 2013, a representative from NHS England told the planning inspector that the NHS planned to expand the health centre and that an application or additional wings would be submitted within six months. That was six years ago.

Stakeholders have been told that the plans are with the 'district valuer' but very little other information has been shared. Stakeholders feel they are constantly waiting to find out what is planned.

Repeat Prescriptions and GP recruitment

There is currently a delay getting repeat prescriptions at the Newbury Street Practice and this has been attributed to a shortage of GPs. However, stakeholders have been told that, even if there was more space in the Health Centre, it may not result in the recruitment of more GPs. This does not make sense to stakeholders given the projected increase in population, the increasing ageing population, and the focus on prevention.

Appointment Processes

The issue of waiting times to see GPs was raised. This can be six weeks. It was felt that difficulties in getting appointments might deter patients calling the surgery and may lead them to wait until their health need becomes more serious.

Concerns were also expressed about the current triage by reception staff and the move towards telephone appointments. This assumes patients can accurately described symptoms and doctors can diagnose without seeing patients. While this may work for younger patients, many older patients find it very hard to have this kind of conversation by telephone. In addition, it was felt that this could lead doctors to "play safe" and simply over prescribe to ensure patients receive medication for anything they may be suffering from.

Statistics show that fewer patients in OX12 are referred on compared to other areas: stakeholders are concerned that this may be due to the issues outlined above. There is no evidence that anything is being done to monitor the impact on patient care. It is also important not to have blind faith in new Primary Care Networks and GP contracts.

Travel and Transport to access Primary Care

Issues of travel and transport where raised and discussed under this item. These have been incorporated in the next section of this summary record.

<u>Panel Response</u>

Dr Kiren Collison addressed the issues raised about repeat prescriptions, GP recruitment and the appointment processes. As a GP, Kiren is acutely aware of the pressure on primary care which is a concern across Oxfordshire and nationally. While she understands that most people want to see a GP, in some cases they are not the best person to help patients. For example, a specialist physiotherapist may be better qualified to treat patients with MSK problems. Kiren felt that issues with repeat prescriptions can also be effectively managed by trained pharmacists. Primary Care Networks are an opportunity to expand the primary care workforce to include these types of professionals.

Kiren then discussed telephone appointments. The ability to undertake telephone consultations with patients is a key part of GP training (indeed, you can't now qualify as a

GP if you fail to pass this aspect) but she accepted that the approach does not work for all patients. Kiren pointed out that telephone appointments have an important role in releasing more GP time for face to face appointments.

Stakeholders felt that there are still issues with telephone appointments, particularly where GPs do not know the patients (for example, where there is reliance on locums) or where they are attempting to treat conditions that have visible symptoms such as rashes. Jo Cogswell advised that issues over specific cases or practices should be raised through the PPG.

Jo Cogswell then spoke to the issues raised about the proposed expansion of the Health Centre. She explained that the NHS and other public sector organisations are bound by the findings and recommendations of the district valuer. She confirmed that the individual Practices are responsible for keeping the PPG up to date about all issues surrounding the proposed expansion. However, Jo will ensure the CCG encourages the Practices to share all relevant developments with the PPG. Jo also made a commitment to ensure CCG staff reply to requests for information.

Agreed Actions:

Jo Cogswell agreed to ensure:

- the CCG encourages the Practices to share all relevant developments regarding the proposed expansion with the PPG.
- CCG staff reply to requests for information.

4. Access to services to cover increased demand, population growth and transport

Nick Duffin provided the following introduction to this item:

From the feedback we have already received from you and through data analysis we know that demand for services (like elsewhere in Oxfordshire and across the country) is increasing. The local population is set to increase as significant housing growth is planned for the OX12 area; over the next five years the areas with the largest numbers of additional homes are expected to be Grove and North East Wantage. We also know that transportation is an issue in OX12 – a high proportion of the registered patients in OX12 would attend acute hospital appointments at one of the Oxford University Hospitals (the Horton, Churchill, John Radcliffe or Nuffield).

Bernard Connolly, Julie Mabberley, Geoff Chown, Sue Thwaite and Pamela Roscoe gave representations on this item. Points made about travel under items 2 and 3 above are also summarised in this section.

Population Growth

The population in OX12 is growing, with a large number of new houses and care home beds. Indeed, Julie Mabberley said that the Information and Data Group have been told this growth could be in the region of 50% in the next 10-15 years. Stakeholders have not seen any evidence that this significant growth is being actively considered when planning for facilities including roads and health. It was felt that more could be made of planning 106 monies.

Transport

- Public Transport

Transport is a major issue in OX12. Public transport is lacking in Wantage and although there are regular bus services between Wantage/Didcot/Oxford these do not go door to door. Many outlying villages no longer have a bus service into the town. A visit to a health appointment may, therefore, entail two or three bus journeys.

Sue Thwaite described the challenges of travelling on public transport with a mobility scooter (including the frequent weight restrictions) and the challenges of finding a taxi that can accommodate a wheelchair. It was noted that in Newbury the Council pay for vehicles that can be used for community transport and these are frequently wheelchair friendly.

Transport to day centres is also a problem for many residents in OX12.

The County Council continue to promote bus use and to limit the provision of car parking without recognising the considerable challenges of public transport in the area.

- Alternative Community Transport

There was consensus from all stakeholders that Wantage Independent Advice Centre provide an excellent community transport service. However, they require notice to organise drivers and this means they are unable to accommodate appointments when they are given at short notice. Wantage Independent Advice Centre currently have approximately 60 volunteer drivers but the journey time to Oxford means taking one patient to one appointment typically takes half a day. There is also a cost that not everyone can afford.

There are alternative patient transport schemes, and some reimbursement opportunities for community transport, but these are not generally understood by the public.

- Access to Oxford Hospitals by car

For car users, it is often a 40-mile round trip for treatment at the Oxford hospitals. A member of Stakeholder Reference Group shared the experience of his wife's cancer treatment and follow up appointments in 2107. This required over 4,000 miles of travelling including 88 hospital visits to Oxford, 6 visits to Abingdon and 65 to Mably Way. He pointed out that public transport after some treatments (such as chemotherapy) is simply not practical.

Whilst constraints on capacity at the Oxford hospitals were recognised it was noted that consideration of the timing of appointments could make a big difference to patients.

- More local services

There was a consensus from all those at the meeting that making treatment more locally available would make a big difference and would help overcome some of the transport issues. In particular it was felt that technology should be utilised and that, wherever possible, both treatments and outpatient appointments should be provided in the local area.

More local appointments, and therefore significantly reduced journey times, would mean that Wantage Independent Advice Centre could support many more patients.

Loneliness and Isolation

Pamela Roscoe spoke about the importance of tackling loneliness and isolation. She described the Wantage Independent Advice Centre's "Good Neighbour Scheme" which currently has 50 volunteer befrienders who support 200 separate clients from OX12, 86% of whom are aged over 70. She gave the example of a 50-year-old who recently phoned the centre because they simply wanted someone to know they were alive.

Pamela also provided a breakdown of referrals: 30% are from clients themselves, 30% from friends and family, 23% from health and 16% from social/case workers.

Pamela posed the question of whether this service should be entirely reliant on community volunteers, and whether it will be possible to sustain and grow it with an increasing aging population.

Panel Response

Hannah Iqbal noted that Oxford University Hospitals Trust is looking to move more services into the community and staff conversations over the summer have found a lot of enthusiasm for making these changes.

Jo Cogswell explained that at the current time Oxfordshire does not have a predictive modelling capability that some other areas of the Country use. It is possible to utilise actuarial modelling based on detailed (anonymised) information from primary and secondary care data to more accurately predict likely health profiles over time. However, work across organisations is being undertaken to put this in place including drawing up appropriate data sharing agreements. In the meantime, the OX12 Project will consider the information that is available on population growth and will seek to plan accordingly.

While issues around travel and transport are not the core business of the listening panel. Jo explained that the information today will influence the solution building event on the 18 September. The Health and Wellbeing Board partners support and own the population health framework approach. Any recommendations for addressing the current problems can, therefore, be shared with partners who can more directly influence these. Indeed, the OX12 Project has a formal Project Executive which includes senior representatives from all relevant organisations including the County and the District Council.

Jo and Dr Kiren Collinson both shared their excitement that the new NHS Long Term Plan is, for the first time in a NHS document, encouraging consideration of issues beyond treatment.