

Appendix 3: Feedback from the events

Oxfordshire CCG held two events in Witney and Carterton in November 2017 and another follow up event in Witney in December to share the engagement feedback and draft plans. The workshops allowed local people to share their views on how GP and primary care services in their localities could be organised.

The key themes highlighted are below:

Witney Event

Key Themes	Summary of issues
Population growth/housing development	<ul style="list-style-type: none">• OCCG must cooperate more with the councils to get funding for health infrastructure• Work with developers• Need to be planning ahead
Access to GP appointments	<ul style="list-style-type: none">• Not acceptable to wait two - three weeks• Poor experience – had to go home to phone for an appointment even though I was already at the surgery• Appointments – some practices have a phone-back system which works well• Want continuity of care but difficult to get appointment with named GP• Important for people with LTC to see own GP who knows you well• Phoned 111 and saw doctor in Witney, experience very good• Early visiting service works well

<p>Access to other clinicians/pharmacists</p>	<ul style="list-style-type: none"> • Should be able to book to see a nurse , not just GP • Pharmacies could be used more as a first point of contact • Pharmacists have skills but not authority to prescribe • More use of triage • More training of receptionists • May not need to see a GP – other professionals could be first point of contact e.g. physio
<p>Recruitment/retention of staff</p>	<ul style="list-style-type: none"> • Shortage of clinical workers is a problem for the proposals • Provide affordable accommodation to help recruit more GPs • Recruitment vital to sustain services • Important for patients to raise funding/investment in GP services issues with their MPs • Upskilling workforce
<p>IT</p>	<ul style="list-style-type: none"> • Patients' notes: not everyone can see them, would assist continuity • Electronic conversations – better use of email and website communications • Don't assume everyone has internet or mobile access. Need paper versions of information • Online booking/ access to notes / prescriptions is good

	<ul style="list-style-type: none"> • Integration of IT systems to encourage more use of computers
Prevention/social prescribing	<ul style="list-style-type: none"> • Not enough emphasis on keeping well • More education in schools about staying healthy • Need to focus on younger generation • Invest time with young people • Social prescribing is a good idea e.g. walking groups • Age UK offers exercise to prevent falls • Paid person to be a befriender or supporter for social prescribing • Keep older people active
Witney Community Hospital	<ul style="list-style-type: none"> • EMU works well • Better use of Witney hospital – gerontologist used to be based there – why was this stopped • Maintain and expand Witney Hospital ; expand the MIU so it can stay open longer and increase capacity
Mental Health	<ul style="list-style-type: none"> • Not enough support for young people • School counsellors have long waiting lists

Carterton – 8 November

Continuity of Care	<ul style="list-style-type: none">• People want to know they can talk to someone when vulnerable.
Transport	<ul style="list-style-type: none">• Getting to hospitals in Oxford - time is so difficult and parking so stressful. Couldn't we set up a skype consultation/video - even if people went into Witney to do this? It would save on transport/ time / stress and make use of technology to cut down on people going
Money/Charging	<ul style="list-style-type: none">• People coming from abroad should pay for treatments.• Think it reasonable to be charged housekeeping for food - the money should go to medical care. But some people find it hard to feed themselves anyway - means testing nightmare.• Money to pay for services is limited to patients need to be given choices• Are these plans affordable• Government need to put more money in the NHS• Agency staff are better paid - bad for patient.• Better pay would help recruitment and staffing. There is no pay rise.• Money - Go regularly to eye hospital/JR. It costs £68m p.a. for patients not turning up - patients should be charged for this.
Housing	<ul style="list-style-type: none">• Housing development - In this area are they looking at creating a new surgery?

	<ul style="list-style-type: none"> • How will they cope with this? • Where are people going to go if surgeries are already full?
Structure of GP Practices	<ul style="list-style-type: none"> • Why can't we require GPs to work in NHS for some time before they go to private practice? • Sharing back office functions - couldn't support more. Council has saved £9m a year in avoiding duplication - small pool of very well trained admin staff. • Length of time to get an appointment an issue • Waiting times for appointments need to go down • A lack of GPs in the Eynsham GP practice so there is pressure on GPs; need to recruit more GPs at the surgery • Why can't practices list conditions that other staff can deal with - signposting • Physios could take a huge load off GPs - muscular skeletal etc • Community based teams - ideal to spot emergencies before they happen
DTCO	<ul style="list-style-type: none"> • On the whole the NHS is a v good service. It's aftercare - 'bed blocking' and time it takes from knowing the person is fit to go home, to the time it takes to get a plan in place. • Used to be intermediate care - maybe nursing homes are taking their place? But they are full. • Recognise that high level full on provision isn't there. It's the convalescent stage during that transition that is needed at a local level. • Out of hospital discharge

	<ul style="list-style-type: none"> • Social Care • Poor sharing of discharge information from OUH. • Overnight stay - discharged and notes transferred to GP. Patient had notes. •
Technology/Communication	<ul style="list-style-type: none"> • If I go to Swindon - the letters don't go back to your GP/the right place - e.g. Cancer treatment in Swindon. Results don't get referred back? Technology to save time and communicate/share information. • Had test at Witney hospital but they didn't know about it at the JR. • Better communications between OUH, GP Surgery, patients at pharmacist without discharge summary. • Language about the elderly - its not our fault • Hospital admin not good, duplicate letters - bad service. Staff frustrated at the hospital with it - problems. • Website improvement and communication.
Pharmacy	<ul style="list-style-type: none"> • NHS cuts to pharmacist - cuts income by 15%. Independent pharmacies. • Pharmacist availability also a problem. GP employ pharmacist to do medicine reviews - new idea. • Pharmacist skill mix • Need more pharmacists to save GP time
Future services	<ul style="list-style-type: none"> • Walk-in services in town centres, shopping areas (i.e. where people are during the day or can get too easily) - for advice, and minor conditions. A good way to promote self-care.

Receptionists	<ul style="list-style-type: none">• Don't want to see receptionists triaging patients• Using receptionists to triage is cost effective for the NHS• Receptionists are rude
Mental Health	<ul style="list-style-type: none">• A mental health nurse should be attached to each practice• Need to look at self-harm rate in south Witney which is above average• People with mental health issues need more support

Appendix 4: Feedback and themes from Meeting with Deer Park Patients

Eight previous patients of Deer Park Medical Practice met with a Director and two senior managers from OCCG on 29 November 2017.

The themes raised at this meeting included:

Themes	
Concern about the IRP advice which did not preclude having a GP practice in Deer Park or another practice in Witney	<ul style="list-style-type: none"> • The CCG haven't taken on board the recommendation of the IRP? • The IRP response was focussed but the CCG plans address wider issues. • IRP states that patients should be involved in the process. • Lack of engagement by CCG
Waiting times	<ul style="list-style-type: none"> • When looking at Deer Park closure waiting time for appointment was 2 working days. Windrush was 3-4 weeks for a non-urgent appointment. Now, its 6-8 weeks for non-urgent. No online appointments available for the last 3 months. More doctors have been taken on and the waiting times are still bad. • Data – analysis of Drs to patients in Witney – 1,200-1,300 patients per GP. This hasn't changed but waiting times have doubled/trebled.
Access	<ul style="list-style-type: none"> • Transport from outside Witney comes in to the Deer Park side but not the other side of Witney. • Concern about people not being able to

	<p>get to the Deer Park building for appointment for other clinical services – physio. Wanted to know how that decision (to have physio services in Deer Park building) was made and whether transport was part of the decision-making.</p> <ul style="list-style-type: none"> • People are making appointments in case they need an appointment and cancelling if they don't need it.
Population increasing	<ul style="list-style-type: none"> • Need to recognise the new developments along the A40.
Alternative suggestions	<ul style="list-style-type: none"> • Suggested there are 2 GPs who worked at Deer Park would be willing to come back. • Have you considered the idea of using the Deer Park as an option. • The land at Deer Park belongs to the council and a new building could be built or expanded there. • Our proposal is that services at Deer Park or somewhere in West Oxfordshire should be re-convened. Need more doctors to allow more appointments available. Hub appointments not sufficient for population. • Deer Park walk-in clinics worked very well and would like to see something similar available. • Open it on a community-led social enterprise.
Financial Impact	<ul style="list-style-type: none"> • Not yet had a cost analysis of closing Deer Park. What would have been the cost of keeping it open? Ploughed money

	<p>into other practices in Witney.</p> <ul style="list-style-type: none"> • We need to have a better understanding of the costs and of the benefits/value of the new model. What are the clinical outcomes? How much has the whole process cost and what would it have cost to stay where we were until the new developments produced more patients. • Concern that commercial element might lead business managers in other practices to be keen to take on new patients to get the extra money without being able to deliver clinical services needed.
Patient outcomes	<ul style="list-style-type: none"> • Comparing outcomes? Look at walk-ins, waiting times for appointments? KPIs used? Has the T/F of patients made things better, the same or worse?
Communication	<ul style="list-style-type: none"> • Messages displayed in waiting room suggests because more patients being absorbed, more notice is needed for prescriptions.
A new practice in Witney	<ul style="list-style-type: none"> • Could bigger practices have worse waiting times? Are the practices being managed properly? • Wanting to have another practice in Witney suggests you have come to the same conclusion? • What are the benefits and disadvantages of opening a new practice in the Deer Park area? • Talked to west Oxon practices about growth.

	<ul style="list-style-type: none"> • Question whether small practices can be sustainable?
Recruitment	<ul style="list-style-type: none"> • APMS contracts are different and challenges of recruiting GPs are not as big. • Many new GPs are reluctant to be partners, so would we not need to move to more APMS contracts?
Shared resources	<ul style="list-style-type: none"> • How much time spent doing the paperwork? Should the other surgeries take on board the model of Virgin and have a hub to take on the back room work.