



The 'Big Health and Care Conversation' Engagement Report

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1. Purpose of report

The purpose of this report is to outline the public engagement undertaken from 6 June up to 22 August 2016 as part of the Oxfordshire Transformation Programme's Big Health and Care Conversation. It describes the engagement, outlines key themes and identifies concerns and issues expressed by members of the public. It then sets out the next steps building on the early feedback, through to public consultation planned later this year.

2. Background

The NHS Five Year Forward View was published on 23 October 2014 and set out a new shared vision for the future of the NHS based around the new models of care. It was developed by the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement.

The NHS Five Year Forward View (October 2014), describes a vision for health and care service that will be needed in 2020. This vision empowers people, their families and carers to take more control over their own health, care and treatment supported by easy access to integrated holistic care, in settings closer to where people live and organised to effectively support people with multiple conditions not just a single disease. Achieving this vision will require NHS organisations to develop plans to ensure:

- Individuals are taking greater responsibility for their own health
- We are better at preventing and managing demand
- We are (re-)designing services and finding innovative ways of delivering outcomes for a society that lives longer and expects more
- We are maximising the value of our health and social care spend

The Five Year Forward View Into Action (December 2014) produced by NHS England develops this vision further and outlines new ways of working and new models of care over the coming years.

The NHS in Oxfordshire performs well compared with other parts of the country, but we face increasing demands on and challenges to our services. Increases in life expectancy mean that we have a growing number of older people, living in the county, many of whom are living with a number of long term chronic conditions. We are facing real challenges recruiting high quality NHS staff and maintaining high quality estates and facilities. While the amount of money we receive for the NHS locally is increasing year on year, the cost of delivering services is growing at a faster rate. If we don't change anything, we face a potential funding gap of £200m by 2020/21.

We see the best healthcare in the future being provided to patients across Oxfordshire as close to their homes as possible, and reducing the reliance on hospital-based care. A hospital bed is not always the best place to be treated. Our experience of delivering care has shown that many people, particularly those who are frail with multiple health conditions, do better at home supported by a good network of professionals.

NHS and social care organisations in Oxfordshire have formed a Transformation Board to oversee a system wide Transformation Programme. It comprises Oxfordshire Clinical Commissioning Group (OCCG), Oxford Health NHS Foundation Trust (OHFT), Oxford University Hospitals NHS Foundation Trust (OUHFT), South Central Ambulance Trust (SCAS), Oxfordshire County Council (OCC) and the Oxfordshire Primary Care Federations. Its joint purpose is to develop plans for the integrated GP, community and hospital services. Its aims are to:

- Provide innovative ways of delivering outcomes for a society that lives longer and expects more
- Maximise the value of Oxfordshire's health care spend
- Find ways to become better at preventing and managing demand
- Help individuals to take greater responsibility for their own health

The work of the Oxfordshire Transformation Programme will feed into an over-arching five year plan (called a Sustainability and Transformation Plan) across Buckinghamshire, Oxfordshire and Berkshire West, to address the above aims and make proposals for the type of transformational service change that is required.

Since the spring of 2016, clinically-led service review working groups have been developing ideas for possible future models of care for the following areas:

- Integrated care for frail older people and those with long term conditions and urgent and emergency care for the general adult population
- Planned (elective), diagnostics and specialist care
- Maternity
- Children's services
- Mental health
- Learning disability and autism
- Primary care

They have been considering clinical best practice, national and international evidence, health needs and future population health demand, service standards and the existing and potential future challenges of care provision, including financial pressures. They have also used feedback and insight which has been provided by patients, the public and stakeholders over recent years (2013-15).

3. Purpose of the public engagement

From June to December 2016 patients and the public are being invited to get involved in the development of proposals to transform the way health and care are delivered in the county. This period of engagement will help inform our thinking and help us to develop plans and inform our ideas for the way services might be best provided in the future.

We want to hear people's views as part of an on-going process that will lead to public consultation later in the year on proposals for how some services may be configured in the future.

The 'Health & Care' Transformation stakeholder event held on 6 June signalled the start of this public conversation. It aimed to gather views on possible ways we can use resources to develop sustainable, high quality and affordable care both now and in the future.

4. Process and methodology

Following the initial stakeholder event at the Kassam Stadium on 6 June, further engagement was undertaken through a series of public roadshows around Oxfordshire, discussed at various stakeholder meetings as part of an on-going dialogue and an online/ hard-copy survey was available on OCCG's engagement website - Talking Health. Individuals also had the opportunity for direct feedback via email, letter, phone, or freepost.

In total, 359 people attended these public roadshows. A total of 209 people responded to the survey of which 118 were online responses and 91 hard copy responses were received. Details of the methods used are shown in Section 4: i-iv below.

i. Public road shows

A number of roadshows were held around Oxfordshire throughout July and August to provide an opportunity for the public to find out more about the Oxfordshire Transformation programme and to have their say. These events were designed to be informal 'drop-ins' with NHS clinicians and staff on hand to take feedback and answer questions.

More information is available www.oxonhealthcaretransformation.nhs.uk

The Big Conversation Roadshows were held at:

Date	Location	Number of attendees
Tuesday 12 July, 6pm – 9pm	Banbury Town Hall	77
Monday 18 July, 6pm – 9pm	The Beacon in Wantage	89
Thursday 21 July, 6pm – 9pm	Oxford Town Hall	37
Tuesday 26 July, 2pm – 5pm	St Mary's Church, Wallingford	77
Thursday 28 July, 2pm – 5pm	Littlebury Hotel, Bicester	25
Thursday 4 August, 11am – 2pm	Methodist Church, Witney	55

A further mini roadshow is planned in September in Henley-on-Thames, and displays have been available at Didcot Civic centre, Thame Town Council and Henley Town Council.

The detailed results of the key themes and issues raised at these roadshows are available in Appendix A.

ii. The survey

A survey was conducted to support 'The Big Health & Care Conversation' roadshows and was available both in hard copy and online at

<https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome>

The survey questions reflected the questions that were also asked at the Transformation events.

From 4 July up to 22 August, a total of 209 responses were received from residents across Oxfordshire. Full details of the survey results are shown in Appendix B.

As well as being available online, hard copies of the survey were made available at all of the roadshows and were taken to stakeholder meetings/discussions groups.

iii. Stakeholder meetings / discussion groups

In addition to the public roadshow events and the survey, the Transformation 'case for change' was also discussed at various stakeholder meetings around Oxfordshire, as part of an on-going dialogue. These meetings included:

- Health and Wellbeing Board
- Health Overview and Scrutiny Committee
- Community Partnership Network (Banbury)
- Six patient and public Locality Forums¹
- Age UK Health & Social Care panel
- OCCG Board meeting
- Carers Oxfordshire
- Townlands Hospital Stakeholder Reference Group
- Oxford Health Community Hub workshop
- MP briefing
- County Councillors briefing
- Sikh Gurdwarra meeting
- Children's centres – Rose Hill, Littlemore, Cuttleslowe
- OCCG's Equality Reference Group
- Clinical workshops

Further stakeholder meetings are also planned throughout September and October 2016, including ongoing outreach work by the OCCG community development team.

¹ Each of OCCG's Localities (North, North East, Oxford City, South East, South West and West) has a patient and public Forum. These Forums are designed to ensure that the views and voices of Oxfordshire people continuously inform the work of OCCG and the decisions it makes. Locality Forum Chairs act as 'critical friends' to OCCG and share communications with their Forum and wider community as they see fit and seek feedback on OCCGs behalf.

iv. Emails / correspondence

Further to the engagement methods above, the public were also encouraged to submit their views and ideas via correspondence. As of 22 August, OCCG received nearly 200 letters, including correspondence from OCCG's Locality Forum Chairs, as well as via Banbury GP practices from residents and parish councillors in the North of the county opposing any proposed downgrade to the Horton General Hospital. A template letter is available, for the local community to use, on the 'Keep the Horton General' website: <http://www.keepthehortongeneral.org/>

Many of the letters include personal patient experiences of the Horton General Hospital and the good care received at the hospital. The letters outline the following:

- Opposition to the removal of the consultation led maternity unit due to safety reasons
- Concerns about the growing population of the surrounding areas
- Concerns about public transport availability and the length of travel time from Banbury and the surrounding area to Oxford
- Inability for loved ones / carers to frequently visit patient from Banbury in Oxford due to the above
- Concern that hospitals based in Oxford will be able to cope with the increased activity

v. Transformation Stakeholder Event – 6 June

The Health & Care Transformation stakeholder event was held on 6 June at the Kassam stadium in Oxford. A wide range of key stakeholders attended including over 120 representatives from organisations across health, social care, voluntary and community sectors as well as key patient representatives from the Oxfordshire localities. The event aimed to gather views on possible ways the NHS can use resources to develop sustainable, high quality and affordable care both now and in the future.

The Transformation event included workshop sessions that focused on the development of possible future models of care for the following areas:

- Integrated care for frail older people and those with long term conditions and urgent and emergency care for the general adult population
- Planned (elective), diagnostics and specialist care
- Maternity & Paediatrics
- Mental Health
- Learning Disability and Autism

For a full copy the report on the stakeholder event, please see the Oxfordshire Transformation website <http://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents/6-stakeholder-event-report-6-june-2016>

vi. Stakeholder Event for options development – 28 July

The stakeholder event for options development was held on 28 July at the Kassam Stadium, Oxford. The purpose of the event was to gather feedback on any possible options for community inpatient services; discuss the criteria that might be used to assess any option and gather views on other services and where they may be located.

Those who attended included representatives from organisations across health, voluntary and community sectors as well as patient representatives from the Oxfordshire localities. The event identified concerns and issues expressed during discussions both following a presentation and during facilitated table discussions.

For a full copy the report on the stakeholder event for options development, please see Appendix C.

vii. Horton General Hospital specific engagement

OUHFT has shared, with many local stakeholders, a number of options that are being worked up which relate specifically to the Horton General Hospital site. The engagement has included information in newsletters; public events; workshops and meetings in public with the Community Partnership Network². Proposed changes to services at the Horton have gleaned considerable interest from the local community in Banbury and the Keep the Horton Campaign and have featured in many news items in the Banbury Guardian. OUFHT and OCCG attended a public meeting in Banbury in August to discuss the emergency closure of the obstetric unit at the Horton for safety reasons and the long term proposals which are part of the Transformation Programme.

OUHFT also undertook a survey with its foundation trust members who live in or in the surrounding area of Banbury. Around 900 members of the OUH Foundation Trust were invited to respond to a questionnaire via an online survey. The survey was sent to all members who fall into the Cherwell district council area, including Kidlington plus members in the Chipping Norton and Woodstock areas of West Oxfordshire (as they also fall within the Horton catchment area). In addition, it was sent to members in South Northamptonshire and South Warwickshire.

The Horton survey ran from 17 June, 2016 to 1 July, 2016 and received 233 responses. The feedback is being collated and a report prepared by OUHFT.

5. Promotion

The roadshow events and online/ hard-copy survey were promoted in the following ways:

- Community websites (See appendix D for details)
- Through all local media (TV, radio and print newspapers). Full details of the local media coverage can be seen in Appendix E.
- Posters advertising the event and hard copies of the Transformation 'case for change' brochure were circulated to:
 - All GP practices in Oxfordshire

² The Community Partnership Network is a local stakeholder group in Banbury which considers health service matters in North Oxfordshire.

- Libraries
- All town and district councils
- Included in school's news to head teachers in Oxfordshire's primary and secondary schools
- Voluntary sector organisations were notified of the events via Oxfordshire Community and Voluntary Action (OCVA)
- Outreach work to faith/church groups, Black and Minority Ethnic (BME) groups, gypsy and traveller communities, children's centres, refugee & asylum groups and health & wellbeing centres
- A social media campaign was used to engage with over 7200 followers of OCCG's Twitter and Facebook sites. Full details of the social media activity which reached over 65,000 people can be seen in Appendix F.
- All members of Healthwatch Oxfordshire and via their website and social media sites
- OCCG staff, and staff and Foundation Trust members at Oxford Universities Hospital's NHS Foundation Trust and Oxford Health NHS Foundation Trust were notified via email and through the staff intranet
- Voluntary organisations such as Autism Oxford, Carers Oxfordshire, Parent Voice, MIND, Restore, Age UK circulated the information to their service users, members and Carers
- Specific community and/or special interest groups were approached for their feedback, including My Life My Choice, Patient Participation Groups (PPGs), the faith forum in Cherwell, Polish communities, mother and baby groups and community associations
- Partner organisations including all the district councils, Oxfordshire County Council (OCC), and Oxford City Council were asked to promote the events to their staff (via meetings, intranet and newsletters) and on their websites
- Parish councils, Town Councils and Councillors were asked to promote the events in their communities
- Oxfordshire County Council promoted the events and online information to 1000+ contacts for young people and children
- Oxfordshire MPs and MEPs
- Groups such as 'Save Wantage Hospital', 'Keep the Horton' and Townlands Steering Group were also notified of the events and encouraged to publicise in their local communities
- 2609 members of Oxfordshire CCG's Talking Health engagement website.

6. Key themes

A number of common themes emerged from the engagement:

- **Community Hospitals**

The need to retain existing community hospitals across Oxfordshire to enable more care closer to home was highlighted by many people. This was backed-up by concerns that Oxford-based or other community hospitals would be unable to cope if some community hospitals closed and that waiting times for treatment and appointments would become even longer.

However, some people added that facilities and services at community hospitals needed to be updated and that some of the services currently provided by Oxford-based hospitals could be located at community hospitals to help reduce transport/accessibility problems.

Themes also emerged throughout the engagement activities that were relevant to specific hospitals across Oxfordshire. These are shown below:

Horton Hospital, Banbury

- The problems with transport cuts, parking and distance/time required to travel to an Oxford based hospital
- The need to keep the Horton hospital as more care needs to be provided locally
- Maternity services need to remain at the Horton hospital to ensure the safety of mothers and babies
- The need to improve the quality of some of the facilities and services at the Horton hospital
- The need for a locally based A&E service in Banbury to support the growing population
- Concerns over sufficient ambulance provision if A&E services were to be based only in Oxford

Wantage Hospital

- Concerns about what will happen to patient beds if Wantage hospital closes
- The need for more local care, not less, particularly with a growing local population and so reinforcing the need to keep a local hospital
- Doubts as to whether local patient views – particularly about Wantage hospital - will really be listened to and concerns that decisions have actually already been made
- The difficulties in travelling to Oxford-based hospitals for treatment/appointments due to public transport cuts and the lack of parking available for those people who drive. Also the increased difficulty in travelling to Oxford for frail and elderly people or those in more remote villages – again underlining the need for more local care

- **Transport and accessibility**

Problems with transport were highlighted by all areas outside of Oxford city. In particular, the cuts to public transport have aggravated accessibility to health services for many members of the public – particularly for those who don't drive, who live in more rural locations or are frail and elderly. Transport issues were also raised by areas, including Oxford, with regards to lack of parking and some suggestions were made as to the development needed to alleviate this.

- **More local services**

Patients across the county emphasised the need for more local services and believe that many appointments at Oxford-based hospitals could and should be provided at local community hospitals or extended facilities at GP surgeries. Transport and accessibility was again cited as a reason that more local services were essential.

- **Patient safety, patient experience and patient outcomes**

Patient safety was recognised by the majority as the most important criteria for patients with many people highlighting that this should be embedded in all health services and should not be questionable. Some people further emphasised that alongside patient safety should be a positive patient experience e.g. not in pain and treated with dignity, and that good health outcomes for the patient need to be highlighted as an added criteria in the proposals.

- **More funding**

There was overall acceptance that change is necessary and that the main reason for this is due to lack of sufficient funding. However many people involved in the engagement felt that there should be more investment to enable the changes to be implemented successfully. This included suggestions on ways in which the NHS could save money/get more money by improving efficiency across all services and also by lobbying central government for more funds.

- **A focus on prevention and education on leading a healthy lifestyle**

A strong message from the public throughout all engagement activity was for much more preventative activity and education for all ages on how to lead a healthy lifestyle. This included the prevention role that public health, school nurses, community nurses, health visitors and employers should take. More and continuous education on how to lead a healthy lifestyle in schools for young people, but also in the wider community and for older people was highlighted, with suggestions for more free/affordable exercise and making healthy foods the cheaper option. In addition many felt that support groups would be extremely beneficial and cost effective in helping those that may need a bit more help in making the change to a healthier lifestyle.

- **Access to GPs**

Problems with accessing GPs were widespread across the feedback with the main problem being the length of time it takes to get an appointment in most surgeries. Other problems encountered included barriers to appointments e.g. receptionists, busy phone lines, no email access, and having to take time out of work or school to get an appointment. Many suggestions were also given and mainly focused around extending opening hours in the evenings and at weekends, recruiting more GPs and also using video call technology for those people that are happy to use it. In addition it was frequently suggested that by having more GPs and longer GP opening hours, fewer people may use A&E services inappropriately.

- **Staff and recruitment**

Many people recognised the lack of NHS staff in certain areas of health services and highlighted the need for recruiting more front line staff. In particular, it was felt that more GPs are needed as well as more specialists or training in certain health specialties e.g. mental health. Some suggestions were made regarding encouraging more young people to train as GPs or frontline healthcare staff and some people felt there should be a reduction in administrative staff, however they thought that those involved in patient care should focus on this and not be responsible for administration.

- **A change in attitudes**

The need for public attitudes to change significantly – moving to an understanding that people are responsible for their own health - was highlighted by some. Alongside this it was felt that public health messaging and communications from health professionals needed to be more honest and direct so that it was not questionable that certain activity/inactivity would result in poor health outcomes and costly treatments.

- **Integration of health and social care services**

Throughout the engagement many people questioned why health and social care services were not properly integrated and highlighted the need for this to happen in order to successfully facilitate change. It was felt that the integration also should include integration of information systems to ensure better co-ordination of care for the patient. It was also suggested that integration should include the voluntary sector where appropriate.

- **'Charging' for health services**

The notion of charging for health services was felt by some to be justified in view of the lack of resources and increasing pressure on the NHS, but also to emphasise to the public that NHS services are expensive to provide. The suggestions of ways in which this could be done were varied but included things such as increasing taxes; a pay-at-the-point of care and reclaim later system; paying for appointments; or not charging but simply printing receipts for patients stating the actual cost of treatments to the NHS to raise awareness.

- **Use of technology**

Better and greater use of technology and innovation was highlighted with criticisms that the health service is out-of-date compared with other industries in the use of technology. Some people suggested that more common technology such as video calls, text messaging, emails and social media could have benefits, particularly in GP surgeries, prevention and informing patients about appointments. It was felt that the NHS in Oxfordshire could also benefit more from replicating innovation, best practice, technology or new health services that have been successful in other areas of the country. Caution was expressed alongside this that technology should not however replace face-to-face contact with patients.

- **Improving communications**

Some criticisms were made of the communications engagement process for Transformation and doubts were raised as to whether patient views across Oxfordshire will truly be listened to and acted on as the proposals are developed.

The need to improve communications between health professionals and across all departments associated with an individual's care was also highlighted, alongside the need to take time to properly listen to patients, families and carers.

7. Next steps:

- The report will be shared with all those involved in the Oxfordshire Transformation Programme and will be considered to help further develop the models of care and future service options which will be subject to a public consultation later in the year. As well as helping to develop the evaluation criteria to review the proposals.
- The report will be presented to the Oxfordshire Transformation Board on 13 September; the Board will ensure the feedback is incorporated into developing the future service options.
- The report will be made available to the public via the Oxfordshire Transformation website and via Talking Health, OCCG's online consultation tool at <https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome>
- On-going engagement including briefing and feedback sessions with stakeholders; focus groups on specific services areas; meetings in public and events will continue leading up to the public consultation later in the year. This will include engagement around the developing options for the proposed service reconfiguration and further work with seldom heard people and groups in the county.

Appendix A – ‘The Big Health & Care Conversation’ Roadshows: Event feedback

1. Method

The Big Health & Care Conversation Roadshow events were designed to be ‘drop-in’ sessions to allow the public a chance to find out more about the Oxfordshire Transformation Programme through a series of displays and by speaking to the NHS health professionals available on the day. The public were invited to comment, using post-it notes, on any of the display boards that they wished as well as responding to six key questions. These questions were also the same questions posed in the online and hard copy survey to enable feedback to be gathered on the same issues through a variety of methods.

2. Results

The Big Health & Care Conversation Roadshows were attended by a total of 359 people (not including staff). The numbers per event location were as follows:

- Wallingford: 77 attendees
- Witney: 55 attendees
- Oxford: 37 attendees
- Bicester: 25 attendees
- Banbury: 89 attendees
- Wantage: 75 attendees

The responses to the key questions at the roadshows, as well as themes from the comments made on the display boards are shown by location below:

Wallingford Roadshow (77 attendees)

Feedback received on the key questions:

1) Do you understand why change is needed?

Only two comments were made on this question – one indicated that they did understand and the other did not understand why change is needed

2) What do you think we need to do to provide the best care?

21 comments were made on this question and two key themes emerged to help provide the best care. These were improved communications between health professionals to ensure that there is good co-ordination of care for the patient and more/better care at home or within the community, particularly for those who need care after leaving hospital.

Other points raised by attendees to provide the best care included the need for more funding; better use of technology and innovation –particularly to enable information sharing; better access to GPs and more prevention/education on healthy lifestyles.

3) How can we keep more people healthy in Oxfordshire?

19 comments were made on this question at the Wallingford roadshow. A strong theme of prevention and education on a healthy lifestyle emerged from the comments made. In particular attendees highlighted the value of having regular health checks to ensure early intervention with any health problems.

Other points raised by attendees to provide the best care included more and improved local mental health services and warning of too much reliance on technology as an alternative to face-to-face consultation.

4) Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

8 comments were made on this question. The main theme that emerged to help people take more responsibility for their lives was through education. Attendees highlighted the role that health visitors/professionals in the community could take in helping to educate the public and to help ensure early intervention to prevent more serious, costly illness.

Other key points raised were related to ‘charging’ for appointments, either by requiring payment for appointments, or by highlighting the cost of treatment and requiring people to pay and claim back.

5) Have we missed anything? Are there any other areas we need to think about to develop our plans?

17 comments were made on this question. Transport was a key concern that attendees felt should be included. Parking at hospitals was raised as a particular issue with potential solutions suggested including more multi-storey car parks to increase the number of parking spaces, some off-site parking for those that drop-off patients and the potential problems with patient transport out-of-hours.

Other things that attendees felt needed to be considered when developing the plans included push-button help for the elderly for emergencies and non-emergencies, improving efficiency and removing duplication/combining appointments where appropriate and concerns about privatisation of the NHS.

6) The countywide transformation will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage) Are these the right criteria? Which are the most important to you?

9 comments were made on this question at the Wallingford roadshow. Patient focused care and ease of accessibility to services/transport issues were highlighted as key criteria for inclusion in the proposals. Other issues raised included improved integration across services, particularly with the IT systems used, and ensuring the healthcare is up-to-date with the latest research and takes advantage of new/better technology or services.

Feedback received via post-it notes on the display boards:

26 comments were made via post-it notes on the display boards at the Wallingford roadshow. The main themes highlighted in these comments were:

- A greater focus on increasing the number of GPs and access to GPs to prevent patients using A&E services inappropriately
 - Ensure that technology is used to improve access/communication with health professionals for those that are comfortable with this/know how to use it
 - The suggestion that patients should be 'charged' to some extent for health care to support the increasing costs e.g. increased taxes, but not to the extent of privatising healthcare
 - Communication problems across health services, with patients experiencing problems trying to contact a variety of health services and health professionals
 - The importance and value of mental health services, particularly to support children and young people e.g. CAMHS and EFT
-

Witney Roadshow

(55 attendees)

Feedback received on the key questions:

1) Do you understand why change is needed?

Only two comments were made at the Witney roadshow on this question and both said that they did understand why change is needed. The reason given for change was lack of funding/cost.

2) What do you think we need to do to provide the best care?

16 comments were made at the Witney roadshow on this question. Two key themes emerged to provide the best care and included improving communication between health professionals but also better engagement with patients, their families and carers. Also more support for care at home through local nurses, support teams and carers.

Other points raised by attendees to provide the best care included more investment in and recruitment of those staff who support and care for patients e.g. doctors and nurses; and better access to GPs, including weekend appointments and booking systems.

3) How can we keep more people healthy in Oxfordshire?

11 comments were made on this question at the Witney roadshow. The main theme that emerged to keep people more healthy was prevention and education on a healthy lifestyle. This included the use of schools, pharmacies, voluntary organisations and district councils as well as advertising in local papers as well as social media.

Other key points raised included ensuring there is good local housing provision to keep people healthy and to properly integrate health and social care services.

4) Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

12 comments were made on this question. The main theme that emerged to help people take more responsibility for their lives was prevention and education. This included education in schools and the provision of free exercise opportunities as well as support for some people to enable them to make those changes to their lifestyle e.g. through community nurses

Other key points raised included reducing the amount of highly paid managers and investing in more frontline staff and the possibility of charging for all health services (similar to dentistry).

5) Have we missed anything? Are there any other areas we need to think about to develop our plans?

13 comments were made on this question. Transport problems were again highlighted and particularly the problems of access for those living in rural areas with no public transport and reduced ambulance cover in some areas. The suggestion of supporting the voluntary sector to help provide more transport services to patients was given.

The need for integration with health and social care and better joined up working across health professionals was also highlighted. Prevention was also raised to ensure that people are encouraged to lead a healthier lifestyle

6) The countywide transformation will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage) Are these the right criteria? Which are the most important to you?

12 comments were made on this question at the Witney roadshow. Patient choice of where to go for treatment and patient safety and good patient outcomes were the criteria that attendees felt were most important and missing from the list given. This was closely followed by transport problems and other issues associated with rurality.

Feedback received via post-it notes on the display boards:

49 comments were made via post-it notes on the display boards at the Witney roadshow. The main themes highlighted in these comments were:

- The need for more GPs locally, longer GP opening hours and more services available at GP services as people want to see more local care and feel it would help reduce the number of people presenting at A&E and help alleviate the transport problems
- Lots of concerns about the cost of implementing change but reinforcing that expenditure is necessary as change is needed
- Concerns were raised by attendees about the communications and engagement process for Transformation, along with the extent that the engagement activities had been promoted in the local area and across the county. Attendees also highlighted the need to get these messages out wider and in a more timely manner.
- More use of technology in healthcare e.g. social media, texting, video calls – particularly by GP practices and also to use technology to ensure communication between departments and different health services is properly 'joined-up'. However there were also concerns that use of technology may not be appropriate for all patients.
- More prevention and education on leading a healthy lifestyle – particularly for young people in schools and making more use of social prescribing
- Concerns over the growing population in areas near Witney e.g. a new housing development planned for Brize Norton, and the impact this will have on already busy GP surgeries in the area.

Oxford Roadshow

(37 attendees)

Feedback received on the key questions:

1) Do you understand why change is needed?

Eight comments were made at the Oxford roadshow on this question and all of them said that they did understand why change is needed. The primary reason given for change was lack of funding/cost however other reasons raised included recruitment problems and lack of facilities/buildings in appropriate locations.

2) What do you think we need to do to provide the best care?

32 comments were made on this question. Four key themes emerged highlighting points to enable the best care to be provided. These include:

- The need to recruit more frontline staff, particularly GPs
- The need to provide more care at home/closer to home by making use of more health visitors and new technology

- Improved communication between health professionals about patients/patient records to facilitate better co-ordinated care
- More money/funding to be invested in providing care

Other points raised by attendees to provide the best care included better access to GPs to help prevent inappropriate use of A&E; making best use of new technology/innovation in health care and more activity to support prevention and re-education to ensure fewer people become ill.

3) How can we keep more people healthy in Oxfordshire?

13 comments were made on this question at the Oxford roadshow. The main theme that emerged to help keep more people healthy was prevention and education/advertising on healthy lifestyles. In particular attendees highlighted the need for more education on health and wellbeing in schools and support groups to help people help themselves to prevent more serious illnesses/complications e.g. diabetes support groups.

Other key points raised included the need for more funding of health services and proper integration across social care, GP surgeries and hospitals to enable early intervention and keep more people healthy.

4) Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

14 comments were made on this question. The main theme that emerged to help people take more responsibility for their lives was through education, particularly through stronger/more direct messaging to help facilitate a change in public attitude so that they see their health as their responsibility. Also clear and simple health information was highlighted so that can easily understand this, even when ill, to help patients look after themselves,

Other key points raised included making use of technology such as social media to help educate the public.

5) Have we missed anything? Are there any other areas we need to think about to develop our plans?

25 comments were made on this question. There were a number of concerns raised around privatisation and the need to take back the NHS into full public ownership. Communications was also a key theme in helping to develop the plans, including the importance of engaging children, not using jargon and more involvement of community interest groups.

Other key points raised included building on the strength of existing GP practices; not having too much reliance on technology and ensuring that enough business intelligence and data is collected to support decisions made in the plans.

6) The countywide transformation will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage) Are these the right criteria? Which are the most important to you?

19 comments were made on this question at the Oxford roadshow. Patient safety and good patient outcomes to ensure the health and wellbeing of the patient were highlighted as vital criteria. In addition, investing in prevention was identified as a criteria that was missing from the list given – particularly through education from a young age – to ensure that fewer people become ill.

A few attendees also raised the need for more transparency as the proposals are developed.

Feedback received via post-it notes on the display boards:

16 comments were made via post-it notes on the display boards at the Oxford roadshow. The main themes highlighted in these comments were:

- The need for more GPs in Oxford with better and quicker access to GP appointments. Also to co-locate some GPs in A&E to manage inappropriate attendances
- The need for more investment in mental health services, shorter waiting times and 24/7 mental health crisis services
- The need for more prevention and education to enable people to know how to be more responsible for their own health

Other key issues raised included:

- Concerns over the cost of change
 - Concerns about the ability to recruit and retain carers (voluntary or paid) that are essential for many patients
 - The need for proper integration across health and social care, including integration of information systems
-

Bicester Roadshow

(25 attendees)

Feedback received on the key questions:

1) Do you understand why change is needed?

Only one comment was made at the Bicester roadshow on this question and said that they did understand why change is needed. The reason given for change was lack of funding/cost.

2) What do you think we need to do to provide the best care?

Five comments were made on this question. No clear themes emerged but some of the points raised to provide the best care included ensuring that all the relevant data is collated before making any decisions; the need to improve the efficiency of care and better co-ordination of care services for patients.

3) How can we keep more people healthy in Oxfordshire?

Six comments were made on this question. The majority of comments received were around prevention and more education on leading a healthy lifestyle. This includes more education in schools and also a greater focus on exercise for everyone in the community.

4) Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

3 comments were made on this question. These included helping people take more responsibility for their lives was through education, particularly using social media and new communications methods and emphasising the actual statistics/data to support the health messages.

5) Have we missed anything? Are there any other areas we need to think about to develop our plans?

4 comments were made on this question. The key points raised included:

- Better continuity of care for the patient
- The need for more funding to enable change to happen, and
- Providing more support after operations e.g. physiotherapy, to ensure that the patient gets better and that conditions do not worsen, requiring further treatment.

6) The countywide transformation will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage) Are these the right criteria? Which are the most important to you?

8 comments were made on this question at the Bicester roadshow. Patient safety and location of care close to home were identified as essential criteria with attendees highlighting some of the problems locally with transport and recruitment of staff. Lack of funding was also mentioned in some comments.

Feedback received via post-it notes on the display boards:

66 comments were made via post-it notes on the display boards at the Bicester roadshow. The main themes highlighted in these comments were:

- Transport and parking problems for those patients and their families that need to attend appointments at the hospitals based in Oxford
- Problems with staff recruitment, particularly GPs, and suggestions given to help incentivise more young people to join the profession
- The potential benefits of using more technology in healthcare e.g. video calls, and the suggestion that the NHS could partner with technology firms to ensure they are able to keep up-to-date with technology and benefit from it

- The need for greater access to GPs, with longer opening hours and GPs available at weekends. Also for more GPs to be available to enable quicker appointments and to help prevent some patients using A&E inappropriately
 - More focus on providing education on a healthy lifestyle and preventative activity to help people achieve this. Suggestions included support groups for families on managing childhood illnesses, nutrition reviews for all patients, working with schools through interactive workshops and regular full health checks for everyone.
-

Banbury Roadshow

(89 attendees)

Feedback received on the key questions:

1) Do you understand why change is needed?

Nine comments were made at the Banbury roadshow indicating that they did understand why change is needed and only one did not understand.

The majority of reasons given for change (with 4-5 comments each) were an expanding population, particularly in Banbury; the need to keep services local to Banbury to ensure patient safety, particularly maternity services; and the issues with transport and the many problems experienced in travelling from Banbury to Oxford for treatment, especially with cuts to public transport and increasing problems with parking.

Other reasons mentioned were lack of funding/costs, problems with recruitment and the need to keep existing services open for patients.

2) What do you think we need to do to provide the best care?

24 comments were made on this question. The majority of comments referred to the importance of keeping services locally at the Horton Hospital, particularly A&E and maternity services, in order to provide the best care.

Other points raised to provide the best care included greater access to GPs, particularly quicker/more timely appointments with longer opening hours. The need to address travel problems and the distress that a long journey to hospital can cause patients/families was highlighted as well as ensuring that new technology/treatments are used to enable more care to be provided closer to home.

3) How can we keep more people healthy in Oxfordshire?

19 comments were made at the Banbury roadshow on this question. Three key themes emerged to help keep more people healthy. These were:

- Recruitment of more, well trained frontline staff to ensure services can be maintained locally

- Travel and transport issues were raised again with problems due to cuts in public transport, parking and the travel distance between Banbury and Oxford. It was felt that services needed to be kept local to ensure more people stay healthy.
- Keeping the Horton was seen as essential to ensuring sufficient local health provision. In particular maternity services and better diagnostic services were highlighted as essential for local people in Banbury.

4) Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

25 comments were made on this question. The main theme that emerged to help people take more responsibility for their lives was education, especially education in schools from a young age on exercise and health eating.

Other key points raised included the need for more funding to make this happen; better access to GPs – particularly longer opening hours; the need to keep the Horton hospital and its services such as maternity, particularly with an expanding population.

5) Have we missed anything? Are there any other areas we need to think about to develop our plans?

45 comments were made on this question. The majority of comments made on this question related to keeping the Horton hospital in Banbury. Themes related to keeping the Horton included:

- The problems with transport cuts, parking and distance/time required to travel to an Oxford based hospital
- The need for a locally based A&E service in Banbury to support the growing population
- Concerns over sufficient ambulance provision if A&E services were to be based only in Oxford
- The need to keep maternity services to ensure the safety of mothers and their children

Other comments made related to the need for the recruitment of more GPs locally and more/better trained healthcare staff.

6) The countywide transformation will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage) Are these the right criteria? Which are the most important to you?

9 comments were made on this question at the Banbury roadshow. The comments made did not relate specifically to the criteria suggested, however some comments referred to problems with the location of Oxford-based services and the need for more investment in services.

Feedback received via post-it notes on the display boards:

101 comments were made via post-it notes on the display boards at the Banbury roadshow. The main themes highlighted in these comments were:

- The need to keep the Horton hospital in Banbury

- Concerns about maternity services at the Horton hospital and the safety of mothers and babies if maternity were to move to Oxford
- The problems with lack of funding and the need for more investment
- The need to recruit more GPs and increase GP provision locally to help prevent high use of A&E services

Other key issues raised included:

- The provision of local A&E services and concerns over patient safety if A&E were to be located only in Oxford
- Increased pressure on services with a growing population in the Banbury area
- Problems with travel, transport and parking – particularly highlighting the distance between Banbury and Oxford.

Wantage Roadshow

(75 attendees)

Feedback received on the key questions:

1) Do you understand why change is needed?

Eight comments were made at the Wantage roadshow indicating that they did understand why change is needed and only one did not understand. The majority of comments indicated that they thought that lack of funding/cost was the primary reason for change.

Other reasons mentioned were recruitment problems and some issues with communication between health services and the public were also highlighted.

2) What do you think we need to do to provide the best care?

29 comments were made on this question. Two key themes emerged highlighting points to enable the best care to be provided. These were the need to keep Wantage hospital open due to the pressure on services locally with an expanding population and also transport issues with the difficulty in travelling to Oxford/other services and around Wantage.

Other key points raised to provide the best care included greater access to GPs and GP appointments, the need for better care at home following a stay in hospital, recruitment of more frontline staff and improved communications, with less multiple questioning of patients.

3) How can we keep more people healthy in Oxfordshire?

18 comments were made on this question at the Wantage roadshow. The main theme that emerged to help keep more people healthy was prevention and education/advertising on healthy lifestyle. This included access to free/low cost gyms, sports or wellness groups and also support groups e.g. for those with long term conditions.

Other points raised to keep more people health related to keeping Wantage hospital open so as to stop waiting lists increasing.

4) Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

15 comments were made on this question. The main themes that emerged to help people take more responsibility for their lives were education and support. This included education in schools for young people, evening classes/groups, support for carers, education in the community and more support for those that return home and may need care at home or supporting information following a hospital stay.

5) Have we missed anything? Are there any other areas we need to think about to develop our plans?

29 comments were made on this question. Attendees highlighted the need for more frontline staff – particularly to support more care in the community and closer to home – and to ensure that these staff do focus on patient care and not administration.

The involvement of GPs in the continuous and co-ordinated care of a patient was highlighted as well transport issues in and around Wantage. The need to improve efficiency and reduce costs wherever possible e.g. costs of glossy brochures, as well as charging patients in some areas e.g. everyone paying for prescription medicines, charging for hospital meals, was also raised for consideration.

6) The countywide transformation will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage) Are these the right criteria? Which are the most important to you?

12 comments were made on this question at the Wantage roadshow. The location of services close to home was highlighted the most by attendees, with the increasing local population/housing and problems with transport cited as reasons for this. Quality of care with good patient outcomes and good communications skills/empathy were also highlighted.

Feedback received via post-it notes on the display boards:

119 comments were made via post-it notes on the display boards at the Wantage roadshow. The main themes highlighted in these comments were:

- Concerns about what will happen to patient beds if Wantage hospital closes and the need for more local care, not less, particularly with a growing local population and so reinforcing the need to keep a local hospital
- Doubts as to whether patient views locally will really be listened to and concerns that decisions have actually already been made
- The difficulties in travelling to Oxford-based hospitals for treatment/appointments due to public transport cuts and the lack of parking available for those people who drive. Also the increased difficulty in travelling to Oxford for frail and elderly people or those in more remote villages – again underlining the need for more local care
- The need for more training for both health professionals and public education on autism and learning disabilities

- The need to update technology – particularly diagnostic equipment – in the health service and to take advantage of new technologies for those patients where it is appropriate. But emphasising that technology must not replace talking to patients
- Concerns that there are not enough GPs and the various difficulties patients have getting timely appointments

Appendix B – ‘The Big Health & Care Conversation’ Survey

1. Method

The ‘Big Health & Care Conversation’ survey used the same six key questions that were posed at the Roadshows, as well as gathering some demographic information about respondents. The survey was made available online via Oxfordshire CCG’s Talking Health engagement system here <https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome> as well as printed and widely distributed in hard copy format.

The survey was publicised widely both online and via more traditional methods (see Section 5 and Appendix D).

2. Results

The questions from the survey are shown in the following pages along with the key themes that emerged from the responses.

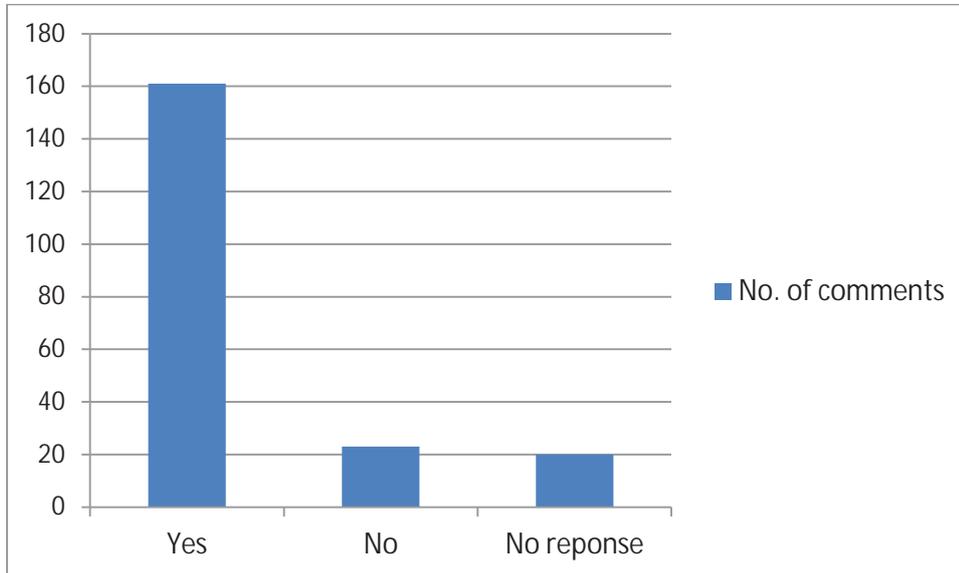
A ‘Tagging Tree’ illustrating visually the number of comments and topics/themes identified for each of the survey questions 1-6 is shown at the beginning of each question.

A total of 209 survey responses were received, however it is important to note that some people only answered a selection of the questions and so each question has a different total number of responses.

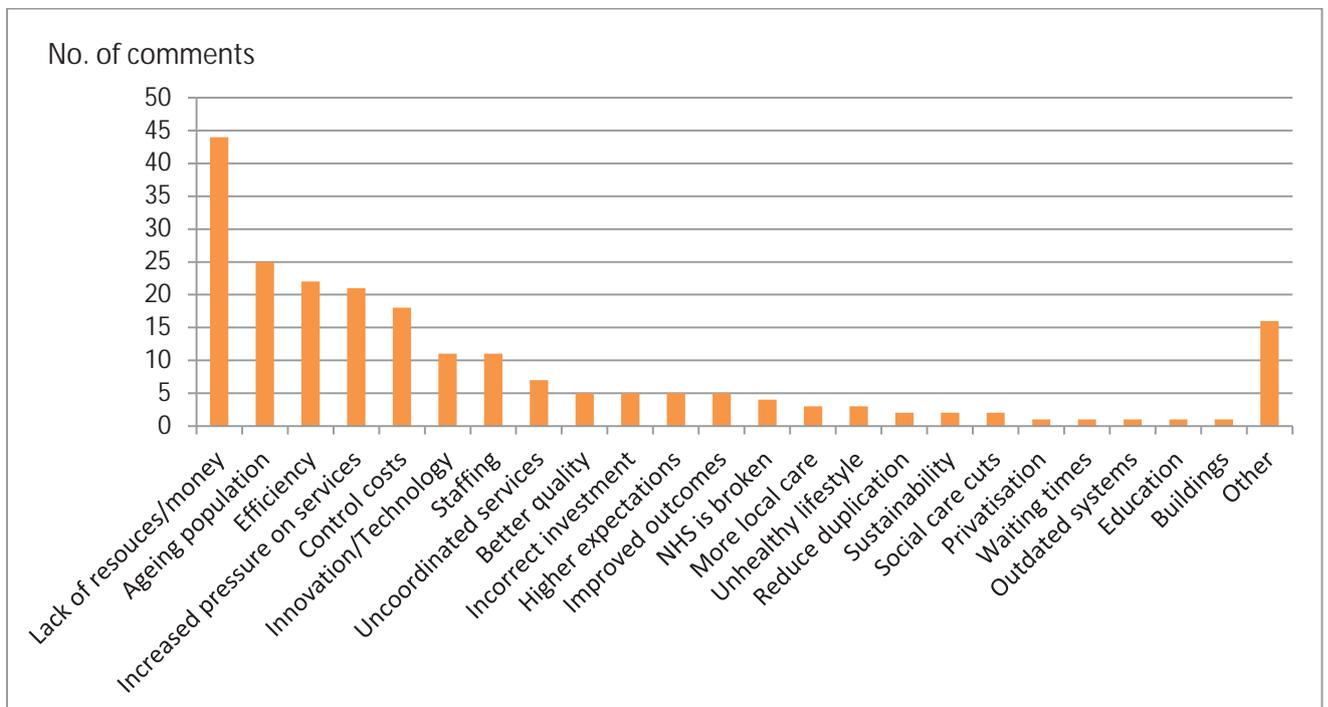
Question 1: Do you understand why change is needed?

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)

Do you understand why change is needed?



The majority of survey respondents (161 comments) said that they did understand why change is needed.



The top reason that they cited for this was a **lack of resources or money** in the NHS (44 comments related to this), with some people specifically relating this to Government and/or requesting that the NHS lobby Government for funds.

Other top reasons for change that were highlighted by respondents with around 20 comments each were:

- An **ageing population** requiring a higher level of use of health and care services;
- **Increased pressure on services** as a result of an overall growing population in Oxfordshire; problems with Delayed Transfers of Care causing blockages in the system; and more complex health conditions requiring support from more services
- The need to **improve efficiency** within the NHS and be **more cost effective**, reducing costs and waste where possible

Other significant reasons referred to included:

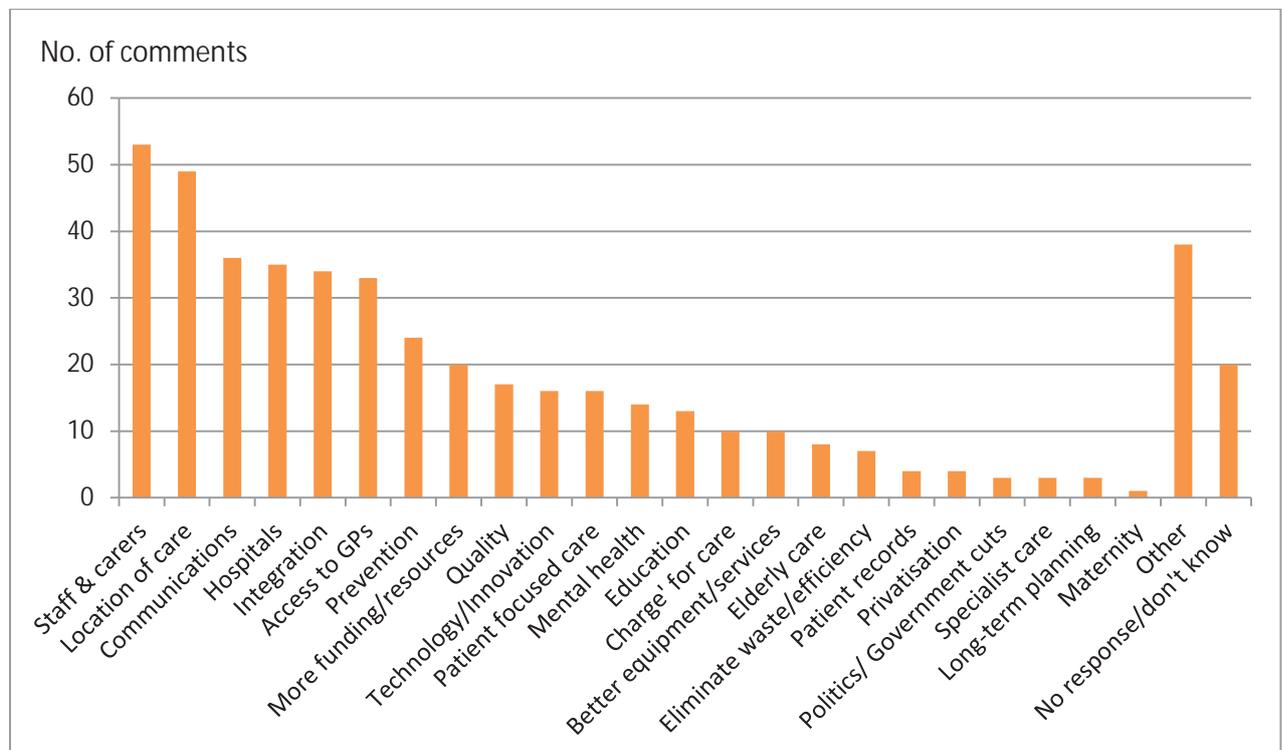
- **Staffing problems**, including the need for more frontline staff, more local health specialists in certain areas e.g. mental health and better quality of staff
- **Technology** and making better use of new medical techniques, equipment, as well as making use of the more common digital technology that is now widely used e.g. social media.

Those respondents that said they did not understand why change is needed gave little explanation, but a few referred to the confusing and regular changes that appear to continually affect the NHS.

Question 2: What do you think we need to do to provide the best care?

This question has been answered 189 times.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)



The top things that respondents said that needed to be done to provide the best care were related to **location of care** (49 comments) and **staff/carers** (53 comments). Respondents highlighted that to provide the best care it needed to be closer to home with less distance to travel. In particular within this, transport cuts, including problems with buses and car parking were highlighted as significant problems for patients. The comments regarding staff/carers raised the need for more GPs/nurses/carers/frontline staff that are better trained and supported to do their job with more time for patients, as well as the need for less expenditure on administrative staff.

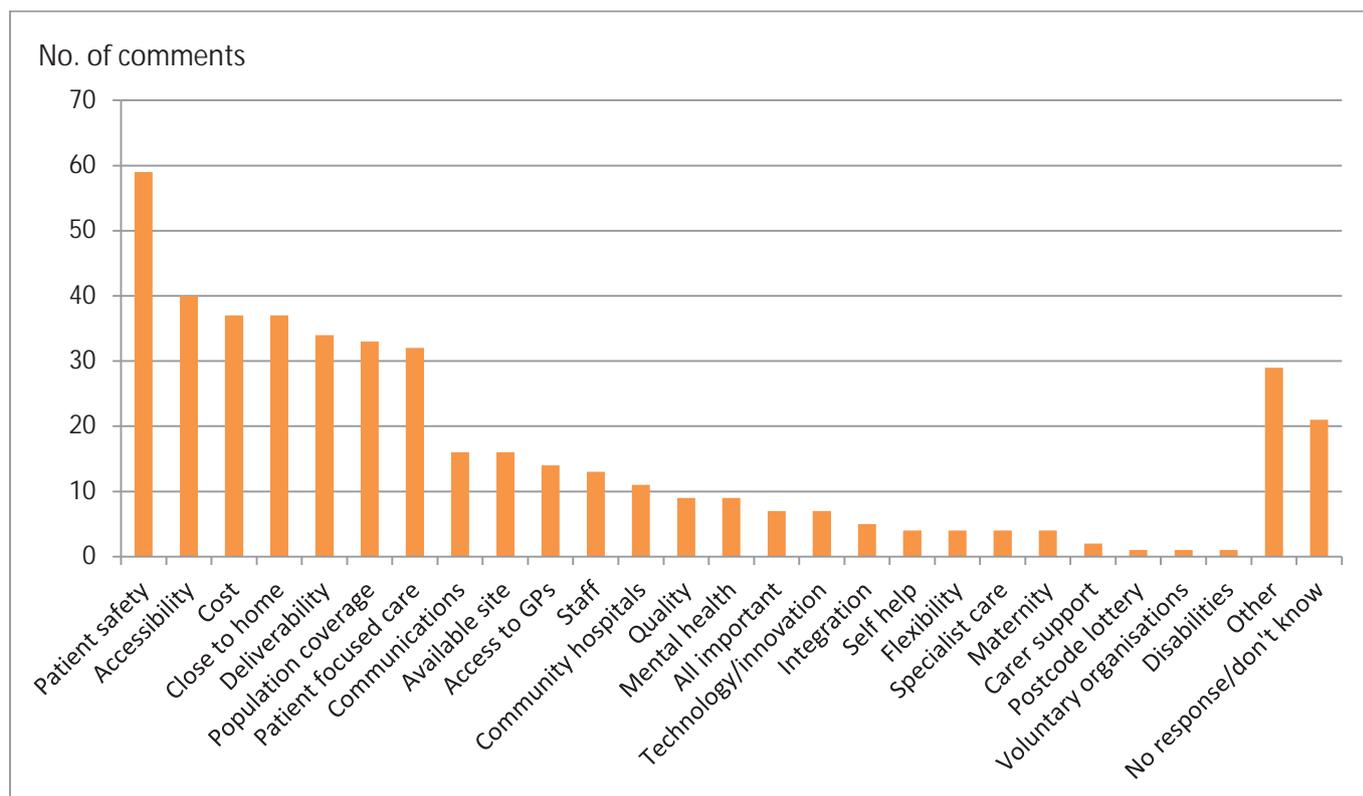
Other top things that respondents highlighted that need to be done to provide the best care with around 30 comments each included:

- **Integration** (34 comments) particularly the need to fully integrate health with social care, but also better integration across NHS departments and with the voluntary sector
- Better **communications** and two-way engagement, with respondents emphasising the need to listen more to patients, carers, families and local people
- **Improved access to GPs** with more timely appointments, better out-of-hours access to GP e.g. for those at work or school, more nurses to take less urgent/complex appointments, and highlighting the barriers to access experienced by patients e.g. inability to get through by phone or receptionists blocking access. (33 comments)
- **Improving hospital care** (35 comments) was important to respondents and this included a number of issues within this.

Question 3: The countywide Transformation Programme will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage). Are these the right criteria? Which are the most important you?

This question has been answered 194 times.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)



The most important criterion for the survey respondents was **patient safety**, with 59 comments. Many respondents felt that patient safety should be embedded in all health and care services and should not be questionable within the engagement process. Some comments also highlighted that alongside patient safety should be the patient's positive experience e.g. not in pain and with dignity.

Other top things that respondents highlighted as essential pre-agreed criteria, with around 30-40 comments each included:

- Ensuring that there are sufficient services available to support the local populations, particularly in the growing towns. Also to have services with enough **population coverage** to support those that live in more rural locations in Oxfordshire
- 32 comments were raised by respondents related to the inclusion of **patient-focused care** as a key criterion. People felt that is important the health care is timely, appropriate and is tailored to meet patients' individual needs

- The issue of **accessibility** was a very important issue for many respondents with 40 comments. A variety of issues were highlighted within this criterion, including problems accessing certain locations by public transport, cuts to bus services, and lack of parking. These were issues for both patients and for their families and carers who may be visiting them or helping them to and from hospital.
- The location of health care being as **close to home** as possible was important to respondents with 37 comments. Respondents also highlighted that the location of services for those on the county boundaries was an important consideration as they may sometimes find the location of services in other counties to be closer to home
- The **cost of providing health and care services** was an important criterion (37 comments), however many respondents felt that cost could not be used as a criteria in isolation as other factors were equally important. In particular respondents felt that cost should be altered to be cost versus patient benefits.
- The **deliverability of care** was important to respondents (34 comments) as they felt that if it was not feasible to deliver the care, then there was no point in spending money and time trying to provide it.

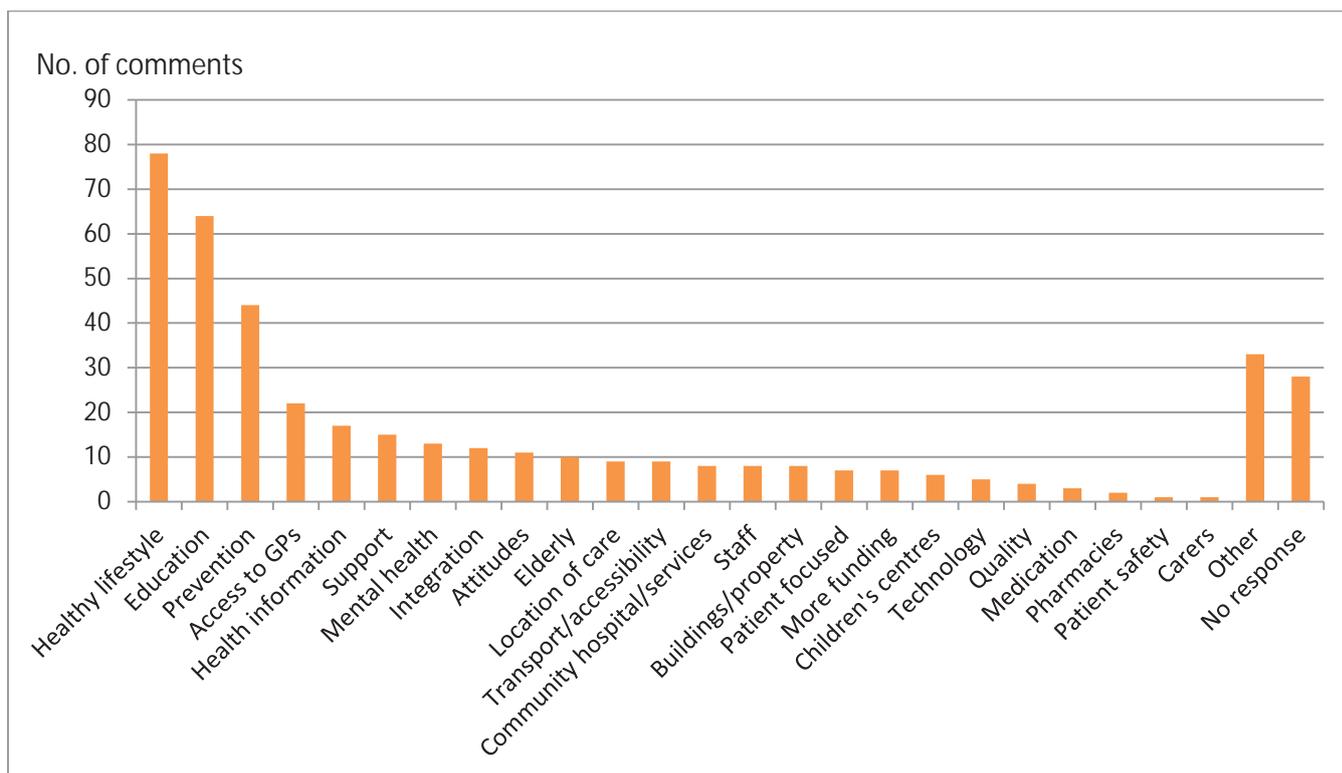
Other notable criteria highlighted by respondents included:

- **Communications** was an issue commented on by some respondents. This included improved and/or more communication between health professionals and patients, the public, families and carers.
- **Access to GPs** was something with which some respondents clearly had some difficulties (14 comments). The main issue here was the ability to get a GP appointment within an acceptable length of time and some of the barriers that patients experienced when trying to do so.
- **Staff** was something that received 13 comments from respondents who were noticing the lack of/reduced numbers of staff in some services.

Question 4: How can we keep more people healthy in Oxfordshire?

This question has been answered 181 times.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)



The two most important ways in which respondents felt that the population of Oxfordshire could be kept healthier were through **education** (64 comments) and **leading a healthy lifestyle** (78 comments).

With education, the majority of respondents highlighted that education in schools/colleges and from an early age was essential to embedding knowledge in people about how to keep healthy. This included teaching healthy cooking skills. Respondents also felt that GP surgeries could play a key role in helping to educate the public to be healthier.

Lots of comments were made about ensuring people lead a healthy lifestyle through more exercise, healthy eating and by not smoking or drinking to excess. In particular people felt that there should be more opportunities made available for free or low cost exercise e.g. outdoor gyms in local parks, better cycle routes, and free/discounted gym memberships or gym memberships on prescription. Swimming was also highlighted as a good exercise to prescribe to those that are more elderly or recovering from injury/operations.

Two other key factors that respondents highlighted that might help keep more people healthy in Oxfordshire were, with around 20-40 comments each included:

- **Prevention messaging and activity** (44 comments), including investment in public health, Health visitors, school nurses and using these to be more pro-active/early intervention to save money on costly health problems. Also the role that the workplace, voluntary organisations and local communities can play in prevention.

- **Access to GPs** (22 comments) with quicker access to appointments to help prevent high levels of A&E attendances. Within this theme, some also highlighted the benefits of a family GP, accurate triage, and removing some of the existing barriers to GP e.g. receptionists preventing appointments or difficulty contacting the surgery by phone.

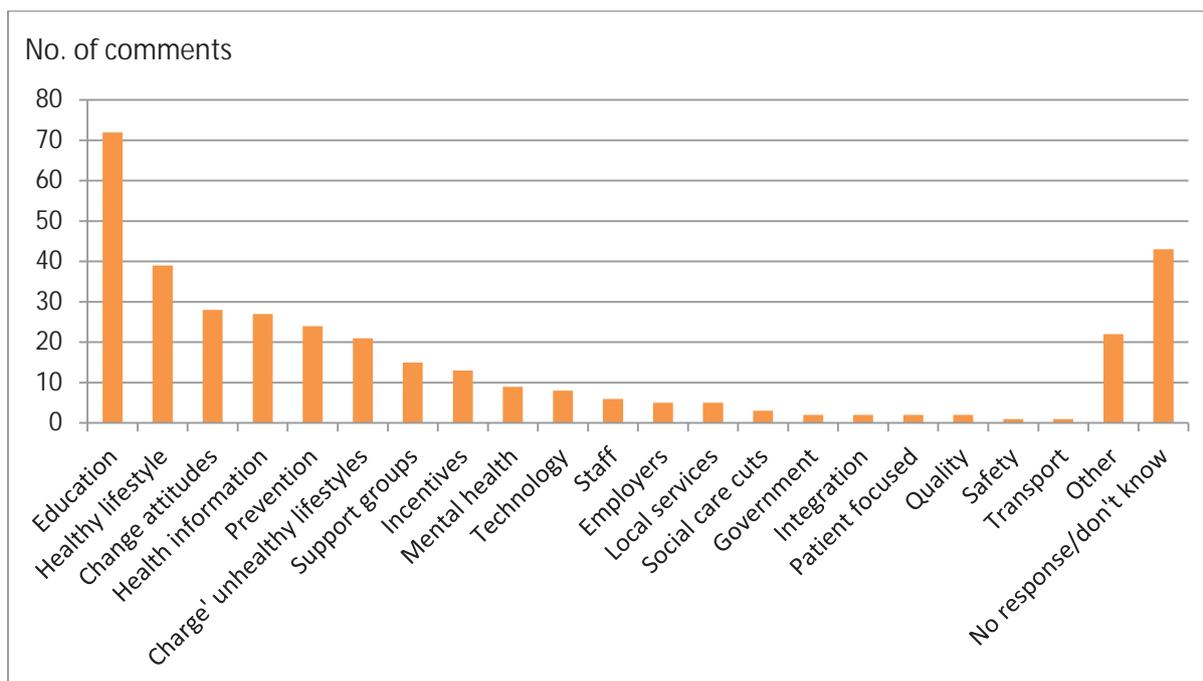
Other notable points highlighted to help keep more people healthy included:

- **More and better health Information** (17 comments) through wide spread advertising on TV, in the press and in public places. This advertising and health information was raised as needing to promote good health (rather than just telling people not to do certain things)
- **More support** (15 comments) with support groups/clinics, more physiotherapy and post hospital care and support at home to help ensure that people fully recover and do not require further, avoidable treatment
- **Integration** (12 comments) across health and social care was seen as something that is essential to help ensure all other factors are successful. This was particularly highlighted for children's services, elderly care and community based care.
- A **change in attitudes** (11 comments) to encourage the public to take more personal responsibility for their own health was seen by some as necessary to help keep more people healthy. Being more honest about the impact of unhealthy living was a key factor in this.
- **Mental health** (13 comments) was highlighted as something that should be considered alongside physical health when striving to keep more people healthy. This includes looking at the whole person, not illnesses in isolation; less stress; the impact of mental ill health on children's and young people's health; and the need for quicker access to mental health services to avoid costly treatment and more serious ill health
- Appropriate **services for the elderly** (10 comments) were highlighted as needed to ensure more people are kept healthy. This includes the role that some social groups/voluntary groups play in preventing loneliness and supporting those with dementia.

Question 5: Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

This question has been answered 168 times.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)



Once again respondents felt that to ensure people took more responsibility for their own health, **education** (72 comments) was the most important factor. This particularly highlighted the need for education on health and care in schools; but respondents also raised the need for education from children to adults to older people; using a range of methods; and for this education to be continuous, rather than one-off campaigns.

Other key things that respondents believe would help people take more responsibility for their own health, ranging from 20-40 comments each, are:

- **A healthy lifestyle** (39 comments) was again raised as the way in which people could take more responsibility for their own health. More and affordable exercise - particularly starting with young people; healthy eating; and not smoking or drinking to excess were again cited.
- **The need for attitudes to change** (28 comments) was raised with the need to be more direct and honest with the public about the impacts of any unhealthy lifestyle, so that they are clear what that it will mean both for their health and the cost to the NHS
- **More and better health information** (27 comments) to ensure that patients have the information they need to help them take responsibility for any health condition that they may have - from minor ailments to long term conditions. Also information on what services were available and when it is appropriate to use them.
- The need for more **prevention** (24 comments) was again raised, with promotion of self-help actions to ensure that individuals take responsibility in preventing themselves getting ill, or becoming more ill. In addition respondents raised the need for more early intervention, helped by more involvement from community nurses, pharmacies and health visitors
- **The need to 'Charge' for unhealthy lifestyles** (21 comments) was raised by some people. This includes refusing or giving low priority to operations until people start to take responsibility in changing their own health; paying for appointments; more and bigger taxes on unhealthy food, drink, and smoking and using legislation to help enforce change.

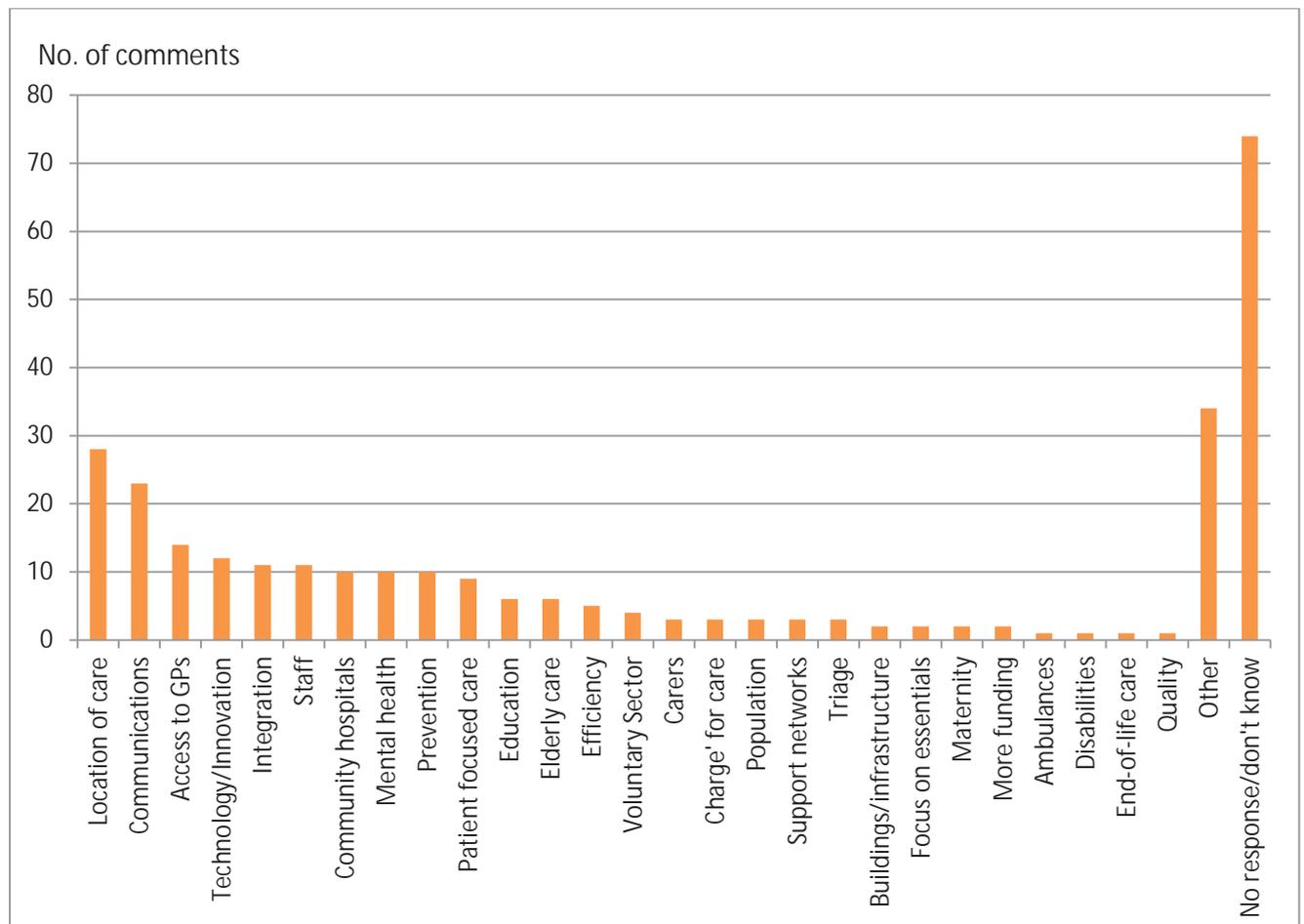
Other factors raised by respondents that could help individuals take more responsibility for their own health include:

- **More support groups** (15 comments) to provide help for people who are striving to be healthier e.g. healthy eating groups, to stop smoking, family support groups, managing Long Term Conditions and or specialist health condition groups
- **Incentives to be healthier** (13 comments) were mentioned by some as a way to help motivate some people to take preventative action and achieve a healthy lifestyle. e.g. lower taxes for those that can demonstrate a healthy lifestyle, or making healthy options easier to access/ the cheaper option

Question 6: Have we missed anything? Are there any other areas we need to think about, as we develop our plans?

This question has been answered 142 times.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)



A number of themes emerged from respondents when asked if we had missed anything. The two main themes were:

- The **location of care** (28 comments) close to home was highlighted again at the end of the questions by many respondents due to the extent of transport problems, including cuts to public transport and problems parking at most hospitals, and the resulting impact it has on many patients, carers or families getting to any health appointments or treatment.
- **Improved communications** (23 comments) including the need for proper and extensive consultation on any proposals for change, improved communication between staff in different health organisation involved in an individual's care, and more time spent listening to the needs of patients, locals, families and carers.

Other issues raised for inclusion as the CCG develops its plans include:

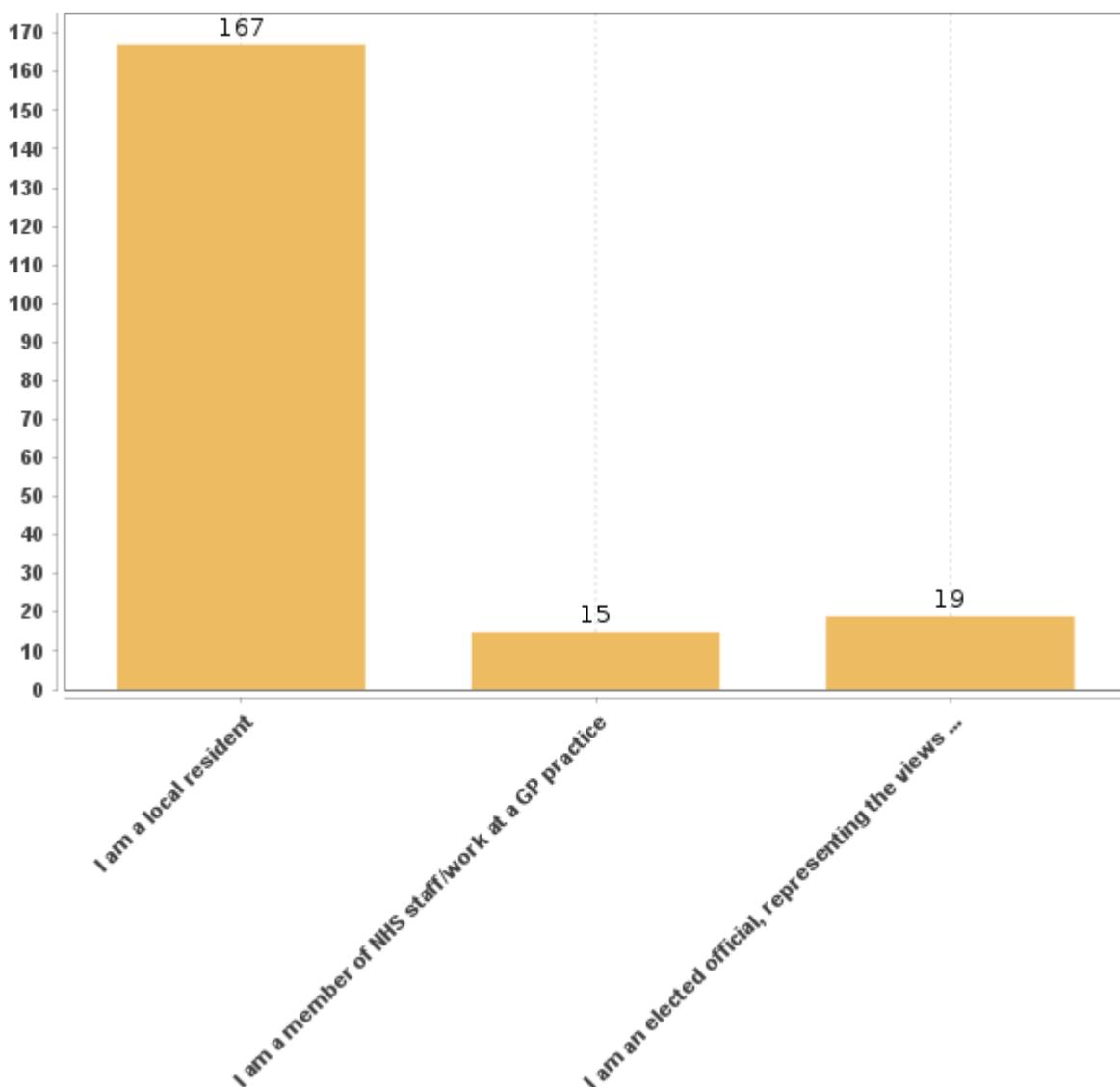
- **Access to GPs** (14 comments) with greater access to GP appointments; more timely appointments e.g. outside of working/school hours; and reducing barriers to appointments e.g. receptionists, telephone access or web access
- **Technology and research** (12 comments) ensuring greater use of new technology and research into new treatments of health conditions to ensure that the NHS maximises the benefits for patients. Also to replicate best practice examples and benefit from learning of any innovative services that are already established in other areas.
- **Integration** (11 comments) was seen as essential by some with the need to integrate health and social care, and for better working across departments, separate NHS organisations and in partnership with the voluntary sector where relevant.
- **Problems with staff** (11 comments) were highlighted including the need for more frontline staff; less administrative staff; more training for staff on the latest health treatments and better communications; and the need to improve recruitment. A number of people highlighted the need to properly support existing staff in their roles so as to keep up staff morale and prevent staff leaving.
- Specific issues relating to **community hospitals** (10 comments) including the need to keep the existing community hospitals (particularly Townlands hospital in Henley, the Horton hospital in Banbury, Wantage hospital and Chipping Norton hospital) as care closer to home is essential, but also to develop these hospitals to improve the range and quality of patient care.
- More **mental health services** (10 comments) across the county and easily accessible information/support for mental health, particularly for young people, to help prevent deterioration of some mental health problems.
- **Patient-focused care** (9 comments) was again raised by some respondents

The survey then asked a selection of questions so that we could understand more about those people that were responding to the survey.

About You

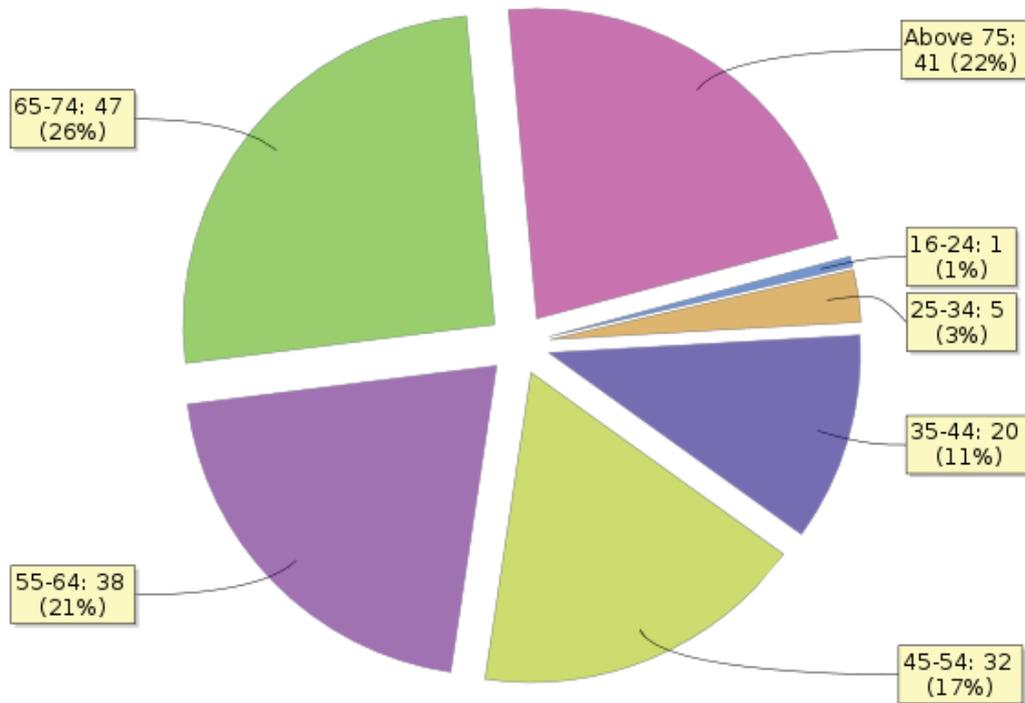
1) Please tell us about your interest in NHS services

The majority of respondents to the survey indicated that they were local residents of Oxfordshire (91% or 168 people). 19 responses were received from elected officials and 15 respondents indicated that they worked for the NHS or a GP Practice.



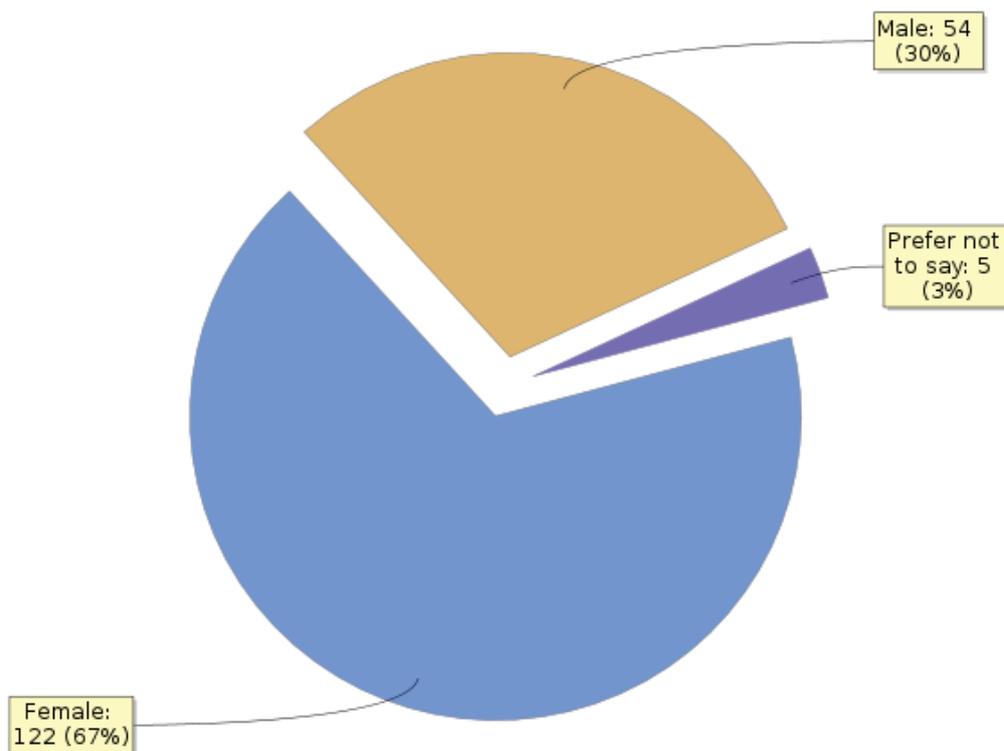
2) Please could you tell us your age?

The majority of respondents to the survey were aged 65 or over (48%). Only 4% of respondents are aged 34 or under.



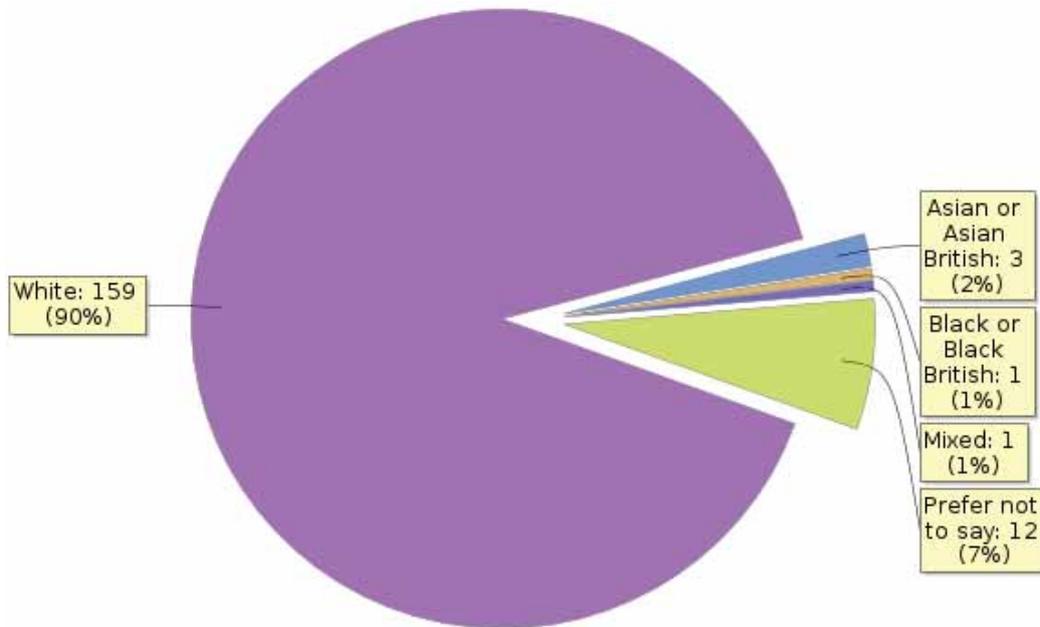
3) Please could you tell us your gender?

Approximately two thirds of responses were from women. 30% of respondents were from men and remaining 3% preferred not to say.



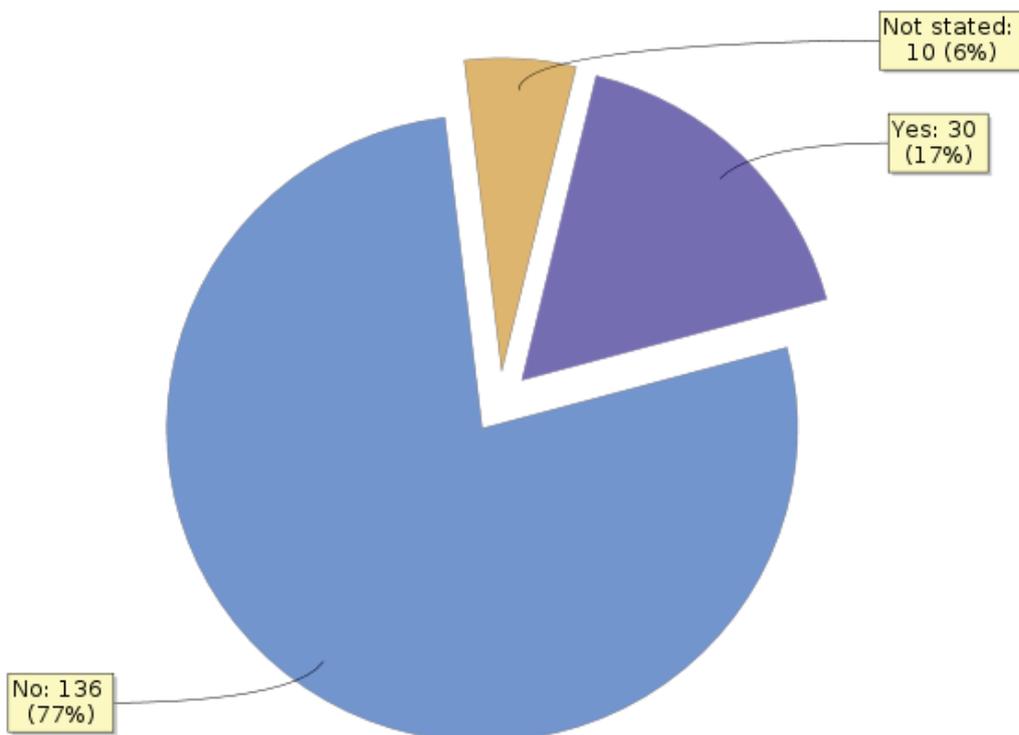
4) Please could you tell us your ethnicity?

The majority of responses were described their ethnicity as white (90%). 4% of respondents indicated they were of other ethnicities and the remainder preferred not to say.



5) Do you consider yourself to have a disability?

Just over three quarters of respondents said that they do not have a disability. 18% (31 people) indicated that they did have a disability and the remainder preferred not to say



Appendix C – Stakeholder event for options development – 28 July

Health & Care Transformation in Oxfordshire

Report from the Stakeholder Workshop Held on 28th July 2016

1. Purpose of report

The purpose of this report is to present the feedback drawn from the stakeholder workshop held on Thursday 28th July 2016.

It describes the event, outlines key themes and identifies concerns and issues expressed during discussions both following a presentation and during facilitated table discussions.

This report will be presented to the Transformation Board and considered by the project group which is developing a pre-consultation business case for any proposed changes to community hospitals.

2. Background

A Health & Care Transformation stakeholder event held on 6 June signalled the start of a public conversation about what health care could look like in 2020/21 - how it could improve health and wellbeing in Oxfordshire, improve the quality of care people receive whilst being financially sustainable.

The conversation has extended out across Oxfordshire through a series of drop-in roadshows, held in various localities. These events have provided an opportunity for people to find out more about the challenges being faced in Oxfordshire and ideas for possible new models of care. Public feedback gathered at these roadshows and through an online survey will be used to further inform and shape plans.

The workshop held on the 28th July was held as part of this conversation. Its purpose was to gather feedback on any possible options for community inpatient services; discuss the criteria that might be used to assess any option and gather views on other services and where they may be located.

3. Summary of Key Points Made By Stakeholders for Consideration by the Community Hospitals Business Case Project Group

3.1 Comments on the current list of possible options

- Many felt the one site option would not give best or equitable access
- Although the six site option was questioned in general, and one group ruled this out, others felt it should not be excluded at this stage
- A suggestion was made that a 'sub option' should be considered, based on the Henley Rapid Access Care Unit (RACU) model, which could enable more sites

3.2 Location of sites

- Concerns were expressed about the accessibility of the Churchill – not just for those travelling into the city but for city residents accessing the site by car and public transport
- Witney was suggested as a location in the West, although it was recognised that the site would need to be expanded
- The Milton/Didcot (Science Vale) area was suggested as a location for a south site
- Overall, the discussions identified key factors to be considered when choosing locations for sites – including basing any configuration on GP clusters, access, demography and travel time (rather than distance) e.g. *"I don't think it's about location but providing the best place for patients' needs to be catered for"*

3.3 Benefits criteria

- There was a clear view expressed that outcomes and experience should be separate measures – stakeholders wanted to see the clinical evidence to measure outcomes and to understand how any options would improve patient experience
- Prevention was a key theme that emerged in the discussions – including its pivotal role in delivering the Five Year Forward View, enabling community hospitals to be better utilised to support prevention, helping to reduce demand and enabling patients to be seen as a whole person.

3.4 Other services and issues

- It was noted that an understanding of where other services would be based (the bigger picture and context) was needed to better comment on possible options and location
- Points were raised about the role of Social Services in the consultation and the presence of key staff at events

- The need to better accommodate the needs of patients with learning disabilities and autism was raised – both in terms of the design of buildings as well as the provision and delivery of services
- Suggestions were made about the need to have patients stories that clearly describe the benefits of new models of care and services

4. Event

Stakeholders who had attended the stakeholder event on the 6th June were invited to participate in the workshop. Those who attended included representatives from organisations across health, voluntary and community sectors as well as patient representatives from the Oxfordshire localities.

The workshop was led by team comprising:

- Pete McGrane, Clinical Director for Older People’s Services, Oxford Health NHS Foundation Trust
- Anne Brierley, Operations Director for Older People’s Services, Oxford Health NHS Foundation Trust
- Dr Barbara Batty, Oxfordshire Clinical Commissioning Group
- Dr James Price, Oxford University Hospitals NHS Foundation Trust.

The agenda (see appendix A) started with a presentation about the model of care to support frail elderly patients, the role of community inpatient beds to help deliver this model and the options being explored for the number of sites where community inpatient beds could be located.

A copy of the presentation is available in appendix b.

After the presentation, attendees were invited to ask questions for clarification before heading into table discussions.

The table discussions were each led and facilitated by the workshop team – this was so that people on each table could discuss and debate the questions directly with members of the clinical workstream responsible for developing the model of care.

Each table was asked to discuss the following questions:

1. Are these options the correct ones to work up in detail to put forward to consultation?
Are there others we should be working up? Are there any on the list we should be excluding and why?
2. For each option, which locations do you suggest we should consider?
3. What are the key issues we need to take into account in terms of other services that could be within local hospitals or other locations?
4. What are the criteria that should be used to assess the benefits of any option?

5. Feedback from Table Discussions

This section describes the key themes and issues raised – it includes a general summary, along with detail of the comments provided.

Question 1:

Are these options the correct ones to work up in detail to put forward to consultation? Are there others we should be working up? Are there any on the list we should be excluding and why?

All options were considered – the most consistent feedback about any particular configuration was the one site option, which many felt would not give good access or would bring care closer to home. Likewise concerns were expressed about the feasibility of a two site option. Although some of the tables the need for six site option, there was a general view that, although probably not a workable solution, this option should not be excluded at this stage.

One group did identify another possible option – that of a RACU type model as seen in Henley, which could be delivered across a larger number of sites.

Points raised
The option looking at one site does not seem good in terms of access for patients across the county - clinical or operationally
Why are 6 sites on the list if you need to have a population of approximately 200-250k to make them viable? The group accepted that this should be worked up
Looking at 2 options onwards you start to get into issues around accessibility
Looking at 4 options and above you then need to start to question workforce and financial viability of delivery
Looking at the population breakdown 3 seems reasonable
It looks like the Horton is a done deal? I'm not sure that six sites is right – why so many?
I don't think you can have one or two site options. It takes me 1.5 hours to get from Hook Norton to Oxford.
Could there be a sub option to include more sites based in the RACU model that was 5 days a week?
It seems to me that three site option seems more favourable i.e. north; middle and south
I don't think two is possible, and you can't have just one site if it's in Oxford City. Six seems unrealistic
One site isn't "local" – doesn't feel like a <i>community</i> hospital
One site – there would be access issues. Would it lead to inequalities?
In an ideal world, you would have six but we need to strike a balance
Could we have diagnostics on sites other than the big three or four sites?
Those counties with one site for this, where are they?
If you talk care closer to home, then you need 6 sites
We should look at all options
Are people coming from the local area? Who need the community hospital services, e.g. older people, younger people needs? At the moment it looks like you need four based on where the need is.

Question 2:

For each option, which locations do you suggest we should consider?

The overriding theme in response to this question was the issue of accessibility and travel time, and subsequent availability of parking when on site.

Concerns were raised about the accessibility of the Churchill both for those patients travelling in from outside the city and across the city itself. It was felt that Witney offered potential but that the site was not big enough and possibly doesn't offer opportunity for expansion. The South Milton/Didcot was also identified as a potential location, particularly given the large scale growth identified.

As well as location-specific comments, the groups discussed what factors could be used to assess site location – travel time (rather than distance), demography and areas of population growth and the catchment of the new GP clusters were all considered to be factors that should be considered.

Points Raised
Can you work out locations/options on distance travelled?
Time of travel, rather than miles?
Parking is a factor
Public transport time and availability e.g. Faringdon to JR served by bus. Bus to Churchill only available from park and ride.
Think about locations with greatest growth – presumably if new build you could put them anywhere accessible and don't need to worry about the older estate.
Look at options based on demography, travel time
Difficult to compare locations and where they should be - old people in the south doesn't mean old people forever. You need to look at population demography for the next 5 – 10 years so you can anticipate need.
Access and travel time important for locations, as much as location number
Aren't GPs clustering, so could sites be built around these clusters rather than the localities? Sites have to be able to be reached by carers on a bus route – often the carer themselves is elderly (a lot of children of elderly parents live away)
I don't think it's about location but providing the best place for patients' needs to be catered for
Is it a given what site it would be within the City? The Churchill is dreadful to get to
Economies of scale is what it's about – you need to clearly explain the pros and cons i.e. you will get better care, better outcomes and experience, more joined up care but it will take you 20 minutes longer to get there. I think people would travel for a different type of care.
If the Horton was made more attractive would also be more appealing
Difficult to truly consider this without considering and understanding what the models of care look like about and below the local hospital model, so you can factor in areas such as access to diagnostics etc
Locations Witney for West offers potential but the site is not big enough and don't think offers opportunity for expansion
South Milton/Didcot for a location particularly when you bear in mind the large scale growth identified there and links to Science Vale area. Also has good transport links, but there was acceptance that this may need to be a new build
For the North - population changes to Bicester may create issues particularly if wanting to avoid city
Banbury is not going to change

Question 3:

What are the key issues we need to take into account in terms of other services that could be within local hospitals or other locations?

The groups raised a number of considerations to be borne in mind, from ensuring the needs of patients with autism or learning disabilities are met through both services and building design and ensuring parity of mental and physical health.

Points Raised
New buildings have to be planned with the needs of autism in mind. Many patients aren't able to access services – there is need to skill up the workforce. For example, clinicians and nursing staff need to understand sensory issues e.g. lighting. Autism and LD affects the patient experience.
A new build is very slow –what can you provide while you're waiting for a new build? People need to understand the limitations
Will people get access to more services in new community hospitals than they do currently?
Have the community hospitals as more than a medical centre, but also social support around things like falls prevention, stopping loneliness, drop in preventative sessions.
Raising the awareness for the family about this new model and getting access to the GP/primary care fits with this as this will be key for patients
Access for patients and equitably
No differences indicated with models of care for ethnic minorities - suggest that these groups are consulted to take this into consideration
Ensuring parity of mental health and physical health services
More consideration of self-care and the prevention theme
Questions around the provision of specialist palliative care needs how does the model provide support in for clinician's friends, family etc for this area?
What role do local hospitals have from an education basis to members of the public? (possibly comes under primary care through things like social prescribing)
Needs to be an element of future proofing
Ensuring the clinicians are fully engaged and bought into the process
What about day case provision?
What about the resilience of this models with care homes
Learning disabilities have not been particularly well addressed previously and needs to be improve
Lots of things need to stay at locality level: MIU, urgent care and community teams. Primary care and other services should be working together. Mental health should be as or more local as outpatients access. This should also apply to preventative measures in mental health
End of life care

Question 4

What are the criteria that should be used to assess the benefits of any option?

Many comments were on the theme of patient experience and separating this out from outcomes. This extended to using the ability of any options to help with the prevention agenda and changing disease patterns.

Points Raised
As well as economic and deliverable we need to think about how it <i>feels</i> to be at the point of care i.e. the patient experience.
Include outcomes, patient experience, prevention, impact on family
How much does the deployment of each model assist with the prevention agenda
Does any option adjust/tackle what patients have identified about their patient experience
Does it meet our current population health concerns?
Does it solve our health problems 20 years from now?
The affordability - clarification over what time this is affordable
What are the changing disease patterns and how will the model match up?
How much does the deployment of each model assist with the prevention agenda
Does adjust/tackle what patients have identified about their patient experience
Does it meet our current population health concerns?
Economies of scale is what it's about – you need to clearly explain the pros and cons i.e. you will get better care, better outcomes and experience, more joined up care but it will take you 20 minutes longer to get there. I think people would travel for a different type of care.
I think they all should have equal weighting
I think you should separate out clinical outcome and patient experience – you need a clear evidence base on clinical outcomes
I think travel shouldn't be as high as the other criteria
Need to take account of travel time as well as distance
We need to be clear about the outcomes measures being used to assess the options
Effective use of staff time i.e. travelling between fewer sites

6. Other Issues Raised

The discussion at the workshop covered a number of other themes, which have been captured below:

Key Themes	Summary of issues
Palliative care	<ul style="list-style-type: none"> • People who are dying who don't need a hospital bed, with no support at home, where do they go. • We need to work with hospices. Around 4% of community hospital admitted inpatients need palliative care • Hospices provide specialist palliative care and would be well suited to being sited near to community hospitals • How do we bring together specialist and other clinical opinions together to make it better for people in the last months of their lives?
Support in nursing and care homes	<ul style="list-style-type: none"> • What support should there be in nursing or care homes to ensure that there are local beds that relatives can get to (e.g. in

Key Themes	Summary of issues
(intermediate care beds)	Faringdon, 6 beds were removed which results in older people ending life in Banbury)
Primary care	<ul style="list-style-type: none"> • What is being done to tackle GP retirement rates? • We need to understand what else is available and provided by primary care and you need to show you're not taking away services
Interface with social care and the role of Oxfordshire County Council	<ul style="list-style-type: none"> • We need some progress county-wide with joining up health and social care. • We need to include models of social care and have social care representatives at this type of event • Concern that any benefits in the new models of health care will be overshadowed by the County Council's cuts • Why is the County Council only a consultee?
Use of technology	<ul style="list-style-type: none"> • Use technology and virtual teams to bring specialists into conversations about patients and reduce travel time • The IT infrastructure needs to be considered
Understanding the bigger picture and wider context	<ul style="list-style-type: none"> • We need some case studies to show and describe the new patient journey. Describing the new journey and how it would work in each locality would be very useful • You need to be able to tell the story of how what was traditionally provided in community hospitals can be done in the community • How does this all fit with the other models for maternity, children's urgent care?
Recruitment and workforce	<ul style="list-style-type: none"> • Aligning medical/educational training and training recognition with the new models of care so that we have improved recruitment
Housing	<ul style="list-style-type: none"> • We need more intelligent design and support for the workforce • School provision for the families of NHS workforce
The importance of prevention in the Five Year Forward View	<ul style="list-style-type: none"> • We mustn't underestimate the importance placed in the Five Year Forward View on prevention so that the patient can be treated as a whole human being and help to reduce demand • What role do community hospitals have to play in prevention? • How will the space and services be used to best effect?
Treating people holistically/joined up and co-ordinated care	<ul style="list-style-type: none"> • We need to better understand the patient's lived experience, particularly if we are to deliver care in a patient's home. At the moment, healthcare is very reactive to problems and this has to change so that we can prevent the unnecessary consequences of the way we deliver care currently. • It works best when there is one person co-ordinating that patient's care e.g. the lack of communication between GP and consultant. Any structure should be built around the GP and my experience has been that difficulties arise when that connection between GP and provider is lost

AGENDA

Oxfordshire Healthcare Transformation: Developing Local Hospitals

9.30am	<p>Welcome and introductions</p> <ul style="list-style-type: none"> • Aims of today's workshop • What are we currently working on? • Questions 	Pete McGrane Clinical Director, Oxford Health NHS Foundation Trust
10am	<p>The emerging model of care to support frail elderly people</p> <ul style="list-style-type: none"> • Oxfordshire's changing health needs • How care is currently provided • Our vision and model of care • What would need to change • What else do we need to consider? • What are the options being explored? 	
10.30am	<p>Table discussions</p> <ol style="list-style-type: none"> 1) Are these options the correct ones to work up in detail to put forward to consultation? <ul style="list-style-type: none"> • Are there others we should be working up? If so, why? • Are there any on the list we should be excluding and why? 2) For each option which locations do you suggest we should consider? 3) What are the key issues we need to take into account in terms of other services that could be within community hubs or other locations? 4) What are the criteria that should be used to assess the benefits of any option? 	
11.30am	Key feedback from each table	Table facilitators
11.50am	Wrap Up and Next Steps	Pete McGrane

Appendix D – Promotion of 'The Big Health & Care Conversation' roadshows and surveys

Some of the websites used to publicise The Big Health & Care Conversation are shown below:



OXME website for young people



Oak Tree Health Centre, Didcot



Hook Norton Village website



Harwell Parish Council



Beckley and Stowood village website



Windrush Medical Practice, Witney



All Events in Bicester website



Shiplake villages website



West Oxfordshire District council



Victoria Prentis MP for North Oxfordshire



Chadlington village website



Quickly Here website



Henley Herald website



Thame website



Faringdon Community website



Oxford Mail



Hook Norton Village blog



Agilience website



Reducing the risk of Domestic Abuse website



Wallingford Medical Practice



John Watson School, Wheatley



HiEvents website of Facebook events



Oxfordshire Community and Voluntary Association



Byfield Parish Council, North Oxfordshire



Oxford University Hospitals NHS Foundation Trust



Signed Events website



Nuzzel blog



Witney Gazette



The Banbury Guardian



Healthwatch Oxfordshire

Appendix E – Media Coverage of the Transformation engagement activity

Method	media channel	date
CCG sent media release	Local newspapers/radio /TV	27/06/2016
CCG sent media release	Local newspapers targetted in Banbury and Wantage	08/07/2016
News article	Bicester Advertiser	07/07/2016
News article	Oxford Mail	07/07/2016
Radio interview	Jack FM	11/07/2016
CCG posters	Sent out to all GP surgeries and county libraries	12/07/2016
News article	Internal OCCG staff newsletter	15/07/2016
News article	Talking Health newsletter	08/07/2016
Radio interview	Banbury Sound	11/07/2016
Radio interview	BBC Radio Oxford	12/07/2016
CCG sent media release	local newspapers/radio/TV	11/07/2016
News article	GP Bulletin	13/07/2016
News article	Oxford Mail	12/07/2016
Radio interviews	BBC Radio Oxford attendance at Banbury roadshow	12/02/2016
News article	Abingdon Herald	13/07/2016
News article	Witney Gazette	13/07/2016
Posters	Distributed in Henley for Wallingford roadshow	13/07/2016
Interview	That's Oxford	18/07/2016
Interview	BBC South Today	18/07/2016
Photography	Oxfordshire Guardian	18/07/2016
News article	Oxford Mail	23/07/2016
News article	Witney Gazette	27/07/2016

Interview	Oxfordshire Guardian	21/07/2016
News article	GP bulletin	27/07/2016
Media release	All local papers and broadcasters	05/08/2016
News article	OCCG website	05/08/2016
News article	Transformation website	05/08/2016
News articles	Talking Health newsletter	05/08/2016
News article	OCCG staff newsletter	18/08/2016
Display at Henley Town Hall	Display + social media mentions	05/08/2016
Display at Thame Council	as above	15/08/2016
Media release re Henley roadshow		18/08/2016
News article	Transformation website	18/08/2016
News article	OCCG website	18/08/2016
Social media mentions	Twitter and Facebook	22/08/2016
Display at Dicot Civic Hall	Display + social media mentions	25/08/2016

Appendix F – Social Media Coverage of Transformation

Twitter and Facebook promotion of the Transformation engagement activity – including the roadshows and survey – took place from 1st July 2016 onwards. 39 Tweets were made on Twitter and 20 posts on Facebook. The total number impressions (number of people that have seen the Tweets) for the Twitter promotions was **65,736** and the total number of engagements (including retweets, clicks and likes) was **292**. The total number of people reached in the Facebook promotion was **3,501**.

Some examples of the social media posts and their engagement reach are shown below:

	<p>Date: 1 July 2016</p> <p>Twitter post:</p> <ul style="list-style-type: none">• Impressions (number of people that have seen the Tweet): 2,777• Total engagements (including retweets, clicks and likes): 30
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NHS Oxfordshire CCG
@OxonCCG

Your local #NHS is @OxfordTownHall tonight 6-9pm. Drop in & share your ideas on NHS services in #Oxon for the future



3 RETWEETS 2 LIKES

1:15 PM - 21 Jul 2016

Date: 21 July 2016

Twitter post:

- Impressions (number of people that have seen the Tweet): 2,865
- Total engagements (including retweets, clicks and likes): 13

Oxfordshire Clinical Commissioning Group - OCCG
Published by Julia Stackhouse [?] · August 2 at 12:59pm · 🌐

Your local #NHS is at #Witney, #Methodist Church, Thursday 4 August 11am – 2pm. Drop in & share your ideas on NHS services and maintaining a healthy population in #Oxfordshire for the future. Can't come? Why not share your ideas in our survey here <http://bit.ly/29ydkok>



Oxfordshire Clinical Commissioning Group - The Big Health and Care Conversation - Consultation Homepage

The NHS in Oxfordshire is calling on young people, parents, patients, carers and people who live and work in Oxfordshire to have their say on how health care is...
CONSULT.OXFORDSHIRECCG.NHS.UK | BY OXFORDSHIRE CLINICAL COMMISSI...

668 people reached Boost Post

Date: 2 August 2016

Facebook post:

- 668 people reached
- 4 shares

Oxfordshire Clinical Commissioning Group - OCCG
Published by Oxon Ccg Media-team [?] · August 1 at 2:23pm · 🌐

Your local NHS is at Witney Methodist Church on Thursday 4 August between 11am and 2pm. Drop in to share your ideas with Oxfordshire senior medics and managers on services now and for the future. Can't come? Share your ideas via our survey here <http://bit.ly/2aOAlg>

CONSULT.OXFORDSHIRECCG.NHS.UK

1,279 people reached Boost Post

Date: 1 August 2016

Facebook post:

- 1,279 people reached
- 2 shares



Oxfordshire Clinical Commissioning Group - OCCG

Published by Oxon Ccg Media-team [?] · July 1 · 🌐

Come to the The Big Conversation Roadshows to talk about the future of healthcare in Oxfordshire. Make your voice heard
<http://bit.ly/299zLDe>.

Tuesday 12 July, 6pm – 9pm, at Banbury Town Hall

Monday 18 July, 6pm – 9pm, at The Beacon in Wantage... [See More](#)



Oxfordshire Clinical Commissioning Group | The Big Conversation Roadshows

The NHS in Oxfordshire is calling on young people, parents, patients, carers and people who live and work in Oxfordshire to have their say on how health care is...

OXFORDSHIRECCG.NHS.UK

438 people reached

Boost Post

Date: 1 July 2016

Facebook post:

- 438 people reached
- 2 shares