NEL Commissioning Support Unit

NHS

Review of NHS Oxfordshire Clinical Commissioning Group *Locality Place-Based Primary care plan: West Oxfordshire Locality* and public and patient engagement into the development of the plan August – December 2017

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Document assurance process

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1. Context and purpose of the review

1.1 Background

The re-procurement for Deer Park Medical Centre (DPMC) was initiated during 2015/16 by NHS England during the period of joint commissioning with NHS Oxfordshire Clinical Commissioning Group (OCCG). From 1 April 2016, OCCG took on delegated responsibility from NHS England for the commissioning of primary medical services across Oxfordshire. The re-procurement process resulted in no new provider being awarded the contract and alternative provision identified in the three remaining Witney GP practices. This enabled a managed dispersal of the Deer Park patient list.

The decision not to re-procure the Deer Park Medical Centre contract following the failure to award the contract was referred to the Secretary of State for Health by the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) in February 2017, who in turn referred the decision to the Independent Reconfiguration Panel. The Independent Reconfiguration Panel concluded that 'this referral was not suitable for full review because further local action by the NHS with the committee can address the issues raised' and made a number of recommendations.

On 25 July 2017, NHS England wrote to OCCG confirming expectations that OCCG would address the recommendations from the Independent Reconfiguration Panel, and in particular:

'OCCG should commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. Engagement with the public and patients is required in assessing current and future health needs, understanding options and co-producing the solutions. This should not preclude the possibility of providing services from DPMC in the future. To be completed in six months and reviewed by a third party identified by NHS England so that residents can see a credible plan for delivering the services they need.'

OCCG planning for primary care services in and around Witney was underway prior to the publication of the Independent Reconfiguration Panel recommendations in July 2017, as part of the development of place-based plans for all parts of Oxfordshire. Patient and stakeholder engagement and involvement was also underway as part of this process. Development of these plans and engagement will continue beyond January 2018.

1.2 Scope of the review

In November 2017, NEL Commissioning Support Unit (NEL CSU) was appointed by NHS England to conduct a third party review into the development of a comprehensive plan for primary care and related services in Witney and its surrounds – known as the West Oxfordshire locality. The review covers the period since the Independent Reconfiguration Panel recommendations were received, August to December 2017.

This review was conducted from November 2017 to January 2018. Experts in communications and engagement and primary care were asked to:

- Consider what OCCG has done in order to develop the locality place-based primary care plan in the West Oxfordshire locality and the communications and engagement plan to support this
- Interview stakeholders to gather further insight into the development process

- Produce a written review of the locality place-based primary care plan: West Oxfordshire locality (4 December 2017 iteration) to give an expert view on whether it delivers what it is required to in respect to the Independent Reconfiguration Panel recommendations, setting out any gaps and future recommendations
- Provide an assessment of how far OCCG has engaged with patients and key stakeholders to co-produce solutions.

When talking about co-production, it is important to define this process. NEL CSU has used the definition: 'a way of working that involves people who use health and care services, carers and communities **in equal partnership** and which engages people at the earliest stages of service design, development and evaluation'. It also includes 'a commitment to sharing power and decisions with citizens.' This has been taken from NHS England's co-production model: https://www.england.nhs.uk/participation/resources/co-production-resources/.

NEL CSU has examined the plans in the context of development work for the plan for primary care in the West Oxfordshire locality, which has been undertaken and will continue to be undertaken outside the timeframe of this review. It is also important to acknowledge that this review is not looking at the decision about Deer Park Medical Centre or the previous engagement undertaken around this decision.

1.3 Statutory requirements

There is a legal duty on clinical commissioning groups (CCGs) to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- Section 242, of the NHS Act 2006, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions that affect how those services operate.
- Section 244 requires NHS bodies to consult relevant health overview and scrutiny committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to health overview and scrutiny committees).
- The NHS Act 2012, Section 14Z2, updated for clinical commissioning groups, places a duty on CCGs to make arrangements to secure that individuals, to whom the services are being or may be provided, are involved (whether by being consulted or provided with information or in other ways) in the:
    - planning of the commissioning arrangements by the group
    - development and consideration of proposals by the group for changes
    - commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals, or the range of health services available to them, or in decisions of the group (CCG) affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Current guidance includes:

- Transforming participation in health and care – NHS England (2013)
- Planning, assuring and delivering service change for patients – NHS England (2015)
- Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England – NHS England (2017).

1.4 NEL CSU background and role

NEL CSU is the largest commissioning support unit (CSU) in the country. Our collaborative and innovative approach drives high standards in the consistency, reliability and quality of our work. We provide services to over 160 customers, including clinical commissioning groups across England, in London, Northamptonshire, Essex, Hertfordshire, Bedford, Luton, East Anglia, Kent, Surrey and Sussex, representing more than 10 million people. We also deliver a range of services and bespoke solutions to healthcare organisations across England, including hospital trusts, GP practices, mental health trusts, NHS England (nationally and regionally) and local authorities.

The review of the West Oxfordshire locality place-based primary care plan is led by NEL Healthcare Consulting, the transformation directorate at NEL CSU. We are an external, independent organisation with in-depth experience of primary care, communications, and engagement within the NHS.

Our skilled and experienced multi-disciplinary consultants are experienced in designing and delivering portfolio, programme and project management solutions and end-to-end transformation, in areas including out-of-hospital transformation, analytics, provider support, primary and secondary care, organisational development, whole system redesign and finance. Our team of communications and engagement specialists have delivered wide-ranging support including patient and public engagement and consultations for NHS clients with complex and varied needs, often in relation to contentious or unpopular service change proposals.

NEL CSU is a member of The Consultation Institute.

2. Methodology and approach

This review has been undertaken using NEL CSU's established consultative approach. This includes desktop research of key documents followed by stakeholder interviews with representatives of: OCCG, clinicians, patients, representatives of patients and the public including Healthwatch, local councillors and the local MP.

The research has been undertaken by consultants who are subject matter experts in primary care and in consultation and engagement. The report has been written independently with assurance provided by NHS England.

We have tested our stakeholder interview questions, report structure and final report with an independent patient leader from the NHS England South East Patient Leader Programme to give assurance from a patient perspective.

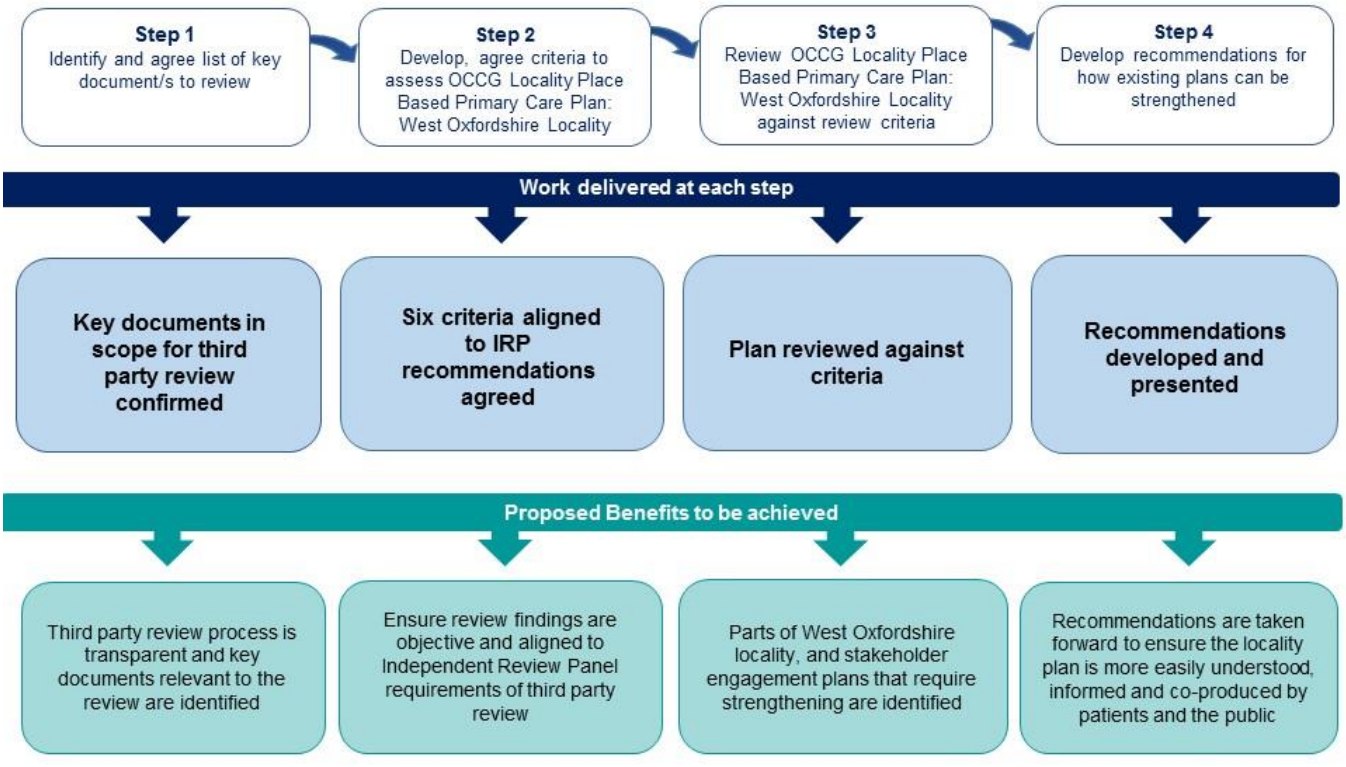
2.1 Primary care review methodology

To ensure the findings of the primary care review of the locality place-based plan were aligned to the specific recommendations made by the Independent Reconfiguration Panel, six criteria were developed and agreed by NHS England to be used to assess OCCG plans and the process of developing these plans. A desktop assessment of the documents in scope of this review has aimed to ascertain whether these criteria have been fully evidenced, partially evidenced or not evidenced, based on the evidence identified within the locality place-based plan document (4 December 2017 iteration).

Assessment criteria

1. There is evidence that patients and the public have been engaged in assessment of their health needs
2. There is a strategic vision for Witney primary care in line with national and regional aims
3. The vision and solutions proposed are linked to and integrated with the wider OCCG and STP plans
4. OCCG has developed options for meeting their health needs
5. The solutions identified have been co-produced with public, patients and stakeholders
6. There is a clear and transparent primary care programme governance structure describing how strategic decisions are made, and how these are informed by patient and public voice.

This approach and the benefits it intended to achieve are outlined below.



Primary Care review methodology, approach and benefits proposed

2.2 Engagement review methodology

NEL CSU has reviewed the engagement plans, activities, and outputs and outcome of engagement report against national best practice guidelines and standards such as those outlined by The Consultation Institute, as well as legal requirements and NHS guidance for CCG engagement outlined in section 1.3 of this report. The review consisted of desktop research and stakeholder interviews conducted by phone, email and in person.

2.2.1 Desktop research

NEL CSU consultants read a number of key documents relating to the development of the West Oxfordshire locality place-based plan. These have been grouped into four categories listed below:

A) Documents in scope for third-party review
- Engagement plan (part of the OCCG primary care commissioning papers – November 2017)
- Locality place-based primary care plan: West Oxfordshire locality – 4 December 2017 iteration

B) Documents developed by OCCG to provide relevant context in relation to the development of the West Oxfordshire locality place-based and engagement plans
- OCCG primary care framework
- Developing GP services and a locality plan for the West Oxfordshire locality (PowerPoint – November 2017)
- Developing GP services and locality place-based plan across Oxfordshire – engagement report

C) Independent Reconfiguration Panel documentation for background and context:
- Letter from OJHOSC to the Secretary of State
- OJHOSC minutes (containing the decision to refer)
- NHS England letter to OCCG – July 2017
- Letter from Independent Reconfiguration Panel to the Secretary of State – April 2017

D) NHS England guidance documents
- NHS England General Practice Forward View
- Patient and public engagement guidance as referenced in statutory requirements section 1.3 of this report.

Current editions of locality plans are on the OCCG website.

2.2.2 Stakeholder interviews

A number of stakeholders were identified by NHS England, OCCG and NEL CSU to provide further detail, expertise and experience of OCCG engagement.

Stakeholders were chosen based on their involvement with the project within West Oxfordshire and knowledge of the issues and challenges, including from a public and a clinical perspective. Some were chosen as representatives of the wider population to provide insight and personal reflections on the development of the plan. Interviews were based on questions (listed in appendix A) that were assured by NHS England and an independent patient expert with additional freeform conversations and were captured in writing by NEL CSU consultants.

Table A: stakeholder interviews

Stakeholder	Method	Interview questions
Ally Green and Sarah Adair, OCCG Heads of Communications and Engagement	Email/ telephone call	A
Julie Dandridge, Deputy Director of Delivery and Localities/Head of Primary care, OCCG	Telephone call with interview questions A; a follow-up telephone call	A

Stakeholder	Method	Interview questions
Catherine Mountford, Director of Integrated Governance, OCCG	was agreed for OCCG to outline locality plan context to NEL CSU primary care subject matter expert	
Ginny Hope, Head of Primary Care, NHS England South East Andrea Collins, Head of Communications and Engagement, NHS England South East	Email/ telephone call	B
Graham Shelton, Locality Forum Chair (Patient) and Public and Patient Partnership for West Oxfordshire	Telephone call	C
Rosalind Pearce, Chief Executive, Healthwatch Oxfordshire	Telephone call	D
Brenda Churchill, Witney Town Councillor and Mayor of Witney. Previous patient of Deer Park and previous Chair of the Deer Park Patient Participation Group and one of the spokespeople of the campaign group	The pre-arranged telephone call was declined due to the context of the review not being as the participant anticipated.	C
Councillor Arash Fatemian, Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) Chair	Telephone call	E
Dr Kiren Collison, Deputy Locality GP Chair and incoming OCCG Clinical Chair	Telephone call	F
Robert Courts, MP	Face-to-face meeting	E
Peter Emery, West Oxfordshire District Council	No response was received from this stakeholder	E

2.3 Patient leader input

NHS England nominated a patient leader to give assurance from a patient perspective that:

- the report structure and scope of the report was adequate and would be easy to understand
- interview questions were suitable and would be able to identify the information required for the review
- an opportunity was given to recommend further actions and raise issues which may not have been included.

The patient leader is an independent expert patient with no affiliation to Oxfordshire.

3. Key findings

Key findings are detailed in this section using data gathered from the desktop review of documents and feedback from stakeholders.

This provides a narrative overview of the evidence that reviewers have found within the key documents in scope of this review. Further specific recommendations on how OCCG can strengthen the West Oxfordshire locality place-based plan and their engagement into it are included in section 4 of this report.

3.1 Primary care review

The West Oxfordshire locality place-based and engagement plans were assessed against the criteria as agreed with NHS England. The table below shares details for each criterion as 'fully evidenced', 'partially evidenced' or 'not evidenced.' The evidence identified within the plan to support this has also been provided to ensure transparency in respect to how the reviewer's conclusions have been reached.

Table B: Findings from primary care review and evidence identified

	Criteria	Fully evidenced/ partially evidenced/ not evidenced	Evidence of criteria identified within the document
1	There is evidence in the plan that there has been engagement of the public and patients in assessing future health needs	Partially evidenced	The review identified that there has been engagement of patients and the public in assessing future health needs and includes the following information identified within the 4 December 2017 iteration of the locality place-based primary care plan: West Oxfordshire locality. The approach for wider engagement was agreed by the West Oxfordshire Locality Forum Chair and by Healthwatch Oxfordshire. There were two patient and public events held on 1 and 8 November 2017. At these events the following needs were identified by people who attended: • Continuity of care for the elderly and people with long term conditions • Transport • Improved access to pharmacy and GP practices to see both GP and nurses – people waiting too long for appointments • Keeping older people active • Provision of gerontology expertise closer to their homes • Given levels of self-harm – mental health support for young people.

	Criteria	Fully evidenced/ partially evidenced/ not evidenced	Evidence of criteria identified within the document
			Evidence of the needs identified could be strengthened with a section on need in Part B or the Part D – Priority 1 sections of this iteration of the plan. Whilst the summary and health of population are described, it would be useful to conclude with the list of specific needs this information identifies, linking back to the patient and public engagement report and how this has informed the identification of needs. This criteria was found to be partially evidenced. There was no specific evidence that showed a link between the needs, options and solutions outlined in the plan with public and patient engagement into the assessment of future health needs, as outlined in the Independent Reconfiguration Panel recommendations.
2	There is a strategic vision for primary care and related services in Witney in line with national and regional aims	Partially evidenced	This criteria was found to be only partially evidenced because there is not a single vision statement within the West Oxfordshire locality place-based plan nor mention of how the Witney vision may link to the OCCG and national aims. The plan does contain a list of key priorities that have been shared with patients and the public. There is a vision statement articulated within the Oxfordshire primary care framework (March 2017) that is linked to regional and national aims of modernised and sustainable primary care services. Whilst the enabler section within Part E[1] includes main themes of NHS England's General Practice Forward View in respect to workforce, estate and digital enablers, further detail is required on what is needed by when to understand how achievable the ambitions are.
3	There is evidence that the vision for Witney and solutions proposed are linked to and integrated with the wider OCCG and STP plans	Partially evidenced	Whilst the West Oxfordshire locality place-based plan does not yet contain a vision statement for West Oxfordshire, there are key elements within this document that demonstrate some alignment between strategic aims of OCCG and Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (BOB STP) strategic documentation. The Sustainability and Transformation Partnership, Oxfordshire Primary Care Framework and the West Oxfordshire place-based plan have the same strategic priorities.[2] Links between the place-based plan and the wider OCCG and STP plans include:

[1] Page 33-38 - Locality place-based primary care plan: West Oxfordshire locality – 4 December 2017 iteration
[2] Page 2 – as above

	Criteria	Fully evidenced/ partially evidenced/ not evidenced	Evidence of criteria identified within the document
			• A more efficient system with more health and social services working together providing services closer to home • Better access to mental health services and the introduction of digital solutions (such as virtual consultations) and self-management tools, making it easier for people to access advice and care 24/7 • A focus on prevention. Offering bespoke packages to support people to adopt healthier lifestyles and reduce preventable ill health and long-term conditions. This criteria could not be shown to be fully evidenced because there was not enough information in the locality plan showing the alignment with and relationship between plans. In particular to how GP practices would integrate to meet greater levels of need in an ageing population at greater scale or how affordable the proposed solutions are.
4	There is evidence that OCCG has developed options for meeting their current and future health needs	Partially evidenced	The review identified that OCCG has developed solutions within the locality place-based plan for meeting the population's current and future needs and that they are aligned to the CCG's four key priorities. However, these are not comprehensive and require more detail, as outlined below, and the review therefore judged them to be partially evidenced. **Priority 1: Meeting the needs of the ageing population[3]** The locality place-based plan describes a need in the West Oxfordshire locality to meet growing demand for primary care for an ageing and growing population. Future iterations should include a clear definition of the level of access they need to aim for to meet this demand. Without this it is a challenge to understand how these solutions would meet the need. Options for meeting current and future demand are listed[4] in the locality place-based plan. Equity of access to (option d) care/nursing homes – access to a gerontologist or an interface being developed with an opt-in approach for general practice: the plan would benefit from understanding how this approach has been received by patients and the public. Increased access to gerontology and nursing home services has been expressed as a need by patients and the public, therefore options could be strengthened by being

[3] Page 21 – as above
[4] Page 22/23 – as above

	Criteria	Fully evidenced/ partially evidenced/ not evidenced	Evidence of criteria identified within the document
			inclusive to all. There is potential for inequity of access if a care home's general practice does not opt into this service. Increasing the capacity of primary care visiting services (option e) – emergency practitioners: the plan could be strengthened by including the numbers of practitioners that would be needed and by when. There are conflicting statements in respect to meeting needs in this priority area. Page 21 of the locality place-based plan describes that there is good access to primary and urgent care in West Oxfordshire. However, feedback from patients and the public at events held on 1 and 8 November 2017 included that access could be improved to both GP and nurse appointments. Therefore, the December version of the plan is saying two different things in regards to current levels of access and whether this is meeting the needs of the population. **Priority 2: Safe and sustainable care[5]** Addition of an urgent access hub – it would be useful to understand more about the positive impact of this hub for people who have used it, in order to strengthen the reasoning for developing a second hub in the future. Increasing numbers of allied health care practitioners with particular skill-sets[6]. The plan could be strengthened by understanding how many more staff are required and at what point they would be required. Patient involvement[7] – usefully contains examples of how signposting will be delivered through stronger patient involvement in signposting. The detailed plans[8] conclude that most options would require funding sources to be approved before implementation. Further iterations of the plan would benefit from further

[5] Page 24 – as above
[6] Page 25 – as above
[7] Page 25, option d – as above
[8] Page 30-33 – as above

	Criteria	Fully evidenced/ partially evidenced/ not evidenced	Evidence of criteria identified within the document
			detail on proposed costs. This would enable people to understand how affordable these options are and the value they would add to the sustainability of the system. Whilst workforce modelling has been flagged as something for the future, a timescale on this would be helpful. **Priority 3: Improving prevention**[9] Further detail on the social prescribing model would be of benefit, enabling patients and the public to engage with this element of the plan. The plan mentions a social 'prescribing hub' – a definition of what this is could help people understand the difference they would see in the system should this option be implemented. **Priority 4: Planned care closer to people's homes**[10] This area of the locality place-based plan would benefit from further detail about the needs of the population and the changes that would be made to meet these. Patients and the public would then be more confident that the model of care is being designed with this in mind and more easily understand the benefits this would have.
5	There is evidence that the solutions identified for meeting these needs have been co-produced with public, patients and stakeholders	Not evidenced	Draft priorities were discussed with the public and patient partnership forum.[11] However, this criteria was found not to be evidenced. This is because: • There was no definition of what is meant by the term 'co-production'. • Reviewer was unable to identify evidence that the solutions identified were co-produced with patients and the public. The West Oxfordshire locality place-based primary care plan may have been produced with key stakeholders who may be involved with implementing the changes in the future. However, there is no evidence in the plan that enables the review to conclude that these solutions have been co-produced. • Note the definition of co-production used in OCCG primary care framework described patients 'co-producing' their own care plan with clinicians rather than co-producing solutions to meet population needs. A consistent definition would be of

[9] Page 27 – as above
[10] Page 28 – as above
[11] Page 7/8 – as above

	Criteria	Fully evidenced/ partially evidenced/ not evidenced	Evidence of criteria identified within the document
			benefit and provide evidence that solutions are being co-produced to align with NHS England's definition. NEL CSU notes that co-production is a lengthy process and it would be difficult to undertake true co-production in the six month timescale set to develop this plan. However, by identifying what it means locally co-production with patients and the public can be more readily undertaken in future and more easily demonstrated.
6	There is a clear and transparent primary care programme governance structure describing how strategic decisions are made and how these are informed by patient and public voice	Partially evidenced	Whilst unable to identify a governance structure that described how decisions are made or how they are informed by the patient and public voice, the place-based locality plan does mention a number of patient events and patient and public participation forums where the plans have been discussed. Whilst unsure how the outputs of the patient and public participation work inform/influence/shape strategic board-level decisions, the engagement process has been signed off by Healthwatch Oxfordshire and locality leads. The governance framework may exist in other documentation outside of the scope of this review. However, because it was not included in the documents this criteria can only be seen to have been partially evidenced. Further iterations of the report would benefit from greater transparency in how decisions about local transformational change are being made, who is involved in these decisions, providing further credibility of the leadership and strengthening relationships across the system. The detailed planning for the future[12] could also be strengthened by assigning responsible owners to individual work streams.

[12] Pages 30-32 – as above

3.2 Patient and public engagement review

Engagement findings have fed into the primary care criteria review. Further feedback, below, is a narrative reflection following desktop research of engagement documents and stakeholder interviews.

3.2.1 Engagement plan

Between August and December 2017, Oxfordshire CCG conducted patient and public engagement to support the development of the West Oxfordshire primary care locality plan. OCCG produced a communications and engagement plan which outlined how they planned to undertake patient and public engagement to develop the first version of the West Oxfordshire locality plan. This plan was published and assured at the Oxfordshire primary care commissioning committee on 7 November 2017, of which NHS England is an attendee.

This engagement plan was developed following discussions about engagement with: key stakeholders at a stakeholder workshop hosted by Healthwatch Oxfordshire; the West Oxfordshire Locality Forum; members of the previous patient participation group at Deer Park Medical Centre; and at a meeting in public of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC). Most of these meetings were held in September 2017. The plan was also informed by previous intelligence and feedback from Healthwatch Oxfordshire and was then shared with Healthwatch Oxfordshire, the West Oxfordshire Locality Forum Chair and a local council representative. Additional feedback given about the public events was taken into consideration and the format of those events included a question-and-answer session allowing people to make their views and feelings known.

Although the engagement plan was shared, feedback received and plans amended, from our review there is no evidence that the engagement plan was co-produced[13] with patients and the public. Reviewers have not found that patients have developed the engagement plan in equal partnership with the CCG nor have there been opportunities for shared decision-making with patients and the public.

The communications and engagement plan lacks detail in a number of areas, which means it does not adequately reflect the breadth of work undertaken by OCCG both during this period and during previous engagement informing the plan.

3.2.2 Engagement activities

Below is a narrative overview and description of engagement activities. This has emerged from the desktop review of the engagement plan, the engagement feedback report produced by OCCG and feedback from stakeholders gathered via interviews.

- **Informal stakeholder workshop, September 2017**
  Healthwatch facilitated a workshop with stakeholders (including councillors, the local MP, GPs and the former Chair of Deer Park patient participation group) to discuss the development of the locality primary care plan and to give stakeholders the opportunity to input. This meeting was well received by stakeholders who felt it was a useful session.

[13] NEL CSU has used the definition: 'a way of working that involves people who use health and care services, carers and communities **in equal partnership** and which engages people at the earliest stages of service design, development and evaluation' and 'a commitment to sharing power and decisions with citizens.' This has been taken from NHS England's co-production model: https://www.england.nhs.uk/participation/resources/co-production-resources/

However, there was some confusion from members of OJHOSC as to who was invited and the purpose of the meeting.

- **Three public meetings, held during November and December 2017**
  Two meetings were round-table events with a presentation from OCCG to discuss draft locality priorities including future health needs. The third meeting reported back public responses, OCCG plans and offered opportunity for further open discussion.

  Members of the public and stakeholders were given one month's notice about these meetings. Some interviewees suggested this was not long enough, in particular, for key political stakeholders. Some also suggested this provided insufficient time to consider properly the issues and to respond.

  People were asked to pre-register their attendance so OCCG could estimate how many people would attend. This caused confusion as to whether the events were open to all or only to people who had registered. All those who wished to attend could, although there was a perception that some people would physically be turned away if they had not registered. Last-minute venue changes to accommodate a larger-than-expected audience also caused confusion. OCCG ensured that staff were at both venues to signpost and mitigate any issues. Key stakeholders, such as the Chair and members of OJHOSC, were not formally invited.

  Feedback from each event was incorporated into the next one. For example, an OCCG presentation was updated to reflect what OCCG had been told during previous events. The final event, which was intended to feedback responses, still offered members of the public an opportunity to give their views with OCCG taking comments at this stage.

- **Two public surveys**
  OCCG ran an initial survey to gather people's responses to the locality plan. A second survey was made available online alongside the draft primary care plan. This invited further comments on the draft document before publication at the end of January 2018 and included information on the feedback received on the plan to date.

  People were asked whether or not they agreed with a set of priorities put forward by OCCG, to discuss what they felt works well currently in primary care and offer solutions as to how services could be improved.

  The initial survey was hosted on OCCG's consultation hub for practical reasons. An early version of the document contained the word 'consultation'. This caused some confusion as to whether this period of engagement was a formal consultation or not. This confusion was acknowledged by OCCG, text was updated and the survey was moved to a different area of the CCG's website.

- **Ongoing engagement with the Locality Patient Forum (Public and Patient Partnership for West Oxfordshire)**
  OCCG attended and spoke at the monthly meetings of the group to keep members updated on the engagement process.

- **Attending meetings by invitation**
  OCCG has responded to requests from groups (such as patient participation groups, campaign groups and other political stakeholders) for meetings to discuss the plans.

- **Communication was conducted** via social media, newsletters, the media, posters in GP surgeries and the OCCG website to encourage residents to attend meetings and respond to

the survey. Much of the communication was to Oxfordshire residents as part of wider geographic engagement to develop six locality place-based primary care plans. One of these was for West Oxfordshire (Witney and the surrounding area). Stakeholders felt that there was an overreliance on digital communication.

- **Stakeholder management**
  Although stakeholder management was referenced in the OCCG communications and engagement plan feedback from interviewees suggested that key stakeholders were not all updated adequately or to the extent they wanted. For instance OJHOSC was not updated with information on reporting dates and the Chair was not formally invited to attend any events. The local West Oxfordshire MP was not consulted on dates of any public meetings and was given four weeks' notice of events making it difficult for him to attend.

  There was a desire from all stakeholders to work more closely and effectively with OCCG to improve communications and engagement and develop workable solutions for the future. However most felt that this was hindered by poor communication from OCCG, limited briefings and a lack of links in some key areas (such as the planning committee to consider the impact of growth).

  Overall, stakeholders felt that engagement during this time was adequate, given the timing restrictions of the Independent Reconfiguration Panel recommendations. Some stakeholders noted that the public was uneasy about the length of time given for this phase of engagement.

  It is important to recognise that this phase of engagement is part of on-going engagement during 2017 around primary care. It is unclear how earlier engagement (pre August 2017) has influenced the early thinking about primary care in West Oxfordshire.

  OCCG has indicated that it expects to undertake further engagement following the publication of the locality plan at the end of January 2018. This future engagement is likely to focus on gathering feedback from groups that OCCG has heard less from during previous engagement phases and may include young people and those with mental health issues. Future plans for engagement work have not been published.

3.2.3 Considering equalities and reach into the community

An equalities analysis has been undertaken on the place-based plan. This information has not directly informed OCCG's engagement approach, i.e. which groups or communities to engage and prioritise. Although a number of seldom-heard groups are listed within the communications and engagement plan, other than through email communication it does not appear that specific efforts have been made through this phase of engagement to target them and hear their views.

Anecdotal feedback suggests that the majority of those engaged throughout this phase are already well engaged with OCCG and have broadly been from the older white demographic, as detailed in OCCG's engagement report published in December 2017.

Engagement also has tended to be through groups who represent patients. Key channels for OCCG amd the reach and representativeness of engagement mechanisms (such as the Locality Patient Forum and PPGs) should be examined as they are heavily relied on.

3.2.4 Impact of patient and public feedback

From OCCG's engagement report and from stakeholder feedback it is clear that, throughout this phase of engagement, OCCG has listened to patient and public feedback. There is evidence within the engagement report that feedback has already influenced the West Oxfordshire locality primary

care plan. Feedback received was reflected back to the community at the final event. Presentations were updated for meetings with various stakeholders and the final engagement report sets out indicative CCG responses to all of the feedback received.

4. Recommendations

After conducting this third-party review, we have set out our recommendations below to support the further development of the West Oxfordshire locality place-based plan and OCCG engagement.

NEL CSU believes these would strengthen OCCG's engagement approach and improve the relationship with patients, the public, and other key stakeholders and ultimately demonstrate the value that commissioners place on co-producing the next iteration of their plans with their populations.

The recommendations refer to a number of general principles for strengthening future engagement and transformation plans. There are also a number of more specific recommendations aligned to the criteria outlined in section 3.1 of this document that require actions to be taken to strengthen content of the plan in these areas

Table C: Recommendations identified

Theme	Recommendation
Increase confidence in patients and public of OCCG's commitment to engage through more detailed and active communication **Relating to criteria 1,4,5 and 6**	**Improve documentation and provide greater clarity and more active stakeholder management:** • Documentation needs to be clearer in purpose, scope and include a greater depth of information. This would give transparency to plans, decision making and reassure stakeholders. Specifically: ○ Explain the purpose of the document ○ Outline how it has been developed, including historic activity ○ Detail who has supported the development of the document and how it would be assured ○ Explain decision making processes and feedback loops. • Greater clarity in documents and in language: ○ Be explicit around whether processes are engagement or formal consultation, what these mean for the public and their ability to influence plans ○ Ensure that the purpose of documents, meetings and events is clearly explained. • Engagement planning should be more detailed and plans should set out: ○ That the process of engagement is ongoing ○ How earlier engagement has impacted on where OCCG is now ○ Future plans for engagement and how this particular phase relates to it ○ What areas OCCG is seeking feedback on and what areas patients and the public can genuinely influence, e.g. assessment of population need. Individual patient and public events aimed at the key needs identified would

Theme	Recommendation
	enable more detailed discussions **and** provide opportunities to co-produce future solutions to address these needs. (Relates specifically to meeting evidence in respect to criteria 1,4, and 5 in Section 3.1) ○ More information on planned activities, how they would be undertaken and a breakdown of how stakeholder groups would be targeted ○ How stakeholders would be prioritised ○ How non-digital channels would be used to reach the population ○ Who is being asked to cascade and promote engagement ○ How responses would be monitored and what efforts would be made to reach out to groups who have not responded ○ How feedback from engagement activity would be responded to and reported. • The inclusion of a clear governance structure aligned to the outline mobilisation plan (page 37 of the place-based plan) would also increase confidence in OCCG's commitment to engage. (Relates specifically to meeting evidence in respect to criterion 6, Section 3.1) • More emphasis on stakeholder management and communication is needed, by providing more timely and regular updates to all stakeholders regarding progress and process, closer liaison with political stakeholders when planning engagement events, and ensuring clarity around the purpose of events and meetings. • Planning of engagement activities needs to ensure an appropriate period of engagement in order for all stakeholders to engage effectively and respond. Key stakeholders and groups likely to be affected by changes need appropriate notice of events and activities.
Consider equalities and seldom-heard groups in all engagement activities	• OCCG's engagement needs to ensure that it includes all groups likely to be affected by any proposed changes, as identified through an equalities impact assessment, with emphasis on characteristics that are protected by the Equality Act 2010. Plans should outline how groups likely to be impacted by changes would be engaged. • OCCG should take a proactive approach to out-reach engagement with patients, members of the public and groups from whom OCCG has not heard. This might include people who are not linked to formal groups (e.g. individual members of the public) or who are not currently using health and care services.
Develop a vision to strengthen appetite and enthusiasm for change	**Develop a vision owned by the locality, easily articulated and aligned to the vision for wider Sustainability and Transformation Partnership and the Oxfordshire Primary Care Framework** • The next iteration of the place-based plan should include the development of a vision for the West Oxfordshire locality that is aligned to that of OCCG and the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership. (Relates specifically to meeting evidence in respect to criteria 2 and 3 in Section 3.1)

Theme	Recommendation
Relating to criteria 2 and 3	• All documents across the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership and Accountable Care System, Oxfordshire CCG primary care framework and the Locality place-based plan would benefit from a 'road map' of how they all fit together. • The existence of a clear vision that has been developed and owned by West Oxfordshire Locality could make it easier to share what the programme is aiming to achieve. • A key national strategic aim detailed within the GP Forward View is for primary care to transform so that it is sustainable and meets the population's needs now and in the future. Including further detail on the resource required in West Oxfordshire locality, and specific benefits this would achieve could engage patients and public more effectively.
Co-production **Relating to criterion 5**	• The plan should be co-produced with patients. OCCG needs to be clear about their local definition of co-production and how this would work. This might include patients being empowered to work with OCCG to write future iterations of the plan, e.g. assessment of population need. Individual patient and public events aimed at the key needs identified would enable more detailed discussions **and** provide opportunities to co-produce future solutions to address these needs. (Relates specifically to meeting evidence in respect to criterion 5 in Section 3.1).
More detailed definition of change to increase understanding **Relating to criteria 1,4, 5 and 6**	**Provide more detailed definitions of the changes they may see and the benefits these would bring.** • The place-based plan does not mention the STP in narrative, nor the aim of developing Accountable Care Organisations (ACOs) (Relates specifically to meeting evidence in respect to criterion 3 in Section 3.1) • It is light on financial information – how has primary care investment contributed to sustainability of the system? Defining key elements of the GP Forward View: • Working with patients, public and stakeholders to develop a definition of 'access' or 'urgent access' and how they would identify the number of appointments and workforce needed to meet future demand (Relates specifically to meeting evidence in respect to criteria 1,2,3,4 and 5 in Section 3.1) • Demonstrating alignment with Berkshire West, Oxfordshire and Buckinghamshire Sustainability and Transformation Partnership and OCCG by documenting the consideration being given to core requirements for improving access as per the General Practice Forward View (These points relate specifically to meeting evidence in respect to criterion 3 in Section 3.1) ○ Timing of appointments: increasing provision of weekday-evening and weekend appointments.

Theme	Recommendation
	○ Capacity: aiming for an additional 30 to 45 minutes consultation capacity per 1,000 population. ○ Models of care: the OCCG primary care framework contains more detail on new models of care than is currently expressed in the locality place-based plan. More visible alignment between these two documents would enable people to understand potential impact and how realistic these ambitions are – for instance: neighbourhood services, locality services and services people would see that are different to what they have already at their primary care/GP surgeries. ○ Workforce: tables have been included to indicate the increase in specific roles that will be required. It would be helpful for patients and public to understand how the increases proposed meet the increased need for them to comment/engage meaningfully with the process. Where new roles are being proposed, role descriptions, the benefits they are intended to bring and how these relate to Five Year Forward View ambitions would be helpful information. ○ Estates: further detail on what physical changes people could expect to see and when e.g. number of primary care centres/estate. This would improve transparency in respect to future plans and reduce anxiety when changes are proposed, subject to further planning and consultation where appropriate. Where estates could be reduced in number, future solutions for maintaining equal access for those more frail and/or less mobile may need to consider transport solutions as expressed by the patient and public voice. ○ Digital: how ambitious these plans are would be more easily understood where further detail on the current state could be provided. For example defining shared records and services that could be accessed 24/7 would help stakeholders, patients and the public understand the benefits this would bring and the potential impact.

5. Next steps

- The third party review document will be published by NHS England on 30 January 2018 on its website within the publications section and shared direct with key partners and members of the public.
- The review document has also been sent to the Secretary of State for Health, Rt Hon Jeremy Hunt MP and copied to Lord Ribeiro, Chairman of the Independent Reconfiguration Panel to note that the recommended third party review of Oxfordshire Clinical Commissioning Group's (OCCG) primary care plans for Witney and the surrounding area has been conducted and published with recommendations shared with OCCG and a full update provided to Oxfordshire Joint Health Overview and Scrutiny Committee on 8 February 2018.
- The review document will inform further discussion between NHS England and Oxfordshire Clinical Commissioning Group (OCCG) with a view to supporting OCCG to evolve further iterations of the West Oxfordshire locality plan as they co-produce their plan with patients and the public.
- The review document and subsequent activities will also form part of discussions between OCCG, NHS England and Oxfordshire Joint Health Overview and Scrutiny Committee at its committee meeting in public on 8 February 2018.
- OCCG, NHS England and Oxfordshire Joint Health Overview and Scrutiny Committee, together with other health organisations in Oxfordshire participated in an independently facilitated workshop on 18 January 2018 to develop working principles for the future.

To discuss receiving this information in an easy read or another format please ring 01865 963 896 or email england.southcomms@nhs.net

Appendix A – Stakeholder questions

A – Oxfordshire CCG

Developing the engagement plan

1. Can you explain the process for developing the engagement plan?
2. How and at what stage (i.e. how early in the process) were PPGs, patients and the public and stakeholders involved in developing the engagement plan?
3. How did their feedback incorporate into the plan?
4. Was an equalities analysis undertaken on the project?
5. What outreach approaches were considered for those who could not attend the two public engagement meetings, given the demographics in the area?
6. How did your equalities analysis shape the stakeholder list outlined in the engagement plan?
7. The plan references attending meetings/events by invitation. How were these promoted and what was the uptake?

Developing the primary care plan

8. Please describe the engagement activities undertaken in order to develop the primary care plan.
9. How have PPGs, patients and the public been involved in developing the primary care plan?
10. How have Healthwatch, voluntary and community groups and other interested patient groups been involved in developing the primary care plan?
11. What have patients been able to influence throughout this engagement process? What areas of the plan were people asked to respond to (either at the public events or through the survey)?
12. Was a stocktake undertaken during the engagement period to ensure OCCG was reaching and receiving responses from the right audiences?
13. How representative of the population do you feel the engagement to date has been?
14. The engagement plan refers to Public and Patient Partnership for West Oxfordshire (PPPWO) continued engagement. What did this include?
15. How did you work with the voluntary and community sector and other stakeholders to promote/cascade engagement opportunities?
16. What part has Healthwatch played in planning, running and reporting the two public events?
17. How continuous was the engagement?
18. How did the feedback you received influence the development of the primary care plan?
19. What plans are there to close the feedback loop and communicate next steps?
20. Are there any plans for further engagement on the plan?
21. Did those you engaged with have the opportunity to comment on the final version of the primary care plan? If so, what was their feedback?
22. Reflecting on the engagement work you have undertaken to date, is there anything you would have done differently?

B – NHS England

1. What feedback has NHS England given around the engagement plan?
2. Did NHS England attend either of the public engagement events? If you did, what were your impressions?
3. Do you feel OCCG has been successful in engaging patients and the public in assessing current and future health needs?
4. Do you feel OCCG has been successful in engaging patients and the public in understanding the options for the future of primary care services?
5. Do you feel OCCG has been successful in co-producing solutions for the future of primary care with patients and the public?
6. Reflecting on the engagement work OCCG has undertaken to date, is there anything you feel could have been done differently?

C – Patient stakeholders

1. How were you involved in developing the engagement plan? If yes, at what stage were you brought into the process?
2. How have you been involved in developing the primary care plan? If yes, at what stage were you brought into the process?
3. What opportunities did you have to comment on the final version of the primary care plan? What was your feedback?
4. How well do you feel the engagement period has been publicised?
5. How have you personally been encouraged to respond during this period of engagement?
6. Were you able to attend either of the public events? If you were, what was your experience of engaging on this topic?
7. Throughout the process of developing this plan and the engagement activities themselves, how have you been listened to and your comments taken on board?
8. How do you feel you have been able to influence the future of primary care services?
9. How do you feel the engagement activities went (events/survey)?

D – Healthwatch Oxfordshire

1. How have you been involved in developing the engagement plan? If yes, at what stage were you brought into the process?
2. How have you been involved in developing the primary care plan? if yes, at what stage were you brought into the process?
3. What opportunities did you have to comment on the final version of the primary care plan (including the list of stakeholders)? What was your feedback?
4. How have you been involved in planning, running and reporting on the two public engagement events?
5. How far do you feel you have been able to advise on best practice approaches to engagement throughout this project?
6. How adequate do you feel the engagement has been in developing plans for the future of primary care services?
7. How representative of the population do you feel engagement activities have been?
8. How do you feel the engagement activities went (events/survey)?
9. Are there any areas of the engagement plan which you feel could have been improved upon?

E – Political stakeholders

1. How have you been encouraged to respond during this period of engagement?
2. From your perspective, how well do you feel patients, residents and stakeholders have been engaged in developing solutions for the future of primary care?
3. From your own experience and/or the experience of your constituents, how do you feel the engagement activities went (events/survey)?
4. Is there other engagement activity you would have liked to have seen?

F – Clinical stakeholders

1. How have you been involved in developing the engagement plan, and what was your feedback?
2. How have you been involved in developing the primary care plan, and what was your feedback?
3. How has the feedback from patients, the public and other stakeholders been incorporated into the development of the engagement plan?
4. From your perspective, how well do you feel patients, residents and stakeholders have been engaged in developing solutions for the future of primary care?
5. How do you feel the engagement activities went (events/survey)?
6. Is there other engagement activity you would have liked to have seen?