

**Once again, many thanks for allowing me to address this committee on behalf of the Deer Park Campaign Group.**

**We, the group have many concerns about the CCG's interpretation of the recommendations in the IRP report.**

**Our first concern is that although the report was published on 3<sup>rd</sup> July and a letter from the Secretary for Health was sent to the CCG and the HOSC encouraging them to start from the date of the report but nothing was done until 8<sup>th</sup> September when a meeting was arranged by Healthwatch which was attended by Robert Courts MP, the CCG Healthwatch and the campaign group, this is not a face to face meeting that we had asked for. Another meeting on 28<sup>th</sup> September was organised by Healthwatch which had some of the stake holders present. We have been asking for a face to face meeting since the**

this process was started we have at long last got a meeting on 29<sup>th</sup> November. Long overdue but a meeting at last.

Our second concern is the CCG'S intention of looking at the overall provision of primary care for West Oxfordshire and Oxfordshire but not it would seem to include the work that the IRP asked for in Witney and the surrounding area.

*We the group do not feel that*  
Consultation with Healthwatch and the Locality Forum is ~~not~~ consulting with patients and the people of Witney or *the surrounding* surrounds ~~area~~

Our third concern is the way the CCG has conducted the public meetings. Two meetings have taken place one in Witney and one at Carterton. A public meeting is a meeting that anyone can attend to have their say, CCG's interpretation is a round

table event that people have to book to attend, is it any wonder that the grand total of people attending these two events was 125 hardly a fair representation of the people of both Towns, and several people were turned away from the Witney venue. To add insult to injury the venue for the Witney meeting was changed two days before the advertised meeting.

WE feel that this plan is being rushed through as quickly as possible with a draft plan being published in early December and the full plan at the end of January, strange that the HOSC committee will be meeting in early February. NHS England still has not appointed a person to oversee this work, all the check and balances will have been avoided, so I am asking this committee to look at what the IRP has <sup>been</sup> instructed and bring the CCG to task.

**We feel that the people of Witney need to  
been informed and to that end we the DPCG  
will be holding a public meeting in the Corn  
Exchange on 1<sup>st</sup> December starting at 7pm.**

**I hope members of this committee will  
attend and get the true feelings of the  
people of Witney.**

Thank you for this opportunity to address this meeting.

My name is Mark Churchill, I am a resident of Witney, I was registered at Deer Park Medical Centre and am now registered at Cogges surgery. I was not a member of Deer Park PPG but I am a member of the Deer Park campaign group.

100,000 homes to be built in Oxfordshire, that's 280,000 new patients if you take OCCG's 2.8 people per household formula. I don't know how many will come to Witney and its surrounds but WODC as the planning authority will no doubt have some ideas about that, my guess is it's a lot!

I won't quote figures for current house building in Witney because you only have to travel around the town and its boundaries to see that there are many small sites and some very large ones and your planning dept. can confirm figures, however in the past NHSE has only included developments of 250 plus in their primary care plans which we can conclude means their health planning requirements must be somewhat skewed.

What is also concerning is that less than a month of closing DPMC the OCCG e-mailed WODC planning regarding the application for Barnard Gate Garden Village 17/01177/SCOPE stating "Primary medical care is at full capacity in Witney & Eynsham in terms of staff & buildings. Significant new housing development will require additional primary care capacity."

This just after they had closed the one surgery that could expand both in structural & patient size.

Back to Deer Park Medical Centre and the IRP report commissioned by the Secretary of Health because of the referral from the HOSC committee.

The report states & recommends:

General practice is one of the great strengths of the NHS and patients rightly expect and deserve high quality care from a familiar team of healthcare professionals they know and trust. Beyond the immediate needs of the patients affected, there is a longer term goal to secure the best primary medical services for the people of Witney and the surrounding area. The CCG should immediately commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. At the

heart of this must be the engagement of the public and patients in assessing current and future health needs, understanding what the options are for meeting their needs and co-producing the solutions. This work should seek to produce a strategic vision for future primary care provision in line with national and regional aims and should not preclude the possibility of providing services from the Deer Park Medical Centre in the future. Further, the work should be completed within six months and should be reviewed by a third party identified by NHS England so that residents can see a credible plan for delivering the services they need.

I put it to this committee that OCCG is not following the recommendations of the IRP and have not as yet advised that they have commissioned the time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds.

The IRP stated that at the heart of this project must be the engagement of the public and patients in assessing current and future health needs, understanding what the options are for meeting their needs and co-producing the solutions. To date this has not happened. OCCG have met just once with the Deer Park Participation Group on 8<sup>th</sup> September.

There have been two "Public Events" limited to members of the public who had to book places, these "events were held in small capacity meeting places at Witney Masonic Hall 1<sup>st</sup> November and St John the Evangelist School Carterton 8<sup>th</sup> November (this venue is not within what was the catchment area for Deer Park Medical Centre).

Within the documentation at the meetings was an addendum by NHSE to the IRP requirement stating "this needs to be linked to, and intergrated with, the wider OCCG and STP plans for the whole of Oxfordshire" it is little wonder that the public wonder who represents them when an unelected body can change recommendations from a review body to suit their requirements and not our elected representatives who commissioned the referral.

Many people in Witney have expressed utter dismay that the DPMC was shut, they do not understand how it could happen and why nothing was done to keep it open until the IRP report was released. It does not help that at the two events the OCCG stated that it was financial because Virgin wanted too much

money. Much of it was because OCCG did not have a plan "B" and would not consider reprocurement.

In recent weeks we have seen local MPs hold Westminster debates condemning the actions of the OCCG and even call for it to be disbanded as it is not fit for use.

OCCG is an unelected body that closes its ears to patients, public, NHS staff and MPs.

The people of Witney and in particular ex DPMC patients have very little trust or confidence in the OCCG to get the best medical services for the town and its surrounds, this was evident at the "public events" recently held.

It is hoped that this committee can reign in the OCCG and influence them into following the IRP recommendations.

## Second Statement of Jane Southworth on behalf of the Deer Park Patients' Group

I would like to refer to the original Report and Recommendations of the IRP which state:

"Beyond the immediate needs of the patients affected, [those of Deer Park Medical Centre], there is a longer term goal to secure the best primary care medical services for the people of Witney and the surrounding area.

The CCG should immediately commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. At the heart of this must be the engagement of the public and patients in assessing current and future health needs, understanding what the options are for meeting their needs and co-producing the solutions".

What do these statements mean?

1. That the project to develop a plan for primary care is limited in scope to Witney and the surrounding area – not the whole of West Oxfordshire – so why are the CCG working on a wider Locality Plan for West Oxfordshire when the Report is specific about the need to secure primary care services for the people of Witney and its surrounds?
2. Secondly, that the patients and public must also be co-producers of such a plan, identifying options and co-producing the solutions. This means much more than being consulted – it indicates that they must be allowed to work with the CCG on a practical level to address how primary care in Witney can be delivered.

I therefore question In what way have the patients and public of Witney been co-producers of such a plan or co-producers of the solutions for delivery of primary care in Witney?

What the IRP Report does not indicate is that the CCG can present a wider "Locality Plan" for the whole of West Oxfordshire which they have

*underpinned by the primary care framework which it admits it has developed with its colleagues – not with the input of the patients.*



solely been producing well before the IRP Report <sup>was published</sup> and which they plan to present at a meeting on 7<sup>th</sup> December for public acceptance.

It is not even clear that the CCG has identified and communicated what are the current and future health needs of Witney and its surrounds in a way which is unbiased and factually accurate. This is needed before the consideration of any solutions.

So, I would put it to the CCG that the term "co-produce" indicates to manifest something jointly, so that the co-production of solutions to meeting the primary healthcare needs of the residents of Witney and its surrounds does indicate working on the plan together.

*The Primary Care Framework upon which the Locality Plan for W.O. 15 is based sets out the CCG's view.*  
The fact is that the IRP Report was published on 3<sup>rd</sup> July 2017, yet the CCG did nothing for over 2 months when it could have been engaging directly with the patients of all the GP Practices in Witney and surrounding areas through the patient forum groups. The Deer Park Patients' Group suggested this means of engagement with patients to the CCG in early September.

The CCG appears to give the impression that they have been engaging with patients widely since the Report was published – not so. The CCG has dragged its feet and prevaricated.

Having heard nothing from the CCG for 2 months, the Deer Park Patients' Group wrote to Healthwatch on 3 separate occasions asking them to bring forward a meeting with the CCG which it had been planning prior to the IRP Report. This meeting took place in the first week in September. Our intention was to find out what was happening with regard to the implementation of the IRP Plan.

The meeting convened on 8<sup>th</sup> September was attended by Robert Courts MP. He expressed deep disquiet about the lack of communication with patients and with the Deer Park Patients' Group. He asked the CCG to consider convening a meeting with us (as we had proposals to put forward) and to write to him explaining what they, the CCG were doing to implement the Recommendations. The CCG did neither.

It wasn't until last week, 15<sup>th</sup> November that we received a letter from the CCG in which they have now agreed to meet with the Deer Park Patients' Group – due to take place next week.

Two meetings convened on 1<sup>st</sup> and 8<sup>th</sup> November in Witney and Carterton, to which the public did not have unfettered access, does not constitute meaningful engagement. The total number of people attending these events could not have exceeded 100, out of a population of 23,000.

Engagement with the Locality Forums which are a construction of the Clinical Commissioning Groups mostly made up of doctors and no patients also does not constitute meaningful and direct patient engagement.

The fact is that we are in month 5 of a process which should be completed within 6 months with very little patient involvement.

The IRP Report strongly infers that had the proper consultation taken place, a solution to the closure of DPMC could have been found. It was not a question of money because the CCG has found the money it "saved" on recommissioning services at Deer Park to put into the other Witney Practices, rather than choose to keep Deer Park open, simply because it wanted to further its Locality Framework policy objective of only having GP Practices operating on a large scale – not necessarily what patients want.

The IRP Report makes reference to the right of patients to expect "high quality care from a familiar team of healthcare professionals they know and trust". This has not been the experience of Deer Park patients transferring to the other surgeries where they have also lost the relationship with their GP which was built up over some years. The CCG's view of delivery of primary care services at scale, and through the Hub makes continuity of care virtually impossible as one member of our patient group has directly experienced.

At its meeting in September 2017 the Oxfordshire Joint HOSC requested the CCG to provide answers to a number of outstanding issues – one of which was that they provide an analysis of the costs of the closure of Deer Park - the sums spent providing extra funding to the other Practices to which patients would have to transfer compared with the costs of keeping Deer Park open.

To our knowledge this has never been provided. The Chair of HOSC also requested that the CCG provide a “roadmap” of what was being done and when to implement the recommendations. He specifically stated that the IRP Plan was separate from the Locality Plan.

The objective of a third party identified by NHS England to review the CCG’s work was to provide some reassurance to the public that the plan was being produced as it should be so that public confidence in the process and in the CCG could be assured.

Regrettably the CCG still seem to be off on a frolic of their own, not listening to the patients and lessons from the closure of Deer Park have not been learnt.