

## Deer Park Medical Centre Secretary of State referral – Progress report

### Introduction

This paper provides an update on progress with OCCG's work to address the actions required following the Secretary of State's response to the Deer Park referral.

### Background

A referral was made to the Secretary of State for Health (SoS) by the Oxfordshire Joint Health Overview & Scrutiny Committee (OJHOSC) in February 2017 relating to the decision by OCCG not to re-procure the Deer Park Medical Centre contract following the failure to award the contract in the first attempt. In March 2017 the referral was passed to the Independent Review Panel for initial assessment in line with the protocol for handling contested proposals for the reconfiguration of NHS services.

In a letter to the SoS, the Panel concluded that the referral was not suitable for full review because further local action by the NHS with the OJHOSC can address the issues raised. The SoS responded to JHOSC on 3 July 2017 with a copy of the IRP review and confirming he had accepted their recommendations in full. This letter was shared with the CCG (by OJHOSC), but initially there was no direct communication from the Secretary of State for Health with OCCG.

The full response from the IRP to the SoS is available [here](#). In summary the Panel noted as follows:

- Regulations do not define what constitutes a substantial variation or development and determining this should be a matter for joint agreement. In the absence of agreement the local authority's (HOSC's) view should prevail.
- Requirement to consult with a scrutiny body does not necessarily mean a full 3-month public consultation is necessary and this should be locally agreed. If there is no full consultation, NHS should fulfil its obligations around public & patient involvement.
- OCCG should have carried out more involvement prior to the tendering exercise as per NHS England guidance (needs assessment, VFM, impact assessment and seeking views of patients and stakeholders). More involvement should also have been carried out once the outcome was known. *[NB the service was tendered prior to delegation therefore this would have been the responsibility of NHS England and the CCG under joint commissioning arrangements prevailing at that time].*
- OCCG needs to be much more proactive, inclusive and forward thinking about the future of general practice and primary care, rather than simply accepting a practice closure.

- Impact assessment and action plan was noted. Should be implemented swiftly to ensure continuity of care for patients.
- Healthwatch could be more formally engaged in facilitating and evaluating progress against action plan.

On 25 July 2017 NHS England wrote to the CCG confirming expectations that the CCG would address the recommendations from the IRP and in particular:

- The CCG must continue actively to pursue the objective that all former Deer Park Medical Centre (DPMC) patients are registered as soon as possible
- 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. This needs to be linked to, and integrated with, the wider CCG and Sustainability & Transformation Plan for the whole of Oxfordshire. 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 DPMC in the future.

NHSE confirmed that they would seek to identify a third party to review the plan.

### **Specific recommendations & OCCG planned action**

- 1. CCG 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 6 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 is already taking forward analysis, engagement and forward planning for primary care services in and around Witney through the locality group (as part of the overall work being undertaken on development of place based plans for all parts of Oxfordshire) . The West locality plan is already in progress as part of the strategic development of locality place based plans. Patient and stakeholder engagement and involvement is an integral part of this process and plans will be tested with PPGs, local councillors and the HOSC.

In addition

- A wider approach to engagement in the West Oxfordshire Locality was agreed with the West Locality Forum Chair and HealthWatch, the engagement plan and briefing are attached as an Appendice 1 & 2. Two engagement events have been held so far with over 125 people attending (1 & 8 November) a further follow-up meeting is planned for 7 December.
- OCCG representatives attended two meetings (8 and 27 September 2017) facilitated by HealthWatch with local stakeholders.

- The 8 September 2017 meeting was an opportunity to brief local representatives and Robert Courts MP about the approach OCCG was proposing
- At the wider meeting on 27 September 2017 OCCG shared some of the needs assessment information and the approach to engagement.
- OCCG representatives have met with Robert Courts, MP and are holding a workshop with Witney Town Councillors on 16 November.
- An offer has been made to West Oxfordshire District Council to hold a similar session with local District Councillors.

**2. NHS England to monitor the performance of the CCG, including ensuring provision of primary medical services for Deer Park patients yet to register elsewhere and the urgent action required to secure the services needed now and in the future.**

As at 30 October, 317 patients on the Deer Park list had not yet registered elsewhere. This is in line with other practice closures where a proportion of patients do not register in the immediate period following closure. Three letters asking unregistered patients to register with another practice has gone out via Primary Care Services England (PCSE). We are satisfied that all patients have been notified of the need to register elsewhere and offered support to do so via a range of different methods and we feel that it is safe to assume that the remaining patients have either moved away from the area or have made an informed choice not to re-register at this point.

All patients have been able to transfer to a practice of their choice within Witney or in the surrounding rural area. All practices were able to maintain open lists throughout the period of transition in order to accommodate the patients. Support in managing the additional pressures on local practices who have taken on the new patients has been provided by the local GP federation, who have provided additional GP and nurse consultations at the Witney GPAF hub and support from emergency care practitioners to carry out urgent home visits. Recent feedback from practices and the federation indicate that the situation is stable in Witney and patients are able to access high quality clinical services. It should be noted though that pre-existing pressures on services due to recruitment problems are still ongoing in this locality as in other parts of Oxfordshire.

**3. Oxfordshire Joint HOSC to review its working practices with the NHS to develop and sustain an open, no surprises, productive and effective working relationship required to command public confidence.**

OCCG and OJHOSC covered this at the OJHOSC meeting on 14 September 2017. It was agreed that a working group be formed to produce a set of proposals on how to work together in a better way. This would comprise representatives from OCCG, Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust along with OJHOSC members Councillors Price, Lovatt, McHugh, Champken-Woods and Fatemian and Keith Ruddle.