NHS
Oxfordshire
Clinical Commissioning Group

Formatted: Font: 22 pt, Bold

The 'Big Health and Care Conversation'

Phase 2

Engagement Report

Update September 2016 – November 2016

Date: 04 November 2016

Version: Draft 1

Contents

1. Purpose of report

The purpose of this report is to outline the further public engagement undertaken from 22 August 2016 to 31 October 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 for early January 2017.

It should be noted that the Transformation Board continues to have a patient representative and Healthwatch, whose role is to ensure that the patient and public view is considered throughout the programme.

2. Background

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 2017 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.

Following the initial stakeholder event at the Kassam Stadium on 6 June, a series of public roadshows around Oxfordshire were held and various stakeholder meetings were attended. The report of this engagement is available here: https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/717186/22624517.1/PDF/-/Big_Health_and_Care_Conversation_Engagement_Report_Final.pdf

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.

3. Purpose of the public engagement

Following the first phase of public engagement, the programme timeline was adjusted with a consultation planned for January 2017 later that originally intended. This has enabled the Transformation Programme to hold further engagement activities across Oxfordshire to help inform its thinking and further develop options for change.

4. Process and methodology

Since September 2016 we have tried to approach our engagement in two ways. We have done some targeted engagement around specific workstreams for Transformation, together with broad awareness raising in the community for the case for change.

In total we have directly spoken and met with approx. 400 people and through promotional activities (excluding newspaper readership and radio listeners) we have reached a further 27,256 people.

i. Public road shows

Two further roadshows were held: in Henley-on-Thames on 6 September where approx. 17 people attend together with local media; and Abingdon on 19 October where 50+ people attended.

ii. Displays

Displays from the roadshows were available for a week at a time at the following locations (these were unmanned displays so we do not know how many people visited them):

- w/c 5 August in Henley-on-Thames
- 22 August – 2 September in Thame
- 22 – 30 August in Didcot
- 8 – 15 September in Faringdon

These areas were identified as they had not hosted a roadshow in the summer (Oxford, Banbury, Wallingford, Witney, Bicester, Wantage).

iii. Maternity Focus Groups

Three focus groups were held in Banbury, Oxford and Abingdon. Twelve people attended the focus groups but a further 30 people have been asked to contribute their views electronically as they were unable to attend the dates offered.

Comment [SJ1]: I am still waiting for consent from the mums that have participated so far.

iv. Primary Care Focus Groups

Focus groups were held with students from Abingdon and Witney College, to discuss the needs of young people accessing primary care and to understand what awareness there is among young people on prevention, such as obesity, mental health, smoking and alcohol. The groups were as follows:

17 October:

- Motor Vehicle students, aged 16 – 19 yrs, approx. 10 students
- Health and Social Care students, aged 16 – 19 yrs, approx. 25 students

18 October:

- Hair and Beauty students, aged 16 – 19yrs, approx. 25 students
- Sports students, aged 16 – 19yrs, approx. 12 students

A further session with students at Henley College is planned in November.

v. The survey

The survey launched in the summer to support 'The Big Health & Care Conversation' roadshows has continued to be available and we have received a further 48 responses.

vi. Stakeholder meetings / discussion groups

We have also attended various stakeholder meetings since the summer to further raise awareness of the case for change. These meetings included:

Date	Number of attendees	Group / Location
Wednesday 7 September	Approx 30	Age UK Voluntary Sector Partnership Didcot
Friday 9 September	20	Oxford Strategic Partnership Oxford
Wednesday 14 September	Approx 30	Age UK Voluntary Sector Partnership Bicester
Monday 19 September	Representatives from PPGs – approx. 2 from each practice	North East Locality Forum Kidlington
Tuesday 20 September	representatives from PPGs – approx. 2 from each practice	South West Locality Forum Didcot
Wednesday 21 September	Approx 30	Age UK Voluntary Sector Partnership Oxford City Centre
Thursday 22 September	26 stakeholders plus NHS facilitators	Community Hospitals Workshop
Friday 23 September	5	District Council Leaders and Councillor meeting
Monday 26 September	7	Primary Care Patient Advisory Group
Tuesday 27 September	Approx 30	Age UK Voluntary Sector Partnership Witney
Wednesday 28 September	Approx 30	Age UK, Voluntary Sector Partnership Abingdon
Friday 30 September	Approx 10	Older People's Day Bicester

Wednesday 5 October		Parkinson's group Oxford (Botley)
Tuesday 25 October	Approx 40	Community Partnership Network, Banbury
Thursday 27 October	Approx 15 - 20	Local Strategic Partnership Banbury

These are in addition to formal scrutiny meetings such as the CCG Board meetings, Annual Public Meeting and the Oxfordshire Health Overview and Scrutiny Committee.

In total we have met and discussed the case for change with 250+ people from these meetings. Further stakeholder meetings are also planned throughout November and December 2016, including ongoing outreach work by the OCCG community development team.

vii. Horton General Hospital specific engagement

Oxford University Hospitals Foundation Trust ran a survey between Friday 17 June and Saturday 30 July. 233 responses were received.

(*The survey remained open until 22 September: 6 further responses were received between 30 July and 22 September. These responses are not included in the summary shown in Appendix XX).*

The summary results are shown below, with the fuller analysis in Appendix XX:

Which services at the Horton General Hospital do you use / have you used?

Top five

- ED 74%
- Outpatient (including children) 73%
- Diagnostics 51%
- Adult surgery 36%
- Maternity 29%

The lists **below** give the '**weighted average**' – ***average resulting from the multiplication of each component by a factor reflecting its importance.***

The smaller the number, the most important*. This means that the largest number of higher rankings was received for this option.*

Results in summary – issues ranked <u>most</u> important

- **Issues impacting on emergency and urgent care:**
  Speed of access to urgent care / minor injury unit
- **Issues impacting on maternity services:**
  High quality obstetric provision when required
- **Issues impacting on children's services:**
  Access to consultant expertise

- **Issues impacting on assessment and diagnostics:**
- Access to tests and scans in local outpatient centres
- **Criteria to evaluate potential options to develop services at the Horton General Hospital:** Quality of care for all

The Table below lists the OUH engagement to date:

Oxford Universities Engagement Log					
	OUH Strategic Review		**Horton Strategic Review**		**STP and Transformation**
Channels	**Internal comms**	**External comms**	**Internal comms**	**External/ stakeholder comms**	**Informal engagement**
Engagement events/ activities	• OUH clinical workshops – 11 Feb and 24 Feb • All staff briefing at JR/ Churchill/ NOC – 8 June • Various OUH clinical reference group meetings. • 10 Aug – senior manager briefing • 7 Sept – OUH update on Strategic Review. • 28 Sept – AGM and	• Service user/ stakeholder engagement event re OUH quality priorities- 19 April. • Trust AGM – interactive displays on strategic themes – 28 Sept • HOSC meeting re rebalancing the system, and OUH strategic review/ obstetrics issue – 15 Sept • HOSC meeting to discuss bed realignment, and emergency suspension of Horton obstetric-led	• All Staff meeting at Horton – 3 March 2016 • Staff meeting with Midwives – 3 June. • All staff meeting at Horton – 28 June. • Horton staff drop-in session – 11 July • Staff meeting re maternity – 18 July. • Horton staff drop- in session 18 August • Horton maternity staff meeting – 12 Sept	• 23 February – North Oxfordshire Locality Group (GPs) • 8 March – CPN • 22 March – North Oxfordshire Locality Forum Public Meeting • 12 May - CPN workshop • 27 May – Director update at South Warwicks NHS FT. • 9 June – CPN workshop • 14 June – CPN meeting, and NOLG Steering Group. • 16 June – meeting with Victoria Prentis MP • 21 June – NOLG meeting • 7 July – Director update at Northampton General Hospital NHS Trust. • 11 July – CPN workshop • 18 July – Cherwell District Council meeting re Horton emerging	• 6 June - Stakeholder / PPI engagement event at Kassam Stadium. • 30 June – HOSC • **12 July to 4 Aug** – community engagement events x6. • 28 July – OUH Governors' seminar on transformation and Horton. • 28 July – stakeholder/PPI event at Kassam stadium. • 22 Sept – stakeholder event at Kassam stadium. • 15 Sept – HOSC; health and care transformation update. • 30 Sept – HOSC re bed realignment, and emergency suspension of Horton obstetric-led maternity services

	update on strategic review • 18 October – Senior Managers' briefing	maternity services – 30 Sept. • CEO meeting with Andrew Smith MP – 7 October.	• Horton all staff meeting – 12 Sept • Horton all staff meeting – 29 Sept • Meeting with Horton midwives and staff – Sept through Oct.	options • 20 July – CPN/workshop on maternity. • 26 July – Dr Holthof telephone conversation with Victoria Prentis MP • 16 August – Nox locality GPs workshop at Horton. • 22 August Meeting with local MPs. • 24 August – CPN workshop re maternity • 25 August – Public Meeting, St Mary's Church. • 26 Sept – meeting with Victoria Prentis MP at Horton. • 28 Sept – Victoria Prentis visits JR Maternity and Neonatal units. • 29 Sept – Dame Fiona Caldicott meets Victoria Prentis to discuss HGH issues. • 21 Oct – CPN meeting.	

5. Promotion

Newsletter

Since the initial promotion of the case for change document in the summer, Oxfordshire CCG has continued to send updates to people registered on its 'Talking Health' engagement website which has a membership of 2,560, of whom 1,114 receive a fortnightly newsletter.

Media

We have also had the following media enquiries which we have responded to:

06/09/2016	Attendees at Henley Big Conversation event	Henley Standard
08/09/2016	Inquiry re charging at Horton for out of county patients	Banbury Guardian
08/09/2016	Transformation programme	BBC Radio Oxford
13/09/2016	Horton closure	Banbury Guardian
14/09/2016	Recruitments at the Horton Hospital	The Guardian (national)
19/09/2016	Hi Sarah/team,Please see attached a letter sent to DH from John Bercow MP (Speaker: Buckinghamshir	NHS England
19/09/2016	Query re. STP.	Pulse
27/09/2016	STP and claims OCCG too 'secret' about them by NHS campaigners	Oxfordshire Guardian
30/09/2016	Signing of provider contracts and impact on transforamtion consultation	Oxford Mail
07/10/2016	STP in relation to Horton Hospital plans	Sunday Times
07/10/2016	Oxfordshire Transformation Programme	Oxford Mail
07/10/2016	Transformation	Oxfordshire Guardian
10/10/2016	Request for statement about Abingdon roadshow	Oxfordshire Guardian
11/10/2016	Request for informaiotn about the closure of Oak Ward at the Horton	Banbury Guardian
21/10/2016	Request for Interview with Dr Joe McManners	BBC Radio Oxford
24/10/2016	Hi Richard,I am writing a story about the commissioning executive that is to be set up across the	HSJ
24/10/2016	Request for information about the numbers of responses to Transformation engagement	Banbury Guardian
25/10/2016	Follow up to STP stats inquiry	Banbury Guardian
31/10/2016	Request for dates of publiaction of BOB STP	Banbury Guardian
21/10/2016	Request for statement on BOB STP following FOI rebuttal	Banbury Sound
21/10/2016	Request for statement on BOB STP following Healthwatch Press Release	Oxford Mail
01/11/2016	More queries re. STP	Banbury Guardian

This has resulted in the significant coverage in the local media. Please see appendix A:

Social Media

We have also continued to promote through our social media networks as follows:

Twitter:

- 9 Tweets on transformation
- 13,640 impressions (number of times seen in people's Twitter feeds)
- 42 active engagements (clicking on links to surveys etc)

Facebook:

- 13 Facebook posts
- Reach = 12,502 (number of people who see it in their Facebook feed)
- 9 Likes
- 51 Shares

6. Key themes

A number of common themes emerged from the engagement:

Community Hospitals

- Concern about the future of Wantage Community Hospital and The Horton Hospital were both raised at the maternity workshops. Specifically this relates to:

    - The impact on support available to mums not just in pregnancy and birth but also with aftercare and breastfeeding.
    - The domino effect of whether other services will close as a result
    - The impact on support in the community when children's centres are also closing
    - Accessibility to Oxford and other MLUs for those who rely on public transport as they can't drive.

- The workshop held on 22 September 2016 was a follow up to an event on 28 July focusing on options for community hospitals in Oxfordshire. Its discussions around rehabilitation services in fewer centres and good quality home care is feeding into the Transformation programme's Integrated Care for Frail Older People and Urgent and Emergency Care for the General Population workstream.

  The key themes which emerged from the workshop included:

    - problems of access to fewer community hospital facilities in relation to public transport shortages and lack of convenient parking.
    - The recruitment and retention of well trained , well qualified staff
      staff to provide care in people's homes and the impact of workforce shortages on timely rehabilitation were also strong themes. Collaboration between services, patients and unpaid carers was the key theme around discussion of care at home. Key agencies and families need to be more joined up with better communication and information; patients need continuity of care at home.

Continuity of Care

- Continuity of care was a strong theme for the Maternity focus groups, where it was felt that continuity of midwife throughout pregnancy was important. Whilst seeing the family GP was also important it was felt that the GP didn't provide any added value and that continuity with a midwife was more important. In addition to this it was also felt that having a 'risk assessment' appointment at 10 weeks would be beneficial but that GP receptionists would need to be trained to offer this to ensure that all mums take it up.
- The students across all four groups felt that it was important that they saw their named family GP, and for the girls their preference was that this should be a female GP.

Transport and accessibility

Problems with transport were highlighted again at the two roadshows and in the Maternity focus groups. Concern about parking at the main hospital sites for labouring mums was a significant concern along with the travel times and distances from the north of the county.

More funding

At the two roadshows, there was overall acceptance that change is necessary and that the main reason for this is due to a lack of sufficient funding. At the Abingdon roadshow people felt strongly that there needed to be greater funding for mental health services and better diagnostics. However, they felt that the funding issue had been exasperated by 'hidden' privatisation. This also led to comments about the national government agenda and concern that money was being spent on activities like breast implants and smoking cessation, which are considered life choices and people perceived that this should not be funded by the NHS.

A focus on prevention and education on leading a healthy lifestyle

A strong message from the public throughout all engagement activities was for more preventative activity and education for all ages on how to lead a healthy life.

This included:

- Appropriate messaging for young people, who once they leave school do not appear to receive messaging around healthy eating, smoking, alcohol awareness etc
- Mental Health awareness and breaking the stigma. Again for 16 – 19 year olds at college it was not clear where they can access information on mental health services and some of the groups we spoke to were uncertain of the role of the college nurse.
- The Primary Care patient advisory group explored further the role of encouraging people to self-care and again it was felt that 'information' was not readily available to enable people to self-care. It was also felt the NHS needed to be clear on what was appropriate to self-care.
- The wider engagement events felt that better education in schools was important but this was contradicted by the student groups, who felt that information was available and easy to access at school. Once they leave school it becomes harder.
- Mental health was also a strong area for maternity, with concern that maternal mental health not being addressed appropriately post-delivery.
- Students felt that using snapchat for messaging would be good.

Access to GPs

Across the focus groups, people did not feel that there was a problem in accessing their named GP when they want too but acknowledged that on some occasions , depending on the problem they would be happy to see 'any' GP. The challenge appeared to be with the receptionist, and being required to explain your need to see a GP.

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, in

addition to more specialists or training in certain health specialties e.g. mental health. Concern around Deerpark Health Centre in Witney and Horsefair surgery in Banbury highlighted awareness of GP recruitment challenges.

Support for Mental Health

Mental health came up in all the focus groups and both the roadshows as areas where greater investment was needed and more support groups, especially for people with Learning Disabilities. Other suggestions included:

- increase budget to match other NHS budgets
- more mindfulness classes and quicker appointments for mental health patients
- more support for vulnerable people encourage fitness
- early diagnosis of mental health issues
- signpost patients to good care, mental health targets match cancer targets

Integration of health and social care services

The Henley roadshow had specific feedback relating to the new Rapid Access Care Unit at Townlands Hospital and the need to better integrate health and social care to provide community services to support Townlands Hospital.

Use of technology

In contrast to the feedback received from the first phase of engagement, when we tested technology with the students, it was clear they would prefer to have face to face consultations with their GPs. They felt that technology was more appropriate for awareness campaigns. Some comments included:

- mixed views on using social media to book appointments
- most agreed sending texts to remind people of appointments ok
- some not ok with GPs using Skype for appointments
- some agreement on email consultations
- posters
- sending videos via mobile phones
- texts better that letters
- snap chat got video function which could be viewed if health related
- would look on YouTube for health videos if nudged
- get an NHS advert on the video game 'Candy Crush'
- use Google logo to promote the NHS

The maternity focus groups highlighted:

- blue notes could be electronic, supported by an app, this was welcomed
- use of local websites and social media to share information to expectant mums about new services

- GP booking systems could have prompts and flags on them to remind mums to book certain appointments

Improving communications

Some criticisms were made of the communications and engagement process for Transformation and doubts were raised that patient views across Oxfordshire will truly be listened to and acted on as the proposals are developed. Significant feedback was received from the Abingdon roadshow about the lack of promotion of the event.

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 in early 2017.
- 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

Appendix A – Media Coverage

Subject	Outlet	Date	Coverage
September 2016			
Transformation - website launch	Oxford Mail	01/09/2016	New website launched ahead of sweeping healthcare changes in Oxfordshire
Transformation - The Big Conversation	Henley Standard	02/09/2016	Meeting on NHS future
Transformation - website launch	Oxford Mail	03/09/2016	Website to explain health care plans
Oxfordshire's public services under pressure - public health annual report by Dr Jonathan McWilliam	Oxford Mail	07/09/2016	Mixture of health concerns in county brings call for reforms Fears: Health chief warns that services will bear brunt of failure to implement change
Our View - Oxfordshire's public services under pressure - public health annual report by Dr Jonathan McWilliam	Oxford Mail	07/09/2016	Take note of plan to improve healthcare (Our View)
Oxfordshire's public services under pressure - public health annual report by Dr Jonathan McWilliam	Bicester Advertiser	08/09/2016	Services under pressure County's director of public health says urgent reforms needed to ease the strain

Transformation - The Big Conversation	Henley Standard	09/09/2016	Only 18 attend roadshow with health chiefs
Oxfordshire's public services under pressure - public health annual report by Dr Jonathan McWilliam	Abingdon Herald	14/09/2016	Health boss appeals for major reforms Alarm: Services will be hit with a 'cocktail' of issues unless widespread action is taken
Transformation - delay of consultation announced at HOSC	Oxford Mail	15/09/2016	Plan for major NHS shake-up in Oxfordshire 'could be delayed until 2017'
Transformation	Oxford Mail	20/09/2016	NHS reforms plan to miss 2016 deadline
Transformation - maternity focus group	Oxford Mail	20/09/2016	Views sought by Oxfordshire Clinical Commissioning Group on county-wide maternity services
Transformation - maternity focus group	Oxford Mail	21/09/2016	Maternity focus group plea to women in area
Oxfordshire's public services under pressure - public health annual report by Dr Jonathan McWilliam	Witney Gazette	21/09/2016	Call for reforms over health concerns
Transformation - maternity focus group	Bicester Advertiser	22/09/2016	Women's views on maternity service needed
Transformation -	Oxford Times	22/09/2016	Sign up to have voice heard on midwifery and paediatric care

maternity focus group			
Transformation - maternity focus group	Henley Standard	23/09/2016	Views sought on local maternity services
Transformation	Oxford Mail	28/09/2016	Wantage MP Ed Vaizey warns that residents will pay the price for health consultation delay
Transformation - maternity focus group	Abingdon Herald	28/09/2016	Give your views on maternity units
Transformation - maternity focus group	Witney Gazette	28/09/2016	People to be quizzed on maternity service
Transformation	Oxford Mail	30/09/2016	January cut-off for consultation on NHS revamp
October 2016			
Transformation	Oxford Times	06/10/2016	Draft plan for reshaping of health services
Transformation	Abingdon Herald	12/10/2016	Have a say in future of health services
Transformation	Oxford Mail	13/10/2016	Consultations on healthcare services overhaul
Transformation	Oxfordshire Guardian	13/10/2016	NHS roadshow visits town Chance for residents to air opinion on cuts to budget
Letter - Transformation	Oxford Times	27/10/2016	Investing in health (Letter)
Healthwatch Oxfordshire - article by Eddie Duller on the new model of NHS	Oxford Mail	06/10/2016	Home-based treatment is new model of NHS care

care			
Healthwatch Oxfordshire denied access to STP plans under FOI	Oxford Mail	22/10/2016	Watchdog is denied access to NHS plans
November			
Healthwatch Oxfordshire - article by Eddie Duller on the new model of NHS care	Oxford Mail	01/11/2016	Bed-based hospital care switches to homes… but where's the consultation?
Transformation / STP	Banbury Guardian	03/11/2016	New Oxon group to help fight for Horton County campaign emerges in bid to preserve local care
Transformation / STP	Henley Standard	04/11/16	Health watchdog angry at 'secret' care plans

Appendix B – 'The Big Health & Care Conversation' Roadshows: Event feedback from Henley-on-Thames and Abingdon

Feedback from Henley-on-Thames:

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 most important to you?
Availability, cost
Delivery of local services as well.
Accessibility of service.

What do you think we need to do to provide the best care?
Social care and health care to link up.
More qualified resources in Minor Injuries.
We need to ensure good social care.
We need RACU and hospital fully staffed.
We need a top notch home system for the future which is monitored.

Do you understand why change is needed?
Yes. NHS will never work to optimum capacity without changes.
Yes. NHS is underfunded.
Yes, we understand NHS funding pressures.

How can we keep people healthy in Oxfordshire?
Education involving pts in appropriate ways.
Resources to help PPEs go active etc.
The powers that be to listen to the people on all matters.
Need better support to organisations to support health and wellbeing.

Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?
Improve media - use attitude, change techniques - behavioural insight.
All support to work together - currently not joined up.
Lifestyle -> exercise -> diet -> wellbeing
Lifestyle' should be on the school curriculum e.g. healthy eating, exercise, impact on later years.

Have we missed anything?
Better transport for hospital visits for those in need.
Resources - attracting them important - can we offer incentives?
Staff shortages seem to be an issue in the NHS and addressing the training and salary structures, plus working hours, to make a career in the NHS more attractive.
Engage with primary care PPEs.
Need health education room/resources on site at Townlands - focus on prevention e.g. diabetes.
Will there be a transport service for Henley and surrounding areas to assist people visiting? Parking will be challenging.

Feedback from Abingdon:

1. **Do you understand why change is needed?**
    - Yes - you need to save money
    - Do you understand that the STPs are killing the NHS
    - How will primary and secondary care be integrated
    - How much are they paying you to ask that question?
    - How will money be save in secondary care
    - Change requires investment e.g. diagnostics in the community
    - Nursing homes are privately run - should they be financed by the taxpayer?
    - Where is our £350 billion
    - Population needs the services of NHS now more than ever as population living so much longer
    - More staff should be recruited and trained in the UK
    - Don't defund the NHS
    - The UK population is ageing, is living longer but with increased health issues - which will cost more - much, much more. The entire budget needs review
    - Population growth; lack of funds; growing elderly population; increase in mental health issues and other health issues; correct buildings not fit for purpose and current business model for this clearly not working
    - Because the continual hidden privatisation has been defunding the NHS for years. Stop it!
    - Yes. The government wants to cut NHS spending. In fact they should be spending more. Moving care from hospital to community, preventing and increasing use of smart technology are good. But demand is increasing so funding should increase.
2. **Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?**
    - Train more physician assistants and burse practitioners to deliver cost effective community care
    - Re-open cottage hospital
    - Where is the funding promised by the Brexiteers? We need it.
    - Make sure that people with health issues are not used in witch hunt in media, it makes people feel more ill which does not help at all
    - Providing fun exercise options for people at affordable prices
    - Variable VAT on good/bad foods
    - Breast augmentation when implants go wrong. NHS should not pick up the bill if done overseas
    - Health and wellbeing education in school; promote healthy activity and sports for young people not just school PE; encourage take-up of health checks and screening
    - Attitude of doctors, not to be treated like a number. Explain what the patient needs
    - Good (not preachy) public health information. Appealing apps: stopping smoking; losing weight; exercising
    - Stop NHS cuts
    - Are you asking rich people who rob taxes to pay private the same question?
    - Invest in healthcare, don't cut funding
    - Stop passing the buck to patients, people should not be blamed for being sick
    - Save our NHS from £22 billion cuts
    - Ask Brexiteers to pay this. They did promise funding increases to NHS.

3. **What do think we need to do to provide the best care?**
    - More GPs, better chance of getting appointment and booking one rather than phoning on the day, which the appointments go quickly so you have to wait again
    - Drunks in A&E should pay. Self caused by people who can't control themselves
    - End of EU membership will stop flow of new carers from Europe - a big problem
    - Recruit massive numbers of GPs, nurses and carers - IMPOSSIBLE
    - Stop the tax dodgers, invest in NHS
    - More interaction between departments, local services and Oxford Hospitals. More interaction on appointment making - less wasted appointments
    - NHS could also try and see person as whole person rather than parts as often the health issues are related but you need several appointments for each part to sort you out
    - Free gym membership for senior citizens to promote wellbeing which the Government seems to encourage. But fees are too expensive. Ok if you're working and earning.
    - More routine treatment should be available at GP practices to free up hospitals for more serious problems
    - Better cleaning staff, more beds, better equipment
    - Invest in the NHS
    - STP=closure of community hospitals and GP surgeries
    - More connection between NHS and social care
    - There are not enough GPs now - how will you recruit more? It takes many years to train GPs.
    - What are STPs? £22bn cuts to our NHS
    - Please quicker access for GP appointments (not 2 weeks away)
    - Concerns about the health service making assumptions about the learning disability and not looking at the health condition
    - Make general practice appealing careers - recruitment is a major issue and staff shortages could scupper your plans for hospital - community care
    - Sort out admin via technology and make it so departments work efficiently and don't lose appointments and patients and make sure hospitals share notes
    - Better district nurse help and not be told that they will return on one day or just disappear with no further contact
    - If you want more care into the community, ensure there is enough care provided - both building and personnel
    - Car parking@ hospital appointments too expensive and often at peak times parking is very limited
    - Adapt similar approach as AA for mental health issues - group meetings with facilitator to offer support on a regular basis
    - Get someone who has gone through same issues to facilitate meetings as they understand the issues that are causing concerns
    - Investment in primary and secondary care is key to achieving your aims
    - Admin at Oxford hospitals is awful - must be costing a fortune
    - Charge for folk using our NHS who are not domiciled in the UK Mental health is ignored - this is increasing due to loneliness
    - Concerns about learning and disabilities and health and issues about how to support people with LDs in hospitals
    - If a person has to go to hospital for several reasons, X-ray, MRI etc to coordinate it in one day
    - Oxfordshire, one of the most expensive places to live - how will you recruit enough carers?

- NHS and social care should be integrated in order to save the NHS money on unnecessary hospital stays
- Scrap Trident, spend it on NHS

4. **How can we keep more people healthy in Oxfordshire?**
   - Towns should be made more pedestrian friendly
   - Value all staff even porter as they do as much hard work as everyone else
   - MOT for adults at key points in life i.e. at 21, 30, 40 etc, check for heart, lung, diabetes, mental health, blood pressure etc.
   - Encourage walking, cycling and public transport use to prevent more driving, congestion and pollution
   - More support to children in schools, don't save on school dinners
   - Public health campaigns - weight management; alcohol use
   - Physio/OT very important to keep people healthy in work, school and in homes - so need to get easier appointments to manage this
   - Increase mental health budget to match other parts of NHS
   - Patient transport from one site to the next
   - Get older people back home so they don't have to stay in hospital
   - Increase the mental health budget on a par with physical health budget
   - NHS and doctors need to lobby government to really tackle sugar consumption
   - Scrap the STPs
   - Keep health provision local
   - Mental health waiting times need to be on a par with cancer targets
   - Quicker mental health appointments more mindfulness classes
   - Motivate people to do exercise. Have groups in surgeries to go for walks, swimming etc
   - Stop the food industry producing cheap unhealthy food. These companies are interested in profit rather than improving health
   - Invest in the NHS - don't cut
   - Prevention is an essential exercise e.g. weight loss programmes, diabetes information, - both how to prevent it and understand the consequences of gaining it
   - Early diagnosis of mental health; patients - signpost them correctly; save money and people's lives
   - Do not privatise the NHS. I'm from America. I know this is a big mistake
   - Tax the corporations and fund the NHS properly
   - Patients did not cause £200m deficit
   - Give patients a medical every three months
   - Start at birth/school age encouraging message for health; sport; teach healthy eating courses, could be run at family centres for small cost, more family friendly; local disabled activities to encourage fitness; more support for vulnerable people
   - Stop buy one get one free on unhealthy foods

5. **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 most important to you?**
   - Keep services as local as possible to make them accessible and encourage attendance
   - Support maternity choice. Why close the Horton? 1000 new babies JR madness
   - Where urgent care if not acute? Hospitals? Community hospitals?
   - Stop cosmetic surgery if not medically essential
   - Start with people's needs
   - Not everyone has skype. Costly, elderly would struggle

- Physio in community, better funded, more easy access, shorter times, growing population needs physio to remain healthy, keep young people healthy and in work if physio soon as well
- Think of effect on patients' mental/societal well-being. Loneliness causes ill health - machines don't replace person/person contact
- STP = cuts. Fund the NHS. Don't starve it and privatise
- Everyone (including mature people) must become computer literate. This will enable NHS to install monitoring devices in all homes to reduce cost and increase capacity
- Bring social care and the NHS closer together
- We need to defend the NHS, not destroy it
- Invest more in the NHS
- Don't know what countywide transformation programme means? Same as sustainability and transformation plans? What about effectiveness

6. **Have we missed anything? Are there any other areas we need to think about as we develop our plans?**
    - Planning for discharge not always good. GPs not keen to come out to visit if not coping.
    - Navigating is complicated and getting to where you need to go is challenging
    - No publicity for this event?!
    - Practice nurses unaware, most people unaware that I've spoken to today in Abingdon marketplace
    - Consult with more than 0.8% of Oxfordshire population
    - Better comms in general, appalling lack of comms and publicity
    - More timely feedback from the 'Big Conversation', feedback boards to local communities
    - Explanation of impact of your 'speech bubble' points eg what does 'more focus on volunteers and carers' really mean
    - Instead of NHS care?
    - Voluntary sector expertise!
    - Inclusion in Cllr Matthew's Barber's e-newsletter Vale of White Horse

Appendix C – '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.

2. Results

An additional 48 survey responses were received between September and 31 October 2016, 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. The questions from the survey are shown in the following pages along with the key themes that emerged from the responses.

Question 1: Do you understand why change is needed?

This question was answered 48 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.)

40 people felt that they understood why change was needed, and 13 comments sighted a lack of funding as the main reason. 5 comments specifically related to the increased demand on services. Seven people did not understand and felt that this was only due to a cost cutting process. Other reasons given included:

> ***'Original 1948 NHS model is dead'***
>
> ***'Yes but only because of Government spending cuts'***
>
> ***'I understand the context and the rationale but do not always agree with the proposed solutions'.***
>
> ***'Not completely. I think however the driving force is to give people a better experience and to save money'.***

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

This question has been answered 43 times.

There was a lot of varied feedback in this question with no particularly strong theme. Nine comments were about providing more GPs and protecting primary, seven comments expressed that by having services closer to homecare would be improved. Five comments suggested that we should

look to improve our existing services before developing new services and that we should ask patients what currently works now.

> ***'put funding into general practice'***
>
> ***'Invest in primary care including training physician-assistants and nurse-practitioners'.***
>
> ***'I think that local care close to where people live is really important. I do not think that closing down or downgrading local hospitals is helpful'.***
>
> ***'Look at the areas and population of the catchment area of each hospital and provide the services that are required for each area and not just centralise the services there is a need for local hospitals to provide high standards of care and for the growing population in the outskirts of the Oxfordshire area they need to provide services'.***

In addition to this a small number of comments were received about:

- Maternity services and the Horton hospital provision (3).
- Patient safety
- Lack of training for staff
- Improve waiting times
- Offer more funding for public health initiatives
- Community hospital and bed provision

> ***'Cultural sensitivity to patients' issues and needs'***
>
> ***'Ensure that care providers are properly joined up and able to provide end to end services with no overlay and wastage. Public Health needs to be properly funded and integrated so that it is able to deliver an effective programme aimed at keeping the population healthy and thus reducing the drain on reactive services'.***
>
> ***'Having less beds in wards, may sound good but sometimes patients are sent home too soon and have to be re-admitted'.***

(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.)

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 41 times.

12 people cited Patient Safety as a priority, then 10 comments for cost and location/access, and 9 people felt that deliverability was important. Other areas that people noted were:

- Improving performance in services
- Education, greater education in schools and information
- Population coverage, to take into account growing demographics and additional housing
- Investing in primary care, to have more GPs, better staff training

> ***'Quality of care must be the most important criteria followed by patient safety, population coverage and deliverability'.***
>
> ***'Patient safety and deliverability are the main criteria which should be paramount in any reshaping of services. Cost considerations should be weighed against the additional costs of leaving a condition untreated or longer treatment being used instead of a proven more expensive drug/treatment. The availability of a site does not mean that the site is in the right place for maximum availability - a 'cheap site' that lacks access is wasting money rather than providing a service'.***

(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.)

Question 4: How can we keep more people healthy in Oxfordshire?
This question has been answered 44 times.

Twenty-six people felt that investing in public health and prevention was the way to keep more people healthy. Sixteen people went on to highlight a healthy lifestyle and specifically exercise as the key to this. People also felt that awareness raising and promotion of public health messages would be beneficial, as well as some more specific suggestion such as:

- Working with the food industry to create healthier supermarkets
- Improving exercise on referral schemes so that they are longer
- Sharing relevant information with target groups
- Improving hospital food

> ***'Reduce costs for classes and gym membership'.***
>
> ***'Promote exercise and healthy clinics. Tips and info'.***
>
> ***'Education, on healthy eating and exercise'.***

Other notable suggestions included:

- Having all age day centres, mix the elderly with the young
- Allow pharmacists to write prescriptions and therefore make the pharmacy the first port of call not a GP
- Keep services local with improved continuity of care

(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.)

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 40 times.

Twenty-seven people cited strategies in prevention and public health activities as a way to encourage people to take more responsibility. People felt strongly that this should start early in schools, and that education on healthy living should carry on throughout life, with appropriate guidance where necessary. Seven people felt that exercise was an important element to a healthy lifestyle.

> ***'More health education. Perhaps needs starting in school'.***
>
> ***'The education can start at a young age, in schools. Parents should be encouraged to eat healthy which will help their children'.***

Seven people also felt that it was not the responsibility of the NHS to encourage people to take more responsibility.

> ***'Warn the public that the NHS will discriminate against people with self-induced conditions caused by obesity, smoking and alcohol'.***
>
> ***'Back off, and stop interfering! Just tell them that they are responsible for their own welfare, and if they are irresponsible and make themselves ill. then that is TOUGH!"***

(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.)

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 25 times.

A number of individual comments were received to this question, which are shown below and include seven responses where people simply responses by saying they had nothing to add:

- Care at home 1

- District nurses 1
- Parking 1
- Unnecessary costs 1
- Equity of services in all areas 1
- Transparency 2
- Promote staff vacancies 1
- Maternity Services 2
- Keep the Horton 2
- Patient safety 1
- Provide local services 4
- Look at transport 1
- Reduce management costs 1
- Improve drug abuse services 1
- Better integration with social care 3
- ASD service1
- Consider the role pf pharmacy 1
- Show the evidence from other areas to support changes 1
- Improve support at home 1
- Train staff in equality and diversity 1
- Technology/Snapchat 1

Maternity provision and location of services were the strongest themes with four comments each.

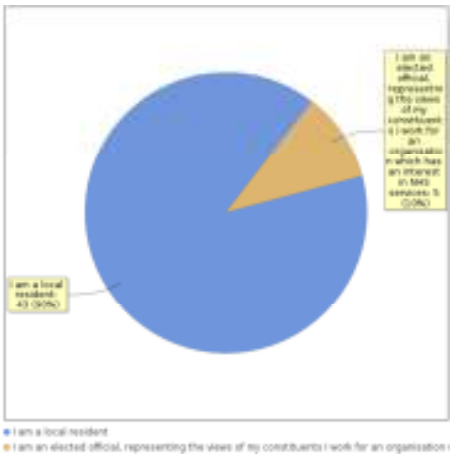
> ***'JR is a nightmare to get to so anything that can be done away from there should be'.***
>
> ***'Take into account where population growth is happening and keep services local - the Horton has lost many services already and it's a nightmare for some to go to the Oxford hospitals'***
>
> ***'Keep local consultant led maternity services and listen to local communities who know what is most needed & valued in their area. Keep consultant led maternity at the Horton. The Horton services (not just maternity) are vitally important for residents of Banburyshire and its growing population. Patient safety will not be achieved by a focus on shifting services to the JR. The Horton should be supported not downgraded in order to deliver patient safety'.***

(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.)

About You

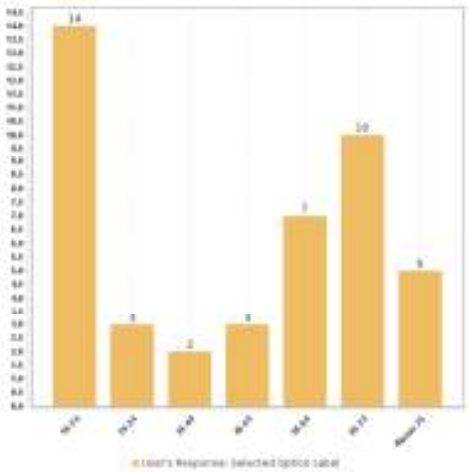
1) Please tell us about your interest in NHS services

The majority of respondents to the survey indicated that they were local residents of Oxfordshire (90% or 43 people). 5 responses were received from elected officials.



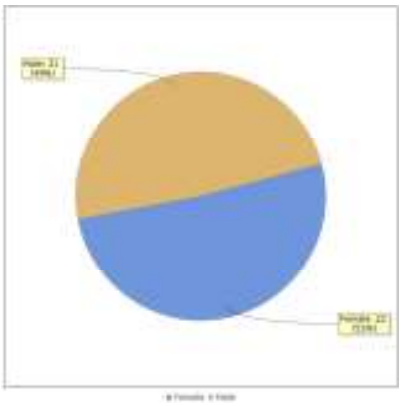
2) Please could you tell us your age?

The majority of respondents to the survey were aged 65 or over (15 people). 14 respondents were aged 16 – 24 and 15 were aged 25 - 64.



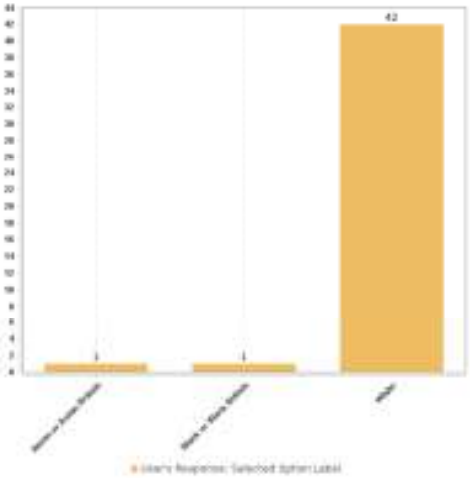
3) Please could you tell us your gender?

An almost 50: 50 split was received with only a 2% margin between men and women



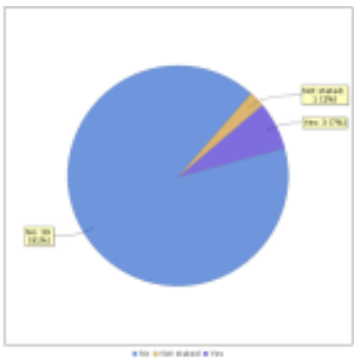
4) Please could you tell us your ethnicity?

The majority of responses were described their ethnicity as white. 2 people indicated they were of other ethnicities.



5) Do you consider yourself to have a disability?

The majority of people said that they did not have a disability with 3 people indicating that they did have a disability and the remainder preferred not to say.



Appendix D – Community Hospitals options development workshop – 22 September

Health & Care Transformation in Oxfordshire

Report from the Developing Community Hospital Options Stakeholder Workshop held on 22nd September 2016

1. Purpose of report

The purpose of this report is to present the feedback drawn from the stakeholder workshop held on Thursday 22nd September 2016 at the Kassam Stadium in Oxford.

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 wide ranging Health & Care Transformation stakeholder event held on 6th June in Oxford 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, and improve the quality of care people receive while being financially sustainable.

The conversation has extended 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 22nd September was part of this conversation. Its purpose was to further develop the themes explored at the previous stakeholder event on 28th July, which included presentations and discussions about ideas to bring care closer to home from integrated community hubs - a new way of thinking about community hospitals.

The 22nd September workshop looked specifically at community hospital inpatient services and fed back how the Transformation programme's Integrated Care for Frail Older People and Urgent and Emergency Care for the General Population Workstream has been developing the options for the future of community hospital inpatient services. There was particular regard to urgent care and rehabilitation services; the impact of travel and access

for patients, families and carers; and thoughts and feedback on what further information is required for the formal public consultation scheduled to begin in January 2017.

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

a. Comments on the issues around delivering rehabilitation of high quality, though in fewer places

- Problems of access and public transport to fewer centres
- Shortages in workforce numbers to support more people in their own homes
- The need for better discharge coordination
- Support for unpaid carers

3.2 Comments around the characteristics of a good home care package

- Access to good quality information about the care options available
- Joined up working by the key agencies
- Support for elderly carers
- More local diagnostics

3.3 Other issues

- Recruitment and retention of high quality staff especially to senior clinical roles such as geriatrics and specialist GPs
- Need for more multi-skilled staff
- Costs of larger rehabilitation centres
- What will be the role of primary care in these services?
- Need to ensure there is up to date information on voluntary/community networks in local communities
- Where does palliative and end of life care fit into this model of care?
- The process would benefit from getting people who have experienced the care to talk about their experiences (good and bad) as this is a powerful tool to help with the system redesign
- Patient representatives should be on all workstreams.

4. Event

Stakeholders who had attended the stakeholder events on the 6th June and 28th July were invited to participate in the workshop on 22nd September. 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 a team comprising:

- Pete McGrane, clinical director for Older People's Services, Oxford Health NHS Foundation Trust
- Lily O'Connor, divisional head of nursing, Oxford University Hospitals Foundations Trust Hospitals
- Dr Barbara Batty, Oxfordshire Clinical Commissioning Group
- Dominic Hardisty, chief operating officer Oxford Health NHS Foundation Trust

The event agenda started with a presentation about how best to provide care and support 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. At the heart of the options being explored is the need to prevent people being unnecessarily admitted to acute hospital or using A&E services because we can't offer a better or more local alternative. 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 –so people on each table could discuss and debate the questions directly with clinical workstream representatives responsible for developing the model of care.

Each table was asked to discuss the following questions:

1. **What do you think the issues might be in delivering rehabilitation of high quality, though in fewer places?**

2. If we are delivering more care at home, what would the characteristics of a good home care package be?

1. **Feedback from Table Discussions**

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

Question 1:

What do you think the issues might be in delivering rehabilitation of high quality, though in fewer places?

The groups raised a number of points for consideration, from concerns with transport access and how care will be provided to people at home, to the staffing of services and the impact they may have on timely rehabilitation.

Points raised
Opening times and transport access. Not all people can drive and/or pay expensive parking charges.
If beds are concentrated in one place, parking will be an issue. There is already an issue getting volunteer drivers because of problems parking and waiting at acute sites.
Time in rehabilitation, and timely rehabilitation e.g. timely physio available following a fracture.
If more care is provided at home there will be real challenges as equipment and staff is scarce.
A small number of intensive places may mean more breaks in care.
A better structure of district nurses or equivalent is required to deliver care at home.
Discharge decisions need to take account of people's circumstances.
Arguments for closer to home include the upskilling of local GPs and clinicians.
The model of care for community hospitals keeps changing. How can rehabilitation be designed if you are unsure what the model is?
As healthcare gets more efficient at enabling people to get in and out of hospital more quickly, people need a little more looking after, especially if re-enabling them to get home. These should be more local for friends and family to visit and to get people re-engaged with their local communities.
Needs, and in parallel, the number of beds, changes from week to week, so it is difficult to predict the size of the rehabilitation required.
Demand is due to rise by 17%.
Poor communication and a lot of mistrust within the public that health services are not being transparent.
There needs to be better discharge coordination. HealthWatch found that there were seven different professionals involved in discharge often from different authorities.
This is pushing more people to have their care at home. Won't there still be the same number of people needing care?
Concern that people receive rehab for around eight weeks and primary care picks up the burden.
Lots of people don't know how to access care without the support of their GP practice.
What about retirement villages? They will have huge impacts.

Points raised
Support to patient carers.
Ensuring that patients are equal partners in the discussions and develop a holistic model to take account of future needs.
Having a better understanding of what's currently available across the different locality. Therefore scoping all services including those provided by the community and voluntary section, and getting buy-in from them.
The how, what, and why the changes will take place will be a major issue for the public, and needs to be taken into consideration.
Staffing of the services – concern that the new models are very dependent on GPs.
How the staff for these services have continued professional development and a career portfolio type environment.
Accommodation for staff.

Question 2:

If we are delivering more care at home, what would the characteristics of a good home care package be?

The overriding theme in response to this question was collaboration. The groups brought up the points that key agencies and families need to be more joined up with better communication, patients need continuity of care at home, and a contact plan would be useful to families and the emergency services.

As well as collaboration, the groups also discussed involvement of the voluntary sector, appropriate staff training, and providing services that enable and empower people to look after themselves.

Points Raised
Involving and supporting the voluntary sector to provide domiciliary care and support.
Making sure that everyone knows what care is available in their areas and who to talk to.
Reviewing care packages in a timely manner to ensure that crises don't build up.
Ensuring that people feel they have a life to live.
Providing a service that enables people and think of their outcomes in terms of returning to independence as far as they can.
Better communication across the programme and joining up of key agencies.
Early planning before discharge.
Patient led goal setting and delivery should also involve the clinician. Also important that it is ensured that the patient has understood the agreed goals.
More responsive and person centred, with more flexible agencies.
Ensuring that a multidisciplinary team approach provides a rewarding environment.
Changing the terminology from carer to e.g. support team worker, to ensure proper recognition is had. Primary care should identify carers so that GPs can have this information when they are visited for an appointment.
Making sure that families and the support team are included in the model.

An effective escalation system.
Advance notice of when you will receive a visit.
Support for elderly carers who may also fall ill.
Continuity of care at home – the current problem is that individuals receive up to four or five visits a day, all from different people which can be very confusing.
Thames Valley Police highlighted the importance of an available contact plan so there is one central place they can go to check whether an individual is receiving treatment.
A point of contact for carers – what happened to the carers' strategy?
More diagnostics available locally or via GP surgeries.
Ensuring that those with mental health problems and learning disabilities don't slip through the net.
Technology, such as a pedometer, help carers identify if there are reductions in activity, and could be used for other aspects of care.
Appropriate training for staff.
Physical health nurses knowing how to assess someone's psychological needs

2. Other Issues Raised

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

Key Themes	Summary of issues
Staffing and recruitment	• What are the barriers stopping geriatricians or specialist GPs being attracted to Oxford Health Foundation Trust roles? • Need to break down professional boundaries and have more multi-skilled staff. • Need to use the workforce better, including voluntary sector resources (people and facilities).
Emergency Multidisciplinary Unit (EMU)	• The EMUs provide excellent service, but not at scale - having more of them in the future? • Making services such as the Witney EMU 7-day instead of the existing 5-day service.
Technology	• Use of technology to help with communication to staff and the public. Potentially looking at the use of a helpline, website, FAQs.
Bigger picture	• How are political agendas factored into discussions and acknowledged? • The prevention agenda needs to be raised. • Need to ensure we are sharing learning and best practice from other successful models e.g. Cotswold GP pilot. • Be clear of benefits of proposals – don't focus on what is being 'lost'. • Public information and education are really important. • Need to be able to explain the whole pathways to patients to understand the journey at an individual level – including opportunities for self-management.
Costs	• How much will it cost to run the larger rehabilitation

Key Themes	Summary of issues
	centres? • Like to see funding for extra care beds in local facilities like the six in Faringdon. • What will it cost to have care at home? Surely the cost gets passed onto the patient who gets cared for at home rather than in hospital? • Money to follow patient and pathway. Ensure that there is not a disconnect between these e.g. disinvestment by council in one part of the pathway and another stakeholder wanting input in another part of the pathway.
Primary care	• If GPs were giving the message then that would be more credible than the providers. • How are you working with primary care? Are you planning for an increase in demand? • The primary care work stream has asked PPG groups what contribution they can make to help patients in practice use services differently e.g. use of care navigators.
Voluntary sector	• The voluntary sector is really good at developing relationships. • Need to ensure there is up to date information on voluntary/community networks in local communities.
Patient empowerment	• Ensuring that patients are equal partners in the discussions and develop a holistic model to take into account future needs. • Need to manage expectation – need to consider not just the patient, but the expectation and understanding of the family and carers.
Communications and engagement	• The process would benefit from getting people who have experienced the care to talk about their experiences (good and bad) as this is a powerful tool to help with the system redesign. • Patient representatives should be on all workstreams, not just some.
Palliative care	• Ensuring end of life care is accommodated within the service models. • There needs to be something in Wantage that can provide respite and convalescence closer to home.
Social services	• Where are the discussions with the County Social Services? • Need to break down the barrier between health and social care.

AGENDA

Oxfordshire Healthcare Transformation:

Developing Community Hospital Options

9.30am	**Welcome and introductions** • Aims of today's workshop • What are we currently working on? •	Pete McGrane Clinical Director, Oxford Health NHS Foundation Trust
10am	**The emerging model of care to support frail elderly people** • 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	**Table discussions** **1.** What do you think the issues might be in delivering rehabilitation of high quality, though in fewer places? 2. If we are delivering more care at home, what would the characteristics of a good home care package be?	
11.40am	HOSC briefing	Diane Hedges, COO Oxfordshire CCG
11.50am	Wrap Up and Next Steps	Pete McGrane

Appendix E – Maternity Focus Groups

Maternity Focus Group – Tuesday 11 October

Comment [s2]: We've got two different presentations of the focus group info – can this be standardised?

Comment [SJ3]: Sara P, said that the first group didn't follow the actual questions and ended up as a broader discussion which is why she presented it like this.

- Information for new mums needs to be staggered – too much all at the first appointment, plus you forget it as it's verbal info
- Surprised that couldn't get a direct appointment with the midwife as I thought would be the case, instead to access the midwife I needed to see the GP first
- Seems costly and unnecessary for GPs to do the antenatal appointments. Would prefer it to be with a midwife anyway.
- Have used the 'Pregnancy Plus' app. Useful and reassuring as it provides information as and when it is needed and tells you roughly what you should be experiencing at that point.
- 'Emma's diary' not a good thing and very patronising
- Everyone would really like electronic notes and not to have to carry around a blue notes folder. Digital records are needed and the NHS needs to catch up!
- Experience shared of questions in blue notes not allowing an accurate recording of the pregnancy (same sex relationship, not IVF). This meant when in hospital with complications, they thought she had had IVF and so insisted on certain drugs
- All agreed they wouldn't think to go to the pharmacy for pregnancy advice or information
- All would like to see the GP visits changed to be with a midwife instead (unless high risk pregnancy). More continuity of care.
- These GP appointments apparently aren't common elsewhere in the country – they are usually done by a midwife.
- 25 wk appointment would be better with the midwife as you are closer to delivering the baby – reassuring.
- A GP appointment at 25 wk could unintentionally make you more anxious as you don't have the relationship with them.
- Good experiences shared of feeling that they had plenty of choice in where to give birth – one chose homebirth with friend who is a midwife (but later had complications so was in hospital instead) and another plans to use Oxford MLU.
- All noticed that the benefits of MLUs are not explained, or even what they are. They were relatively well informed patients and so knew or found out themselves but others may need this explaining.
- Reassuring for first time mum that Oxford MLU is only a few floors away from other areas of hospital if there are complications.
- Chipping Norton MLU has a good reputation.
- As a first time mum you try to plan to avoid any possible 'blue light' situation and so will go with what you think is the safest option. Therefore need to help new mums fully understand how safe a MLU is and what they do there.
- Mums don't realise that transfer between units at a hospital can be just as difficult if not more so, that from an MLU to a hospital (e.g. because of staff relationships)

- Would be good if the midwife gave info on the choices available and then let you digest the info, and to discuss the options and any concerns at the next midwife appointment. Gives time to think about it.
- Recommended the Kirsty Coxon birth place leaflet http://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/Birth_place_decision_support_Generic_2_.pdf
- Mums need to know that they can also change their mind at any point about the place of birth
- There is currently no continuity in obstetrics
- Breastfeeding support – huge difference and inconsistency between the women's expectations and what support is actually available (virtually nothing)
- If women are unable to breastfeed it can have a huge impact on their mental wellbeing, feeling a failure as a mum, trauma etc – but it is actually because the system has failed them because the support is not there
- The health visitor reputation is not good – hit and miss, might make you do something you don't want to etc Word of mouth reputation and also experiences
- The cost versus the numerous benefits of the baby café concept are obvious. Invest in prevention.
- Using the GP and health visitor for breast feeding support doesn't work and is costly to the NHS
- Children's centres and baby cafes – useful to new mums to know what is normal, support network, learn from each other, wellbeing – all prevents escalation of problems
- Women often lie/open up to health visitors as they don't want to seem like they're not able to cope and also they don't realise certain things are absolutely normal e.g. being v tearful.
- In a year's time there will be no baby cafes – where will new mums go then? Problems will escalate and be costly.
- Ideal post-natal offer – Continuity of care AND carer for women. Support through groups in the community. Keep women properly informed throughout the pregnancy. Ensure patient communication is timely.

Maternity Focus Groups – Monday 17 October

1. **What support did you get from your GP or anyone else, prior to falling pregnant or when you found out you were pregnant? What support would have helped you?**

    - Initial appointment felt let down
    - Expected a second test to confirm the pregnancy
    - Midwife experience was positive
    - GP receptionist not helpful in getting an appointment in the first 12 weeks
    - Have to say why you want the appointment
    - GP was good for advice on contraception
    - Receptionists are not informed about what a new mum needs to do and this can be quite confusing for a new mum
    - GP is the first port of call

2. **Currently only a few GPs offer an early appointment to assess medical risk (before 10 weeks). Did you have one? What was your experience? We are considering making this universal for all pregnant women – what is the best way of letting women know?**

    - 10 weeks sounds sensible
    - Would be a positive experience and would feel like someone is taking charge
    - Suggest put into pregnancy tests or flyer near pregnancy tests
    - Pop-ups on the online GP booking system
    - Social media
    - Red books for 2nd and 3rd time mums
    - Websites like netmums but would need to be Oxfordshire only

3. **Currently GPs offer an appointment at 25 weeks – how important was this to you?**

    - Continuity is really important
    - Could have it for those women that need GP follow up from 10 weeks
    - Not sure why it is needed when all other are with the midwife – more personal relationship with the midwife
    - Suggest drop 25 week in favour of midwife appointment
    - GPs are for sickness, not appropriate if pregnant and well
    - Should be for everyone not just first time mums

4. **Do you feel that you had choice in where you could give birth? Were you involved in the planning? What would have made it easier?**

    - JR, JR delivery suite and Wantage MLU
    - Felt that did have choice
    - Positive feedback from mums on choice/support
    - Midwife didn't have time to go through the birth plan

- Self learning about birth, hypnobirthing and Daisy
- Birthing options are discussed early but might be better making a decision once pregnancy has developed
- No mention of home births
- More options of home births for 3 time mum
- Leaflet on 1st time options

5. What care support did you expect after giving birth?

- Aftercare at the JR was excellent
- MLU offers continuity of care as they know you and you know your midwife
- Excellent support with breastfeeding
- Concern about closure of Wantage MLU and support for mums, especially with the closure of the children's centres, if support goes people will fall through the gaps
- Good to have local groups in walking distance
- Midwives really do care about you and provide continuity
- Pre-natally 2 midwife in JR approx. 25 seen
- Nice to have a named midwife if admitted to hospital
- JR breastfeeding clinic only Monday and Thursday, it would be good if it was every day
- Some mums are rude to the midwives
- Would be good to have health visitor info before having the baby
- Blue notes – would be good if these were electronic
- GP 16 week check they should know what happened in delivery
- GP surgery didn't know how to administer oral Vitamin K
- Apps would be good post natally for breastfeeding
- Discussion on children's centre
- Concern about the support for breast feeding as it is hard
- Breastfeeding class provided by midwives in Wantage, 1:1 sessions
- Berkshire, no support for breastfeeding
- Mismatch between the perception of the OUH, need messaging around breastfeeding and the actual support available
- Concern around Horton messaging
- Would consider Wallingford, if transport was accessible – can look online to see video of MLU
- Abingdon patients tend to go to JR – would prefer Spires
- Parking at the JR is really stressful
- Post-natal care in the community was great, as they revert back to their midwife
- JR feedback was a lottery. If really ill care was amazing, if not you are forgotten
- Observation ward is quite traumatic, shift changes, induction not great, quite traumatic watching and hearing other women giving birth.

Maternity Focus Groups – Thursday 20 October

1. **What support did you get from your GP or anyone else, prior to falling pregnant or when you found out you were pregnant? What support would have helped you?**

    - Saw GP and was referred for tests
    - Reassured that it is normal for it to take time to fall pregnant, as well as getting medical reassurance – Dr Rogers, same GP throughout my pregnancy, recommended exercise and relaxation etc
    - GP test on ovaries – taking Pregnacare
    - Woodlands – saw GP – test were normal – then fell pregnant
    - Mixed experience with GPs, some uncomfortable to discuss, falling pregnant
    - Reading books, taking temp, saw GP, referred to consultants at Northampton, offered JR or Horton, consultant care was excellent

2. **Currently only a few GPs offer an early appointment to assess medical risk (before 10 weeks). Did you have one? What was your experience? We are considering making this universal for all pregnant women – what is the best way of letting women know?**

    - Saw GP – before midwife, no positive experience, confirmed pregnant and given blue folder and forms
    - Felt like I was wasting the GPs time
    - Expected pregnancy test and to be given folic acid
    - Tell GP receptions to give people the 10 week risk assessment appointment
    - Welcomed the 10 week appointment
    - Suggest promoting it in Babycentre, Netmums, bounty packs and Emma's diary
    - Midwife at hospital can screen previous blue notes
    - Going electronic would take the father out of the loop as currently fathers can read the blue notes
    - Felt as though as Dad you weren't there – it's all about mum
    - Google search, promote the new appointment there is the google search menu

3. **Currently GPs offer an appointment at 25 weeks – how important was this to you?**

    - 38 week appointment felt pointless as GP didn't know me or measure me – not my named GP
    - GP doesn't do anything that a midwife couldn't do – but was nice to see my own GP
    - Mixed messages – GP said I should always do what the midwife says
    - More written feedback in the blue notes
    - Dad doesn't see written feedback and general expectations that 'mum' will see a variety of professionals

4. **Do you feel that you had choice in where you could give birth? Were you involved in the planning? What would have made it easier?**

- Midwife gave letter with list of choices – chose Northampton then changed mind and went to Horton
- Important to know you can park and that husband is with you, not parking the car
- C-section – VBAC – no limited choice
- Horton – C-section – Baby in SCBU
- Taking baby into JR for SCBU – difficult, especially if you don't drive
- Friends and family step in to help with appointments and driving
- Offered full choice, choice Chipping Norton MLU/visited
- 0% of low risk mums – riskier choose Horton over MLU
- How many transfers from MLU lead to intervention?
- MLU tell people that you can jump the queue for epidural if you arrive by ambulance
- Concern Horton MLU is what happens – what happens if two mums need ambulance?
- Home birth in Deddington needed an ambulance transfer – no ambulance – drove to JR
- 111 advised ambulance for a large clot – not needed – again mixed messages

5. **What care support did you expect after giving birth?**

- Go to DAU at Horton for 10 – 1 4 days to see midwives and then health visitors
- Same midwife all the way through pregnancy – then community nurses after birth
- After giving birth, most vulnerable, would be good to see same midwife (continuity)
- Session with midwife to review birthing experience – birth after thoughts
- Need continuity after birth
- Friend recommended birth after thoughts sand then asked midwife
- Googled it – birth after thoughts
- Bought pals to bedside to complain – inappropriate
- Continuity important
- Mental health – breastfeeding supporter flagged to midwives concern about my emotions
- Need someone to recognise your mental health
- Having seen GP etc it was paediatrician that picked up on mums health – needed a blood transfusion
- Need to look at the patient as a whole
- Ongoing breastfeeding support – excellent support
- Midwives technique varies
- Health visitor support is hit or miss
- Found health visit patronising about to cancel 9 month check, find the health visitor check pointless
- Asked for a referral to opticians – never happened

- VBAC after C-section – cannula advice, delayed cord etc, people don't know you can decline care
- Voluntary sector pick up support – la Leche
- People give up breast feeding for reasons that are normal
- NCT don't talk about the different options in Breastfeeding
- Ante-natal is all about – up to birth
- Even in hospital breast feeding support not great
- Additional breastfeeding service available up to 6 weeks
- Support for when you return to weak, and need to get baby off breast and onto bottle
- Dad could help with bottle feeding
- Want services reinstated at Horton
- Transport/parking/need to look at the bigger picture – need to consider people's family support etc
- Concern about the Horton, surely make Banbury a more representative hospital rather than shipping people down to the JR. This has happened as a result of policy to move high risk patients. There is housing increase in Banbury – need to take a step back.
- Concern about the downgrade of Oak Ward, which is Stroke, elderly not getting their support
- Concern about the children's ward and the domino effect and concern that this is a foregone conclusion
- For any expectant mother – choice is important
- Brackley patients are being told that they can't go to the JR if they live in certain postcodes.

In addition we also received anonymised patient stories from Mums in Abingdon, shown below:

Mother A

The main thing I want to get across here, is I think the community midwifery team here in Abingdon are fantastic. I know I'm only supposed to be talking about the arrival of my daughter at the end of last year, but in the last 8.5 years, I think I've ended up meeting most of the team and without exception, they have been some of the most friendly, helpful, empathetic people I have met. Thank you to all of them. I was lucky to have the same midwife throughout two of my pregnancies, and this meant Midwife X knew me well enough to support me.

Birth Choices
Having had my first baby in the JR (bad experience), I knew I wanted to have my second elsewhere. My midwife, Midwife X encouraged me to have my baby at home and it was a lovely experience, even if we didn't manage the water birth I wanted. I chose this over Wantage, as I felt the transfer from Abingdon would be shorter if I needed to be transferred. I had hoped to have my third child at home and laboured at home. However, she got stuck and we ended up in the JR in delivery suite, which was not where I wanted to be.

Midwife X helped me do what could have my child at home if at all possible - e.g. making sure I kept my iron levels high enough and my blood pressure low enough. She also made sure that all the kit

for a
home birth was available, and helped me work out where in the house might be a good place to have the baby.

Midwife X was very supportive when it came to organising for me to go to the JR, trying to ensure I got a different delivery suite and a senior midwife. She explained that I'd be stuck there for obs on my baby for 12 hrs as my waters had gone. However, the JR was busy, a shift once a shift change happened and the plan to give me an epidural and synt pretty much on arrival went out of the window. It felt that my wishes, and those of my community midwife were not taken seriously once at the JR. I would like to see the JR respect the plans made by women together with midwives who have known them during their pregnancy.

I am deaf in my left ear and find it difficult if people don't look at me when they're talking to me. Midwife X understood this and made a point of looking at me and talking to me clearly. This was especially important when I was in labour and in pain. At the JR, despite this been written in my notes, again, this did not happen and left me confused and frightened. I would like to see some communication training being delivered. I am sure this would benefit a range of mothers, those with hearing difficulties and deafness, those with English as a second language, and those who are frightened!!

Postnatal

I had my baby at the end of the year. One of my worries would be that there wouldn't be postnatal care available over Christmas.

I was left in the delivery suite with no windows for many hours, the day My daughter arrived. There was limited support with feeding. Having had two babies previously - one who fed well and one who didn't, I knew My daughter was feeding well because it felt like she was. The midwife kept returning to tell me I hadn't fed my baby for long enough and she can't have fed. I know my milk supply. My milk was in, I had mastitis before she even arrived!! She was getting a lot of milk very quickly!! She fed one side better than the other. What I needed was somebody to help me for a few minutes on the side we were struggling with. No support given on delivery suite. Please buy some chairs without arms. You can't feed underarm with chairs with wooden arms!! They said support would be available on lev 5 on 10 Dec. But it was not available by the time I got there in the early evening. Having had
mastitis in late pregnancy and had a cut made on my breast to get rid of the infection, I knew I needed to make sure my daughter fed well from both sides!! I did at least find a plastic school chair without arms to sit and feed on.

I was just offered tea and toast, and I was hungry having been in labour on and off for a long while. I think I did eventually get some lunch about 3PM and nothing until I left at 9:30!!

I discharged myself. This was because they said I would have to stay in overnight as they simply hadn't done the paperwork. However, there was no medical need for either me or my baby to be there. The midwives informed me that "I would not be entitled to care in the community if I discharged myself". On no sleep, and little food my reaction to this was emotional. I had an antenatal appointment booked with my GP the next day and had my midwife's mobile number in my phone. From experience, I knew that both my GP and my midwife would offer me care. I can imagine new first time mums may have believed them.

It was also good to know that I could phone the midwife office with any questions, concerns...

At home, I was able to sleep, eat and relax. This was the right place for me to be in. I was upset I didn't have my daughter at home, but was pleased to be home. Although my midwife was on holiday other members of the team had been well briefed and were able to support me. They helped me make sure I obtained pain medication over the Christmas period - I had after pains. They offered me support with breastfeeding my baby. I think the midwives having a base office locally means they are a strong team and are able to offer women continuity of care between the team. It was also helpful to know when the midwife was coming, as it meant I could still get out with my elder children.

I also had support from baby cafe, and it helped enormously that an MCW was aware that I hadn't had the easiest labour and new my history and was able to support me with feeding my daughter. It would be beneficial to mums if this were more closely integrated (and funded) by the NHS.

I was discharged by my midwife around 10 days, I think I'd have liked to be under her care for a little longer, as my daughter had breastfed jaundice and needed bili readings for some time and a referal to the clinic at the JR, which the health visitor made me feel anxious about. However, Midwife X was able to clearly explain the nature of breastfed jaundice and reassure me.

I would like to see home births encouraged. Having my son at home was a fantastic experience and one I would certainly recommend to other mums to be.

I would like to see better communication when people transfer to/ from the community midwives.

I would like to see clear information about the availability of breastfeeding support at the JR, post delivery.

I would like to see the services of community based breastfeeding support organisations like baby cafe being recommended and funded by the NHS in some way.
Thanks

Mother B

I gave birth at home in February 2016. I was then transferred to the JR as I had a third degree tear. It was my first pregnancy. I had a normal pregnancy and birth. There were no complications apart from the tear.

Choice of place of birth

My midwife was very supportive of my decision to have a home birth. I feel I was given all the relevant information and was given a true choice (they didn't try to persuade me into something I didn't want). I was aware that there was a strong possibility I would be transferred to hospital but this wasn't presented as a reason to change my mind. I am very happy with the care I received from the midwifery team in Abingdon.

Post-natal care

Generally I am happy with the care I received after giving birth. I feel that all the health care professionals I came into contact with were competent, professional and friendly.

However, it is very clear they are overstretched and do not have the time and resources they need to do a thorough job in some areas. I felt this particularly in regards to breastfeeding. The NHS promotes breastfeeding extremely strongly both before and after birth. I cannot remember how many millions of leaflets I received that concentrated solely on breastfeeding. The only literature we got that was directed specifically at fathers was about supporting breastfeeding. Breastfeeding is a big deal. I was surprised then that in hospital no one ever offered to show me how to do it. When I asked for help the nurse would get the baby latched on then walk away. There was no one to show me the technique or explain what I could change when I was having problems trying it on my own. After I was discharged no one asked to see me feed. Midwives and health visitors both asked generally but no one wanted to have a look or offer any practical support unless I asked for it specifically.

I find this astounding given the high rate of women who find they can no longer breastfeed after only a few short weeks. If the NHS is serious about raising rates of breastfeeding then women need much more one to one support right after their baby is born. Breastfeeding is not an academic exercise. It is intensely practical, you cannot learn it from a leaflet. It is difficult. It is also incredibly important.

(I am aware there is lots of breastfeeding support in Abingdon. But I struggled with it as on the days I needed help the baby cafe was inevitably on the other side of town, I didn't have a car, couldn't walk far and had only had a few hours sleep.)

Best wishes

Mother C

My thoughts on the local maternity care primarily place to give birth. I had a 36 hour labour. I asked to go in the spires, which I was told was available but then ended up waiting 3 hours for someone to take me up there. Once up there I was there for several hours about 5-6cm dilated, when I was asked if I could leave the room and carry on labouring in the waiting area as there was a lady who was 7cm dilated and needed it more than me. My mum actually said no to this, but unbelievably I was then later asked if I could move to the prenatal ward as my labour was taking too long. This time I said no as it would have meant being in labour on my own with no birthing partners by my side. I even considered going home at this point, which luckily I didn't as within 2 hours I was fully dilated. At this point I got in the birthing pool which they did too hot due to a faulty thermometer at which point my pulse rose and I had to be moved to a delivery suite. It was not the calm stress free labour I hoped for. I had high hopes for the spires, but the treatment I received those days was awful. It was my first baby too so I was quite scared. I understand the hospital gets busy but I thought I would be looked after better. I must say there were a couple of amazing midwives I saw during the many midwives I had, but in general choice of birth place and care was not good, mainly for the stress and tears caused. Sorry I can't provide better feedback.

Mother D

My partner and I chose the J.R.'s Spires Midwife led Maternity Unit, as we were expecting our first and wanted to be as close as possible to urgent medical help had anything gone wrong. We were, however, sad to hear that the Wantage Maternity centre had been shut down, as it was the second-closest midwife lead maternity unit to the J.R., and it was a very nice place (our second choice). We were keen on giving birth in a midwife lead unit, as we were planning for a more natural birth (hypnobirthing) and wanted to be in a more relaxed environment where the focus was more centered on relaxation rather than "be prepared in case anything goes wrong".

That being said, having had the chance to spend some time on the 5th floor maternity unit at the J.R. post-labour (I spent the best part of a day in early labour here), I can attest that the pre-labour help was all that I could have hoped for. No one was forceful, my midwife was extremely attentive, and having access to a bath and shower was extremely beneficial. The Spires was indeed the best choice for active labour, however, and I feel a large part of this had to do with the fact that I was able to relax, be comfortable, and that the midwife tending to me respected all of my wishes during labour.

The aftermath of my labour was a bit hectic, though. I ended up losing quite a bit of blood, and my son had to be treated for a lung infection. We ended up having to wait around on the 5th floor for a week while my son was given his full course of antibiotics, and for me to regain a bit of strength. I found out that I had lost enough blood for them to offer me a transfusion, however I was not given a transfusion, and was instead offered the choice of taking iron supplements, or having an iron infusion (I fully understand that a transfusion was the last resort, and appreciated having been given a say on how to regain my iron levels instead.) I decided to go the supplement way, and ended up feeling extremely frustrated at how, in stark contrast to pre-labour services, my particular post-labour needs seemed to fall under that category of needs that are too risky for them to let me go home, but not risky enough for them to fully tend to me, or my son. For example:

1) My son's medical notes were removed from my room, and misplaced several times a day and needed to be re-written once.

2) At least one of my tablets was skipped every day, making it difficult for me to regain my iron levels, and very painful when it was the pain killers being forgotten. There was even once when I had to tell the midwife that she was giving me one too many pain-killers (which I had taken earlier that day)

3) On the day my son was to have his cannula removed, and we were meant to be discharged, we had to ask 5 times to understand what we were waiting for, to eventually be told that the ward was full that day, and the midwife was having a hard time keeping on top of all the patients. This was extremely frustrating, as I was just another patient they needed to look after, and it seemed to make more sense to me for them to do the discharges first thing in the morning in order for them to have less people to tend to.

On top of feeling pretty forgotten on most days, as I'm sure you know, the quality of the food being offered was absolutely atrocious. There were absolutely no fibrous options (something women having had their vaginas/rectums pushed inside out, and being expected to have a bowel movement should absolutely have access to, specially those on iron supplements). None of the menu items seemed to have much iron absorption qualities (vitamin c, meat) but instead contained a lot of products that would discourage iron absorption (calcium, egg, caffeine). Thankfully, my husband and I had prepared food at home, and I was able to decline the catering service, another task that was not trivial. On top of having to remind the caterers that I was not having any of their food, and having to justify this on a regular basis, I was constantly bombarded with people coming in and out of, and taking it upon themselves to look into my room without permission (responding "please wait" after a knock seemed to have no effect whatsoever). Caterers, male custodians, reps for Bounty, reps for Baby Centre, all people I would have preferred stay out of my room until given permission. However, I was not given this option, and my naked body was often exposed to strangers I did not feel comfortable exposing myself to.

I feel there are better options that could be offered to people with minor issues who have no option but to stay in hospital, and do feel that the J.R. has the potential to better itself in this department. I hope that what I've expressed can help, even just a bit, and appreciate that problems like these are a result of understaffing, and an outdated system.

Thank you for giving me the opportunity to discuss my experience, and if you have any questions whatsoever, please don't hesitate to contact me. Thank you.

Appendix F – Minutes of the Primary Care Patient Advisory Group – workshop on self care

NOTES:

Primary Care Patient Advisory Group

Monday 26 September 2016. 11.00 – 13.00
TheVenue@Cowley, 242B Barns Road, Oxford, OX4 3RQ

	Name	
Present	Julie Dandridge (JD)	Oxfordshire CCG
	Julia Stackhouse (JS)	South, Central and West CSU
	Chris Wardley - Chair (CW)	North
	Graham Shelton (GS)	West
	Elaine Cohen (EC)	City
	Michelle Evans (ME)	Carers Voice
	Jeremy Hutchins (JH)	SE
	Rosemary Wilson (RW)	North
	Andrew Colleran (AC)	Healthwatch Oxfordshire

	Name	
Apologies	Alasdair Lennon (AL)	University of Oxford Student Union
	Janet Waters (JW)	SELF
	Gene Webb (GW)	SWOLF
	Mary Braybrooke (MB)	South West
	Jan Cottle (JC)	Carers Voice
	Monica Waud (MW)	Age Uk Health and Social Care Panel
	Louise Wallace (LW)	Non-Executive Director
	Eileen Turner (ET)	NE

		Action
1.	**Welcome and Introductions** CW welcomed everyone to the meeting and reminded members that the purpose of the PAG is to inform the patient input into the Oxfordshire Primary Care Commissioning Committee, which CW attends. CW confirmed that the feedback from this group informs the primary care workstream as CW is the patient representative on the workstream. **Action: to provide a picture of the governance arrangements for the workstream and Transformation, to show where the patient involvement contributes.**	**JD/SAD**
2.	**Workshop on Self Care** JD asked the members of the PAG to consider the following question? **If Primary Care is to**	

	be sustainable, how do we support patients to self-care? A lively discussion followed and the following points were raised: ▪ Education in schools is surprisingly good. Perhaps children can guide their parents on how to be good ▪ Concern about the lack of funding for public health budgets. ▪ Emotional Health, children need this – how can we encourage parents/families to help each other? ▪ Top down and bottom up approach needed – education does need improvement ▪ GP social prescribing, carrot/stick ▪ What is the motivation –to do anything ▪ Link between mental health and physical wellbeing ▪ Stop smoking campaign was really hard hitting – promotional materials need to be more hard hitting ▪ How much does it cost in £s, express in money ▪ Need to be careful you don't put people off going to the doctors ▪ Trust the patients more to look after themselves ▪ Enable the IT systems to receive data from patients on themselves ▪ Support patients – see case study already shared ▪ Cans PPGs provide more support? ▪ Pharmacy advice can be shocking and poor ▪ Practice and Pharmacy don't talk to each other about patients ▪ Target supermarkets and shopping malls to promote healthy diet ▪ Link with voluntary organisations that represent long term conditions ▪ Buddy people with LTC across the age groups to encourage good behaviour models ▪ Do people actually know about services? ▪ Mini PPG surveys on self care ▪ Health apps ▪ Not being able to get appointments ▪ Lack of link between primary/secondary and social care ▪ Define what the self care information is that people need ▪ How do you get the patient to take the info ▪ How do you get the patient to act on it ▪ What does the patient want to know ▪ Allow the patient to take control ▪ Make it information relevant CW summarised that people need to be supported either in the system or from family, messages need to be appropriate and relevant to what you are trying to achieve. However, negative messaging can be good.	
3.	**Other Business** • It was noted that CQC inspections were felt to be counterproductive. CW will raise this at OPCCC.	**CW**
4.	**Date of next meeting:** Wednesday 30 November, 10 .30 – 12.30 - TBC	

Appendix F: Notes from other engagement meetings

Below is a list of notes taken from other engagement activities and meetings that have been undertaken during this period, which are available on request:

- Meeting with Cherwell Local Strategic Partnership
- Age UK Community Partnership Network
- Student Groups from Abingdon and Witney College
- Q & As from OCCG Board and Annual Public Meeting

Other communications that are published on our website:

- Fortnightly copies of the public Talking health Newsletters are available here: http://www.oxfordshireccg.nhs.uk/news-and-media/newsletter/talking-health-newsletter-2016/
- Weekly GP briefings are available here: http://www.oxfordshireccg.nhs.uk/professional-resources/gp-weekly-bulletin/
- Minutes of the Health Overview and Scrutiny Committee meetings are available here: https://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CommitteeId=148
- Minutes of the Oxfordshire Clinical Commissioning Board are available here: http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/
- Minutes of the Oxfordshire Primary Care Commissioning Board are available here: http://www.oxfordshireccg.nhs.uk/get-involved/oxfordshire-primary-care-commissioning-committee/
- Minutes and papers of the Oxfordshire Transformation Board are available here: http://www.oxonhealthcaretransformation.nhs.uk/who-is-involved/transformation-board-meeting-papers