

The **BIG**
health
and **care**
conversation

Join the big conversation

**Best care, best outcomes and best value for
everyone in oxfordshire**



A message from Dr Joe McManners, Clinical Chair, Oxfordshire Clinical Commissioning Group.



“During the past year, your GPs have been discussing with NHS staff, Healthwatch, the voluntary sector and patient representatives how we can provide the best care, the best health outcomes and the best value for our communities.

We are not just looking at now, but for the future. Across the whole of Oxfordshire we face many challenges.

While we are living longer, it is often with chronic conditions that are preventable.

Unhealthy lifestyles such as lack of exercise, smoking, obesity and alcohol consumption play a big part in determining the state of how well we feel.

Conditions such as obesity, diabetes and dementia are increasing and affect many people’s lives.

At the same time we face increased pressures on GP services and other primary care services.

It is a struggle to recruit and keep all the NHS staff and workforce whom we need to provide high quality, safe and sustainable services.

We should do more to improve the health and mental health of our children and young people, so they all get the best start in life.

All of this increases the pressures on our finances. Across Oxfordshire we spend around £1.2bn on health and care services each year. By 2020/21 if we don’t change anything we will have a deficit of £200m. We can’t afford this and can’t carry on as before.

The ‘Big Health and Care Conversation’ in Oxfordshire sets out our challenges but also the opportunities we have for doing things differently.

We are keen to hear your views and comments to help shape our thinking as we continue this conversation. Then later in 2016 we plan to hold a formal consultation and seek your views on options and proposals.

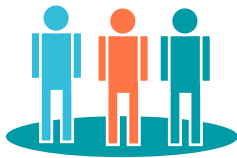
More information on this can be found on our website at: www.oxonhealthcaretransformation.nhs.uk.

We hope that you will take this opportunity to join this important conversation and tell us what you think.”

The need for change

The NHS in Oxfordshire performs well compared with other parts of the country.

But changes in people's health and the age that they are living to means the county's services are facing challenges on a scale not seen before.



61% of people in Oxfordshire are overweight or obese



32% more people will have diabetes by 2030



30% more people will be over the age of 85 by 2025



Over **50%** of all mental ill health starts before the age of 14



34% of patients have told us that they wait too long to see their GP



30% of GPs plan to retire in the next five years



20% of Oxfordshire patients choose to go to A&E rather than their GP when they could have been seen in primary care



Just **31%** of Oxfordshire patients said they received good care managing their long term condition



50-60% of stroke patients have been unable to access the Early Supported Discharge service



Those people living in our most deprived communities often experience more ill health and worse outcomes than other people.

It is our ambition to tackle these differences. We know that many illnesses are preventable, caused by unhealthy lifestyles such as lack of exercise, poor diet, obesity, smoking and alcohol consumption.

We want to promote healthier lifestyles and lifestyle choices and invest in activities and services which prevent ill health – and we are asking the people of Oxfordshire to get behind us in this.

A snapshot of Oxfordshire



Oxfordshire has a population of 672,000 and we enjoy a relatively good quality of life with higher than average earnings and low rates of unemployment compared with many other parts of the country.

Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust are among the largest providers of specialist care services in the UK, and work with the University of Oxford and with Oxford Brookes University to deliver world class medical research and development.

However, Oxfordshire's health needs are changing. Our population is growing with new developments in towns such as Bicester and Didcot. The number of over 65s and 85s is growing, increasing the number of people living alone with long-term health problems.

Already some patients are staying in hospital longer than necessary. While most people are discharged within a few days, a small number stay in hospital far longer when they would do better at home surrounded by a network of family and friends, supported by health and social care professionals in their community. We have already begun work to tackle this but more needs to be done. The numbers of people diagnosed with dementia, obesity and diabetes continue to rise. There are also increasing numbers of children and young people needing access to mental health services.

Managing the cost

Across Oxfordshire we spend around £1.2bn on health and care services each year.

However, because of increasing demands on our services, if we don't change anything we could face a potential funding gap of £200m by 2020/21, which we can't afford to do. As part of the Big Conversation, we will be discussing with you how we use our finances to best effect.

We want to concentrate on ensuring our funding supports services which are high quality and best practice so that patients get the best possible care.

Time to think differently

Our clinicians see patients every day and tell us how services should be improved. They are leading the review of how health and care is provided locally and want to ensure it is based on the latest clinical thinking.

Our senior clinicians agree that to respond to the new challenges facing our health and care system we need to shift care away from hospitals as the main option and to make care available nearer to where people live and work.



This approach is designed to avoid the need for treatment in hospital, unless that is the best place for you at the time. Our belief is that the best bed for your recovery is your own bed – wherever possible. Over the next few pages we set out more on our thinking in a number of areas of health and care and the new models of care we are discussing. It is important to us that patients, the public and all organisations involved, contribute their views and ideas.

Making prevention more important

To keep more people healthy and prevent ill health there are two problems we think we need to tackle:

- Services are geared towards detecting and treating disease rather than preventing it. For example, the growing numbers of people who are overweight or obese are the cause of higher diagnosis rates for diabetes. Health services identify and treat diabetes but do little to stem the increase in obesity.
- There are geographical areas and groups within the population whose health is not as good as elsewhere in the county. For example there are higher rates of early death from heart disease and stroke in more deprived communities and among those who continue to smoke and drink above recommended limits of alcohol or who are physically inactive.

To put these things right we need to invest more resources in preventing disease before it starts.

We need to:

- help people to help themselves through use of web and app-based technology;
- support our doctors, nurses, care workers and therapists to include advice to patients on prevention of obesity, smoking and alcohol;
- design communities which promote good health by making cycling easier, using green spaces better and encouraging social contact.

It won't be easy to encourage people to take more responsibility for how they live their daily lives. This will require changing the way more than 600,000 people and all our health and care staff think about health and illness.

Maternity services – a good beginning

What happens to a woman before, during and after pregnancy will have a lifelong impact on her, her baby and her wider family. Lifestyle factors, even before pregnancy, can have a huge impact on pregnancy and birth for each woman and baby.

Our ambition is to ensure:

- good preconceptual care so women are as healthy as possible before pregnancy, with a focus on reducing smoking, alcohol consumption and achieving a healthy weight;
- perinatal mental health services are integrated throughout the pregnancy and postnatal period to address the needs of women before, during and after pregnancy.



We want all women to:

- make an informed choice about the care they receive, and who provides that care, based on high quality early medical risk assessment;
- receive continuity of care, especially during the pregnancy;
- be able to involve their partners more;
- have consistent advice and support on breastfeeding.

At present women in Oxfordshire are able to choose from the full range of maternity options, including birth in an obstetric unit alongside a Midwifery Led Unit (MLU), standalone MLU or home birth. We will continue to support this choice of service provision but we are reviewing how best to provide it.

Children – the best start in life

Pressure on GPs means that they don't always have the time to deal with children's health and care problems confidently and too much care is provided in a hospital setting. We also have pockets of disadvantaged children growing up in poverty and poor housing, meaning they have less chance to thrive and may have problems for later in life. We want to change this.

Our ambition is to ensure that Oxfordshire is the best place in England for children and young people to grow up, have the best start in life and be supported to develop the skills, confidence and opportunities they need to achieve their full potential.

We want to improve the care children experience by:

- increasing the skills and support for GPs and school nurses so that more childhood problems can be managed in the community and supported in schools;
- working with parents, schools, voluntary and community organisations to promote health and build physical, mental and emotional strength in all children and young people;
- showing people how to manage minor illnesses, injury and long term or life limiting conditions so children can live productive lives;
- providing care as close to home as possible, but when admission to hospital is the best option, enabling the family to stay close to their child and make their stay in hospital as short as it can be.

Learning disabilities, Mental health & Autism

Mental illness, learning disability and autism can seriously affect the lives of individuals and their families.



People with mental health problems and learning disability are far more likely to suffer physical ill health and are approximately three times more likely to use emergency care for reasons not connected with their mental state.

Life expectancy for those with severe mental ill-health is 10-15% shorter than the general population.

The NHS Five Year Forward View for Mental Health and Building the Right Support for people living with learning disabilities and/or autism sets out ambitious plans to improve outcomes and access.

Oxfordshire has already begun to address some of these challenges but there is more we need to do.

Our ambition for all people with mental ill-health, learning disability and autism of whatever age, is to ensure:

- people who are referred are assessed within a week;
- those in distress or at risk have access to 24/7 urgent care services;
- there is a shared approach to managing risks allowing people to be cared for close to home wherever possible;
- people and their families have the skills and confidence to look after themselves safely;
- people have better physical health so they live longer, healthier lives;
- there is less need for admission for hospital care and improved support at the point when they are discharged from hospital and when they arrive home.

We want to:

- maximise the opportunity to intervene early and support younger people from age 18-25;
- meet the needs of older people, especially reducing loneliness and depression in later life;
- develop services for people with autistic spectrum disorders and reduce unnecessary admission to hospital and involvement with the criminal justice system;
- join up mental health and drug and alcohol services;
- provide better access to mainstream services for people with a learning disability.



Specialist advice and diagnostics



Often patients are referred (usually by a GP) to a healthcare professional for an appointment or treatment to seek further specialist advice. Locally we have long waits for some care appointments and our review has shown us where we could do better (for example, ear nose and throat, orthopaedic, gynaecology and cardiology services).

We have been very successful at improving waiting times for many cancer services but there is further work to do, in some areas, to ensure people are seen as quickly as possible.

Often patients have to make several visits to hospital for outpatients and then make further visits for diagnostics such as scans and x-rays. A big issue for people is getting to our Oxford-based hospitals and difficulty in parking when they arrive.

Our ambition is to make it easier for patients to get the care they need by:

- providing more care away from the main city hospital sites. We are looking at how we might develop the Horton General Hospital and other sites to provide more planned care;
- providing a wider range of diagnostic tests in the community, making it easier for patients to attend and quicker for clinicians to act on the results;
- developing different types of technology, such as Skype, that will enable you and your GP to both speak to a consultant when you need to from your GP's surgery, avoiding the need to travel to hospital for outpatient appointments;
- deliver care as a 'one stop shop' which means having everything done on the same day, in the same place to reduce inconvenience.



Urgent and integrated care



The pressure on Oxfordshire's urgent and emergency care is growing, driven by increasing demand for these services. Part of the challenge is lack of capacity elsewhere in the health and care system. For example, GP practices struggle to provide the preventative care they would like to, particularly for those with several complex conditions.

Our ambition is to:

- make sure people can get speedy services for accident or emergencies by creating highly responsive urgent care services in the community;
- connect our urgent and emergency care services together, to ensure that the system works more effectively and patients get the right advice in the right place, first time;
- ensure that when people do need to go to hospital with an emergency or accident we always offer the highest quality care and the most effective treatments.

Developments in clinical practice mean that sometimes specialist care is better developed on a single site where expertise can be brought together. For example, acute stroke care is best managed in a big acute hospital supported by specialist stroke beds, and by providing the best clinical rehabilitation in the community.

An emergency admission to hospital can be a disruptive and unsettling experience, particularly for older people and the longer they remain in hospital the greater the risk of picking up infections and losing their confidence and independence.

- we want to avoid the need for admission wherever possible ensuring that when patients do become ill professionals, working with patients and carers, have access to diagnostic tests and can get expert advice quickly so the right decision about treatment and care is made;
- we need to prevent people going to hospital and using A&E services because we can't offer a better or more local alternative.

As modern healthcare develops we need to make sure our community hospitals keep pace, providing high quality services to meet changing demands. We believe we need experienced doctors on site 24 hours a day to deliver the quality of care patients need. This may mean that some of what they do might need to change. We will be discussing this and any proposals for change through the engagement and consultation programme.

Sustainable Primary care

Having strong and high quality GP and primary care services in local communities will be essential to transforming our healthcare system. Over the past few years GP practices have been seeing more patients and managing increasing workloads within limited resources.

This has led to recruitment and workforce issues making it harder for patients to see a GP as soon as they need to. Some of our GP practice premises are in poor buildings.



GP consultation rates have increased by 11% over the last four years.
34% of patients report that they wait too long for a GP appointment.

Developing strong primary care services will:

- ensure better access to urgent and routine GP care when you need it and improve the standard of primary care services across the whole county;
- support GP practices to better manage the needs of their practice population, ensuring more time for GPs and their staff to manage patients with complex care and long term conditions;
- provide primary care staff with the skills and time to ensure everyone has the same access to health, regardless of where they live;
- prevent poor health.

We will increase the capacity and resources in primary care by:

- supporting GP practices to work together, in 'clusters' and across the six locality areas in Oxfordshire;
- finding ways to recruit and retain more GPs;
- bringing in different types of trained staff to share the workload and expand primary care teams (e.g. nurse practitioners with the ability to make decisions about treatment and prescribe) and looking at how we develop modern facilities where they can work together;
- reducing unnecessary paperwork freeing up more time for patient care.



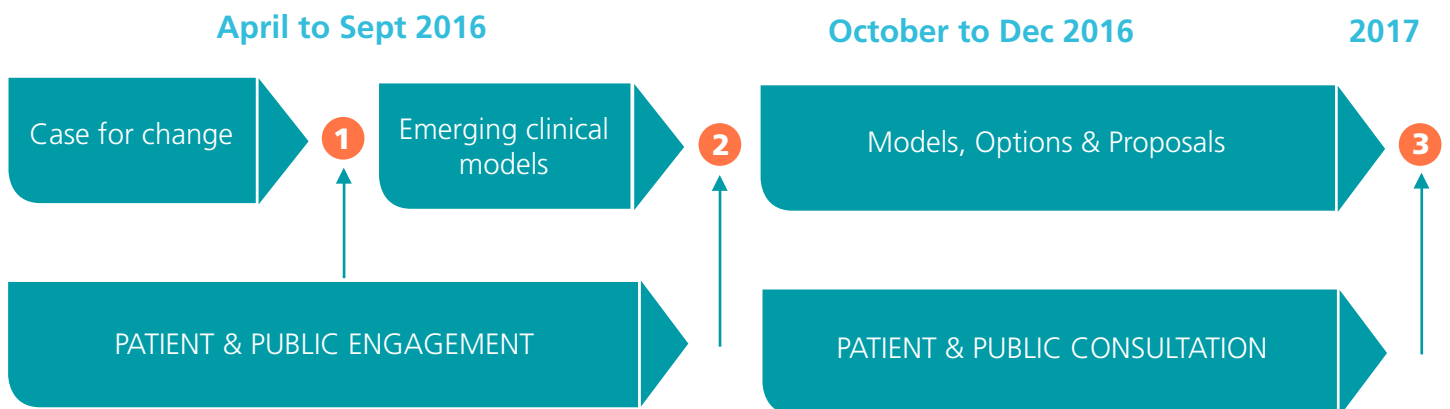
Additional challenges

In addition to the challenges set out in this booklet, we face other issues which we will need to tackle over the next few years. Many of the buildings from which we provide services were built many years ago and are quickly becoming unsuitable for healthcare in the 21st century. Once we have agreed the shape of our services in the future, we need to look at our facilities and what we need in order to provide the best possible healthcare. This may mean changing the way we use our buildings and where we provide care.

We are also determined to improve how we use IT, so that our systems support clinicians to provide the best possible care for their patients. At the moment, many of our IT systems do not 'talk to' each other – we need to develop systems across health whereby staff in hospital have access to GP practice patient records and vice versa as well as in the community.

The engagement and consultation timeline

Over the past few years, we have had many conversations with partners and the public about ways in which health and care services need to develop. We want to build on this. Over the next three months we want to discuss with you our thinking as we develop our clinical models and proposals for change. Then in the autumn we will launch formal public consultation.





Below is an outline of how, with your help, we hope to develop our plans further. We launched a period of public and patient engagement starting on **6th June** with an event in the **Kassam Stadium** attended by NHS, voluntary sector, local authority and patient representatives. This is being followed by a range of opportunities to hear more about our plans and tell us what you think.

Come to one of our events:

- Tuesday 12 July, 6pm – 9pm, at Banbury Town Hall
- Monday 18 July, 6pm – 9pm, at The Beacon in Wantage
- Thursday 21 July, 6pm – 9pm, at Oxford Town Hall
- Tuesday 26 July, 2pm – 5pm, at St Mary’s Church, Wallingford
- Thursday 28 July, 2pm – 5pm, at the Littlebury Hotel, Bicester
- Thursday 4 August, 11am – 2pm, Methodist Church, Witney

Join Talking Health:



Talking Health is our online public involvement service. You can register by post or online. You can tell us exactly what you are interested in and how you want to be involved.
<https://consult.oxfordshireccg.nhs.uk>

Visit our website:

www.oxonhealthcaretransformation.nhs.uk

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