

The Guide – GP/Primary Care.

The key to the Oxfordshire Transformation Programme is hugely reinforced primary care (GPs, surgery nurses, visiting carers, physiotherapists/occupational therapists etc) taking responsibility for those who might otherwise have been treated in hospital, where beds are being closed to prevent extended occupation because county social care packages are not possible for austerity reasons.

The new 'vision' is for sick people to be cared for anywhere but in a hospital bed – at home or in a care home. However the National Audit Office report of Jan 2017 says the proposed Care at Home Plan does not cost less but more and hospital admissions did not decline, they increased.

The savings to the OUHFT of ending 'bed blocking by closing beds' is £1.7m but at a cost of £2.5m to the private sector for care beds. So the NHS incurs a cost of £800,000, patients lose hospital care and acute nursing/medical jobs are lost.

CCG minutes (January) show there is concern that primary care infrastructure to enable this change away from hospital care is in doubt.

It appears only internal (to OCCG and OUHFT) costs are considered. There appears no reference to the massive additional costs of community provision e.g. capital expenditure in GP federated surgeries, transport; ambulances, community resources, cars, medical equipment etc; district nurses, physiotherapists etc. It appears drawn up like any stand-alone plc plan; only internal costs are relevant to the financial performance of the CCG and no external costs. But it is relevant to UK plc. The public has to bear the total net costs.

The Pre Consultation Business Case (PCBC) repeatedly states General Practice and Primary Care is precariously badly staffed. There is "a high turnover rate of support workers who look after people in their own homes and in care homes, with a very large number of vacancies at any one time" and "Primary care is under tremendous pressure in terms of capacity, confidence and skills" (RCPCH - Royal College of Paediatrics and Child Health). Indeed the PCBC notes that there are 800 vacancies in domiciliary care with no concrete plans as to how these will be filled (p157).

As well as taking responsibility for those who would have been inpatients, with no declared extra funding, the document demands of Primary Care:

- "Develop paediatric skills and knowledge within Primary Care, with improved access, to enable minor illnesses and injuries to be managed in the community"
- Primary Care support for the management of people who do not engage with specialist services, and/or who need social support to enable them to manage stress factors that contribute to poor mental well-being and/or who have complex presentations that compromise ability to manage long term conditions and their use of the urgent care system; likely to be needed among people with needs around deprivation and/or isolation (especially high in some Banbury wards)
- Primary care services to address the 4% a year rise in demand and the sustainability issues. "Resourcing and capacity in primary and community care must be strengthened to enable people to be supported close to home." If any change is 'substantial' this should be consulted upon as part of Phase Two. **This would be too late as major changes will have been confirmed, ensuring downgrade of the Horton and confirming new demands of Primary Care.**
- P74 Pre-Consultation Business Case (PCBC) – maternity. "A clearer and more defined role is required for GPs to assess women early enough in pregnancy to achieve the best outcomes for both women and their babies".
- PCBC - "There is insufficient capacity within the primary care system to manage demand for appointments and offer all the preventative care GPs want to provide for their patients – particularly those with lots of complex conditions. GP consultation rates increased by 11%

between 2011 - 2014 but, despite this, patients often have to wait longer than they would want to with 29% of patients reporting length of wait for an appointment was unacceptable.

The changes proposed for Primary Care are immense **but are now not being accepted as being a 'substantial change' and therefore not subject to consultation.**

The PCBC makes wild assumptions about Primary Care being the 'lynchpin of the newly transformed health and care service' with GP surgeries conjoined with 30,000 – 50,000 patients. Many patients will be expected to measure their conditions at home using new technology. There is no evidence the ageing population will be able to manage this.

The 'new thinking required and new models of care' – have not been evidenced or proven possible, let alone that it will 'improve the health and care of the population' as claimed.

Key principles include influencing lifestyle and nutrition, language and literacy, housing, transport and social care, and education work and training through CABs and councils. None of these goals are within its capability put responsibility for health outcomes on public services that are under massive financial stress and may not be capable.

The PCBC suggests 25% of people need on-going care at any time with 1%, of Oxon's 750,000 population in a health crisis (stroke victims, end of life or major trauma victims).

Closing Horton beds – and removing the infrastructure (staff, equipment, porters, facilities) so beds cannot be reopened - must not be permitted before this experimental system is proven workable and preferable or a **health disaster is inevitable.**

'Changing the way we use beds' is destined to fail, by the CCG's own evaluation, through lack of essential staff. Evidence given to Oxfordshire HOSC in September 2016 by OUH (while talking about closing Oak Ward's 36 beds and ten trauma beds) said they had managed to recruit 40 care workers 'mainly from the retail sector' – a fraction of the number needed, untrained and with no experience in or dedication to the care/nursing sector. This gives no confidence whatsoever. With Brexit there will be fewer European staff to fill posts currently provided by that cohort of migrant staff.

General Practice is in meltdown. Two surgeries closed in Banbury in 2016 and Bicester has lost at least one surgery. A costly private company has been brought in to manage the 17,500 patients of Horsefair Surgery. GPs warn the domino effect (where practices take patients from closed surgeries) will endanger their practices. The outlook for general practice is dire with a many GPs due to retire within five years. Those remaining are at breaking point through increased business administration and no increase in the £136-£147 per year patient, unchanged for a decade (source Dr Paul Roblin, Bucks Local Medical Council; see below). HOSC **has not considered vital opinion** from Banburyshire GPs opposing department and bed closures in October 2016. They wholeheartedly oppose downgrading of the Horton.

In spite of the yawning gap in GP provision, it is being made the bedrock of this plan with 'acute hospital at home' limited to a maximum of two weeks with care being handed to primary care at that point. But yet again **the consideration of this will be in Phase Two. That renders this OTP consultation invalid, as does the entire split consultation.** See Guide Split Consultation paper.

The OTP makes reckless and wildly optimistic assumptions about public health education (PHE) ending epidemics of obesity and diabetes and easing NHS pressures. Budgets for

PHE have been slashed with county council allowances and even if funding had been maintained, it would take decades to achieve change in the face of increasing industry encouragement for people to live and eat ill-advisedly.

- [Dr Paul Roblin, email to Theresa May](#): “A year of GP care in England costs the government on average £142/year (about the same as one hospital out-patient appointment) and each patient now consults their GP 6 times a year on average. This represents phenomenal value for money but is delivered at a cost. The role of being a GP is now so stressful that no one wants to do the job. There exists the very real prospect that the whole GP system will collapse in the near future and with this the NHS.”