SOUTH WEST OXFORDSHIRE LOCALITY PLAN

SUMMARY APRIL 2018

Oxfordshire
Clinical Commissioning Group

This plan was developed by local GPs, practice managers, patient representatives and District Council officers. The plans were discussed with local people at meetings and using a survey. Their views were used to help develop the plan further.

MY LOCALITY

150,000 patients across twelve GP practices grouped in three clusters:

Abingdon Cluster

63,000 registered patients at:

- Abingdon Surgery
- Long Furlong
- Marcham Road
- Malthouse
- Berinsfield
- Clifton Hampden



Wantage/Faringdon Cluster

45,500 registered patients at:

- Church Street
- Newbury Street
- White Horse Medical



Estimated growth of 16,000 patients by 2028

Didcot Cluster

40,600 registered patients at:

- Didcot
- Oak Tree
- Woodlands



Estimated growth of 21,500 patients by 2028

WHAT WILL CHANGE?

1. Meeting the needs of the ageing population:

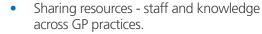


- Preventing and early identification of health and social care emergencies.
- More care for frail adults.

HOW WILL WE MAKE IT HAPPEN

- More care for frail patients to support them at home and introduce a home visiting service arrangement.
- Review the medical care arrangements for care home and nursing home residents.
- Appointments for home visits of GPs and nurses.

2. Safe and sustainable primary care:





- Patients will get the service they need.
- Increasing the workforce and improving buildings to support more patients.
- Make urgent care services work better together.

- More urgent same day appointments available.
- More training for Health Care Assistants around support of patients with long term conditions.
- Support for recruiting and training multi-skilled teams. No admin tasks for clinicians. Clinicians with specialist skills to work across locality.
- Larger and better-used GP practices so more people are supported as the population grows. More and better information easily available.

3. Improving prevention of ill health:



- Social prescribing advising patients of other support that would have a positive impact on health.
- 'Making Every Contact Count' so patients get advice and support from whoever they see.
- Helping patients get the right help including community activities to support healthy lifestyle and improve health.
 GP surgeries/practices to work with local organisations and councils.
- Ensuring staff in all roles have the skills and information to support patients in making healthy choices.

4. Improving care to people with long term conditions:

Such as diabetes, heart disease and respiratory conditions.

- Join up the care provided by GPs and others to people with diabetes.
- Extend successes to other long term conditions.

WHAT WILL HAPPEN THIS YEAR?



