



Oxfordshire  
Clinical Commissioning Group

## North East Locality Commissioning Meeting

<b>Date of Meeting:</b> 9.5.18		<b>Paper No:</b> 2			
<b>Title of Paper:</b> Draft NE Plan on a Page					
<b>Is this paper for</b>	<b>Discussion</b>		<b>Decision</b>	✓	<b>Information</b>
<b>Purpose of Paper:</b> The Place Based Plan is being condensed down to a Plan on a Page. This NE draft document follows the West Locality model agreed by various parties, and will have formal layout applied once the wording is agreed.					
<b>Action Required:</b> With two sides in mind, comments are sought on the wording please – to <a href="mailto:Julie-anne.howe@oxfordshireccg.nhs.uk">Julie-anne.howe@oxfordshireccg.nhs.uk</a> . ➤ Agreement sought at the meeting today on proceeding with this document.					
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## North East Oxfordshire Locality Plan – Summary April 2018

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	What will change?	How will we make it happen?
<p>83,729 patients across seven GP practices grouped in two neighbourhood clusters:</p> <hr/> <p><b>Kidlington &amp; Surrounds</b>  <b>35,078</b> registered patients at:</p> <ul style="list-style-type: none"> <li>• Kidlington, Exeter, Yarnton Medical Practice</li> <li>• Gosford Hill Medical Practice</li> <li>• Islip Medical Practice</li> <li>• Woodstock Surgery</li> </ul>	<p><b>1. Increased capacity in primary care to meet housing and population growth:</b></p> <ul style="list-style-type: none"> <li>• Estates prioritisation</li> <li>• Expansion of primary care visiting services</li> <li>• Primary Care Urgent Access hubs with more primary care staff with a wider skill mix – e.g. pharmacists, nurse practitioners etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Larger and better-used GP practices so more people are supported as the population grows.</li> <li>• More acutely unwell patients assessed in their homes or in local facilities and less likely to be admitted to hospital.</li> <li>• Palliative care training</li> <li>• Utilise digital technology to improve access to information and appointments</li> <li>• Resourcing more urgent same day appointments available on days and times of pressure.</li> </ul>
<p>Estimated growth of <b>8,332*</b> patients by 2028.</p> <hr/> <p><b>Bicester &amp; Surrounds</b>  <b>48,651</b> registered patients at:</p> <ul style="list-style-type: none"> <li>• Alchester Medical Practice</li> <li>• Bicester Health Centre</li> <li>• Montgomery House Surgery</li> </ul>	<p><b>2. Sustainability of primary care:</b></p> <ul style="list-style-type: none"> <li>• Sharing resources - staff and knowledge across GP practices</li> <li>• Increasing the workforce and improving buildings to support more patients</li> <li>• Patients to get the service that meets their clinical needs</li> <li>• Attractive offer to new doctors to work in a well resourced well organised team</li> </ul>	<ul style="list-style-type: none"> <li>• Support for existing staff, and recruiting and training multi-skilled teams.</li> <li>• Clinicians with specialist skills to work across locality.</li> <li>• New posts for clinical pharmacists in practice.</li> <li>• More and better information easily available.</li> <li>• Continuing the Care Homes support scheme for frail elderly patients</li> <li>•</li> </ul>
<p>Estimated growth of <b>19,726 *</b> patients by 2028.</p>	<p><b>3. New models of clinical care and long term condition management:</b></p>	<ul style="list-style-type: none"> <li>• Join up the care provided by GPs and others to people with diabetes.</li> </ul>

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<p><i>*note growth figures are currently being revised.</i></p>	<ul style="list-style-type: none"> <li>• ‘Making Every Contact Count’ so patients get advice and support from whoever they see.</li> <li>• Make urgent care services work better together</li> <li>• Extend the Locality diabetes model to other diseases including COPD</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring staff in all roles have the skills and information to support patients in making healthy choices.</li> <li>• Consider improving the Bicester First Aid Unit to increase local diagnostic services.</li> <li>• Bringing providers together to deliver transformation initiatives based on diabetes success</li> </ul>
	<p><b>4. Increased self-care and promotion of health and wellbeing:</b></p> <ul style="list-style-type: none"> <li>• Deliver prevention services through the wider primary care community team</li> <li>• Social prescribing – sign-posting and advising patients of other support that would have a positive impact on their health.</li> <li>• Continued joint working with Cherwell District Council</li> </ul>	<ul style="list-style-type: none"> <li>• Promote a healthier environment via the Bicester Healthy New Town work.</li> <li>• Patients better able to care for their own conditions, reduced social isolation, improved prevention.</li> <li>• Helping patients get the right help including community activities to support healthy lifestyle and improve health.</li> <li>• GP surgeries/practices to work with local organisations and councils making best use of estate and resources</li> </ul>

What will happen this year?

Activity	What	How	When
Primary care visiting service	More home visits for frail patients.	Revise the current contract with PML Federation who provide the service.	From April 2018
Frailty pathway	Temporary support to stay at home during an acute deterioration.	Work with our integrated locality team with a single point of access to	Have an agreed plan by March 2019

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	Consider how virtual wards* might operate locally.	support frail patients. Review pilot in Oxford and consider doing the same in North East Oxon.	
Clinical pharmacists	Pharmacists supporting GPs with clinical care and projects	Employed by PML federation to work across all practices	Employed by June 2018
Social prescribing, self-care and well being	Scheme linking patients to other non-medical local support available. Links to Bicester Healthy New Town work on promoting a range of activities.	Work with local partners on services available, including voluntary sector, schools and others. Scale of project is subject to winning a proposal for national income.	Ongoing for BHNT Xxx date re National project subject to funding approval
Access hubs	More GP and nurse appointments across both cluster areas, through extended hours of operation.	Revise the contract with PML as resources allow.	From April 2018
Extend diabetes model	Join up the care provided to people with diabetes and extend to other conditions.	Introduce a Diabetes 'at a glance' progress report to improve care. Review learning, do the same for respiratory conditions such as COPD, and over time, heart failure and adult asthma.	Diabetes – April 2018 Others – April 2019
Urgent Treatment Centre	Consider if Bicester First Aid Unit can be upgraded with diagnostics.	Countywide review options March 2018	Implement 2018 if funding available
Workforce	More capacity, improve skills, new roles	Develop strategy with partners	Implement Summer 2018
Developing buildings	Consider future development sites within Bicester and publically consult. Improved buildings for growing population and reduce space needed for records storage.	Estates review undertaken. Review space needed, plan the expansion and seek funding. Put paper records onto computer.	May 2018 for early option appraisal. Ongoing planning and projects. Moving patient records starts spring 2018
Digital and	Shared access to patient records for	Implement countywide approach	to be confirmed

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information technology	those providing care to patients.	using 'Digital Roadmap' to allow shared working to be truly effective.	
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- **Social prescribing** (“a means of enabling primary care services to refer patients with **social**, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.”)
- **Virtual wards** use the systems and staffing of a hospital **ward**, but without the physical building: they provide preventative care for people in their own homes.

The full North East Locality Plan is available on the [OCCG website](#). This summary explains what will be changing in the year ahead and will be updated in April 2019 as the plan develops. Information about how to get involved is available on the [OCCG website](#).