Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 30 November 2017	**Paper No: 17/78**

Title of Paper: Primary Care locality place based plans

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**		**Information**	✓

Purpose and Executive Summary:
The six Primary Care locality place based plans respond to the Primary Care Framework for Oxfordshire which was approved by the Board in March 2017. Each plan includes a number of priorities and workstreams that start to set out how primary care can remain sustainable and best meet the needs of the populations in the next 5-10 years.

The plans have been developed closely with practices, public and the wider clinical community to ensure they closely reflect the specific needs of the localities; they have also been reviewed against the strategic requirements of the wider Oxfordshire Transformation Programme and the national GP Forward View. The plans are iterative and we will continue to seek feedback from stakeholders and patients as they develop and as we develop more detailed implementation plans.

Patient champions have been present at locality GP meetings where the local plans have been shaped and the CCG is now undertaking further engagement events in each locality

The plans will link together under an Oxfordshire wide summary and we will support the plans at CCG level through cross-cutting workstreams that are common across the county. This includes:

- Oxfordshire wide frailty pathway
- Primary care same day urgent access
- Caring for patients with Long Term Conditions.

In addition, the CCG will support localities with workforce, physical infrastructure and digital and IT programmes in collaboration with all parts of the NHS, local authorities and the voluntary sector. A key aim across all these enablers is to strengthen practice sustainability.

Implementation of the plans will require immediate and longer term investment either through core funding or through release of funding in secondary care over time.

Shorter term investment will start to stabilise primary care and give it the capacity to enable the changes to take place over the longer term 5-10 years.

Whilst the plans will not be finalised until after the public and stakeholder feedback the CCG is keen to ensure that uncommitted non recurrent funds for 2017/18 are allocated as soon as possible so that this funding can be used to support primary care services this year. In order to enable this, workstreams have been identified and approved by Oxfordshire Primary Care Commissioning Committee for early investment. These include both CCG wide schemes as well as locality specific; more information on these schemes is provided in the attached paper. Work will continue to progress spend on 2018/19 schemes but these will be reviewed in the light of public and stakeholder feedback from the events taking place in November.

The aim is to publish the first version of the plans towards the end of January 2018.

Financial Implications of Paper:
The following funding for early investment has been identified and was reported to Oxfordshire Primary Care Commissioning Committee on 7 November 2017:

Recurrent 17/18: £424k
18/19: £1,157k

Non recurrent 17/19: £1,902k

Action Required:

- The Board is asked to note the progress on the plans
- The Board is asked to note that the Primary Care locality place based plans will be published on the CCG website in draft form at the beginning of December. Final plans will be published in January 2018 following public and patient feedback throughout November and December 2017.

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:
The locality plans are based on local health needs assessments. Elements of the plan that have funding consequences for primary care have been prioritised according to criteria including health inequalities.

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Primary Care Locality Place-based plans

Update for Board
27 November 2017


North


North East


Oxford City


South East


South West


West

Case for change

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Primary care is the cornerstone of the NHS in Oxfordshire, GPs are the first point of contact for most people and they play a co-ordinating role for each patient's journey across clinical pathways and provider organisations.

There are significant challenges. These include:

- A changing population with a dramatic projected increase in the number of older people presenting with multiple and complex conditions - the number of people aged over 85 in Oxfordshire is predicted by ONS to increase by 88% - and a more ethnically diverse population;
- Plans for rapid growth in housing fuelling demand for GP appointments and a greater co-ordinating function within primary care
- front-line delivery pressures that are contributing to recruitment and retention challenges, whilst lowering the morale of GPs and their primary care colleagues; and
- Concerns around estate buildings need updating

These and other challenges require fundamental changes to the design and delivery of primary care, within the context of Oxfordshire's wider transformation programme.

Some of our achievements so far:

• Extended access:

Local GPs, working in federations, are providing more than 5,000 more appointments a month to patients as a result of the Extended Access to GP Services scheme. These are provided from locality-based hubs and provided at times when practices are usually closed at evenings and weekends.

• Sustainability and Transformation:

Home Visiting Teams comprising emergency care practitioners are assisting GPs in much of the county, responding to requests for urgent same day home visits and provide the capacity to enable more proactive visiting.

• Patient survey results

Satisfaction with GP services in Oxfordshire was at 89% in 2017. This is higher than the national average at 85% and in line with Oxfordshire's results over the past 5 years, ranging between 88% and 90%.

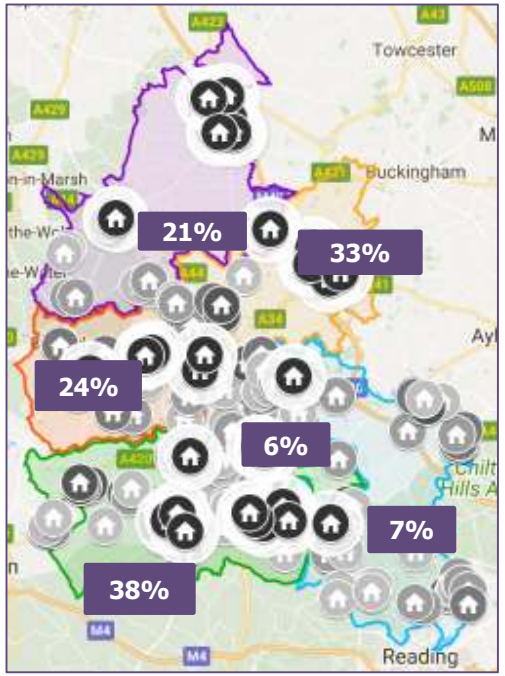
• Patient forums

Oxfordshire CCG supports six locality patient forums who have all been involved in the development of the locality plans. In June 2017, the CCG also ran a PPG awareness week to highlight the benefits of patient engagement and their importance to planning process.

How we are delivering against the Buckinghamshire, Oxfordshire and Berkshire West priorities:

The BOB STP outlined 8 key priorities. The Locality plans respond directly to 6 of them:

- Shift the focus of care from treatment to prevention
- Access to highest quality Primary, Community and Urgent Care
- Mental health development to improve the overall value of care provided
- Establish a flexible and collaborative approach to workforce
- Digital interoperability to improve information flow and efficiency
- Primary Care at scale



Areas of significant housing growth 10 year growth by locality

Oxfordshire Primary care framework

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The Oxfordshire vision for primary care:

"To provide a 21st century modernised model of care that works with patients across neighbourhoods and locality populations to provide enhanced primary care, extended primary care teams, and more specialised care closer to home delivered in partnership with community, acute and social care colleagues."

The Oxfordshire Primary Care Framework sets the strategic direction of Primary Care over next 5-10 years. Approved by the CCG Board in March 2016, it aims to provide a General Practice that is fit for the future and at the heart of the NHS and Oxfordshire Transformation.

The new model of primary and community care in Oxfordshire sets out a number of operational principles:

- Delivering appropriate services at scale
- Organised around geographical population-based need
- Delivering care closer to home
- A collaborative, proactive system of care
- Delivered by a multidisciplinary neighbourhood team
- Supported by a modernised infrastructure

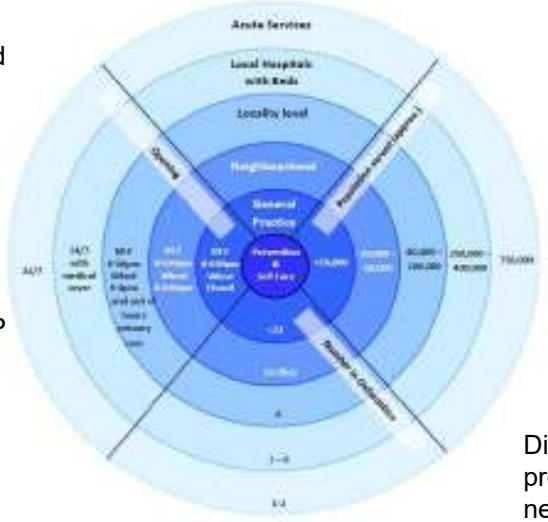
Our aspiration for all patients is:

- GP appointments, where appropriate, are for 15minutes
- Routine appointment within one week where appropriate although not necessarily with a GP
- Planned visits at weekends for those patients identified as clinically unstable
- Older peoples multi-disciplinary teams in the community
- GPs with access to locally based diagnostic
- Fully interoperable patient records.

The model of care proposes organising care around populations to provide economies of scale, facilitate practices to work together through federations to share resources and share the workload to provide a better service and manage demand, building on what works well in general practice.

Different services will be provided at general practice, neighbourhood and locality level.

Levels of delivery of services according to patient numbers



Population segmentation in a locality

Differing models of care should be provided according to the relative needs of the patients in the locality:

Oxfordshire Locality place based plans

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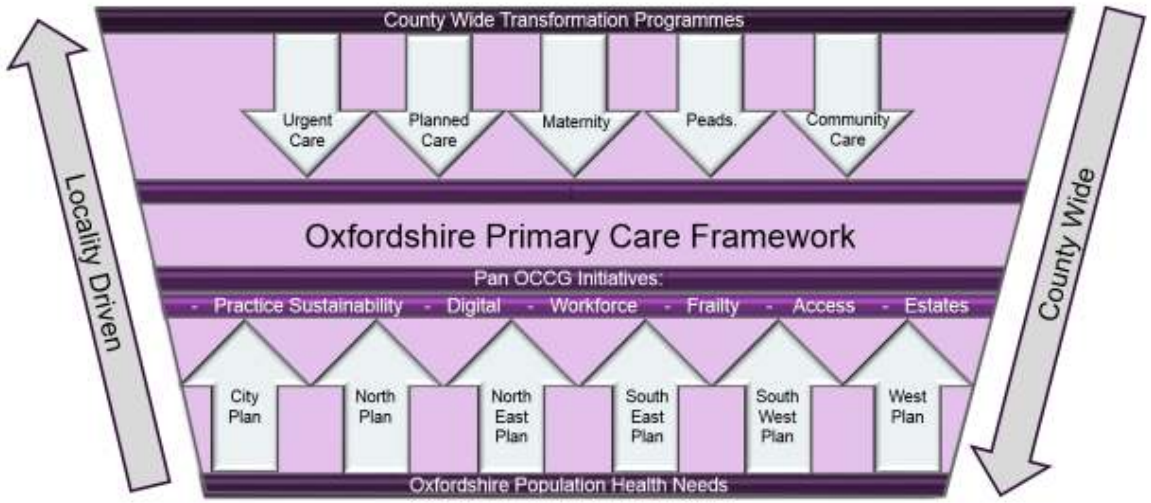
We have two main objectives for our plans:

- First objective – to set out how primary care can best meet the needs of the local population and remain resilient and fit for the future, building on the national GP Forward View and Oxfordshire Primary Care Framework.
- Second objective – to provide a locality plan for health services drawing out key components from other work streams in Phase 2 of the Transformation Programme (not yet addressed)

LCDs have been leading the development of plans through their locality meetings with OH, Federations and Patient Forum reps invited.

Our plans will align with the county wide transformation programme and CCG strategy to ensure they met system needs going forward.



How we are developing the plans

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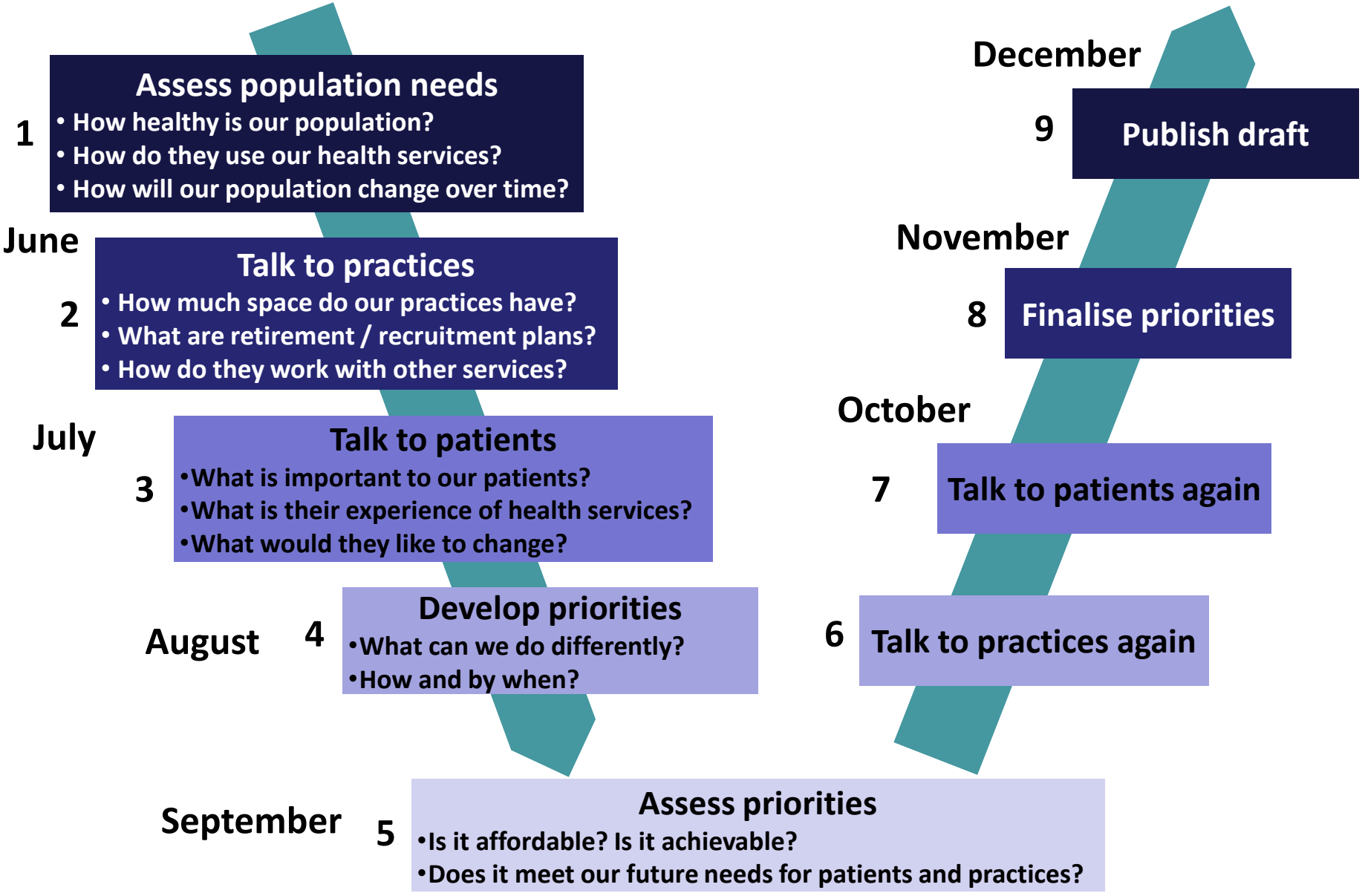

Draft locality plans on a page

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Priority	What patients want	Oxfordshire-wide workstreams	Services based on local needs
Sustainable primary care	 *"When I am in need of care, it is safe and effective"*		• Projects working across a locality that support practices to work better together • New clinical roles working across practices to bring services closer to patients • Support requests for mergers of GP practices to enable economies of scale
Caring for frail and elderly people	 *"I want to have a good experience and be treated with respect and dignity"*	New approach to caring for frail patients through a joined up service 7 days a week working across the NHS, social care and the voluntary sector. Provides routine care, proactive monitoring and assessment with 24/7 rapid response.	• Expand the Primary Care Visiting Service so more patients can be visited at home and have appropriate support to avoid them being admitted to hospital. • Review community assessment services providing rapid access and treatment. • NHS, social care and voluntary sector working much closer together to support patients.
Access to right care at the right time to meet growing demand	 *"I am able to see the right health professional at the right time"*	Oxfordshire standard for urgent appointments with a clinician on the same day for all patients who need it. Over time, appointments will be booked by NHS 111 or direct with the GP practice.	• GPs, working together, to provide more appointments at times convenient for working people and parents. • More appointments for patients who need to can be seen on the same day.
New ways of caring for people with long term conditions	 *"I want to be helped to be as independent as possible in the best place for me"*	Integrated diabetes service for outpatient and community services. The same for other services over time. Musculoskeletal (MSK) hubs, bladder and bowel service, minor eye conditions service.	• More care in the GP practice for people with breathlessness / COPD / asthma • Groups of practices working together to offer more care, building on current successes such as dermatology service in south east Oxfordshire.
Prevention, increased self care and health and wellbeing	 *"I want to be helped to be healthy and active"*		• 'Social Prescribing' for patients with long term conditions or who are isolated. Includes working with voluntary and community organisations and district councils (NE, W) community champions (SE) and employing care navigators (City) • City Health and Wellbeing hub • Spreading learning from the Healthy New Town projects in Bicester and Barton.
Reduce deprivation and inequalities	 *"I can expect the same health outcomes wherever I live"*		• Expansion of services that support areas of high deprivation • Future capacity in Banbury dependent on result of Banbury Health Centre consultation • Extension of minor ailments service in pharmacies

What will the CCG do?

Workforce

Together with health and social care partners, the CCG is developing a workforce to:

- increase staff capacity in primary care
- increase skills among existing staff through training and development
- introduce and expand new roles.

We will support this with funding to design new teams and support for other workforce, including clinical pharmacists and mental health workers.

Physical infrastructure and estates

Investment in current buildings or in new buildings to meet future growth.

Support developing shared space in the community so staff from health and social care and others can work together in teams.

Identify where financial efficiencies can be made, for example by moving paper records online so reducing storage needs.

Digital and IT

Focus on enabling patient records to be shared so all care providers have access to information they need. This includes access to records for care home staff.

Finance

Core primary care funding; funding from allocations as becomes available, including to address deprivation. Aim to shift funding from secondary care (hospitals) into the community.

Health needs assessment:
Why we have focussed on these priorities

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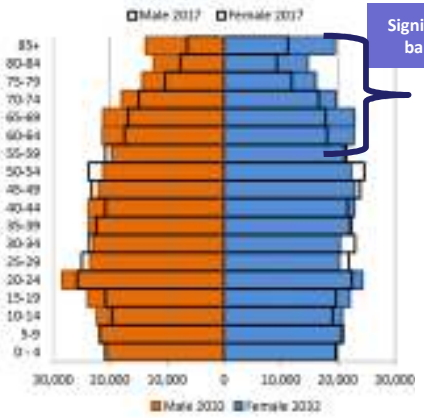
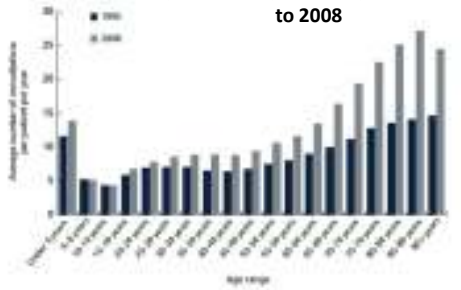
Priority	Case for change
Sustainable primary care	• Difficulties in recruiting in parts of Oxfordshire • Expected shortage of 109 GPs by 2026 to meet needs of population. This is unlikely to be met from current recruitment patterns. • Changing career patterns mean fewer GPs want to take over full time partnerships • Concerns around burnout among staff
Caring for the frail and elderly	• Population aged 60 and over is expected to increase by 58,100 by 2032 • High avoidable admissions in care homes • Greater support required to keep frail / elderly at home • Need to integrate community services to deliver consistently high care.
Access to right care at the right time to meet the growing population	• Significant housing growth of over 60,000 new dwellings in next 10 years • Increased demand on primary care services • High A&E attendance in parts of Oxfordshire (North, City, North East)
New models of care for people with long term conditions	• Cardiovascular disease, cancer and depression have a higher than average prevalence in Oxfordshire • Oxfordshire is in the highest quintile for additional risk of mortality among people with Type 1 and Type 2 diabetes compared with the general population.
Prevention, increased self care and health and wellbeing	• An estimated 60% of people in Oxfordshire aged 16+ were classified as overweight or obese. • Many diseases affecting Oxfordshire residents can be avoided if high risk factors are eliminated.
Reduce deprivation and inequalities	• Oxford city and Banbury have higher rates of overall deprivation, child poverty and poverty affecting older people. • People in the most deprived areas of Oxfordshire have significantly lower disability free life expectancy

Oxfordshire Population by gender 2017 vs 2032 (ONS)

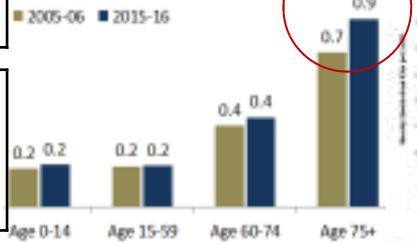


Significant increase in age bands above 60 years

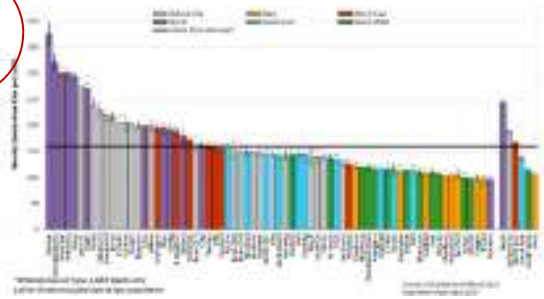
Change in the average number of primary care consultations per patient per year in England 1995 to 2008



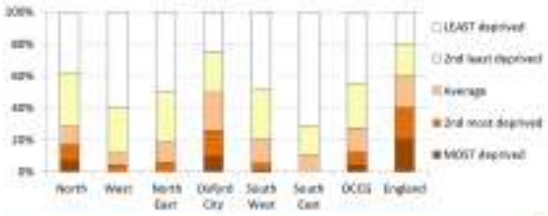
Hospital episodes per person by age – Oxfordshire, 2005-06 to 2015-16



A&E attendance by locality 16/17



Overall Index of Multiple Deprivation 2015
% of OCCG patients in each deprivation quintile



A draft frailty pathway across Oxfordshire

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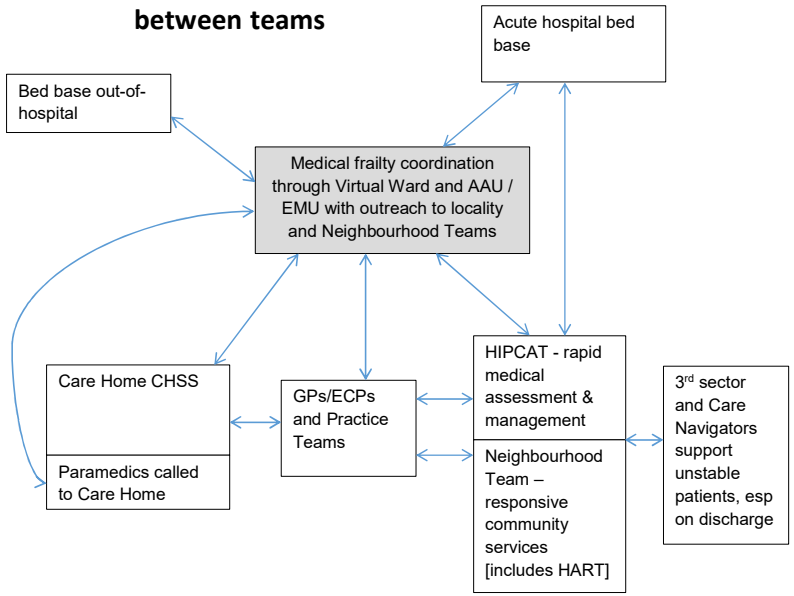
Summary of relationships between teams



In summary, patients who are at risk of admission will receive:

- Appropriate services that are rapidly available to assess patients if they deteriorate at home;
- Access to rapid diagnostics in an appropriate place to reduce admission;
- Support for the frail and vulnerable at home for transient exacerbations/illnesses.

This will result in fewer avoidable admissions, fewer A&E attendances and fewer bed days.

The proposed new frailty pathway will operate as one integrated service, 7 days a week. Strengthened locality based working will be core to its success within a local practice-based population of 30,000-50,000 people. It will be delivered by four integrated teams:

Primary Care Visiting Team:

- Rapid response to acutely ill housebound patients 7/7 and referral into virtual ward

Integrated Primary and Community Care Neighbourhood Team:

- Routine care and proactive monitoring and review of patients in the virtual ward 7/7
- Draws in specialist expertise and additional resources from locality level teams as needed

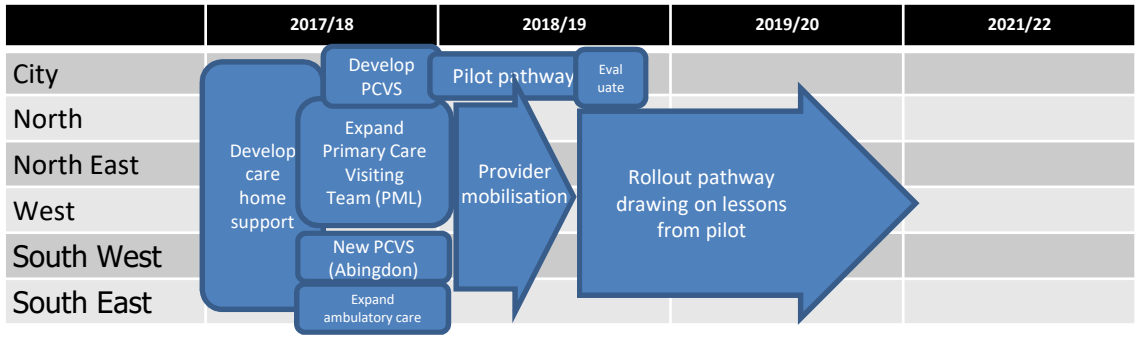
High Input Primary Care Assessment Team:

- 24/7 rapid response, stepped-up assessment and acute care for high need patients (Gold)
- Support to Neighbourhood Teams when intensive home care is required
- Extended hospital at home capability with more risk-holding capacity

Care Home Support Team:

- Regular proactive reviews, care navigation and care planning for care home residents
- Training and skills development programmes for Care Home staff

Timescale for implementation across Oxfordshire



Primary care same day urgent access

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Practices are already delivering pre-bookable appointments at evenings and weekends, with additional in hours overflow appointments.

Locality plans include plans to deliver responsive access to primary care. This will be backed up by an Oxfordshire wide standard to provide **same day urgent access** to a consultation with a clinician for all patients with a clinical need.

This will be supported through national plans to offer consistent access to urgent appointments whether booked through NHS 111 or directly through general practice.

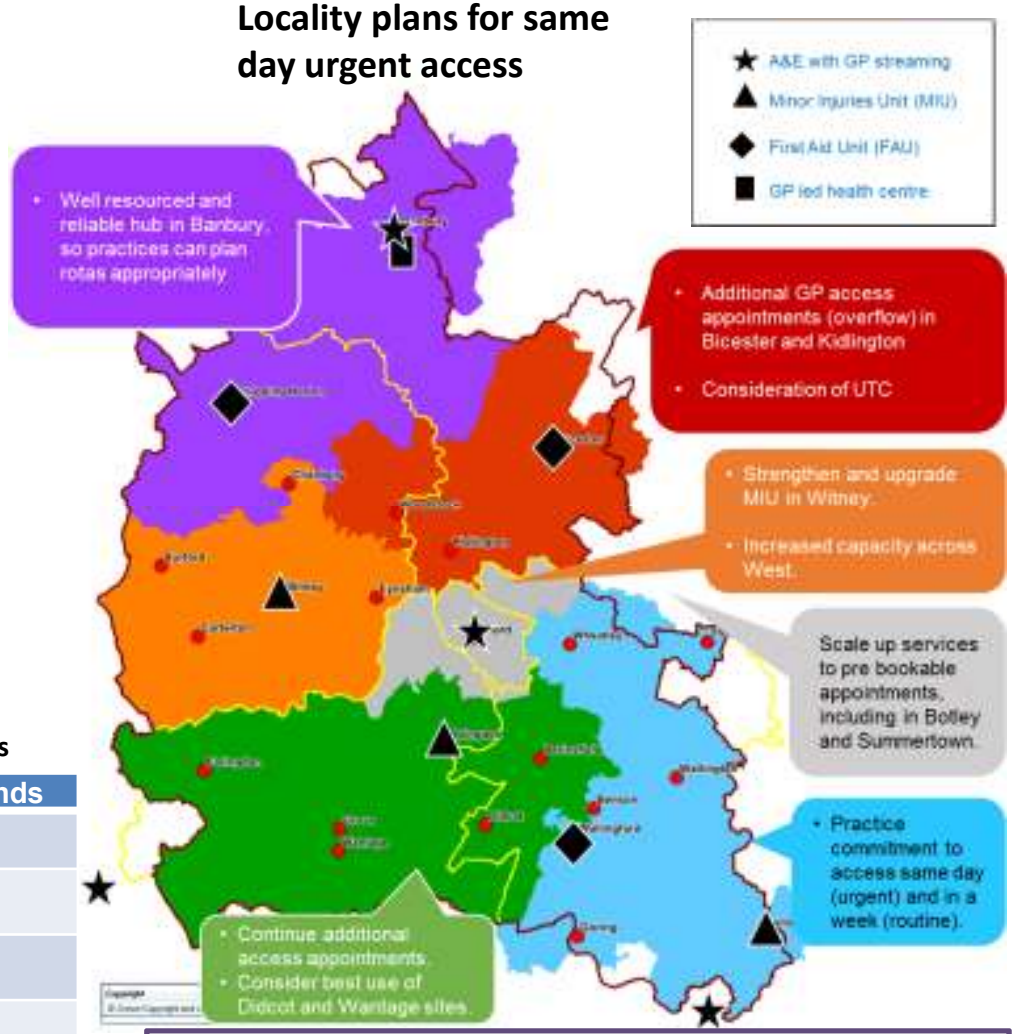
Benefits:

- More consistent, convenient access for patients including after school
- Ability for practice to stream urgent appointments and improve flow of patients
- Reduced reliance on A&E

Additional appointments offered per week in Oxfordshire localities

Locality	Inhours	Evenings	Weekends
Oxford City	40	60	48
North	181 (Banbury) 52 (Chipping Norton)	60	48
North East	117 (Bicester) 28 (Kidlington)	60	48
South East	52	60	48
South West	72 (Vale practices)	60 (Vale practices) 80 (Abingdon)	48
West	144	60	48

Locality plans for same day urgent access



Impact of the Urgent and Emergency Care Review in Oxfordshire

- Comprehensive front-door clinical streaming by GPs
- Upgrade some urgent care facilities to enable standardised access via NHS 111 to urgent care services open 12 hours a day.

Caring for patients with Long Term Conditions

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We know from patient feedback that continuity of care closer to home is important to them and this will be a focus across the county.

Quick on the day access for those with urgent care needs releases more time for GPs to spend with patients who need more continuous care to manage their long time conditions.

Following the success of the local integrated diabetes service piloted in North East Oxfordshire, we will aim to integrate the outpatient, community and primary care diabetes services further, working with the federations, OUH and OH with a focus on patient empowerment and self-management. Over time we will provide the same for other services.

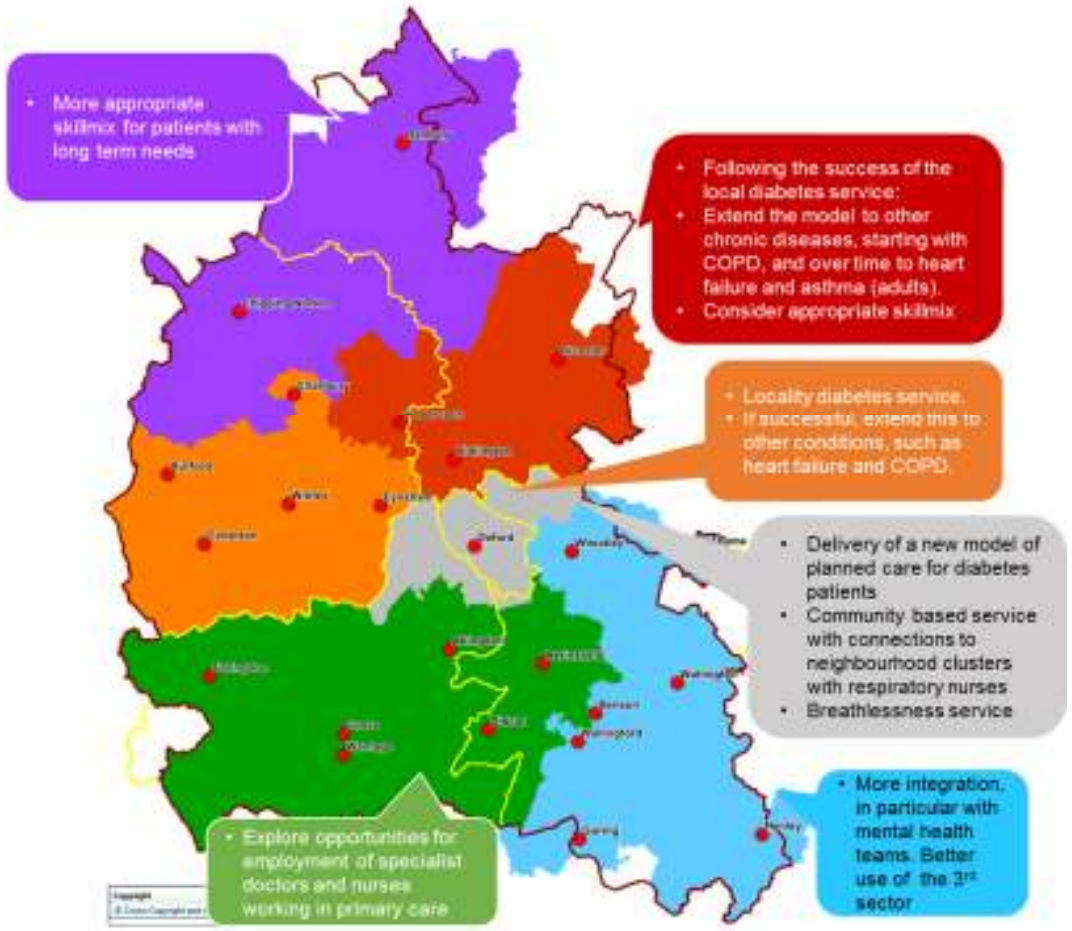
There are also plans for the following:

* MSK hubs
* Bladder and bowel service
* Local optometrists offering a minor eye conditions service.

Future models will aim to:

- Build on the work that is being piloted with diabetes
- Encourage the spread of clinical expertise – using experts in primary care and community nursing as a source of advice
- Consider other ways of consulting e.g. group sessions, webinars, Skype
- Encourage the use of expert patients
- Involve non practice staff using practice space to provide care/run clinics
- Be led locally

Locality plans for patients with LTCs



Draft Oxford City locality plan summary

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Challenges :

- High deprivation areas with inadequate funding
- Lack of ambulatory care for patients with high needs that could keep them out of secondary care
- Increase in number of patients seeing GP means it is increasingly difficult to manage emergencies among housebound patients
- High use of A&E from patients that could be directed elsewhere more appropriately
- High cost of housing which makes recruitment difficult

What are our priorities?

1. Improve care for the frail and vulnerable
2. Address deprivation and health inequalities
3. Ensure sustainable primary care
4. Create neighbourhood teams

How will we meet our priorities?

- Urgent visiting service for frail patients (in hours) and proactive nurse led care (at weekends)
- Strengthened care home service
- Neighbourhood teams clustered around GP practices
- Build on success of minor ailments pharmacy scheme
- Health and wellbeing hub
- Expanded social prescription model – care navigators

Draft North locality plan summary

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Challenges :

- Slightly older than average and ageing population
- There are pockets of deprivation in Banbury
- Significant housing growth of 6,000 homes in the next 5 years and nearly 10,000 in next 10 years.
- Use of urgent care services is particularly high in Banbury with confusing access points
- The primary care workforce is varied across locality: traditional model of care in rural cluster, but high number of vacancies and significantly under pressure.

What are our priorities?

1. Ensure sustainable primary care
2. Improve outcomes for the frail / elderly
3. Access to the right care at the right time
4. Address deprivation and inequalities

How will we meet our priorities?

- Wider skillmix, including building on successes of pharmacists and mental health workers
- Expanded primary care visiting service
- Support to staff for recruitment
- Expanding social prescribing
- Better and more consistent access in Banbury

Draft North East locality plan summary

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Challenges :

- Significant planned population growth in the locality
- Higher than average A&E attendance
- High cost of living is a barrier to recruitment
- A need for changes in estates and infrastructure to deliver a new model of primary care
- A background of significant loss of primary care funding through national reduction in MPIG which disproportionately affects NE practices.

What are our priorities?

1. Ensure sustainable primary care
2. Increased capacity to manage housing growth
3. New models of care for long term conditions
4. New models of care for frail / elderly
5. Increased self-care and health and wellbeing

How will we meet our priorities?

- Increased extended access
- Support for practices to work in larger units
- Use of different skillmix
- Continue new models of care for planned care
- Enhanced primary care visiting service
- Social prescribing
- Bicester Healthy New Town

Draft West locality plan summary

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Challenges :

- **Rapidly growing population, in particular Witney, Carterton and Eynsham**
- **Parts of the locality have a significantly older population, which challenges for access to services as very rural**
- **Shortage of staff to meet changing demographics**

What are our priorities?

1. **Meet the needs of the ageing population**
2. **Ensure safe and sustainable primary care**
3. **Support access for an increased population**
4. **Deliver improved prevention**

How will we meet our priorities?

- **Gerontologists in the community and proactive care in care homes / assisted living**
- **Increased primary care visiting service**
- **Improved self-care and social prescribing**
- **Enhanced signposting roles for receptionists**
- **Estates prioritisation**

Draft South East locality plan summary

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Challenges :

- **A much older population than average and largely rural, creating challenges for access.**
- **There is no single population centre and care is quite**
- **dispersed.**
- **Several practices are close to capacity, both in terms of rooms and clinicians.**
- **Patient numbers will rise due to the increased housing developments.**

What are our priorities?

1. **Sustainable primary care**
2. **Care for the ageing population**
3. **Deliver increased preventative and self care**

How will we meet our priorities?

- **Continue to retain trainees; support for mergers where requested**
- **Expansion of ambulatory care for frail / elderly**
- **Support for signposting**
- **Expansion of care home initiative**
- **Integration of mental health**

Draft South West locality plan summary

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Challenges :

- **Significantly growing population size and complexity**
- **Requirement to build and staff new premises to accommodate the additional services which will be required in the future**

What are our priorities?

1. **Expansion of premises**
2. **Expansion and integration of clinical workforce**
3. **Efficiencies through shared services**
4. **Integration of clinical records**
5. **Improving health outcomes for frail patients**

How will we meet our priorities?

- **Expansion and new estate; some agreements in place for capital investment**
- **Efficiency of use of estates**
- **Explore opportunities of econsultation**
- **New skillmix and working at scale**
- **Expansion of ambulatory care model**
- **Care home initiative for more patients**

CCG enablers: Workforce

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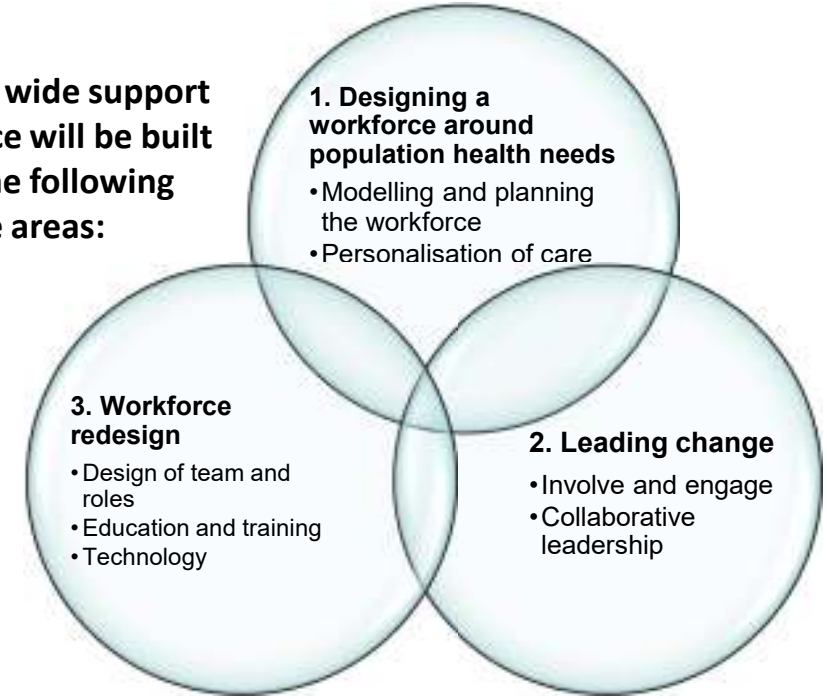
Current growth projections indicate that we will need an additional 110 GPs in 10 years. A new workforce model is required to ensure resilience in GP workforce.

Together with system partners, the CCG is developing a workforce plan across the staff groups with the aim of

- increasing capacity in primary care;
- upskilling existing staff; and
- bringing in and expanding new roles.

The CCG will also offer support for mergers, where requested by practices, to provide a greater level of sustainability.

Oxfordshire wide support for workforce will be built around the following three areas:



Designing an appropriate workforce at locality level

Some practices in Oxfordshire are leading the way in developing new models of skillmix to enable resilience. The CCG will provide support for new clinicians at cluster / neighbourhood level, including:

- **Headroom** to design new teams
- Support of up to £10k for one year for **clinical pharmacists** in general practices
- **mental health workers** for areas of defined (may become recurrent if agreed from parity of esteem funding / MHFV)
- **Signposting for receptionists** (funded by NHS England)
- **Social prescribers** for patients with specific needs (eg isolation, long term conditions, frequent attenders). 3 different schemes will operate in localities, appropriate to local needs, which will be evaluated.

Future GP requirements under a "do nothing" scenario:	GP workforce		
	Current GPs (FTE)	Requirement 5 years	Requirement 10 years
North	53.8	75.4	80.1
North East	45.8	55.7	63.9
Oxford City	124.7	136.5	139.7
West	47.0	52.1	58.5
South East	51.5	55.7	56.2
South West	74.2	94.9	108.3
Oxfordshire total	**397.0**	**470.3**	**506.7**
		+73.3	+109.7

CCG enablers: Physical infrastructure and estates

NHS Oxfordshire Clinical Commissioning Group

- The Primary Care estate across Oxfordshire needs investment to make it fit for the future:
  - some practices require capital investment now to make estate **fit for purpose** or to deliver a broader range of services
  - **significant housing growth** will require investment in additional estate.

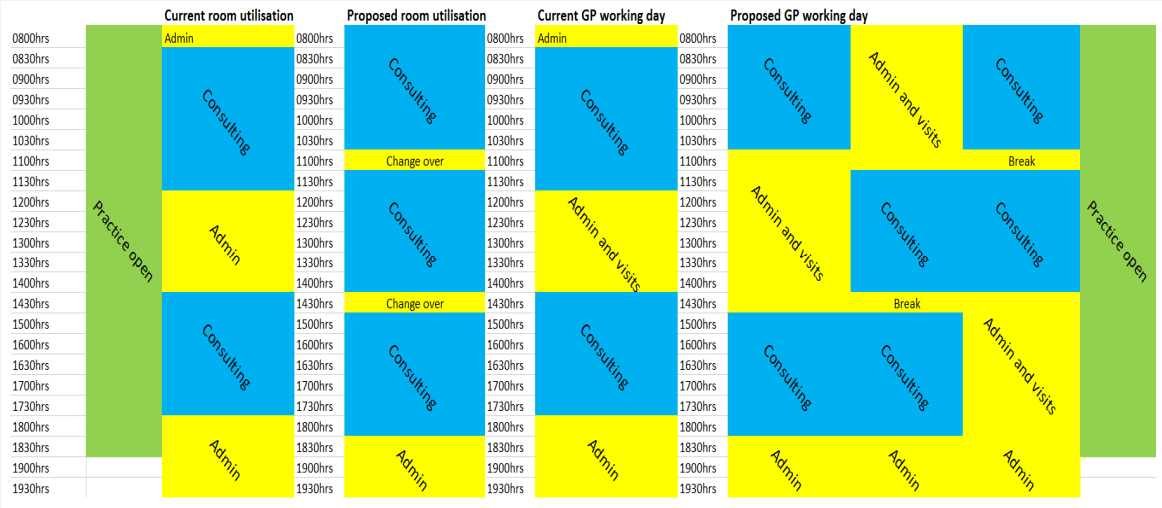
- Both types of scheme will need to demonstrate innovation and maximise opportunities to work collaboratively.
- The CCG will also provide support for appraisal of estates solutions together with community health and local authorities. This includes solutions that respond to developments in **new models of care**, or which have the potential to deliver direct financial efficiencies, for example through **digitisation of notes**.

Case study – South West Oxfordshire Locality Plan

South West Oxfordshire locality is expecting a 30% population increase in the next will necessarily result in higher overall rental costs for GP premises. Practices need to start planning their room utilisation in light of this fact.

The locality is working with practices to increase the daily utilisation of each consulting room in the practice.

This model has advantages for patients: appointments are spread more evenly through the day (good for working patients who would like an appointment during their lunch break), and a visiting GP is available in the mornings and late afternoons. An example is shown below:



CCG enablers: Digital and IT

NHS
Oxfordshire
Clinical Commissioning Group

'Digital' has a significant role to play in sustainability and transformation, including delivering **primary care at scale, securing seven day services, enabling new care models and transforming care** in line with key clinical priorities.

Patients have a key role in supporting this change, such as by allowing their clinical records to be shared. This means that everyone involved can provide the best care and prevent them being "bounced" around the system.

The CCG's focus will be to support:

1. Records sharing for cross-organisational care, in particular between primary care and community and mental health services.
2. Citizen facing technology, including aligning portal plans and auditing apps that empower patient self management
3. Risk stratification and modelling to support care co-ordination, clinical decision support and referral management tools
4. Infrastructure and network connectivity, including shared network access and access to records by care home staff
5. Information Governance, developing confidence in primary care over how data is accessed.

Financial implications

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- The locality plans need to be affordable within current NHS financial constraints and delegated and CCG commissioning budgets.

- The majority of investment in primary care is determined through a nationally agreed formula. Additional funding secured through the Prime Minister's Challenge Fund and the subsequent GP Forward View will be continue to be reinvested in line with the plans.

- Some elements of the plans require investment that aim to achieve a return on investment elsewhere in the system. Further work will be required to quantify the costs and benefits through a robust business case.

Funding requirement identified to deliver the services above current GMS / CCG spend (excluding demographic growth) (£000)		
Primary care investment:	Non-recurrent	£680
	Recurrent full year	£4,025
Wider system investment (subject to business case)		£3,100

Additional funding available to deliver the plans 2017/18 and 2018/19 (£000)		
Non-recurrent	2017/18	£1,902
Recurrent	2017/18	£424
	2018/19	£1,157

Recommended additional funding: 2017/18 and 18/19

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- The OPCCC approved a number of service initiatives for the additional available funding for 2017/18 and to guide 2018/19 as set out below.

- This covers part of a longer term investment over the period of the plans.

		Examples of schemes to be funded and relevant localities	Benefits for patients	Recurrent (full year) (£000)	Non-recurrent (17/18) (£000)
Priority areas	Sustainable primary care	New posts for mental health workers and clinical pharmacists in practice (all localities)	Improved outcomes for patients with mental health conditions and support for family members; Proactive reviews for patients with asthma, diabetes and other long terms conditions, better treatment coordination.		£850
	Caring for the frail / elderly	Expansion or introduction of Primary Care Visiting service (N, NE, W, City, SW) Additional proactive support in care homes (all localities)	More patients at point of crisis assessed in their homes and less likely to be admitted to hospital	£531	
	Access to the right care at the right time for a growing population	Additional overflow appointments (NE, W)	Additional same-day appointments to ensure that patients who need to can be seen on the same day.	£189	£25
	Prevention, self-care and health and wellbeing	Social prescribing initiatives (City, N, NE, W, SE) Health and wellbeing hub (City)	Patients better able to care for their own conditions, reduced social isolation, improved prevention	£337	£55
	Reduction in deprivation and inequalities	Expansion of services to address deprivation (all localities) Expansion of minor ailments scheme (City)	Improved access for patients who do not need to see a GP through pharmacy consultations; Improved outcomes for patients in most deprived parts of the county	£100	£36
Enablers	Workforce redesign	Headroom to design new teams (all localities)	Workforce more responsive and better designed around patient needs		£300
	Physical infrastructure	Digitisation of notes (all localities) Efficient use of space through different work patterns (SW)	Better use of estates for delivery of front line services		£410
Total				**£1,157**	**£1,676**

Benefits for the patients and the NHS

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PATIENTS

- Fewer avoidable admissions, fewer A&E attendances and fewer bed days
- More consistent access for patients at convenient times, including after school and work
- Reduced isolation, improved mental health wellbeing and greater empowerment
- Better care co-ordination through effective information sharing
- More care closer to home

GENERAL PRACTICE

- Practice resilience to help reduce GP time spent on less clinically critical work
- Additional clinical capacity to enable local primary care to enact system leadership role
- Peer support and better distribution of workload
- Retains funding in primary care through reinvestment into community & GP services
- Makes Oxfordshire an attractive and supportive place to work

SYSTEM

- Shift in settings of care and cost releasing savings through reductions in A&E attendances, emergency admissions and delayed transfers of care
- Anticipates future ACO model
- Facilitates a shift collaborative approach to workforce which provides greater system resilience

Patient engagement

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- The chair of each Locality Forum is a member of the Locality Groups, which have scoped the plans.
- Some Locality Forums have hosted events with the public to discuss the priorities set out in the plans.
- A series of public engagement events are being planned across the county during November 2017 which will feed into the final plan
- Following agreement of the plans at the OCCG Board on 30 November, the plans will be published as draft documents, which will allow time for further engagement with patients and the public. Our aim is to publish the first version of the plans in January 2018.

Next steps

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- **From November 17 –** Patient engagement events in each locality
- **30 November 2017:** Board meeting to agree the plans for draft publication.
- **November – December 2017**: Opportunity for further feedback with patients and the public. In addition to responses via the website, a series of public engagement events across the county are planned during November 2017. The public will also have the chance to comment on the draft plans which will be published on the CCG website in early December 2017.
- **2 January 2018**: OPCCC considers feedback from patients and the public and their implications for the plans. Plans are published in January following incorporation of feedback from patients and public.
- **November 2017 – January 2018**: Development of programme plans to implement the Oxfordshire wide workstreams (primary care same day urgent access, caring for patients with long term conditions, a frailty pathway across Oxfordshire) and enablers (workforce, estates and physical infrastructure and digital and IT).

Draft implementation timeline of plans

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