NORTH EAST OXFORDSHIRE LOCALITY PLAN

SUMMARY APRIL 2018

NHS 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 through a survey. Their views were used to help develop the plan further.

MY LOCALITY

83,532 patients across seven GP practices grouped in two neighbourhood clusters:

Kidlington & Surrounds

35,093 registered patients at:

- The Key Medical practice
- Gosford Hill Medical Practice
- Islip Medical Practice
- Woodstock Surgery

Estimated growth of 9,778* patients by 2028.

Bicester & Surrounds

48,439 registered patients at:

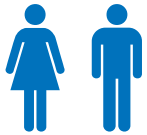
- Alchester Medical Practice
- Bicester Health Centre
- Montgomery House Surgery

Estimated growth of 20,324* patients by 2028.

**note growth figures are currently being revised.*

WHAT WILL CHANGE?

1. Meeting the needs of our growing population:



- Optimizing the way we use our buildings.
- Expanding our primary care visiting service for frail and elderly people.
- Recruiting more staff with the right mix of skills to primary care urgent access hubs to increase capacity.

2. Safe and sustainable primary care:

- Sharing resources - staff and knowledge across GP practices.
- Increasing the workforce and improving buildings to support more patients as our local population grows.
- Developing an attractive offer to new doctors.

3. Improving care to people with long term conditions:

- Improving urgent care services.
- Expanding our diabetes management programme to other long term conditions.

4. Improving the prevention of ill-health:

- 'Making every contact count' so patients get advice and support from whoever they see.
- Delivering prevention services through the wider primary care community team.
- Social prescribing: sign-posting and advising patients of other support with a positive impact on health.

HOW WILL WE MAKE IT HAPPEN

- Larger and better-used GP practices.
- More acutely unwell patients assessed in their homes and less likely to be admitted to hospital.
- Enhancing the team to support terminally ill people at home.
- Shared access to patient records for those providing care to patients.
- More urgent same day appointments available in local hub.

- Support for existing staff, and recruiting and training multi-skilled teams.
- Clinicians with specialist skills to work across locality.
- New posts for clinical pharmacists in practices.
- More and better information easily available.
- Continuing the care homes support scheme for frail elderly patients.

- Improve care provided by GPs and others for people with diabetes and other conditions.
- Ensure staff have the skills and information to support patients in making healthy choices.
- Consider optimal use of Bicester Community Hospital, increasing local diagnostics.

- Promote a healthier community via the Bicester Healthy New Town work.
- Promote healthy lifestyles.
- Continued joint working with Cherwell District Council.
- Work more closely with local partners to improve opportunities for a healthier lifestyle..0

WHAT WILL HAPPEN THIS YEAR?

ACTIVITY	WHAT	HOW	WHEN
Primary care visiting service	More home visits for frail patients.	Revise the current contract numbers with Principal Medical Ltd (PML) Federation.	From April 2018 and over the next five years.
Support for frail and elderly patients (frailty pathway)	Temporary support to stay at home during an acute deterioration. Consider how virtual wards – supporting patients at home by doctors and nursing staff 24/7 - might operate locally.	Develop a single point of access to support frail patients. Review pilot in Oxford and consider same in North East Oxon Locality.	Have an agreed plan by March 2019.
Clinical pharmacists	Pharmacists supporting GPs with clinical care and projects.	Employed by PML.	Employed by June 2018.
Access hubs	Increase GP and nurse appointments.	Revise the contract capacity with PML.	From April 2018.
Extend diabetes management programme.	Review integrated pathway for Diabetes care to improve outcomes. Look to apply these principals to other long term conditions.	Develop a diabetes 'at a glance' progress report to improve integrated care. Integrated service to be delivered through a contract with GP federation/OHFT/OUHFT. Review learning and increase to other health conditions.	Diabetes – 2018. Others – April 2019.
Urgent Treatment Centre / MIU	Look at opportunities to upgrade Bicester FAU to a MIU/ambulatory assessment centre.	Countywide review of UTC site options.	Implement in 2018/19 if funding available.
COUNTYWIDE INITIATIVES THAT AFFECT ALL LOCALITIES			
Workforce	More capacity, improve skills, new roles.	Develop our strategy with partners.	Implement summer 2018.
Developing buildings	Consider future development sites across NE area.	Estates review undertaken Scan paper records.	Early options appraisal July 2018.
Digital and information technology	Shared access to patient records for those providing care to patients.	Implement countywide approach to IT to allow shared working.	To be confirmed.
Social prescribing, self-care and well being	Scheme linking patients to other non-medical local support available.	National funding.	Ongoing Bicester Healthy New Town programme.

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.