

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

MY LOCALITY

93,302 patients across 10 GP practices grouped in three clusters:

Cluster 1

31,727 registered patients at:

- The Hart-Henley
- The Bell-Henley
- Sonning Common
- Nettlebed

Estimated growth of **3,500** patients by 2028

Cluster 2

31,423 registered patients at:

- Wallingford
- Goring/Woodcote
- Mill Steam (Benson)

Estimated growth of **6,000** patients by 2028

Cluster 3

30,157 registered patients at:

- Rycote (Thame)
- Chalgrove/Watlington
- Morland House (Wheatley)

Estimated growth of **8,600** 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.
- Support for patients at risk of dementia.
- Coordinated support from GP practices for care homes.

2. Safe and sustainable primary care:



- Improve urgent care services.
- Sharing resources - staff and knowledge across GP practices.
- Increasing workforce numbers.
- Improving buildings.

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.

HOW WILL WE MAKE IT HAPPEN

- Supporting frail patients at home.
- Review the medical care arrangements for care home and nursing home residents.
- Appointments for home visits by GPs and nurses.
- Increased care and better identification of patients with dementia.
- Care home support service to be more proactive in supporting those acutely unwell patients.

- More urgent same day appointments available.
- 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.

- Helping patients get the right help including community activities like exercise, befriending or arts activities.
- Ensuring staff in all roles have the skills and information to support patients in making healthy choices.
- Carers champions in each GP practice to support and signpost support for carers.

WHAT WILL HAPPEN THIS YEAR?



ACTIVITY	WHAT	HOW	WHEN
Succession planning	Meeting the demand for GP services over next five years.	Exploring different models of employment and removing barriers to GP partnerships.	Ongoing.
Rotating GP extended hours hub	Ensuring GPs can offer more appointments across SE Oxon.	Funding continued for another year.	Ongoing.
Clinical pharmacists	Pharmacists supporting GPs with clinical care.	Employed to work across all practices.	Employed by June 2018.
Ambulatory Care Model (Henley)	Support more patients in the community rather than acute hospitals.	Continue to support virtual wards with staff providing preventative care at home.	Ongoing.
Ambulatory Care Model (Thame)	Expand capacity of the community and assessment treatment service at Thame Community Hospital.	Discussions with Buckinghamshire Health Care Trust.	Ongoing.
Support for those at risk of dementia	Increased care and better identification of patients with dementia.	Increase use of memory assessment service in practices.	Ongoing.
Care home support	Proactive support to care homes will continue.	Revised contract for the service.	April 2018.
Better integration of social care	Helping patients to stay in/return to their own homes.	Better integration with social care, use of intermediate/temporary care home beds.	From 2017/18.
Mental health services	More support for those with mental health challenges.	Closer working with services: children's and older adults.	From 2017/18.
Carers support	Carers champions in all GP practices.	Carers UK to train staff and support carers to continue care.	From 2017/18.
Locality expertise	Use of specialist services based in GP practices, eg, dermatology service in Didcot.	Support practices to expand service and improve quicker access to clinics.	Ongoing.
COUNTYWIDE INITIATIVES THAT AFFECT ALL LOCALITIES			
Developing buildings	Improve and expand buildings for growing population. Reduce space needed for records storage.	Review space needed, plan expansion and seek funding. Computerise paper records.	Ongoing planning and projects. Moving patient records starts spring 2018.
Digital and information technology	Shared access to patient records for those providing care to patients	Implement countywide approach	To be confirmed
Social prescribing	Explore third sector support to allow individuals to take greater control of their own health.	Age UK to expand scheme to reduce isolation and encourage better self-care.	Launch June 2018.
Workforce	More capacity, improve skills, new roles.	Develop strategy with partners	Implement Summer 2018.

The full South 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.