Developing GP services and a locality plan for West Oxfordshire

Wednesday 1 November 2017
<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
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<tbody>
<tr>
<td>6.30pm</td>
<td><strong>Arrival and Introductions</strong></td>
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<tr>
<td>6.35pm</td>
<td>Presentation; Developing GP services and a Locality Plan for West Oxfordshire</td>
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<tr>
<td>6.50pm</td>
<td>Panel Questions and Answer session</td>
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<td>Panel</td>
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<tr>
<td></td>
<td>• Dr Miles Carter, Clinical Locality Director</td>
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<td></td>
<td>• Dr Kiren Collison, Deputy Clinical Locality Director</td>
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<td></td>
<td>• Catherine Mountford, Director of Governance for Oxfordshire Clinical Commissioning Group</td>
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<td>• Julie Dandridge, Deputy Director. Head of Primary Care and Localities</td>
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<td>7.15pm</td>
<td>Workshop around tables to discuss:</td>
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<tr>
<td></td>
<td>• Do you agree / disagree with the suggestions / ideas above?</td>
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<td></td>
<td>• What do you like / works well at your GP practice?</td>
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<td>• What could be improved at your GP practice?</td>
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<td></td>
<td>• Do you have any suggestions for how services could work / be improved?</td>
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<tr>
<td>8.00pm</td>
<td>Closing remarks and next steps</td>
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GP practices face challenges

- Shortage in workforce and difficulty recruiting staff
- Increasing demand for same-day access for urgent care
- Increasing pressure in managing complex, frail or elderly patients
- Small practices finding it increasingly challenging to be sustainable
- Premises requiring improvement
- Increasing administrative burden
- Increase in the number of non-clinical consultations
- Lack of integrated working
The new model of primary and community care in Oxfordshire will be based on:

- delivering appropriate services at scale
- organising around geographical population-based need
- delivering care closer to home
- a collaborative, proactive system of care
- delivery by a multidisciplinary neighbourhood team
- support by a modernised infrastructure
There are currently eight GP practices in the West locality with a total population of 81,000 patients.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Number of patients registered</th>
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<tbody>
<tr>
<td>1. Bampton Surgery</td>
<td>8,428</td>
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<tr>
<td>2. Broadshires Health Centre</td>
<td>10,346</td>
</tr>
<tr>
<td>3. Burford Surgery</td>
<td>6,525</td>
</tr>
<tr>
<td>4. The Charlbury Surgery</td>
<td>5,322</td>
</tr>
<tr>
<td>5. Cogges Surgery</td>
<td>7,617</td>
</tr>
<tr>
<td>6. The Eynsham Medical Group</td>
<td>13,924</td>
</tr>
<tr>
<td>7. The Nuffield Health Centre</td>
<td>12,097</td>
</tr>
<tr>
<td>8. Windrush Medical Practice</td>
<td>16,982</td>
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The Deer Park context

- Deer Park Medical Centre was closed on 31 March 2017 and 4,399 patients asked to register with another GP practice.

- Following a referral to Secretary of State for Health the following advice was given to Oxfordshire CCG and to Oxfordshire HOSC:

  - The CCG should immediately commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. At the heart of this must be the engagement of the public and patients in assessing current and future health needs, understanding what the options are for meeting their needs and co-producing the solutions. This work should seek to produce a strategic vision for future primary care provision in line with national and regional aims and should not preclude the possibility of providing services from the Deer Park Medical Centre in the future.

  - NHS England added that this needs to be linked to, and integrated with, the wider OCCG and STP plans for the whole of Oxfordshire.
Developing the plan

We have been engaging people as we develop the plan for West Oxfordshire:

• GP practices have told us about their challenges and ideas for the future

• Patient representatives have told us about the experience of using primary care in west Oxfordshire

• Patient survey data has helped us understand the experience patients have of using local services.

• West Oxfordshire District Council and other organisations have helped us understand the expected growth in housing and future needs.

• Public Health at Oxfordshire County Council have helped us understand the health needs of west Oxfordshire and whether these are different from elsewhere.
## Housing growth

<table>
<thead>
<tr>
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<th>Total Population</th>
<th>% increase</th>
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<tr>
<td></td>
<td>Apr-17</td>
<td>5 year growth</td>
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<tr>
<td>West</td>
<td>81,585</td>
<td>90,266</td>
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<tr>
<td>Rural West</td>
<td>30,413</td>
<td>33,490</td>
</tr>
<tr>
<td>Witney and East</td>
<td>51,172</td>
<td>56,776</td>
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- Based on planning permission at August 17 granted for new housing development, there are 3,600 dwellings expected in the locality over the next 5 years and over 8,000 in the next years.
- This does not take into account any rebasing as a result of the new formula.
2.7% of the population is aged 85 and over, just above the Oxfordshire average (2.4%).

The ward of Burford had a significantly higher proportion of the population aged 85 and over.

Areas of Witney had the highest rates of child and older people poverty in West Oxfordshire.

Health outcomes were generally better than average for Oxfordshire and country.

The 2 wards highlighted as above average on health indicators:
- Freeland & Hanborough – death from stroke (all ages)
- Witney South - hospital admissions for self harm

The ranking of Freeland & Hanborough ward on stroke deaths (all ages) may have been influenced by the number of care home beds in this area.
West Oxfordshire Locality

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
- Additional extended access in Rural West
- Enhanced signposting roles for receptionists
- Estates prioritisation
The developing plan

We would like to expand some services, such as:

- Better care for the highest-need patients including:
  - care home residents - more co-ordination and specialist medical input
  - include residents in assisted living developments
  - extend Primary Care Visiting service

- Community clinics for diabetes and respiratory services - fewer visits to Oxford hospitals.

- Clearer and more integrated same-day services building on services such as the Minor Injuries Unit, the Neighbourhood Access Hub and GP Out of Hours.

- Ensure a high standard of end of life care.

- Increase in self-care and social prescriptions.

- Develop services, staff and buildings to meet the needs of an ageing population and future population growth.
To do this we would like to:

- Develop a wider skill mix of staff, e.g. pharmacists, mental health workers and others working alongside GPs and nurses in local surgeries.
- Develop closer working with community based teams.
- Review and change practices’ handling of letters, clinical results and requests to make best use of GP time.
- Assess opportunities for shared back office facilities to aid efficiency.
- Look to Oxfordshire-wide support for recruitment and retention of GPs.
- Improve information and services available online.
Questions to discuss

1. Do you agree with the suggestions and ideas above?
2. What do you like and what works well at your GP practice?
3. What could be improved at your GP practice?
4. Do you have any suggestions for how services could be improved?