Developing GP services and a locality plan for Oxford City

Thursday 23 November 2017
Programme

6.30pm  Arrival and Introductions

6.35pm  Presentation; Developing GP services and a Locality Plan for Oxford City

6.50pm  Panel Questions and Answer session
  - Dr David Chapman, Locality Clinical Director
  - Sula Wiltshire, Director of Quality

7.15pm  Workshop around tables to discuss what more we could do to:
  - Support frail and vulnerable patients?
  - Address the issues of deprivation and health inequalities?
  - Support and develop Neighbourhood Practices?
  - Sustain primary care for the future?

7.50pm  Wrap up, closing remarks and next steps

8.00pm  Close
GP practices face challenges

- Shortage in workforce and difficulty recruiting staff
- Lack of investment to allow general practice to thrive
- Increasing and ageing population
- 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
What do Oxford City GP surgeries deliver now in 1 year

300,000 Routine GP appointments
120,000 Same day GP F2F appointments
24,000 GP home visits
300,000 Phone calls by clinicians
230,000 Nurse/HCA F2F appointments
91,000 Phlebotomy/blood appointments
23,000 Flu vaccinations
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 **20** GP practices in the Oxford City locality with a total population of **210,048** patients.

<table>
<thead>
<tr>
<th>Practices formed into 6 neighbourhood areas</th>
<th>Number of patients registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. North Oxford = (Summertown, Banbury Rd, Jericho – Leaver, Observatory)</td>
<td>44,100</td>
</tr>
<tr>
<td>2. Central Oxford = (19, 27, 28 Beaumont Street, King Edward Street)</td>
<td>33,215</td>
</tr>
<tr>
<td>3. South and West Oxford = Botley (including Kennington), South Oxford</td>
<td>20,161</td>
</tr>
<tr>
<td>4. South East Oxford = (Donnington, Hollow Way, Temple Cowley, Leys)</td>
<td>40,713</td>
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<tr>
<td>5. East Oxford = (Bartlemas, Cowley Rd, St Bartholomew’s, St Clements)</td>
<td>42,138</td>
</tr>
<tr>
<td>6. Headington = (Hedena (Bury Knowle, Marston, Wood Farm), Manor)</td>
<td>40,241</td>
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Developing the plan

We have been engaging people as we develop the plan for Oxford City:

- 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 Oxford City
- Patient survey data has helped us understand the experience patients have of using local services.
- Oxford City 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 Oxford City and whether these are different from elsewhere.
### Housing & Population growth estimates – 5-10yrs

**Locality Cluster** | **2017/18 Housing Growth** | **2018/19 Housing Growth** | **2019/20 Housing Growth** | **2020/21 Housing Growth** | **2021/22 Housing Growth** | **5 Year Housing Growth Total** | **2022/23 Housing Growth** | **2023/24 Housing Growth** | **2024/25 Housing Growth** | **2025/26 Housing Growth** | **2026/27 Housing Growth** | **10 Year Housing Growth Total** | **Population Growth 5yr Total** | **Population Growth 10yr Total** |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
City | Central Oxford Cluster | 99 | 99 | 99 | 99 | 46 | 442 | 1,061 | 46 | 46 | 46 | 46 | 52 | 678 | 1,627 |
| East Oxford Cluster | 12 | 12 | 12 | 12 | 39 | 87 | 209 | 39 | 39 | 39 | 39 | 2 | 245 | 588 |
| Headington Cluster | 99 | 99 | 125 | 125 | 186 | 634 | 1,522 | 186 | 186 | 186 | 186 | 17 | 1,395 | 3,348 |
| North Oxford Cluster | 151 | 151 | 151 | 151 | 90 | 694 | 1,666 | 90 | 90 | 90 | 90 | 75 | 1,129 | 2,710 |
| South and West Oxford Cluster | 232 | 115 | 137 | 137 | 50 | 671 | 1,610 | 50 | 50 | - | - | 25 | 796 | 1,910 |
| South East Cluster | 89 | 89 | 89 | 89 | 120 | 476 | 1,142 | 120 | 120 | 120 | 120 | 10 | 966 | 2,318 |
| **City Total** | 682 | 565 | 613 | 613 | 531 | 3,004 | 7,210 | 531 | 531 | 481 | 481 | 181 | 5,209 | 12,502 |
| **Grand Total** | 682 | 565 | 613 | 613 | 531 | 3,004 | 7,210 | 531 | 531 | 481 | 481 | 181 | 5,209 | 12,502 |

Data sourced from Oxis Oxfordshire County Council 2017-2035
The highest rates of income deprivation in the Oxford City locality are in the areas of Barton, Rose Hill, Littlemore and in Blackbird Leys and Northfield Brook wards.

These wards are also ranked as poorer than average on many of the selected health indicators.

The wards highlighted as worse than average on the selected small area health indicators are:

- Barton and Sandhills
- Blackbird Leys
- Carfax
- Churchill
- Cowley
- Cowley Marsh
The developing plan

• To understand how patients use health services in different areas, we have assessed evidence and data for each locality, and how the population is likely to change in the future.

• Throughout the summer your GP practice has joined the others in Oxford City Locality in talking about how they currently work, what problems they regularly face and how they could work better.

• We have also been talking to Patient Participation Group representatives to find out more about the patient experience, listening to what patients feel is important and their ideas for change.

• From this ongoing engagement work with patients, GPs and clinicians in your local area, we have identified the challenges each locality faces, their priorities and how those priorities could be met.
Oxford City Locality

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 a 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?

• Urgent visiting service for more vulnerable patients
• Frailty hubs to support older people who have multiple and complex conditions, and which aim to reduce emergency hospital admissions, readmissions, and lengths of stay in hospitals
• Neighbourhood teams clustered around GP practices
• Build on success of minor ailments pharmacy scheme
• Increased access to primary care at weekends for tourists and students
• Health and wellbeing hub
• Expanded social prescribing such as exercise or weight loss classes and use of care navigators to signpost to these services
What we have heard could work better

- **Accident & emergency**
  - Redirect patients away from A&E to pharmacies, or GP led in-hours or out of hours services.

- **Emergencies in housebound frail patients**
  - Better proactive care would avoid ambulances being called, which often leads to unnecessary hospital admissions.

- **Out of hours**
  - Out of hours care is reactive and many frail patients require proactive care outside core hours to keep them out of hospital.

- **Access to records**
  - It is not always easy for different providers to access each others’ notes – important for prescriptions out of hours.

- **Support in care homes**
  - Care could be more proactive.

- **Prevention and public health initiatives are required in areas of greatest health need.**

- **Across Oxford city there is an 9.2 year difference in mortality for men between the wards with the highest and lowest areas of deprivation.**
4 priority areas have been identified
- Frailty & Vulnerability
- Deprivation and health inequalities
- Neighbourhood community practice
- Sustaining primary care

Each area has a number of potential projects – identified in the table
- Projects will be prioritised (across Oxfordshire)
- Projects will be developed at varying timescales
- Patient input will vary depending on the nature of the project
## 4 Priority areas:

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<thead>
<tr>
<th>Frailty &amp; Vulnerability</th>
<th>Deprivation &amp; Health Inequalities</th>
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<tbody>
<tr>
<td>City urgent visiting service (in hours)</td>
<td>Extension of Minor Ailments Pharmacy scheme</td>
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<tr>
<td>Care Home service</td>
<td>Homeless service</td>
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<tr>
<td>Community services &amp; development of practice focused Teams</td>
<td>Rose Hill Community Centre use</td>
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<tr>
<td>Frailty Hubs</td>
<td>Funding services for deprived</td>
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<tr>
<td>Weekend GP Service</td>
<td>Vulnerable children &amp; adults</td>
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<tr>
<td>Long Term conditions - diabetes, CODP / Asthma, heart</td>
<td>Health &amp; Wellbeing</td>
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<td>Mental Health services</td>
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<td>Social Prescribing</td>
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### Neighbourhood Community Practice

Looking at all the projects in Frailty & Vulnerability, and considering how to provide the best support within GP practices and wider community teams

### Sustaining Primary Care

Will include looking at a mix of projects above, namely:

- Urgent visiting, Care Homes, Pharmacy use, Funding, Social Prescribing, Long Term Conditions + Student and Tourist health

Enabling work will also be undertaken on estates, digital technology, funding generally and workforce issues
Next steps

- Do you know what practices offer now?
  - What will make the 4 priority areas more effective?
  - Within the project areas, what opportunities can you see for change?

- OCCG is seeking patient involvement in the formation and delivery of the projects; some are already gathering pace, some not yet started

- We would like patient involvement through your practice PPG groups

- Please do let your PPG Chair know if you are interested in being part of this work, or would like to share any comments.

- Comments are also welcomed via [https://consult.oxfordshireccg.nhs.uk](https://consult.oxfordshireccg.nhs.uk)
Any Questions?
Questions to discuss

What more could we do to:

1. Support frail and vulnerable patients?
2. Address the issues of deprivation and health inequalities
3. Support and develop neighbourhood practices
4. Sustain primary care for the future

Please indicate if you would be prepared to join us to develop these plans further by joining a working group with the CCG.