Developing GP services and a locality plan for West Oxfordshire

Thursday 7 December 2017
Challenges in the West Locality

- Population increase of 20,000 over the next 10 years
- Older population than the Oxon average which is expected to grow at faster rate than other areas of the county
- 43% of GPs are aged over 55 and potentially near retiring
- General Practice is becoming a less attractive career option leading to recruitment issues
- Limited practice space
- Resources are not keeping pace with demand
The Deer Park context

- Deer Park Medical Centre was closed on 31 March 2017 and OCCG asked 4,399 patients 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.
Engaging with the community

Over the past 12 weeks the CCG has:

• Attended and sought feedback at meetings organised by Healthwatch with stakeholders
• Attended and sought feedback at the Public & Patient Partnership West Oxfordshire
• Held 2 public events which included workshop session in Witney and Carterton (over 100 people attended)
• Met with Robert Courts, MP
• Held a round table discussion with Witney Town Council
• Held a round table discussion with West Oxfordshire District Councillors
• Attended the West Oxfordshire Economic and Social Overview and Scrutiny Committee
• Met with former patients of Deer Park Medical Centre
• Hosted an online survey
What did we hear?

Access:
- Patients feel it is not acceptable to wait 2 to 3 weeks for routine appointment
- There is mixed experience, some examples of poor experience with booking apps with receptionists and some good experiences with phone-back system
- There is concern over continuity of care – it can be difficult to get appointment with named GP; recognised this is not required in all cases but important for people with long term condition
- Suggested that GPs use of electronic conversations / consultations – needs to be better use of email and website communications
- Suggested that Pharmacist and other professionals could be used more as a first point of contact
- Suggested that there needs to be more use of triage systems; more training of receptionists
- Consideration needs to be made for travel and transport

Mental Health:
- Suggested that more needs to be done to have a mental health nurse available in each practice as people with mental health issues need more support
- It is felt that not enough support for young people; school counsellors have long waiting lists
What did we hear?

Population growth/housing development:
• Suggested that the CCG and primary care need to work closer and at earlier stage with district councils to get funding for health infrastructure and work with developers
• Questions asked as to whether the CCG are looking at creating a new surgery? How will the CCG / primary care cope with this? Where are people going to go if surgeries are already full?

Recruitment/retention of staff:
• Concern over shortage of clinical workers is a problem for the proposals; can we ‘upskill’ workforce
• Important for patients to raise funding/investment in GP services  issues with their MPs

IT:
• Not everyone can see a patient’s notes – different electronic patient records system don’t all work together (including cross border hospitals, GPs and community staff)
• Better communications around discharge summaries required
• Online booking/ prescriptions is good

Funding:
• Is there sufficient funding for the plans?
What did we hear?

Prevention/social prescribing:
• More needs to be done with prevention to reduce future demand
• Support for increasing social prescribing to support people to keep well

Witney Community Hospital:
• Emergency Multi-disciplinary Unit (EMU) for complex patients works well
• Suggestions to maintain and expand Witney Hospital; expand the minor injury unit so it can stay open longer and increase capacity
• More needs to be done to support timely discharge from hospital

Deer Park Medical Centre:
• Queries and reminders that the Independent Reconfiguration Panel advice was to not preclude having a GP practice in Deer Park Medical Centre (DPMC)
• Concerns from previous DPMC patients about waiting times at their new practices and difficulties with online appointment availability and impact of closing Deer Park has had on this
• When looking at expansion of primary care / new premises will the DPMC building be considered?
• Some patients are not confident that the CCG is following the IRP advice
• Proposal from patients for services to be re-opened at Deer Park or somewhere in West Oxfordshire – more doctors to allow more appointments available; it is felt that the hub appointments are not sufficient for population
Key priorities of the West Locality

- Meet the healthcare needs of the ageing population in locality
- Ensure safe and sustainable primary care that delivers high quality services
- Improve prevention services
- Bring planned care close to home
# The plan so far:

## Priorities

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<tr>
<th>#</th>
<th>Workstreams</th>
<th>Meet the healthcare needs of the ageing population in the locality</th>
<th>Ensuring safe and sustainable primary care that delivers high quality services</th>
<th>Improving prevention services</th>
<th>Planned care closer to home</th>
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<tbody>
<tr>
<td>1</td>
<td>Maximise benefits of Emergency Multidisciplinary Unit</td>
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<td>2</td>
<td>Community gerontologist or interface physician for complex multi-morbidity patients in care homes and assisted living</td>
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<td>Locality diabetes service, and extend to other conditions, such as heart failure and COPD</td>
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<td>Increased primary care visiting service</td>
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<td>Same-day care services in Witney and Carterton with increased capacity</td>
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<td>Urgent Treatment Centre in Witney, integrating current services</td>
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<td>7</td>
<td>Wider primary care clinical skill mix delivered through practice-based and cluster services to supplement existing GP and practice nurse staffing</td>
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<td>Practice based mental health practitioners for rural West</td>
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<td>Enhanced signposting role for receptionists and development of practice websites for signposting</td>
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<td>10</td>
<td>Development of practice website</td>
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<td>11</td>
<td>Development of social prescribing model</td>
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<td>Shared back office services</td>
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<td>Estates prioritisation</td>
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What next?

- Plan published on the OCCG website on 4 December and now seeking more feedback on the draft plans
- All feedback will be analysed and incorporated into the final locality plan
- Final plan will be published in January
- The CCG plans to invest an additional £1.1 million recurrently into primary care for 18/19 across Oxfordshire
- Primary care in the West will continue to develop and over the coming year we will be looking more at estates and premises – the plans will need to be updated over time
- Much of the plan will not require formal public consultation however if significant change is proposed we will consult; in the meantime we would like to continue talking to you about healthcare in the community
Questions