Appendix 3.14: Locality Plans

Oxford City Locality Plan

NHS
Oxfordshire
Clinical Commissioning Group

Vision for Primary care in 2-5 years

- Working at scale in clusters and at City level amongst practices
- Addressing the health inequalities which exist within the City (including foreign migrants)
- Promoting a sustainable happy workforce
- Addressing the student and tourist health needs
- Meeting the needs of increased population and housing growth
- Development of a primary care well-being and mental health service

Improved access to care

- Weekday service to low input patients over a broader timescale to release time within practices for complex patients
- Focused weekend service to high input patients who need GP support
- Focused weekend pharmacy support to Out of Hours
- Weekend service for the Emergency Department triaged patients who require GP services
- Improved coordination of diabetic services across the City with appropriate education
- In hours visiting service for the house bound requiring more urgent attention
- Care Navigator support to vulnerable house bound patients

Value for Money

- City Locality current has c210,000 patients, so expects to receive in the region of £2,100k
- Hub costs £6 per head
- Care Navigation, diabetic services, other, £4 per head
- Reduction in A&E attendance and Delayed Transfer of Care patients
- Increased happiness of workforce due to reduced pressure in hours for primary care

Sustainability and Deliverability

- Encourages practices to work in clusters and across the City
- By easing pressure on primary care vulnerable practices will encourage current and future workforce to invest in primary care
- Freeing up in hours time will allow longer and appropriate appointment times for complex patients
- It supports the current Out of Hours service without duplication
- Improving well-being of population reduces health needs and frees up primary care time to focus on inequalities

North East Locality Primary Care Plan

Oxfordshire
Clinical Commissioning Group

Vision for Primary care in 2-5 years

- Primary care focused on larger practice units with increased collaboration between practices
- Market town based urgent access Hubs for simple problems in Bicester and Kidlington (to incorporate Islip and Woodstock) with practice based care for patient's complex problems requiring continuity.
- Staff working between practices and Urgent Access centres
- Early Visiting Service operating across different locality sites.
- Capacity developed to manage the c 30k population growth by 2030
- New infrastructure to support these models of care and to support care closer to home with secondary care services and diagnostics being delivered within the community
- release of time within practices to focus on complex multi-morbid patients, linking with secondary care to develop a multi disciplinary care provider within the community
- Dedicated support for complex elderly on a virtual ward basis to ensure patients are known to teams, and 24/7 medical support., extended to palliative care.
- Close links with integrated care team.

Improved access to care

- Urgent access hub to support same day access for urgent appointments for non complex low intensity patients
- Practices will triage access into the Hub, ensuring patients attend right place first time (est. no of pts = 14,750 p.a.)
- Increased 20 minute appointments within practices for high intensity patients (est. number = 3,000 p.a.)
- Patients with long term conditions will be managed in collaboration with secondary care, e.g. diabetes

Value for Money

- NE Locality currently has c81,000 population so expects to have c£810k
- Same day Urgent Access Hub = cost per patient ranges from £38 - £43 (dependent on skill mix and a no. of assumptions)
- Early Visiting Services = cost per patient c.£126
- Work stream enabling funding (to be defined, e.g. diabetes)
- Improves and extends access for patients and provides quality GP time, thereby enabling reduction in acute attendances due to exacerbations

Sustainability and Deliverability

- Allows working at scale which will reduce workforce pressures on smaller practices
- Sets the grounds for providing a different model of care for the future.
- Practices working collaboratively will have more resilience
- Urgent access hub and early visiting service will be reframed following the pilot, and the new model will be operating in 2016/17

North Oxfordshire Locality

- 12 practices: 6 urban (66k), 6 rural (43k)
  - 1 vulnerable practice (17k, Banbury)
- Population growth of 11k (10%) over 5 years and 30k (28% over 15 years)
  - 3 wards in Banbury in top 10% deprivation
- Horton, ISTC, Chipping Norton CH
- Banbury HC
- PMCF: Banbury hub, CN hub, EVS

- Strengths
  - Well developed and innovative federation
  - High quality secondary care: Horton, ISTC
  - Well engaged public
- Risks
  - High level of low intensity patient use of ED
  - High admissions from local care homes
  - Growing population
  - Sustainability of Horton and ISTC services

The North locality plan on a page

- Dealing with increasing demand
  - Banbury neighbourhood access hub
  - Innovative Access Fund (GPAF) rural solution
  - Skill-mixed GPAF services
  - Early visiting service
  - Horton Urgent Care Centre (UCC)
  - Federation enhanced care home service
- Dealing with reduced GP capacity
  - Skill-mix in practices
  - Mapping patient pathways in general practices

North Oxfordshire Locality Plan

Oxfordshire
Clinical Commissioning Group

Vision for Primary care in 2-5 years	• Practices in federation and clusters
Improved access to care	• Low-intensity: Skill-mixed GPAF, EVS, Horton UCC • High-intensity: Care home service
Value for Money	• Skill-mix in both practices and GPAF services
Sustainability and Deliverability	• GPAF, UCC, practices in close harmony • Skill-mix and pathway optimisation in practices

West Oxfordshire Locality Plan 1

NHS
Oxfordshire
Clinical Commissioning Group

Vision for Primary care in 2-5 years

- Future: 9 practices linked by integrated services across the locality for stratified patient groups.
  - Current range of services will be better integrated so patients get appropriate care more directly.
  - More co-ordinated and proactive care for patients in residential care or housebound.
- How does this address the known population growth?
  - Incremental growth by existing practices inc. building adaptations where appropriate. Most growth in Witney and Carterton.
- To be done at scale: Primary Care Home Visiting Service (EVS successor)
  - GP Access Fund (GPAF) provision to provide additional primary care capacity (successor to Neighbourhood Access Hub) including skill-mix options.
  - WestMED Multispecialty Community Provider (MCP) subject to provision above and more feasibility and development work.
- Priority changes/services to be delivered: Agree value for money options for visiting service and GP Access Fund provision
  - Develop model and identify resources for MCP

Improved access to care

- GPAF provision providing same day access to both urgent and routine appointments
- MCP will channel appropriate patients onto integrated pathways:
  - LIPS: GP Access Fund, MIU, practice-based care etc.
  - HIPS - Home Visiting, EMU, Integrated Locality Team, integrated community nursing etc.

West Oxfordshire Locality Plan 2

Value for Money

- Specify the proposed use of the £6/head and £4/head funding
  - GP Access Fund (£6) provision to provide additional primary care capacity (successor to Neighbourhood Access Hub) including skill-mix options.
  - Primary Care investment (£4) - Home Visiting Service as a priority (Successor to EVS) and explore potential of MCP as a demonstrator.
- How does this demonstrate value for money?
  - Currently the EVS is felt to be good value for money. We have yet to consider whether the appointment hub offers value for money.
- What activity is to be commissioned?
  - Primary Care Home Visiting Service
  - GP Access Fund provision.
  - MCP subject to resources and further development

Sustainability and Deliverability

- How will this reduce the number of 'vulnerable' practices?
  - There are no vulnerable practices in WOLG at present.
- How will this deliver sustainability in primary care e.g. good environment for GPs to work in?
  - The EVS and appointment hub will allow practices to manage an increasing workload and focus more on their complex patients.
- Expected Time to Deliver
  - Home Visiting Service & GP AF provision by summer 2016
  - MCP subject to resources and further development

South west Locality

- Population growth in SW Oxfordshire in next 5 years

Science Vale (Didcot Wantage and Grove areas), Abingdon and Faringdon – 18,700

- Inequalities

Areas of poorer health: Abingdon, Berinsfield and Didcot

- Premises (capacity and state of build)
    - Wantage Health Centre, Woodlands Medical Centre
- Prime Ministers Challenge Fund
    - Evaluation, Out of scope population, Mixed delivery models
- 2 practices identified as vulnerable

South West Oxfordshire Locality Plan

Oxfordshire
Clinical Commissioning Group

Vision for Primary care in 2-5 years

- Primary Care services will have the capacity to deliver same day access to all those who seek it through a combination of GP telephone triage and appropriately directed appointments or advice. Routine appointments will be generally available within 1 week though clinician of choice may be longer. Generally, most routine appointments will be for 15 minutes with some longer appointments arranged where appropriate
- There will be an extended range of skill mix so that other health professionals will support improved patient access and best use of GP or practice nurse time.
- Population growth will require a new GP practice in Didcot and possible one in Wantage/Grove and/or expansions (with associated premises funding for extensions) to accommodate the growing population in all practices across SWOL. There are number of options to ensure the longer-term sustainability of the smaller practices of Berinsfield and Clifton Hampden including the formation of a single practice for these populations.
- The locality will collaborate to explore where certain services may be provided at scale including a team of supporting health professionals to provide a peripatetic service delivered equitably across the locality, develop shared IT and certain back-office functions/
- The priority changes are the recruitment of an extended range of allied health professionals to expand capacity in primary care. However, the longer-term sustainability of primary care and transformation to allow an expanded range of out of hospital care within primary care will only be possible when there are more GPs available and the resources to employ them.

Improved access to care

- Increased access to community diagnostic services to support more care closer to home and avoid unnecessary referrals to hospital
- All practices will have the means to sort and effectively manage all same day demand as outlined above
- GP triage will respond according to the needs of individuals offering a range of services and longer appointments where required. 15 minute appointments will be routinely available. How does this improve access for the complex pts and those with LTCs
- Capacity in GP will increase with better use of more targeted appointments, a wider range of skill mix within the PHCT and an early visiting service.
- Vulnerable older people will have easier direct access to a GP, supported by other members of the PHCT and community services within the ILTs to ensure their needs are managed most effectively.

Value for Money

- The two federations in SWOL are working up proposals to utilise the GPAF to provide urgent same day visiting service and a team of allied health professionals that can be deployed across locality practices.
- This will improve capacity in primary care and increase the ability to manage patients closer to home. This in turn will help reduce pressure on A&E and unscheduled hospital admissions through unmet need or earlier intervention.

Sustainability and Deliverability

- Practices are less likely to become vulnerable to GP and PN recruitment difficulties if there is an extended range of allied health professionals able to see patients where appropriately directed.
- Practices are also likely to be more sustainable if the current pressures on GPs are reduced through measures relieve pressure on GP access.
- It is likely it will take up to 6 months to recruit and train allied health professionals to work across practices to best support primary care.
- Sustainability of primary care requires a supportive, flexible and responsive district nursing service as well as the support from members of the ILT when appropriate.

SE v3 Locality Plan

Oxfordshire
Clinical Commissioning Group

Vision for Primary care in 2-5 years

- There will continue to be multiple distinct GP practices in the SE. No daytime GP hubs. Community ILT hubs at Henley and Wallingford.
- Practices will continue to demonstrate high patient satisfaction based on good continuity and access.
- Increase in practice pharmacists and locality doctors shared between practices on a peripatetic basis.
- Population growth absorbed within existing practices although with estate improvements.
- Specialist expertise to be provided by experts travelling between sites e.g. diabetes care
- Practices will guarantee same day access or triage for urgent problems and seven day access for those wanting a routine appointment

Improved access to care

- The extra funding from the £4& extra clinical support from the daytime component of the £6 GPAF scheme will enable practices to focus extended care including longer appointments onto those who need it.
- Peripatetic specialist nurses/pharmacists working across practices. Extra doctors employed within locality to work across practices. Can flex to give extra support to practices in difficulty.
- £4/head and in-hours component of £6/head GPAF will enable provision of extra clinical support (see below)
- Older people value relationships and continuity. Extra funding of clinical time will free up practice nurses to support the frail elderly and liaise with ILTs

Value for Money

- £4/patient (£368k) to guarantee our 1 and 7 day access. GPAF £6/patient (551k) to provide GP triaged and booked OOH consultations provided at the existing OOH hubs and fund extra clinical time in practices, commissioned through SEOx Federation
- Daytime provision through the practices is much better value than third party providers and will enable the provision of more than the mandated 33 hrs/wk in the GPAF for the money. Estimate 60hrs/wk GP appt, some 15min, and 48hr/week pharmacist appointment
- Out of Hours share of GPAF £6/head (£132k-13hr/wk) will integrate with existing OOH provider to provide bookable appointments.
- In Hours share will provide 2.5 FTE GPs (£300k incl on-cost) and 2 FTE pharmacists (£120k) to work across practices.
- Pharmacists would help to support the CCG's prescribing initiatives.

Sustainability and Deliverability

- The £4 & £6 GPAF will sustain practices. The cross practice locality GPs can flex to put in extra help to practices who are stretched.
- GPs will be more attracted to practices providing comprehensive care.
- The extra funding will not just be used for doctors but will also provide pharmacists in practices. Pharmacists are available
- £4/pt 1 and 7 day access can be provided immediately.
- GPAF: We will need to recruit GPs and pharmacists for the peripatetic roles. Estimate 2-3mth lead in.