A scenic photograph of a canal in North Cotswold. In the foreground, several ducks are swimming in the blue water. A stone bridge with two arches spans the canal in the middle ground. In the background, there are trees with autumn-colored leaves and a large, light-colored building. The sky is a pale blue with some clouds.

North Cotswold Locality Development Plan

2015-17



FOREWORD

Over the last few years the North Cotswold Commissioning Unit (NCCU) has developed to become a cohesive working group, who has been able to offer support to all practice members. We are now jointly working with Public Health, Cotswold District Council and the Voluntary and Community Sector (VCS), through the North Cotswold Locality Forum to take a more holistic approach to some of the work that we have undertaken.

We have led the county in looking at the needs of Carers' and have developed Carers' afternoons which will be rolled out to all locality practices over the next 12 months. We have seen evolution and development of the North Cotswolds Hospital and the George Moore Community Clinic. At a practice level, we have supported the development of the combined premises of Mann Cottage Surgery and The White House Surgery and are continuing to support the development of other practices' premises, especially at this time for Stow Surgery.



Over the next few years we need to be creative in thinking how we can continue to deliver primary care services to the population of North Cotswold. This will involve the Prime Minister's Challenge Fund and we are, as a locality, now able to offer GP appointments from 8am to 8pm Monday to Friday and on Saturday mornings.

We are working more closely with the Fire & Rescue Service as well as the Voluntary and Community Sectors who are able to provide non clinical support that is often needed in a rural community. It is quite evident that if North Cotswold locality are to continue to improve the health and wellbeing of our population, this can only be achieved through collaborative working due to our own budgetary constraints.

We have ensured that the North Cotswolds have been represented on key CCG countywide projects such as the MSK clinical work programme and on the G-care pathway website design group which will improve patient referral processes for all GPs in the county.

The locality has also championed an in-depth review of the community nursing capacity to ensure the quality of clinical care and the delivery of core business is strengthened. This proactive approach enabled the locality to embrace the role out of 'Rapid Response' services earlier this year. The review of district nursing in particular has looked at the delicate issue and problems around rurality.

Amongst these challenges we also have to look at the budgetary constraints and overspend, and over the next few years we will be looking more in-depth at our prescribing and continue the good work that has been shown in cost savings in other clinical areas. We hope to achieve a reduction in variance amongst the practices with regard to prescribing whilst continuing to support the important dispensing activity vital to a rural practice.

I am delighted to be involved with the NCCU as we continue to work towards focusing local commissioning and health care which is particularly pertinent to our population. The NCCU believe that with the continued support of our GP practices and those organisations that we have built relationships with, we can make a real difference going forward.

Dr Hywel Furn Davies
Locality Executive Chair
North Cotswold Commissioning Unit
July 2015



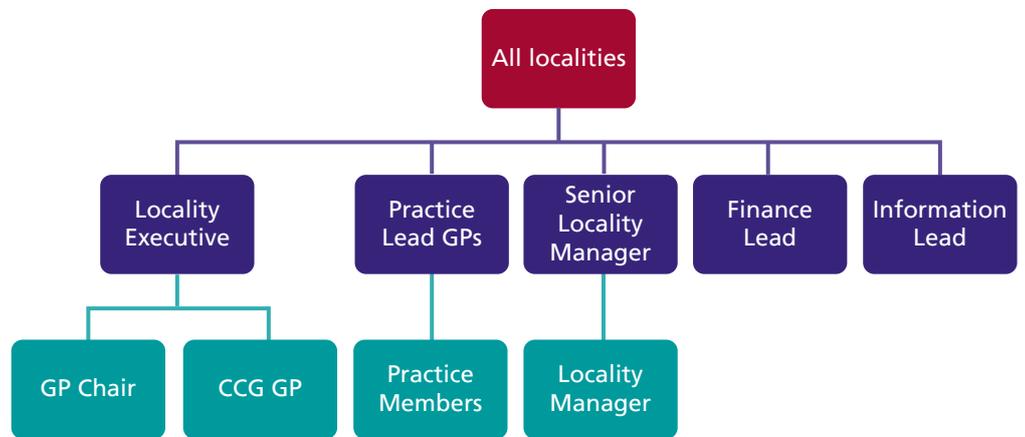
1 Purpose

1.1

This Locality Development Plan has been produced to describe the specific health needs for the population of North Cotswold, and sets out how the Locality Executive Group will lead work to address these needs over the next two years.

2 Background

2.1 The county of Gloucestershire covers a diverse range of populations, from the very deprived to the very affluent, from people living in very rural areas to people living in one of two large urban areas where there are a significant number of immigrant populations. This leads to a countywide population with very different health and social care needs, spread over a large geographic area. In recognition of the need to understand and represent these differences, the CCG has formed seven localities; one of these is for the North Cotswold area. In each locality, lead GPs work alongside key partners to help determine how best to meet the needs of its population, informing the wider work of the CCG; this is known as the Locality Executive Group. The structure of the localities is shown below:



For our locality, these roles are:

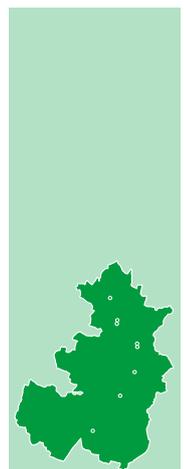
- Locality GP Chair Dr Hywel Furn Davies
- Locality CCG GP Liaison Lead Dr Caroline Bennett

GP Practice Leads:

- Chipping Campden Surgery Dr Jacquie Williams
- Cotswold Medical Practice Dr Tamsin Griffith
- Mann Cottage Surgery Dr Hywel Furn Davies
- Stow Surgery Dr Judy Thornett
- White House Surgery Dr Chris Morton

CCG Locality Support

- Senior Locality Manager Stephen Rudd
- Locality Development Manager Cheryl Ewing
- Finance Lead Stephen Ball
- Information Lead Chris Roche/
Simon Curtis



The key functions of a locality are:

Planning	Service change delivery	Engagement and relationships
Reviewing health needs, patient insight	Locality specific projects	Utilising/ shaping practice level patient participation groups
Shaping CCG Plans	Local implementation of CCG wide initiatives	Developing links with key community groups
Local delivery plan	Joint initiatives with local partners	Key stakeholders/ partners

Participation	Quality, utilisation and performance	Locality organisational development
Operation of committees, groups and protected learning time	Review locality performance information and take necessary action	Supporting the development of local membership model – e.g. what does greater federation feel and look like
Encouraging wide membership engagement	Understanding variations	Development between localities and the Governing Body
Practice visits and individual membership opportunities	Improving quality and performance	Developing the locality executive



- 2.2 This document will seek to describe the local health needs for the North Cotswold locality as it is clear that our population has specific health needs to be addressed. The Public Health team within our Local Authority has supported us to identify and understand these needs. The locality is now working to provide positive solutions to meet these needs.
- 2.3 In accordance with national requirements and working with partners and stakeholders (including patients, carers and the public), the CCG has formulated a five year strategic plan for Gloucestershire – Joining Up Your Care. This is supported by a more detailed two-year operational plan that identifies our more immediate priorities, from April 2014. They remain within the overall umbrella of the Health and Wellbeing Strategy ('Fit for the Future') that sets out the priorities for improving health and outcomes for the people of Gloucestershire from 2012 - 2032.

**Joining Up Your Care
– Our Shared Vision for the next 5 years:**

To improve health and wellbeing, we believe that by all working better together – in a more joined up way – and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people.

Our Ambitions:

- People are provided with support to enable them to take more control of their own health and wellbeing. Those that are particularly vulnerable will benefit from additional support;
- People are provided with more support in their homes and local communities where safe and appropriate to do so, thus moving away from the traditional focus on hospital-based care;
- When people need care that can only be provided in a hospital setting, it is delivered in a timely and effective way.

- 2.4 This Locality Development Plan must be seen in the context of these important strategic documents. Projects and initiatives identified will be complementary to this strategic context and the CCG's Operating Plan. This Locality Development Plan therefore fits within this wider context as follows:



- 2.5 To identify the health needs of the population of North Cotswold locality, three main sources of information have been identified:
- Public Health Intelligence;
 - Activity, performance and financial data on the use of services, highlighting those areas where the locality is significantly at variance. This analysis has included consideration of benchmarking data and information on variation between usage of health care at a GP Practice population level;
 - 'On the ground' intelligence – i.e. conversations with local colleagues who are working directly with patients to understand their views about need.

- 2.6 The Locality Executive Group will work closely with key stakeholders to identify the health and social care needs of the local population, prioritise actions, and provide ideas for how these needs could be addressed. These stakeholders include:

- Local GP Practices and their staff;
- Gloucestershire Care Services;
- Gloucestershire Hospitals NHS Foundation Trust;
- 2gether NHS Foundation Trust;
- Gloucestershire County Council;
- Cotswold District Council;
- Local voluntary organisations;
- Patients and their representatives;
- CCG colleagues.

- 2.7 Whilst assessing the evidence gathered around local health needs, the Locality Executive Group has also taken into consideration the variety of existing work streams within the CCG's countywide Clinical Programme Groups (CPGs) and the range of projects which encourage improvements in 'Quality, Innovation, Productivity and Prevention' (QIPP) – to ensure locality initiatives are complementary or supporting and influencing countywide schemes. This will allow for a continuous feedback loop where successful learning from the locality projects can be embedded into the CPGs, and also from the CPGs into the locality.



3 Key Achievements to date

3.1 Key achievements of the North Cotswold locality from the previous 2013 - 2015 plan are detailed below:

3.1.1 Healthcare Checks for Carers

Carers' Healthchecks were identified as a priority for 2014-15, with the particular aim of improving the health and wellbeing support for Carers. The locality has designed a questionnaire which the Carer is asked to complete prior to their attendance for a healthcare check at the GP surgery, along with a consultation form the healthcare professional completes during the check.

These documents help the healthcare professional to understand both the general health and social needs of the Carer and assist in identifying any underlying concerns which may not be evident during a medical healthcare check. A decision was taken to extend each Carer appointment from 20 minutes to 30 minutes, which allows the staff to undertake further investigations, examinations and medication reviews if required.

3.1.2 Unplanned Admissions

The locality worked together following completion of the Unplanned Admissions audit aimed at reducing avoidable unplanned emergency admissions to hospitals to establish whether any further work could be undertaken by the locality collaboratively. This demonstrates our commitment to leverage the locality structure to improve our commissioning decisions and practice protocols. This work will continue in 2015 - 16.

3.1.3 Pain Management

A 'Community-based Pain Management Programme' was identified by North Cotswold locality as one of the areas to be developed. A review of outpatient and follow-up appointments, admissions and prescribing data for pain management was undertaken for each practice. This has led to North Cotswold directly influencing the countywide programme, with a local GP now on the CPG.

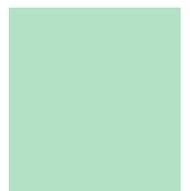
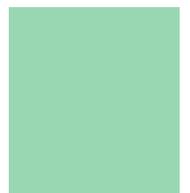
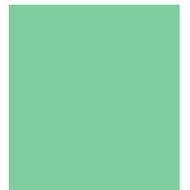
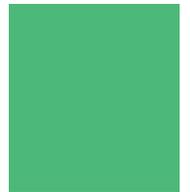
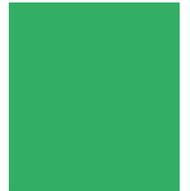
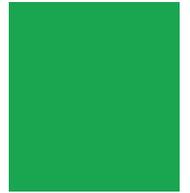
3.1.4 Learning Events

The learning events in North Cotswold are seen as an opportunity for GPs from all practices to undertake continuous professional development in support of the locality identified priorities. Several events are held during the year, with recent speakers covering topics such as:

- Gynaecology
- Individual Funding Requests
- Ambulatory Emergency Care
- Remote Monitoring
- First Responders

3.1.5 MacMillan Cancer Survivorship

The Cancer CPG have agreed the structure of a wide reaching Living With & Beyond Cancer Programme to be implemented countywide. Macmillan Community Cancer Service will launch in November 2015 in North Cotswold (and Gloucester City) on a pilot basis until September 2017. The service will provide 1:1 clinic time with patients that have undergone treatment for breast, colorectal and/or prostate cancer and have been discharged from hospital on a self-management pathway.



3.1.6 Locality Executive Engagement

The Locality Executive have regularly met to support two-way engagement between CCG and membership practices, ensuring the voice of local GPs is heard and reflected within the work programme and priorities.

Locality practice finance and information variation reporting has been used to inform the Locality Executive's decision making. Member practices have contributed to the countywide clinical programme of work, which through the planning process for 2015 - 2017 shows where the locality's focus will be.

3.1.7 Key Relationships

The Locality Executive has developed key relationships and joint working with Cotswold District Council (CDC) and Cotswold Friends through:

- The Health Policy & Partnerships Manager, CDC along with the Public Health Commissioning Manager who attend the full locality meetings on a quarterly basis to feedback on their areas of work;
- North Cotswold have contributed to the Community Transport workshop arranged by CDC to ensure health are part of future planning processes;
- Cotswold Friends who extended the Carer Respite service within North Cotswolds following a successful bid supported by the Executive. Cotswold Friends also contributed to the Carers planning workshop and subsequently supported the two Carers Afternoons at Four Shires Medical Centre and Chipping Campden. It is our intention to build on this relationship as Cotswold Friends will be working with GP practices to provide social prescribing in the North Cotswold locality for 2015 - 16.

3.2 Prime Minister's Challenge Fund

3.2.1 GPs from all localities have been key contributors to a successful application for the Prime Ministers Challenge Fund (PMCF) relating to improving access to general practice, thanks to joint working between the GP provider organisation, Gloucestershire Doctors (G-DOC) and the CCG.

3.2.2 In securing this £4m of additional national funding, localities will be supporting the delivery of providing local people with improved access to GP services in Gloucestershire. This includes the creation of 100,000 appointments a year across all localities to free up time in surgeries to be used on more planned and complex work with patients who have a long term condition. The bid also included greater use of technology, additional specialist nursing, case management and social prescribing.

3.2.3 A Delivery Board has been established to make key decisions and will include representation from each of the seven Gloucestershire localities.



4 Local Service Provision

4.1 The North Cotswold locality covers a rural population across a wide geographical area that also covers Warwickshire, Oxfordshire and Worcestershire, of which the total area covers around 28,800 patients. There are 5 GP practices in the locality, some of which provide additional access to patient care through their branch surgeries.

- 1** Chipping Campden Surgery
Back Ends, Chipping Campden GL55 6AU
- 2** **a** Cotswold Medical Practice, Moore Road,
Bourton-On-The-Water GL54 2AZ
&
b Westwood Surgery, Northleach, GL54 3QJ
- 3** Mann Cottage Surgery
Four Shires Medical Centre, Stow Road,
Moreton in Marsh GL56 0DS
- 4** Stow Surgery, Well Lane, Stow on the Wold
GL54 1EQ
- 5** **a** White House Surgery, Four Shires Medical
Centre, Stow Road, Moreton in Marsh
GL56 0DS
&
b The Surgery, Greenway Road, Blockley,
Moreton In Marsh GL56 9BJ

Other Providers

- A** North Cotswold Hospital, Stow Road,
Moreton in Marsh GL56 0DS
- B** Moore Cottage Hospital, Bourton on the Water
GL54 2AZ

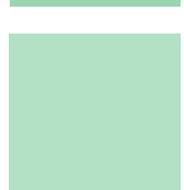
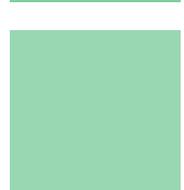
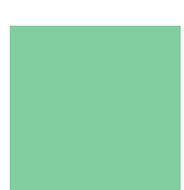
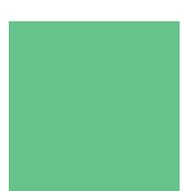
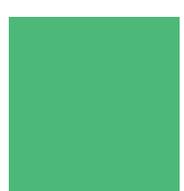
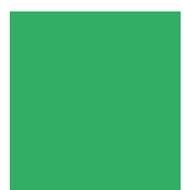
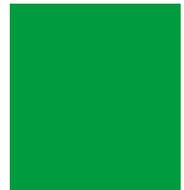


4.2 The approximate Practice list sizes are as follows:

Practice Name	Patient List Size (at 1st April 2015)
Chipping Campden Surgery	4,831
Cotswold Medical Practice	10,147
Mann Cottage Surgery	3,847
Stow Surgery	5,522
White House Surgery	4,455

4.3 In addition to the main acute hospitals in Gloucester and Cheltenham and the GP practice sites, local NHS health services are also delivered from:

- North Cotswold Hospital, whereby services were brought in-house such as Artilift, social prescribing and increasing outpatient clinics
- Community Outpatients Unit, Bourton-on-the Water;
- Oxford University Hospitals NHS Foundation Trust;
- 2gether NHS Foundation Trust;
- Horton Treatment Centre; and
- AQP diagnostic providers.



4.4 For patients living in any part of Gloucestershire their health issues are often closely linked to other 'social' factors, such as employment, education, and housing. We are committed to working in partnership with the Local Authority and third sector partners to both find and implement solutions. Therefore, the CCG also commissions a range of services from the local Voluntary and Community Sector.



5 What are the issues we face and how will we address them?

5.1 Overview

Over the last few months' colleagues from across Public Health, Local Councils and the CCGs Finance and Information team have held planning meetings to work together to identify which potential priorities the locality may want to consider based on relevant data.

5.2 Public Health Information

The Local Authority in Gloucestershire produces a Joint Strategic Needs Assessment (JSNA) – this highlights the medical conditions that particularly affect the population of the county and its localities. It also highlights population changes over the coming 20 years.

5.2.1 Demographics

North Cotswold locality has an older age profile than the county as a whole and the **highest proportion of patients aged 65 years plus and 85 years plus** with implications for age-related long term conditions. The Cotswold district as a whole is projected to see negative growth (-4.4%) in its working age population (18-64 years) through to 2021. In contrast the **over 65 age bracket is projected to grow by 27%** in line with the county average.

5.2.2 Deprivation

North Cotswold locality has amongst the **lowest deprivation scores in the county**, all below the county average of 14.7.

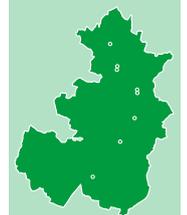
However, it is important to recognise that this macro level of identifying economic deprivation can ignore rural issues, such as lack of access to transport which in itself can create a denial of access to services or support. As a locality, we are very mindful of this and will be working with partners, such as CDC, to address these issues over the next two years.

5.2.3 Public Health Outcomes

North Cotswold practices perform well across nearly all indicators. Life expectancy at birth in men and women is above the national and county averages with the gap in life expectancy between the most and least deprived quintiles in the Cotswold district the smallest in the county – 0.2 years in men and 1.9 years in women.

However, with an increasingly elderly population, and a significant number of carers, the locality will be responding to this challenge through bringing more services closer to home by increasing utilisation of the local North Cotswold Hospital, and further support for carers.

Furthermore, Public Health have identified excess road deaths as a priority for the Cotswold District, which the locality will engage with Cotswold District Council partners to support wherever possible.



5.3 Cotswold District Council

The District Council Local Plan covers the period 2011 to 2031 and is the key planning policy document which guides decisions on the use and development of land in the district. There are proposals to build 6,900 additional dwellings across North and South Cotswold localities. The principal settlements identified in the Local Plan affecting North Cotswold include Bourton-on-the-Water, Chipping Campden, Moreton-in-Marsh, Northleach and Stow-on-the-Wold.

5.3.1 Transport

CDC also commissioned a study following on from research into loneliness and isolation amongst older people, which identified a lack of accessible and appropriate transport and a lack of awareness of available services as significant factors.

Nearly a quarter of those who contributed to the study indicated that they have a lot or quite a few difficulties in getting around due to:

- No transport or at times needed not **available**
- Transport not **accessible**
- No or little information/not **aware** of what there is
- Not **affordable**
- Transport not **acceptable** e.g. not safe/suitable

North Cotswold locality will continue to work with CDC to ensure access to healthcare is not compromised due to lack of accessible transport.

5.3.2 Ambulance Response Times

Related to transport issues, the locality are also conscious of ambulance response times, which are understandably more challenged within the rurality of the North Cotswolds. This is an area the locality are keen to monitor and work with South Western Ambulance Service NHS Foundation Trust (SWAST) to understand the issues in greater detail.

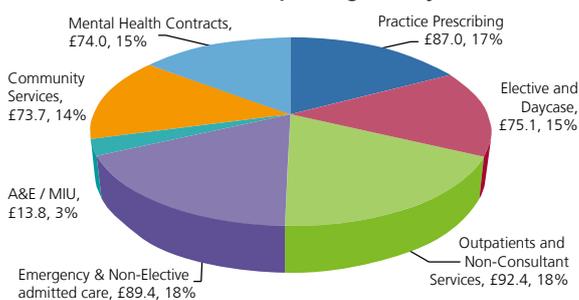
5.4 CCG Finance and Information Data

5.4.1 Analysis of NHS resource utilisation demonstrates variation exists not just at a CCG level, but also between and within localities. In addition, the CCG has specific performance issues along with finite financial resources, which, as a membership organisation, the locality can support with.

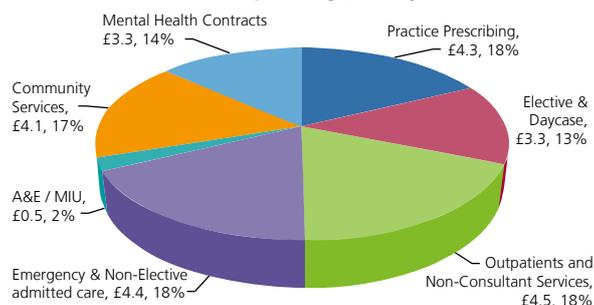
The charts below show the value and proportional split of the key spending themes for both Gloucestershire CCG and the locality:



Gloucestershire CCG 14/15 Spending (£m) by area



North Cotswold 14/15 Spending (£m) by area

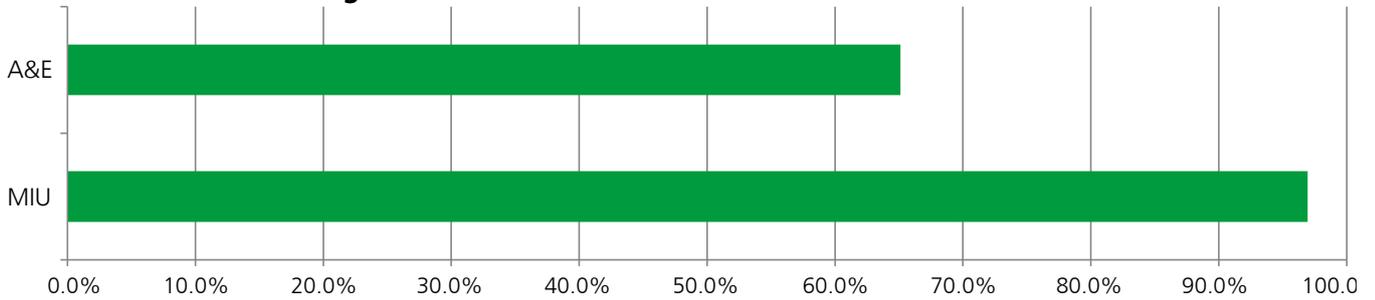


NOTE: These charts exclude other areas of commissioning spend, such as maternity services, ambulance services, continuing health care, CCG running costs and reserves.

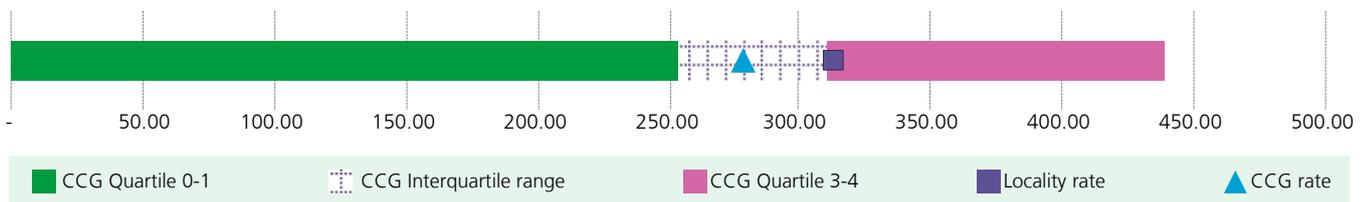
In the context of this wider financial picture the business intelligence team has reviewed activity, performance and finance data from commissioned services to assess where there are material variances from expected levels; this has highlighted areas for further consideration.

5.4.2 **A&E / MIU attendance**

North Cotswold: Percentage of A&E and MIU Attendances that only required 'Guidance/Advice' during 2014/15



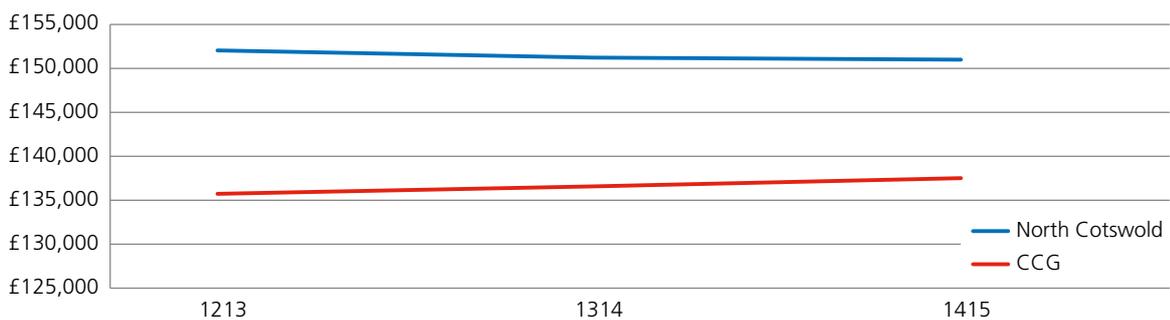
North Cotswold A&E / MIU Attendances – rate per 1,000: All Providers



The above graphs demonstrate the utilisation of A&E and MIU by patients within the North Cotswold locality. The first chart suggests a majority of patients attend these services and receive advice and guidance only, while the second chart shows that the North Cotswold locality is above the CCG average for utilisation of these services. The locality will work alongside countywide CCG programmes of work to best understand patient need and ensure appropriate services, engagement and communication is in place.

5.4.3 **Prescribing**

Spend per 1000 patients on Prescribing over past 3 years: North Cotswold vs CCG



The spend on prescribing (measured per 1,000 patients) has been consistently higher in North Cotswold in comparison to the CCG average over the last three years, with four of the locality's five practices spending more than their practice peer group (or "taxonomy") average on prescribing.

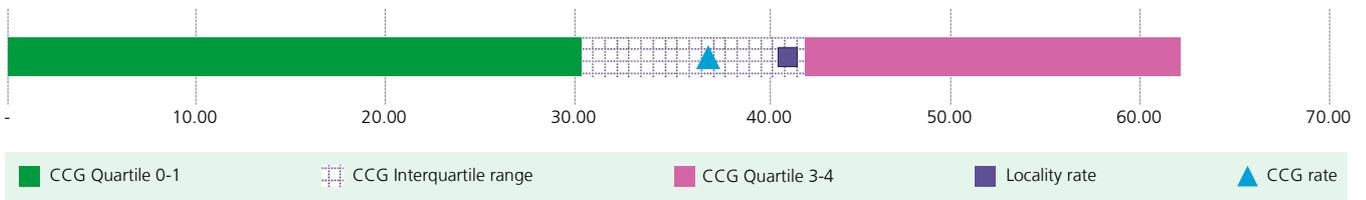
In 2014 - 15 the locality overspent against its prescribing budget by 13%, representing an overspend of £510k.

The locality has therefore identified prescribing spend as a priority review area and will be working with each practice to understand the variation and develop a locality action plan.

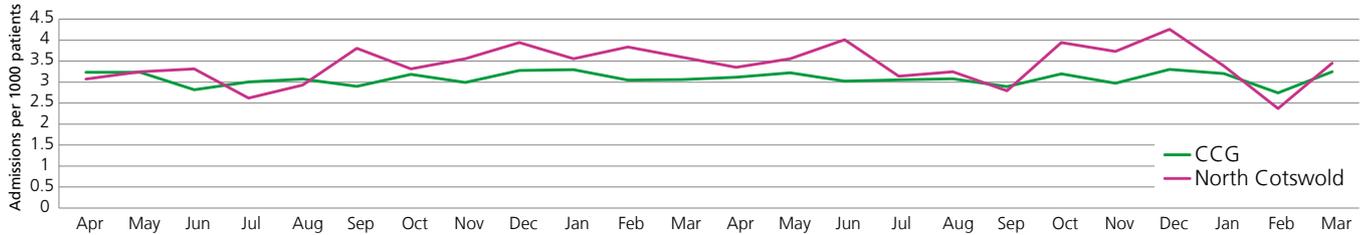


5.4.4 Emergency admissions: General Medicine

North Cotswold General Medicine Emergency Admissions rate per 1,000 population comparison (2014/15 All Providers)



Trend Graph of General Medicine Emergency Admissions per 1000 patients April 2013 – March 2015: North Cotswold v CCG



The emergency admission rate for General Medicine for North Cotswold practices, measured per thousand patients, is above the CCG average, while the two year graph suggests this is a long-term trend.

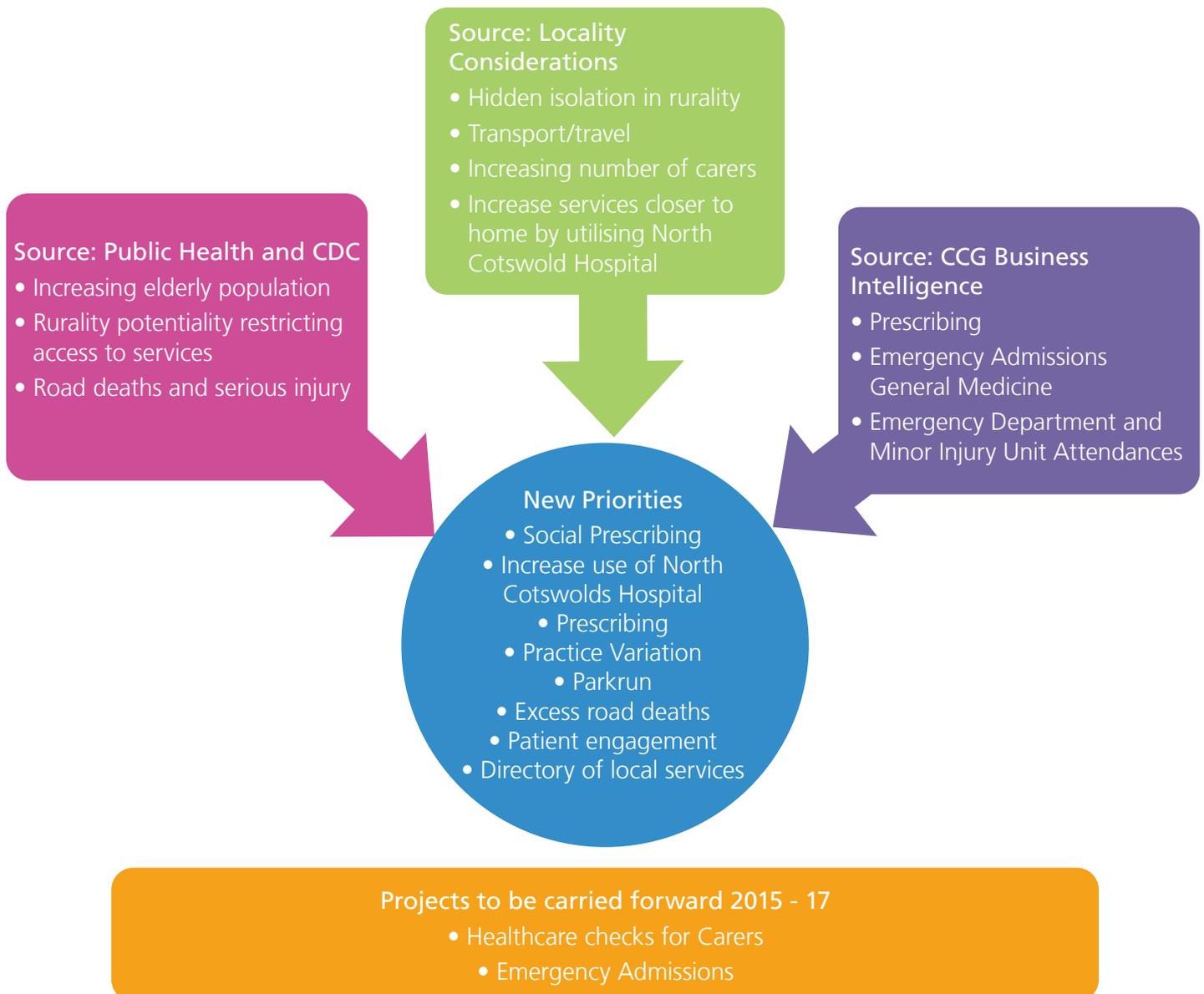
An initial analysis of this data suggests that emergency admissions for diseases of the circulatory system are one of the main reasons for this variance, with four practices in the locality having admissions above the expected level.

The locality will therefore be continuing work on addressing emergency admissions by working with the Practice Variation Programme to support in-practice audits and developing action plans accordingly.



6. Locality Work Programme for 2015 - 16

6.1 The priorities identified above have been summarised below to demonstrate how these have been formulated into our locality work programme:



6.2 The finer detail of each of these schemes follows in the table overleaf:

Priority Action Area Proposed Scheme	Lead Locality GP	Lead Manager (From CCG or other partners)	Expected Outcomes/ Impact	Key Contributors	Expected Initiation Date	Expected Completion Date
Existing work priorities: 2013 - 15						
<p>Healthcare Checks for Carers</p> <p>Identify number of Carers in each practice through MIQUEST request</p> <p>Link to social prescribing</p> <p>Build on 'test and learn' events held 2014/early 2015</p>	Dr Hwyl Furn Davies	Cheryl Ewing	<p>Improve READ coding and identification of Carers within each practice</p> <p>Work with Cotswold Friends to link Carers events to social prescribing</p> <p>Roll-out Carers afternoons within practices</p> <p>Build on 'test and learn' of Carers questionnaire and consultation form</p>	All locality GP practices PCCAG	September 2015: Agreed support within each practice	Ongoing
<p>Emergency Admissions</p> <p>Reduction in emergency admissions and inter-practice variability</p> <p>Engage with countywide Practice Variation Programme</p>	Dr Tamsin Griffith	Stephen Rudd Bronwyn Barnes	<p>Promotion of ASAP</p> <p>Reduce avoidable unplanned emergency admissions to hospitals</p> <p>Establish whether any further learning/work can be undertaken in the locality collaboratively</p>	All locality GP practices	Continuation of 2013-15 priority	Ongoing
New priorities identified for 2015 - 17						
<p>Social Prescribing</p> <p>Adoption of model across all practices</p> <p>Identify other locations to deliver service if practice does not have room availability</p> <p>Joint working with CDC to address 'loneliness and social isolation' and link in with social prescribing</p>	Dr Hywel Furn Davies	Helen Edwards Cheryl Ewing	<p>To improve the health and wellbeing of those patients referred by healthcare professionals which will be measured through WEMWBS</p> <p>Increase the utilisation of services available within the community e.g. Befrienders</p> <p>Reduce primary care appointments to be measured at 6 months pre and post referral</p> <p>Work with Fire & Rescue Service who will make referrals into scheme during pilot of 'First Responder'</p>	All locality GP practices Cotswold Friends North Cotswold Locality Forum Cotswold District Council	August 2015	March 2017

Priority Action Area Proposed Scheme	Lead Locality GP	Lead Manager (From CCG or other partners)	Expected Outcomes/ Impact	Key Contributors	Expected Initiation Date	Expected Completion Date
Improve Utilisation of North Cotswold Hospital outpatients Improve patient access: Understand NCH baseline/map of services Consult with locality practices to understand services they would like provided Scope the potential for AQP to work out of NCH	Dr Caroline Bennett	Stephen Rudd Cheryl Ewing Julie Goodenough Linda Edwards	Scope potential work programme with GCS Consider local commissioning of services where viable Participate in countywide Community Hospital programme through GCS Understand if services can be delivered closer to home	Gloucestershire Care Services (GCS) All locality GP practices	August 2015	March 2017
Prescribing Address variation and drivers (the variance as at 2014/15 outturn position)	Dr Hywel Furn Davies	Stephen Rudd	Understand variation and drivers by practice Develop scheme for North Cotswold	Medicines Management Team	September 2015	April 2016
Practice Visits Locality Executive to visit all 5 practices to include practice and locality variation and locality priorities	Dr Hywel Furn Davies Dr Caroline Bennett	Stephen Rudd Cheryl Ewing Stephen Ball	Develop practice variation reports tailored to North Cotswold, inclusive of public health priorities Reduce expenditure in line with locality peers	All locality GP practices	September 2015	March 2016
Community Parkrun Set-up 5km Parkrun on behalf of the Community	Dr Hywel Furn Davies Angela Laver	Cheryl Ewing	Non-commercial funding from within the community to be agreed Safe 5km environment to be identified Regular volunteers to support scheme Work with schools and sports clubs to support venture	All locality GP practices NCH League of Friends	May 2015	March 2016
Deaths and Serious Injuries on the Road Work with CDC Road Safety Liaison Group (local network of key stakeholders) Review of community transport	Dr Hywel Furn Davies	Cheryl Ewing	Attendance at Community Transport Workshop 22nd June Work with CDC and South Cotswold locality to identify any joint project support	All locality GP practices Cotswold District Council North Cotswold Locality Forum	June 2015	March 2017
Engagement with Patient Participation Groups (PPGs) Share 2015 - 17 LDP with PPGs on 6 monthly basis of locality priorities	Locality Exec Group	Cheryl Ewing	Share condensed LDP with locality PPGs, requesting their feedback and ideas going forward Feedback to PPGs on 6 monthly basis	All locality GP practices All PPGs	September 2015	March 2017

Priority Action Area Proposed Scheme	Lead Locality GP	Lead Manager (From CCG or other partners)	Expected Outcomes/ Impact	Key Contributors	Expected Initiation Date	Expected Completion Date
Directory of Local Services Local Directory of Services which focusses on North Cotswold VCS organisations	Angela Laver	Cheryl Ewing	Draft Directory of Services pertinent to locality requirements	All locality GP practices Cotswold Friends	June 2015	September 2015
CCG Countywide Projects Supporting practices to implement CCG projects and work programmes into the locality and influencing those programmes with feedback from the locality.	Dr Caroline Bennett and Dr Hywel Furn Davies	Stephen Rudd Cheryl Ewing	Locality GP awareness and implementation of CCG projects including:	Various CCG Lead GPs/ Managers Gloucestershire GP provider company (GDoc)	Ongoing	Ongoing
		Maria Metherall	Urgent care usage reduction – including use of ASAP app, Rapid Response, ICT's, OPAL and SPCA.			
		Julia Tambini	Prime Ministers Challenge Fund: Choice+ rotated on a daily basis (M - F 5.30 p.m. to 8.00 p.m.) between North Cotswold Hospital and The George Moore Community Clinic. This will ensure equity over a two week period. Saturday morning clinics will be held at North Cotswold Hospital			
		Helen Edwards	Integrated Community Teams Rapid Response			
		Andrew Hughes	Primary Care Infrastructure/Premises Development			
		Bronwyn Barnes	Variation Programme			
		Gina Mann	Care Pathways Website (G-Care)			
		Dominic Fox	Joining up Your Information (care record)			
		Helen Goodey	Primary Care Offer			



Dr Hywel Furn Davies, Locality Executive Chair
 on behalf of North Cotswold Locality
 30th July 2015