



Stroud and Berkeley Vale
Locality
Development Plan
2015-17



Foreword

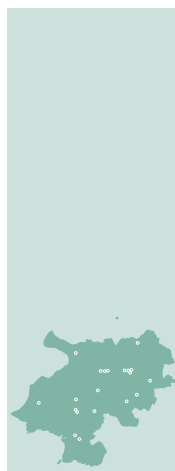
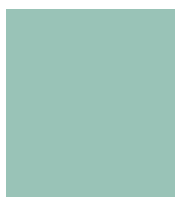
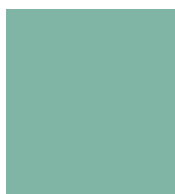


SIMON OPHER – Chair of the Stroud and Berkeley Vale Executive Group

Stroud and Berkeley Vale Locality has grown over the years into a very diverse but united group. We are blessed with many innovative GPs and practice managers in primary care who tend to see health commissioning not just within the narrow confines of health provision, but as a more holistic type of service. We have embraced public health measures as we see that these will make the most difference to people's wellbeing. Local GPs have championed cycling and healthy eating, as well as trying to avert social isolation through friendship cafes. We have pioneered a unique approach to children learning about health which is attempting to create young individuals who understand health, know how to keep themselves healthy and know, crucially, when they do or don't need medical help. We feel it is important to address the demand for health care as well as setting up an excellent service for patients.

Local practices engage very well with commissioning and this year have delivered considerable cost savings whilst maintaining a very high quality service. Above all we realise that, in the end, the best service for patients is usually also the cheapest as it avoids unnecessary activity.

Lastly, I am very proud of the fact that in our locality, we include all providers in our meetings about health care. The NHS is about far more than commissioning, and we see it as essential that the artificial purchaser provider split does not get in the way of giving the best health care to our population. As Hein has said, we are all in this together and we need to work as a team. Health care should be a collaboration, not a competition



HEIN LE ROUX – CCG GP Liaison Lead

It has been a real privilege for me to be involved with the Stroud and Berkeley Vale locality group as we seek to commission better health care for our local population who we serve. It has been a steep learning curve particularly understanding that the 'money' is real and that we are commissioning based on the needs of our local population which can be complex. This is quite a contrast from how I used to work focusing only on the needs of the patient in front of me and not thinking much about the wider population needs or about the cost of my interventions. I have also come to value the partnership working that inevitably comes with commissioning on behalf of our locality. Specifically, we have patient representatives who are becoming bolder at holding us to account as they better understand the nuances of NHS commissioning. We also have Stroud District Council and Gloucestershire County Council (through public health) representation and it has become clear to me that, if we really are to improve the health and wellbeing of our population, then this is best achieved through collaborative working with other commissioners and providers. In other words, we are all in this together.



For example, we know that our population is ageing and that dementia prevalence is increasing. We also know that people with dementia and their carers are at much greater risk of emergency admissions and ending up in a care home before they might if they were able to make timely plans and get adequate support. Dementia diagnosis was highlighted as a 'need' in our locality plan and through the hard work of primary care we are increasing our diagnosis rates. This makes a huge difference to these vulnerable people with dementia and their carers as post diagnosis education, support and planning can take place. This can safely prolong independence which is very important to most people.

Commissioning makes a difference to real people and I would like to thank my colleagues for their hard work and engagement.

CHARLES BUCKLEY – CCG GP Liaison Lead

We have worked hard as a Locality to try and support more collaboration between member practices; we have looked at a range of wider determinants of health and how we – and a wide range of partners – can help and support people to be physically and psychologically healthier – especially looking at 'social prescribing'; we have supported early years health literacy and awareness; we have looked at ways of improving access to information and advice; we have developed and are refining ways of member practices gaining detailed understanding of commissioned activity and outcomes and encouraging them to be more proactive in framing commissioning ideas and improvements; we have supported the CCG wide developments such as Integrated Community Teams with local enhancements – it has been a very busy and productive year! We all need to join up all our activities and work to deliver better outcomes for all of our local population'.



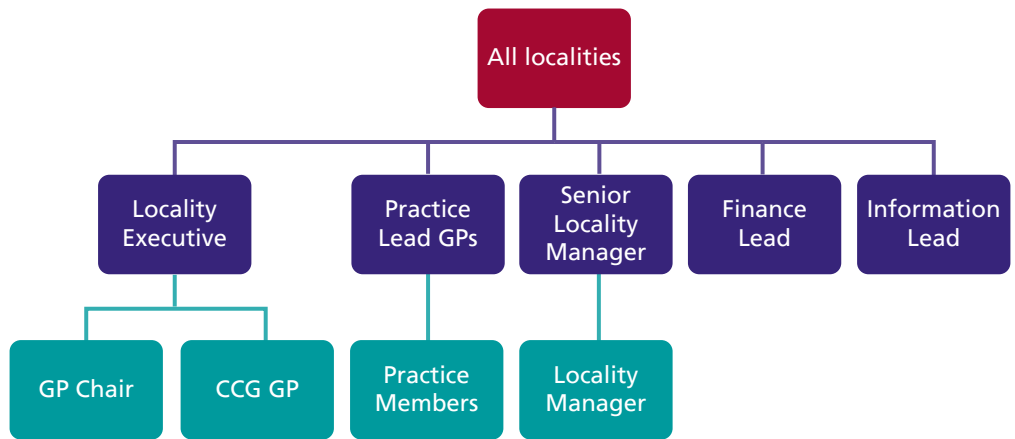
1 Purpose

1.1

This Locality Development Plan has been produced to describe the specific health needs for the population of Stroud and Berkeley Vale and sets out how the Locality Executive Group will lead work to address these needs over the next two years, subject to an annual review.

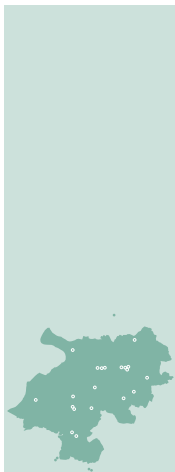
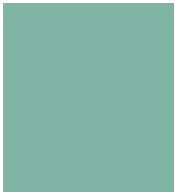
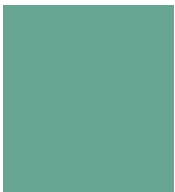
2 Background

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 Stroud & Berkeley Vale area. In each Locality lead GPs work alongside key partners to help determine how best to meet the needs of it's population, informing the wider work of the CCG; this is known as the Locality Executive Group. The structure of localities is shown below:



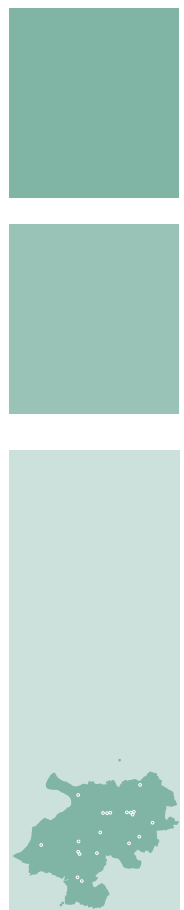
For our locality, these roles are

- Locality GP Chair: Dr Simon Opher
- Locality CCG GP: Dr Charles Buckley & Dr Hein Le Roux
- Practice Leads:
 - Cam & Uley Surgeries: Dr Stephen Alvis
 - Regent Street Surgery: Dr Hugh van't Hoff
 - Prices Mill: Dr Andrew Sampson
 - Frampton Surgery (Whitminster Lane): Dr Charles Buckley
 - The Chipping Surgery: Dr JJ Kabler
 - Frithwood Surgery: Dr Bridget Jorro
 - Stonehouse Health Clinic: Dr Esmail Esmailji
 - St Lukes Medical Centre: Dr Michael Evans
 - The Culverhay Surgery: Dr Richard Probert
 - Marybrook Medical Centre: Dr Sarah Corston
 - Painswick Surgery (Hoyland House): Dr Rhys Evans
 - The High Street Medical Centre: Dr Victoria Blackburn
 - Walnut Tree Practice: Dr Simon Opher
 - Rowcroft Medical Centre: Dr Richard Waldon
 - Stroud Valleys Family Practice: Staniforth Dr Christopher
 - Beeches Green Surgery: Dr Kieron Bhargava
 - Acorn Practice: Dr Tom Yerbough
 - Locking Hill Surgery: Dr Ewart Lewis
 - Minchinhampton (Bell Lane): Dr Hein Le Roux



- Senior Locality Manager: Helen Edwards
- Locality Manager: Penny Waters
- Finance Lead: Stephen Ball
- Information Lead: Chris Roche/Simon Curtis

2.4 The key functions of a locality are:



- 2.2 This document will seek to describe the local health needs for the Stroud & Berkeley Vale 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 which aligns with the Gloucestershire health community. 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.

The Locality development planning process will also take account of the commissioning intentions produced annually by the CCG (focused around acute, community and mental health services), local District Council priorities and the Better Care Fund.

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.

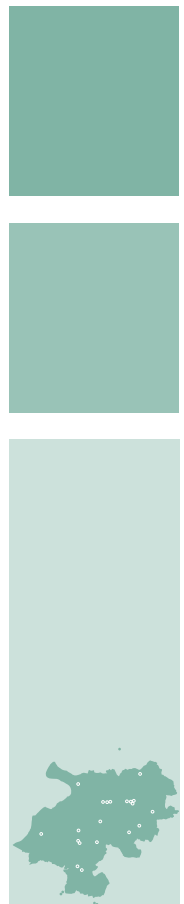
- 2.4 This Locality Development Plan must be seen in the context of these important strategic documents; projects and initiatives in the Plan will be complementary to this strategic context and the CCGs operating plan.



This Locality Development Plan therefore fits within this wider context as follows:



- 2.5 To identify the health needs of the population of Stroud & Berkeley Vale 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 over or below ‘expected’ levels. This analysis has included consideration of benchmarking data information and data 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 has worked closely with key stakeholders to identify the health and social care needs of the local population, to prioritise actions, and provide ideas for how these needs could be addressed. These stakeholders are:
- Local GP Practices and their staff
 - Patients and their representatives
 - Local voluntary organisations and community groups;
 - Gloucestershire Care Services;
 - 2gether NHS Foundation Trust
 - Gloucestershire Hospitals NHS Foundation Trust;
 - Stroud District Council;
 - Gloucestershire County Council
 - Lay members
 - Local MPs;
 - 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 Quality, Innovation, Productivity and Prevention (QIPP) projects to ensure locality initiatives and projects are complementary. 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.



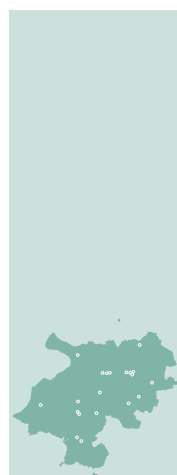
3 Key Achievements to date

3.1 Key achievements of the Stroud & Berkeley Vale Locality from the previous 2013-2015 plan are detailed below.

The CCG has been in operation since 2013 (although in shadow form since 2012). During 2013, seven Locality Development Plans were produced, one for each locality in the county, covering 2013-15. Key achievements of the Stroud & Berkeley Vale Locality since 2013 are as follows:

- **Locality Executive engagement** – The locality executive have regularly met to support two-way engagement between GCCG 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.
- **Information Support Officers in practices** – Information Support Officers (ISOs) have been in post in the majority of Stroud and Berkeley Vale practices during the past two years, analysing practice activity data. For the coming year the ISO model will take a more structured approach as part of the CCG Variation Programme to identify, understand and effect change relating to the under or over utilisation of NHS services.
- **Cycling on prescription scheme commissioned**. This scheme was initially available to the patients of 8 locality Practices and has subsequently been rolled out to all 19 Practices. This is a confidence building programme where individuals are supported by the Road Safety Partnership to return to cycling. The scheme is particularly for people who already own a bike but may not have used it for a while. In addition to confidence building sessions, the individual also receives a free bike maintenance check. People are then linked to local cycling clubs.
- **Social prescribing pilot established** – our social prescribing pilot initially ran in 6 GP Practices in the locality. The most common reason for referral was social isolation, followed by mental health and wellbeing. The scheme was jointly sponsored by Stroud District Council and the CCG. Following an evaluation, an in practice model has been adopted and will roll out during the coming months.

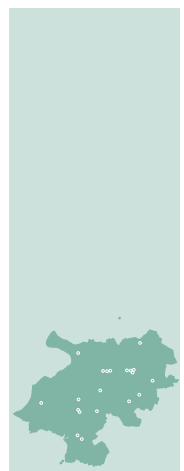
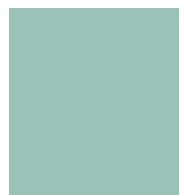
 - **Rapid Response roll out** – Rapid Response went live in Stroud and Berkeley Vale in December. Rapid Response practitioners provide a full assessment in a person’s home and aim to respond within one hour. People are supported in their own homes for a period of up to 48 hours as an alternative to hospital admission and to support early discharge. Night sitting is also a part of this service offer.
 - **Facts4Life** – The locality commissioned the development of this programme which aims to change the attitude of children in key stage 1 to their health and wellbeing. The aim is to promote an understanding of illness as part of normality, helping children to understand how to keep as well as possible and how to manage ill-health effectively. The project helps children to put information in context when making decisions about their health. The Facts4life approach allows children and teachers to start talking about difficult and important personal and family health issues previously regarded as too sensitive to approach. In this way, health problems can be identified more quickly and interventions carried out an earlier stage, without the need for medical involvement. The pre pilot demonstrated positive results and the CCG has now funded the project to enable roll out to 153 schools across the county.



- **Art on Prescription commissioned** – Art on prescription provides primary care health professionals with an alternative prescribing option for a range of health conditions, as a complement and/or alternative to existing traditional prescribing options, particularly when such traditional prescribing options have either not proved helpful or been unsuitable for the patient’s needs. This service is delivered by Artlift and the CCG have agreed to commission the service until March 2016.
- **Memory cafes commissioned** – As part of its plans to meet local needs, the Locality Executive funded four memory cafés in Stroud, Cam, Wotton and Berkeley. They are sited within sheltered housing complexes, but are accessible to all patients (and Carers) from Stroud District who have concerns about their memory. The café sessions are run in partnership with a Dementia nurse and Dementia advisors who use the sessions to give support to patients and their carers. The weekly 2 hour ‘drop in’ sessions, give people the chance to have a chat and a coffee and there are a range of activities for people to enjoy. The project has three key aims:
 - Helping people to feel part of the local community
 - Carer support
 - Access to advice and guidance.
- **On Target programme developed** – On Target 2014/15’, is a alternative mini weight management scheme, focusing on mental and physical wellbeing. It was devised and managed by Stroud District Council Sport and Health Development Service and commissioned by the CCG. The scheme provided four blocks of sessions over the year (12 sessions per client) to people who wanted to reduce their weight, consider their mental health and physical activity options in their weight loss journey. The target of achieving 5% weight loss over all was achieved in the first six months and signposting to continued mental health support made available. Numbers were deliberately small with average cohort being 7 to 10 people.
- **Membership Engagement** - Successfully engaging with all practices in the locality, including GP or Practice manager representation at regular Stroud & Berkeley Vale forum meetings – in accordance with the CCG locality operating framework.

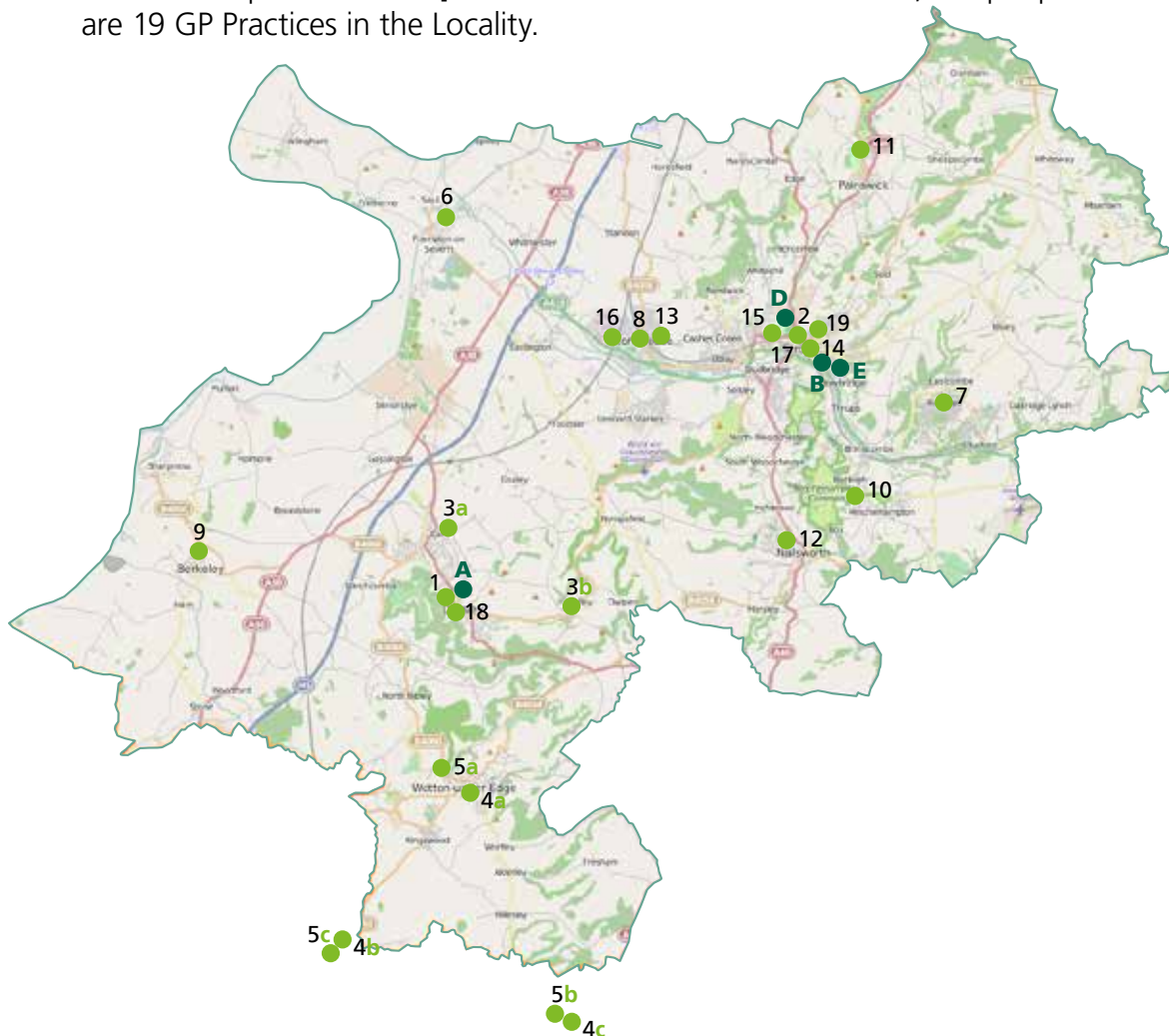
3.2 Prime Minister’s Challenge Fund

- 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, through a blend of additional appointments and greater use of technology.
- 3.2.3 A delivery board has been established to make key decisions and will include representation from each of the seven Gloucestershire localities.

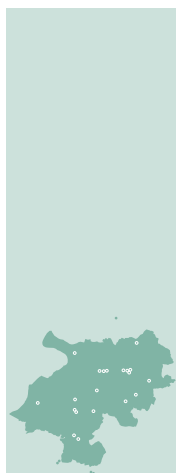


4 Local Service Provision

4.1 The Stroud and Berkeley Vale Locality is comprised of Stonehouse, Nailsworth, Frampton-on-Severn, Wotton-Under-Edge, Painswick, Dursley, Stroud, Berkeley, Minchinhampton and Cam] – the total area covers around 121,000 people. There are 19 GP Practices in the Locality.



- 1 Acorn Practice, May Lane Surgery, Dursley GL11 4JN
- 2 Beeches Green Surgery, Beeches Green, Stroud GL5 4BH
- 3 **a** Cam & Uley Family Practice, The Orchard Medical Centre, Fairmead, Cam, Dursley GL11 5NE & **b** 42 The Street, Uley, Dursley GL11 5SY
- 4 **a** Chipping Surgery (The), Symn Lane, Wotton under Edge GL12 7BD & **b** 1 Avon Crescent, Wickwar GL12 8NL & **c** Bethesda Chapel, Park Street, Hawkesbury Upton, Wotton under Edge GL9 1BA
- 5 **a** Culverhay Surgery (The), Wotton under Edge GL12 7LS & **b** Bethesda Congregational Chapel, Park Street, Hawkesbury Upton, Badminton GL9 1BA & **c** Community Centre, Avon Crescent, Wickwar GL12 8NL
- 6 Frampton Surgery, Whitminster Lane, Frampton-on-Severn GL2 7HU
- 7 Frithwood Surgery, 45 Tanglewood Way, Bussage, Stroud GL6 8DE
- 8 High Street Medical Centre (The), 31 High Street, Stonehouse GL10 2NG
- 9 Marybrook Medical Centre, Marybrook Street, Berkeley GL13 9BL
- 10 Minchinhampton Surgery, The Surgery, Bell Lane, Minchinhampton GL6 9JF
- 11 Painswick Surgery, Hoyland House, Gyde Road, Painswick GL6 6RD
- 12 Prices Mill Surgery, Newmarket Road, Nailsworth GL6 0DQ
- 13 Regent Street Surgery, 73 Regent Street, Stonehouse GL10 2AA
- 14 Rowcroft Medical Centre, Stroud GL5 3BE



- 15 St Lukes Medical Centre, 53 Cainscross Road, Stroud GL5 4EX & St Lukes Medical Therapy Centre, 10 Tuffley Lane GL4 0DT
- 16 Stonehouse Health Clinic, High Street, Stonehouse GL10 2NG
- 17 Stroud Valleys Family Practice, Beeches Green Health Centre, Stroud GL5 4BH
- 18 Walnut Tree Practice, May Lane Surgery, Dursley GL11 4JN
- 19 Locking Hill Surgery, Locking Hill, Stroud GL5 1UY

Other providers

- A** Vale Community Hospital, Lister Road, Dursley GL11 4BA
- B** Stroud General, Trinity Road, Stroud GL5 2HY
- C** Emersons Green, St Lukes Close, Emersons Green, Bristol BS16 7AL
- D** Beeches Green Health Centre, Stroud, GL5 4BH
- E** Weavers Croft Mental Health Clinic, Field Road, Stroud GL5 2HZ

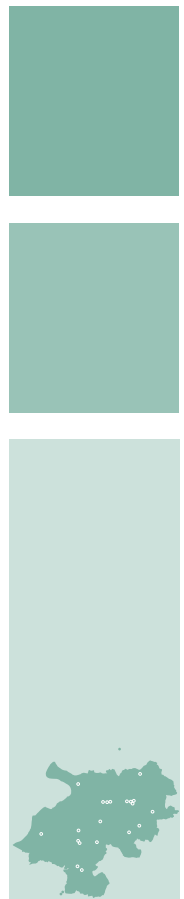
4.2 The approximate Practice list sizes are as follows:

Minchinhampton Surgery	7,187
Rowcroft Medical Centre	11,834
Prices Mill Surgery	8,557
Beeches Green Surgery	7,880
Painswick Surgery	4,791
St Luke's Medical Centre (closing 30/9/2015)	3,985
Stroud Valleys Family Practice	4,149
Frithwood Surgery	6,613
Culverhay Surgery (Wotton)	6,184
Chipping Surgery (Wotton)	8,422
Cam and Uley Family Practice	10,146
Acorn Practice	4,191
Marybrook Medical Centre	5,052
Walnut Tree Practice	4,761
High Street Medical Centre	5,768
Frampton Surgery	4,990
Locking Hill Surgery	9,338
Regent Street Surgery	4,116
Stonehouse Health Clinic	2,742

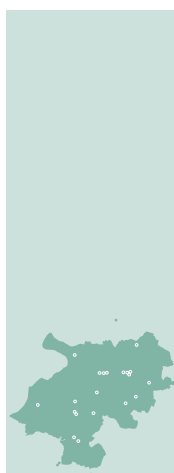
Correct as at 1st April 2015

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:

- Stroud General Hospital
- The Vale Community Hospital
- Hospitals in Bristol
- Emersons Green Treatment Centre, which is particularly beneficial to those people living on the South Gloucestershire boarder in Wotton-Under- Edge
- Beeches Green Medical Centre
- Weavers Croft Mental Health Clinic.



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?

Overview

Public Health Information

5.1. The Local Authority in Gloucestershire produce 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.

Demographics

Stroud locality has a slightly older age profile than the CCG average, and a relatively high number of patients aged 65 plus and 85 plus, with implications for age related long term conditions. Compared to the county as whole, the district is also projected to see above average levels of growth in the older population through to 2021.

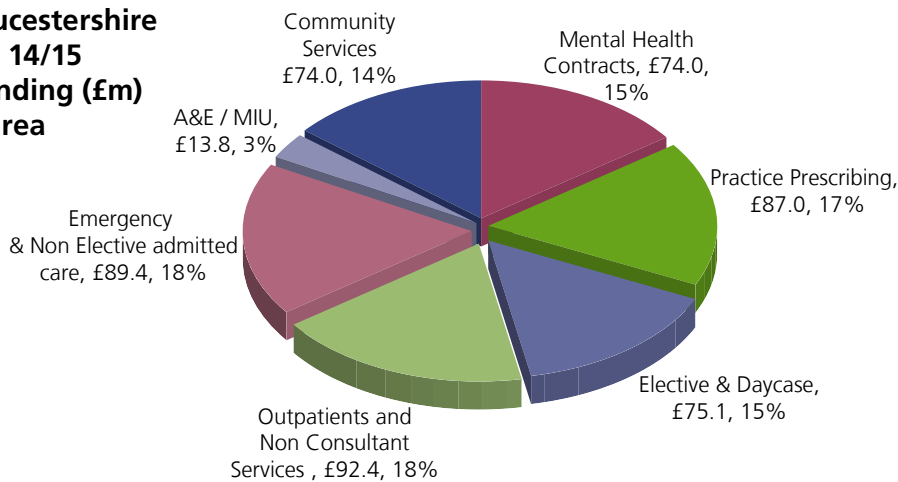
All practices in the Stroud and Berkeley Vale locality have deprivation scores below or inline with the county average, however there are still a number of pockets of deprivation in the locality.

CCG Finance and Information Data

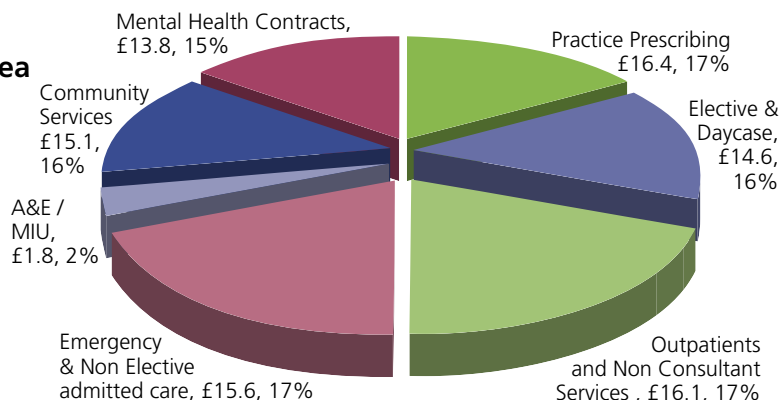
5.2 Analysis of NHS resource utilisation demonstrates variation exists not just at a CCG level, but also between and within localities. In addition, GCCG have specific performance issues along with finite financial resources, which, as a membership organisation, the locality can support with. In addition to the JSNA intelligence, it is vital to consider the wider financial picture.

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

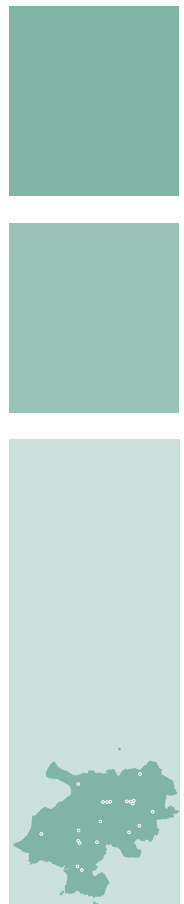
Gloucestershire CCG 14/15 Spending (£m) by area



Stroud and Berkeley Vale 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.

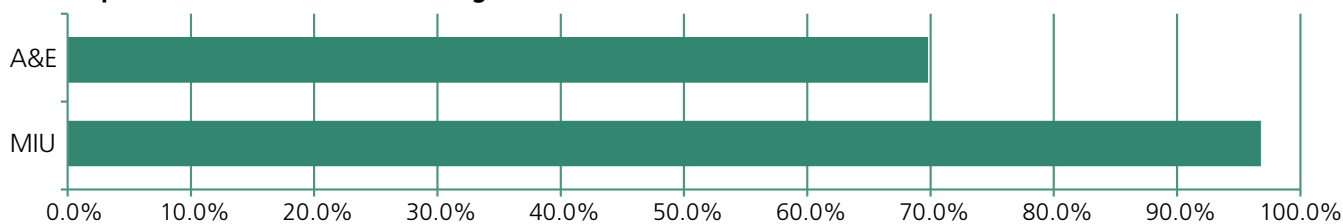


Critically, we face an unprecedented financial challenge over the coming years, at the same time as increased demand for our services, within the context of a fast-ageing population. At present around 17 % of Gloucestershire’s population are aged 65 and over; this is expected to grow to 30% over the next 20 years. We will therefore need to provide services that are simple to access, integrated and cost-effective.

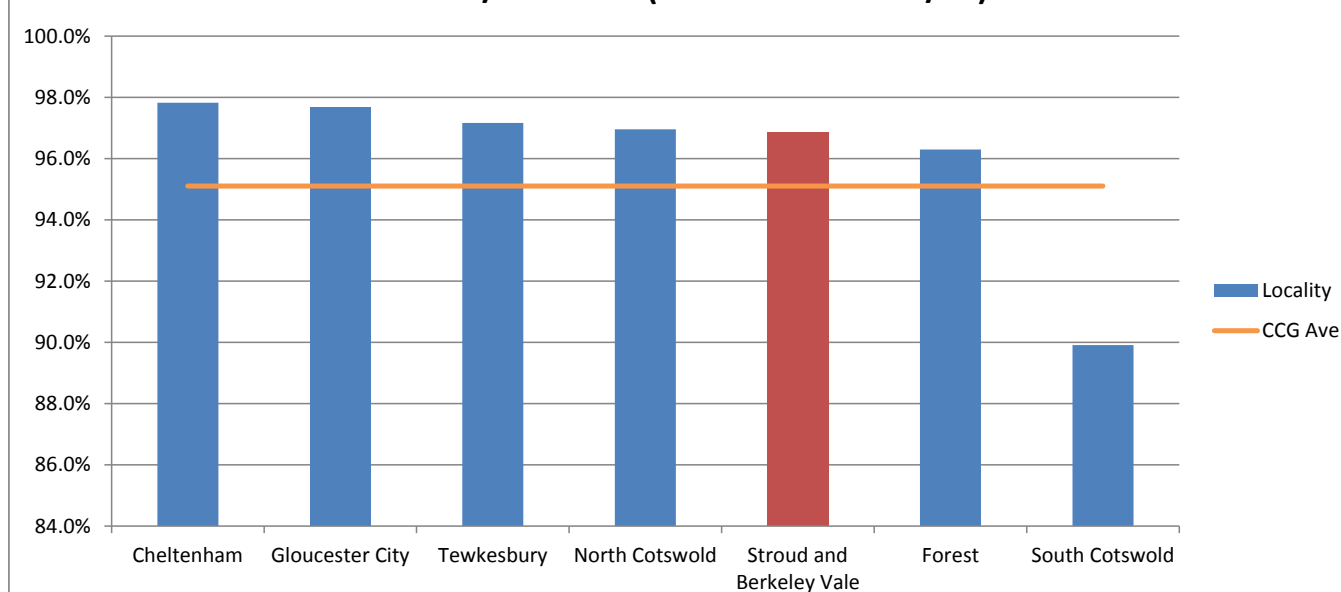
In the context of this wider financial picture the business intelligence team has reviewed activity, performance and finance data from commissioned services to assess where there are significant variances from the levels expected for the locality; this has highlighted the key areas below for further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

A&E / MIU attendance

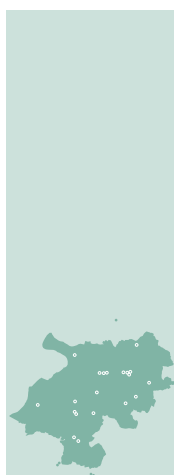
Stroud and Berkeley Vale: Percentage of A&E and MIU Attendances that only required 'Guidance/Advice' during 2014/15



MIU: Percentage of Patients attending that only required Advice/Guidance (All Providers 2014/15)

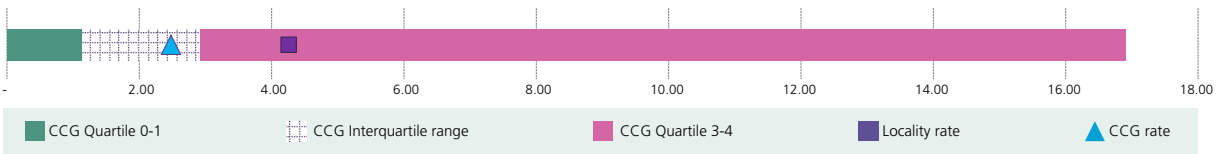


The above graphs demonstrate the utilisation of A&E and MIU by patients within the Stroud and Berkeley Vale locality. There are a very large proportion of attendances at A&E and MIU where the outcome for the patients is Guidance/Advice, either verbal or written. The first chart suggests a majority of patients attend these services and receive advice and guidance only, while the second chart shows that the Stroud and Berkeley Vale locality is above the CCG average for patients who only receive advice and guidance at MIU. 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.

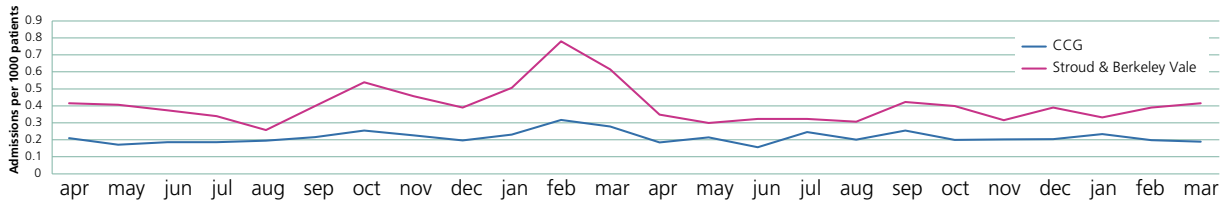


Elective admissions: General Surgery

Stroud & Berkeley Vale General Surgery Elective Admissions rate per 1,000 population comparison(2014/15 All Providers)



Trend Graph of General Surgery Elective Admissions per 1000 patients April 2013 - March 2015: Stroud & Berkeley Vale v CCG

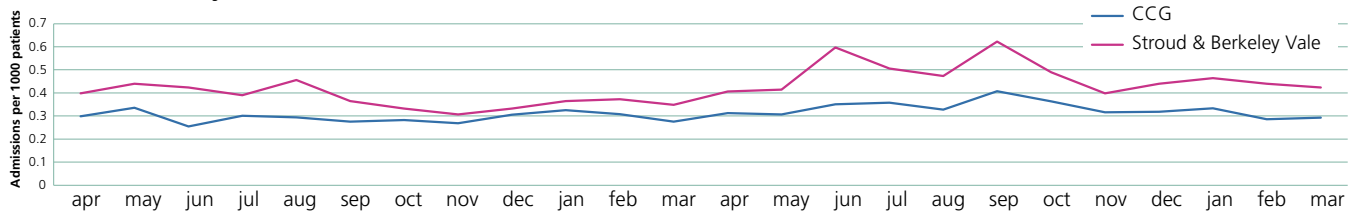


The specialty of General Surgery has actual spend and activity above the expected level for elective admissions, considering the demography of the locality. Fourteen of the nineteen locality practices are above their expected activity level in this specialty. Several of the locality's practices are also outliers in this specialty in comparison to their taxonomy groups.

The age groups from 65 years to 74 years contribute most significantly to the activity being above expected levels.

Elective admissions: Clinical Haematology

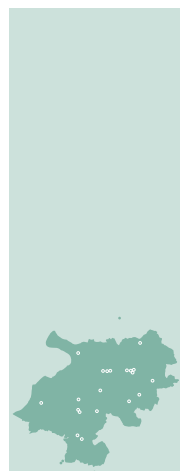
Trend Graph of Clinical Haematology Elective Admissions per 1000 patients April 2013 - March 2015: Stroud and Berkeley Vale v CCG



For elective Haematology SBV had 684 admissions in 14/15 at a cost of £348k, this is the 6th most common specialty with regards to number of elective admissions in the locality (8th for the whole CCG, thus the rate per 1000 being higher in SBV), with activity more than 35% higher than the locality's demography would suggest. To a smaller extent, outpatient and emergency admissions are also high in this specialty for Stroud and Berkeley Vale patients.

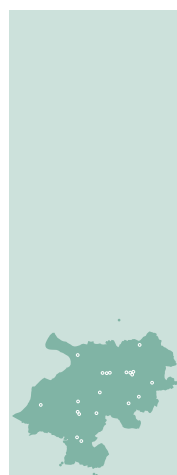
5.3 As well as the information provided through the JSNA and CCG activity data, we want to strengthen this with understanding the views of people working alongside our patients in the community and 'on the ground', so we have also worked with our local colleagues (see section 2.6 above) to better understand the needs of our population, and priorities for improvement.

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



5.4 The identified priorities have been presented to the Locality Executive Group for them to consider and agree which key priorities they would focus on for 2015 - 2017. Below is the plan on a page that was developed showing all the priorities initially presented from each contributor.

<p>Stroud and Berkeley Vale Locality priority setting 2015-2017</p>	<p>S&BV Locality Continuing Priorities</p>		<p>Locality Partnership working</p>		
	Social Prescribing	Locality/countywide	Healthy Lifestyle schemes	Working with Stroud District Council/ social care/ education/ VCS	
	ICT Phase 2 (test and learn)	Locality	Excess winter deaths – Warm and Well scheme		
	Practice variation - ISOs	Locality	Buddy Scheme		
	<p>S&BV Locality Proposed New Priorities</p>		Social prescribing – Model now scaled up across most practices using Asset coordinators aligned to ICT teams		
Practice Variation – Smoking Cessation	Locality	Reduce Obesity			
<p>Clinical Service Developments/ Finance and Information</p>	Practice Variation – Reduce Obesity	Locality			
Practice Variation – Colorectal cancer early diagnosis	Locality				
Practice Variation –ISO and prescribing	Localise health service where appropriate to do so – Extend scope of outpatient service	Locality			
Emergency Admissions	<p>All Public Health Identified Indicators</p>				
A+E/MIU attendances	Women’s Health outcomes – further analysis				
Skin cancer	Cancer prevalence – (QOF) Is this related to locality’s age profile				
	Excess winter deaths – Monitor current rising trend				
	Excess weight in adults – are all practices making the most of the opportunity to refer to slimming world				
	NHS Healthchecks – an opp to raise questions about lifestyles behaviours and identify risks of CVD/share learning across practices				
	Secondary prevention in primary care – address variation between practices where relevant				
	Self harm/suicide				



6. Locality Work Programme for 2015/16

6.1 We have set out a range of local health needs/issues in section 5 above. With our CCG, GP Practice and other colleagues, we will work hard to address these. The locality work programme will be regularly monitored to assess progress, with a formal review by the CCG's Governing Body every three months.

Recognising though that we need to priorities our work as a Locality, we have summarized what we aim to achieve in 2015/16 in the work programmer below:

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 Schemes continuing						
Social Prescribing – Scale up in practice model	Dr Simon Opher	Helen Edwards – Senior Locality Manager CCG/Penny Waters Locality Manager	To improve Health & Wellbeing and reduce unnecessary use of primary care. To ascertain impact on use of A&E, emergency medical admissions and outpatients. To promote schemes run by partner organisations for example SDC Healthy Homes loans and countywide Warm and Well Scheme.	Stroud District Council	Continuation of 2013 – 2015 priority	On going
Practice variation – ISO model	Dr Charles Buckley	Bronwyn Barnes – CCG Practice variation Mgr	Reduce expenditure to be in line with peers Detailed practice and individual patients level analysis of variances by practices, as part of the Variance project and ISO work programme, will look for explanations and possible modifiable causes to help reduce unwarranted and poor value variation.		Continuation of 2013 – 2015 priority	On going
ICT phase 2 – continuing priority	Dr Simon Opher	Helen Edwards – Senior Locality Manager CCG	Prevention of some hospital and care home admissions. Less time spent in hospital. Increased identification of people who are at risk of requiring services in the future. Greater clarity on who is involved in a person's care. More focus on the 'goals' and quality outcomes defined by the person. Named key workers. Improved connection to 2gether NHS Foundation Trust staff and wider community based assets.		Continuation of 2013 – 2015 priority	On going

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Practice Variation – Reducing Obesity	Dr Simon Opher	Tracy Marshall – Public Health	Reducing obesity and related conditions such as diabetes, hypertension and coronary heart disease		July 2015	On going	
Practice Variation – Smoking cessation	Dr Simon Opher	Tracy Marshall – Public Health	Reducing smoking and related conditions such as CVD.		July 2015	On going	
Practice Variation – Earlier diagnosis of colorectal cancer	Dr Charles Buckley	Claire Procter – Public Health	Practice audit to determine at what stage cancer patients are currently being diagnosed. Audit of practices.				
Localise health services where appropriate to do so	Dr Simon Opher	Dawn Porter (GCS), specialty mgrs. From GHFT, Jon Thomas, 2gether	To extend the range and scope of outpatient services provided locally. Priorities for 2015/16 are: oncology and access to the mobile radiotherapy unit at The Vale. Increase from 80% the percentage of local people treated in SGH and VCH. Support the sustainability of both MIUs by running GP sessions from them as part of the Prime Minister's Challenge Fund.		July 2015	On going	
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 Charles Buckley & Dr Hein Le Roux	Helen Edwards/ Penny Waters	Locality GP awareness and implementation of CCG projects including:	Various CCG Lead GPs/ Managers	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 +, Skype, e-Consult				Gloucestershire GP provider company (GDoc)
		Helen Edwards	Integrated Community Teams				Gloucestershire Care Services
		Andrew Hughes	Rapid Response				
		Bronwyn Barnes	Infrastructure/Premises Development				
		Gina Mann	Variation Programme				
		Dominic Fox	Care Pathways Website (G-Care)				
	Dominic Fox	Joining up Your Information (care record)	Central Southern Commissioning Support Unit				
	Helen Goodey	Primary Care Offer					

Dr Simon Opher, Stroud & Berkeley Vale Locality Executive Chair,
On behalf of Stroud & Berkeley Vale Locality

16 July 2015