

# Cheltenham Locality Development Plan 2015-17



## Foreword



Over the last 2 years Cheltenham Locality Executive has developed two-way engagement with its member practices, demonstrated by ongoing full attendance at locality meetings, and with our patients through existing Patient Participation Groups. This engagement has been further strengthened for Cheltenham by the appointment of a representative on the Clinical Commissioning Group (CCG) Governing Body – Dr Sadaf Haque who was voted by her peers to become the Liaison Lead between the CCG and the locality.

The Cheltenham Locality Executive has worked openly and collaboratively with all member practices during the past two years to review areas of variation. As a consequence, based on work undertaken by Leckhampton Surgery, the locality decided to carry out an audit across all Cheltenham practices looking into medication reviews following a fall, with the aim of reducing the overall anti-cholinergic load of prescribing in the elderly. This has proven to be extremely successful and beneficial to our patients, and is representative of how Cheltenham practices have come to work together.

The Locality Executive have also arranged a number of learning events for our Cheltenham GPs during the past two years, some of which are mandatory such as Safeguarding for Children and others which are particularly pertinent to the locality such as raising awareness of suicide. We intend to continue this approach during the next two years and have planned the programme.

The locality has taken a holistic approach to supporting our patients and we are working with other organisation's including Cheltenham and Tewkesbury Borough Councils, Public Health through Gloucestershire County Council and a number of voluntary and community sector organisation's to bring a more coordinated approach to the care we provide our patients. This plan takes account of the varied demographics of our population and also reflect and support the wide-spread deprivation across Cheltenham as identified by Public Health.

We expect to see the population of Cheltenham grow significantly over the next 20 years and therefore we recognise that we need to think differently as to how we can deliver and improve services at a local level.

The Cheltenham Locality Executive believe that with the continuing support of the Cheltenham practices, they have been able to localise the commissioning provision of better health care for their population which has enabled them to make a real difference during the last two years. It is our intention to build on this progress for 2015 - 17 and these are described in detail within this document.

Dr Will Miles  
Locality Executive Chair  
Cheltenham Locality Executive  
September 2015



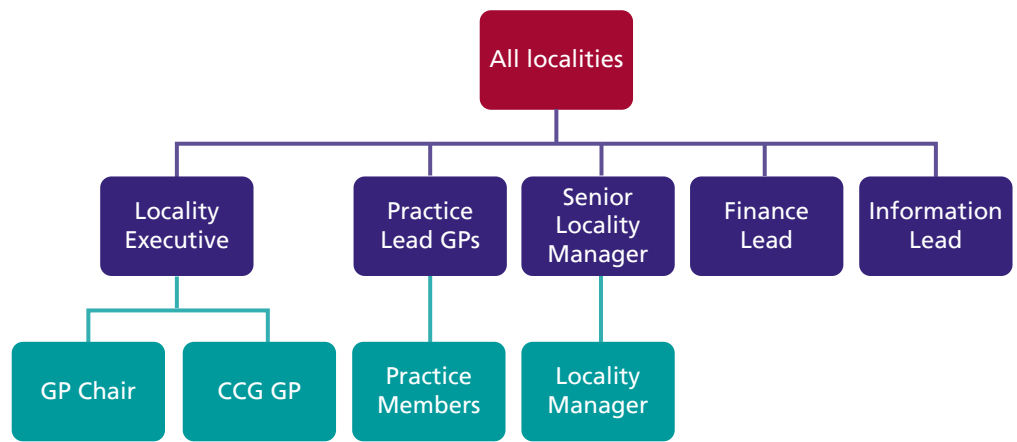
# 1 Purpose

1.1

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

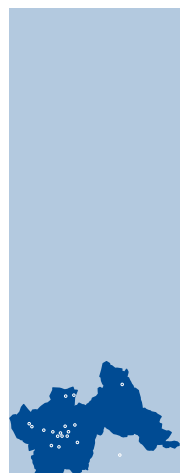
# 2 Background

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 Cheltenham 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 localities is shown below:



For our Locality, these roles are:

- Locality GP Chair Dr Will Miles
- Locality CCG GP Liaison Lead Dr Sadaf Haque
- GP Practice Leads:
  - Berkeley Place Surgery Dr Simon Ryley
  - Corinthian Surgery Dr Julie Jackson
  - Crescent Bakery Surgery Dr Mark Trueman
  - Leckhampton Surgery Dr Martin Nicholas
  - Overton Park Surgery Dr Julian Wilson
  - Portland Practice (The) Dr Will Miles
  - Royal Crescent Surgery Dr Roger Williams
  - Royal Well Surgery Dr Phil Fielding
  - Seven Posts Surgery Dr Nick Young
  - Sixways Clinic Dr Graham Mennie Tbc
  - Springbank Surgery Dr Graham Wilson
  - St Catherine’s Surgery Dr Adam Gillett
  - St George’s Surgery Dr Jim Moore
  - Stoke Road Surgery Dr Robin Hollands
  - Underwood Surgery Dr Andrew Green
  - Yorkleigh Surgery Dr Charles Inman
  - Winchcombe Medical Centre



CCG Locality Support

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

The key functions of a locality are:



- 2.2 This document will seek to describe the local health needs for the Cheltenham 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.

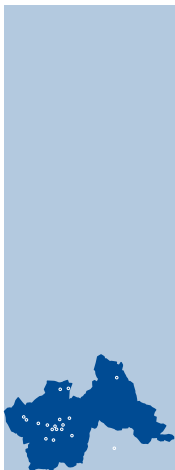
#### Our Ambitions:

- 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 the Cheltenham 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;
  - Together NHS Foundation Trust
  - Gloucestershire County Council;
  - Cheltenham Borough Council;
  - Tewkesbury Borough Council;
  - Local voluntary organisations;
  - Patients and their representatives (through practice Patient Participation Groups);
  - 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 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 Cheltenham locality from the previous 2013 - 2015 plan are detailed below:

### 3.1.1 Care Home Zoning

All practices have continued to support care/nursing home zoning whereby each GP practice has been aligned to a number of care/nursing home/s. This has improved the continuity of care and clinical outcomes for those patients in a care/nursing home, and enabled the practices to develop a relationship with care/nursing home staff. Due to the number of care/nursing home/s premises within the Cheltenham locality, this has ensured practices visits are more manageable for GP staff.

### 3.1.2 Electronic Prescribing

The roll-out of electronic prescribing across all practices working with local pharmacies was completed by end June 2015 when the technical infrastructure was applied to enable prescribers and dispensers to operate the service. Training has been offered to GP practices and pharmacies to ensure business continuity during this change.

On the whole the deployment has gone well from the outset as practices have been pragmatic about understanding the inherent challenges posed by a change in systems and process and will now take forward Phase II of the project during 2015 - 16.

### 3.1.3 Alcohol Attendances at A&E

A review of alcohol attendances at A&E was undertaken in collaboration between Gloucestershire Hospitals, the Commissioning Support Unit, Public Health and Cheltenham GP practices to understand if any additional support could be provided in primary care.

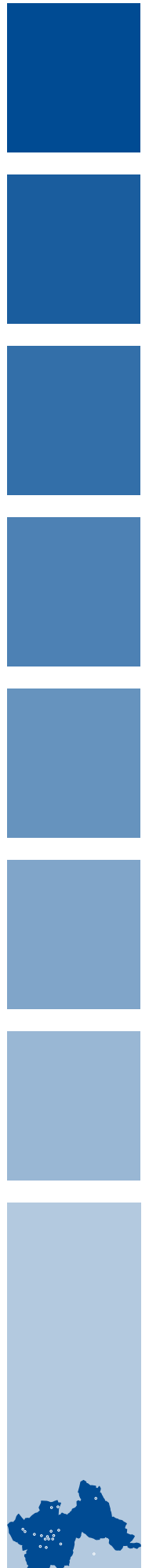
The GP Project Lead wrote to the five practices identified as having the highest A&E attendances relating to alcohol, offering the opportunity to have in-house appointments for their patients from Turning Point who provide specialist and integrated services for patients needing additional support around their alcohol intake.

### 3.1.4 Greater Awareness of Suicide

An education programme was developed to support Cheltenham GPs in tackling the relatively high suicide levels in the locality. This involved multi-agency experts including Public Health and 2gether Trust. This gave an overview of:

- Existing Childrens' & Young Peoples Services;
- National picture of suicide and national factors presented by speakers from 2gether Trust.

As well as working with 2gether Trust and Public Health, the Locality Executive has also identified which Voluntary & Community Sector organisations are able to provide extra support in order that practices have the confidence to refer/signpost their patients to those organisations.



### 3.1.5 Social Prescribing

The Locality Executive developed a joint working approach with Cheltenham Borough Council (CBC) and Cheltenham Partnerships (CP) in the development of a locality social prescribing scheme. The Locality Executive worked collaboratively with CBC and CP to identify and meet with local Voluntary & Community Sector organisation's: namely: Alzheimer's Society, Carers' Gloucestershire, County Community Projects, Gloucestershire Lifestyles, Gloucestershire Rural Community Council and Third Sector Services who had the capability and capacity to support the service user (patient).

The pilot initially ran in 2 GP Practices with roll-out across all practices by the beginning of 2015. Referrals have steadily increased showing the benefits of the scheme, especially for those who received support around social isolation, housing, financial advice and mental health and wellbeing.

Following a countywide evaluation by Public Health it has been agreed by all practices through their GP provider organisation, to adopt an 'in-practice' model going forward whereby practice staff will be able to make a referral to the Social Prescribing Coordinator who will be based in the practice for one/two sessions per week.

### 3.1.6 Patient Participation Groups (PPGs)

PPGs routinely hear about patients' experiences: perspectives of existing services and about what developments the local community feel would be useful. In the light of this, the Locality Executive sought PPG's thoughts on the priorities in the Locality Development Plan (LDP) for 2013 - 15, along with any issues they would like to highlight, and feedback from patients who may have benefitted from these schemes.

A final report was drafted providing a brief overview of the feedback from those practices who responded which has been reflected within this 2015 - 17 Locality Development Plan.

### 3.1.7 Locality Executive Engagement

The Locality Executive regularly meet with individual practice leads on a rolling programme throughout the year, as well as organising quarterly meetings whereby all practices send a GP or Practice Manager representative which ensures the voice of local practices are heard and reflected within the work programmes and priorities. The Protected Learning Time events are also seen as an opportunity for GPs to meet and undertake continuous professional development which support the locality priorities.

Locality practice finance and information variation reporting has also 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 - 17 shows where the locality's focus will be.



### 3.1.8 Key Relationships

The Locality Executive has developed key relationships and joint working with Cheltenham Borough Council (CBC) through:

- Membership of the Strategic Partnership Board (SPB) which tackles the issues that determine wellbeing and quality of life in the community – such as crime, jobs, education, health, and housing. To support this initiative, representatives from Gloucestershire County Council, the Chief Executive of CBC, Fire & Rescue, Gloucestershire Probation, Gloucestershire Police Authority and businesses have all worked together;
- CBC Strategy & Engagement Manager attends Locality Executive meetings on a quarterly basis;
- CBC have supported and contributed to the Cheltenham Social Prescribing initiative from inception;
- Discussions have been held with the Planning department regarding the Joint Core Strategy for 2012 - 2031, particularly focusing on primary care support.
- Working with the Alcohol Co-ordination Group in order to reduce the harm that alcohol causes in Cheltenham by co-ordinating partnership activity that reduces health harms, crime and disorder and the related harm to families and communities.

### 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.

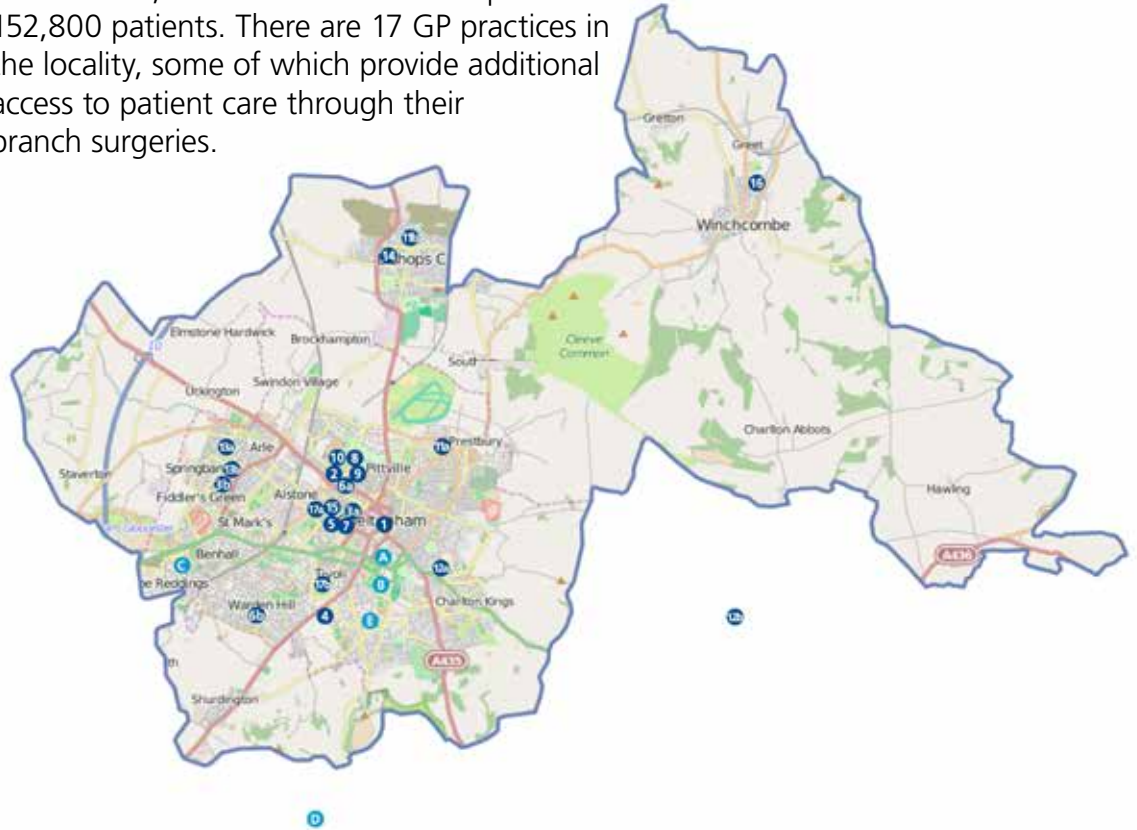
3.2.2 In securing this £4m of additional national funding, localities will be supporting the delivery of providing local people with improved access to GP services in Gloucestershire. This includes the creation of 100,000 appointments a year across all localities to free up time in surgeries to be used 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 Cheltenham locality covers mainly an urban population comprised of Cheltenham, Winchcombe and Bishops Cleeve of which the total area covers around 152,800 patients. There are 17 GP practices in the locality, some of which provide additional access to patient care through their branch surgeries.



- 1 Berkeley Place Surgery, 11 High Street, Cheltenham GL52 6DA
  - 2 Corinthian Surgery, St Paul's Medical Centre, 121 Swindon Road, Cheltenham GL50 4DP
  - 3 a Crescent Bakery Surgery, St Georges Place, Cheltenham GL50 3PN & b Hesters Way Healthy Living Centre, Hesters Way Community Resource Centre, Cassin Way, Cheltenham GL51 7SU
  - 4 Leckhampton Surgery, Lloyd Davies House, 17 Moorend Park Road, Cheltenham GL53 0LA
  - 5 Overton Park Surgery, Overton Park Road, Cheltenham GL50 3BP
  - 6 a Portland Practice (The), St Paul's Medical Centre, 121 Swindon Road, Cheltenham GL50 4DP & b The Up Hatherley Surgery, Glebe Farm Court Road, Up Hatherley, Cheltenham GL51 5EB
  - 7 Royal Crescent Surgery, 11 Royal Crescent, Cheltenham GL50 3DA
  - 8 Royal Well Surgery, St Paul's Medical Centre, 121 Swindon Road, Cheltenham GL50 4DP
  - 9 a St. Catherine's Surgery, St Paul's Medical Centre, 121 Swindon Road, Cheltenham GL50 4DP & b Hesters Way Healthy Living Centre, Hesters Way Community Resource Centre, Cassin Way, Cheltenham GL51 7SU
  - 10 St George's Surgery, St Paul's Medical Centre, 121 Swindon Road, Cheltenham GL50 4DP
  - 11 a Seven Posts Surgery, Prestbury Road, Cheltenham GL52 3DD & b Greyholme Surgery, Church Road, Bishops Cleeve GL52 8LT
  - 12 a Sixways Clinic, London Road, Charlton Kings, Cheltenham GL52 6HS & b 40 Station Road, Andoversford, Cheltenham GL54 4LA
  - 13 a Springbank Community Resource Centre, Springbank Way, Cheltenham GL51 0LG & b Hesters Way Healthy Living Centre, Hesters Way Community Resource Centre, Cassin Way, Cheltenham GL51 7SU
  - 14 Stoke Road Surgery, 4 Stoke Road, Bishops Cleeve, Cheltenham GL52 8RP
  - 15 Yorkleigh Surgery, 93 St. George's Road, Cheltenham GL50 3ED
  - 16 Winchcombe Medical Centre, Greet Road, Winchcombe, Cheltenham GL54 5GZ
  - 17 a Underwood Surgery, 139 St. George's Road, Cheltenham GL50 3EQ & b University of Gloucestershire, The Park Medical Centre
- Other Providers**
- A Cheltenham General Hospital, Sandford Road, Cheltenham GL53 7AN
  - B Colbalt Unit, Linton House, Thirlestaine Road, Cheltenham GL52 7AS
  - C Nuffield Hospital (NHS Services), Hatherley Lane, Cheltenham GL51 6SY
  - D National Star College, Ullenwood Manor, Ullenwood, Cheltenham GL53 9QU
  - E Charlton Lane Clinic, Charlton Lane, Leckhampton, Cheltenham GL53 9DZ

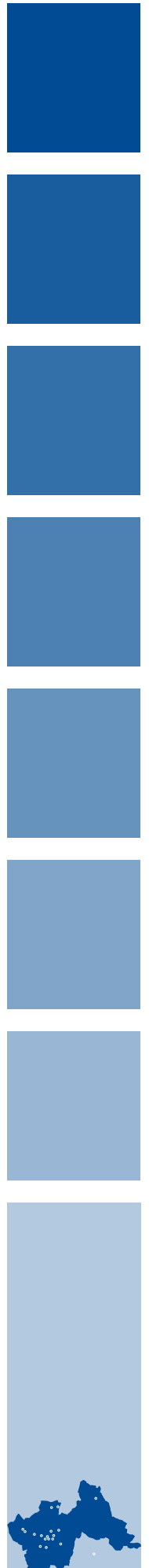
4.2 The approximate Practice list sizes are as follows:

Practice Name	Patient List Size as at 1st April 2015
Berkeley Place Surgery	7,692
Corinthian Surgery	8,694
Crescent Bakery Surgery	5,980
Leckhampton Surgery	12,745
Overton Park Surgery	11,611
Portland Practice	13,741
Royal Crescent Surgery	6,988
Royal Well Surgery	6,728
Seven Posts Surgery	10,027
Sixways Clinic	10,871
Springbank Surgery	1,745
St Catherine's Surgery	9,864
St George's Surgery	10,185
Stoke Road Surgery	9,839
Underwood Surgery	10,344
Winchcombe Surgery	6,849
Yorkleigh Surgery	9,023

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:

- Charlton Lane Clinic: Elderly Mental Health;
- NHS Services provided by Nuffield Hospital;
- Cobalt Unit: Cancer Services;
- Emersons Green NHS Treatment Centre;
- University of Gloucestershire;
- National Star College; 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 teams 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.

It should be noted that two of the Cheltenham locality practices fall within Tewkesbury Borough Council. However, for the purposes of this review, the Public Health data is based on the Cheltenham Borough Council area footprint.

#### 5.2.1 Demographics

Overall the health population of the locality has a slightly younger profile than the CCG average, however, several practices have an older demographic. The locality has the highest number of registered patients aged 65 plus and 85 plus in the county which is likely to mean more patients with age related long term conditions. The locality is projected to see above average growth in 0-17 year olds through to 2021 (15.6% compared to a county average of 9.5%). Compared to the county as a whole, Cheltenham has above average levels of patients from non-white ethnic groups.

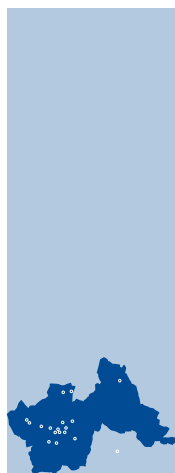
#### 5.2.2 Deprivation

Nine practices have practice deprivation scores above the county average of 14.7; rising to a score of 31. People living in more deprived areas tend to have a greater need for health services.

#### 5.2.3 Public Health Outcomes

The life expectancy gap between the least deprived quintile and the most deprived quintile is 9.2 years in men and 7.3 years in women. This is not altogether unexpected in an urban area with significant pockets of deprivation.

Public Health have also identified excess winter deaths as a priority for the Cheltenham Borough, which the locality will engage with Cheltenham Borough Council and Cheltenham Borough Homes partner organisations to support wherever possible.



### 5.3 Cheltenham & Tewkesbury Borough Councils

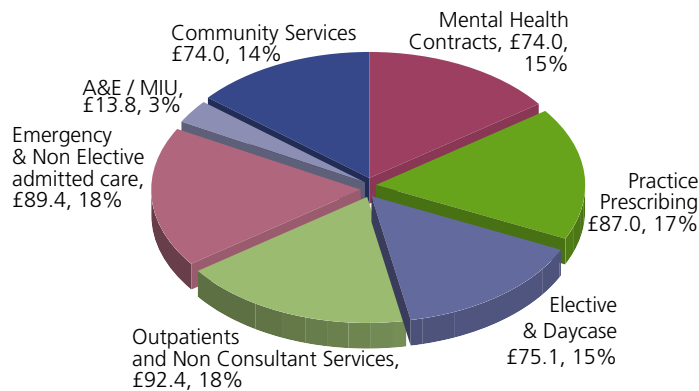
Cheltenham and Tewkesbury Borough Councils contribute to the Joint Core Strategy (JCS) for Gloucestershire to produce a co-ordinated strategic development plan to show how the area will develop during the period up to 2031. Cheltenham will see an additional 9,500 dwellings developed during this period for which the locality GP practices will be required to provide primary care services for a significantly increased population. At present Cheltenham are also attracting a number of Care Home/Assisted Living providers which has the potential to further increase demand on primary care provision.

### 5.4 CCG Finance and Information Data

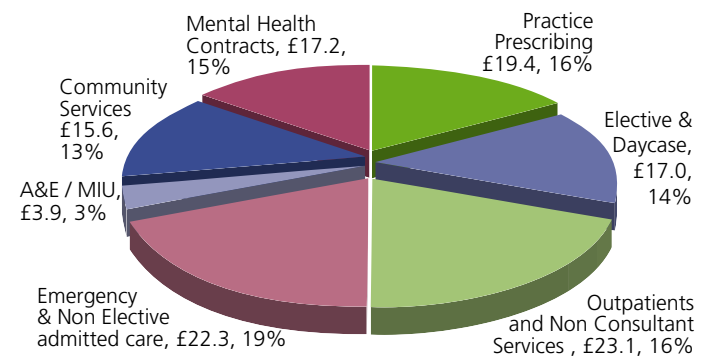
5.4.1 Analysis of NHS resource utilisation demonstrates variation exists not just at a CCG level, but also between and within localities. In addition, the CCG has specific performance issues along with finite financial resources, which, as a membership organisation, the locality can support with.

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

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

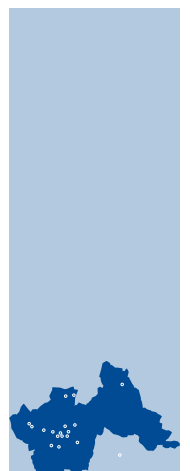


**Cheltenham 14/15 Spending (£m) by area**



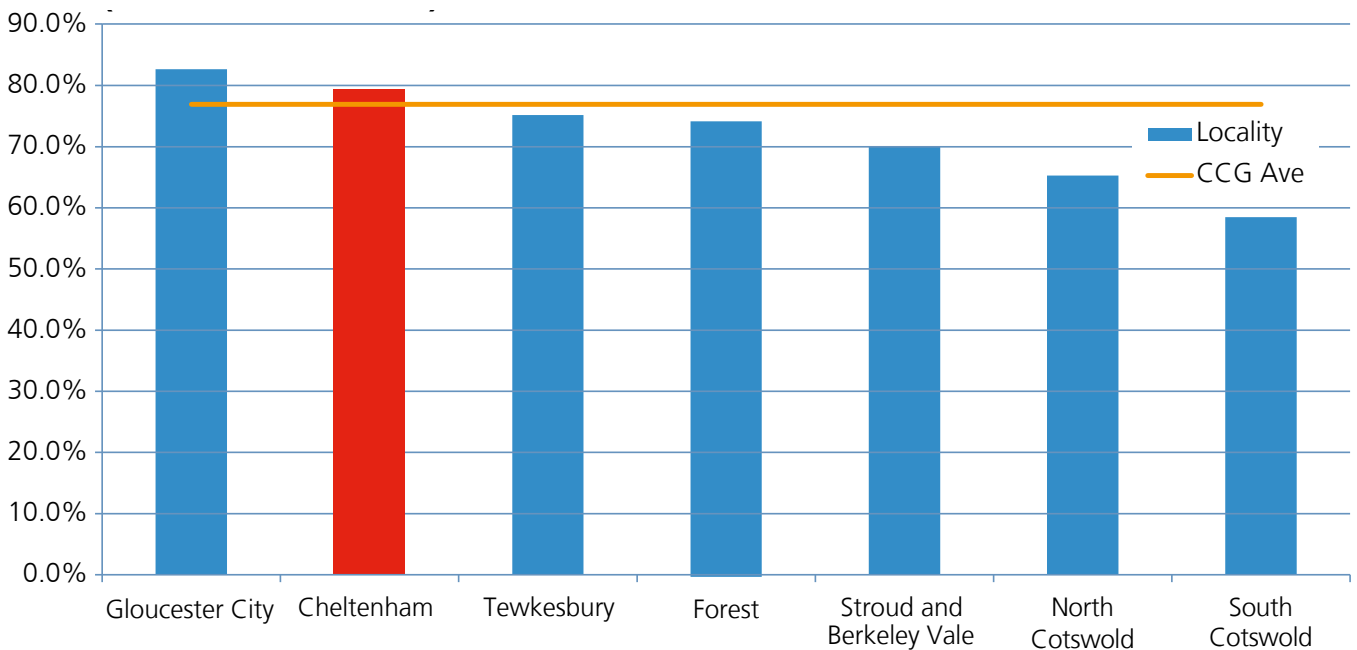
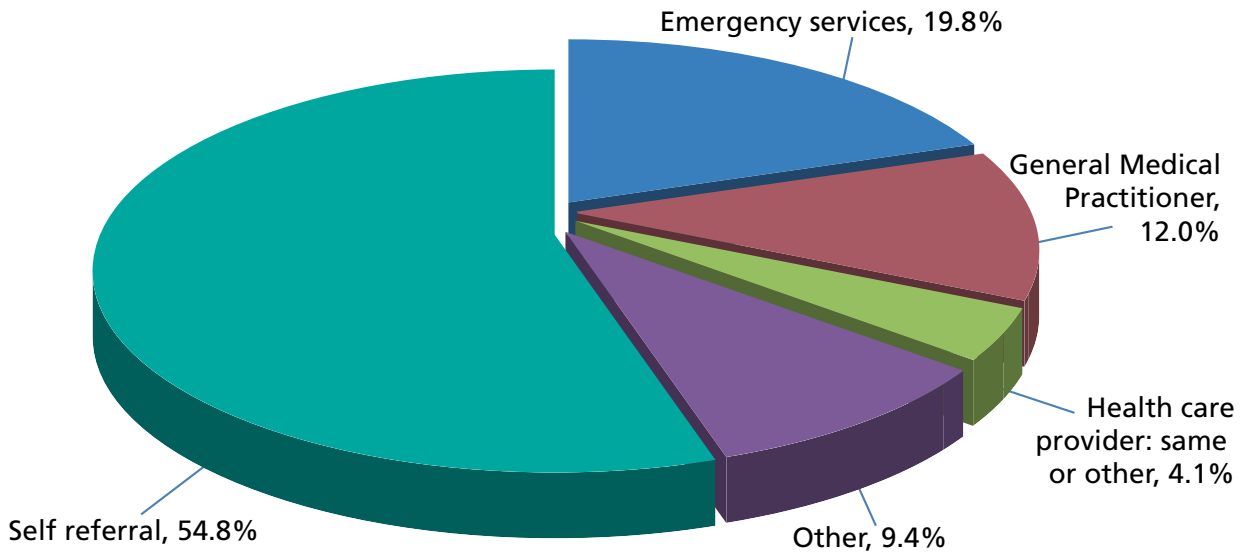
*NOTE: These charts exclude other areas of commissioning spend, such as maternity services, ambulance services, continuing health care and placements, acute block contracts, CCG running costs and reserves.*

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.



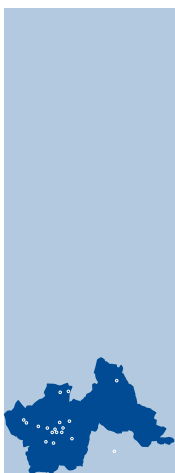
5.4.2 A&E

**Cheltenham: Source of Referral to A&E (2014/15)**



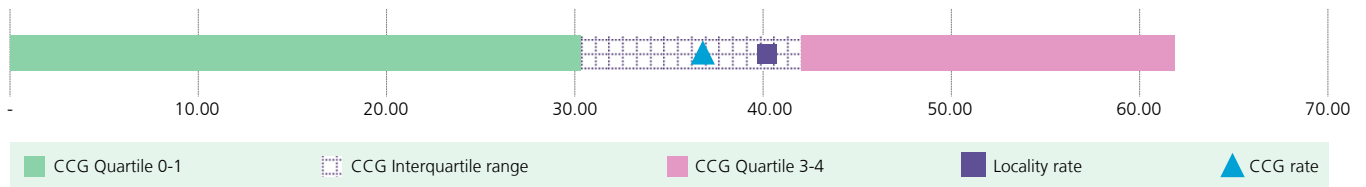
**A&E: Percentage of Patients attending that only required Advice/Guidance (All Providers 2014/15)**

The above graphs demonstrate the utilisation of A&E and MIU by patients within the Cheltenham locality. The first chart shows that more than 50% of attendances are self referrals by patients, with referral by GP the third largest group. The second chart suggests a majority of patients attending these services receive advice and guidance only. The locality will work alongside the CCG programmes of work to best understand patient need and ensure appropriate services, engagement and communication is in place

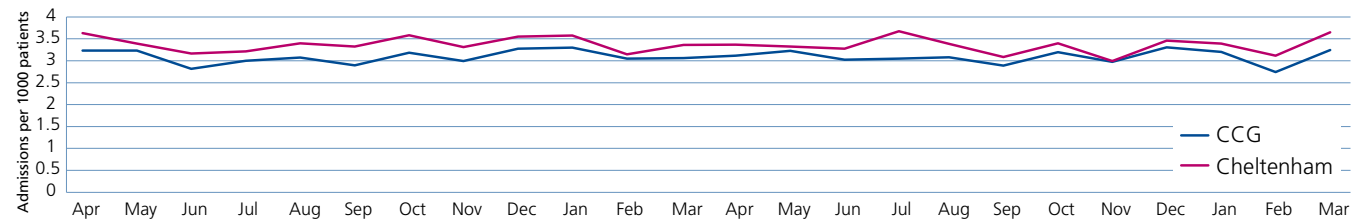


### 5.4.3 Emergency admissions: General Medicine

**Cheltenham 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: Cheltenham v CCG**



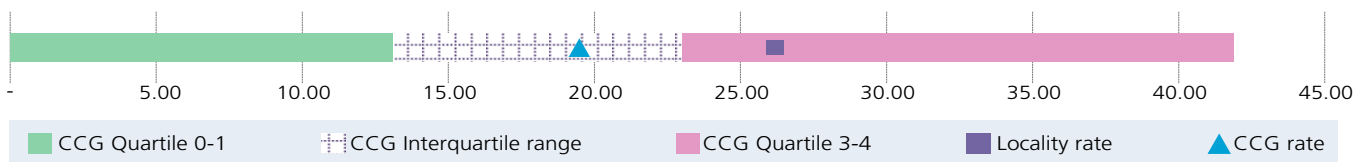
The emergency admission rate for General Medicine in Cheltenham practices, measured per thousand patients, is above the CCG average, with the two year graph suggesting this is a long term trend.

An initial analysis of this data shows that emergency admissions for diseases of the circulatory systems and diseases of the respiratory systems account for more than a quarter of the activity within the General Medicine speciality.

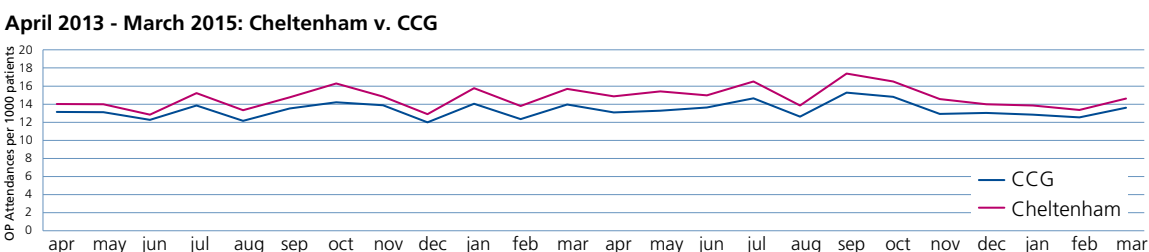
The locality will therefore be continuing work on addressing emergency admissions by working with the Practice Variation Programme to support in-practice audits and developing action plans accordingly.

### 5.4.4 Outpatients: Trauma & Orthopaedics

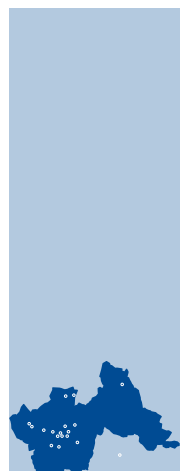
**Cheltenham Trauma & Orthopaedic Outpatient Attendances rate per 1,000 population comparison (2014/15 All Providers)**



**Trend Graph of Trauma & Orthopaedic Outpatient Attendances per 1000 patients April 2013 - March 2015: Cheltenham v CCG**

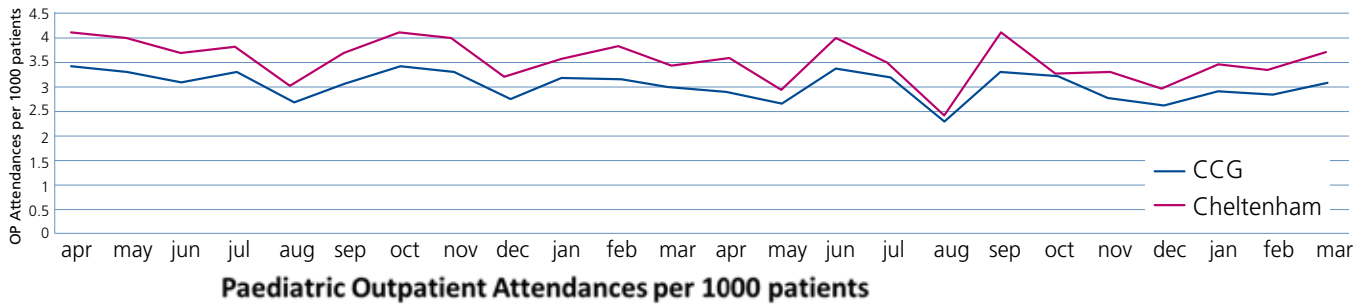


Cheltenham locality spend and activity are both above planned levels for Trauma & Orthopaedic Outpatient attendances. Initial analysis of the data indicates that only one practice in the locality has lower activity than expected whilst one other practice has been identified as a major outlier in Gloucestershire. The Locality Executive will engage with the CPG around this area of work.

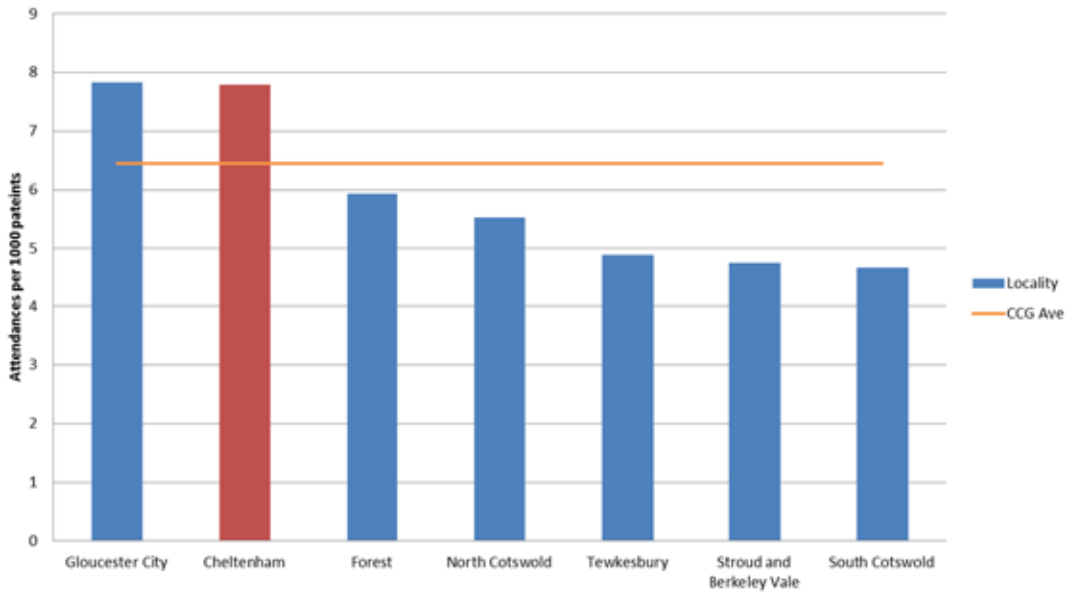


5.4.5 Outpatients: Paediatrics

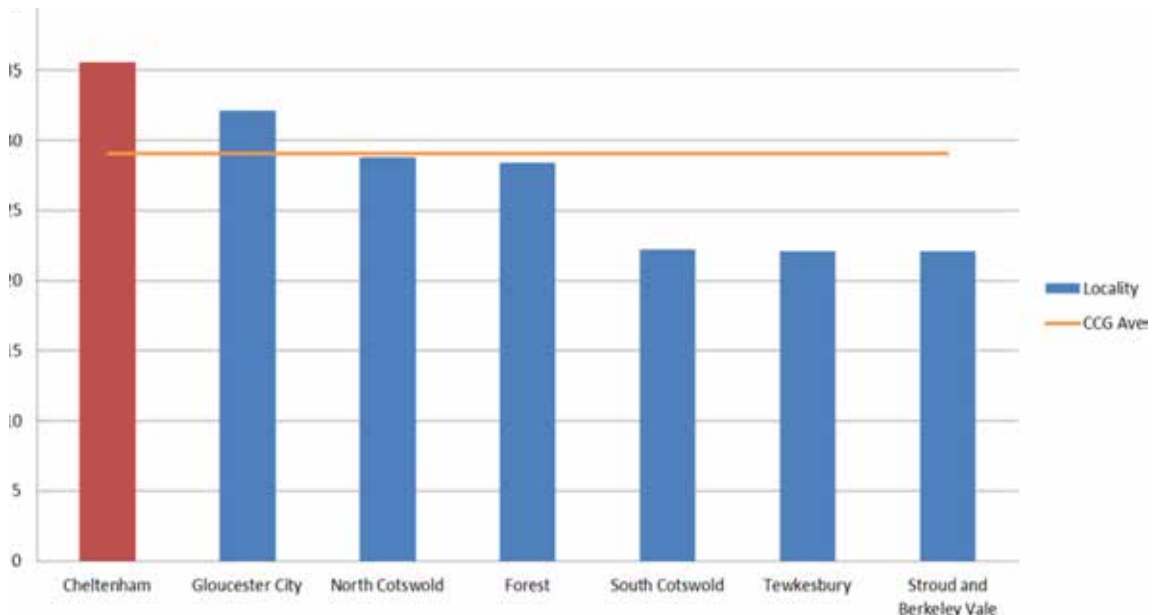
**Trend Graph of Paediatric Out patient Attendances per 1000 patients April 2013 - March 2015: Cheltenham v CCG**



**Paediatric Outpatient Attendances per 1000 patients**



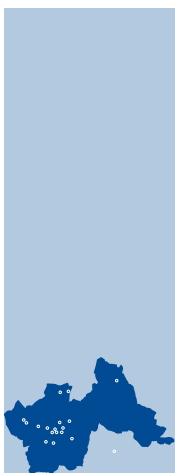
**Paediatric Outpatient Attendances per 1000 patients aged 0-19 (2014/15)**



Cheltenham locality have a high rate of Paediatric outpatient attendance per one thousand patients, which has impacted on costs.

These figures were tested by the Finance & Information team to ensure that this position was not generated by the locality having a higher number of registered paediatric patients and reviewed those aged 0 - 19 years.

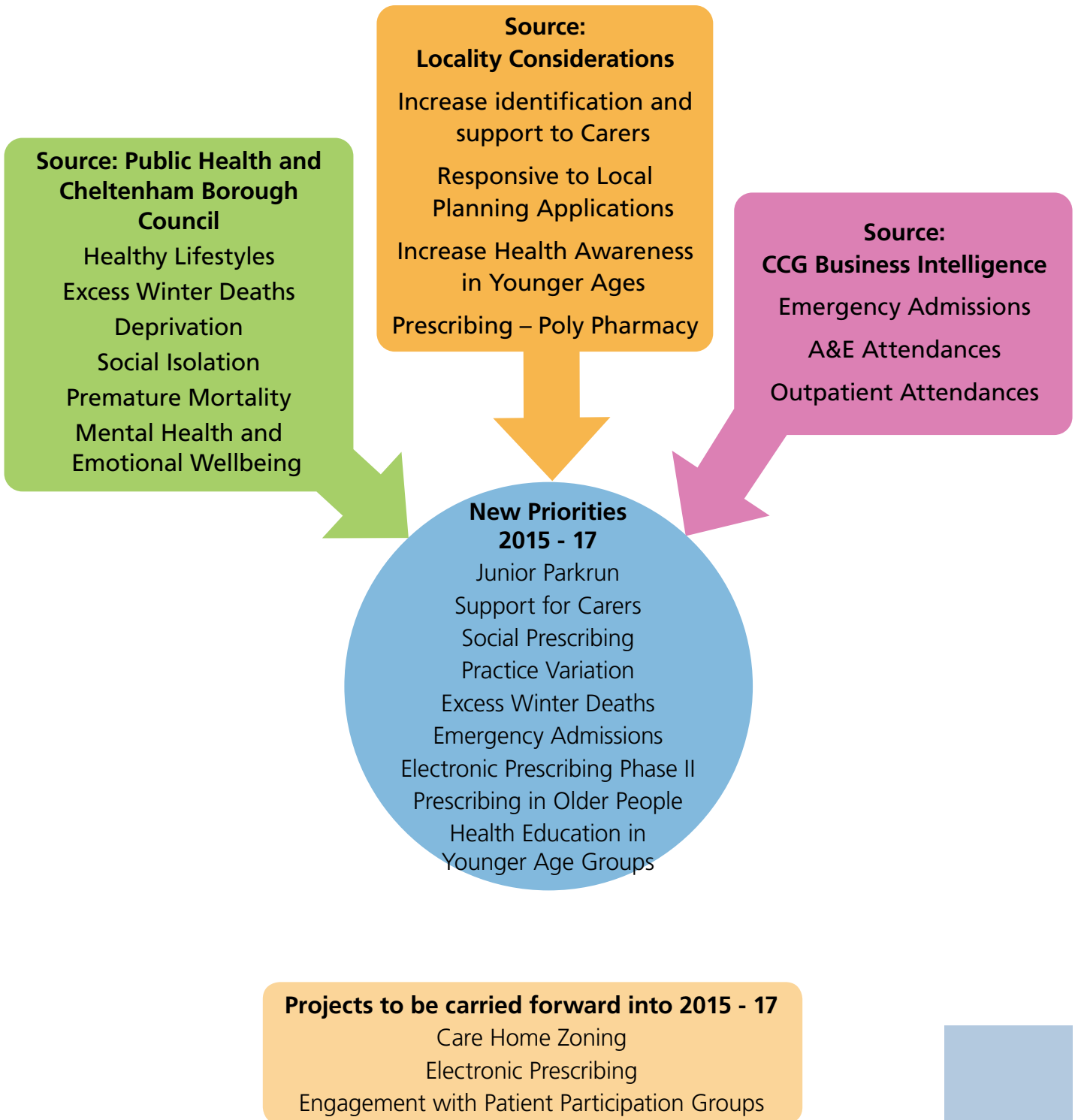
It can be seen in the second chart that Cheltenham have the highest number of Paediatric Outpatient attendances in comparison to the other localities.



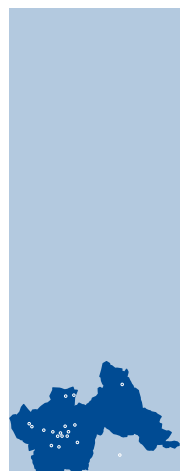


## 6. Locality Work Programme for 2015 - 16

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
<b>Existing Work Priorities: 2013-15</b>						
<b>Care Home Zoning</b> Identify new builds in order that appropriate support can be provided	Dr Phil Fielding	Cheryl Ewing CBC	Continuation of priority identified during 2013/15: Align new Care Homes to a GP practice/s	Cheltenham Borough Council	Continuation of 2013 - 15 priority	March 2017
<b>Engagement with Patient Participation Groups (PPGs)</b> Share 2015 - 17 LDP	Locality Exec Group	Cheryl Ewing	Build on engagement started during 2013 - 15 Update PPGs on 6 monthly basis of locality priorities	All locality GP Practices All locality PPGs	Continuation of 2013 - 15 priority	March 2017
<b>Social Prescribing: Adoption of countywide model</b> Adoption of new model across all practices	Dr Julie Jackson	Helen Edwards Cheryl Ewing	To improve the health and wellbeing of those patients referred by healthcare professionals which will be measured through WEMWBS Increase the utilisation of services available within the community Reduce primary care appointments to be measured at 6 months pre and post referral Identify other locations to deliver service for those practices who do not have room availability	All locality GP Practices VCS Lead organisation	Continuation of 2013 - 15 priority	March 2017
<b>Electronic Prescribing Phase II</b> Enable prescribers to send prescriptions electronically to a Dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.	Dr Will Miles	Thoko Owino	Conduct survey to collate EPS feedback Conduct Benefits Realisation meetings with practices and pharmacies Go through utilisation figures and assist practices to increase them Offer refresher training where required Circulate control drugs information once the Practice & Pharmacy system suppliers have updated the systems to process CDs.	Central South Commissioning Support Unit	Continuation of 2013 - 15 priority	March 2017
<b>New Priorities Identified for 2015-17</b>						
<b>Support of Junior Parkrun</b> Support the delivery of free, weekly timed runs for juniors aged 4-14 years within a safe environment.	Dr Will Miles	UoG Parkrun UK Cheryl Ewing	Work with Parkrun UK and University of Gloucestershire to establish Junior Parkrun within locality Promote through GP practices	University of Gloucestershire Parkrun UK	August 2015	September 2015

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
<b>Health Education in Younger Age Groups in schools</b> Engage with primary school age children on issue-based health education initiatives which allows them to develop a holistic understanding of health and illness.	Dr Phil Fielding	Hugh Van't Hoff John Davis	Scoping potential work programme	Facts4Life		
<b>Support for Carers</b> Provide additional support for identified Carers	Dr Julie Jackson	Cheryl Ewing	Identify number of Carers in each practice through MIQUEST request Scope potential Carers afternoons within practices linked to social prescribing	All locality GP Practices All locality PPGs PCCAG	September 2015	March 2017
<b>Prescribing in Older People</b> Reduce adverse drug reactions	Dr Julie Jackson	Mark Gregory Ziad Suleiman	Scoping potential work programme Review of medicines management for those patients over 85 yrs prescribed >5 drugs and >10 drugs	Medicines Mgt Team	September 2015	March 2017
<b>Reducing Excess Winter Deaths</b> To improve the health, safety and wellbeing of patients who may be affected by poor housing standards, social deprivation or vulnerability. Link with social prescribing model	Dr Will Miles	Cheryl Ewing  Social Prescribing Hub Co-ordinators	Increase the number of referrals to the 'Warm & Well' scheme for those households with members vulnerable to health problems associated with, or exacerbated by poor housing standards, social deprivation or vulnerability.	All locality GP Practices Cheltenham Borough Council Cheltenham Borough Homes Severn Wye Energy Agency		March 2017
<b>Reducing Emergency Admissions</b> (linked to countywide project, although specific to Cheltenham) Improve access to parking in order that home visits can be made by all clinical staff	Dr Julie Jackson	Jim Daniels	Work with GCC to facilitate parking arrangements for clinical staff during home visits.	All locality GP Practices Gloucester County Council	September 2015	December 2015

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
<b>Local Planning Applications</b> Build primary care resilience into new housing and care/ nursing home developments	Dr Phil Fielding	Andrew Hughes  Helen Goodey	Linked to Care Home Zoning  Work with CBC planning department	Cheltenham Borough Council PropCo	July 2015	Ongoing
<b>Practice Variation Reports</b> Variation reports include elements of variation work programme such as prescribing and paediatric outpatient attendances.	Locality Exec Group	Stephen Ball Bronwyn Barnes Simon Curtis	Scoping of variation identified by Finance & Info Leads	All locality GP practices	1st April 2015	Ongoing
<b>CCG Countywide Projects</b> Supporting practices to implement CCG projects and work programmes into the locality and influencing those programmes with feedback from the locality.	Dr Sadaf Haque and Dr Will Miles	Helen Goodey Cheryl Ewing	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	Various CCG Lead GPs/ Managers		
		Julia Tambini	Prime Ministers Challenge Fund: Choice +, Skype, e-Consult	Gloucestershire GP provider company (GDoc)		
		Helen Edwards	Integrated Community Teams Rapid Response	Gloucestershire Care Services		
		Andrew Hughes	Infrastructure/Premises Development	Various CCG Lead GPs/ Managers		
		Bronwyn Barnes	Variation Programme			
		Gina Mann	Care Pathways Website (G-Care)			
		Dominic Fox	Joining up Your Information (care record)	Central Southern Commissioning Support Unit		
		Helen Goodey	Primary Care Offer	CCG		

**\* Key**

Lead Manager from CCG or other Partners	Title
Cheryl Ewing	Locality Development Manager
Helen Edwards	Locality Implementation Manager
Thoko Owino	Project Manager
Dr Hugh Van't Hoff	Director, Facts 4 Life
John Davis	Managing Director, Facts 4 Life
Mary Gregory	Deputy Head of Medicines Management
Ziad Suleiman	Prescribing Support Pharmacist
Jim Daniels	Parking Manager
Andrew Hughes	Locality Implementation Manager
Helen Goodey	Director of Locality & Primary Care
Stephen Ball	Locality Finance Manager
Bronwyn Barnes	Variation Project Manager
Simon Curtis	Information Analyst (Localities)
Maria Metherall	Senior Commissioning Manager: Urgent care
Julia Tambini	Director, G-Doc
Gina Mann	Project Manager
Dominic Fox	I&MT Programme Manager

Dr Will Miles  
 Locality Executive Chair  
 on behalf of Cheltenham Locality  
 September 2015

