



Gloucester
Locality
Development Plan
2015-17

Foreword

The aim of this Locality Development Plan for Gloucester City is to identify the challenges that health and social care services face today, how these challenges will evolve with time and how the services of today can evolve to become the services of tomorrow. The plan takes into account the 'demographics' of the population, how we expect this population to change with time and the key Public Health 'themes' that are more relevant to Gloucester than other parts of the county.

There are approximately 168,000 patients registered to GP practices that constitute the CCG Gloucester Locality. As a locality we expect this population to grow in the next 20 years, and that this growth will predominantly occur in the elderly and young populations, potentially bringing additional pressure on the resources for services looking after these two population groups. Gloucester is also more culturally diverse than other parts of Gloucestershire, has more socio-economic deprivation, unmet mental health needs and more people dying prematurely due to chronic disease that could possibly be prevented. These are very real challenges, but even in an era of diminished resources, we are optimistic that we can make real and measurably positive change through the way in which services are organized, integrated and delivers.

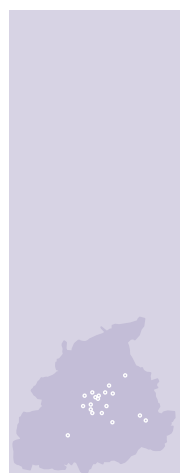


In the two years since Gloucestershire Clinical Commissioning Group came into being we have made real progress in some key areas identified through the 2013-15 priority setting process, including the development of the Care Homes Enhanced Service; which has brought care closer to patients and reduced emergency admissions.

We are aware that primary care and general practice across the UK is facing significant pressures including preserving the workforce of dedicated doctors and healthcare professionals. We strongly believe that supporting the local workforce in primary care leads to supporting the patients we serve; therefore we are committed to working with key stakeholders on this important area.

As a locality executive team of GPs and managers we have a strong pipeline of ideas and projects that we are working on, and these are described in detail in this document. We believe that our role as an executive committee is to help services evolve to deliver the right care, in the right place, at the right time. Every time.

Gloucester Locality GP Executives – Drs Bob Hodges, Will Haynes, Rachael Bunnett, Joan Nash and Irene Mawby.



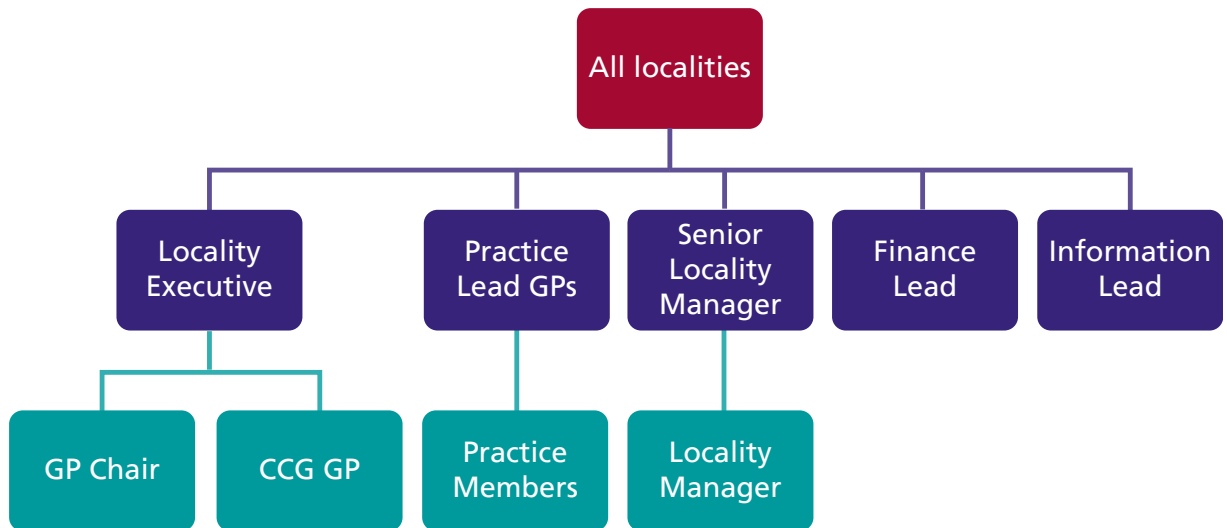
1 Purpose

1.1

This Locality Development Plan has been produced to describe the specific health needs for the population of the Gloucester City Locality 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.
- 2.2 In recognition of the need to understand and represent these differences, the CCG has formed seven localities; one of these is for the Gloucester City 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:

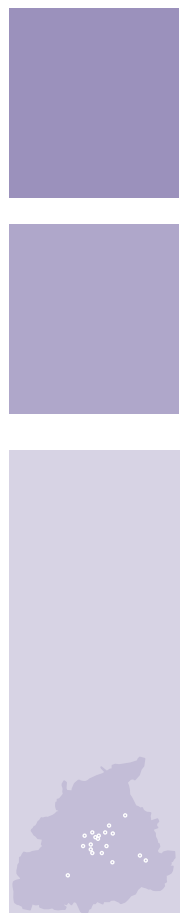


- 2.3 For our locality, these roles are:
- Locality GP Chair: Dr Bob Hodges
 - Locality CCG GP: Dr Will Haynes
 - Locality Executive GP's: Dr Rachael Bunnett, Dr Irene Mawby and Dr Joan Nash
 - Senior Locality Manager: Andrew Hughes
 - Locality Development Manager: Zaheera Nanabawa
 - Finance Lead: Jeremy Gough
 - Information Lead: Chris Roche/Simon Curtis

2.4 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



- 2.5 This document will seek to describe the local health needs for the Gloucester City Locality. The Public Health team within the Local Authority and other key stakeholders have supported this work and will continue to support us in identifying the best way of meeting the needs at both a strategic and operational level.
- 2.6 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 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 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:



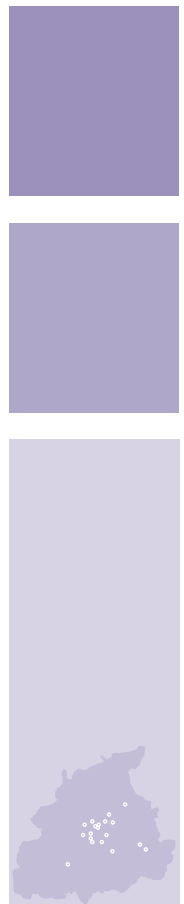
2.8 To identify the health needs of the population of the Gloucester City Locality, three main sources of information have been identified:

- 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 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

2.9 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
- Patients and their representatives
- Gloucestershire Care Services
- Gloucestershire Hospitals NHS Foundation Trust
- Together NHS Foundation Trust
- Gloucestershire County Council including Public Health
- Gloucester City Council
- Tewkesbury Borough Council
- Local voluntary organisations
- CCG colleagues

2.10 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 countywide clinical and service improvement projects to ensure locality initiatives are complementary or where the locality can support or influence 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 during 2013 - 2015

3.1 Key achievements of the Gloucester City Locality from the previous 2013-2015 plan are detailed below:

3.1.1 **Choice +** – A pilot for local urgent care centres began on the 1st of October 2014, with 300 appointments per week available to nine Gloucester city practices that initially opted to take part. Additional appointments at the urgent care centres in Gloucester Health Access Centre (GHAC) and Matson Lane, freed up on average six hours of time in each practice every week to spend time with patients with long term conditions and continuity of care needs.

Initially the pilot had a total patient population of around 100,000, which rose in January 2015 to 122,025 when three additional practices joined into phase two of the pilot. The scheme has been very successful and proved valuable for both patients and GP's. It has allowed increased choice and convenience for patients in Gloucester city, and fostered a collaborative approach between GP practices.

The accessibility of urgent care centres contributes to reduced pressure on emergency admissions to hospital and prevents A&E attendances. A successful submission to the Prime Minister's Challenge fund has enabled the replication of this effective model for other locality areas across the County.

3.1.2 **Social prescribing** – In partnership with Gloucester City Council the locality executive have supported the implementation of Social prescribing for all GP practices across the City. GP's and healthcare professionals based in practices are able to offer a 'social prescription'. Patients are referred into the Social prescribing hub based at Herbert Warehouse, then a hub coordinator meets with patients to offer signposting to a range of local, non-clinical services which can support patients social, emotional or practical needs.

The social prescribing hub has developed strong links with local organisations who can provide support including the Community Health Trainers, Aspire Sports and Cultural Trust, GreenSquare Housing, Carers Gloucestershire, Fairshares Timebank, Civica, and GL communities. Having run successfully since the launch in December 2014, the pilot project will continue for a further period across all practices in the city. Prime Ministers Challenge and CCG funding will contribute to the growth of the hub, including the additional recruitment of extra hub coordinators who will develop the service, linking in to local GP practices across the locality.

3.1.3 **Pharmacy First** – Promoting a new minor ailments scheme to GP practices, healthcare professionals and patients in Gloucester city to reduce GP appointments by providing medication for common ailments through local pharmacies. The scheme has been particularly successful for use by parents of younger patients, and the pilot will continued until the end of the financial year 2015/16.

3.1.4 **Care Homes Enhanced Service** – The 2013-15 locality development plan for Gloucester identified care homes for the elderly as a priority. This led to the CCG investing in and establishing a GP 'Enhanced Service' for care homes across the whole of Gloucestershire, and this has resulted in significantly improved care support for elderly care home residents and a significant reduction in the number of elderly people living in care homes need to be transferred to acute hospitals as emergencies.

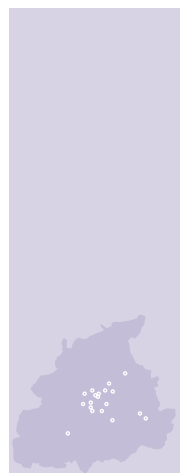


3.1.5 Workforce Survey and planning – We have coordinated a primary care workforce survey to understand the potential future demographic of GP's in the city of Gloucester. The survey is the first step in understanding and planning for future need in the city, and we will work closely with the CCG to enable Gloucester City to be an attractive place for GP's to be employed. The survey also identified the need to assess the staffing situation for other staff in primary care, including practice nurses. This approach was replicated across locality areas across the county.

We are committed to working with the CCG and other stakeholders to develop innovative initiatives to consider an appropriate and relevant skills mix in primary care to ensure the best possible outcomes for patients.

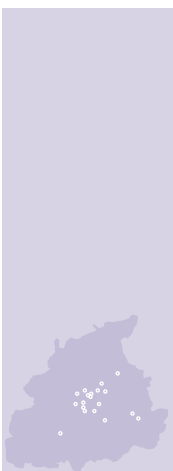
3.1.6 In addition, the Locality Executive Group has also achieved:

- Membership engagement – successfully established regular visits and contact with GP practices across the city to identify key issues and concerns, and to inform and share best practice
- Patient and Stakeholder reference panel – a quarterly meeting for patient participation groups and other relevant locality stakeholders to gather views 'on the ground' and to inform attendees around locality progress on projects
- Continued work on assessing the requirements of a culturally diverse population – including the review of a local enhanced service
- Activity audits on A&E attendances contributing to the development of General Practice representation in the Front door of A&E service in collaboration with the Urgent Care team at the CCG
- A GP 'informed client' approach to identifying and tackling financial variation at both practice and locality levels
- Initiated development of a Park Run in Kingsway with local volunteers linked to running and athletics clubs in Gloucester City
- Continued successful Protected Learning Time (PLT) and education opportunities for GP's and healthcare professionals across the city including topics such as 'Child Safeguarding', 'Adult Safeguarding', 'Cancer', 'ENT', 'Eyes' and 'Elderly Care'
- Working with local stakeholders to ensure appropriate discharge and GP cover for local intermediate care home Great Western Court
- Linking with practice managers across the city to support their development including a peer mentoring scheme
- Supporting the introduction of integrated community and rapid response teams – including clinical oversight and advice around countywide implementation
- Ongoing engagement with local NHS service providers;
 - a) Together NHS foundation Trust – to open the dialogue around mental health services provision in the locality including access into services for GPs into Let's Talk and CYPS – Children and Young People's services.
 - b) Gloucestershire Care Services – to communicate local needs, concerns and opportunities around a variety of services including Single Point of Clinical Access, District Nursing, School Nursing and Health Visitors, Homeless Care and MSKCAT (Musculoskeletal Clinical Assessment & Treatment Service).



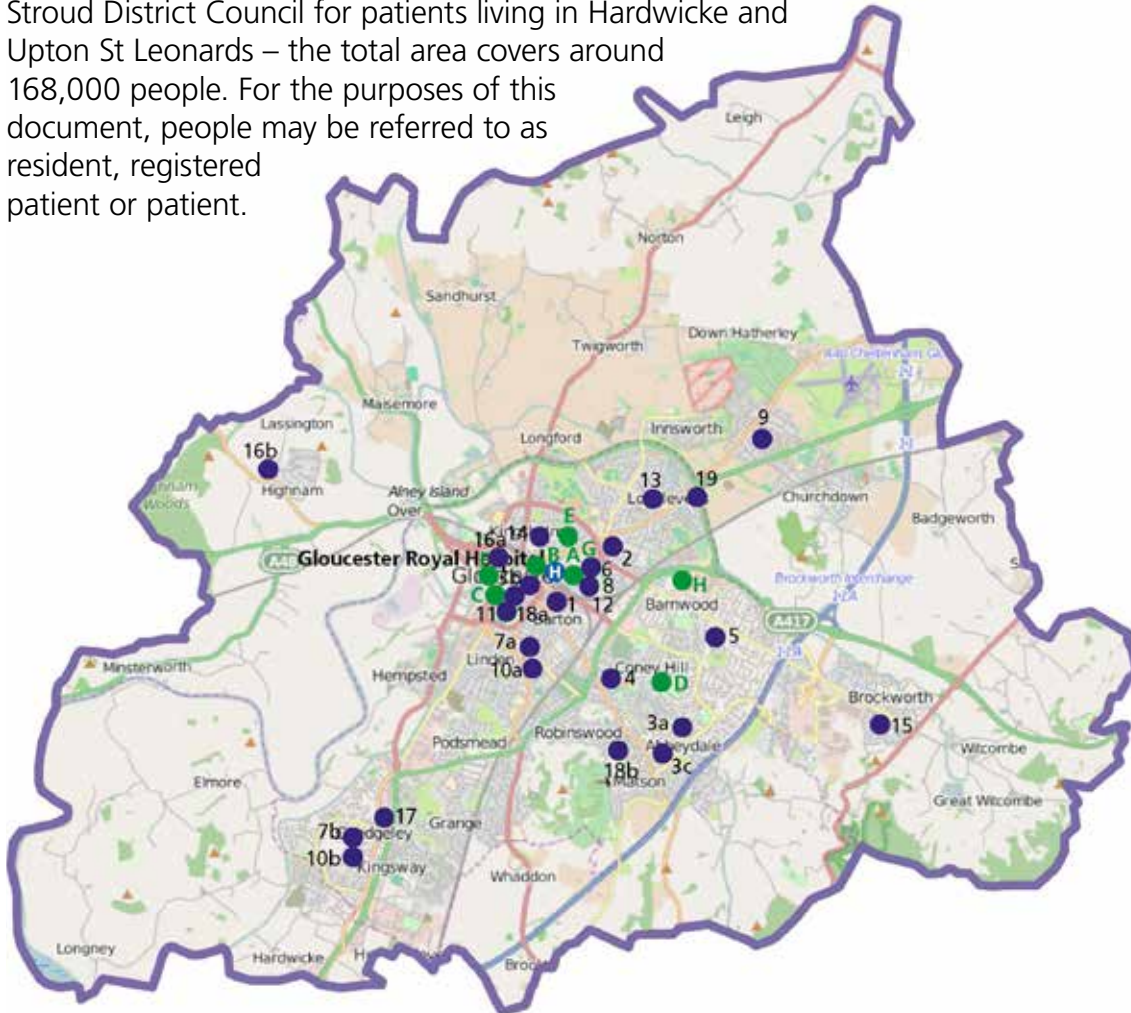
3.2 Prime Minister's Challenge Fund

- 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 £4million 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.

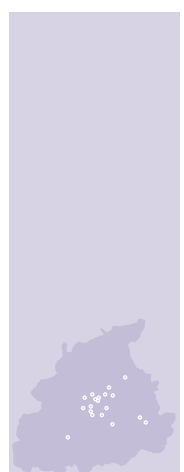
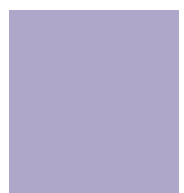
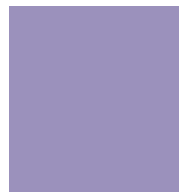


4 Local Service Provision

4.1 The Gloucester Locality is comprised of patients who are registered in Gloucester City (approximately 128,000 people) and around a further 40,000 people who live outside the Gloucester City Council boundary area – largely Tewkesbury Borough Council for patients living in Brockworth, Coopers Edge and Churchdown, and Stroud District Council for patients living in Hardwicke and Upton St Leonards – the total area covers around 168,000 people. For the purposes of this document, people may be referred to as resident, registered patient or patient.



	Practice Name	Postcode	Patient list size
1	Bartongate Surgery	GL1 4HR	8,964
2	Cheltenham Road Surgery	GL2 0LS	8,372
3	Hadwen Medical Practice	a GL4 4BL	17,561
		b GL1 1HX	
		c GL4 5ET	
4	Saintbridge Surgery	GL4 4SH	8,259
5	Hucclecote Surgery	GL3 3HB	8,993
6	Heathville Road Surgery	GL1 3PX	10,087
7	Partners in Health	GL1 5JJ	13,701
		GL2 4WD	
8	London Medical Practice	GL1 3PX	5,106
9	Churchdown Surgery	GL3 2DB	13,585
10	Rosebank Health	GL1 5JQ	23,463
		GL2 4WD.	
11	Gloucester City Health Centre	GL1 1XR	7,884
12	Barnwood Medical Practice	GL1 3PX	5,888
13	Longlevens Surgery	GL2 0AJ	7,148



14	Kingsholm Surgery	GL1 3EN	5,105
15	Brockworth Surgery	GL3 4PE	8,955
16	College Yard Surgery and Highnam Surgery	a GL1 2RE	4,612
		b GL2 8DH	
17	Quedgeley Medical Centre	GL2 4NF	4,893
18	Gloucester Health Access Centre and Matson Lane	a GL1 1PX	4,971
		b GL4 6DX	
		Total	167,457

Correct as at 1st April 2015 – Source: HSCIC – Health and Social Care Information Centre

2gether	A	Wotton Lawn Hospital
	B	GRIP team (Glos Recovery in Psychosis)
	C	Glos recovery and assertive outreach teams 1
	D	Glos community MHT OPS
	E	Denmark Road Team
	F	better 2 Work team
	G	CYPS and Crisis Team
	H	Learning Disabilities. Main Hospital GRH site

4.3 Health care facilities in the Locality

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

- 2gether locations including Wotton Lawn Hospital, Acorn House, Fieldview, Denmark Road, Eastgate Street and Ambrose House
- Gloucestershire Care Services locations including Hope House, Sexual assault referral Centre, Stop Smoking service – Southgate Street, Edward Jenner Court, Rikenel and others
- The Winfield Hospital
- Any Qualified Provider (AQP) organisations contracted via the CCG to provide health care – e.g. Care UK – providing services at Emerson Green NHS Treatment Centre;

4.4 Partnership Working

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.

The CCG also commissions a range of services from the local Voluntary and Community Sector.

Note: Any qualified provider – this is an approach to commissioning under which any provider who is able to provide a specific service and meets the required minimum standards can be listed as a possible provider. Patients choose which provider on the AQP list they wish to see. No provider is guaranteed any volume or exclusivity.



5 What are the Issues we face?

5.1 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 might want to consider based on relevant data and intelligence.

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.

Current available data is based on the last JSNA completed in 2010; Public Health at the Local Authority (Gloucestershire County Council) will be working on the development of the next JSNA in late 2015.

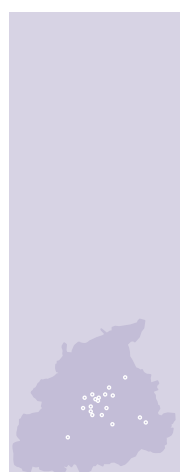
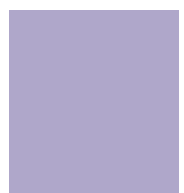
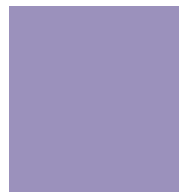
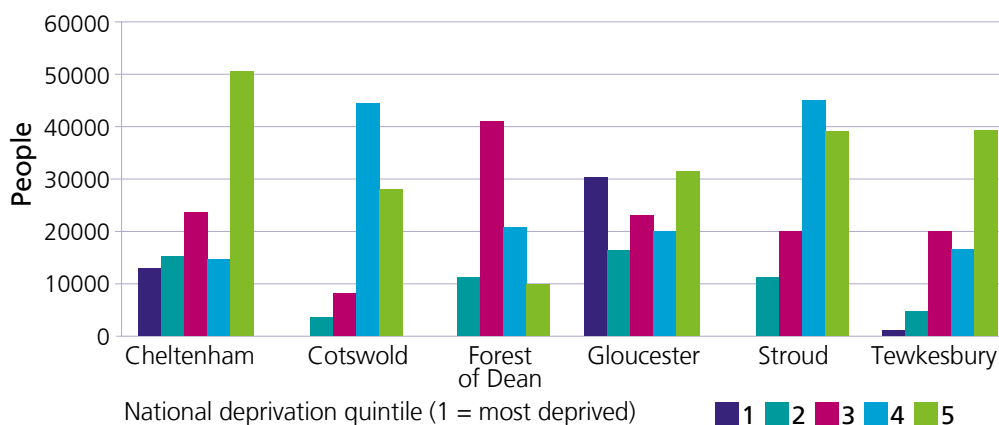
5.2.1 Deprivation

The Indices of Deprivation (2010) are national measures based on 37 indicators, which highlight characteristics of deprivation such as unemployment, low income, crime and poor access to education and health services. The revised indices offer an in-depth approach to pinpointing small pockets of deprivation. They are based on data from 2008. The indices are a key measure used by Central Government to help target policies and funding to improve the quality of life in disadvantaged communities. The headline measure is the Index of Multiple Deprivation. This can be analysed in more depth by looking the seven component domains of:

- Income
- Employment
- Health Deprivation and Disability
- Education, Skills and Training deprivation
- Barriers to Housing and Services
- Crime
- Living Environment

The indices use Lower Super Output Areas (LSOA) rather than wards. These are small geographical units covering between 1,000 and 3,000 people and provide a more in-depth appreciation of variations in deprivation at a local level. In Gloucestershire there are 367 LSOAs compared to 142 wards. This helps to identify the small pockets of deprivation that exist alongside some of the less deprived areas. The Indices of Deprivation are not a measure of affluence; all of the indicators used in the index are designed to identify aspects of deprivation, not affluence. Therefore the area ranked as the least deprived is not necessarily the most affluent.

Overall deprivation by district



Based on 2010 figures; with quintile 1 indicating the most deprived and quintile 5 indicating the least deprived, Gloucester City's overall deprivation and specific health deprivation is specified in the graphs on the previous page:

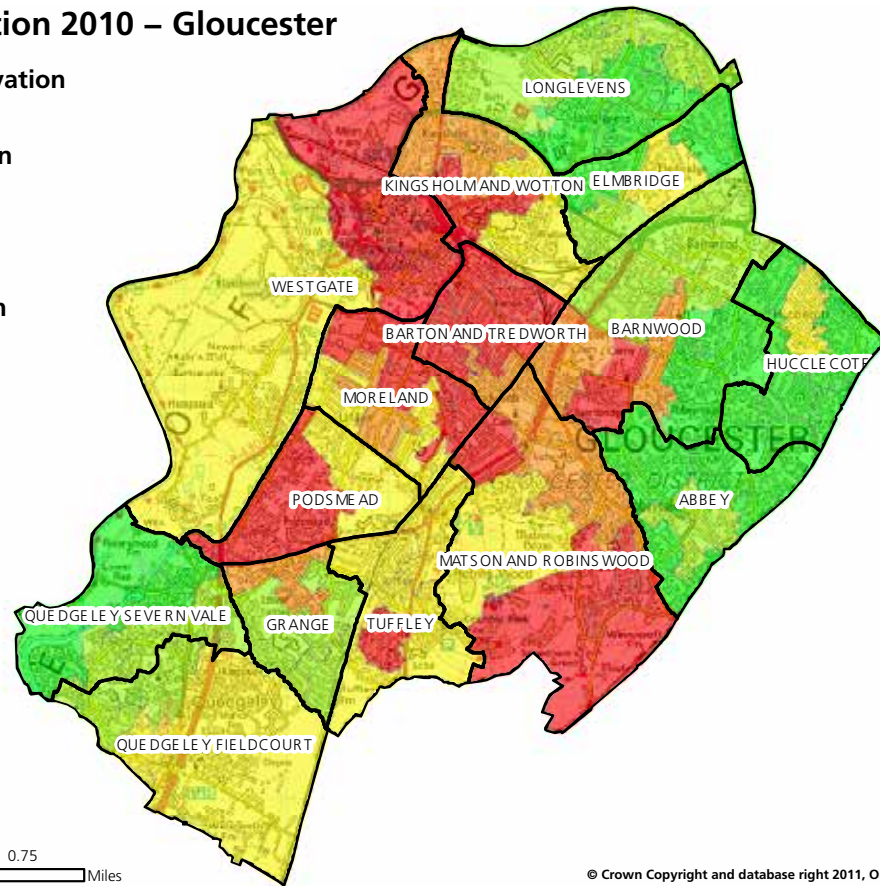
Indices of Deprivation 2010 – Gloucester

Index of Multiple Deprivation

National Quintile

- Highest Deprivation
- .
- .
- .
- Lowest Deprivation

City Ward



Research Team SL: 14/04/2011

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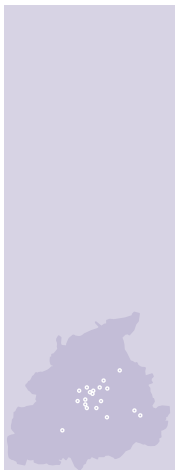
The Gloucester City Locality Executive Group acknowledge that social factors can have a strong influence on an individual's health and well-being, and are fully committed to the advancement of the Social Prescribing scheme for GP surgeries to support patients in the locality.

Source of all graphs in section 5.2.1 – Gloucestershire county council, <http://www.gloucestershire.gov.uk/extra/CHttpHandler.ashx?id=45452&p=0> – accessed 30th March 2015

5.2.2 Demographics

Additional intelligence from Public Health further informs that:

- Gloucester was the fastest growing district between 2001 and 2011 (up by 10.8% or 11,800 people; nearly double the average growth rate in the county as a whole). Gloucester is again projected to see above average growth through to 2021 which is likely to lead to increased demand for services
- Gloucester locality has a younger age profile than the county as a whole
- As the most populated district in the Gloucestershire, Gloucester city locality has a relatively high number of patients aged 65 plus and 85 plus; with implications for age related long term conditions
- Gloucester locality is the most ethnically diverse locality; with the highest proportion of registered patients describing their ethnicity as 'non white British'
- Amongst the conditions disproportionately affecting the Locality's population, already disadvantaged by deprivation, include higher rates of smoking, child and adult obesity, drug and alcohol-related problems, sexually transmitted diseases and poor mental health



- Gloucester’s patients have lower rates of survival from cancer (possibly related to later presentation and lower uptake of screening), with significantly increased morbidity with stroke and ischemic heart disease
- Access to health and social care services can also be more challenging given there are a number of immigrant populations with people speaking English as their second language, together with the associated cultural differences
- Compared to the county as a whole, per head of population, the Locality has a high need for prioritisation of resources in order to tackle health inequalities
- Health inequalities within Gloucester are worse than for the county as a whole. The gap in life expectancy between the most and least deprived neighbourhoods within Gloucester is 11.4 years for men and 9.2 years lower for women
- Gloucester also has the lowest ‘Disability Free Life Expectancy’ in the county for both males and females.

5.3 Gloucestershire CCG Finance and Information Data

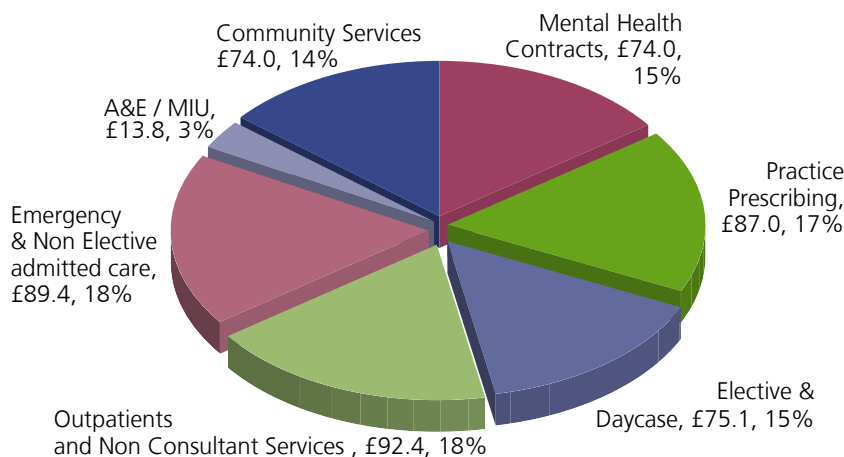
5.3.1 Analysis of NHS resource utilisation demonstrates variation exists not just at a CCG level, but also between and within localities. In addition, the CCG have specific performance issues along with finite financial resources, which, as a membership organisation, the locality can support with.

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 is 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

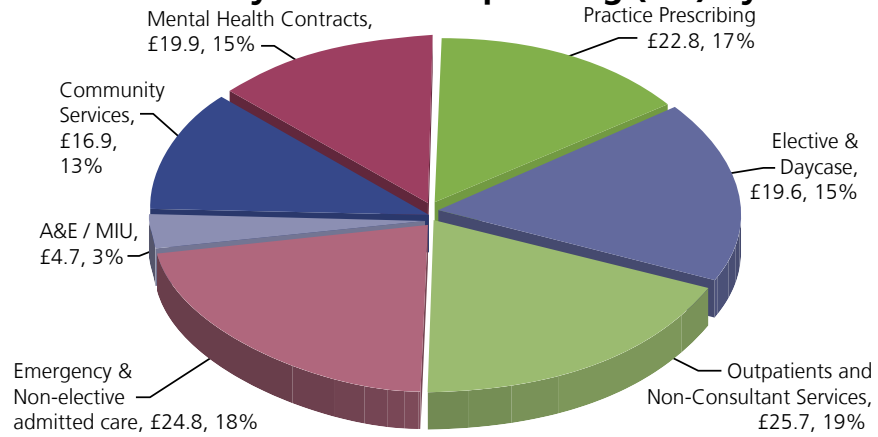
Given the significant pressures on these services, and considering best services and outcomes for patients, the locality will work alongside countywide CCG programmes of work over the coming two years. The locality will seek to better understand the variation, provide education and communication to all practices on alternative services and determine what other local actions can be taken to support patient urgent care needs.

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

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



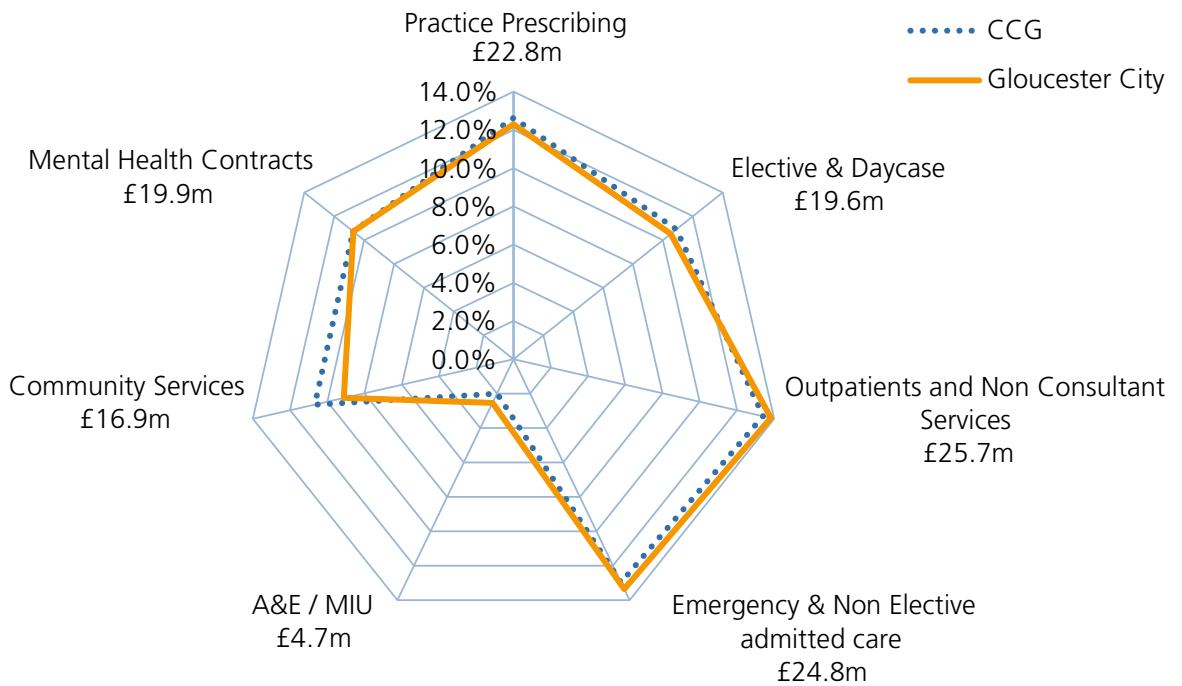
Gloucester City CCG 14/15 Spending (£m) by area



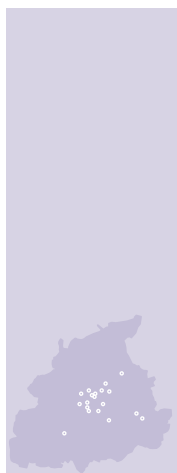
NOTE: These charts exclude other areas of commissioning spend, such as maternity services, ambulance services, continuing health care, CCG running costs and reserves.

Gloucester City Comparison of 2014/15 Percentage Spend in different settings of care vs CCG Average

(£ figures shown are that spent by Gloucester City)

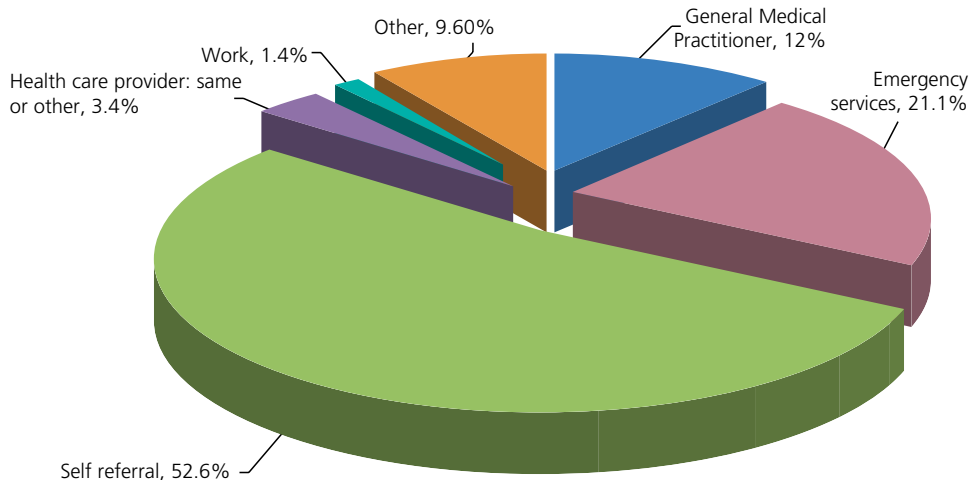


In the context of this wider financial picture CCG business intelligence (finance and information teams) have reviewed activity, performance and finance data from commissioned services to assess where there are significant variances from expected levels. Patients based in the Gloucester locality used the healthcare system approximately 13,688 attendances/admissions more than what was expected (109,199 attendances/admissions). These attendances/admissions have led to additional costs of nearly £2.6 million. This has highlighted areas for further consideration which we will be exploring to understand contributing factors work towards providing solutions which balance cost, value for money, quality and patient experience.

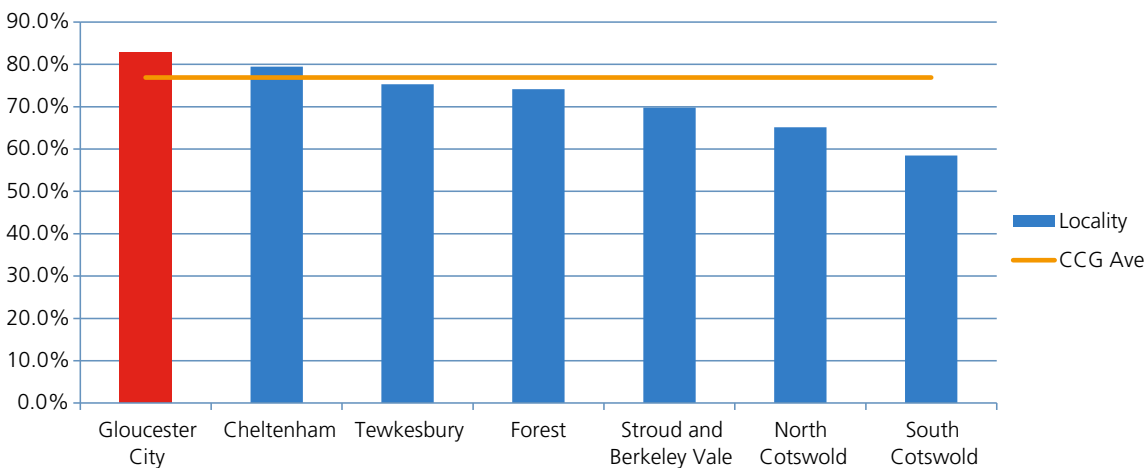


5.3.2 A&E / MIIU attendance

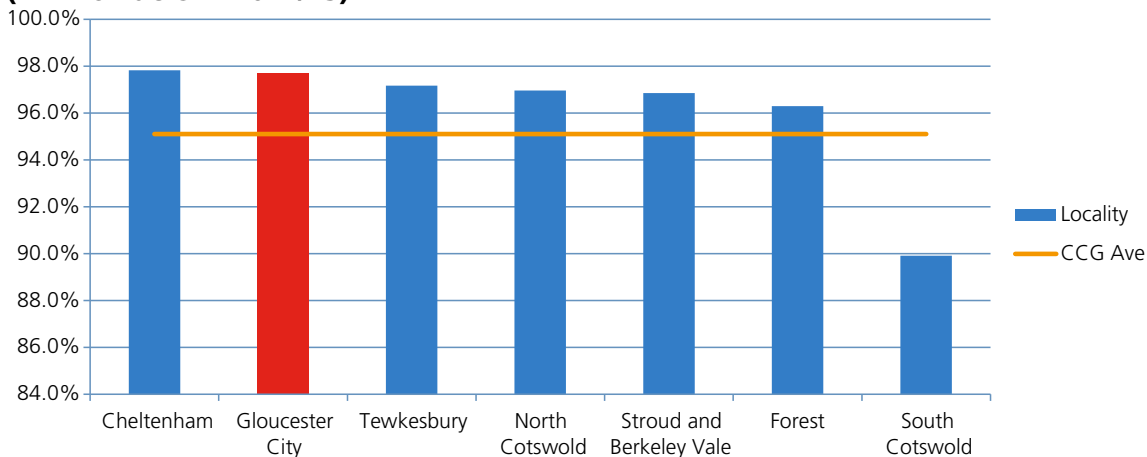
Gloucester City: Source of Referral to A&E/MIIU (All Providers 2014/15)



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



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



The above graphs demonstrate the utilisation of A&E and MIIU by patients within the Gloucester City locality. The charts suggest a majority of patients attend these services and receive advice and guidance only. 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.

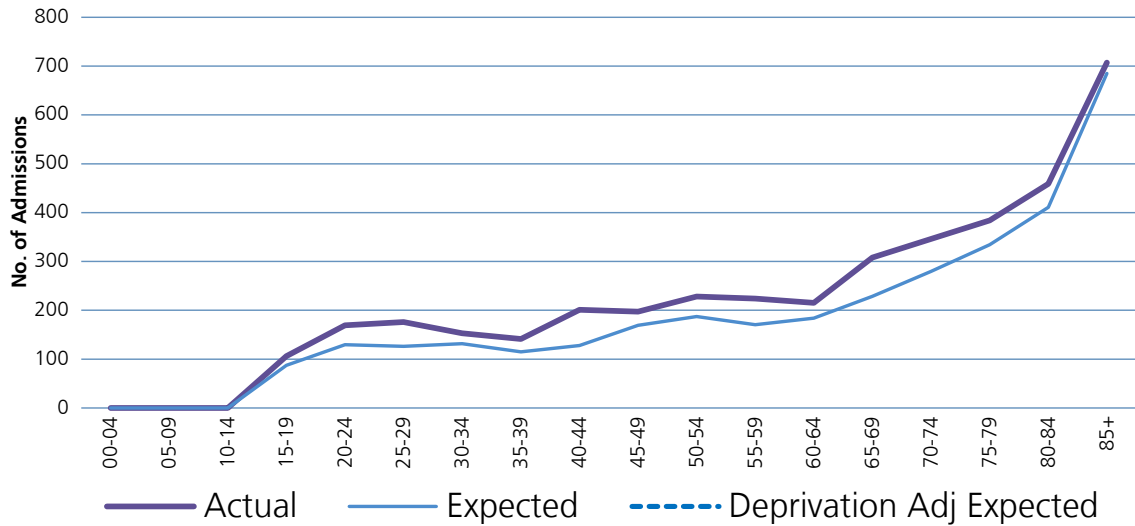


Gloucester city locality initiatives in this area include:

- Host locality for a successful Choice + pilot which has now expanded county wide across Gloucestershire
- Activity audits for A&E usage
- Supporting the introduction of General Practice at the Front Door to A&E
- Promotion of the ASAP app to practices and patients.

5.3.3 Emergency General Medicine – admissions

Practice Level Expected Level Counts v Actual m1-8 2014/15

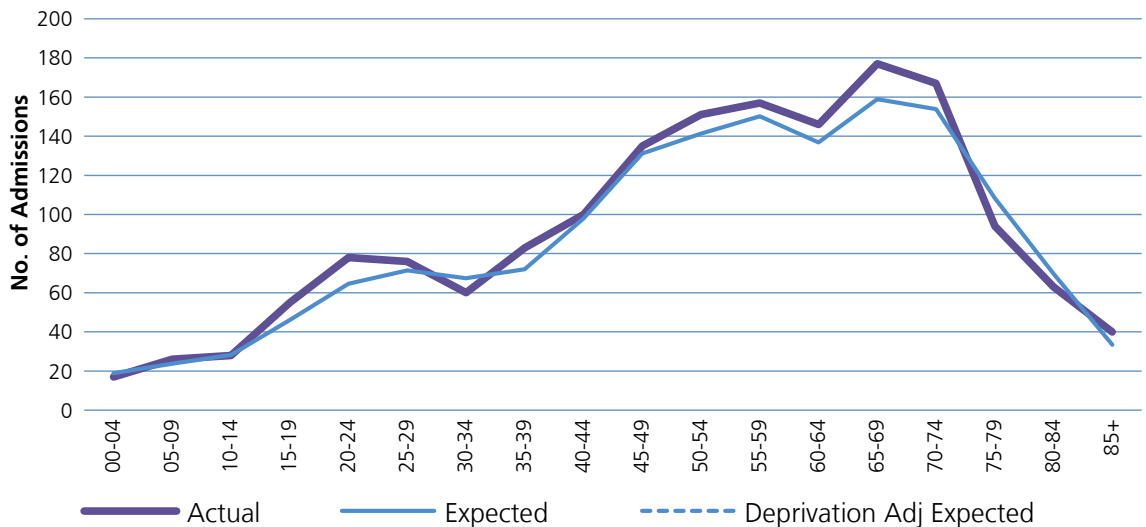


Spend and activity are both above expected levels for general medicine emergency admissions. 5049 admissions were expected in comparison to 6021 admissions (£7.9 million v £9.1 million). Diseases of the respiratory system are one of the largest contributors to this position, with twelve practices in the locality having spent above the expected level on these diseases.

Half of these practices had spent more than £20k more in the first 8 months of 2014/15 with one of them more than £90k above expected levels.

5.3.4 Elective Trauma and Orthopaedics – Gloucester Locality

Practice Level Expected Level Counts v Actual m1-8 2014



The locality shows higher activity and costs than expected for Trauma & Orthopaedic (T&O), Pain Management and Rheumatology elective admissions. T&O alone had 118 admissions above the expected level, costing £339k more than would be expected for the locality's population. 2362 expected admissions cost £6.53million and there were 2480 actual admissions costing £6.87million.

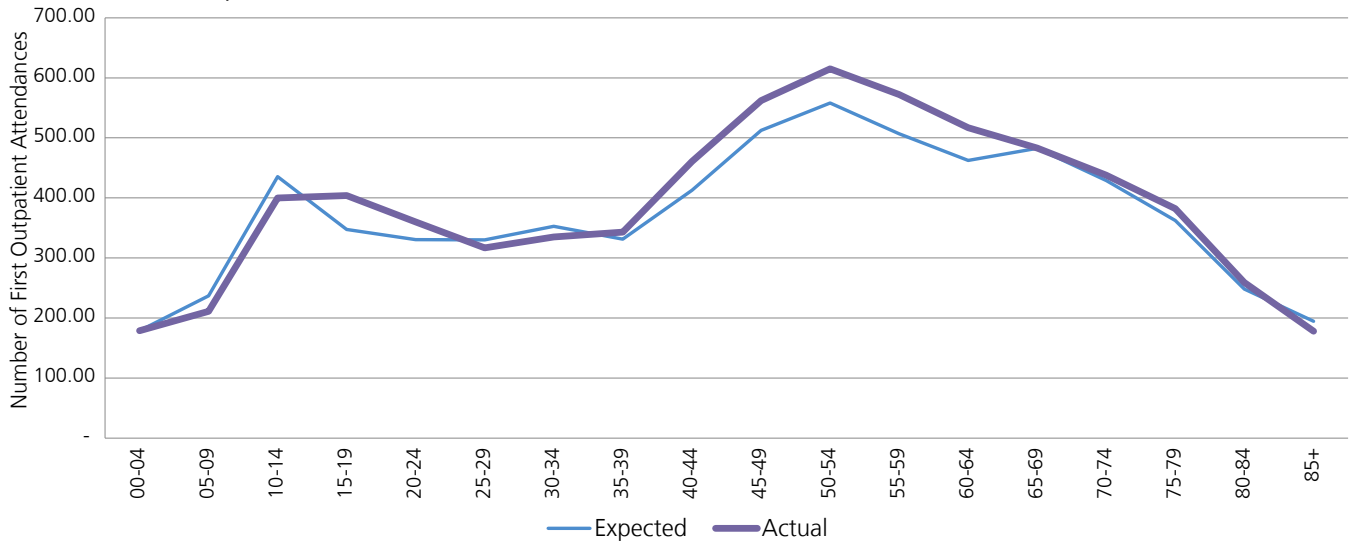


Thirteen practices in the locality have activity above expected levels, with seven of these being more than 10% above expected levels. This is an issue affecting a significant proportion of the locality's practices.

5.3.5 Outpatient appointments: Trauma & Orthopaedic, Pain Management and Rheumatology

First Outpatient Attendances

Practice Level Expected Level Counts v Actual (M-M8 2014/15)



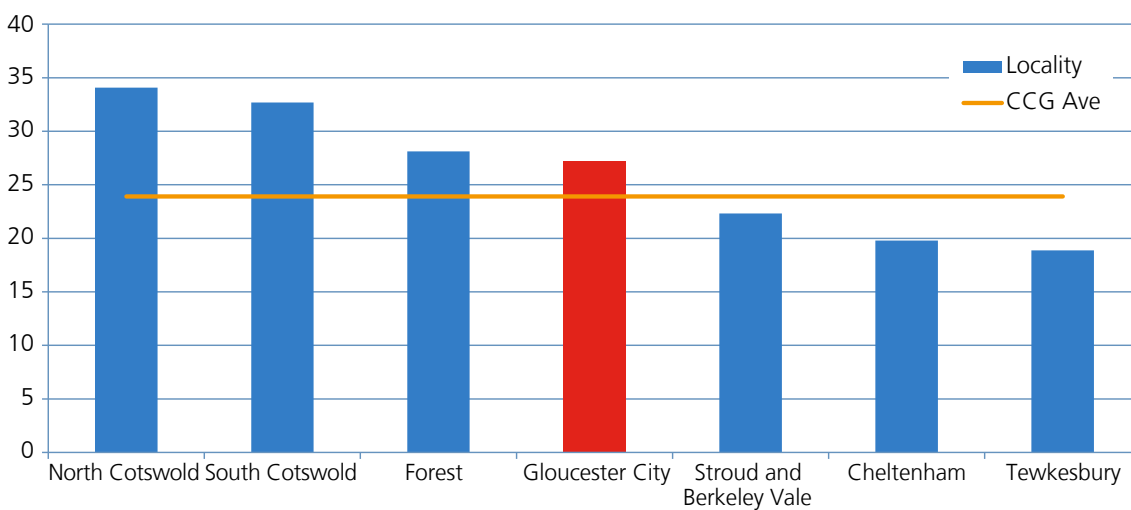
The specialties of Trauma & Orthopaedic, Pain Management and Rheumatology are also above expected levels for outpatient attendances, in addition to the elective admissions already reviewed.

Pain management outpatient attendances are above expected levels in all but two practices in the locality, with fourteen practices more than 10% above expected levels, and nine of them more than 25% above.

5.3.6 Outpatient appointments: Cardiology

GP Referred Outpatient: Cardiology Attendance

Rate per 1000 patients (All Providers 2014/15)



First Outpatient Attendances Cardiology – Gloucester

Practice Level Expected Level Counts v Actual (M1-M8 2014/15)



The trend chart in GP referred OP Cardiology appointments shows a steady trend over the last 2 years, with the locality consistently above the CCG rate.

All age bands over 25 show attendances are above expected levels for first outpatient appointments in the cardiology specialty. This is spread across most practices:

- Twelve practices are above expected levels for first attendances,
- Ten of these practices are more than 10% above expected levels
- Five of these practices are more than 25% above

For follow up appointments, fourteen practices are above expected levels, with nine of these practices more than 10% above expected levels.

5.4 'On the Ground' Feedback

The Gloucester city locality has developed strong relationships with patients through a locality stakeholder reference panel and with GP practices. Locality considerations 'on the ground' are detailed below:

- Access to counselling services in a faster timeline
- Better and faster access to children and adolescent mental health services
- Support for self-harm
- Access to GP appointments when GPs stretched by unprecedented demand levels and increasing chronic disease workload (including the unplanned admissions DES) and increasing work being devolved to primary care
- Obesity management – children and adult
- Long waiting times for cardiology outpatient department



- Stability of district nursing and health visiting teams for continuity and safeguarding
- Complex social challenges affecting health (housing/employment/financial/carer role)
- Increased reablement beds for access to avoid admissions especially frail elderly
- Capacity issues in tertiary centres pathways
- Quality and appropriateness of discharge from secondary care
- Transfer of unfunded work from secondary to primary care

Gloucester City locality GP's and practice managers also felt that it was important for all seven localities across the county to feedback into the CCG and demonstrably influence both clinical and financial priorities.

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



6 LOCALITY WORK PROGRAMME FOR 2015/16

- 6.1 We will be continuing a number of work streams to be rolled forward into 2015-2017, and will be exploring work streams to address some of the local health needs and issues identifying through our information gathering exercise in section five. With our CCG, GP Practice and other colleagues, we will work hard to address identified issues within the resources of the locality.
- 6.2 The locality work programme will be regularly monitored to assess progress, with a formal review at the CCG's Governing Body meeting every six months.
- 6.3 Recognising that we need to prioritise our work as a Locality, we have summarised what we aim to achieve in 2015/16 in the work programme 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
Locality Schemes						
Social Prescribing Continue work with partners to grow and sustain a "Social Prescribing" scheme for Gloucester, offering patients access to a range of services to assist with social need.	Dr Will Haynes	Helen Edwards / Zaheera Nanabawa	<ul style="list-style-type: none"> ● Increased utilisation of identified services in the locality closer to patient homes. ● Reduced primary care appointments Improved patient well-being (WEMWBS) ● Consistent social prescribing access for patients across the locality. 	Gloucester City Council, The Independence Trust Local Voluntary and Community Sector organisations	Trial commenced December 2014 Increase social prescribing hub capacity for delivery September 2015	In current form at least until the end of July 2016
Pharmacy First – Minor Ailments	Dr Joan Nash	Chris Llewellyn	<ul style="list-style-type: none"> ● Appropriate treatment provided to patients, without the requirement to visit GP practices. ● Easing pressure on GP practices and A&E 	GP practices and Pharmacies in locality, CCG Medicines Management team	Trial commenced November 2014	Trial continuing until March 2016
Patient and Stakeholder Locality reference panel	Dr Bob Hodges/ Dr Rachael Bunnett	Andrew Hughes/ Becky Parish	<ul style="list-style-type: none"> ● Allow local voices to contribute to the development of local health and wellbeing services ● To share and inform panel members of progress on projects 	Patient participation groups, GP practices in locality, CCG Patient and Public Engagement team, local stakeholders including Politicians, Local Voluntary and Community Sector organisations	Established 2014	Ongoing Planned meetings three times a year

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
Review and management of Gloucester City Practices utilisation of commissioned services	Dr Bob Hodges/ Dr Rachael Bunnett	Andrew Hughes	<ul style="list-style-type: none"> ● In-depth analysis of data identified as a significant financial variation for locality and practice including: <ul style="list-style-type: none"> - Frequent Attenders - Emergency Admissions - Cardiology Pathways - Orthopaedic, pain management and rheumatology pathways - Gynaecology ● Development of GP informed client approach to enable better relevance and understanding of data 	CCG Business Intelligence, GP practices in locality	Commenced	Ongoing Fortnightly meetings
Review of Ethnic Minority Enhanced Service	Dr Bob Hodges	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> ● Updating service specification ● Assessing GP and patient requirements in relation to cultural diversity ● Identify community based health interventions to increase levels of health ● Support local GP practices with requirements in relation to diverse populations 	GP practices in locality, patient participation groups, local stakeholders including community and voluntary organisations working with diverse individuals	Commenced April 2014	Ongoing
General Practice in the Front Door of A&E	Dr Irene Mawby	Andrew Hughes/Maria Metherall	<ul style="list-style-type: none"> ● Assumed target of treating up to 30% of A&E attendances during operating hours 	CCG Urgent Care team	Commenced December 2014	Ongoing
Membership Engagement and Development	Dr Bob Hodges	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> ● Programme of practice visits with information packs provided to all practices, including variation data. ● Understanding concerns and opportunities for practices 	GP practices in locality, CCG Business intelligence - Alex Holland and Jeremy Gough	Commenced 2014	Ongoing

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
Mental Health Working with existing mental health services to ensure appropriate access for patients in the locality	Dr Joan Nash	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> ● Improve dialogue between GP's, psychiatrists, psychologists and mental health professionals within the locality. ● Improve GP awareness of patient access into relevant mental health services through PLT event ● Assess any potential gaps in locality provision for mental health 	GP practices in locality, 2gether NHS Foundation Trust, Rethink, Turning Point, Local voluntary and community organisations, Gloucester City Council	April 2015	March 2017
Domiciliary Health Care Assistants For housebound/temporary home based patients	Dr Joan Nash	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> ● Practice lists of housebound patients regularly updated ● Service requirements in place ● Improved access to basic diagnostics such as phlebotomy 	GP practices in locality, CCG Business intelligence, Gloucestershire Care Services	October 2015	October 2016
Community Cancer Pilot project for 'Living With and Beyond Cancer'	Dr Sadaf Haque	Sara Mathewson/ Nikki Hawkins	<ul style="list-style-type: none"> ● Supporting Macmillan Community Cancer Care Service around successful implementation of project in the locality 	Macmillan, GP practices in locality, Voluntary and community organisations	October 2015	September 2017
Developing Themes						
Health Promotion Exploring a place based approach to tackle health inequalities in a Gloucester city locality	Dr Will Haynes	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> ● Tackling gender based health inequalities through community based initiatives in a deprived area of the city to reduce: premature mortality from CVD and respiratory illnesses, suicide, smoking, obesity and diabetes. 	GP practices in locality, CCG Business intelligence, local voluntary and community organisations	November 2015	November 2016
Glaucoma Monitoring	Dr Bob Hodges	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> ● Development of a community based Glaucoma monitoring service ● Reduce impact on secondary care 	GP practices in locality, CCG Business intelligence	April 2015	August 2016

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
Dermatology	Dr Irene Mawby	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> Assessing dermatology referrals from Gloucester City locality practices Exploring use of dermatoscopes in primary care 	GP practices in locality, CCG Business intelligence		
Gynaecology	Dr Rachael Bunnett	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> Exploring the impact on secondary care following the closure of a local GP led menstrual disorders clinic in 2014 	GP practices in locality, CCG Business intelligence,		
Palliative Community Care	TBC	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> Ensure professionals are aware of overnight 'sitting' service to support patients at risk of admission to hospital Access to a bed, for example in a specifically identified nursing home(s), when a patient experiences problems with symptom control and/or a 'crisis' More focused and specific use of the third sector services and support 	GP practices in locality, CCG Business intelligence, local voluntary and community organisations		
Workforce Development	Dr Bob Hodges	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> Exploring increased use of physician associates and pharmacists to: Reduce pressures on GP workload Encourage a shared skill set approach in practices Increase efficiency of GP practice resource Development of practice nurses 	Regional universities and accredited bodies, GP's in the locality, Health Education England South West (HEESW)	April 2015	Ongoing

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
Physical Activity	Dr Rachael Bunnett	Andrew Hughes/ Zaheera Nanabawa	<ul style="list-style-type: none"> Encouraging use of Couch to 5k approach for patients in primary care – by creating awareness of local offers on Health Walks and Park Run. Working with local partners on the health legacy from the Rugby World cup 2015. 	GP practices, Voluntary Organisations, Gloucester City council, Tewkesbury Borough council		
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 Will Haynes/Dr Bob Hodges	Andrew Hughes/ Zaheera Nanabawa	Locality GP awareness and implementation of CCG projects including:	Various CCG Lead GPs/ Managers	Ongoing	Ongoing
		Julia Tambini	<ul style="list-style-type: none"> Prime Ministers Challenge Fund: Choice +, Skype, e-Consult 	Gloucestershire GP provider company (GDoc)		
		Helen Edwards	<ul style="list-style-type: none"> Integrated Community Teams Rapid Response 	CCG + Gloucestershire Care Services		
		Andrew Hughes	<ul style="list-style-type: none"> Infrastructure/ Premises Development 	CCG		
		Bronwyn Barnes	<ul style="list-style-type: none"> Variation Programme 	CCG		
		Gina Mann	<ul style="list-style-type: none"> Care Pathways Website (G-Care) 	CCG		
		Dominic Fox	<ul style="list-style-type: none"> Joining up Your Information (care record) 	Central Southern Commissioning Support Unit		
		Helen Goodey Gill Bridgland	<ul style="list-style-type: none"> Primary Care Offer Discharge Reviews 	CCG		

Dr Bob Hodges Chair – Gloucester City Locality

June 2015

