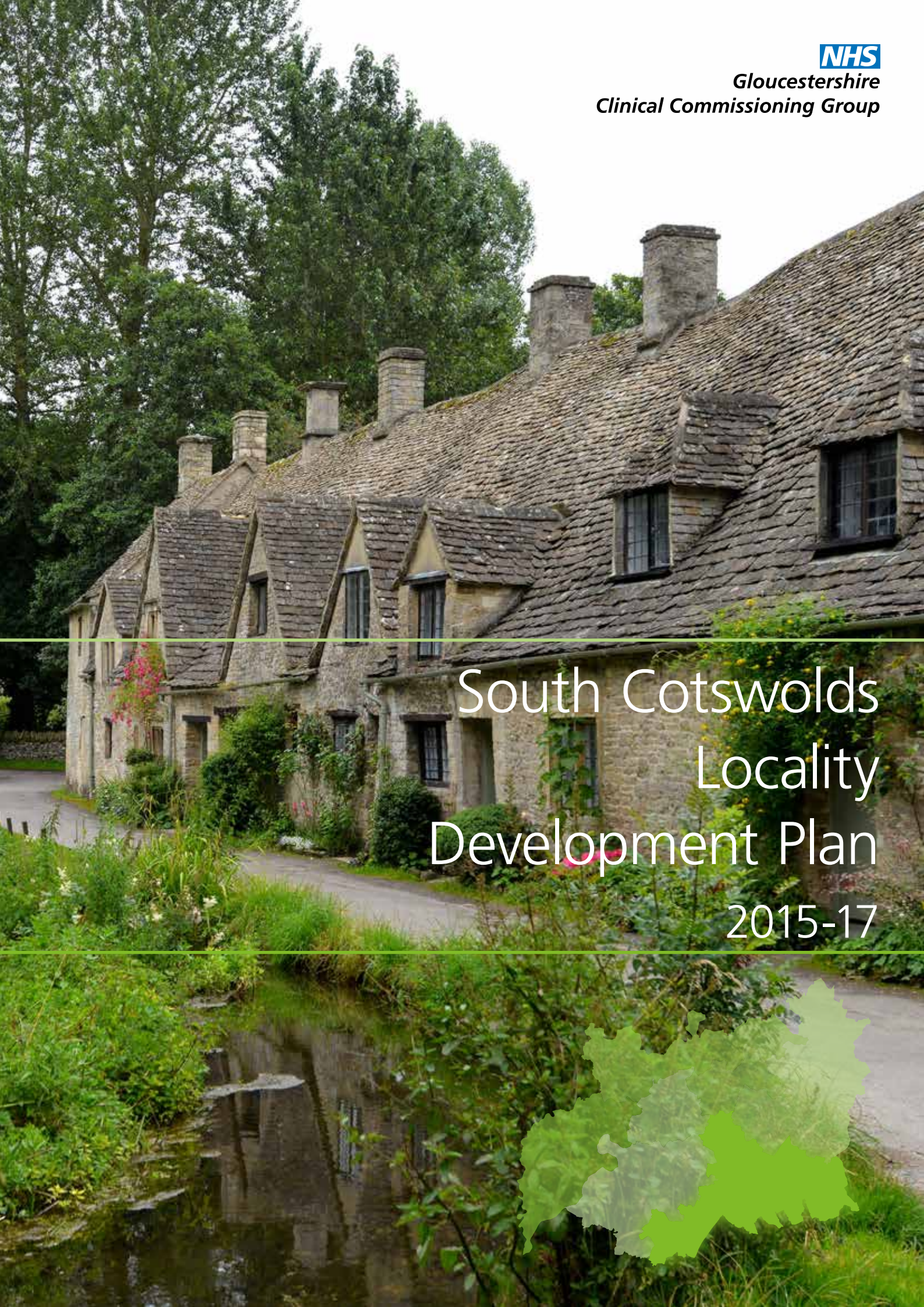
NHS
Gloucestershire
Clinical Commissioning Group



South Cotswolds Locality Development Plan

2015-17

Foreword

The South Cotswolds locality has developed into a coherent and effective entity for sharing concerns, ideas and generating solutions between the eight practices, local authority and other locality resources. We have found that by working together across practice boundaries whilst respecting each other's difference we have achieved things that would have been well beyond the scope of any one practice to achieve alone.

The projects that we have successfully implemented include: the establishment of social prescribing hubs within practices supported by the local authority, using Cirencester Hospital as a test bed for innovative community hospital service development, increasing the diagnosis of dementia, developing a county wide complex lower limb service and establishing a new way of identifying the variance of NHS resource utilisation between practices.

The localities ideas for the next two years are exciting; especially our plan to development a locality based consultant led community geriatric service. We also propose to change the way that we use cardiology outpatients by providing more services within each practice, closer to home. Finally we intend to ensure that more mental health services are provided within the locality in a joined up way and much are simpler for practices and patients to access.

Looking to the future the locality faces an increase in its population due to new house building as well as a continued rise in the number of elderly people with multiple long term conditions. We will have to manage the resulting extra pressure in the face of increasingly stretched financial and human resources.

The GP's within the local practices therefore have to ask themselves a fundamental and vital question: Do we keep doing more of the same; with eight practices each striving harder, faster and longer or do we take a step back and genuinely consider the alternative models highlighted in the 'NHS Five Year Forward View', by the RCGP and numerous other reports that have been published?

To this end we do have a decision to make quite quickly: Should the four practices in the town work together to build a primary care infrastructure that accounts for the all of the population and all of the practices needs, or do we follow a more insular, traditional individual practice approach? It's a tough question to answer as it challenges strongly held opinion and traditional orthodoxies, but has to be faced.

I believe the answers that we generate to the above will fundamentally determine the way that primary care is delivered in the locality, its sustainability and indeed vibrancy for decades to come.

Dr Alan Gwynn,
South Cotswolds Locality Commissioning Chair

1 Purpose

1.1

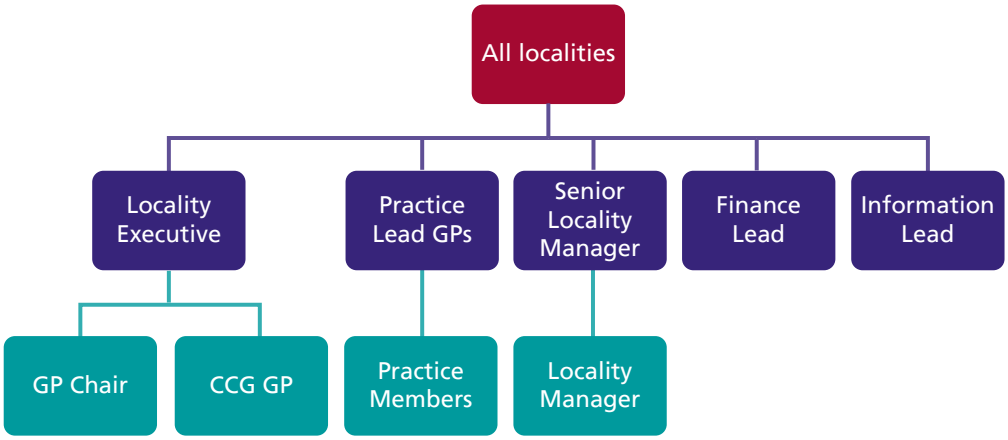
This Locality Development Plan has been produced to describe the specific health needs for the population of the South Cotswold Locality and sets out how the Locality Executive Group will lead work to address these needs over the next two years.

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 South Cotswold area. In each Locality, lead GPs work alongside key partners to help determine how best to meet the needs of its population, informing the wider work of the CCG; this is known as the Locality Executive Group.

2.3 The structure of localities is shown below:



For our locality, these roles are

- Locality GP Chair: Dr Alan Gwynn
- Locality CCG GP: Dr Malcolm Gerald
- Practice Leads:
  - The Park: Dr Julian Tallon
  - Phoenix: Dr Ian Simpson
  - St Peters Road: Dr Martyn Hewett
  - Avenue: Dr Alan Gwynn
  - Romney House Dr Malcolm Gerald
  - Hilary Cottage Dr Graham Wallis
  - Lechlade Dr Henry Stevens
  - Rendcomb Dr Sue Whittles
- Locality Manager: Zaheera Nanabawa
- Senior Locality Manager: Stephen Rudd
- Finance Lead: Chris Trout
- Information Analyst: 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 South Cotswold Locality. As will be seen, it is clear that our population has specific health needs that need to be addressed in order for us to understand these needs. The Public Health team within our Local Authority has supported this work and will continue to support us in identifying the best way of meeting the needs.

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.

2.7 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 South Cotswold Locality, three main sources of information have been identified:

- Public Health Intelligence;
- Activity, performance and financial data on the use of services, highlighting those areas where the Locality is significantly 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
- Gloucestershire Care Services
- Gloucestershire Hospitals NHS Foundation Trust
- [2]gether NHS Foundation Trust
- Gloucestershire County Council
- Local voluntary organisations
- Cotswold District Council
- Patients and their representatives
- 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). 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. The locality can influence countywide clinical and service improvement projects and enable locality initiatives which are appropriate to the locality population.

3 Key Achievements to date

3.1 Key achievements of the South Cotswold Locality from the previous 2013-2015 plan are detailed below.

3.1.1 **Social prescribing** – The locality has developed and implemented a social prescribing scheme successfully into 4 GP practices in the locality; in partnership with Cotswold District Council and other local voluntary and community organisations. The hub coordinator Sarah Clifton Gould has worked closely with GP practices at St Peters Road, Rendcombe, Lechlade and The Park. Through the hub, patients are signposted to relevant organisations to assist with social issues they are facing. Over 110 patients have been seen through the social prescribing hub since April 2014. A majority of individuals have needs around social isolation and caring responsibilities. The scheme will be rolled out into all practices in the locality by the end of 2015.

3.1.2 **Cirencester Hospital** has been established as an innovation test bed for community hospital service development within the county. With strong input from the Gloucestershire CCG, Gloucestershire NHS Hospitals Foundation Trust and Gloucestershire Care Services a Cirencester Hospital working group has been formed. A range of options for the hospital have been considered with partners including: the best model of medical cover for local patients; increasing outpatient provision; supporting county-wide work on day surgery and diagnostics and working with Wiltshire and Avon CCG's to assess appropriate services after the Care UK contract comes to an end on the 31st of October 2015.

3.1.3 **Dementia** was a priority identified by the JSNA data for 2013-2015 in the South Cotswold locality, as the prevalence levels were lower than expected. A protected learning time event for all South Cotswold GPs, has increased awareness to support dementia diagnosis. This has led to an increase in the recording of dementia cases in the locality, and enabled the implementation of formal memory testing. Prevalence has increased in the locality so that we are now not an outlier. The increase in diagnosis rate has ensured that more patients and their carers have been able to access management and support services.

3.1.4 **Identifying financial variation in practices** – Building on an approach developed by Yorkshire and Humber Public Health Observatory (now Public Health England), the South Cotswold locality chair took the lead in developing an approach which allows comparison to 'similar' practices within taxonomy groups, enabling a comparison not only to locality practices but also to 'practice peers.' Based on the relative position of each practice's registered list against five themes (% of older patients, deprivation, employment, health conditions and carers, lifespan and disease mortality) seven taxonomy groups were created. This approach was put forward for a national innovation award and has been successfully implemented for use across all Gloucestershire CCG localities. This approach will continue to be developed through 2015-17 as part of the newly established variation programme where the key focus will be based on what actions should take place when variance in practices has been identified.

3.1.5 **Complex lower limb service** – With an increasing ageing population, the locality has identified long term condition planning as imperative to the sustainability of the locality in forthcoming years. The locality has worked towards the implementation of a holistic community based complex lower limb wound service – modelled on appropriate community based care closer to home for patients. The developed service is aligned to a social model of care and will enable efficient use of district nurse time. This scheme will begin in the South Cotswold locality and will then be rolled out across countywide locations.

3.1.6 In addition, the locality has also achieved:

- Working with local partners including the Cotswold District Council and South West Energy agency (SWEA) to raise the profile of Excess Winter Deaths and the support available for the residents of the South Cotswold locality to prevent these.
- Improved awareness and provision of Diabetes care into all practices, including audit, training and nurse support
- Increased awareness of managing adult obesity, encouraging referrals into lifestyle services including slimming world and smoking cessation
- Supporting the introduction of integrated community and rapid response teams
- Taking the first steps of establishing a locality based prescribing management scheme
- Supporting and succeeding in a bid for funding to deliver additional primary care capacity within the locality

3.2 Prime Minister's Challenge Fund

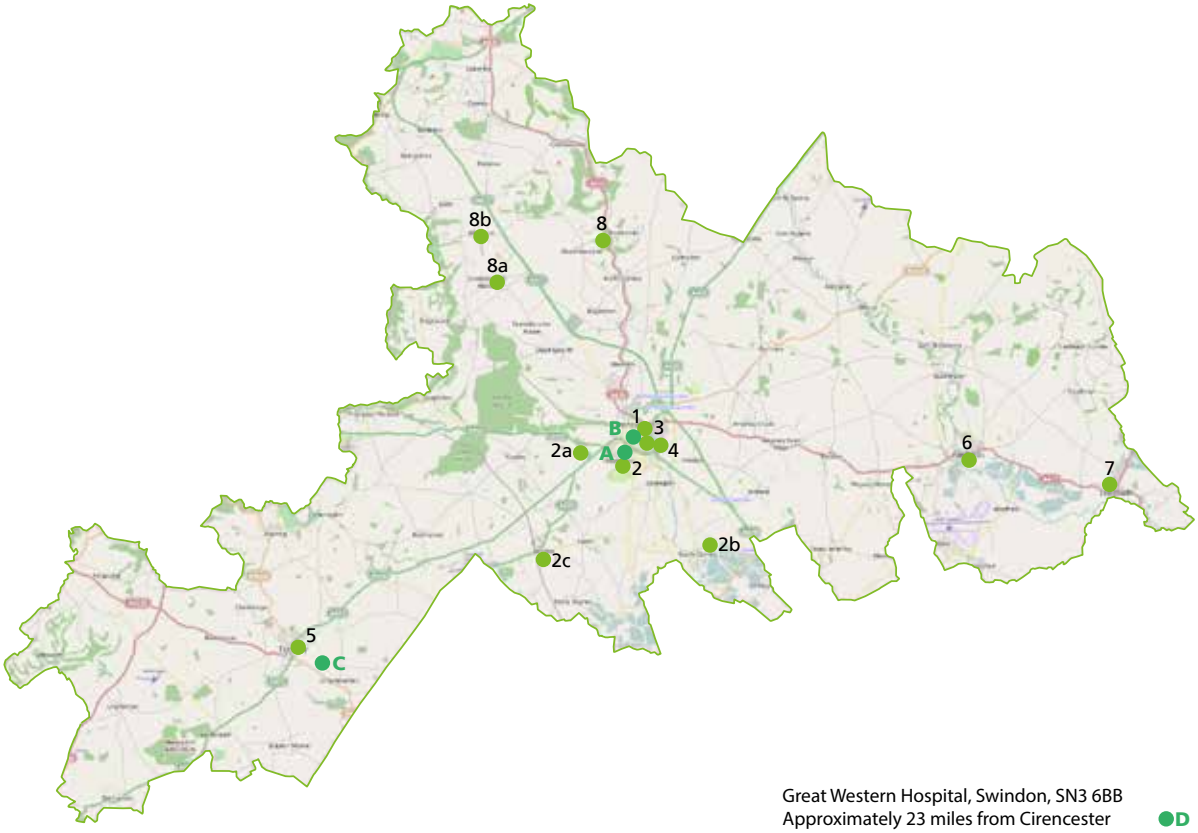
3.2.1 GPs from all localities have been key contributors to a successful application for the Prime Ministers Challenge Fund (PMCF) relating to improving access to general practice, thanks to joint working between the GP provider organisation, Gloucestershire Doctors (G-DOC) and the CCG.

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. Other innovative delivery approaches include 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 locality is predominantly rural with population centres in Cirencester, Tetbury, Fairford and Lechlade along with many smaller villages and hamlets. The locality area has neighbouring boundaries with Oxfordshire and Wiltshire – and covers around 57,738 patients. There are 8 GP Practices in the Locality.



1 Park Surgery, Old Tetbury Road, Cirencester, Gloucestershire GL7 1US

2 Phoenix Surgery, Chesterton Lane, Cirencester, Gloucestershire GL7 1XG
2a Royal Agricultural University Branch Surgery, Stroud Road, Cirencester
2b South Cerney Branch Surgery, Clarks Hay, South Cerney, Cirencester GL7 5UA
2c Kemble Branch Surgery, Church Road, Kemble, GL7 6AE

3 St Peter's Road Surgery, 1 St Peter's Road, Cirencester, Gloucestershire GL7 1RF

4 Avenue Surgery, 1 The Avenue, Cirencester, Gloucestershire GL7 1EH

5 Romney House Surgery, 41-43 Long Street, Tetbury, Gloucestershire GL8 8AA

6 Hilary Cottage Surgery, Keble Lawns, Fairford, Gloucestershire GL7 4BQ

7 Lechlade Medical Centre, Oak Street, Lechlade, Gloucestershire GL7 3RY

8 Rendcomb Surgery, Rendcomb, Cirencester, Gloucestershire GL7 7EY
8a Duntisbourne Abbots, Village Hall, GL7 7JN
8b Winstone, Village Hall, GL7 7JZ

Other providers

A Cirencester Community Hospital, Tetbury Road, Cirencester, GL7 1UY

B Cirencester Memorial Hospital, Sheep Street, Cirencester, GL7 1RQ

C Tetbury Hospital, Malmesbury Road, Tetbury, GL8 8XB

D Great Western Hospital, Malborough Road, Swindon, SN3 6BB

Practice List sizes

4.2 The Practice list sizes are as follows:

• The Park	7,583 patients
• Phoenix	12,965 patients
• St Peters Road	6,626 patients
• Avenue	6,688 patients
• Romney House	7,926 patients
• Hilary Cottage	7,333 patients
• Lechlade	4,736 patients
• Rendcomb	3,899 patients
	57,738 patients

Correct as at 1 April 2015 Source: South Cotswold practices

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:

- Cirencester Community Hospital
- Care UK at Cirencester Hospital – until October 2015
- Cirencester Memorial Centre
- Tetbury Hospital
- Great Western Hospital
- Any Qualified Provider (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. The locality is 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.

Healthy Marketplace steering committee meeting at Cirencester Hospital - Members of the steering committee discussing details of the project during their meeting in the room which will be used as the Healthy Marketplace - 18.05.15

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.

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.

The Public Health intelligence demonstrates that the South Cotswold locality performs particular well for its patients. Important outcomes such as life expectancy and premature mortality from major causes of death are very good.

5.2.1 Demographics

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

Loneliness is an issue which impacts strongly on an individual's health and wellbeing. Cotswold District Council have supported a local transport study covering the whole of the Cotswolds area in 2015 across which outlined:

- There are 85,000 residents in the whole of the Cotswolds, 19,000 of whom live in Cirencester
- Of the 85,000 residents, 9,000 residents are over the age of 75
- The older population will increase by more than 10% over the next 10 years and the number of people aged 85 and above living alone is expected to rise by 25% during this time period
- 13% of households across the Cotswolds have no car
- 2,800 pensioners claim credits
- 5,400 people live with a long-term health condition or disability
- Cost of housing is high

Cotswolds Area Transport study (2015). Commissioned in partnership by Cotswold District Council and Gloucestershire Police and Crime Commissioner. The full report including the health and wellbeing impact of loneliness in the Cotswold area can be found at: http://www.cotswold.gov.uk/media/777430/Loneliness-Report.PDF

As part of the Cotswold District local plan there is a proposal to build approximately 2500 additional houses in Cirencester over the next five years adding 6500 patients to the local population. This will lead to additional pressure on community and primary care services.

5.2.2 **Deprivation**

South Cotswold practice boundaries have among the lowest deprivation scores in the county. However there are three Lower Super Output Areas (LSOAs) in Cirencester who rank in deprivation quintile 2 or lower (IMD 2010). The JSNA highlights issues of 'hidden' deprivation for South Cotswolds, potentially causing barriers to housing and services.

LSOA Name	IMD county decile
Cirencester Watermoor 3	1
Cirencester Chesterton 2	2
Cirencester Beeches 1	2
Tetbury 2	3
Cirencester Watermoor 2	4
Moreton-in-Marsh 1	4
Kempsford-Lechlade 3	4
Grumbolds Ash	4
Avening	5
Cirencester Watermoor 1	5
Ermin	5
Chedworth	5
Blockley	5
Ampney-Coln	5
Sandywell	5
Churn Valley	5
Fosseridge	5
Water Park 3	5
Cirencester Park 1	5
Bourton-on-the-Water 1	5
Cirencester Beeches 3	5
Riversmeet	5

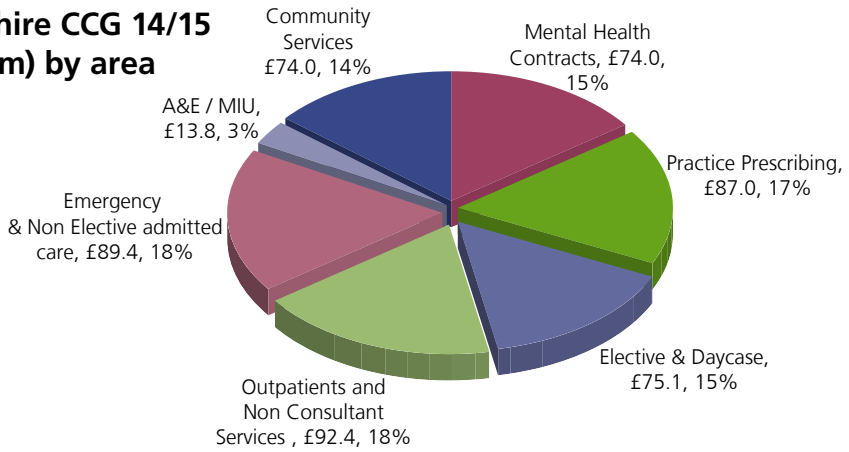
The average deprivation score does not always tell the whole story – There is an assumption of affluence due to the South Cotswolds, however the way in which deprivation data is recorded hide issues such as rurality, localised socio economic deprivation, poor housing stock and difficulties in accessing services.

Deprivation is an important issue as it has an impact on health care funding. Elderly 'wealthy' populations who have multiple age related Long Term Conditionss and subsequent high demand on NHS services and costs are in part discounted in the funding formula due to their low average deprivation score.

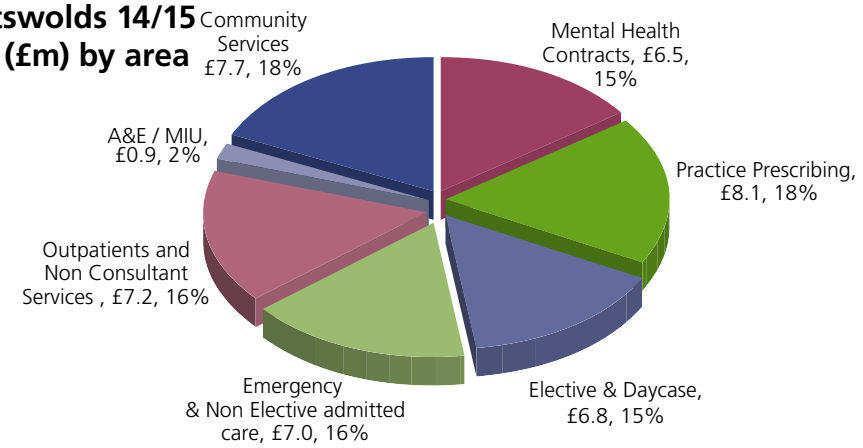
5.3 CCG Finance and Information Data

Analysis of NHS resource utilisation demonstrates variation exists not just at a CCG level, but also between and within localities. The CCG has a finite financial resource that needs to be appropriately distributed and utilised.

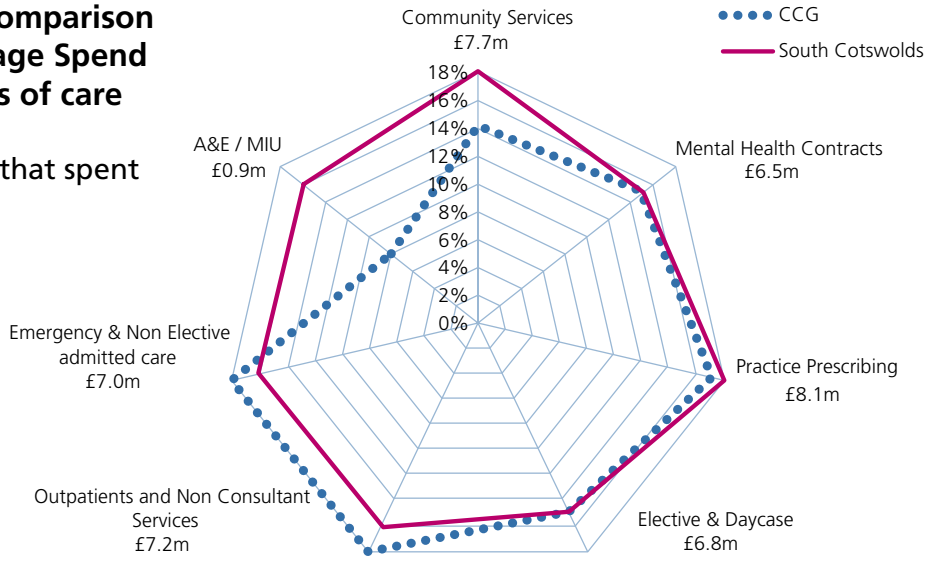
Gloucestershire CCG 14/15 Spending (£m) by area



South Cotswolds 14/15 Spending (£m) by area



South Cotswolds Comparison of 2014/15 Percentage Spend in different settings of care vs CCG Average
(£ figures shown are that spent by South Cotswold)



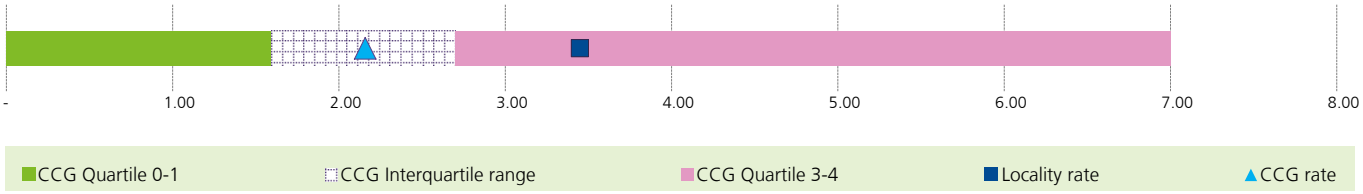
NOTE: These charts exclude other areas of commissioning spend, such as maternity services, ambulance services, continuing health care, CCG running costs and reserves.

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

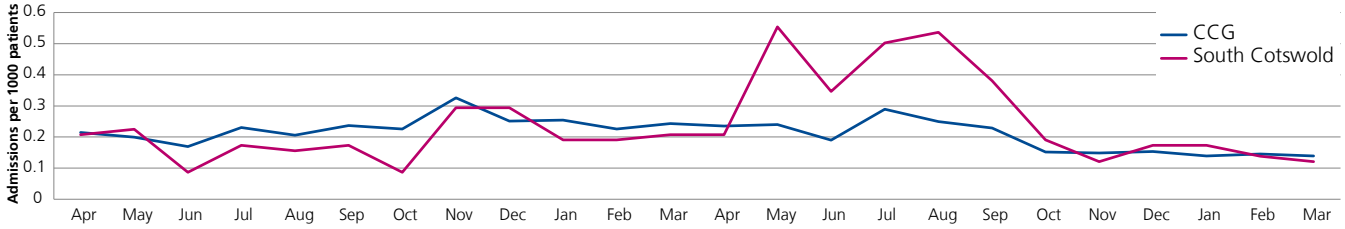
For the development of these key areas the locality proposes a three-pronged approach to each of the highlighted areas: Understand, Educate and Commission.

5.3.1 Emergency Geriatric Medicine admissions

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



South Cotswolds A&E / MIU Attendances – Rate per 1,000: All Providers



The South Cotswolds locality contains one of the highest proportions of elderly and very elderly populations within the county. The demographic 'time bomb' often talked about has already exploded and is going to inexorably increase over the next decade. The impact of this can be seen in the data showing the numbers of emergency geriatric admissions from the South Cotswolds population.

The locality shows higher activity for geriatric emergency admissions than expected, with 5 practices within the locality well above expected levels for their age profiles. This issue is of vital importance and forms the basis for many of the work streams that the locality will pursue.

Understand:

Is the admission rate really 'excessive' once you understand the population served? Once we have established this we need to delve deeper. The only way is to go into practices and look at patients notes (this forms the basis of the variance project previously mentioned)

Review case presentations to analyse:	Describe available community services that might avoid admissions including:
• Activity by surgery • Conditions admitted to hospital • Hospital loation • Time of day • Community team engagement • Admissions arranged by in hours or out of hours	• Rapid response • ICTs • Heart failure & Respiratory services, • Community IV service • OPAL • District nurses

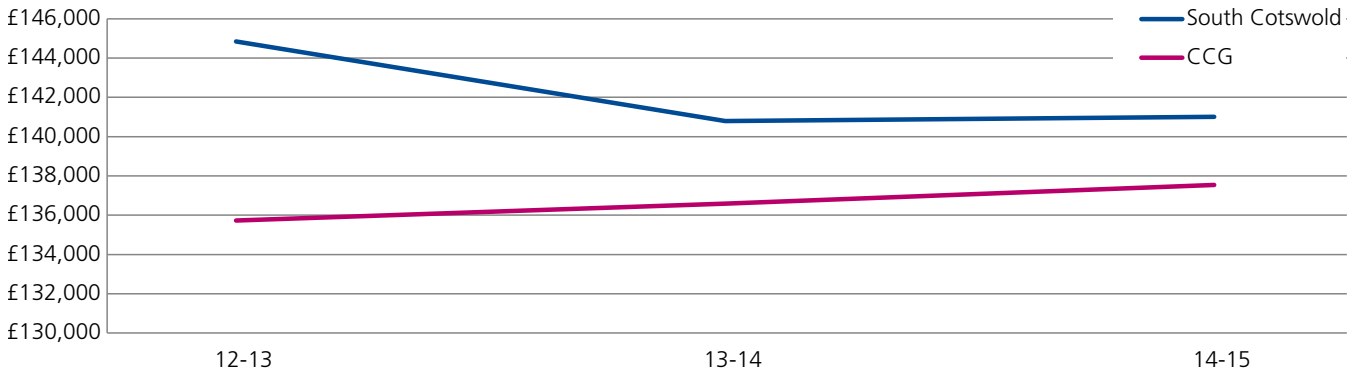
We particularly want to determine the utilisation and effectiveness of the rapid response team within the locality – is it being used appropriately and does it reduce admissions?

Educate: Once we understand the nature of admissions, the services available to avoid admissions, the capacity of those services and the effectiveness of their interventions, we will be in a position to disseminate any learning to the locality to ensure that the services are being used as appropriately as possible. This work will be linked into a CCG project relating to the systemisation of the risk profiling Direct Enhanced Service (DES) – to understand how we can we make the DES really 'work' for patients, practices and the NHS healthcare system.

Commission: The development of a community based geriatric specialist team is the major commissioning intention of the locality for the next two years. It is a service that has been mentioned many times by the practices. The locality has made some difficult decisions and addressed the medical model at Cirencester Hospital, and is now in a realistic position to take this project forwards. We hope to develop an innovative, vibrant, sustainable and effective model of service delivery to maximise benefits for patients and practices. It is hoped any service commissioned will integrate in and out of hospital care by following patients between the two invisibly.

5.3.2 Prescribing

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



Overall the spend rate per 1,000 patients is higher in the South Cotswold locality than in the CCG as a whole. 6 practices are spending more than their taxonomy group average on prescribing and 5 practices have increased spend on prescribing from the previous year. In 2014/15 the locality overspent against its Prescribing budget by 8% (£0.6m). The locality believes that prescribing is an area that we have an element of control over, by changing individual clinical behaviour and practice systems.

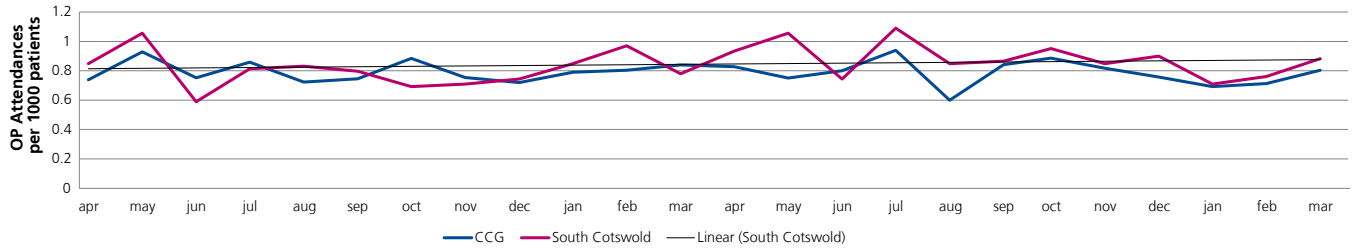
Understand: We have decided to take this issue forward in two ways. The first by devoting additional prescribing resources to one or two practices only (identified by greatest variance in spend and the willingness of practices to engage). We will then use the learning points to share with others. Secondly we intend to look at diabetes prescribing across all of the practices. Diabetes is a well-described condition with nationally agreed, evidence based management protocols. It should therefore be possible to describe an expected spend per diabetic per year based on national guidelines. We can there compare each practices spend against it whilst also comparing proxy measures of outcome such as HBA1C. All projects will be complementary to the existing countywide prescribing improvement plan.

Educate: We will use all of the learning from the individual and cross practice work to write a report and act as the basis for a locality Protected Learning Time event (PLT). The PLT will include expertise from local pharmacists to empower GPs around making appropriate and safe decisions around medicines management. The PLT will also promote best practice in accordance with NICE guidelines, especially with the elderly population.

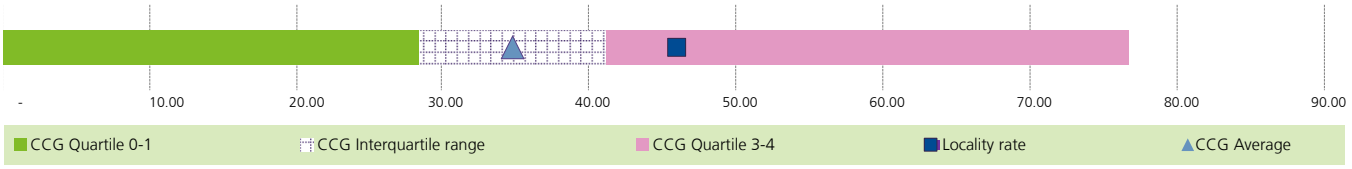
Commission: We want to further explore the development of a locality based Prescribing incentive scheme in the longer term.

5.3.3 **Cardiology – First Outpatient attendance**

Trend Graph of Cardiology GP Referred 1st Outpatient Attendances per 1000 patients April 2013 - March 2015: South Cotswold v CCG



South Cotswolds Cardiology Outpatient attendance rate per 1,000 comparison (2014/15 All Providers)



The above slider chart shows that South Cotswold Locality has more attendances per 1,000 patients than the CCG as whole, with a rate 30% higher than the CCG average. Cardiology outpatients has the highest level of excess activity above the levels that would be expected for the age profile. Including all attendances, activity was circa 600 attendances above expected levels for 2014/15.

As before we intend to use the same three pronged approach to this issue:

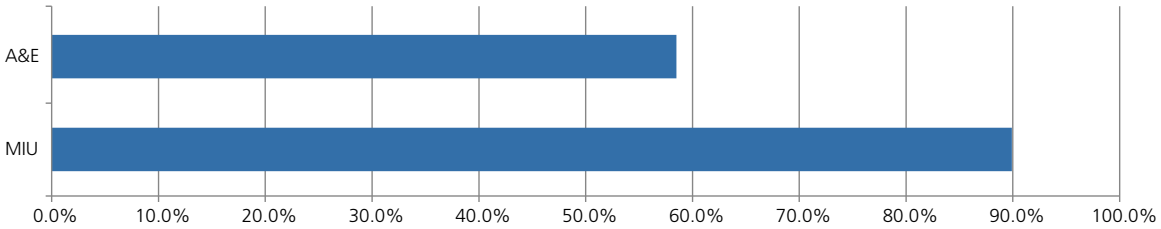
Understand: Through an activity audit analyse which patients are being referred by particular practices into cardiology services, for what reasons. This will help to understand whether all referrals are appropriate or an alternative service provision could help.

Educate: Following the audit, the locality will be able to analyse if certain patients could be managed differently without a referral – are there gaps in local GPs knowledge or in practice systems that can be addressed?

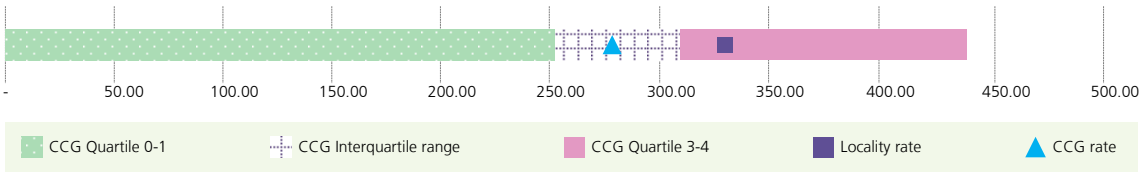
Commission: We are going to explore the viability of establishing a practice based 24hr ECG service or alternative community based palpitation services as we believe on first analysis of the data that this may be the service that is driving the apparent 'excess'.

5.3.4 **A&E / MIIU attendance**

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



South Cotswold A&E / MIIU Attendances – rate per 1,000: All Providers



The graphs on the previous page demonstrate the utilisation of A&E and MIIU by patients within the South Cotswold locality. There are a very large proportion of attendances at A&E and MIIU where the outcome for the patients is Guidance or 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 South Cotswold locality is above the CCG average for utilisation of these services. The locality will work alongside countywide CCG programmes of work to best understand patient need and ensure appropriate services, engagement and communication is in place.

When A&E and MIIU attendance statistics are combined the South Cotswolds has an apparent significant excess in attendance rates. There is also an understandable difference in the outcomes of patient attendances at AE vs MIIU, with the latter dealing with more cases that can appropriately be managed by advice and guidance. Research locally and nationally has shown that the most significant determinant of a patient attending an A&E or MIIU is the proximity of the service to the population. This is reflected in the South Cotswold with attendance rates directly related to how close a patient's practice is to Cirencester and Tetbury Hospital MIIUs. Coupled with the availability of walk –in centres, patient choice could mean that practices have very little influence over a patient's use of MIIU and A&E. The standard belief is that attendance rates at A&E and MIIUs are related to the lack of availability of GP appointments. Is this really true? It is the locality's intention to explore this further.

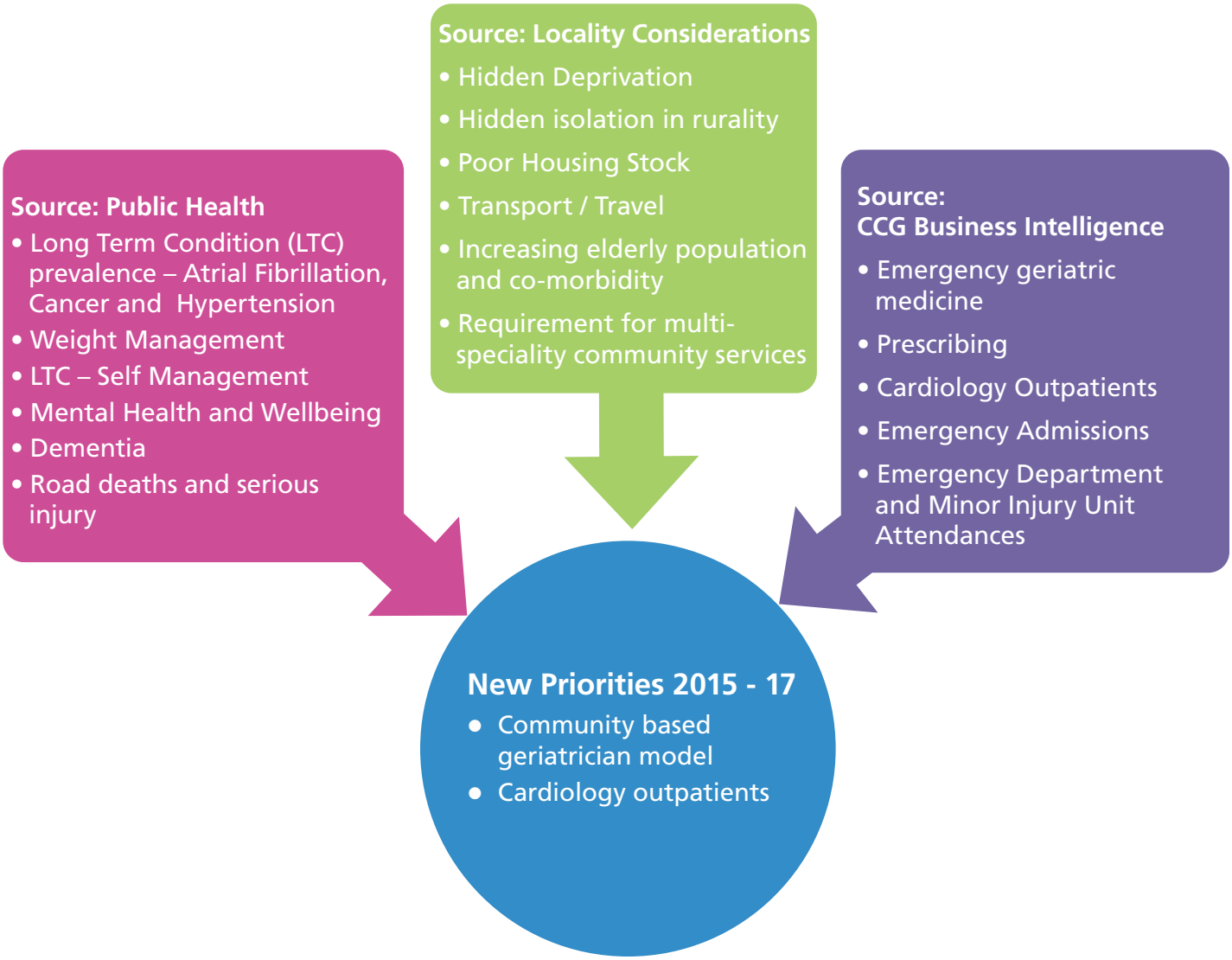
Understand: Collect information on which patients attend different locations at different times of the day. Then analyse if there is a difference in attendances between practices that cannot be explained by geographical distance from the A&E and MIIU location. The analysis will help to understand if initiatives used in particular practices such as 'Doctor First' – where each patient is contacted by a doctor – have an impact on A&E attendances. The skills mix of the workforce within practices will also be explored to understand the best use is being made of all staff according to their skills and knowledge levels.

Educate: Working with CCG colleagues, the locality will encourage patient use of the ASAP app via smartphones to assist them dealing with their condition. It will be promoted through practices and local pharmacies. We will disseminate the findings of the work that we will do at the practice level when we look at individual practice variance in the use of A&E and MIIU.

Commission: The locality will pursue commissioning solutions for any key areas highlighted in the 'understand' stage. This could include specific projects around patient awareness, workforce solutions or system re-design within practices or other provider.

5.4 Priority mapping

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 was developed showing all the priorities initially presented from each contributor and those prioritised for development.



Projects to be carried forward 2015 - 17

- Social Prescribing
- Cirencester Hospital
- Complex Lower Limb Service
- Locality Collaboration
- Education Federation
- Medicines Management
- Dementia
- Supporting Primary Care within the locality
- Email Patient Photos (Phoenix practice dermatology trial)
- Supporting CCG Countywide Projects

6. Locality Work Programme for 2015/16

6.1 As a locality we will be continuing a number of work streams to be rolled forward into 2015-2017, and we will be exploring work streams which will 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.

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.

6.2 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						
Community Based Geriatrician Model Exploration of community based support for increasing elderly demographic.	Dr Alan Gwynn	Stephen Rudd/ Zaheera Nanabawa	• Improved access to care closer to home • Reduced emergency admissions and A&E attendances • Increased patient satisfaction and quality of life • Development of appropriate services for existing and projected locality demographic	GP practices in locality, Gloucestershire Care Services, GHNHSFT	September 2015	September 2016 (scoping stage)
Social Prescribing Continue work with CDC to implement and sustain a "Social Prescribing" scheme for the South Cotswolds, offering patients access to a range of services to assist with patients social need – including roll out into all GP practices in the locality.	Dr Sue Whittles / Dr Martyn Hewett	Helen Edwards / Zaheera Nanabawa	• 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 • Locality based integration of dementia support and physical activity provision	Cotswold District Council, Local Voluntary and Community Sector organisations.	Trial commenced March 2014 Rollout to all practices in locality by October 2015	In current form at least until July 2016

Cirencester Hospital To continue to support the development of Cirencester Hospital as a valuable and viable community hospital through the work of the CCG, Gloucestershire Care Services and the Cirencester Hospital Future Forum.	Dr Alan Gwynn / Dr Malcolm Gerald	Jonathan Jeanes	• Influence the medical model for the benefit of local patients • Consider local commissioning of services wherever viable • Participation in countywide community hospital development programme • Development of Healthy Market Place – which will promote self-help and prevention techniques	Gloucestershire Care Services	Work commenced January 2014	Ongoing
Education Federation Working with local expertise and the South West HEE (Health Education England) to pilot an educational federation for the South Cotswolds locality.	Dr Martyn Hewett	Dr Martyn Hewett	• Increased time and resources for GP registrar training within the locality • Wide coverage of curriculum • Opportunity to visit other GP surgeries • Good-quality clinical teaching • Minimal disruption to working week • Opportunity for GP trainee exposure to management and leadership development	GP trainers in locality GP practices, South West HEE, GP registrar trainees	Work commenced April 2014	Pilot – August 2016

Prescribing – Medicines Management Generate recommendations which influence consistent improvements in prescribing practice at locality and GP practice level.	Dr Alan Gwynn	Stephen Rudd / Zaheera Nanabawa	• Clinically safe prescribing • Assessing factors which allow practices to remain within budget for prescribing expenditure • Assessing consistent approaches for accessing formulary • Working to NICE guidelines • Reduced overspend within prescribing budget for 2015/16 and 2016/17	GP practices in locality, Prescribing support team at CCG.	December 2014	April 2016
Email Photos Trial of specific inbox at Phoenix Surgery for requesting patients, following triage, to email photos of dermatology presentations, e.g. rashes	Dr Peter Hill	Stephen Rudd / Zaheera Nanabawa	• Trial within IG approved process proves compliant and workable • Reduces GP face-to-face appointments, freeing up resource for the practice	Phoenix Surgery initially – to feed back to locality on their innovation	December 2014	December 2015
Moving Care from Secondary to Primary Care Addressing locality financial variance on first outpatient cardiology appointments.	Dr Stephen Jenkins	Stephen Rudd / Zaheera Nanabawa	• Potential financial savings through reduced variation • Subjective quality benefits • Bringing cardiology care closer to home through the use of appropriate technologies	GP practices in locality, Circulatory CPG, potentially Providers (TBD)	July 2015	March 2017

Developing Themes						
Physical Activity Taking a locality place based approach to impact on levels of physical activity, complementary and contributing to the Healthy Individuals clinical programme group.	Dr Alan Gwynn	Stephen Rudd / Zaheera Nanabawa	• Work with local voluntary and community organisations in the locality to map existing physical activity services/ opportunities. • Encourage patient access to existing physical health activities. • Potential use of Healthy Marketplace in Cirencester Hospital for the delivery of condition based physical activity for rehabilitation.	Cotswold District Council, GP practices in locality, Local Voluntary and community organisations.	September 2015	September 2016
Urgent Care Reducing emergency admissions, A&E and MIU attendances	Dr Malcolm Gerald	Stephen Rudd / Zaheera Nanabawa	• Promotion of ASAP smartphone app and website to GP practices and patients through local media campaign. • Encouraging appropriate use of existing mechanisms such as rapid Response, Integrated Community teams (ICT's), Older People's Advice and Liaison (OPAL) and Single point of clinical access (SPCA).	GP practices in locality, CCG communications team, Gloucestershire Care Services, GHNHSFT	Ongoing	Ongoing

Supporting primary care within the locality Exploration of GP practices in locality working in collaboration to develop innovative approaches to meeting local health needs and improving capacity within primary care.	Dr Alan Gwynn	Stephen Rudd/ Andrew Hughes/ Kesh Makesha/ Zaheera Nanabawa	• Sharing resources to increase locality capacity in primary care • Enable an approach for better planning around locality needs for the future demographic of the health population. • Ensuring primary care resources are available to support population growth	CDC, Primary Care team at the CCG, NHS England	Commenced July 2014	Ongoing
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 Malcolm Gerald / Dr Alan Gwynn	Stephen Rudd/ Zaheera Nanabawa	• Locality GP awareness and implementation of CCG projects including:	CCG	Ongoing	Ongoing
		Maria Metherall	• Urgent care usage reduction – including use of ASAP app, Rapid Response, ICT's, OPAL and SPCA.	CCG		
		Julia Tambini	• Prime Ministers Challenge Fund: Choice +, Skype, e-Consult	Gloucestershire GP provider company (GDoc) and CCG		
		Helen Edwards	• Integrated Community Teams • Rapid Response	Gloucestershire Care Services and CCG		
		Andrew Hughes	• Infrastructure/ Premises Development	CCG		
		Bronwyn Barnes	• Variation Programme	CCG		
		Gina Mann	• Care Pathways Website (G-Care)	CCG		
		Dominic Fox	• Joining up Your Information (care record)	Central Southern Commissioning Support Unit		
		Helen Goodey	• Primary Care Offer	CCG		

Dr Alan Gwynn

Chair – South Cotswold Locality

June 2015