



DISTRICT COUNCIL  
NORTH OXFORDSHIRE

**Subject: Changing Models of Primary Care**

Director: Executive Director: Wellbeing, Jane Carr

Officer Responsible: Bicester Healthy New Town Programme Director, Rosie Rowe

<b>Background and Reason for Briefing Note</b>	To brief the Overview and Scrutiny Committee on the changing model of primary care and its implications for Cherwell District Council (CDC).
<p><b>1.0 Introduction</b></p> <p>1.1 Good primary care is the bedrock of a high-quality and cost-effective health system, and the NHS has traditionally prioritised primary care compared to many other health systems worldwide. This is generally accepted as key to its success and pre-eminence internationally in providing effective, safe, coordinated and efficient patient-centred care.</p> <p>1.2 The Oxfordshire Primary Care Framework highlighted the importance of investing in the sustainability of General Practice, and supporting it to be the lynchpin in our health and care services. However, primary care is facing a number of challenges which means that it needs to change and adapt if it is to be sustainable in the future.</p> <p>1.3 This briefing paper provides information about how primary care is changing in Cherwell and draws on information provided by Oxfordshire Clinical Commissioning Group (OCCG) which is responsible for commissioning general practice services. OCCG has adopted a new approach to planning for future health and care services which involves working collaboratively with local government and health and care providers to focus on how to meet the specific needs of their local population. They have indicated that their plans for developing primary care will remain iterative: as the population changes and the way the delivery of healthcare evolves, they will continue to work with patients, clinicians and partners to ensure that primary care remains responsive, accessible and of high quality.</p> <p><b>2.0 Pressures that are driving change to general practice</b></p> <p>2.1 Primary care in the District faces pressures that are common to many parts of the country, namely:</p> <ul style="list-style-type: none"><li>• Shortage in workforce and difficulty recruiting staff</li><li>• Increasing and ageing population</li><li>• Increasing expectations and demand for same-day access for urgent care</li><li>• Increasing pressure in managing complex, frail or elderly patients</li><li>• Small practices finding it increasingly challenging to be sustainable</li></ul>	

- Premises requiring improvement
- Increasing administrative burden
- Housing growth
- Current partnership model is not always suitable

2.2 Whilst doctors and patients may look back with some fond nostalgia at a very traditional model of primary care, meeting these challenges and the current and future needs of our population will need different models of care. Future models must both provide timely access to same day acute clinical care and time for GPs and primary care clinicians to deal with an ageing population with increasingly complex medical needs.

2.3 This will require working in larger teams across practices and neighbourhoods to provide care efficiently within the resources available against a backdrop of rising demand. The changing nature of clinical care involves more patients being treated at home or closer to home; this involves a blurring of traditional primary / secondary care boundaries but will also need to involve a shift of resources into the community commensurate with the current and future shift of work.

### **3.0 Impact of Housing Growth**

3.1 There are plans for significant housing expansion in Cherwell in the coming years. Notable developments include Banbury (7,319 homes to 2031), Bicester 10,129 new homes, the former RAF Upper Heyford have a total site capacity of 2,361 by 2031 with growth elsewhere of 3,031. Cherwell District Council is considering an additional 4,400 homes in the A44 corridor, Kidlington and North Oxford to meet unmet housing need in Oxford City.

3.2 OCCG estimates suggest that in the North East this equates to about an additional 11,000 patients (13.2%) over the next five years and 28,000 patients (33.6%) over the next ten years. In the North locality this equates to an increase of about 15,000 patients (13.5%) across the locality over the next five years, and about 23,000 (21%) over ten years.

3.3 The planned rate of growth raises challenges for existing primary care estates infrastructure as existing practices will run out of capacity to accept new patients at a certain point; OCCG officers are in discussions with Cherwell's planners to identify potential sites for new facilities. Housing growth is also acting as a driver for the development of new models of care to meet the increasing demand for primary care services from Cherwell's growing population.

### **4.0 How will Primary Care be different?**

4.1 OCCG's locality plans indicate that in order to ensure that general practice is sustainable it will involve changes regarding:

- Practice Structure
- Professionals involved – a wider range of professionals
- Streaming of demand
- Home visiting – increasingly provided by paramedics
- Integrated Locality Team – providing more co-ordinated care for people with complex needs

See Appendix A for more information about these developments.

4.2 In the district there is some variation in how practices are seeking to develop in the future. Some of the smaller rural practices where planned population growth is limited are planning to work as networks of practices to deliver services. In urban centres where there is likely to be significant population growth new models of care are being planned which are likely to be built around:

- bigger practice units of 30-40,000 patients
- sharing of some back room functions
- streaming of urgent demand for care to urgent access hubs
- A greater use of professionals other than GPs.

4.3 In this way some services will be provided by practices, some by neighbourhood hubs providing care for 30-40,000 patients, and some at the locality level

## **5.0 Current Provision of Primary Care in Cherwell**

5.1 Practices in Cherwell sit within either the North or North East CCG Locality. There are currently seven GP practices in OCCG's North East Locality with a total list size of 84,425 patients (49,188 in Bicester and 35,237 in Kidlington and the surrounding villages) and 15 practices in the North Locality with a total list size of 113,304, (69,823 in Banbury and 43,481 in the rural villages)

### **Banbury**

5.2 The end of the previous Banbury Health Centre contract on 30 June 2018 offered an opportunity for the CCG to seek a solution that would bring sustainability to Banbury primary care. Work began to identify a provider who would provide primary care services at the Banbury Health Centre site and who would also work with existing practices in order to develop a long term sustainable solution for primary care in Banbury. The contract was awarded to Principal Medical Limited (PML), the previous provider of services at Banbury Health Centre, making transition to the new provider relatively seamless. PML has already made good progress in establishing a more joined up approach to service delivery across the Banbury GP Practices. Woodlands Surgery and West Bar Surgery have been working collaboratively with PML and Banbury Health Centre to deliver primary care 'at scale' in line with the national direction. The Practices and PML have been actively engaging with each practice patient Participation Group (PPG) and have held a joint PPG meeting. The new model will see patients being able to access services from four sites which include Banbury Health Centre, Woodlands Surgery, West Bar Surgery and its branch surgery at Hardwick Surgery.

5.3 Currently Hightown surgery is not accepting any new patients but a site at Longford Park has been identified for a new, larger surgery to which the Hightown practice will move so that it can serve the needs of residents on this development. Cropredy surgery is also not accepting any new patients and it has adjusted its practice boundaries to exclude some of Banbury.

### **Heyford**

5.4 Discussions are currently ongoing between OCCG, local practices and the developer as to what form of primary care services will be provided to the new population. New residents are able to access primary care in Deddington and in Bicester; in August 2018 the Alchester Medical Group, which was formed in October 2016 following the merger of the Victoria House Surgery and Langford Medical Practice, increased its practice boundary to take on

patients from the Upper and Lower Heyford area including the new housing development. Deddington Health Centre has recently been refurbished so that it can increase its capacity to accept more patients.

### **Bicester**

- 5.4 Discussions have been ongoing between OCCG, CDC planners and the practices as to how they can accommodate the planned population growth for the town. Currently there is one health campus based around the community hospital, Bicester Health Centre and Montgomery House Surgery. OCCG has commissioned a site search to identify options for another health campus which could provide primary care and other services such as social prescribing and community health services. The financial viability of these options is currently being considered and it is anticipated that a preferred site will have been identified by the end of 2018. There will then be consultation with patients and other local stakeholders before a final decision is made.

### **Kidlington**

- 5.5 Gosford Hill Medical Practice and the Key Medical Practice are keen to work more closely together, ideally on one site to provide primary care for the growing population of Kidlington. The preferred site option will be influenced by the outcome of the Partial Review of the adopted Cherwell Local Plan 2011-2031 (Part 1) in preparation to help meet the unmet housing needs of Oxford.

### **Rural Villages**

- 5.6 Most of the rural practices continue to offer a traditional model of primary care due to the stability of their practice lists. Most practices are able to accept new patients and discussions are held at an early stage with them if new housing is likely to have an impact. Some rural cluster practices offer additional evening hours in house but available to other surgeries, 1830-2000 on a rotation basis.

## **6.0 What are the implications for CDC?**

- 6.1 The changing model of primary care has a number of implications for CDC:

### **Patient Transport**

- 6.2 As practices become larger and require patients to travel further, access to patient transport is likely to be an increasing issue. CDC already commissions Citizens Advice North Oxfordshire to provide a volunteer driver scheme and expansion of this scheme is likely to be necessary to enable residents to access their surgery. CDC also needs to continue to actively promote the service so that residents are aware of how to access its support. When practices are consulting on any change in location that might impact on patient access, councillors have an important opportunity to check that they have plans in place to mitigate transport problems.

### **Community Pharmacy**

- 6.3 Community pharmacists are sometimes described as 'your health professional on the High Street'. Pharmacists can provide accessible, expert advice to help people to stay well and to manage minor illnesses. CDC's planning function and economic development teams have an opportunity to encourage them to maintain their presence on our high streets and in local centres.

### **Active engagement with OCCG on planning primary care infrastructure**

- 6.4 One of the benefits of the Healthy New Town programme is that OCCG and planners are now in regular dialogue with regard to developments across Cherwell, not just Bicester. OCCG has a system in place for commenting on planning applications which have an impact on health services. Three way discussions are also being held between planners, developers, and OCCG to ensure that major developments make adequate provision for health facilities that reflect the changing model of primary care.

### **Promotion of health and wellbeing**

- 6.5 Developing healthy communities is one of the Council's strategic priorities and it is important to retain this focus. CDC has a key role in enabling people to enjoy good physical and mental health through the community services that it provides and commissions as well as its planning functions that can ensure that residents can access green spaces and are encouraged to walk and cycle more.

### **Engagement with OCCG in planning local health and care services**

- 6.6 As OCCG has indicated its desire to take a more collaborative approach to planning services, CDC needs to engage with these discussions, bringing its insight and knowledge of residents' needs to influence the development of services, and enabling other partners such as local voluntary or community groups to be able to engage with these discussions.

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**Date:**