

# Oxfordshire Primary Care Framework

*What does it mean for patients?*

**DRAFT v3**



North



North East



Oxford City



South East



South West



West

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- **This document is based on v10 of the Primary Care framework**
- **This document is intended to provide people with information on the Framework**
- **Further changes will be made to this document once the Framework is agreed**
- **Once agreed case studies will be added**
- **The principles in this document will feed into the Oxfordshire Transformation Programme Phase 2**

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# What is the Framework?

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- Sets the strategic direction of Primary Care over next 5 years
- Provides a framework for further development by locality GPs to best meet the needs of local populations
- Aims to provide a General Practice that is fit for the future and at the heart of the NHS and Oxfordshire Transformation

# Why do we need a Framework?

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- Primary Care is the cornerstone of the NHS and is essential for Oxfordshire wide transformation
  - Primary Care needs to change in order to be able to deliver in the future
  - Unprecedented pressure in general practice due to
    - Increasing demand and complexity of patients
    - Shortage in workforce especially GPs and nurses
    - Some buildings need updating
    - Increase in the number of potentially avoidable non-clinical consultations
    - Increasing administrative burden
    - Lack of integrated working
    - Lack of investment to allow General Practice to thrive
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# The Oxfordshire vision for Primary care

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*“To provide a 21<sup>st</sup> century modernised model of care that works with patients across neighbourhoods and locality populations to provide enhanced primary care, extended primary care teams, and more specialised care closer to home delivered in partnership with community, acute and social care colleagues”*

# Principles of future model

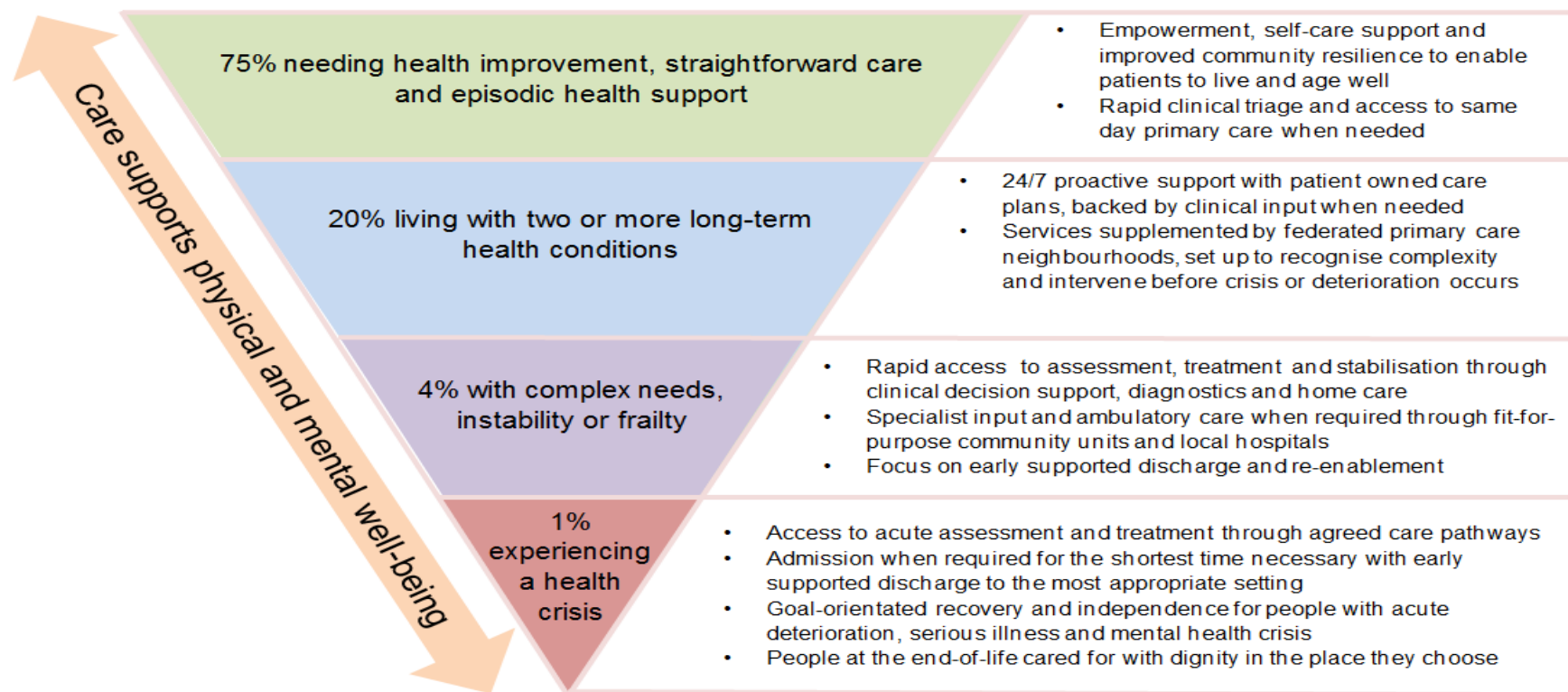
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1. Patients will see/speak to the most appropriate person
2. Practices will work together to provide some services across their neighbourhood (groups of practices with a population approx. 30,000)
3. Neighbourhoods will work together to provide some services across the locality
4. An enhanced multi-disciplinary neighbourhood team will provide care to the patients
5. A modernised infrastructure and workforce will be in place
6. People will be supported to self care where appropriate

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# The proposed model



- Care provided depending on level of need
- Different services available for each level
- Team in place to prevent patients getting increasingly complex
- Some services to be provided across neighbourhoods and localities

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# What difference will it make to patients?

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- Improved access to primary care – all patients will be able to access a same day appointment with a health care professional where appropriate
- Patients will be empowered to self-care so that they can take control of their health
- Patients will be seen and cared for closer to their own home where appropriate
- Patients will receive holistic care - 'treat the patient as a whole person'
- Patients will see/speak to the correct person, not necessarily a doctor, at the correct time
- Patients with a long term condition will be offered individual support to manage their condition
- Improved patient satisfaction and experience
- Reduction in the need for hospital care by providing more capacity in primary care to manage complex care and patients with long term conditions



# What difference will it make to patients?

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- Patients will be able to have a consultation over the phone (happens already in some practices)
- Patients will see/speak to another healthcare professional such as a nurse, pharmacist or physiotherapist if appropriate
- All patients will be able to refer themselves directly to some services
- Patients will be able to access more services at other practices and locations
- All patients will be able to access their notes, book an appointment and order repeat prescriptions electronically

# How will we make this happen?

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- Deliver and expand services that support practices
  - Neighbourhood access hubs
  - Primary care visiting services
  - Comprehensive care home services
  - Social prescribing projects
  - Expand the neighbourhood team
- Reduce the administrative burden
  - High trust approach to commissioning from practices
  - Data collection at scale
  - Interoperability and integrated IT with community and other services
- Supporting practice and neighbourhood solutions

# Our aspiration is:

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- All GP appointments, where appropriate, are for 15minutes
- Patients will get a routine appointment within 7 working days
- Planned visits at weekends for those patients identified as clinically unstable
- Older peoples multi-disciplinary teams in the community
- GPs with access to locally based diagnostics
- Full interoperable patients records

# Primary care priorities for 17/18

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- Implement the Primary Care Framework
- Implement the GP Forward View Plan
- Strengthen Primary Care Workforce
- Continuous quality improvement of Primary Care
- Improve General Practice resilience
- Modernise the Primary Care Estate
- Procure enhanced GP Access into 18/19