

GLOUCESTERSHIRE LMC DOCUMENT SUMMARY

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<i>N.B. This summary was correct when issued. Its accuracy cannot be guaranteed in the long term, since policies and organisations change. Although every effort will be made to ensure that it is updated the Reader is urged to exercise caution if the document at the time of reading is more than a year old.</i>	
<u>Bottom Line:</u> This document has 28 pages and is a summary of the main report. As a summary it is excellent – no need to read the main report. As a logical piece of work you may question some of the target timescales and achievements as being unreasonable, but they are all very well meant. How they will be implemented will be devised by the PCT between now and Mar 09.	

The general trend will be to move the NHS from being an illness-based service to a focus on health and independence. In addition, not only will high quality, safe care have to be provided at the right time and in the right place but every patient's experience of care must be of dignity, respect and responsiveness. 'If you can measure it, you can improve it', will be the watchword. *[It will be interesting to see how they intend to measure that one.]*

There are many individual targets and recommendations, but this summary highlights those which may have direct impact on GPs.

General Health. Smoking is seen as the main factor in many diseases and its reduction a key to success. The SHA is alarmed at the significant pockets of deprivation (poverty, low educational achievement, unemployment, crime and poor housing, and the poorer health of certain groups e.g. looked-after children and prisoners. This is more of a social than a medical problem, but cutting down on under-18 pregnancies is seen as a way of (eventually) reducing the impact of such factors. Sexually transmitted infections will also be targeted. They also hope to get healthy living onto the school curriculum. *[Perhaps GP visits to schools will become as regular as police visits?]*

Maternity. More expectant mothers will be encouraged to have natural home deliveries.

Children & Young People. Minimum MMR immunisation rate of 90% (average 95%). Child and adolescent mental health services available to all by the end of Mar 2011.

People with Long-Term Conditions. 75 percent of GP Practices to adopt the 'self care policy of the locality' by end Jul 09. *[The 'self care policy of the locality' is not explained further, even in the main report.]* At least 90 percent of people with diabetes to receive screening for diabetic retinopathy by end Mar 09.

People with Mental Illness. All diagnosed with dementia to have a care plan within 4 weeks of their diagnosis by end Mar 2010. Every GP surgery to have a mental health care coordinator linked to them by end Mar 2010.

People who need Planned Treatment & Care.

- 95 percent of patients able to book an appointment in advance or with a named GP by end Mar 09.
- All patients to have access to GP services offering extended opening hours by end Mar 2010. *[It is not clear whether they mean all practices will have to offer extended opening hours by then or merely that any patient must be able to have access to a GP (not necessarily at the patient's practice) during opening hours.]*

- By end Mar 2010 all simple diagnostics that do not need extensive preparation for suspected cancer patients will be carried out and the results available to the referrer within 5 days.
- By end Mar 2011 90 percent of patients referred by a GP will be able to book appointments, diagnostic tests and treatments at times and dates *[but not, it seems, places!]* convenient to them.
- By end Mar 2011 90 percent of diagnostic tests to be carried out and the results available to the referrer within 2 weeks.
- At least 50 percent of outpatient appointments to take place 'in a local setting' by end Mar 2011. *[It is unclear what is meant by 'in a local setting' – does it mean a local hospital or a GP surgery?]*

People who need Urgent or Emergency Care. A&E attenders will reduce by 10% per annum as 'people receive care in more appropriate local settings'. 95% of patients who attend medical services (including GP surgeries) will have treatment within 2 hours of arrival by end Mar 2011.

People at the end of life. All health communities *[presumably including GP practices]* must be able by end Mar 2011 to identify the number of people with a plan for their death, and be able to report the percentage of cases where the preference about place of death has been delivered.

The Health Service of the Future.

- Diagnostics to be bookable using C&B by end Mar 2011.
- All prescribers to be able to send prescriptions electronically to a dispenser of the patient's choice by end Mar 2011.
- All community-based health and social care professionals to have access to all relevant 'service user information' by end Mar 2011.
- Primary energy consumption to be reduced by 15 percent.

This document contains many laudable aims, but does not assign resources or lay plans for their achievement – those will come later, probably in the Spring of 09, from the PCT.