

Workstream	Key emerging issues and questions
General practice specific	NHS England wants to strengthen the sustainability of General Practices by grouping some GP services together across more than one practice. This kind of provision is sometimes described as 'at scale', ' or 'organised primary care'
	 What services could be provided better by practices and other services working together for groups of 30-50,000 patients, (general practice services, district nurses, mental health services, dermatology GPWSI, physio therapy community, community rehab etc)
	2. How could working at this scale help you as a GP improve what you do, and improve services for your patients?
Planned Care	To ensure the sustainability of our local acute hospitals, one consideration may be for some services and specialities to be provided on one instead of two acute hospital sites. Criteria would be set to decide which services this should apply to, including clinical considerations of time to treatment, adequate patient flow and throughput, maximising use of specialists and equipment and access to services for patients.
	 If some acute services were to be consolidated in future, what else needs to be considered before drawing up proposals?
	2. What is your view about the separation of some urgent and planned care across the acute sites?
	3. How could outpatient services be provided differently, outside of the current hospital sites, to help to maximise the management of care in a primary care setting, maximise clinician communication, to reduce referrals and follow up?
	4. What changes to diagnostic provision across Somerset would help to establish a more sustainable service for current and future need (elective and cancer) with specific focus on MRI, CT and endoscopy?
	5. If some community hospital or acute hospital resources are able to be redirected to support more patients to return and remain at home, what key issues need to be considered to get the balance right between home and hospital-based support?

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Practice Care for people who are frail or with long term conditions	In Somerset and in the other parts of the UK we have positive examples of practices changing their workforce models and ways of working to provide greater support for people who are frail, have long term conditions or social care needs, supported by community services around the practice. This includes social prescribing but also new roles in the practice, for example providing health and wellbeing advice.
	 How could social prescribing be made accessible to practices and patients as part of a core future service offer?
	2. What should the future role of general practice be in supporting people with frailty, long term conditions or social care needs?
	3. What support do you need from community services and other non-hospital services to help avoid the need for hospital admission?
Urgent Care	There's a strong national policy direction supporting the centralisation of same day demand. Some local practices favour this approach whilst others, who already have very good access for patients, would prefer to continue managing same day demand and planned care.
	1. What are your views on separating urgent care from routine care in your practice. How should we do this, if at all?
	2. How do you think we should balance the needs for rapid access for urgent care with the benefit of continuity of care? What's the experience in your practice?
Mental Health and Learning Disability services	There has been a history of under-investment in services for people with mental ill health and learning disabilities and a disparity in support between physical and mental health services; mental health services in the community are also under-provided.
	1. What is the most significant challenge that your practice experiences when supporting patients with mental health difficulties or learning disabilities?
	2. What is the aspect of the current provision that you most value and why?
Maternity and Children's services	The number of children and young people (CYP) accessing acute services for their physical and mental health needs and being referred to community paediatricians is growing. Evidence suggests that growing numbers of CYP are accessing secondary care, through urgent and emergency routes and are being admitted to hospital for short periods of time.
	1. Why do you think this is and what could be done differently to support children and young people in the community?
Health and wellbeing	Conditions associated with obesity such as heart disease and diabetes are growing. As essential strand of the health and care strategy, which flows through almost every workstream, is a focus on prevention and personal responsibility.
	1. How much is this a consideration in your practice?
	2. What steps can we take to drive home the concept of prevention and personal responsibility for health and wellbeing?