Oxfordshire
Clinical Commissioning Group

North East Locality Commissioning Meeting

Date of Meeting: 12.9.18					**Paper No:**	**6**
Title of Paper:	**Planned Care – Project Summary**					
Is this paper for	**Discussion**		**Decision**		**Information**	✓

Purpose of Paper:

Provide Summary of Planned Care projects to date and any actions requested from practices or localities.

Action Required:

Note contents, particularly service changes expected

Author: Paul Kettle	**Clinical Lead:** Dr Stephen Atwood & Dr Shelley Hayles

Project	Update
NB Projects requiring **GP attention** will be at the start of the listed projects shaded with this colour, others are for information only.	
NB Projects with no update this month will move to the end of the list and shaded in this colour.	
Diabetes Integrated care between primary, community & secondary care with locality based diabetes clinical boards. Focus on population health outcomes. Year of Care planning enabling patient empowerment and self-management. Effective use of ICT and data sharing for a diabetes dashboard (enabling population health), screen sharing between primary and secondary care - enabling joint consultations and earlier specialist intervention, development of an integrated care record and appropriate use of digital technologies to aid patient education and self-management.	The joint providers (OUHFT, OHFT and GP Federations) have developed a response to the diabetes transformation paper (Sept 2017) and the paper was presented at a meeting on 24 July 2018. A further meeting is planned in September to include all GP Federations and LMC and further refinement of the proposals. NHS England Diabetes Transformation Funding has been confirmed but with a 3.6% cut across work streams however all initiatives will continue. The Long Term Conditions Locally Commissioned Service (LCS) 2018-19 has been updated to include payment for insulin initiation to practices. Locality Diabetes Review (LDR) meetings will continue in September after a break during August. The new Diabetes Bulletin will be sent out in August which will include learnings from LDRs and also summarise actions to be taken and clarify locations of learning tools. This will also include additional information regarding the NDPP referral process to help increase the number of Non Diabetic Hyperglycaemia (NDH) patients being referred. Meetings continuing to be held at OCDEM to discuss the diabetic footcare pathway and improve the working between Community Podiatry and the new Multi-Disciplinary Footcare Team in OCDEM. Clinical Lead: Amar.Latif@oxfordshireccg.nhs.uk Project Manager: Paul.Swan@oxfordshireccg.nhs.uk 01865 (3)37006

Project	Update
ENT Identify opportunities to streamline pathways to reduce waiting times and better manage demand. Objectives include: • Reduce long and increasing waiting lists (patients commonly waiting longer than 18 weeks for treatment) • Reduce high levels of cancellation • Develop and streamline pathways to make better use of audiologists • improve access to diagnostics • improve integration between primary and secondary care	OUH have started additional consultant led clinics at Witney, Didcot and Bicester. OUH still intend to add clinics at Wantage later in the year. Clinics are on the e-Referral system. Clinical Lead: Stephen.Attwood@oxfordshireccg.nhs.uk Project Manager: paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726
Neurology New community headache clinic to: 1) Improve quality of service delivery and accessibility 2) Improve cost effectiveness of service delivery 3) Improve collection of business intelligence, identifying inefficiencies and making savings.	Community Headache Clinics are run weekly at Horton General Hospital and at The Malthouse Surgery, additional clinic slots are being added at the Horton. Patient feedback is very positive indeed, the pilot will run until October 2018. Evaluation will take place during July and August. Weekly GP Bulletin 10 Jan contains information about the service and links to leaflets. Clinical Lead: richard.wood@oxfordshireccg.nhs.uk Project Manager: paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726

Ophthalmology To provide a community based Ophthalmology service to patients registered with an Oxfordshire general practitioner.	The agreed aim of the CCG, Optoms and the hospital is to get Optoms onto the eRS systems as soon as possible so that referrals can be sent directly on proformas and returned to refinement schemes or with education by triaging consultants when appropriate. A new fundus photography pathway to refine referrals (used at the discretion of the triaging consultant) is due to be operational by 29th September. A useful 'how to' guide for referrals has been produced with the Eye Hospital, aimed at Optom referrers; this guide may help GPs when reviewing / giving feedback on GOS18s. http://occg.info/optomreferrals There is still more to do to shift appropriate patients from Eye Casualty to MECS and from MECS to pharmacy. Further, the pathway covers a range of presentations and if-then logic, which has resulted in some confusion. **GPs should use the new referral pro forma "Acute eye symptoms triage and referral form"** which will help practices (reception staff, nurses, GPs) identify which patients to send where, and to help patients understand where they are going and why. The provider of MECS and Glaucoma Referral Refinement has merged with other similar regional providers to become PEC Services ltd (primary eye care). Educational and signposting materials for eye care can be found at occg.info/eyes. Pressures on the eye hospital are still significant, and a review is being conducted of capacity and demand with NHS England. A new service manager at a more senior level has been brought in to support the Eye Hospital at the OUHFT. Clinical Lead: shelley.hayles@nhs.net Project Manager: thomas.stocker@oxfordshireccg.nhs.uk 01865 (3)37026

QIS (Quality Improvement Scheme) Improving uptake in Screening for Breast, Bowel and Cervical	The Thames Valley Cancer Alliance has produced a **Cancer Toolkit**, to provide up to date and relevant data, recommended literature, best practice tools, evidenced interventions and useful guidance for all GPs to use in surgery. As part of the project to improve screening uptake, **Oxfordshire CCG is holding an engagement event on 31st July** to explain the work being undertaking around cancer care and screening over the next year. There will be a demonstration of the toolkit and how it can support your work in the coming year. There will also be opportunities to share learning and printed resources to take back to the practice. We have had 31 Practices confirming attendance so thank you very much for your interest. Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@oxfordshireccg.nhs.uk
Respiratory Potential project to develop integrated community based respiratory care model – informed by diabetes model. Key outcome would be to reduce COPD readmissions.	Awaiting the response from the OCCG governance review, this was in response to the formal letter and series of questions from six South East Locality practices. This is expected shortly. Meeting being arranged to finalise the Project Initiation Document (PID) with Boehringer Ingelheim following the feedback from the OCCG Finance Committee. Definition of the patient cohort, the current activity associated with the cohort and potential activity cost savings resulting from the impact of the Integrated Respiratory Team (IRT) on the cohort is being reviewed, discussed and re-agreed between all partners, as a result of OUHFT raising a concern about projected outpatient savings set out in the original PID. Revised and partner-agreed PID, project costs and estimated savings will need to be reported back to Finance Committee for approval before project can go ahead. Clinical Lead: Amar.Latif@oxfordshireccg.nhs.uk Project Manager: paul.swan@oxfordshireccg.nhs.uk 01865 (3)37006

SCAN (Suspected Cancer) To pilot a primary-care led Multidisciplinary Diagnostic Centre (MDC) pathway for patients with "low-risk but not no-risk" symptoms of cancer falling outside of 2-week-wait pathways.	**As of Monday 16th June:** • We have received 700 referrals • 105 have been rejected as they do not meet referral criteria • 521 patients have been scanned • There have been 59 confirmed cancer diagnosis (11.3%) • We are awaiting confirmation on a further 5. Potentially giving a total of cancer diagnoses (12.3%) **For those GPs that have used the pathway, the GP bulletin has a link for a short survey monkey questionnaire to give your feedback on the pathway. We would very much appreciate any comments so that we can continue to adapt and improve.** Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@oxfordshireccg.nhs.uk
Visual Information Systems in GP waiting Rooms This is a pilot driven by improving cancer screening and survivorship through better patient education. The approach is to introduce equipment into GP waiting rooms to deliver key health messages drawn from a web based library of multiple sources, at a frequency agreed with practices. Initially this will be about cancer care but other health care campaigns may follow. • Funding will enable implementation in North and West localities initially. • The system used in the pilot is Envisage, provided by Numed. • The cost to practices will be zero and incentives attached to uptake and use and improvement in screening.	Practices in North and West Localities are participating. Installation is expected from early September. Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726

<table>
<tr>
<td>Cardiology
To integrate primary and secondary cardiology care to manage increases in referrals, to provide care closer to home, reduce pressure on the JR and reduce cardiology patients' waiting times.</td>
<td>In-health have now commenced the ARM service to support the ICS service, the ICS service is now business as usual for OUH.

Clinical Lead: Shelley Hayles
Project Manager: debbie.cakmak@oxfordshireccg.nhs.uk 01865 (3)36858</td>
</tr>
<tr>
<td>MSK
Integrating MSK Services</td>
<td>Contract Review meetings with Healthshare are quarterly from April 2018. From April 2018 37.24% of MSK referrals are triaged within 48 hours and 86.8% are offered a first urgent appointment within 5 days. 97.6% are offered a first routine appointment within 20 days. Patients may be referred back to their GP, on to secondary care or into a Healthshare provided pathway as well as pathways for stop smoking, weight management or psychological support.

Current Waiting Times
<table>
<tr><th>Service</th><th>Wait time</th></tr>
<tr><td>Physiotherapy</td><td>8-10 weeks</td></tr>
<tr><td>Specialist Physiotherapy</td><td>6-8 weeks</td></tr>
<tr><td>MSK Podiatry/Orthotics</td><td>10 weeks</td></tr>
<tr><td>Ultrasound</td><td>6 weeks</td></tr>
<tr><td>MATT Assessment</td><td>12/14 weeks</td></tr>
<tr><td>Exercise Classes</td><td>3 weeks</td></tr>
</table>

Clinical Lead: Stephen Attwood
Project Manager: debbie.cakmak@oxfordshireccg.nhs.uk</td>
</tr>
</table>