



**Oxfordshire  
Clinical Commissioning Group**

## **North East Locality Commissioning Meeting**

<b>Date of Meeting:</b> 10 October 2018		<b>Paper No:</b> 4				
<b>Title of Paper:</b> Planned Care – Project Summary						
<b>Is this paper for</b>	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓

### **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

<b>Author:</b> James Scott	<b>Clinical Lead:</b> Dr Stephen Atwood & Dr Shelley Hayles
----------------------------	----------------------------------------------------------------

Project	Update
NB Projects requiring <b>GP attention</b> 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.	
<b>Cardiology</b> 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.	<p>InHealth and OUH have made improvements to the booking process for echocardiography as part of the integrated pathway. Roll out to the rest of the county (City and south) is currently blocked by the availability of suitable clinic rooms (<i>email <a href="mailto:occg.plannedcare@nhs.net">occg.plannedcare@nhs.net</a> if rooms are available please – two are needed side by side</i>).</p> <p>The CCG and Trust are also planning a review of cardio-respiratory C2C referrals, access to urgent reviews for heart failure patients and surgical conversion rates.</p> <p>Clinical Lead: Shelley Hayles            Project Manager: <a href="mailto:Thomas.Stocker@oxfordshireccg.nhs.uk">Thomas.Stocker@oxfordshireccg.nhs.uk</a> 01865 (3)36858</p>
<b>Diabetes</b> 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.	<p>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 October to include all GP Federations and LMC and further refinement of the proposals.</p> <p>NHS England Diabetes Transformation Funding has been confirmed but with a 3.6% cut across work streams however all initiatives will continue.</p> <p>The Long Term Conditions Locally Commissioned Service (LCS) 2018-19 has been updated to include payment for insulin initiation to practices.</p> <p>Locality Diabetes Review (LDR) meetings continued with the South West Locality on 20<sup>th</sup> September and the City Locality will be taking place on 16<sup>th</sup> October.</p> <p>Work is continuing regarding the NHS Diabetes Prevention Programme (NDPP) with referrals continuing across Oxfordshire and the benefits being seen from case studies from those who have finished the course.</p> <p>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.</p> <p>Clinical Lead: <a href="mailto:Amar.Latif@oxfordshireccg.nhs.uk">Amar.Latif@oxfordshireccg.nhs.uk</a>            Project Manager: <a href="mailto:Paul.Swan@oxfordshireccg.nhs.uk">Paul.Swan@oxfordshireccg.nhs.uk</a> 01865 (3)37006</p>

Project	Update
<p><b>ENT</b> Identify opportunities to streamline pathways to reduce waiting times and better manage demand. Objectives include:</p> <ul style="list-style-type: none"> <li>• Reduce long and increasing waiting lists</li> <li>• Reduce high levels of cancellation</li> <li>• Develop and streamline pathways to make better use of audiologists</li> <li>• improve access to diagnostics</li> <li>• improve integration between primary and secondary care</li> </ul>	<p>Community based clinics have been established; these will provide care from aural care nurses with the capacity to expand this subject to recruitment. Clinics are on the e-Referral system.</p> <p>A scheme allowing audiologists to refer directly for MRI has been piloted and may become generally available e.g. tinnitus and apparent unilateral sensorineural hearing loss.</p> <p>The Trust plans to introduce a pathway for glue ear via paediatric audiology shortening the wait for treatment where needed and hearing aids where appropriate.</p> <p>Clinical Lead: <a href="mailto:Stephen.Attwood@oxfordshireccg.nhs.uk">Stephen.Attwood@oxfordshireccg.nhs.uk</a> Project Manager: <a href="mailto:paul.kettle@oxfordshireccg.nhs.uk">paul.kettle@oxfordshireccg.nhs.uk</a> 01865 (3)36726</p>
<p><b>MSK</b> Integrating MSK Services</p>	<p>An improvement plan work is progressing to:</p> <ul style="list-style-type: none"> <li>- Improve GP communication through HealthShare pathways</li> <li>- Improve patient communication through HealthShare pathways –workshop on 28/09/18</li> <li>- Try to reduce the demand for HealthShare services (there has been an over-referral of ~40% against what was expected for this contract)</li> <li>- Review the activity and referral increase with the provider to ensure that the service is sustainable (many of the quality issues in recent months have been attributed to capacity issues with the provider)</li> </ul> <p>Clinical Lead: Stephen Attwood Project Manager: <a href="mailto:Thomas.Stocker@oxfordshireccg.nhs.uk">Thomas.Stocker@oxfordshireccg.nhs.uk</a></p>
<p><b>Neurology</b> New community headache clinic to:</p> <ol style="list-style-type: none"> <li>1) Improve quality of service delivery and accessibility</li> <li>2) Improve cost effectiveness of service delivery</li> <li>3) Improve collection of business intelligence, identifying inefficiencies and making savings.</li> </ol>	<p>Community Headache Clinics are run weekly during the pilot until October 2018 at Horton General Hospital and at The Malthouse Surgery; we are looking for an alternative site for the Horton clinics. Evaluation was positive; tariffs are being negotiated with a view to continuing the service beyond the pilot end date of 31 October 2018.</p> <p><a href="#">Weekly GP Bulletin 10 Jan</a> contains information about the service and links to leaflets.</p> <p>Clinical Lead: <a href="mailto:richard.wood@oxfordshireccg.nhs.uk">richard.wood@oxfordshireccg.nhs.uk</a> Project Manager: <a href="mailto:paul.kettle@oxfordshireccg.nhs.uk">paul.kettle@oxfordshireccg.nhs.uk</a> 01865 (3)36726</p>

Project	Update
<p><b>QIS (Quality Improvement Scheme)</b> Improving uptake in Screening for Breast, Bowel and Cervical</p>	<p>The Thames Valley Cancer Alliance has produced a <b>Cancer Toolkit</b>, 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. A link to the site can be found here:  <a href="http://tvscn.nhs.uk/networks/cancer/quality-improvement-scheme-qis-toolkit-for-primary-care/">http://tvscn.nhs.uk/networks/cancer/quality-improvement-scheme-qis-toolkit-for-primary-care/</a></p> <p>Those involved in the targeted support scheme are progressing well with their CRUK practice visits and we have received 2 action plans to date. <b>The deadline for Action plans to be submitted is Monday 01<sup>st</sup> October</b></p> <p>Clinical Lead: <a href="mailto:shelley.hayles@nhs.net">shelley.hayles@nhs.net</a>  Project Manager : <a href="mailto:zoe.kaveney@oxfordshireccg.nhs.uk">zoe.kaveney@oxfordshireccg.nhs.uk</a></p>
<p><b>Respiratory</b>  Potential project to develop integrated community based respiratory care model – informed by diabetes model. Key outcome would be to reduce COPD readmissions.</p>	<p>OCCG Board has signed off the latest project report. This included updated assumptions on project costs and estimated savings.</p> <p>The project will now focus on the City and North Localities as they have been identified as having the highest prevalence of COPD. The pilot is scheduled to start on the 1<sup>st</sup> November for a 15 month period.</p> <p>Further work is ongoing to develop the clinical pathways and will be shared with Practices in due course.</p> <p>Clinical Lead: <a href="mailto:Amar.Latif@oxfordshireccg.nhs.uk">Amar.Latif@oxfordshireccg.nhs.uk</a>  Project Manager: <a href="mailto:paul.swan@oxfordshireccg.nhs.uk">paul.swan@oxfordshireccg.nhs.uk</a> 01865 (3)37006</p>
<p><b>Thames Valley NHS 111 Palliative Advice Line Pilot</b>  Create a 24/7 advice line, to be run by an experienced end of life care nurse, to improve provision and coordination of community based advice &amp; support for patients (and their carers) in or approaching their last year of life.</p>	<p>This pilot will be live from the 30<sup>th</sup> August available when the NHS 111 number is called.</p> <p>This pilot will be working with Thames Hospice who's Clinical Nurse Specialists will provide the palliative care advice and / or onward referral to local End of Life / palliative services.</p> <p>Clinical Lead: <a href="mailto:jonathan.crawshaw@oxfordshireccg.nhs.uk">jonathan.crawshaw@oxfordshireccg.nhs.uk</a>  Project Manager: <a href="mailto:paul.swan@oxfordshireccg.nhs.uk">paul.swan@oxfordshireccg.nhs.uk</a> 01865 (3)37006</p>

Project	Update
<p><b>SCAN (Suspected Cancer)</b> 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.</p>	<p><b>As of Monday 3<sup>rd</sup> September:</b></p> <ul style="list-style-type: none"> <li>• We have received 873 referrals</li> <li>• 139 have been rejected as they do not meet referral criteria</li> <li>• 659 patients have been scanned</li> <li>• 65 Cancers have been confirmed (A further 5 awaiting confirmation)</li> </ul> <p>Some delays in patients being seen within the MDC are currently being addressed.</p> <p>Analysis is continuing on both the pathway patients and the comparator data that was collected. Reports will be shared once complete.</p> <p>Clinical Lead: <a href="mailto:shelley.hayles@nhs.net">shelley.hayles@nhs.net</a> Project Manager : <a href="mailto:zoe.kaveney@oxfordshireccg.nhs.uk">zoe.kaveney@oxfordshireccg.nhs.uk</a></p>
<p><b>Visual Information Systems in GP waiting Rooms</b> This is a pilot driven by improving cancer screening and survivorship through better patient education.</p> <p>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.</p> <p>Initially this will be about cancer care but other health care campaigns may follow.</p>	<p>The system used in the pilot is Envisage, provided by Numed. Installation is scheduled for October for those 14 participating practices in the North and west localities.</p> <p>Clinical Lead: Shelley Hayles <a href="mailto:shelley.hayles@nhs.net">shelley.hayles@nhs.net</a> Project Manager: <a href="mailto:paul.kettle@oxfordshireccg.nhs.uk">paul.kettle@oxfordshireccg.nhs.uk</a> 01865 (3)36726</p>
<p><b>Ophthalmology</b> To provide a community based Ophthalmology service to patients registered with an Oxfordshire general practitioner.</p>	<p>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.</p> <p>A new fundus photography pathway to refine referrals (used at the discretion of the triaging consultant) is due to be operational by 29<sup>th</sup> September.</p> <p>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. <a href="http://occg.info/optomreferrals">http://occg.info/optomreferrals</a></p> <p>An audit of the Eye Hospital was completed in July, which showed that there is still more to do to shift</p>

Project	Update
	<p>appropriate patients from Eye Casualty to MECS and from MECS to pharmacy. GPs should use the referral pro forma “Acute eye symptoms triage and referral form” where possible 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.</p> <p>The provider of MECS and Glaucoma Referral Refinement has merged with other similar regional providers to become PEC Services Ltd (primary eye care).</p> <p>Educational and signposting materials for eye care can be found at <a href="http://occg.info/eyes">occg.info/eyes</a>.</p> <p>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.</p> <p>Clinical Lead: <a href="mailto:shelley.hayles@nhs.net">shelley.hayles@nhs.net</a></p> <p>Project Manager: <a href="mailto:thomas.stocker@oxfordshireccg.nhs.uk">thomas.stocker@oxfordshireccg.nhs.uk</a> 01865 (3)37026</p>