



**Oxfordshire  
Clinical Commissioning Group**

## **Oxford City Locality Commissioning Meeting**

<b>Date of Meeting:</b> 12 <sup>th</sup> of July 2018				<b>Paper 6</b>		
<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

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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.	
<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>The Integrated Cardiology Service has increased its clinic capacity and is now running 11 clinics a week, it is hoped that later on in 2018 this will be 14 clinics a week and the service will be offered to all GP practices in Oxfordshire.</p> <p>Clinical Lead: Christine A'Court            Project Manager: <a href="mailto:debbie.cakmak@oxfordshireccg.nhs.uk">debbie.cakmak@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) are developing a response to the diabetes transformation paper (Sept 2017); a response expected at the start of June 2018.</p> <p>West Locality Diabetes Review meeting held on 24-05-18 discussed Dashboard results. Best practice ideas were shared from areas with good or improving results. All information was gathered to assist in creating a diabetes email bulletin and OCCG webpage to make the information easier to access and share learning between all practices.</p> <p>More sessions for Practice Diabetes MDTs are now available and being booked in.</p> <p>Long Term Conditions Locally Commissioned Service (LCS) 2018-19 will be amended to re-include payment to practices for insulin initiation.</p> <p>New Ingeus contact Vaqqas Javaid joined and welcome email sent to all Practice Managers to introduce him as the main Ingeus point of contact for the NDPP Programme. Information from Ingeus will give a more accurate idea of the number of referrals and initial assessments; this can be fed back to Practices to keep them aware of how well patients are doing on the programme.</p> <p>Meeting 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 (patients commonly waiting longer than 18 weeks for treatment)</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>OUP have started additional consultant led clinics at Witney, Didcot and Bicester; the frequency of clinics will increase when recruited consultants are in post.</p> <p>OUP still intend to add clinics at Wantage later in the year.</p> <p>Some clinics still need to be set up and published on the e-Referral system. Once set up, OUP will update the Directory of Services for ENT before publishing these clinics for GP's to be able to book into during June.</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>Contract Review meetings with Healthshare are quarterly from April 2018. Performance against contract KPI outcomes is reported monthly to the CCG. In March Healthshare reported their total referrals were 44,735. 41.6% of these referrals were triaged within 48 hours.</p> <p>Clinical Lead: Stephen Attwood Project Manager: <a href="mailto:debbie.cakmak@oxfordshireccg.nhs.uk">debbie.cakmak@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>The second Headache Clinic site started in April 2018 at The Malthouse Surgery, run by a second GPwSI. Initial results are in line with or better than expectations, patient feedback is very positive, the pilot will run until October 2018 to give time for thorough evaluation.</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>Ophthalmology</b></p> <p>To provide a community based Ophthalmology service to patients registered with an Oxfordshire general practitioner.</p>	<p>Minor Eye Conditions Service (MECS) has been re-procured. Primary Eyecare Oxford (PEO), the existing provider, was successful and the contract is being finalised. (PEO) will merge with Primary Eyecare North in the immediate future; this will only impact on the name of the provider which will become Primary Eyecare North.</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 which types of ophthalmic care can be delivered by the community and independent sector.</p> <p>Clinical Lead: <a href="mailto:shelley.hayles@nhs.net">shelley.hayles@nhs.net</a>  Project Manager: <a href="mailto:thomas.stocker@oxfordshireccg.nhs.uk">thomas.stocker@oxfordshireccg.nhs.uk</a> 01865 (3)37026</p>
<p><b>Palliative Advice Line</b></p> <p>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>Focus moved to commission palliative advice line via the revised Thames Valley NHS 111 service. Proposal for Thames Valley wide pilot and service has been received from the Thames Valley End of Life Network. OCCG support for the pilot was approved by Executive on 22 May 2018. This pilot service is planned to commence in September 2018 for 6 months.</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>Respiratory</b></p> <p>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 governance review of the project is being undertaken in response to a formal letter and series of questions from nine South East Locality practices. This governance review is due to be completed by the end of June 2018.</p> <p>Discussions held with Boehringer Ingelheim regarding wording and updated drafts of the Project Initiation Document (PID) following feedback from OCCG Finance Committee.</p> <p>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.</p> <p>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.</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>Visual Information Systems in GP waiting Rooms</b></p> <p>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> <ul style="list-style-type: none"> <li>• Funding will enable implementation in North and West localities initially.</li> <li>• The system used in the pilot is Envisage, provided by Numed.</li> <li>• The cost to practices will be zero and incentives attached to uptake and use and improvement in screening.</li> </ul>	<p>Practices in North and West Localities have been invited to participate. Currently all but three practices have agreed to participate. Site surveys will be planned from June. Installation timetable to be confirmed.</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>

Project	Update
<p><b>SCAN</b> (Suspected Cancer)</p> <p>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>All localities are now live with over 50% of practices having sent in at least one referral to the pathway. The conversion rate continues to remain positive hovering between 10-16%.</p> <p>Clinical Lead: <a href="mailto:shelley.hayles@nhs.net">shelley.hayles@nhs.net</a></p> <p>Project Manager : <a href="mailto:laura.carter@oxfordshireccg.nhs.uk">laura.carter@oxfordshireccg.nhs.uk</a></p>