Oxfordshire
Clinical Commissioning Group

North East Locality Commissioning Meeting

Date of Meeting: 9.5.18					**paper No:**	**4**
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

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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.	
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) are developing a response to the diabetes transformation paper (Sept 2017); a response expected at the start of June 2018. A diabetes patient engagement event in March discussed some outcomes; further work is planned to develop the outcomes for an integrated diabetes service. The 18/19 Long Term Conditions LCS has been communicated to all localities and consulted on with the LMC. This includes Year of Care implementation, Diabetes MDTs, Locality Diabetes Review Meetings, Care Process and Treatment Target outcomes, and a focus on coding to diabetes structured education and eye screening. All but one practices managed at least one MDT meeting for Diabetes this year and 36 have had two. Further dates will be available shortly. A diabetes web page and email bulletin is being developed following feedback at Locality Diabetes Review meetings. The majority of practices attended the Year of Care training. Further Year of Care training sessions are taking place in June 2018. NHS Diabetes Prevention Programme (NDPP) mobilisation and referral in Oxfordshire is still ongoing and practices are encouraged to refer eligible patients. Clinical Lead: Amar.Latif@oxfordshireccg.nhs.uk Project Manager: Paul.Swan@oxfordshireccg.nhs.uk 01865 (3)37006

Project	Update
Diagnostics Increasing community diagnostic capacity within the community to include Endoscopy (increased locations to North, South and West and to include 2ww referrals), Non-obstetric ultrasound (to include 2ww referrals) and Echocardiograms	Endoscopy: has been awarded to In-health and mobilisation of the extended service is underway. 2WW referrals are now live with this provider. Echocardiogram: has been awarded to InHealth Echotech and the service was made available from 02nd February. Service includes echo capacity for the new integrated cardiology service. Non-Obstetric Ultrasound Service (Physiological Measurements Ltd) is fully established, current clinic schedule is attached.  Clinic Schedule v01.00.xlsx Clinical Lead: shelley.hayles@nhs.net Project Managers: Endoscopy & Echocardiogram: Marita Adams marita.adams@oxfordshireccg.nhs.net 01865 (3)34608 Ultrasound: Paul Kettle paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726
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 while Bicester is planned to start in May (TBC) and hopefully Wantage later in the year. Recruitment of consultants to support this has been successful though not all yet currently in post. Clinical Lead: Stephen.Attwood@oxfordshireccg.nhs.uk Project Manager: paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726

Project	Update
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.	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. We plan to extend the pilot until October 2018 to give time for thorough evaluation. 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.	MECS is being re-procured as a service, the existing provider has been successful and the contract is being finalised. Educational and signposting materials for eye care can be found at occg.info/eyes The consultant triage pilot successfully redirected 30% of general and cataract referrals to more appropriate outpatient clinics in the eye hospital. However, there were not as many deflections to community optometry as expected. This is largely due to the difficulty the hospital has in communicating clinical information to referring Optoms (rather than the GPs that book them onto eRS). 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. Clinical Lead: shelley.hayles@nhs.net Project Manager: thomas.stocker@oxfordshireccg.nhs.uk 01865 (3)37026

Project	Update
Palliative Advice Line 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 & support for patients (and their carers) in or approaching their last year of life.	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. This is being presented internally for sign off by Oxfordshire, Buckinghamshire and West Berkshire CCGs to then potentially take forward. This pilot service is planned to commence in September 2018 for 6 months. Clinical Lead: jonathan.crawshaw@oxfordshireccg.nhs.uk Project Manager: paul.swan@oxfordshireccg.nhs.uk 01865 (3)37006
Respiratory Potential project to develop integrated community based respiratory care model – informed by diabetes model. Key outcome would be to reduce COPD readmissions.	Integrated Respiratory Team (IRT) project proposal was approved by OCCG Executive in Nov 2017. Proposal is to establish a multi-disciplinary Integrated Respiratory Team (IRT) to be piloted, including: specialist respiratory consultant, community respiratory specialist nurses, respiratory physio, psychologist/IAPT, pharmacist, smoking cessation coordinator. Pathway from primary and secondary care into IRT to be established. IRT would contribute to virtual clinics/MDT within primary care. IRT could coordinate at patient-centre care and support plan and support patients to effectively manage their breathlessness at home and avoid hospital admission. The pilot project would include investment from Boehringer Ingelheim (BI). Report on was submitted to Finance Committee in March 2018 where issues relating to information governance and intellectual property were raised. These have issues have been addressed in the latest Project Initiation Document (PID) and Joint Working Agreement (JWA) and OCCG and BI are now in discussion over this. Following final agreement on the PID and JWA between OCCG and BI, contract variations will need to be agreed and signed between OCCG and providers to enable to the pilot to mobilise. The start date for the first phase is likely to be in Autumn of 2018/19. Clinical Lead: Amar.Latif@oxfordshireccg.nhs.uk Project Manager: paul.swan@oxfordshireccg.nhs.uk 01865 (3)37006

Project	Update
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.	Pilot funding from cancer screening campaign and OCCG will enable implementation without cost to participating practices. Each participating practice will have shared editing control with the CCG. There will be options regarding the balance of this control dependent on the practice wishes (e.g. all or nothing). Practices can run multiple programmes. There will be no on screen advertising. In addition to any content selected or added by practices, the CCG will run health care campaigns during the year and potentially target different population groups. As well as the information the screens will also incorporate an optional patients call system that will encourage patients to view the screen whilst waiting, Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726

Project	Update
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.	The Pilot Integrated Cardiology Service (ICS) has been evaluated. The feedback from the patient survey shows that patients where very happy with the access and timely appointments offered by the ICS service. OUH outpatient referrals for cardiology have shown a decrease and waiting times have reduced. The ICS service resulted in actual savings and therefore the CCG agreed that the ICS service will continue but (not as a pilot). It is intended that the ICS service will be available county wide to all GPs from September 2018. Clinical Lead: Christine A'Court Project Manager: debbie.cakmak@oxfordshireccg.nhs.uk 01865 (3)36858
MSK Integrating MSK Services	Contract Review meetings with Healthshare are quarterly from April 2018. Performance against contract KPI outcomes is reported monthly to the CCG. In February Healthshare reported their total referrals were 4,968. 30.99% of these referrals were triaged within 48 hours. Clinical Lead: Stephen Attwood Project Manager: debbie.cakmak@oxfordshireccg.nhs.uk
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.	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%. Clinical Lead: shelley.hayles@nhs.net Project Manager : laura.carter@oxfordshireccg.nhs.uk