

North East Locality Commissioning Meeting

Date of Meeting:	12.6.19		pa	paper No: 7				
Title of Paper:	Planned Care – Project Summary							
Is this paper for		Discussion		Decision		Informat	ion	✓

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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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.

Cancer Care Reviews Implementation Support Scheme

Improving frequency and quality of reviews in Primary Care through a standardised template

We currently have 39 practices who have signed up to the scheme from across Oxfordshire. We now have some training sessions available to those who wish to attend, around cancer awareness and Motivational interviewing this is delivered in 2 separate sessions.

This FREE course is aimed at Primary healthcare staff wishing to update their knowledge base & confidence in relation to cancer so they can better support patients in the community.

You will have the opportunity to attend two sessions 9.30 am to 1pm

Session One will cover:

- Cancer the big picture
- What is cancer
- Main Cancer treatments and consequences of treatment
- The impact of a cancer diagnosis
- Supporting cancer patients in primary care
- · Healthy lifestyle choices
- Supported Self-management

Session Two will cover:

- Motivational Interviewing (MI)
- · Brief Overview of MI
- · How to motivate change
- MI and Making Every Contact Count

Date and venue:

Session 1: 2nd July 2019 Session 2: 17th July 9.30am – 1.00pm Oxford City Location venue tbc Session 1: 3rd Sept 2019 Session 2: 17th September 9.30 – 1.00 pm Abingdon venue tbc

Lunch and refreshments provided. Places strictly limited so book early!

OCCG.plannedcare@nhs.net

If you would like to sign up to the scheme please contact Zoe Kaveney ASAP.

Project	Update
	Clinical Lead: shelley.hayles@nhs.net Project Manager: zoe.kaveney@nhs.net
QIS (Quality Improvement Scheme) Improving uptake in Screening for Breast, Bowel and Cervical	Those involved in the targeted support scheme are progressing well. <i>Progress visits with CRUK currently underway with reports back to the CCG due on 01</i> st <i>June, currently 2 reports have been received.</i> OCCG have now been able to extend this scheme out to a further 19 practices. Initial visits are currently being booked in with CRUK. A third wave is being considered for the Autumn 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. A link to the site can be found here: http://tvscn.nhs.uk/networks/cancer/quality-improvement-scheme-qis-toolkit-for-primary-care/ Clinical Lead: shelley.hayles@nhs.net Project Manager: zoe.kaveney@nhs.net
Referrals Pilot (Rego) Deploy and pilot the Rego referral solution for 12 months in 15 practices. Outcomes: Easier and quicker referral process Better referral quality and structure < secondary care OP referrals Rich referrals data	Following workshops for GPs in December, the OCCG has commissioned Vantage to mobilise and pilot the Rego referral system in 15 - 20 EMIS practices. Rego will link with EMIS and eRS to simplify and speed up the referral process. Presentation at each locality meeting will conclude in June; at these meetings practices will be invited to express an interest in participating in the pilot. If your practice is interested in joining the pilot, please email OCCG.plannedcare@nhs.net.
 Improve primary care management of potential referral patients 	Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle1@nhs.net 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 Integrated Cardiology Service Evaluation and review continues. Early work is underway with OUH Cardiology scoping a phased roll out to the rest of the county (City and south). In part this will be planned around the availability of space, which can be sessional. GPs, please email occg.plannedcare@nhs.net if rooms are available please – a minimum of two rooms are needed side by side, particularly in Oxford, and some key locations in the South - Abingdon, Wantage, Didcot or Wallingford/Henley. Work is also in the early stages with OUH and will engage with OH to review heart failure pathways for Oxfordshire patients. Clinical Lead: Will O'Gorman Project Manager: Carole.rainsford@nhs.net 01865 (3)34641
End of Life care (EoLC) Re-procurement of hospice delivered EoLC across Oxfordshire and Buckinghamshire CCGs to deliver: • A population health needs review • Development of a EoLC / specialist palliative care service specification • Establish the Provider Collaborative	The health needs analysis is complete and the data analysis phase is well underway by the interim project manager. The substantive EoLC project manager will start on the 28th May 2019, with a 4 week handover, with the interim PM. Clinical Lead: Jonathan.Crawshaw@nhs.net Project Manager: Melanie.Porter-Turner1@nhs.net
Gynaecology Develop a community based gynaecology service.	The intention is for a 2 year pilot with phased rollout of scope across localities. The CCG continues to work with the GP Federations and OUHFT to develop the service model. A meeting has taken place to update the Clinical Gynaecology pathways with OUHFT Gynaecology Consultants and GP Federations, a further meeting is planned for June. Clinical Lead: shelley.hayles@nhs.net Assistant Project Manager: Clare.hewitt3@nhs.net

Project	Update
MSK Integrating MSK Services	In the last 2 months we have achieved: - Patient self-referral continues to grow, with over 700 self referrals to the service in April 2019, overall total referral numbers remain stable at around 5000 referrals - Self referral can be made by the patient online only, patients who are unable to access online or unsuitable to self refer can be referred as previously via e-referral - MSK services to Wantage, mobilising for early June, planned to be in full operation by the end of July. - Review of pain management pathway is progressing well. - Work continues with OUH Rheumatology for a review of Rheumatology referrals Clinical Lead: TBC Project Manager: carole.rainsford@nhs.net 01865 (3)34641
Ophthalmology To provide a community based Ophthalmology service to patients registered with an Oxfordshire general practitioner.	Pressures on the eye hospital are still significant, and a review has been conducted of capacity and demand with NHS England. The capacity assessment has been submitted to NHS England for consideration.
	Early discussions have started with OUHFT and Primary Eye Care Services on development of a community based service.
	Educational and signposting materials for eye care can be found at occg.info/eyes.
	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
	Clinical Lead: shelley.hayles@nhs.net Assistant Project Manager: clare.hewitt3@nhs,net

Project	Update
SCAN (Suspected Cancer)	Referrals into the service remain steady with an average of 20 referrals a week
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.	Most common cancers diagnosed continue to be Lung, Bowel and Pancreatic cancers
	The MDC appointment delays have now been cleared and we have a more sustainable set- up for the MDC clinics giving patients more choice of appointment times, with slots available across Mon-Fri.
	We hope to have an interim evaluation paper ready for circulation at the beginning of June.
	Clinical Lead: shelley.hayles@nhs.net Project Manager: zoe.kaveney@nhs.net
Visual Information Systems in GP waiting Rooms A pilot driven by improving cancer screening & survivorship through better patient education.	The system used in the pilot is Envisage, provided by Numed. Installations in the North and West localities are complete for main surgeries. All remaining practices have been invited to join the programme; the installation process should be complete by the end of July.
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.	Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle1@nhs.net 01865 (3)36726
Initially this will be about cancer care but other health care campaigns may follow.	

Project Update

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 2019-20 Diabetes LCS has been drafted and share with diabetes specialists, locality diabetes coordinators and LMC for review.

Extension of NHS England diabetes transformation funding into 2019/20 has been confirmed.

The NHS Diabetes Prevention Programme (NDPP) continues with a total of 3,594 referrals so far. The programme will be continuing into 2019/20 and confirmation of funding will be received from NHSE shortly.

The next round of LDR meetings have been scheduled with the first one taking taking place on 11th June for the West Locality.

Ongoing meetings at OCDEM have been taking place to discuss the diabetic footcare pathway and improve working between Community Podiatry and the new Multi-Disciplinary Footcare Team in OCDEM. A dedicated mental health/diabetes workstream will be commencing soon.

Clinical Lead: amar.latif-occg@nhs.net

Project Manager: Paul.Swan1@nhs.net 01865 (3)37006

Respiratory

Pilot of an Integrated Respiratory Team in the City and North localities until Jan 2020.

Outcomes:

- Improved identification and diagnosis
- Reduction in emergency admissions and readmissions
- Reduction in ambulance call outs and ED attendances
- Increased smoking cessation in the patient cohort
- Better identification of end of life patients with increased advance care planning
- Identification and treatment of mental health problems in patient cohort
- Improved quality of life, mental health, and self-care for patients and their carers

Patient cohort:

- Asthma and COPD
- Bronchiectasis patients not requiring intensive secondary care management
- End-stage Interstitial lung disease patients including those with sarcoidosis
- Patients with neuromuscular disease or on home non-invasive ventilation (NIV) requiring physiotherapy input to optimise airways clearance and manage home NIV.

Project update:

- The Banbury community respiratory clinic went live in Horsefair Surgery on 16 April 2019.
- IRT weekly MDT meetings are happening. Patient home visits have commenced.
- Population Review Meetings with IRT visiting practices are projected to commence in May/June.
- Consultant, Senior Nurse Manager, Physio Team Leader, 3 x Respiratory GPs, Smoking Cessation Advisor are all in post. A Clinical Pharmacist has also been recruited.
- Referral form is complete and available to be used by City and North locality practices to refer into the IRT.
- Full spec of systems required in Community Respiratory Clinic has been provided
- IRT Confidentiality Agreement to get primary care record access has been drafted and being shared with practices.
- First draft proposal for integrated clinical governance and incident investigation has been

Project	Update	
	produced by OCCG Quality Team - currently being discussed/agreed with OUHFT/OHFT quality leads.	
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