

## 2018/19 Primary Care LIS

### requirement

<http://www.oxfordshireccg.nhs.uk/professional-resources/documents/primary-care/local-investment-scheme/LIS-18-19-final.pdf>

## Oxfordshire CCG Primary Care Local Investment Scheme 2018-19

### Section 1. Supporting Engagement in Commissioning

<b>Involvement in practice commissioning pack meetings</b>	<p>Review of practice data supplied by CCG; completion of commissioning checklist prior to meeting and submission to CCG; and attendance (minimum of 1 GP &amp; PM plus as many other members of staff as possible) at practice or cluster/ sub locality commissioning meetings to discuss practice commissioning pack; identification of at least 3 actions at individual practice level to:</p> <ul style="list-style-type: none"> <li>• reduce variance in OP referrals;</li> <li>• support admission avoidance &amp; early discharge;</li> </ul> <p>Protected learning time to develop and implement the three actions in the priority areas.</p>	<p>Submission of commissioning checklist prior to meeting.</p> <p>Minutes of practice meeting or sub-locality meeting including actions.</p> <p>Report on completion of actions</p>	Locality coordinators to confirm received	<p>By 30<sup>th</sup> September 2018</p> <p>Report by Year end</p>	<p>£105,000</p> <p>(£1,500 per practice)</p>	<b>Locality Coordinators</b>
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Following on from the Commissioning checklists which started the conversation and in-line with the **Primary Care LIS** as detailed above, practices should now complete the template below and structure their proposals into **S.M.A.R.T** objectives. **Specific, Measurable, Achievable, Relevant, Time bound**

The template below should be used to report to [Julie-anne.howe@oxfordshireccg.nhs.uk](mailto:Julie-anne.howe@oxfordshireccg.nhs.uk) by end Dec 2018 for Action 2, and 31.3.19 for Actions 1 & 3. Where OCCG collects data in specific areas, this will be carried out centrally.




## Practice Name:

<b>Action 1</b>	<i>Prompt engagement with SCAS to support patient admission avoidance</i>
<b>Specific</b>	<p>Paramedics are reporting that in 95% of cases if they are able to speak to a GP the patient remains at home. The difficulty they have is getting through and would like to have a bypass number to speed up the process of getting through to the practice and for there to be an effective system in place for allowing them to speak quickly to the GP</p> <p><i>Practices to prioritise calls from Paramedics to ensure patients being assessed in their own homes following 999 call outs are able to have clinical support by a practice GP, to help reduce unnecessary admissions.</i></p> <p>SCAS have advised - <i>If the paramedics were able to speak with a GP, 95% of patients were treated on scene in Oxfordshire. Positive outcomes:</i></p> <ol style="list-style-type: none"> <li>1 <i>Better pathway for patients – less disruption/anxiety etc</i></li> <li>2 <i>Decrease of conveyance = freed up ambulance resource</i></li> <li>3 <i>Reduced A&amp;E attendance</i></li> <li>4 <i>Reduced emergency admissions</i></li> </ol>
<b>Measurable</b>	<p><i>City practices are asked to:</i></p> <ol style="list-style-type: none"> <li>1) <i>Ensure OxFed have the practice up-to-date bypass number –</i></li> <li>2) <i>OxFed to pass these on to SCAS.</i></li> <li>3) <i>Practices to ensure a system is in place to prioritise SCAS calls. .</i></li> <li>4) <i>SCAS have been asked to ensure paramedics state “this is a GP triage call” to support prioritisation.</i></li> <li>5) <i>A view will be sought from SCAS on whether they feel support has improved and unnecessary admissions have reduced.</i></li> </ol>
<b>Achievable</b>	Yes
<b>Relevant</b>	Yes – <i>supports admission avoidance, reduces unnecessary admissions to hospital.</i>
<b>Time bound</b>	Yes    1) <i>March 2019</i>
<b>PRACTICE YEAR END REPORT</b>	

**Practice Name:**

<b>Action 2</b>	<b>COPD and Inhaled corticosteroids (ICS)</b> <i>(separate to Long Term Conditions Locally Commissioned Scheme)</i>
<b>Specific</b>	<p>An EMIS search, which has been developed to identify patients who may be having unnecessary ICS, will be run in all practices to identify those who may benefit from a review of their medication with a view to stopping ICS where appropriate.</p> <p>The community respiratory consultant, Maxine Hardinge, will discuss with the Practice the target patient group and develop, with the Practice, a safe approach to addressing the problem.</p>
<b>Measurable</b>	<p>Yes – <i>EMIS search will be designed and provided to practices to run in order to identify patients</i></p> <p>Practices are asked to welcome Maxine Hardinge to the practice and support this concentrated effort to improve patient care and reduce admissions (ICS may increase the risk of pneumonia).</p>
<b>Achievable</b>	Yes
<b>Relevant</b>	Yes – <i>improved patient care, reduced admissions.</i>
<b>Time bound</b>	<p>Yes – <i>Search by end December 2018</i></p> <p><i>Discussion/education to Practice by end of March 2019</i></p>
<b>PRACTICE YEAR END REPORT</b>	<p><i>As at xxx my practice had X number of patients recorded using the above search who may be currently prescribed unnecessary ICS.</i></p> <p><i>As at 31.3.19 the practice has met with Maxine to discuss medication review of the target group and to have received education and advice about appropriate further management.</i></p> <p><i>As at 31.03.19, X number of patients have had Inappropriate ICS reduced and X number have had ICS removed.</i></p>

**Practice Name:**

<b>Action 3</b>	<b>Welcome the Well-being Workers</b>
<b>Specific</b>	<p><i>Each Practice to invite the Wellbeing worker to at least one practice meeting to introduce them to the team</i></p> <p><i>To refer Appropriate patients to the WB worker,</i></p> <p><i>To provide a short narrative from each practice as to what is working well about this innovation and to describe, if further support is required</i></p>
<b>Measurable</b>	<p>Yes- number of referrals from each practice to WBW is being monitored by OCCG.</p> <div>    </div> <p>Paper 4 OSH Service City Locality Meeting description v2 (2).doc Presentation 12-07-1 OMHP_Safe Haven Pr Paper 4a</p>
<b>Achievable</b>	yes
<b>Relevant</b>	Yes – improving quality of care, addressing primary care workload,
<b>Time bound</b>	March 2019
<b>PRACTICE YEAR END REPORT</b>	