



**Oxfordshire
Clinical Commissioning Group**

City Locality Commissioning Meeting

Date of Meeting: 11 th of January 2018		Item No: 8	
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

Author: Paul Kettle	Clinical Lead: Dr Stephen Atwood & Dr Shelley Hayles
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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.	
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 contract variation between OCCG and OUH has now been signed as well as the SLAs with the 3 locations to be used in Phase 1. Ten GP-Cardiologist-run clinics continue to run within OUH, with the date for the service to move out to the community covering West, North East and 3 City Locality Practices on track for January 8 th 2018. The community clinics have been set up on ERS ready for the Phase 1 Practices to refer into. Inclusion of IAPT service to be confirmed following discussions with GP-Cardiologists on how to provide IAPT for cardiology patients. Clinical Lead: Christine A'Court Project Manager: Rosie.Callaghan@oxfordshireccg.nhs.uk 01865 (3)36880
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 meeting to develop a response to the diabetes transformation paper presented in September 2017. This work is ongoing with a response expected in late Jan/early Feb 2018. A diabetes patient engagement event to discuss outcomes patients would like to see is planned for mid Feb. NE Locality has commenced practice diabetes MDTs including Diabetes Consultant, Community DSN and IAPT. Diabetes Dashboard is live (4 months data) in NE with data pulled in through EMIS Enterprise. Skype clinics are built within EPR (OUH) and available on ERS. 87% of practices signed up to Diabetes LCS. 59% of practices have completed (both GP and PN) training in Year of Care Planning, with a further 24% of practices semi-completed. NDPP mobilised in 35 practices and 560 referrals completed so far. Clinical Lead: Amar.Latif@oxfordshireccg.nhs.uk Project Manager: Paul.Swan@oxfordshireccg.nhs.uk 01865 (3)37006

Project	Update
<p>Diagnostics</p> <p>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</p>	<p>Endoscopy: has been awarded to In-health and mobilisation of the extended service is underway.</p> <p>Ultrasound : has been awarded to Physiological Measurements Limited. First mobilisation meeting scheduled for 11 January.</p> <p>Echocardiogram: has been awarded to InHealth Echotech with the aim for extended service to be available from 02nd February. Service will include echo capacity for the new integrated cardiology service.</p> <p>Clinical Lead: Shelley Hayles Project Manager: Paul Kettle / Marita Adams paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726</p>
<p>ENT</p> <p>Identify opportunities to streamline pathways to reduce waiting times and better manage demand. Objectives include:</p> <ul style="list-style-type: none"> • 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 	<p>During the RTT workshop 20 September the OUH outlined plans to recruit 2 ENT consultants and 2 audiologists to enable them to run regular community ENT & audiology clinics. Details and timescale to be worked up. Both radiologists and one locum consultant have already been identified.</p> <p>Clinical Lead: Stephen.Attwood@oxfordshireccg.nhs.uk Project Manager: paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726</p>

Project	Update
MSK Integrating MSK Services	<p>Healthshare are accepting referrals and seeing patients. Referrals are to be made via the pro-forma found on the CCG document library, and sent on to the MATT via ERS. Any referrals made via email will be rejected.</p> <p>NB When booking on ERS please do not give the patient the dummy booking details as this is for internal triage only, Healthshare will contact the patient to make the appointment.</p> <p>All transferred patients from incumbent providers have been processed and contacted via email or text message for them to contact Healthshare to arrange their appointment. Any new referrals received are being triaged, with urgent patients being seen without delay and routine patients being put on the waiting list. The date for Self-referral is to be confirmed and will be communicated in due course.</p> <p>Early indications show that the service model is working with reducing waiting times and a reduced proportion of patients being referred to acute hospitals.</p> <p>FAQ Document: http://www.oxfordshireccg.nhs.uk/clinical-guidelines/msk-matt-service-faq/54586</p> <p>ERS Referral Guidance: http://www.oxfordshireccg.nhs.uk/clinical-guidelines/msk-e-referral-guidance/54513</p> <p>Clinical Lead: Stephen Attwood Project Manager: debbie.cakmak@oxfordshireccg.nhs.uk (starting on 8th Jan)</p>

Project	Update
<p>Neurology New community headache clinic to:</p> <ol style="list-style-type: none"> 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. 	<p>OUH have appointed a consultant to the Headache role, start date awaited.</p> <p>Two GPs have been selected for the two GPwSI roles with start dates in January and February 2018.</p> <p>First Headache Clinic is scheduled to start on 18 January 2018 at Horton General Hospital; OUH are looking for location for second clinic to start in Feb.</p> <p>Please look out for details of service and leaflets for GPs and patients in the weekly GP Bulletin (due to be included 10 Jan).</p> <p>Clinical Lead: richard.wood@oxfordshireccg.nhs.uk Project Manager: paul.kettle@oxfordshireccg.nhs.uk 01865 (3)36726</p>
<p>Ophthalmology To provide a community based Ophthalmology service to patients registered with an Oxfordshire general practitioner.</p>	<p>The MECS tender is now live at occg.info/MECStender and open to all including primary care / federation bidders.</p> <p>Educational and signposting materials on the new urgent eyecare pathway for GPs, nurses, Optoms, pharmacists and receptionists can be found along with other ophthalmic guidance at occg.info/eyes</p> <p>Service discussions with the hospital, and subsequent audit, have identified an opportunity to reduce low value activity by consultant screening of certain categories of routine referral. This work is being scoped with the hospital to support better access and treatment times. A trial of consultant triage has commenced, with inappropriate GOS18 referrals being returned to the Optometrist and ccd to the GP. Currently, the vast majority of GOS18 referrals do not include an Optometrist email address, so the vast majority of returned referrals are coming back to GPs. Repeated communications are being sent and further feedback to Optoms from practices is welcome where this is creating further work for GPs.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager: thomas.stocker@oxfordshireccg.nhs.uk 01865 (3)37026</p>

Project	Update
<p>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.</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 being worked up for discussion. SCAS are developing a revised proposal for this service to be presented to Oxfordshire, Buckinghamshire and West Berkshire CCGs to then potentially take forward.</p> <p>Clinical Lead: jonathan.crawshaw@oxfordshireccg.nhs.uk Project Manager: paul.swan@oxfordshireccg.nhs.uk 01865 (3)37006</p>
<p>Respiratory Potential project to develop integrated community based respiratory care model – informed by diabetes model. Key outcome would be to reduce COPD readmissions.</p>	<p>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). The project proposal is currently being reviewed within BI with a final decision on their level of investment expected by end of Jan 2018, after which the final project proposal will be reviewed by the OCCG Finance and Investment Committee.</p> <p>Clinical Lead: Amar.Latif@oxfordshireccg.nhs.uk Project Manager: paul.swan@oxfordshireccg.nhs.uk 01865 (3)37006</p>

Project	Update
<p>SCAN (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><u>SCAN Pathway Evaluation Interview – Volunteers Required!</u></p> <p>As part of the overall evaluation of the ACE Wave 2 programme, which is currently funding the new Oxford SCAN Pathway CRUK are looking for GP volunteers.</p> <p>They are looking for Four GPs to take part in a 30 minute telephone interview in January next year. They would like to talk to 2 GPs that have already used the new pathway and 2 GPs that have not</p> <p>If you are interested in taking part please could you email the planned care team OCCG.plannedcare@nhs.net with your Name and contact details for us to pass them on to CRUK</p> <p>Clinical Lead: shelley.hayles@nhs.net</p> <p>Project Manager : laura.carter@oxfordshireccg.nhs.uk</p>