



Oxford City Locality Commissioning Meeting

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| Date of Meeting: 13 December 2018 | | Paper No: 8 | | | | |
| Title of Paper: Planned Care – Project Summary | | | | | | |
| Is this paper for | Discussion | | Decision | | Information | ✓ |

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| 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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| Author: Paul Kettle | Clinical Lead: Dr Stephen Atwood & Dr Shelley Hayles |
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| Project | Update |
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| 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. | |
| <p>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.</p> | <p>Roll out to the rest of the county (City and south) is currently blocked by the lack of availability of suitable clinic rooms. GPs, please email occg.plannedcare@nhs.net if rooms are available please – two are needed side by side, particularly in Oxford, and towns in the South - Abingdon, Didcot, Wallingford, Henley).</p> <p>Clinical Lead: Shelley Hayles Project Manager: T.stocker@nhs.net 01865 (3)36858</p> |
| <p>Cancer Care Reviews Implementation Support Scheme Improving frequency and quality of reviews in Primary Care through a standardised template</p> | <p>Practices are invited to join the implementation scheme, a specification has been circulated to all practices managers. As of 26th November 22 practices have signed up from across Oxfordshire. There is also a Cancer Engagement Event taking place on 17th January at the Kasaam Stadium, We are encouraging all practices to send a representative irrespective of sign up to the scheme and there is some funding available to attend. Further details can be found in the GP bulletin, practice managers have also been informed.</p> <p>If you would like to sign up to the scheme and/or attend the event please contact Zoe Kaveney ASAP.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@nhs.net</p> |
| <p>Gynaecology Develop a community based gynaecology service.</p> | <p>In November a paper was re-submitted to the OCCG Executive for approval of scope.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager: Clare.hewitt3@nhs.net 01865 336858</p> |

| Project | Update |
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| <p>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.</p> | <p>The joint providers (OUHFT, OHFT and GP Federations) have developed a response to the diabetes transformation paper (Sept 2017) and the paper was presented at a meeting on 24 July 2018. Provider work continues to develop a shared joint provider proposal that all are agreed on. A meeting with all providers is planned for 7 Dec to review their progress.</p> <p>Locality Diabetes Review (LDR) meetings in the North and North East Localities during November, the West Locality meeting will take place on 6th December. Locality Diabetes Coordinators have been appointed for City, North East and South West localities.</p> <p>Work continues regarding the NHS Diabetes Prevention Programme (NDPP) with Oxfordshire referrals; benefits seen from case studies from those who have finished the course.</p> <p>Ongoing meetings at OCDEM to discuss the diabetic footcare pathway and improve working between Community Podiatry and the new Multi-Disciplinary Footcare Team in OCDEM.</p> <p>Clinical Lead: Amar.Latif@oxfordshireccg.nhs.uk Project Manager: Paul.Swan1@nhs.net 01865 (3)37006</p> |
| <p>MSK Integrating MSK Services</p> | <p>In the last 2 months we have achieved:</p> <ul style="list-style-type: none"> - A better booking process for patients - A responsive telephone line (now the vast majority of calls are answered within 1 minute, down from 20 minutes) - A reduced wait for urgent and routine patients - An agreement to expand the clinical capacity in the service to secure further reductions in waiting times in the New year <p>Clinical Lead: Stephen Attwood Project Manager: T.stocker@nhs.net</p> |
| <p>QIS (Quality Improvement Scheme) Improving uptake in Screening for Breast, Bowel and Cervical</p> | <p>Those involved in the targeted support scheme are progressing well. All practices have now had their CRUK visits and we have all of the action plans a progress report is due to be submitted by the participating practices by 3rd December. OCCG are currently looking at how we can extend this further across the county</p> <p>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/</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@nhs.net</p> |

| Project | Update |
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| <p>Ophthalmology To provide a community based Ophthalmology service to patients registered with an Oxfordshire general practitioner.</p> | <p>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</p> <p>Educational and signposting materials for eye care can be found at occg.info/eyes.</p> <p>Pressures on the eye hospital are still significant, and a review is being conducted of capacity and demand with NHS England.</p> <p>The Eye hospital is currently working through over 2,000 patients who they have identified should have had a follow up appointment to monitor their disease progression but had been lost to administrative processes. Over 1,400 patients have been followed up in the last two months. This is important to reducing preventable sight loss, but is adding to pressures in the department.</p> <p>We are seeking to introduce telephone triage at Eye Casualty, as they have in Reading. The results of an audit showed that only 2 patients out of 35 were triaged differently from the view of an Eye Casualty clinicians with the hindsight of having seen the patient in the service. Both would have been safe.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager: t.stocker@nhs.net 01865 (3)37026</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>Following OCCG Board approval on 27 Sept 2018, the Project Initiation Document (PID) has been finalised and fully approved by Boehringer Ingelheim Ltd.</p> <p>The Joint Working Agreement (JWA) between OCCG and Boehringer Ingelheim Ltd. has been signed by both parties and the Executive Summary of the project has been published on both parties' websites. This represents the official 'go live' of the project.</p> <p>The contract variations with providers are being finalised with the aim of being signed by early December.</p> <p>City and North localities have been updated on progress with locations sought for IRT activities to operate from. Further detailed work on clinical pathways and activities has been worked up and this is continuing.</p> <p>Clinical Lead: karen.kearley@oxfordshireccg.nhs.uk Project Manager: paul.swan1@nhs.net 01865 (3)37006</p> |

| Project | Update |
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| <p>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.</p> | <p>As of Monday 08 October:</p> <ul style="list-style-type: none"> • We have received 979 referrals • 150 have been rejected as they do not meet referral criteria • 736 patients have been scanned • Most common cancers diagnosed are Lung, Bowel and Pancreatic cancers <p>Some delays in patients being seen within the MDC are currently being addressed. We have an additional clinician starting in December</p> <p>Analysis is continuing on both the pathway patients and the comparator data that was collected. Reports will be shared once complete.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@nhs.net</p> |
| <p>Visual Information Systems in GP waiting Rooms 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> | <p>The system used in the pilot is Envisage, provided by Numed. 14 of the participating practices in the North and west localities are using the system, installation is being planned for the final participant.</p> <p>City Practices have been invited to adopt Envisage. Site surveys are being planned for December.</p> <p>Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle1@nhs.net 01865 (3)36726</p> |