



Oxford City Locality Commissioning Meeting

Date of Meeting: 14.3.19		Paper 6				
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.	
<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>Evaluation and review underway. 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: Will O’Gorman Project Manager: Carole.rainsford@nhs.net 01865 (3)34641</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 3rd January 35 practices have signed up from across Oxfordshire. The deadline for signing up to the scheme will be Friday 22nd February. There is also a Cancer Engagement Event taking place on 17th January at the Kasaam Stadium, we have 42 practices signed up to attend the afternoon. Further details can be found in the GP bulletin, practice managers have also been informed. A copy of the slides post the event can be shared upon request.</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>Planning discussions commenced with Federations. Pilot approach to be taken with gradual roll out. OUHFT have sent a recent communication indicating their level of support and involvement.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager: Clare.hewitt3@nhs.net 01865 336858</p>

Project	Update
<p>MSK Integrating MSK Services</p>	<p>In the last 2 months we have achieved:</p> <ul style="list-style-type: none"> - Patient self referral will be rolled out on 8th February - Work continues to expand the clinical capacity in the service to secure further reductions in waiting times - Responsive telephone service has been maintained - Work is underway with OUH Rheumatology for a review of Rheumatology referrals and pain pathways <p>Clinical Lead: Rob Russ Project Manager: carole.rainsford@nhs.net 01865 (3)34641</p>
<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. This is near completion.</p> <p>Funding to support with staffing to pilot telephone triage at Eye Casualty was decided against by the CCG, with an aim to negotiate provision in next years' contract.</p> <p>We are developing plans to create an 'Ophthalmic Decision Unit' as a joint venture between the organisation responsible for delivering the Minor Eye Care Service (PECS ltd) and OUHFT to deliver a single hub for managing Optom and GP urgent and routine eye referrals, as well as organising pre-hospital eye examinations and follow up work by Optometrists in the community.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager: t.stocker@nhs.net 01865 (3)37026</p>

Project	Update
<p>Visual Information Systems in GP waiting Rooms A pilot driven by improving cancer screening & survivorship through better patient education.</p> <p>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. 15 of the practices in the North and West localities are using the system. All City Locality practices have agreed to join the initiative and installation is expected in the next two months.</p> <p>We have just secured funding for practices in the remaining localities and will be in contact in the next two weeks.</p> <p>Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle1@nhs.net 01865 (3)36726</p>
<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>OUHFT and OHFT have developed a response to the diabetes transformation paper (Sept 2017), the final proposal was presented at a meeting of OCCG, OUHFT, OHFT, GP Feds, LMC and Diabetes UK on 7 Dec 2018. The proposal and high-level implementation plan was submitted to OCCG and reviewed by OCCG Executive on 18 Dec 2018. By end of Jan 2019, the aim is for the proposal to become co-authored by GP Feds and to be endorsed by LMC.</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-occg@nhs.net Project Manager: Paul.Swan1@nhs.net 01865 (3)37006</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. Progress reports have also been completed by most practices. 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
<p>Respiratory Pilot of an Integrated Respiratory Team in the City and North localities until Jan 2020.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • 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 	<p>Patient cohort:</p> <ul style="list-style-type: none"> • 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. <p>The proposed contract variations have been shared with providers for review and sign off.</p> <p>Recruitment to IRT posts has commenced, some posts such as the Consultant are in place. The Consultant is already visiting practices in the City. Work is underway to develop referral pro formas and data entry templates within EMIS. Expected that the primary care system searches will be completed by mid-Jan to then be made available to practices, to identify those 'at risk' and those already diagnosed. The first community respiratory clinics in Chipping Norton (Chipping Norton Medical Centre) and Oxford City (St Bartholomews Medical Centre) will commence in Feb 2019.</p> <p>A location (preferably GP practice) is required for the community respiratory clinic in Banbury. We are planning for this to take place at 13:30-17:30 on the 3rd Tuesday of each month – starting in Feb 2019. We would need a minimum of 2 clinical rooms to run this multi-disciplinary clinic. We would need this to be provided free of charge. Both the host practice's patients and other Banbury patients would be seen in the clinic. If you are able to provide a location, please get in touch.</p> <p>Clinical Lead: karen.kearley@nhs.net Project Manager: paul.swan1@nhs.net 01865 (3)37006</p>

Project	Update
<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>We have now scanned over 1000 patients, with a cancer conversion rate remaining at around 11%</p> <p>On average we are receiving 20 referrals a week</p> <p>Most common cancers diagnosed continue to be Lung, Bowel and Pancreatic cancers</p> <p>Some delays in patients being seen within the MDC are currently being addressed. We had 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. Funding for a final year is being finalised to allow for more data to be gathered and to decide upon future commissioning routes.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@nhs.net</p>