



South West Locality Commissioning Meeting

Date of Meeting: 16.7.19		Paper No: 9				
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>Cancer Care Reviews Implementation Support Scheme Improving frequency and quality of reviews in Primary Care through a standardised template</p>	<p>We currently have 39 practices who have signed up to the scheme from across Oxfordshire and we had 60 reviews carried out in the first quarter of the scheme (Jan-Mar 19) 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.</p> <p>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.</p> <p>You will have the opportunity to attend two sessions 9.30 am to 1pm</p> <p>Session One will cover:</p> <ul style="list-style-type: none"> • 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 <p>Session Two will cover:</p> <ul style="list-style-type: none"> • Motivational Interviewing (MI) • Brief Overview of MI • How to motivate change • MI and Making Every Contact Count <p>Date and venue: Session 1: 2nd July 2019 Session 2: 17th July 9.30am – 1.00pm The Manor Hospital Headington (4 spaces left)</p> <p>Session 1: 3rd Sept 2019 Session 2: 17th September 9.30 – 1.00 pm Abingdon venue</p> <p><u>Lunch and refreshments provided. Places strictly limited so book early!</u></p> <p style="text-align: center;"><u>OCCG.plannedcare@nhs.net</u></p> <p>If you would like to sign up to the scheme please contact Zoe Kaveney ASAP.</p>

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	<p>Those involved in the targeted support scheme are progressing well. <i>The majority of progress reports have been received and an analysis is taking place, an update will be circulated in early July.</i></p> <p>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</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>
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>The Integrated Cardiology Service Evaluation and review continues. Services in Bicester have commenced. OUH Cardiology are also 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.</p> <p>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.</p> <p>Work is also in the early stages with OUH and will engage with OH to review heart failure pathways for Oxfordshire patients.</p> <p>Clinical Lead: Will O’Gorman Project Manager: Carole.rainsford@nhs.net 01865 (3)34641</p>
End of Life care (EoLC) Re-procurement of hospice delivered EoLC across Oxfordshire and Buckinghamshire	<ul style="list-style-type: none"> • A substantive project manager for EoLC started on 28 May 2019 and the Interim Project Manager will finish on 5 July. • The Health Needs Assessment is being written up and a draft will be produced by Friday

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<p>CCGs to deliver:</p> <ul style="list-style-type: none"> • A population health needs review • Development of a EoLC / specialist palliative care service specification • Establish the Provider Collaborative governance structure and model 	<p>28 June.</p> <ul style="list-style-type: none"> • The EoL Reference Group meets on Wednesday 3 July and will agree revised membership and terms of reference, review the HNA and agree next steps. • Agreed next steps from the HNA will be shared with localities. <p>Clinical Lead: Jonathan.Crawshaw@nhs.net Project Manager: Melanie.Porter-Turner1@nhs.net Alison.Seren@nhs.net</p>
<p>Gynaecology Develop a community based gynaecology service.</p>	<p>The intention is for a 2 year pilot with phased rollout of scope across localities.</p> <p>The CCG continues to work with the GP Federations and OUHFT to develop the service model.</p> <p>Clinical Lead: shelley.hayles@nhs.net Assistant Project Manager: Clare.hewitt3@nhs.net</p>
<p>MSK Integrating MSK Services</p>	<ul style="list-style-type: none"> • Patient self-referral continues to grow, some information direct to consumer groups on self referral is now being provided by Healthshare, 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, is currently mobilising, to be in full operation by the end of July. • Work continues with OUH Rheumatology for a review of Rheumatology referrals <p>Clinical Lead: TBC 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>Minor Eye Conditions Service (MECS) Receptionist Triage Workshop is available: The MECS Triage workshop is for GP Practice and Optometry practice reception staff. It explains the MECS triage process, eligibility criteria, pharmacy deflection and red flags that apply to the service. The presentation culminates in 5 "real" case studies. The workshop lasts 20 minutes and has been well received by reception staff who have completed the training. To arrange this for your practice reception staff please contact Nita Mahalingham nita.mahalingham@nhs.net</p> <p>More information regarding the Minor Eye Conditions Service can be found on ClinOx: https://clinox.info/local-guidelines-and-pathways/minor-eye-conditions-services/59090</p>

Project	Update
	<p>Educational and signposting materials for eye care can be found at occg.info/eyes.</p> <p>Early discussions have started with OUHFT and Primary Eye Care Services on development of wider community based service.</p> <p>Clinical Lead: shelley.hayles@nhs.net Assistant Project Manager: clare.hewitt3@nhs.net</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>Referrals into the service remain steady with an average of 20 referrals a week</p> <p>Most common cancers diagnosed continue to be Lung, Bowel and Pancreatic cancers</p> <p>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.</p> <p>We hope to have an interim evaluation paper ready for circulation at the beginning of July.</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@nhs.net</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>Diabetes The 2019-20 Diabetes LCS has been drafted and share with diabetes specialists, locality diabetes coordinators and LMC for review.</p> <p>Extension of NHS England diabetes transformation funding into 2019/20 has been confirmed.</p> <p>LDR meetings have continued with the West locality on 11th June and the next ones planned for the North East locality on 2nd July.</p> <p>Ongoing meetings at OCDEM have been taking place to discuss the diabetic foot care pathway and improve working between Community Podiatry and the new Multi-Disciplinary Footcare Team in OCDEM. A dedicated mental health and diabetes work stream will be commencing soon.</p> <p>NHS Diabetes Prevention Programme (NDPP) Practices are asked to note the attached guidance from NHSE regarding Point of Care Testing (POCT) within the National Diabetes Prevention Programme (NDPP). We have previously alerted practices to the issue around POCT results being unreliable. Practices are asked to particularly note the following two points which should mitigate against any possible clinical risk from unreliable POCT tests:</p> <p>1) All patients who have had a blood test result in the non-diabetic hyperglycaemia (NDH or pre-diabetes) range should continue to have an annual HbA1c, even if future results show an improvement in HbA1c to below the NDH threshold. This is in line with NICE guidelines.</p>

Project	Update
	<p>2) POCT tests should not be used as part of the diagnostic criteria for diabetes which should be based on venous samples only.</p> <p>If practices have any clinical concerns they are welcome to get in touch with the CCG Clinical Lead for NDPP, Dr Amar Latif at amar.latif-occg@nhs.net.</p> <p> Final - FAQ - Annual Reviews for NDH and</p> <p>Practices are also asked to note that there will be a new provider for the NDPP programme from 1st August. This Programme is nationally commissioned by NHSE. There will be a handover period between old and incoming providers during July. We anticipate this will have minimal impact on primary care, and clinicians are asked to continue referring as usual using the available form. We will provide more details in due course. Should there be any questions or queries please contact the CGG Assistant Project Manager James Scott at james.scott8@nhs.net.</p> <p>Clinical Lead: amar.latif-occg@nhs.net Project Manager: Paul.Swan1@nhs.net 01865 (3)37006</p>
<p>Respiratory Pilot of an Integrated Respiratory Team in the City and North localities until March 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 	<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>Project update:</p> <ul style="list-style-type: none"> • 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 started w/c 10 June. Positive feedback received from first PRMs. Reminder that practices will be paid for taking party in PRMs. • Consultant, Senior Nurse Manager, Physio Team Leader, 3 x Respiratory GPs, Clinical

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<ul style="list-style-type: none"> • 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>Pharmacist, Palliative Consultant and Nurse (City) are all in post. Another Respiratory Nurse, Palliative Consultant and Nurse (North) and Psychologist are due to start July/Aug. Currently in process of recruiting other Respiratory GPs.</p> <ul style="list-style-type: none"> • Referral form is complete and available to be used by City and North locality practices to refer into the IRT. EMIS software package for IRT is now complete and available for upload including searches and worklists. • IRT Confidentiality Agreement and FAQ to get primary care record access has been drafted and being shared with practices. Practices need to reply to confirm EMIS access for IRT. • Independent 3rd party evaluation proposal has been received. <p>Clinical Lead: karen.kearley@nhs.net Project Manager: paul.swan1@nhs.net 01865 (3)37006</p>
<p>Referrals Pilot (Rego) Deploy and pilot the Rego referral solution for 12 months in 15 practices. Outcomes:</p> <ul style="list-style-type: none"> • Easier and quicker referral process • Better referral quality and structure • < secondary care OP referrals • Rich referrals data • Improve primary care management of potential referral patients 	<p>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.</p> <p>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.</p> <p>If your practice is interested in joining the pilot, please email OCCG.plannedcare@nhs.net.</p> <p>Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle1@nhs.net 01865 (3)36726</p>
<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. 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.</p> <p>Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle1@nhs.net 01865 (3)36726</p>