




South West Locality Commissioning Meeting


Date of Meeting: 17.9.19		Paper No: 5				
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 Shelley Hayles
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Project	Update
<p>NB Projects requiring GP attention will be at the start of the listed projects shaded with this colour, others are for information only.</p>	
<p>NB Projects with no update this month will move to the end of the list and shaded in this colour.</p>	
<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) in Q2 73 reviews were carried out.</p> <p>Practices are still able to sign up to the scheme if they would like to, please email occg.plannedcare@nhs.net for more details</p> <p>Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@nhs.net</p>

Project	Update
<p>QIS (Quality Improvement Scheme) Improving uptake in Screening for Breast, Bowel and Cervical</p>	<p>OCCG have now launched a Wave 2, Wave 3 and a Wave 1 Extension to commence from October 19. This means that every practice within Oxfordshire has now been invited to sign up to a supported scheme to see if screening uptake can be improved.</p> <p>This year there is a focus on BAME or LD communities and there is an engagement event taking place on 2nd October around this. (Practices will be reimbursed for attendance and lunch is provided)</p> <p>If your practice wants to attend the event and/or sign up to the scheme please contact us ASAP via occg.plannedcare@nhs.net</p> <p> qis-save-the-date-ca ncer-engagement-ev</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>
<p>End of Life care (EoLC) Review of Specialist Palliative and EoL Care across Oxfordshire and Buckinghamshire CCGs to deliver:</p> <ul style="list-style-type: none"> • A population health needs review • Development of a new EoLC / specialist palliative care service specification • Provider collaboration on service improvement and redesign working towards a formal provider collaborative 	<ul style="list-style-type: none"> • Health Needs Assessment work has been undertaken and was presented to the EoL Reference Group on 3 July. • The process of data validation and consultation with providers to refine the HNA is ongoing and further work will be presented to the Reference Group on 3 September. • This meeting will review the full HNA and begin to identify next steps. Outcomes will be shared with localities. <p>Clinical Lead: Jonathan.Crawshaw@nhs.net Project Manager: Alison.Seren@nhs.net</p>

Project	Update
<p>Gynaecology Develop a community based gynaecology service.</p>	<p>The intention is for a 2 year community based pilot with a phased rollout of clinical scope across localities. 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>Ophthalmology To provide a community based Ophthalmology service to patients registered with an Oxfordshire general practitioner.</p>	<p>OUH Eye Casualty Telephone Triage Pilot From 9th September 2019 Oxford Eye Hospital Eye Casualty Department will be running a three month pilot to test the effectiveness of telephone triage in directing patients who do not need to be seen in Eye Casualty to other more appropriate services (pharmacies, GP, the Minor Eye Conditions Service or Ophthalmology Outpatients).</p> <p>If Primary Care is unsure if the patient needs to be seen in Eye Casualty, you will be able to call or provide the patient with the Eye Casualty Triage Telephone number to help clarify if the patient does need to attend.</p> <p>Thresholds for Pharmacy, MECS and Eye Casualty input can be found in the following guidance for optometrists: OPTOM Guidance: MECS Pathways</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 that have completed the training. Written guidance is also available:</p> <p> GP_PRACTICE_MECS .INFO.odt</p> <p>To arrange training for your practice reception staff please contact Nita Mahalingham nita.mahalingham@nhs.net</p> <p>Further educational and signposting materials for eye care can be found at occg.info/eyes.</p>

Project	Update
	Clinical Lead: shelley.hayles@nhs.net Assistant Project Manager: clare.hewitt3@nhs.net
<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 finalised and published.</p> <p>Extension of NHS England diabetes transformation funding into 2019/20 has been confirmed. MOUs have been issued to providers. This will continue the project streams of increased structured education capacity, improvement in achievement of the triple target and access to a multi-disciplinary footcare team.</p> <p>PCN Diabetes MDTs are in the process of being scheduled.</p> <p>Diabetes and Mental Health meeting is scheduled for 4th Sept.</p> <p>Support and co-ordination for Year of Care/Care and Support Planning continues. 87% practices report implementation of the process and ethos. In support of this patient centred approach, a flexible, skills based training programme is on offer to all primary care staff. For more information: clare.hodsdon@nhs.net.</p> <p>NHS Diabetes Prevention Programme (NDPP) The new provider ICS Health & Wellbeing have taken over the referral process and will be starting the first of the new courses shortly. Information relating to the number of referrals and starts on the programme will be communicated from ICS Health & Wellbeing directly to the Practices to keep you informed of progress.</p> <p>Can all Practices please make sure they are using the latest referral form which are available from the link below:</p> <p>https://www.oxfordshireccg.nhs.uk/professional-resources/clinical-guidelines/referral-pro-formas.htm</p> <p>For more information on the programme please see the website below or contact the CCG Assistant Project Manager James Scott at james.scott8@nhs.net</p> <p>https://preventing-diabetes.co.uk/</p>

Project	Update
	Clinical Lead: amar.latif-occg@nhs.net Project Manager: Paul.Swan1@nhs.net 01865 (3)37006
Referrals Pilot (Rego) Deploy and pilot the Rego referral solution for 12 months in 15 practices. Outcomes: <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 	Following workshops for GPs in December, the OCCG commissioned Vantage Health 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. Presentations have been made at each locality meeting and more than twenty practices have expressed interest in participating in the pilot. Participants will shortly be selected and notified ready to start the pilot from November. Clinical Lead: Shelley Hayles shelley.hayles@nhs.net Project Manager: paul.kettle1@nhs.net 01865 (3)36726
Respiratory Pilot of an Integrated Respiratory Team in the City and North localities until March 2020. Outcomes: <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 	Patient cohort: <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. Project update: <ul style="list-style-type: none"> • 14 in-practice Population Review Meetings completed so far • Advanced Breathless element of service is fully operational and palliative/respiratory MDTs are taking place. • Joint Respiratory Nurse and Practice Nurse Training Clinics - good responses from practices to book in. 5 joint clinics and a spirometry training clinic delivered. • IRT software package downloaded in to practice systems by all but one practice. This includes relevant searches, worklists and data entry template. • IRT access to EMIS being authorised by practices to enable access – still needs to be authorised by all City and North locality practices. • Evaluation proposal confirmed with Oxford AHSN. • IRT update/clarification included in OCCG Board Chief Exec's Report in July. • IRT Frequently Asked Questions uploaded to CCG website.

Project	Update
	<p>Two COPD Study Days will be run by the IRT – City and North locality practices have been emailed about this and are encouraged to book on. Study days are:</p> <p>Tuesday 8th October 2019 - at the The Kassam Conference & Events Centre The Kassam Stadium, Grenoble Road, Oxford, OX4 4XP Tel 01865 337600</p> <p>Tuesday 22nd October 2019 - at the Mercure Banbury Whately Hall Hotel, 17-19 Horse Fair, Banbury OX16 0AN Tel 01295 253261</p> <p>To book City and North practices should email candy.enemaku@oxfordhealth.nhs.uk and diane.eddyvean@oxfordhealth.nhs.uk and advise which session they would like to attend.</p> <p>Clinical Lead: karen.kearley@nhs.net Project Manager: paul.swan1@nhs.net 01865 (3)37006</p>
<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>Clinical Lead: shelley.hayles@nhs.net Project Manager : zoe.kaveney@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</p>

Project	Update
	Project Manager: carole.rainsford@nhs.net 01865 (3)34641
<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>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>