

**Oxfordshire Clinical Commissioning Group
Governing Body**

Date of Meeting: 26 March 2015

Paper No: 15/20

Title of Presentation: Locality Clinical Director Reports

Is this paper for

Discussion

Decision

Information

Purpose and Executive Summary (if paper longer than 3 pages)::

To update the Governing Body on matters arising in the Localities.

Financial Implications of Paper:

There are no financial implications.

Action Required:

The Governing Body is asked to note the content of the reports.

NHS Outcomes Framework Domains Supported (please tick ✓)

<input type="checkbox"/>	Preventing People from Dying Prematurely
<input type="checkbox"/>	Enhancing Quality of Life for People with Long Term Conditions
<input type="checkbox"/>	Helping People to Recover from Episodes of Ill Health or Following Injury
<input type="checkbox"/>	Ensuring that People have a Positive Experience of Care
<input type="checkbox"/>	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis

completed (please tick and attach)

Yes

No

Not applicable

Outcome of Equality Analysis

Author: Locality Clinical Directors

Clinical Lead:

LOCALITY – North Oxfordshire (NOLG)

Locality Clinical Director Report for OCCG Governing Body 26 March 2015

Dr Paul Park, Locality Clinical Director 10/3/15

1. NOLG Deputy Locality Clinical Director

Dr Judith Wright has decided to step down as NOLG Deputy Locality Clinical Director with effect from March 2015. NOLG members expressed a vote of thanks for her hard work on behalf of the locality. The locality is seeking nominations for Judith's successor, with an election planned for April 2015.

2. NOLG Locality meetings:

At its meetings in January and February NOLG agendas included the following:

- **Proactive GP support in care and nursing homes:** We discussed options to deliver this service in care homes with patients registered to several practices, and homes facing quality challenges. In particular, we discussed a more federation-based approach to care homes which might work in Banbury. The idea of a **care home support hub** run by the NOXMED federation and commissioned by OCCG was raised and will be taken to OCCG for discussion.
- Urgent care developments locally including the new/proposed Rehabilitation at Home service and Intermediate Care Beds in a local nursing home.
- MSK review: NOLG GPs were supportive of the proposed new service model, and were keen to be kept updated on ongoing developments and changes in service.
- Emergency Surgery Clinic at the Horton: There has been recent concern that this was not currently guaranteed to run daily as planned; this matter is being examined internally by OUH
- Proposals for **Prescribing Incentive Scheme** and Primary Care LIS 2015-16 were raised and discussed, with general approval from NOLG.
- **Dementia identification targets:** The national targets for dementia diagnosis, which are generally felt to be a significant overestimate in a more affluent area such as Oxfordshire, were discussed at NOLG in February. The membership returned a strong view that national calculations overestimated prevalence in the Oxfordshire context, and that good and appropriate care, discussed with the patient and their family, was more important than meeting national targets.
- **Outpatient referral review:** NOLG was generally unenthusiastic about the idea of continuing the old model of demand management; however, they were open to suggested service /pathway improvements being addressed through the future via the elective care incentive scheme, when more details become available. The idea of a federation-based **referral support service**, similar to the prescribing support service for medicines management and targeting referrals via sharing the ReferralPoint software outputs, was raised and discussed.
- The emerging model for **Locality Integrated Teams** was presented and discussed, to general approval and support from NOLG.
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3. Horton liaison with OUHT

The meeting on 5 December was in two parts:

- Management update on issues with a particular focus on outpatient services;
- Clinical discussions between GPs and secondary care consultants about management of patients with stroke or transient ischaemic attack. The plan is for this clinician to clinician discussion, which has generally been well received in both primary and secondary care, to be the main part of the Horton liaison meetings in future, and to serve as a model for **primary/secondary care clinician engagement** across Oxfordshire.

4. Public and patient engagement

The Forum held an open meeting in Banbury on 28 January to follow up care for older patients with mental illness. The Steering Group is initiating an exercise to gain the views of practice patient participation groups about integrated teams, primary care federation and out of hours services.

The Forum Chair and Vice-chair participated in a very well attended public meeting arranged by the two practices in Chipping Norton to explain their merger and move to a new building. There was a strong interest in accessing more services locally through the new facility.

5. Federation development

The NOXMED federation is acting on behalf of the NOLG practices in delivering OCCG's **Primary Care Memory Assessment Service pilot** for diagnosis and care of dementia. It continues to deliver on numerous other services, including the public health enhanced services (such as contraception services in practices) and the deployment of an **emergency care practitioner (ECP) for early home visits** on Mondays and Fridays in Banbury.

The Federation and its constituent practices expressed enthusiasm to be involved early in developing workable solutions to the service issues locally; some of these have already been mentioned above. The NOXMED federation was also a major player in the county-wide **Prime Minister's Challenge Fund bid** for improved access to primary care, which has progressed to the final stage; OCCG and the Oxfordshire federations are expecting to hear whether the bid has been successful by the end of March.

LOCALITY – North East

Locality Clinical Director Report – 26 March 2015

Dr Stephen Attwood, Locality Clinical Director

MPIG

As previously identified two Bicester practices are outliers with regards to the value of funds which will be impacted by this change. A meeting was arranged by NHS England Local Area Team in Bicester with David Geddes, the Head of Primary Care for NHS England. Whilst no additional funding is available to resolve this situation, as the practices are not considered exceptional in terms of demographics, the Locality continues to work together with the Area Team to seek ways of ensuring the two practices remain viable for the future. This is particularly important given the Bicester population development, with large scale housing already underway.

Bicester Garden City Growth

Due to the population growth in Bicester, a master plan is starting to form, with a workshop for clinicians planned late April to discuss the transformation of primary care services to cope with increased numbers of patients, and rising complexity of need. Discussions continue with Cherwell District Council planners around the pace of change, and wider community issues which will impact on health and wellbeing.

Locality meetings

The next main Locality meeting is being held on April 15th.

The February and March meetings focussed on:

- Practice involvement in commissioning for 2015/16
- Pro-active medical support to Care and Nursing Homes, including digital Care Plans
- Quality and Datix reporting
- Dementia progress
- Prescribing
- Prime Ministers Challenge Fund opportunities
- Choose & Book Directly Bookable Services with new specialties coming on line
- Planned Care project progress as a standard item
- Various papers for information.

Public and Patient engagement

Interviews for a new Chair are due to take place shortly, facilitated by the CSU Communication Team. Dates of future Forum meetings will then be set up for the Locality.

Federation

The Federation input to the Prime Ministers Challenge Fund bid, and supporting the Vanguard bid was strong.

Bicester Community Hospital

We are awaiting details of when the formal opening event will take place now that sufficient time has passed to ensure services are running smoothly. Dates will be advised as soon as possible.

LOCALITY – Oxford City

Locality Clinical Director Report – 26 March 2015

Dr David Chapman, Locality Clinical Director

GP Education sessions

The fourth and final of the City GP Education events has taken place in January, on Dermatology and Cardiology. Dermatology was led by OUHT consultant Dr Richard Turner with support from the county's two GPwSI on the panel for questions.

Cardiology was led by OUHT consultant Dr Jeremy Dwight, with lively questions from the floor. Both sessions were supported by Dr Iain Jordan, consultant Liaison Psychiatry.

No further City education sessions are currently planned, however the learning has been shared widely and as opportunities for subjects which align to OCCG projects arise these will be considered.

Presentations from all sessions are available on the City section of the Intranet, and GPs and Locums are invited countywide to view them.

Demand Management – Q3 & 4

The OPC LIS quarterly returns are in for Q3 with the City audit focus on Orthopaedics/MSK and Physiotherapy. Quarter four audits focus on Dermatology and Cardiology, which support the education event above. The referral audit lessons and actions taken within practice are being shared across the Locality, and with colleagues at the OCCG for planning purposes.

Datix continues to be widely used and the discussion on progress at the March meeting is welcomed.

Prescribing – the City Prescribing Advisor has been working closely with a number of practices to support the switching to generic drugs, and reduce the use of special and expensive drugs where possible. Practices are conscious of the overspend on the City budget caused by a national increase in prices, and are trying hard to mitigate the rise without compromising patient care.

Locality meetings

The next main Locality meeting is being held March 12th. This will include a discussion on the proposed Primary Care Local Incentive Scheme for 2015/16, an MSK project update from Dr Rob Russ, Quality and Datix update, Dementia progress, and minor ailments proposals from Dr Andy Valentine.

The previous two meetings focussed on:

- What the Vanguard bid meant and how this was being taken forward within OCCG, alongside the Prime Minister's Challenge Fund bid put forward by the Federations.
- Proactive Care Home scheme; a discussion to raise awareness and explore coverage for the City.
- Prescribing position for 2014/15 and a presentation from Claire Critchley on proposals for the scheme planned for 2015/16.
- A discussion on Co-commissioning, the options, and a vote which resulted in Option 2 (joint commissioning) being chosen.
- Integrated Teams explained by Suzanne Jones and colleagues from social care.

Federation development

OxFed Health & Care Ltd was incorporated in December last year as the legal entity to support the Oxford Federation for General Practice and Primary Care. Of the now 24 City practices, 22* of them have indicated that they would like to join the federation. They are currently in the process of finalising the legal documents in advance of a share issue. The company is being run by an interim board of five directors and has contributed to the county wide bid for Prime Minister's Challenge Funding with PML and the Abingdon Federation. They are in the process of finalising their first year business plan – once this has been completed they will be holding an AGM to appoint a board of directors and to approve the business plan.

(22 excludes Luther Street at the moment, and Wood Farm, is encompassed within the Bury Knowle practice)

Public and Patient engagement

The City Forum has been reviewing the Patient Participation Groups within practices to ascertain where the gaps are, and to offer support. The Forum meeting held on 5.3.15 focused on Co-commissioning with Rosie Rowe discussing joint commissioning in primary care.

Colin Sullivan (OCCG) presented on the Musculoskeletal service changes planned with the Forum member who sits on the Project Group reporting on progress.

Dr Merlin Dunlop then gave a presentation on the changing role of the GP.

The meeting was very well attended (40 patient reps) and lively. The Chair and Deputy are attending the Thames Valley workshop on PPGs on 10.3.15, and seeking ways to support practices develop their groups and expand representation.

Future events are planned by Annie Tysom with Michael Leech's (the Chair) guidance.

LOCALITY – South East Oxfordshire
Locality Clinical Director Report – 26 March 2015
Dr Andrew Burnett, Locality Clinical Director

Locality Planning

The SE locality group held an extended planning meeting on 3rd March. Several key topics were discussed for taking forward into 2015/16. Areas for focus included District Nursing services, Emergency Multidisciplinary Units, headache services.

In addition, the group has this month been discussing Musculoskeletal services (MSK), Quality initiatives and Digital Care Plans, as part of ongoing engagement on service development.

Dermatology

The South East Locality have undertaken an in-depth audit of dermatology referrals for the first quarter period of the year. GPs from each practice are to attend an education event later this month on dermatology, which will include an introduction to dermoscopy, supporting the use of dermatoscopes and consultant email advice to bring down referrals to secondary care.

Chronic Obstructive Pulmonary Disease (COPD)

A full evaluation of the COPD pilot service in the South East Locality is to take place in April to assess the impact of the service during the first three months of the year. The results will inform discussion on expansion of this service to other areas in Oxfordshire.

LOCALITY – South West Oxfordshire
Locality Clinical Director Report – 26 March 2015
Dr Julie Anderson, Locality Clinical Director

Changes in the Locality Executive Team

Dr Gavin Bartholomew is due to relinquish his post as deputy Locality Clinical Director (LCD) to devote his time to Primary Care Development within OCCG. This creates a 1 day per week vacancy for the deputy LCD which will be advertised shortly.

Locality Update:

- **Ophthalmology pilot**

SWOL organised this pilot which ran for 3 months from mid-November until the end of February utilising the expertise of a SWOL GP with a special interest and past experience in ophthalmology. The trial triaged optician reports which suggest referral to specialist ophthalmology but where the receiving GP is unclear whether this was necessary. The triage service provided an email opinion and alternative advice where referral was not necessary. The full report is in the process of being compiled but out of 55 optician reports sent to the triage service, onward ophthalmology referral was only advised in 18 cases. This suggests a community triage service for optometrists would avoid referral in 2/3 of cases and lead to considerable savings if implemented across Oxfordshire. The information from this pilot is being used in the redesign of ophthalmology currently just underway.

- **Dermatology initiative**

All SWOL practices are in the process of purchasing a recommended dermatoscope (which allow detailed microscopic images of skin lesions to be photographed and then sent by email for an opinion from a dermatology specialist). The cost is being largely covered by an OCCG innovation fund made available to each locality. Training in the basics of dermoscopy has been provided and it is expected, based on teledermatology studies already published, that this can avoid patients being referred unnecessarily in many cases where the skin lesion can clearly be identified as benign. This has the potential to save patients anxiety and inconvenience as well as save the cost of these referrals although this has to be offset against the small charge made for dermatology email advice.

- **ENT referral analysis**

ENT referral analysis (February SWOL executive meeting) demonstrated many instances where an ENT referral could be avoided with better access to diagnostic tests (eg MRI of the inner ear), more management in primary care (eg all practices having audiograms) and community-based management of tinnitus. This could generate significant savings. Better ENT guidelines for primary care management are also required.

- **Prescribing Update**

The locality prescribing budget is overspent despite advice and support from the medicines management team for the locality and regular monitoring data. This is also despite a prescribing incentive scheme which makes a payment to practices (which is to be used on patient services) that achieve various indicators including staying in budget. Budget-setting methodology is still being improved and will be based more on prevalence of chronic conditions and less on historical spend next year. Practices in SWOL are in the process of being consulted about the options for next year's prescribing incentive scheme.

Educational Meeting

A further educational meeting for SWOL practices took place on 11th March on the following topics:

- Basics of dermoscopy (to support dermatoscope provision as detailed above) presented by Dr George Moncrieff, GP specialist in dermatology
- Abingdon Emergency Multidisciplinary Unit assessments and management of the frail elderly presented by Dr Dan Lasserson, (University Dept of GP, Oxford and senior trust GP, Dept of Geratology, OUHT)
- Dementia management presented by Dr Lola Martos, Psychogeriatrician providing local memory clinics, Oxfordshire Health

Patient and Public Participation:

The chair of South West Locality Forum (SWOLF) provides monthly updates for the SWOL clinical executive meetings. A deputy chair is now in post and has started attending these monthly meetings. The most recent report refers to the ongoing efforts of SWOLF to ensure the local NHS has a formal and effective means of ensuring that there is due consideration given at strategic planning level to meeting the health care needs (both primary care and hospital services) arising from the extensive housing developments and local population growth already underway. SWOLF also is active in engaging with SWOL practices' Patient Population Groups and fostering their development particularly in the light of the changes in the GP contract relating to the representation and "voice" of PPGs from 1.4.15.

LOCALITY – West Oxfordshire Locality Group
Locality Clinical Director Report – 26 March 2015
Dr Miles Carter, Locality Clinical Director

1. WOLG Locality meetings

2.

At its meeting in February WOLG discussed:

- **Proposals for Prescribing Incentive Scheme and Primary Care LIS 2015-16** – comments and suggestions made
- **Out patient referral review** – noted that the current approach to reviewing all referrals is not likely to give further benefits. Service /pathway improvements addressed through the potential demand management scheme, when details available.
- **Datix use** – the locality is developing its primary care innovation fund proposal to achieve a fixed period of enhanced Datix reporting.
- **Proactive GP support in care and nursing homes** – practices are beginning to sign up to the service, but challenges remain in meeting the requirements in all homes, especially in Witney.
- **Planned care reviews**- updates on progress in the MSK, Ophthalmology and ENT specialties received positively

3. Public and patient engagement

The Locality Public & Patient Forum has held steering group meetings to plan its drop in events in Carterton and Eynsham during 2015. These aim to get a local picture of health needs.

The Forum steering group has been significantly engaged in ensuring that the highly engaged and inclusive approach they have developed is supported within county-wide agreements and structures.

The steering group was pleased to receive updates on the progress and implications of primary care co-commissioning

4. Federation development

Practices are continuing to engage with development of the West Oxfordshire Federation and regular meetings are being held to keep GPs informed of progress and involved in decision-making.