

Oxfordshire Clinical Commissioning Group – Operational Plan 2017/18 – 2018/19

Appendix 1: Nine national ‘must do’ priorities

1. STPs

‘Must do’	Reference
Implement STP milestones	<ul style="list-style-type: none"> • BOB STP: Section 13 Next Steps and milestones in each programme charter Appendix C of the BOB STP
Achieve local STP targets to moderate demand growth and increase provider efficiencies	<ul style="list-style-type: none"> • BOB STP: finance and efficiency spreadsheet • BOB STP: section 6.1 Finance section • BOB STP: section 15.1 local partnership working

2. Finance

‘Must do’	Reference
Deliver organisational control totals and achieve local system financial control totals	<ul style="list-style-type: none"> • BOB STP: section 6.1 Finance • BOB STP: section 15.1 local partnership working • Oxfordshire Operational Plan: finance template submission • Oxfordshire Operational Plan: section 3.5 financial plan
Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies	<ul style="list-style-type: none"> • BOB STP: finance and efficiency template
Demand reduction measures including: <ul style="list-style-type: none"> • implementing Right Care • elective care redesign • urgent and emergency care reform • supporting self-care and prevention • progressing population-health new care models, e.g. MCPs and PACS • medicines optimisation • improving the management of continuing healthcare processes 	<ul style="list-style-type: none"> • BOB STP Appendix C Acute Care, Urgent and Emergency Care and Prevention project charters. • Oxfordshire Operational Plan: section 3.5 financial plan
Provider efficiency measures including: <ul style="list-style-type: none"> • implementing pathology service and back office rationalisation • implementing procurement, hospital pharmacy and estates 	<ul style="list-style-type: none"> • BOB STP: Appendix C project charters for Acute care (Pathology) and workforce project charters. • Oxfordshire Transformation PCBC (draft supporting document 6)

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<p>transformation plans</p> <ul style="list-style-type: none"> improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity implementing the Getting It Right First Time programme implementing new models of acute service collaboration and more integrated primary and community services 	<ul style="list-style-type: none"> Oxfordshire GP Forward View Plan (supporting document 7 – to be provided with final submission)
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3. Primary Care

‘Must do’	Reference
Ensure the sustainability of General Practice by implementing the GPFV, including the plans for Practice Transitional Support, and the ten high impact changes	<ul style="list-style-type: none"> Oxfordshire GP Forward View Plan (supporting document 7 – to be provided with final submission) Oxfordshire Transformation PCBC (draft supporting document 6)
Ensure local investment meets or exceeds minimum required levels	<ul style="list-style-type: none"> BOB STP: finance and efficiency template (investments tab) Oxfordshire Operational Plan: finance template submission Oxfordshire Operational Plan: section 3.5 financial plan
<p>Tackle workforce and workload issues, including:</p> <ul style="list-style-type: none"> interim milestones that contribute towards increasing the number of doctors in general practice by 5,000 in 2020 (pro rata) co-funding an extra 1,500 additional pharmacists to work in general practice by 2020 (pro rata) expansion of IAPT in general practice by 3,000 more therapists (pro rata) investment in training practice staff stimulating the use of online consultation systems 	<ul style="list-style-type: none"> Oxfordshire GP Forward View Plan (supporting document 7 – to be provided with final submission) Oxfordshire Transformation PCBC (draft supporting document 6)
Extend and improve access in line with requirements for new national funding by no later than March 2019	<ul style="list-style-type: none"> Oxfordshire GP Forward View Plan (supporting document 7 – to be provided with final submission) Oxfordshire Transformation PCBC (draft supporting document 6)

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Support general practice at scale	<ul style="list-style-type: none"> • BOB STP: Appendix C Primary Care at Scale project charter • BOB STP: section 9.1 National priorities • Oxfordshire GP Forward View Plan (supporting document 7 – to be provided with final submission) • Oxfordshire Transformation PCBC (supporting document 6)
Support the expansion of MCPs and PACS	<ul style="list-style-type: none"> • BOB STP Appendix C Primary Care at scale project charter • BOB STP: section 9.1 National priorities • Oxfordshire GP Forward View Plan (supporting document 7 – to be provided with final submission)
Enable and fund primary care to fully implement the forthcoming framework for improving health in care homes	<ul style="list-style-type: none"> • BOB STP Appendix C Primary Care at scale project charter • BOB STP: section 9.1 National priorities • Oxfordshire GP Forward View Plan (supporting document 7 – to be provided with final submission)

4. Urgent and Emergency Care

‘Must do’	Reference
Deliver the 4hr A&E standard and standards for ambulance response times, including through implementing the five elements of the A&E improvement plan	<ul style="list-style-type: none"> • Oxfordshire Operational Plan: activity planning template submission • A&E Delivery Board improvement Plan ‘improvement plan’ tab (supporting document 18)
Meet the four priority standards for seven-day hospital services for all urgent network specialist services by November 2017	<ul style="list-style-type: none"> • BOB STP appendix C Urgent and Emergency Care project charter • A&E Delivery Board improvement Plan ‘improvement plan’ tab (supporting document 18)
Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls	<ul style="list-style-type: none"> • BOB STP appendix C Urgent and Emergency Care project charter • Oxfordshire Transformation PCBC (draft supporting document 6)
Deliver a reduction in the proportion of ambulance 999 calls that	<ul style="list-style-type: none"> • BOB STP appendix C Urgent and Emergency Care project

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result in avoidable transportation to A&E	<p>charter</p> <ul style="list-style-type: none"> A&E Delivery Board improvement Plan ‘improvement plan’ tab (supporting document 18)
Initiate cross-system approach to prepare for the forthcoming waiting time standard for urgent care for those in mental health crisis	<ul style="list-style-type: none"> BOB STP appendix C mental health project charter We have a local standard in place, with a target of 1 hour. This standard is currently being met.

5. Referral to treatment times and elective care

‘Must do’	Reference
Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment	<ul style="list-style-type: none"> Oxfordshire Operational Plan: activity planning template submission Increased capacity in the community and referral management approaches (education/Proformas/clinical guidelines) eases the pressure on OPDs and so reduces waiting times Service redesign with pathway review at specialty level.
Deliver patient choice of first outpatient appointment and achieve 100% of use of e-referrals by April 2018	<ul style="list-style-type: none"> Currently at 80%. 2WW to be added which will bring up proportion All GPs now using e-referral
Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups	<ul style="list-style-type: none"> Oxfordshire Operational Plan: section 3.3
Implement Better Births	<ul style="list-style-type: none"> BOB STP: appendix C Acute Care (Maternity) project charter BOB STP: section 9.1 National priorities (Maternity) Oxfordshire Transformation PCBC (draft supporting document 6)

6. Cancer

‘Must do’	Reference
Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report	<ul style="list-style-type: none"> BOB STP: section 9.3 national priorities

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	<ul style="list-style-type: none"> • Oxfordshire Transformation PCBC (draft supporting document 6) • Good local engagement with OUHFT – regular bi monthly meetings to discuss performance and priority areas. • Attendance at Thames Valley Strategic Network and new Cancer Alliance meetings to ensure relevance of priority areas.
Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards	<ul style="list-style-type: none"> • Oxfordshire Operational Plan: activity planning template submission • Mandatory Proformas • GP Educational event regarding quality referrals. • Increasing straight to test pathways • Integrating 2 week wait pathways into community diagnostic services • SCAN pilot one stop shop for suspected cancer.
<p>Make progress in improving one-year survival rates by</p> <ul style="list-style-type: none"> • delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and two • reducing the proportion of cancers diagnosed following an emergency admission 	<ul style="list-style-type: none"> • Oxfordshire Transformation PCBC (draft supporting document 6) • SCAN project • Survivorship project
Ensure stratified follow up pathways for breast cancer patients and prepare to roll out stratified pathways for other cancer patients	
<p>Ensure all elements of the Recovery Package are commissioned, including ensuring that:</p> <ul style="list-style-type: none"> • all patients have a holistic needs assessment and care plan at point of diagnosis • a treatment summary is sent to patient’s GP at the end of treatment • a cancer care review is completed by GP within 6 months of cancer diagnosis 	<ul style="list-style-type: none"> • Oxfordshire Transformation PCBC (draft supporting document 6) • OUHFT have already made headway with offering the first two points, it is currently taking place within Breast, Lung and Gynae and Macmillan and OCCG are working with them to extend roll-out to other specialties

7. Mental Health

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‘Must do’	Reference
<p>Deliver in full the implementation plan for the mental health FYFV for all ages, including:</p> <ul style="list-style-type: none"> • additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase to be integrated with primary care • more high quality MH services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of CYP IAPT by 2018 • expand capacity so that more than 53% of people experiencing a first episode in psychosis begin treatment with a NICE recommended package of care within 2 weeks of referral • increase access to individual placement support for severe mental illness in secondary care services by 25% by April 2019 against the 2017/19 baseline • commission community eating disorder teams so that 95% of children and young people receive treatment within 4 weeks of referral for routine cases and 1 week for urgent cases • reduce suicide rates by 10% against 2016/17 baseline 	<ul style="list-style-type: none"> • BOB STP: appendix C Project Charter • BOB STP: section 9.1 National priorities • Operational Plan: section 3.2.3.6 • Oxfordshire Transformation PCBC (draft supporting document 6)
<p>Ensure delivery of the MH access and quality standards, including</p> <ul style="list-style-type: none"> • 24/7 access to community crisis resolution teams • 24/7 access to home treatment teams • 24/7 access to MH liaison in acute hospitals 	<ul style="list-style-type: none"> • Oxfordshire Transformation PCBC (draft supporting document 6) • Operational Plan: section 3.2.3.6
<p>Increase baseline spend on MH to deliver the MH Investment Standard</p>	<ul style="list-style-type: none"> • BOB STP: finance and efficiency spreadsheet (investment tab) • Oxfordshire Operational Plan: finance template submission • Oxfordshire Operational Plan: section 3.5 financial plan
<p>Maintain a dementia diagnosis of at least 66% of estimated local prevalence</p>	<ul style="list-style-type: none"> • BOB STP: section 9.1 National priorities • Operational Plan: section 3.2.3.6

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Have due regard to the forthcoming NHS implementation guidance on dementia, focusing on post-diagnosis care and support	
Eliminate Out of Area placement for non-specialist acute care by 2020/21	<ul style="list-style-type: none"> Operational Plan: section 3.2.3.6

8. People with learning disabilities

‘Must do’	Reference
Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with LD and/or autism	<ul style="list-style-type: none"> Described in BOB STP as being delivered at local population level e.g. Section 9.3 local priorities (Mental Health) Oxfordshire Transformation PCBC (draft supporting document 6)
Reduce inpatient bed capacity by March 2019 to: <ul style="list-style-type: none"> 10-15 CCG-commissioned beds per million population 20-25 NHSE commissioned beds per million population 	<ul style="list-style-type: none"> Oxfordshire Transformation PCBC (draft supporting document 6)
Improve access to healthcare for people with LD so that by 2020 75% of people on GP register are receiving an annual health check	<ul style="list-style-type: none"> Oxfordshire Transformation PCBC (draft supporting document 6)
Reduce premature mortality by improving access to health services, education and training of staff and making reasonable adjustments for people with LD or autism	<ul style="list-style-type: none"> Oxfordshire Transformation PCBC (draft supporting document 6)

9. Improving quality in organisations

‘Must do’	Reference
Implement plans to improve quality of care	<ul style="list-style-type: none"> BOB STP: section 5.1 partnership working BOB STP: section 9.1 Summary of STP wide and local programmes and how they address our gaps, (full details in appendix B) BOB STP: Appendix D Spreading best practice BOB STP: Section 12.2 Leadership development

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	<ul style="list-style-type: none"> • Oxfordshire’s clinical assurance framework. An example from the last 12 months of successful improvement projects include the reduction of urgent swallow assessment times from 2 weeks to 2 days, reducing the risks of aspiration and mortality.
Drawing on the National Quality Board’s resources, measure and improve efficient use of staffing to ensure safe, sustainable and productive services	
Participate in annual publication of findings from reviews of deaths, including annual publication of avoidable death rates and actions they have taken to reduce deaths related to problems in healthcare	Process established in Oxfordshire for OCCG review of provider responses.

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