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NCL Planned Care Workstream

Showcase event

Monday 18th June, 3:00 – 4:30pm

UCLH Education Centre, Seminar room 2

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Aims

The aims for the session are:

1. To give you an overview of our priority areas for implementation in 2018/19
2. To show you the benefits the work will deliver to the system and patients
3. To give you the opportunity to get involved

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Current position

The workstream was reprioritised in January 2018 to ensure delivery was aligned with available resources, STP QIPP priorities, deliverability and level of engagement.

There are three distinct levels of activation the projects within the workstream progress through:

- priority (implementation)
- emerging (planning and scoping) and;
- future (to come on line when capacity exists).

The 2018/19 delivery plan focuses on the priority areas, but reference is made to emerging and future areas. As projects complete and move into 'business as usual' within their lead CCG other projects areas can then progress.

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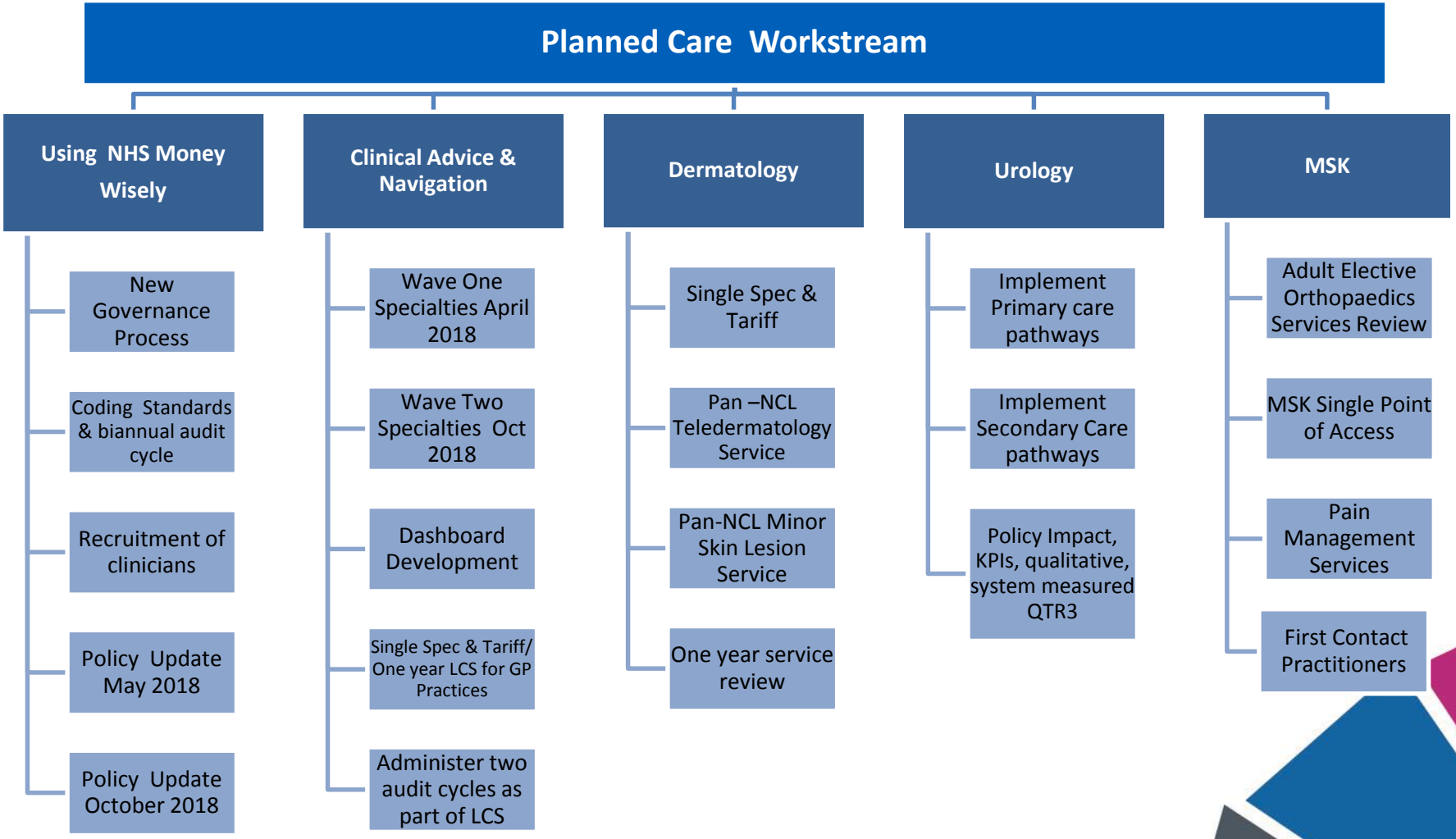
Programme Priorities Work Breakdown Structure



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Five-year overview

Development stage	Project	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	2019/20	2020/21
Priority	Using NHS money wisely														
	Clinical Advice and Navigation														
	Dermatology														
	Urology														
	MSK														
	MSK – Adult Elective Orthopaedics														
Emerging	Diagnostics (Pathology)														
	Gastro-Colorectal														
	Diagnostics (Imaging)														
	Neurology														
	CKD														
	Gynaecology														
	Diagnostics (Imaging)														
	Ophthalmology														
Future	Vascular Surgery														
	Breast Surgery														
	Hepatobiliary & pancreatic surgery, Upper GI surgery														
	General Surgery														
	ENT														

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Design Group - principles

- Clinically-led and driving force behind workstream
- Co-chaired by GP and consultant
- Multidisciplinary, service managers, commissioners
- Clear remit and objectives
- Key outputs of clinical pathways, policies, service specifications
- Enablers for STP-wide QIPP plans
- Self-limiting

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Clinical Advice & Guidance

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What has been achieved?

Pre- Apr 2017

- Camden CCG running advice and guidance scheme for four years with Royal Free

Apr 2017

- National 2017-19 Advice and Guidance CQUIN launched

Jul 2017

- Large stakeholder event to design the Clinical Advice and Guidance Scheme

Aug 2017

- ERS chosen as the platform to deliver CAG

Jan 2018

- Soft launch of advice and guidance for some specialties at some trusts

May 2018

- Specialties covering 35% of GP referrals have advice and guidance in NCL
- Advice and Guidance LCS being implemented
- Acute specification and tariff approved at CCG SMT

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Process

GP has a query, e.g.:

- What is the best investigation, service or pathway for this patient?
- What do these test results mean?
- What do I do if symptoms deteriorate?

GP sends a brief written query to an acute trust service via eRS.

An acute trust specialist responds within two working days via eRS e.g.:

- Signposting to best investigation, service or pathway
- Reassuring GPs that it is safe to monitor a patient
- Recommending a management plan

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Benefits

- Improve patient care and patient experience,
- Support earlier delivery of best practice management of patients in primary care,
- Avoid unnecessary outpatient activity, opening up capacity and reducing waiting times,
- Improve the quality of outpatient referrals and pathway adherence, with patients going to the right place first time,
- Improve the dialogue between GPs and acute clinicians, supporting the personal development, clinical behaviour change and clinical learning,
- Reduce 7299 first outpatient appointments in 2018/19, which should deliver £612k worth of net savings across NCL

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2018-19 Timelines

Quarter	Milestone	Support Needed
Q1	• Implement LCS in B, E, H, I • Implement Acute Contract Variation • Implement wave 1 specialities • Implement new dashboard	• Support roll out of LCS and Acute Spec • Support engagement of clinicians • Support training – in combination with ERS
Q2	• Review first audit from LCS • Implement communication strategy • Review data from CQUIN, qualitative and system measures	• Support communication strategy • Support review of data
Q3	• Review CAG Scheme in clinician to clinician event • Implement wave 2 of specialities • Review communication strategy	• Support engagement of clinicians • Decide on wave 2 specialties
Q4	• Review second audit from LCS	• Support review of data

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Demonstration

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Urology

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What has been achieved?

Pre- Apr 2017

- Inconsistent approach to management of patients
- Variance in number of steps in pathway
- Little use of advice and guidance

June to December 2017

- Analysis of GP referrals
- Identification of common reasons for referral
- Primary and secondary care clinical pathways developed

Jan – March 2018

- Primary care pathways launched across all NCL CCGs
- More patients managed in primary care setting
- Educational events to support GPs

July - Sept. 2018

- Secondary care services modelled to support implementation of pathways
- Care is consistent and evidence based across all NCL GP Practices and Trusts

May 2018

- Analysis of GP advice and guidance queries
- FAQ sheet developed to support GPs

May - July 2018

- Prevention strategy developed
- Educational Prevention event organised 4th July
- Work commences with nursing homes

Benefits

- Care that patients receive from presentation to GP to discharge from specialist will be evidence based, best practice, and consistent across all NCL GP practices and secondary care trusts
- Reduced steps in the patient pathway and more virtual follow up resulting in better patient experience
- Improving the skills and confidence of GPs to manage urological problems in general practice

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2018-19 Timelines

Quarter	Milestone	Support Needed
Q1	• Launch Primary Care Pathways • Develop FAQs for Urology Advice and Guidance	• Each CCG to support roll out • Consultant lead
Q2	• Launch Secondary Care Pathways • Explore inbuilt primary care algorithms in EMIS system • Hold Prevention Event	• Digital Workstream support • Prevention Workstream support
Q3	• Monitor implementation of secondary care pathways	• Engagement of clinicians
Q4		

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Using NHS money wisely

Procedures of limited Clinical Effectiveness (PoLCE)

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Current Situation

- Largest Planned Care QIPP £5.2 m
- QIPP based upon Policy Review from Enfield work, inclusion of unfinished reviews led by Barnet and proposed policy expansion into other areas by Enfield.
- Single NCL Policy, issued in 2015/16, never updated and no policy management process in place
- Require a system wide approach to management
- Highly emotive subject area for residents, media, politicians

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A clinically led and evidence based programme, it aims to ensure the current NCL PoLCE Policy is :

consistently applied across the footprint to avoid any postcode related inequity or inequality.

presented using unambiguous language which is easy for clinicians to interpret

regularly reviewed, updated and reissued using the most up to date and validated evidence based.

effectively and consistently communicated to health care professionals within NCL

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NCL Policy Development

NCL wide policy issued in 2015

Principle:

Clinically led – cross sector engagement

Open & transparent

Requires approval by individual CCGs

Amalgamation of individual CCG policies

<u>Pre STP formation</u>

No NCL wide process in place to support NCL policy management

Individual (3) CCGs undertook policy review

(2016 -17)

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New NCL Governance Process

New governance framework agreed with Health & Care Cabinet (Feb 2018)

Principle:

Clinically led

Open & transparent

Requires approval by individual CCGs

Periodic updates and policy reissuing (up to biannual)

Establish a NCL PoLCE Steering Group with supporting governance framework

(June 2018)

Single process for evidence review

(July 2018)

Presentation of evidence & recommendations

Consistent consultative process

Ratified by individual CCGs

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New NCL Policy

Multiple Sources

- **2016/17, Enfield consultation** - 8 policy areas (reviewed June 2018)
- **2017,Barnet review process** -28 policy areas (completed June 2018)
- **2018, NHS England - London** - 8 policy areas (July-Sept 2018)

Issue a New Policy in QTR 2 2018/19

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What we have learned so far

- Decision-making must be clinically led (design principles)
- Continually reflect on governance processes
- The benefits of a NCL policy management process
- Importance of patient/resident engagement
- Significant behavioural change required amongst all clinicians
- Identification and agreement of coding (ICD10 & OCPS codes)
- Do not under estimate the strength of feeling amongst the residents, local media and local politicians
- Alignment with Regional (London Choosing Wisely) and National (Value Interventions Programme) work as this becomes more prominent

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Your Support

Recruitment: clinicians, service managers, commissioners, clinical coders, QA leads, PoLCE Leads

Overview & Scrutiny:

integration of policy approval into established processes

Adherence to timelines

Implementation & Monitoring

Clinical Coders – CCG & provider input

Effective Communication Strategy

Supporting a centralised system wide approach "doing things once"

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Musculoskeletal

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Overview of MSK workstream

Planned Care Showcase Event

Professor Fares Haddad, Clinical Lead for MSK and Adult Elective Orthopaedic Services Review

Rob Hurd, CEO Sponsor and SRO for Adult Elective Orthopaedic Services Review

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MSK: four areas of focus

- First Contact Practitioners
- Single Point of Access
- Pain Management
- Adult Elective Orthopaedic Services Review

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First Contact Practitioners (FCP)

- High Impact Intervention from the National Elective Care Transformation Programme
- Utilising physiotherapists with advance skills in a General Practice setting to give patients direct access, demonstrated to have better outcomes and increase GP capacity
- Successful one year pilot in NCL funded by the Health Foundation
- Ambition is to launch at least one FCP service in each CCG

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Single Point of Access

- Primary Care Based Service links to an MDT MSK team, diagnostics, referral management platform and a single referral form linked to GP systems using ERS
- Camden – service run by UCLH and uses named coordinators for patients and GPs to contact at the point of an MSK referral being made
- Islington and Haringey – pilot underway with Whittington Health, informed by the Camden model
- Barnet and Enfield – ambition is to establish a similar model with the Royal Free
- Workstream establishing commonality in quality of care across all three approaches

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Pain Management

- MDT based service offering a range of treatments including medication, psychological therapy and exercise
- Camden – service model already commissioned through a block contract with UCLH
- Barnet and Enfield – deploying a model based on the Camden model
- Ambition to develop an NCL wide service model

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Adult Elective Orthopaedics Services Review

Detailed example of workstream approach

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Our Vision and Ambition

"Our ambition is to create a comprehensive adult elective orthopaedic service for North Central London (NCL), which will be seen as a centre for excellence with an international reputation for patient outcomes and experience, education and research.

Our vision is to deliver services from dedicated state of the art orthopaedic 'cold' surgical centres, not linked to an existing A&E, but collocated with HDU, with the size and scale to enable a full spectrum elective offering and a robust rota. Trauma activity would be maintained at the local trusts. By freeing up beds and theatres it will also be consistent in supporting the NCL urgent & emergency care strategy."

Draft Case for Change (to be published, summer 2018)

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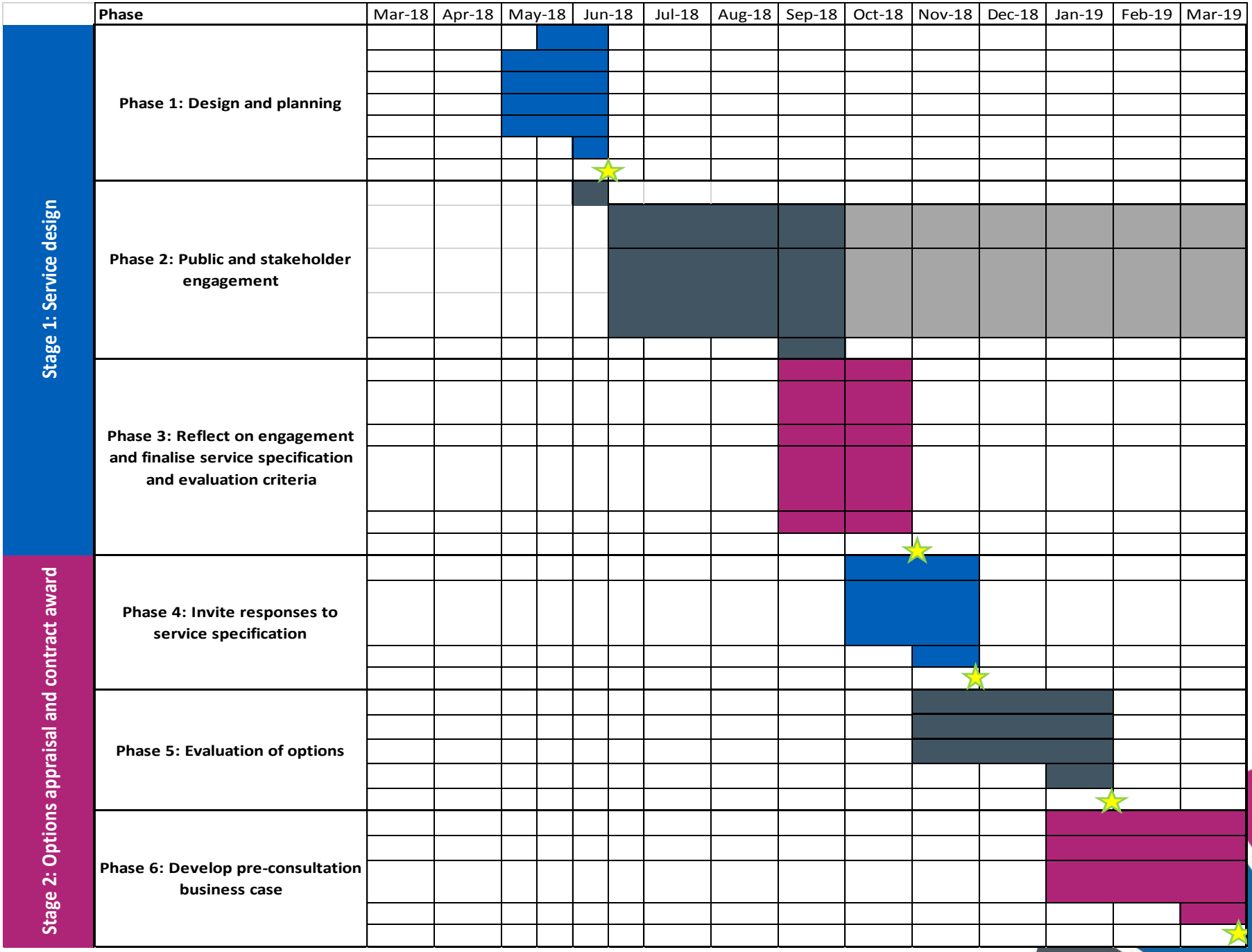
Principles underpinning the review

- The co-production of an **evidence based service model** that further improves clinical quality, patient experience and outcomes, and strives for excellence
- Process that allows for a **clinically led collaborative approach** and enables a meaningful engagement with all stakeholders, particularly front line clinical staff and the public
- As required, draw on **independent experts** to provide challenge and advice
- **Share learning** about the process to inform the wider STP
- All participants are **clear about their roles and responsibilities**, with a clear separation of decision making functions during each stage of the review process
- The **proposed timelines are flexible**, to ensure we are properly engaging with stakeholders and the public we will, if required, extend phases of the programme


Phase
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Stage 1: Service design
Stage 2: Options appraisal and contract award
Phase 1: Design and planning
Phase 2: Public and stakeholder engagement
Phase 3: Reflect on engagement and finalise service specification and evaluation criteria
Phase 4: Invite responses to service specification
Phase 5: Evaluation of options
Phase 6: Develop pre-consultation business case

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Phase 2: Public & stakeholder engagement (summer 2018)

Area	Activity
Patients and the public	Explanation of the purpose of the review and input into the draft Case for Change and draft Evaluation Criteria. Communications and engagement plan being drafted (will cover community meetings etc).
Providers	Site meetings with the clinical teams at each NCL provider to input into the draft Case for Change and draft Evaluation Criteria. Offer equivalent level of briefings to independent sector providers on the patch and any other interested providers.
Clinical commissioners	Engagement with clinical commissioners within NCL (board seminars and briefings) plus CCGs outside of NCL who are potential decision-makers or may be an interested party to the review.
Design workshops	Series of 4-5 (to be finalised) detailed design workshops, involving clinicians and clinical commissioners, to clarify aspects of the model and scope. This will be a key input into the service specification. Input from subject matter experts outside of NCL.

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Teledermatology

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Dermatology overview

- Dermatology is a priority work stream in the North Central London (NCL) Planned Care Delivery Plan for 2018/19. To support the workstream a dermatology design group was established in May 2017 involving secondary and primary care clinicians from all 5 CCGs and 4 main providers across NCL as well as CCG commissioners and hospital managers.
- Two pathways, one for lesions and one for rashes have been developed with all skin complaints falling into one or other.
- In addition to the pathways, the working group have developed a single NCL service specification with KPIs which will track referral activity down to GP practice level and activity & responses rates within individual Trusts on a monthly and quarterly basis. This was signed off by the group in March 2018

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Current Pathway

- Long waiting times for first and follow up outpatient appointments . In particular the pathway does not allow speedy diagnosis and establishment of appropriate management
- Referral processes are not seamless, especially between primary and secondary services
- Lack of support to primary care to help establish right first time diagnosis to avoid patients "bouncing" between services
- Variation in referral quality between practices
- Overuse of the 2ww (cancer) pathway
- Workforce issues across acute and community services

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Teledermatology redesign process

Design

- Cohort : adults, Single service spec, single tariff
- All skin referrals divided into lesions or rashes
- 2 new pathways created
- Underpinned by a teledermatology service specification

Test

- Secure transfer of an image using eRS to secondary care
- Triage with diagnosis, advice, management plans and prescriptions
- Reduce the pressure on 2 week wait dermatology referrals
- Cost effective, scalable

Refine

- Image quality and transfer
- Pathway, service spec & tariff
- Create a data set for measuring the impact of the service

Launch

- Service launched across NCL

Evaluate

- NHSE funding to evaluate
- Behavioural and organisational change
- Developing new KPI to measure system change
- Activity & uptake

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Revised Pathway

- An image is captured in primary care using an approved dermatoscope
- The image along with the relevant history of the condition is securely transferred to secondary using eRS.
- A virtual consultation is at the centre of the teledermatology specification which includes diagnosis, management advice, prescribing, patient and GP information
- If onward referral required following virtual consultation patient booked directly to a surgical list.
- The process is applicable to all dermatology referrals except urgent/2ww and few other criteria e.g. mole mapping and genital lesions. Clear criteria set out in the specification
- All above include referral rejections back to GPs where there is insufficient information or image quality is poor

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Benefits

- Patients

The benefits for patients are self-evident in the reduction in the need for journeys for face-to-face consultation and improved waiting times.

- Providers

Only patients that need to be in the service are seen by the specialist, which is a more cost effective use of clinician time and expertise and advice can be given regarding appropriate diagnostic tests required before an appointment is booked. If the patient is booked into the right place at the right time, less administrative time is taken up ensuring that the patient is moved and seen in the correct service. Providers should be better able to manage their 18 week RTT times, as patients who are eventually referred should be better clinically prepared.

- Commissioners

The service provides greater confidence that the referrals reaching secondary care are appropriate for that setting. If only clinically appropriate patients are booked into a clinic there will be an ease on the demand for a service, as inappropriate patients are not taking slots that are more appropriately needed by others.

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Output: Teledermatology

- Single STP Service Specification for routine referral of lesions & rashes (adult only), agreed in March 2018 by the working group
- Single Tariff to be agreed with NCL providers (process under way)
- Each CCG to Implement this individually alongside primary care team.
- Utilise eRS for image transfer
- Drive improvement, reduce hospital admissions and readmissions.
- Create a data set for measuring the impact of the service
- We believe that 50-60% lesions would be referred back to GP and 30 % rashes based on pilot data from local providers.