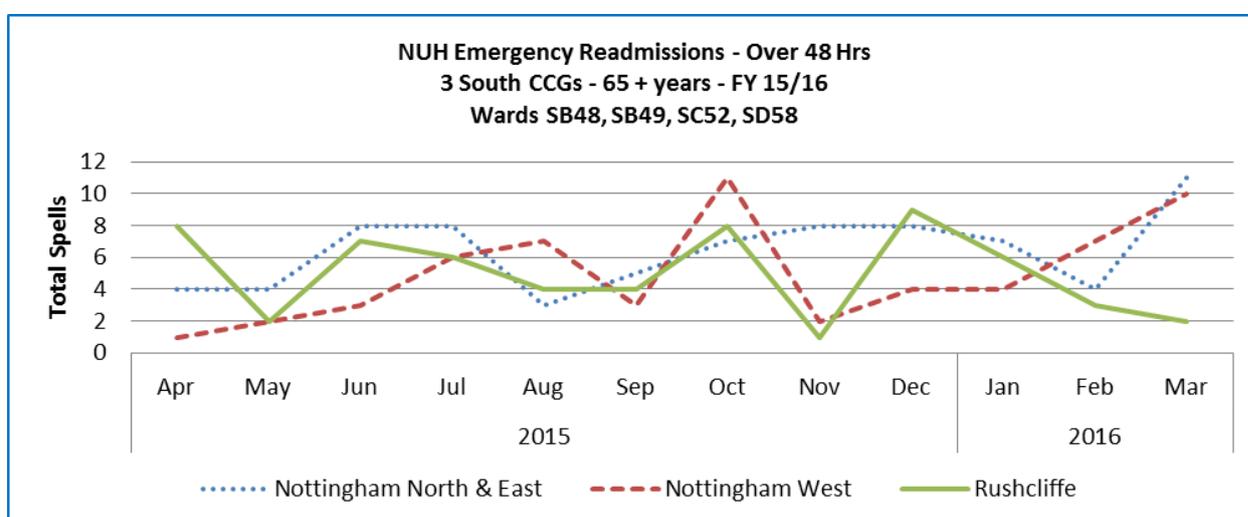


Monthly update

May 2016

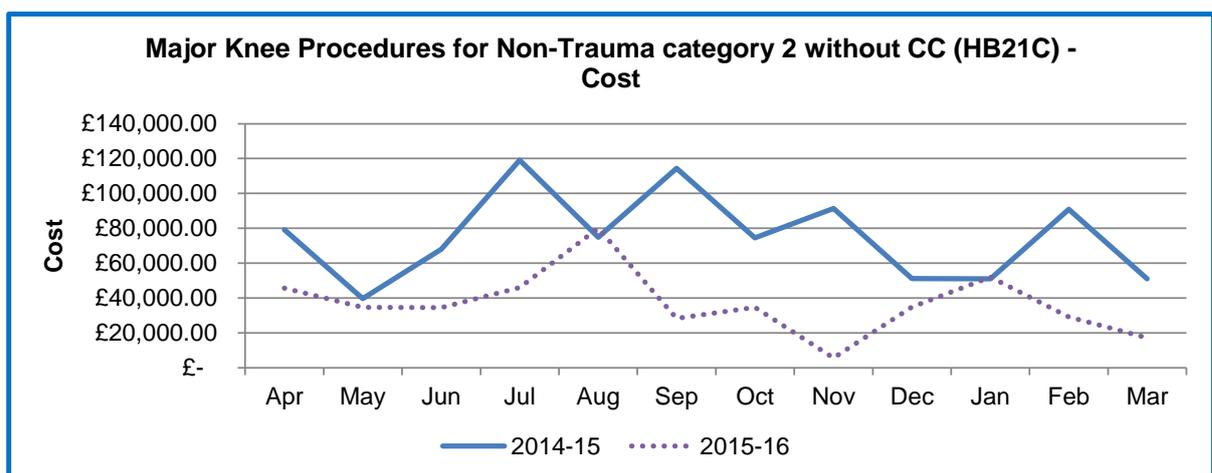
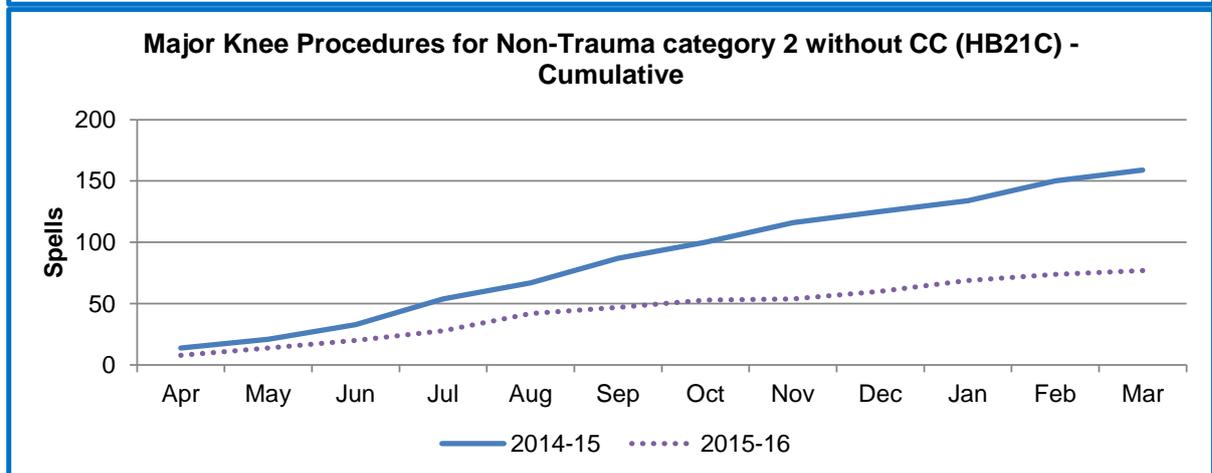
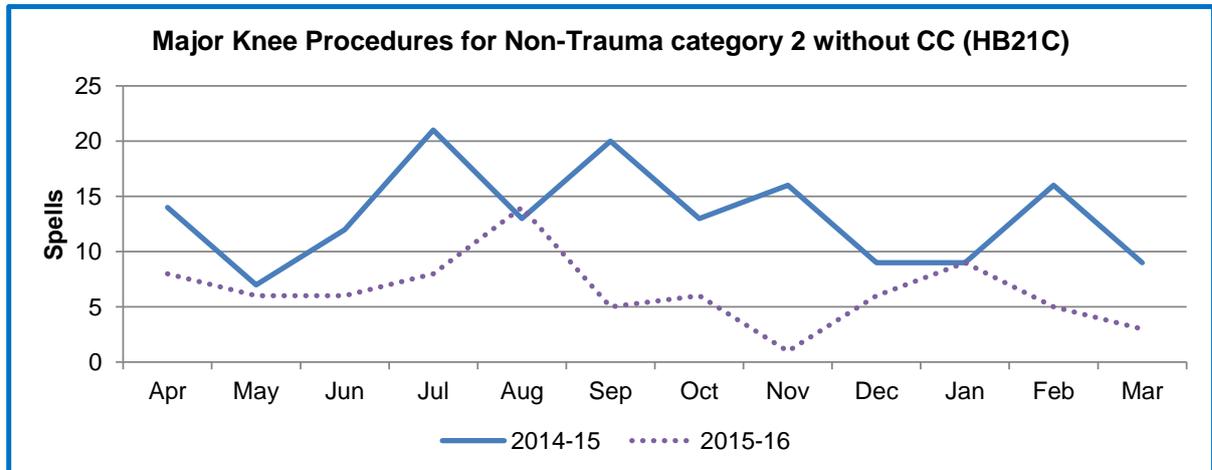
This document provides an update on the work of the MCP and progress and impact during May 2016.

- **In-reach by GPs and community nurses to Health Care of Older People (HCOP) wards at NUH – early analysis shows a reduction in readmission rates for Rushcliffe patients of 8.7% (over 65s).**
 - The graph below shows where a patient was readmitted to NUH who had previously been discharged from the participating wards. Initial comparisons against the other South CCGs indicate there has been a change in Rushcliffe readmissions. Due to the small numbers involved caution should be used when using this data.



- Agreement has been reached for a City/County split for the HCOP wards (MCP planned for Rushcliffe ward but as the work is expanding this has changed to be at a south County level).
- Following the Rushcliffe pilot, the Greater Nottingham System Resilience Group (SRG) is looking to expand the service across NUH for all CCGs and to include Mental Health.
- With national support, following the site visit by New Care Models National Director Samantha Jones, the MCP is putting an application into the Health Foundation *Innovating for Improvement* grant to support the evaluation of this model.
- **One You social marketing campaign** – to support the self-care agenda as part of Workstream 1, the MCP has developed a local social marketing campaign to run over the summer using the Public Health England *One You* umbrella brand. The campaign aims to start a conversation with local people to support the uptake of self-care and to also launch the Principia MCP model of care with the public. The campaign focuses on healthy lifestyle choices and personal responsibility for health, including promotion of routine screening and health checks. The campaign is being supported by the MCP Partners, the Rushcliffe Council for Voluntary Services and the Patient Active Group (Chairs of GP Practice Patient Participation Groups). This campaign is also being shared with staff and will have a presence at a number of large community events throughout the summer.

- Mobilisation of the new Trauma and Orthopaedics service** – this service is provided in the community by PartnersHealth in partnership with Circle and Nottingham University Hospitals clinicians for patients with hip, knee, upper limb (shoulders and hands) and musculo-skeletal conditions. Launched in April 2016, the latest service data from the initial pilot shows:



- The Fracture Liaison Service** has met the initial project KPI of **32 infusions of Zoledronate**. There are presently 18 planned infusions up to 23 June giving a total of **50 infusions within eight months of the service becoming fully operational**.
 - The business case for the Fracture Liaison Service has been approved for 16/17 which includes an extension of the service to allow:
 - employment of additional nurse 0.8 WTE

- enhanced administration and audit
- additional 85 annual infusions of iv zoledronate
- 5 injections of denosumab.

Benefits of extending the service	Risks
<ul style="list-style-type: none"> • Increased capacity and hence working towards optimal achievement of standards to manage all eligible patients in the community including extension to assessment of those with risk factors for osteoporosis but without fracture, where time/resources permit • Extra capacity would also allow incorporation of spinal fragility fractures from 1o or 2o care • The development of closer links with other bone health departments in secondary care who currently also use IV bisphosphonates for patients with osteoporosis but no established fragility fractures: such links could result in IV infusions being given in our service without day case charges being incurred (initial links already established). • Additional administration support ensure all available clinical time is used optimally • Development of the service to include denosumab • Administrative and audit support to measure activity against quality standards • Cover for annual/sick leave • Provide additional capacity for exploring expansion of service to adjacent CCGs. • Greater capacity to provide data collection and analysis function. 	<p>As above</p> <ul style="list-style-type: none"> • Inability to recruit suitable nursing staff • Inability of secondary care to meet our standards such as time to DEXA • Problems with supply of iv zoledronate to meet our increased demands

- The business case for extending the FLS to Nottingham West and Nottingham North and East CCGs is in development.
- The Fracture Liaison Nurse was named as the **Community Nursing Award national runner up** at the recent RCN awards in 2016 and a similar entry to the Nursing Standard Awards is planned for submission.
- The learning from this work has been shared with Nottingham City CCG who intend to offer the IV service in the community over the coming months.
- In April 2016, 74.3% of the expected 70 **Teledermatology** referrals to secondary care were sent direct from the GP practice or via a Circle hub site. As at 1 May 2016, 286 referrals had been sent via teledermatology since the start of the service in October 2015, with 31.8% subsequently managed in primary care with advice, and 50% being referred on to a two-week wait pathway. This is a much reduced wait compared to a referral to a general dermatology pathway, where patients may wait up to 16 weeks for an outpatient appointment. This service has reduced the cost of dermatology referrals by £13,465 since its inception.
- A previous Gynaecology referral triage pilot identified that a significant number of conditions could be successfully assessed and managed in the community. Based on these results, a **Community Gynecology Clinic** launched on 18 May and is being provided by a local GP Practice. The Community Gynaecology Clinic is a local consultant-led clinic, based at Keyworth Primary Care Centre. It provides both new and follow-up Gynaecology appointments for patients in Rushcliffe. It is staffed by a Consultant Gynaecologist from the Nottingham Treatment Centre and is supported by a GP, Health Care Assistant and administrative support. The clinic has facilities for minor procedures and ultrasound scans. It is anticipated that this service will reduce the number of first outpatient appointments and associated procedures.
- As a wave one site for the Prime Ministers Challenge Fund, the **Urgent Care Weekend Pilot** was paused in December 2015 whilst awaiting guidance on seven day working for primary medical services. The evaluation of this service is available on request. In April

provisional national guidance was received to continue the pilot provision of extended hours, albeit expanded. The seven-day services offer is currently being developed by PartnersHealth and it is anticipated that service will resume in June 2016. However the core requirements of this service have not been fully agreed nationally. Further guidance is awaited to enable the commissioning of a fully specified service.

- The GP Local Enhanced Delivery Specification for 15-16 has been fully reported. Access requirements have been fully implemented.
- The **metrics for the GP Local Enhanced Delivery Specification in 2016-17** are in the final stages of agreement. These will include:
 - Access – opening times, online services
 - Long-term conditions - Care Planning, best care/practice End of Life, risk profiling (GRASP AF and COPD), risk stratified care planning, extended case finding, self-management
 - Prescribing
 - Making best use of resources – Continuing Healthcare
 - Rushcliffe gateway – including clinical variation and first outpatient work, peer review and benchmarking

- **Primary Care Psychological Medicine** - specification agreed and mobilisation underway. Service start date September 2016

- **Raising the profile of the MCP and sharing best practice**

Following feedback from Samantha Jones' visit and the most recent quarterly review, the MCP has undertaken further communications activity to raise its profile locally and nationally and share early impact and best practice:

- Principia MCP brand identity agreed. Principia MCP now has its own Twitter account @principiaMCP, email address principia.mcp@rushcliffeccg.nhs.uk and dedicated web content, currently hosted by Rushcliffe CCG: <http://www.rushcliffeccg.nhs.uk/principia-mcp-vanguard/>
 - The MCP issued a press release to announce its 2016/17 funding allocation through the local and regional media and articulate how this will drive improvements to local health and care through the integration of services. Rushcliffe Reports, the borough council publication delivered to every household in Rushcliffe, will also carry a double-page feature on the development of the MCP in its summer edition.
 - The Fracture Liaison Service and development of PartnersHealth will be the focus of a feature on the Principia MCP for the BMA website and syndicated to associated print publications. Interviews with lead clinicians and a patient case study were provided. The Fracture Liaison Service and Enhanced Support to Care Homes are also the focus of two submissions in the Service Redesign and Compassionate Patient Care categories of the 2016 HSJ Awards.
 - National support from the NCM communications function has been provided for the development of blogs for online publication. The MCP has also been chosen as a case study site by the King's Fund for forthcoming report on the development of MCP governance and accountability arrangements
 - The Principia MCP brand identity has been agreed and will be used to identify the work of the MCP wherever possible.
- **MCP Governance** – The first meeting of the MCP Governance Group took place with the MCP Partners in May. This group will be responsible for developing the MCP Governance and Clinical Leadership of the MCP. Monthly meetings are in place.
 - Development of the MCP delivery plan

Planned work during June

- Working with NHSE Health Data Lab to progress the independent evaluation of the MCP Care Homes work. Visit planned for 21.6.16
- Development of the MCP Clinical Executive which involves the Workstream Clinical Leads
- Development of the delivery plan to align with emerging work on the Transformation Areas and the Nottingham and Nottinghamshire STP
- Participation in the Accelerated Sites Programme
- Visit from Kings Fund on 2.6.16
- Submission of Health Foundation application
- Terms of Reference agreed for Governance Group
- GP Local Enhanced Delivery Specification 16/17 agreed
- Roll out plan developed for in-reach by GPs and community nurses to Health Care of Older People (HCOP) wards at NUH
- Future Nursing workforce in Rushcliffe briefing note and project plan agreed
- Principia MCP PMO established.

For more information please contact:

Fiona Callaghan

Head of Strategy and Service Development, NHS Rushcliffe Clinical Commissioning Group

Mail: principia.mcp@rushcliffeccg.nhs.uk