Welcome to the seventh edition of PBC Service Redesign News update. The aim of the newsletter is for the PCT and PBC clusters to share information and good practice for the benefit of Nottingham City patients.

**City Central**

**DoH East Midlands Carers Strategy Funding Success**

City Central Cluster has been successful in its funding application to the Department of Health East Midlands to deliver a PBC project supporting the implementation of the Carers Strategy (2008). The cluster has been awarded £25 000 to support a one year pilot service that will provide information, emotional support and signposting through a carer facilitator for carers of people with long term neurological conditions.

The project has been designed through partnership between City Central Cluster and the CitiHealth NHS Community Neurology Service. High quality standards of care for patients with long term conditions within primary care and the reduction of emergency admissions relating to long term conditions are key priorities for the cluster as it responds to the productivity and efficiency agenda. Through collaboration with the local NHS provider arm the cluster aims to support these priorities through improved support for carers.

The service will be based within and managed by the Community Neurological Service. A steering group including neurological condition organisations, patient and carer group representatives will provide direction in addition to ongoing review and evaluation of the service. The service will be launched over the summer with an information and educational event.

**Patient Rep Vacancy**

After 2 years serving on City Central’s Board, patient representative Tony Pitman has decided to step down.

Cluster chair Dr Arun Tangri would like to say a big thank you to Tony for his work.

We are now looking for new patient representatives, so if you are a patient and are interested, or know someone who is, please get in touch with Claire Novak, Health Promotion Specialist on 0115 883 9255 or claire.novak@nottinghamcity.nhs.uk

**Community Glaucoma and OHT Diagnosis and Monitoring Service**

Following the launch of the IOP and visual field referral refinement LES in January City Central and Robin Hood Cluster’s are in the process of commissioning a citywide community glaucoma and OHT diagnosis and monitoring service. The service will provide consultant ophthalmologist led, community based, chronic open angle glaucoma (COAG) and ocular hypertension (OHT) diagnosis and monitoring in accordance with NICE guidance. ‘Any willing provider’ commissioning will achieve improved access and extended choice for patients, reduced activity in secondary care that could be delivered in a community setting, and sustainable achievement of the 13ww target through increased capacity.

The service will go out to tender next month with launch of the service anticipated for June 2010.
City Central Partnership with ABPI

City Central cluster are about to enter into a new partnership with the pharmaceutical industry around Falls and Osteoporosis prevention.

Learning lessons from INFORCE and Happy Hearts, ABPI lead Jan Balmer is brokering the partnership.

The project aims to pilot innovative ways of preventing falls and fragility fractures in primary care.

Watch this space for more details.

For more information, please contact Claire Novak, Health Promotion Specialist on 0115 883 9255 or claire.novak@nottinghamcity.nhs.uk

Norcomm
New gastric disease pathways

The Norcomm direct access endoscopy pilot will be rolled out to all Nottingham City practices in April 2010. Direct access Gastroscopy and flexible Sigmoidoscopy services will be available from both the City Campus Endoscopy Centre and the Nottingham Treatment Centre and will be referred through the Choose & Book system. Two lunch time launch events for GPs and Choose & Book Administrators are being arranged for the end of March.

Inclusion criteria for direct access gastroscopy are:

• Dyspepsia associated with known Barrett’s oesophagus, gastric dysplasia/atrophy or intestinal metaplasia, previous gastric surgery or pernicious anaemia.

• Dyspepsia associated with vomiting or weight loss.

• Patients >55 years with undiagnosed / unexplained new dyspeptic symptoms continuing for at least 4-6 weeks.

• Patients with recent onset of reflux symptoms that fails to respond to PPI and/or gastro prokinetic therapy.

• For duodenal biopsy (positive Coeliac serology).

Inclusions for flexible Sigmoidoscopy are:

• Rectal bleeding

The pilot demonstrated that the majority of patients (93%) who had the endoscopic procedure could be discharged back to their GP with no follow up appointment required. The remaining patients were put directly onto cancer or surveillance pathways.

In addition, Hugh Porter has been working on a new Local Enhanced Service for in-practice breath testing for H. pylori which has been approved by the PBC Advisory Group. The pathway covers those patients with persistent dyspepsia symptoms after 1st line eradication with triple therapy. The pathway is inline with the latest NICE guidelines and provides a significantly more cost effective alternative to a referral to breath testing at QMC. The test is simple to carry out and involves the patient blowing into a series of test tubes before and after taking a low dose 13C urea tablet. The test could easily be performed by a Health care Assistant with appropriate training. It is expected that the LES will be launched in March.
Norcomm have selected the Terence Higgins Trust (THT) to deliver the Textual Health Service. THT have an enormous amount of expertise in the area of young people’s sexual health issues and are keen to get started on delivering the project. Their experience in sexual health issues and marketing together with their existing IT infrastructure and Nottingham office make them the perfect partner for the service.

The service will pilot an innovative approach to providing a convenient and confidential source of sexual health advice and signposting information utilising SMS messaging. It will also be able to provide face to face advice and support including accompanying clients to their GP or Outreach CASH clinic.

THT are currently designing marketing materials and making links with partner organisations. The service will be open to receive SMS text messages and telephone calls from early March. It will be targeted at young people living in the Aspley, Bestwood, Bilborough and Basford wards. Young people registered at any practice will be able to use the service. An official launch event will be held in April to which cluster representatives will be invited.

Norcomm have also selected their preferred provider for an additional young person’s sexual health clinic in the Aspley area and an additional clinic in the Bestwood area. The clinics will be similar in the services that they delivery to CASH outreach clinics and are a key part of Norcomm’s strategy for tackling teenage pregnancy in the North of the City. The clinics will see referrals from the Textual Health service, GP referrals and self referrals. The clinics will see any young person irrespective of which practice they are registered at.

It is anticipated that the clinics will be open by May.

Robin Hood Cluster

Pilot palliative care at home referral service

The Palliative Care at Home Referral Service (initially called End of Life at Home Referral Centre) commissioned by Robin Hood Cluster started taking referrals on the 4 January 2010.

The service aims to provide a single point of access for the co-ordination and organisation of palliative care at home services. The service books care on behalf of healthcare professionals for patients with palliative care needs.

A launch event, ‘Let’s talk about end of life care’ is taking place on Thursday 18 March at The Park Inn Hotel. This event will also launch the Information Plans (patient and carers), the Crossroads Care East Midlands service (which provides support for carers of end of life patients) and provide an outline of the end of life pathway revision. A full programme and booking details have been circulated.

Pilot intra-ocular pressure and visual fields referral refinement service

The IOP and VF referral refinement local enhanced service for community optometrists commenced in January 2010. This is a Nottingham city wide service developed by the Robin Hood and City Central Clusters to enable optometrists to review suspicious measurement of IOP or visual fields during a GOS or private eye test.
The aim of the service is to reduce unnecessary referrals to secondary care. During January 11 patients were seen by a community optometrist under the LES. Nine patients were discharged who, without the LES, would have been referred to secondary care.

**UNICOM**

**ANTENATAL ADMISSIONS NOT RELATED TO DELIVERY**

The cross cluster group have initiated an investigation into the activity and coding of non-delivery related maternity activity at NUH. Hugh Porter and Simon Oliver are leading on the work on behalf of the group. Over the last few years there has been a clear growth trend in both activity and spend in this without a corresponding growth in the number of births. It is expected that 2009/10 spend in this area will be over £2.5 million. A meeting was been held with Anne Crompton and Dr Lucy Kean at NUH in December and an audit of activity requested. Updates will be reported through the Cross Cluster group and this newsletter.

The growth in spend in this area is a national concern and Simon Oliver and Richard Garner will be attending a Department of Health national scoping workshop on 26 February that will be looking into means of benchmarking non-delivery activity.

**Cross Cluster**

**ScriptSwitch**

The ScriptSwitch projecting is proving to be successful. Since it was implemented the clusters have already recovered the cost of the software through the savings made. The table below shows further detail on the activity so far:

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<th>PERIOD</th>
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<th>ROBIN HOOD</th>
<th>CITY CENTRAL</th>
<th>NORCOMM</th>
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VASECTOMY SERVICE

Calling all GPs, from the 1st March 2010 all referrals for City patients for vasectomies can be completed through the Choose and Book system. The service is under the speciality of ‘Urology’ and the clinic type is ‘Vasectomy’. The service will be presented in Choose and Book as a telephone service and as with all ‘telephone’ services on Choose and Book the appointment the GP books will be a GHOST appointment. By using Choose and Book as the route to refer it will allow the patients to be contacted more quickly and an appointment offered as opposed to the current process whereby a paper referral is completed by the GP and considerable time is passed before the patient can be contacted. By putting the service on Choose and Book will ensure the patient is contacted quickly, it will speed up the vasectomy pathway and it will improve patient information to the provider.

For any questions regarding this service please contact Vickie Brough on 01158839285 or vickie.brough@nhsnottinghamcity.nhs.uk

SHOULDER PAIN MANAGEMENT IN THE COMMUNITY PATHWAY LAUNCHED

After reviewing the shoulder pain pathway with Nottingham University Hospital (NUH) consultants it was identified that inappropriate shoulder referrals where being sent to Secondary Care. This was both costly and inappropriate for the patient and was evidenced by a low amount of shoulder referrals resulting in surgery. In the consultant’s opinion, many could be managed in the community.

A working group including NUH consultants, GPs, Physiotherapist and Commissioners was identify and through working together, sharing knowledge, experience and adhering to good practice, guidelines and protocols a new shoulder pain pathway was designed.

The benefits of the new pathway means patients are able to be cared for by their GP in the community. The GP is able to make informed decisions about their patient’s shoulder pain by having good support documentation that has been developed by recognised shoulder specialists.

On the 15th December 2009 the new shoulder pain pathway was launch by NHS Nottingham City at the Park Inn Hotel. 63 GP attended and four NUH consultants and two physiotherapists did practical presentations and demonstrations. GPs had the opportunity to practice their injecting skills on manikins supervised by the experts.

But it doesn’t end there. NUH Consultants have stated that if any GP wishes to join them in their shoulder clinics then they are more than welcome to do so, all they need to do is contact their secretary to arrange, so please feel free to make that contact.

Also NHS Nottingham City would like feedback from GPs on the shoulder pathway and whether another event would be beneficial. Please contact Vickie Brough on 01158839285 or vickie.brough@nhsnottinghamcity.nhs.uk
EMERGENCY CARE SOLUTIONS

A new system is being introduced which will automatically generate a secure email message to your Practice from The East Midlands Ambulance Service. This system is called Emergency Care Solutions (ECS) and is part of the NHS National Programme for IT. The ECS system will automatically generate a secure email message to your Practice on completion of EMAS attendance, provided that:

• The patient has given their consent and this is recorded on the ePRF/ePCR;
• The patient’s details have been successfully traced via the national Personal Demographics System (PDS);
• The GP Practice has a secure NHSMail email address (nnnn@nhs.net) to which the notifications can be sent and that the practice Email address has been registered on the ECS database;
• Your Practice may need to review and possibly update its internal processes, giving an appropriate level of authority to one or more named individuals, whose role would be to regularly check the electronic mailbox and ensure that the details are passed to the relevant GP and/or relevant internal system (e.g. a Document Management System) in a timely manner.

Please refer to the letter sent to you via email on the 12th February 2010 which has all the relevant details to enable each practice to receive this information electronically or if you did not receive this letter please contact Vickie Brough on 0115 883 9285 or by emailing vickie.brough@nhsnottinghamcity.nhs.uk

Choose and Book Release 4.3 Update

Choose and Book Release 4.3 is due to be implemented into the live system mid-April 2010. Part of this system upgrade involves a change in software that allows users to access Choose and Book with their smartcards.

As a result, all computers used for Choose and Book will need the new software installed prior to the release. Nottingham HIS are currently working on a roll out plan for this important upgrade and will contact practices with further details in the very near future. In the meantime, you can see what else is lined up in the new release by visiting the national C&B website http://nww.chooseandbook.nhs.uk/staff/future/nexbrelease