

# **Western Local Commissioning Plan 2013/14**

**14 March 2013**

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## Chairman's Foreword

Western Local Commissioning Group, supported by its two Primary Care Partnerships (PCPs), can point to a considerable body of successful initiatives which are making a real difference to people living across the West and how they access health and social care services.

In a year when the LCG, working collaboratively with Western Trust, General Practice and others, offered a tangible Population Plan to take forward Transforming Your Care locally; took important steps in developing the Primary Care infrastructure; and reinvested significant savings from primary care prescribing in frontline services, it is encouraging that there is a high degree of consensus on what needs to be done to bring services closer to people's homes and communities. This includes greater cooperation between GPs and hospital doctors and a strengthened role for GPs at the heart of integrated care pathways in the best interests of patients and service users.

The LCG and PCPs have spent a great deal of time engaging within the health and social care system to advocate for a shift in thinking about care which is genuinely patient-centred and gives greater attention to questions of access to service and supporting self-care. Progress on delivering reablement, with its emphasis on maintaining the highest level of independence possible, is a clear example of this shift, as is the LCG's commitment to providing GPs with greater access to imaging diagnostics which allows greater scope for managing patients appropriately in Primary Care.

The LCG is mindful that it has been the commitment of clinicians, GPs and hospital doctors in particular, which has created an environment where significant savings in primary care prescribing has delivered funding for additional GP and community services. The ability to maintain these savings throughout the past year has been important providing the LCG with flexibility to take forward its commissioning agenda rooted in the TYC Population Plan.

The coming year is an exciting and challenging one. Efforts to put in place improved accommodation for primary care services will be considerable and it is encouraging that there is a greater deal of agreement on taking this forward. The LCG commitment to invest in General Practice and primary care in general will continue and will be greatly supported through commissioning targeted services which will be delivered through Integrated Care Partnerships. Western LCG has certainly laid the foundation for this during the past 12 months.

**Dr Brendan O'Hare**  
**Chair, Western Local Commissioning Group**

## 1. Western LCG Population & Need

### 1.1 Demographic Drivers

The Western Local Commissioning Group commissions health and social care services for a population of 294,000 people (i.e. 16% of the NI population) living in the council areas of Derry City, Fermanagh, Limavady, Omagh and Strabane. 65,000 children 15 years and younger live in the area, i.e. 22% of the population which is higher than the overall NI proportion of 21%. 39,000 people 65 years and over live in the West, 13.1% of population, of whom 4,200 are 85 years or over, 1.4% of the total population. The older people population is lower proportionately than the NI average (13.1% and 14.6% respectively) although the Western area is projected to see the greatest increase in 65+ persons in the next ten years, i.e. 40.1% increase compared to 29.7% for NI as a whole. There were 4,268 births to Western families during 2011.

### 1.2 Mortality and Morbidity

In 2011, there were 2,038 deaths of Western residents which was 1.6% lower than 2010 and 8.5% lower than 2001. Based on standardised mortality ratios, deaths due to cancer (all sites), ischaemic heart disease and respiratory conditions are higher than average in the Western area but lower than average for breast cancer and cerebrovascular disease.

Life expectancy in the West is slightly below the NI average for both men and women (76.7 years for Western men compared to 77.1 years for NI and 81.4 years for Western women compared to 81.5 years for NI) (Source: Life Expectancy, DHSSPSNI). Based on GP data, the Western area has below average rates for key long-term conditions except COPD which is among the highest rates in NI. Moreover, based on Census 2011, almost 22% of the population reported they had a long-term condition of whom 78% reported they felt in good or very good health. It is also notable that across those key long-term conditions (asthma, COPD, Diabetes, heart failure and stroke) Western patients had lower than average rates of emergency admissions with heart failure and stroke emergency admissions the lowest rate across the 5 LCG areas. The West also has slightly lower than average incidence rates for cancer.

It is of concern that the West remains among the highest rates for deaths for smoking related causes, above the NI average standardised death rates. Notably the rate has reduced in recent years by 4% to 141.2 deaths per 100,000 population (Source: PSAB, DHSSPS). Standardised alcohol-related admissions in the West has risen by 41% from 476 admissions in 2000/01-2002/03 to 670 admissions in 2008/09-2010/11. . Standardised death rates due to alcohol are also above the NI average.

In 2009/10, there were 2,220 hospital admissions in the West due to accidents with higher than NI average rates due to road traffic collisions and accidental injuries in the home. (Source: DHSSPSNI Hospital Information Branch based on NISRA NINIS).

Raw prevalence of patients (per 1,000) on the Obesity register age 16 and over in 2012 was 119.3 which is considerably higher than the NI rate of 110.3. (Source: Health Survey NI, DHSSPSNI, 2012).

### ***1.3 Physical and Sensory Disability***

The 2011 Census notes that almost 22% of residents reported a long-term health problem or disability which limited their day-to-day lives, a figure above the NI average of under 21%.

At June 2011, there were 75 people with a physical and sensory disability being cared for in residential/nursing facilities, of this 87% live in nursing homes.

### ***1.4 Mental Health and Learning Disability***

Information collected via the GMS Quality and Outcomes Framework, highlight that there are 2,843 patients on the Mental Health register maintained within GP Practices.

In 2010, there were 53 registered deaths due to suicide and self-inflicted injury. There were 1,402 self-harm presentations to Emergency Departments (ED) in the Western Trust, an increase of 11% from the 2009 figure.

Information collected as part of the Health Inequalities Monitoring System (2010) on Mood & Anxiety Disorders estimate that 159 persons per 1,000 population in the West are receiving drugs for mood and anxiety disorders.

Addiction and mental health are also interrelated phenomena in Northern Ireland. Drug and alcohol abuse often coexist with poor mental health. The majority of users take sedatives, tranquillisers or anti depressants daily or mostly daily. Benzodiazepines are the second most common substance of referral for people with addictions in Northern Ireland.

In 2011/12 there were 1,203 in-patients to Gransha (583) and Tyrone & Fermanagh (620) Hospitals, with an occupancy of approximately 90.8% and average length of stay of 46.7 days.

There were approximately 2,260 people with a learning disability on the informal register held by the Western Trust in 2010. The number of people with a severe learning disability is rising and there has been an increase of almost 30% since 2000.

### **1.5 Deprivation**

The Western area, and particularly Derry City and Strabane Council areas, experiences some of the highest rates of multiple deprivation. Only Belfast has more people living in the highest deprivation decile than the Western area. Derry City and Strabane Council areas are most deprived in terms of the income and employment rates. In 2011/12, 23.9% of post-primary school pupils were entitled to free school meals and 16,330 people were claiming income support with a further 8,590 receiving Incapacity Benefit. Based on 2011 Census figures, 6.4% of the population was unemployed of which almost half were long-term unemployed (two years or more).

### **1.6 Rurality**

DHSSPSNI strategy *Fit and Well - Changing Lives 2012-2022* notes that health outcomes in rural areas tend to be better than in NI overall but that “evidence suggests that health inequalities have a significant impact on people living in rural communities”. In particular, the strategy identifies key challenges faced by many people living in rural areas, including:

- Deprivation and fuel poverty;
- Social isolation and social exclusion;
- A growing ageing population and changing population patterns; and
- Adequate access to services.

### **1.7 Children and Families**

Recent statistics published by NISRA (Census 2011) highlight that there are 76,200 children and young people, aged 0-17 years, living in the Western Area, this accounts for 25% of the total Western LCG area population, slightly above the NI figure of 24%.

At September 2011, there were 24,999 children in need, of which 7276 (29%) were in the WHSCT, the highest of all five Trusts. During the 6 month period, April to September 2011, 3,101 children in the Western Area were referred for an assessment of need. At 30 September 2011, Western Trust had a total of 528 Children in Need with a Disability.

At 30 September 2011, there were a total of 2,220 children on the child protection register, of which 297 (13.4%) were in the Western area, the lowest number of all five Trusts.

At the same snapshot period, there were 2,592 Looked after Children across the five Trusts in Northern Ireland, 410 (16%) Looked After Children in the WHSCT, of this cohort of children, 43% have been looked after for 5 years or more.

### **1.8 Patient and Public Involvement**

During the past year, there have been a number of key opportunities for the LCG to hear from people using HSC services and from their representatives. In particular, consultation on *Transforming Your Care* has provided an important opportunity to think longer-term about the kind of service the community would like see as well as needs. The LCG has also held lengthy meetings with each of the five councils and discussed a wide range of issue of concern to councillors and their constituents. The LCG has also gained from working as part of CAWT which has had a number of projects which seek to engagement with excluded groups and work with marginalised persons.

Care closer to home is widely embraced and people have sought to be reassured that acute care will still be there when it is needed but that services such as ambulatory care can be provided safely and conveniently in Primary Care. There has been a great deal of discussion about growing demand on domiciliary care services and a great deal of persuasion necessary with respect to aspirations from reablement which are likely to lead to some reduced pressure on domiciliary care services. The question of the statutory sector withdrawing from the provision of residential care has also been raised with locally specific concerns about the future of individual homes.

The question of the location of acute mental health services has been to the fore in light of the Minister's consultation proposals. There has been a need to emphasise the limited nature of acute mental health and to outline the raft of community mental health services in place across the West which will meet the needs of most people in need of support and care.

Engagement with the public on the planned Radiotherapy Unit at Altnagelvin Hospital has been very successful in gaining widespread support throughout the cross-border region. Patients and other members of the public recognised the project's focus on patient needs and wellbeing.

Excluded groups of women, working with the CAWT Social Inclusion Project have also made their views known and LCG has benefits from participating in Community Health Question Time events at which more than 100 women put questions to public service

planners and providers. The LCG has listened to Traveller women, members of the LGBT community, and women with sensory disabilities who have experienced challenges in accessing HSC services.

The LCG has also met with carers, including during Departmental consultation on the future of social care and heard firsthand about the challenges faced. Notably, relationships between carers and HSC staff can be problematic and carers feel excluded from care planning and decisions. The call for additional respite and support for carers was heard at a range of engagement sessions throughout the year.

The LCG continues to engage with a range of community and voluntary organisations across the Western area. The Community Development Steering Group, chaired by the LCG, is a forum which brings together community networks and health-related voluntary bodies to discuss HSC and related issues. The Group is also an important vehicle in supporting the PPI agenda and community engagement.



## 2. Key Successes 2012/13

Key successes for the Western LCG during 2012/13 include:

- Continued efficiency in primary care prescribing with costs continuing to reduce
- Commissioning the transfer and extension of services at the new South West Acute Hospital which opened in June 2012.
- Introduction of agreed musculoskeletal pathway with a single 'front door' for referrals to orthopaedics, rheumatology, pain management and physiotherapy.
- Introduction of reablement in the Northern part of the Western area with significant improvements in client independence.
- Increase capacity in community nursing, including additional district and Rapid Response nurses, and the introduction of electronic case load weighting tool (eCATS) for community nursing and integrated teams.
- Across many elective care specialties, waiting times have been maintained at 9/13 week targets or reduced where they had exceeded the targets
- Introduction of text reminder system to reduce outpatient cancellation rates.
- Increased productivity with elective care outpatients through agreement of new clinic templates.
- Increased information and data collection regarding clinical nurse specialist productivity and job plans.
- Introduction of new pathway for management and treatment of varicose veins.
- Introduction of new pathway for respiratory conditions (sleep apnoea and chronic cough).
- Reduction in gastroscopies (OGD) due to widespread availability of h-pylori breath-testing in community pharmacies.
- Reduction in waiting times for minor surgery due to extended GP minor surgery provided in General Practice.
- Establishment of comprehensive assessment for older people in hospital (Older People's Assessment and Liaison Service).
- Introduction of early supported discharge for patients following a stroke
- Mainstreaming extended genitourinary medicine services funded through EU Interreg programme.
- Extension of dementia services through a network of memory clinics across the Western area.
- Investment in palliative care services (specialist and generalist) for adults and children, including additional funding for voluntary providers.
- 'Invest to Save' scheme for innovative carer support with carer representatives centrally involved in service planning.

- Virtual Under Fives Coordinator in place to target behavioural problems among young children and secure in focused service responses from existing services.

### 3. Key Challenges for the LCG for 2013/14

Key challenges for the LCH in 2013/14 include:

- Maintaining primary care prescribing savings and delivering reinvestment in primary care services.
- Driving compliance with guidance on GP requests for laboratory tests
- Attaining consensus for the proposed Primary Care Infrastructure programme.
- Put in place across key acute specialties processes to allow GPs to gain consultant and specialist professional advice which might prevent the need for referrals and improve management of patients in primary care.
- Progress plans towards having in place appropriate 24-hour community nursing services, including acute care at home.
- Scope and evaluate cross-border initiatives funded through EU Interreg programme, in collaboration with Public Health Agency.
- Tackling impact of alcohol on HSC services, particularly Emergency Services
- Introduction of a comprehensive fall prevention services with appropriate integrated care pathways.
- Developing the healthy ageing agenda.
- Enhancing carers support and respite services.
- Introduction of short stay paediatric assessment unit at Altnagelvin Hospital, including scoping the role of advanced nurse practitioners.
- Developing a Day of Surgery Elective Unit.
- Implementing the Ophthalmology Glaucoma service model, including remodelling ICATS service.
- Reducing waiting times for outpatient and treatment below March 2013 position.
- Using elective capacity gaps within Gynaecology, General Surgery, Neurology and Endoscopy.
- Implementing Primary PCI in Altnagelvin.
- Meeting domiciliary long-term care demand supported by reablement model.
- To ensure regional action plans relating to service frameworks are in place locally, e.g. tuberculosis.
- Workforce requirements and transformational change to deliver on Transforming Your Care.

#### 4. Commissioning Intentions 2013/14

<i>Cancer Care</i>	
<p><b>Ministerial Priority:</b> From April 2013, ensure that 95% of patients urgently referred with a suspected cancer, begin their first definitive treatment within 62 days.</p>	<p>The LCG will support regional colleagues to ensure that Western Trust patients urgently referred with a suspected cancer, begin their first definitive treatment within 62 days.</p>
<p>Trust should implement a risk stratified model of follow up in line with the National Cancer Survivorship Initiative which includes rehabilitation and recovery.</p> <ul style="list-style-type: none"> <li>• Minimum of 30% of Breast Cancer Patients on self-directed aftercare pathway by Jan 2013- rising to 40% from Jan 2014</li> <li>• All Trusts to maximise skills mix initiatives in implementing risk stratified follow up for prostate cancer patients which reduces demand on hospital OP services</li> <li>• All Trusts should develop clear project plans and begin to introduce a risk stratified model of follow up across all other cancer groupings, which will clear and prevent review backlog</li> </ul>	<p>The LCG will support Western Trust and regional colleagues to take forward a risk stratified model of cancer follow-up as specified.</p>

<ul style="list-style-type: none"> <li>• Findings of external evaluation to be incorporated into Trust Transforming Follow Up action plans</li> </ul>	
<p>All Trusts should work with HSCB to implement the recommendations of the 2010 NI Chemotherapy Service Review. This should include:</p> <ul style="list-style-type: none"> <li>• Establishment of an Acute Oncology Service (activity to be monitored as agreed with the HSCB).</li> <li>• All Trusts to work with HSCB to agree regional model that provides appropriate oncology presence across centre and units</li> <li>• All Trusts to monitor compliance with NICE guidance on neutropenic sepsis and to report to the HSCB on a monthly basis via the performance management information returns</li> <li>• All Trusts to work closely with HSCB to modernise oncology services including staff levels and skills mix.</li> <li>• All Trusts to implement C-PORT</li> <li>• All Trusts to continue to ensure involvement of relevant personnel / stakeholders in the development of RISOH</li> </ul>	<p>Western LCG, supported by HSC Board, has made available additional funds to close the demand capacity/gap in relation to the delivery of chemotherapy services at Altnagelvin Hospital.</p> <p>The LCG is also working closely with Western Trust to put in place outreach chemotherapy to be delivered from Tyrone County Hospital and it is anticipated that this will be in place by March 2014.</p> <p>Development of acute oncology will be in the context of planned Altnagelvin Radiotherapy Unit which will be in place by 2016. Professional workforce requirements need to be in line with regional agreement. The LCG will support other regional priorities as necessary.</p>

<p><b>Effective Multidisciplinary Teams</b></p> <p>All Trusts should ensure that cancer MDTs undertake the NICaN Peer Review process and develop action improvement plans which will be shared with HSCB.</p> <ul style="list-style-type: none"> <li>• All Trusts should participate in peer review of, Lung, Gynae, Colorectal, Urology and Haematology</li> <li>• All Trusts will participate in peer review of Skin, Head and Neck, Upper GI/HPB and Breast ,MDTs</li> <li>• BHSCT to participate in peer review of Sarcoma, Brain&amp; CNS MDT</li> <li>• All Trusts to participate in national Lung, e.g. Bowel, UGI and Head and Neck audits</li> <li>• All Trusts to share with HSCB on an annual basis findings from national and other relevant audits (including M&amp;M Meetings) and subsequent action plans.</li> <li>• All Trusts will audit the Protocol for Amending the Status of a Red Flag Referral including the implementation of the NICE Guidance for Suspected Cancer</li> </ul>	<p>The LCG will work closely with Western Trust to ensure necessary peer review is in place during 2013/14 and monitor the action improvement plans locally</p>
<p>All Trusts will work with the Regional NICaN TYA postholder to scope out current practice (including pathways and referral patterns) and will encourage staff involvement in education and training on the needs of this cohort of patients.</p>	<p>The LCG will work closely with Western Trust to ensure the needs of teenagers and young adults with cancers are met during 2013/14</p>

<ul style="list-style-type: none"> <li>• All Trusts to participate actively in the development of streamlined pathways for teenagers and young adults with cancer</li> <li>• Trusts to participate in multiprofessional multidisciplinary working e.g virtual MDMs</li> </ul>	
<p><b>Haematology Services</b></p> <ul style="list-style-type: none"> <li>• All Trusts should formally establish &amp; implement virtual clinic arrangements and support the agreed MDM configuration as determined by the HSCB regional working Group.</li> <li>• Trusts working with HSCB should ensure recommendations from NICR Haematological Malignancy Audits are implemented</li> <li>• All Trusts should ensure maximisation of skills mix initiatives as determined by the HSCB working group</li> <li>• All Trusts should ensure that clinical teams commence work on implementing a risk stratified model of follow up for patients with a haematological cancer</li> <li>• All Trusts should apply the agreed regional commissioning planning assumptions for Haematology and ensure the delivery of the core volumes in the Haematology SBA, including the agreed Clinical Nurse Specialist Job Planning</li> </ul>	<p>The LCG will continue to work closely with Western Trust Haematology Services in its progressive approach of providing a virtual clinic through close liaison between haematologists and GPs.</p> <p>The LCG will seek to commission a sustainable haematology service which provides accredited services at both acute hospitals and is equitable in the context of regional capacity planning.</p> <p>The LCG is also pioneering an initiative to ensure GP demand on laboratories is in line with NICE guidance. This will include each practice in the Western area undertaking a audit on lab demand and practice procedures with a view to putting in place necessary protocols and consistent practices.</p>

<p><b>Ovarian Cancer</b> Trusts should link with Primary Care to raise awareness of the signs and symptoms of cancer, working with GPs within their area to provide Training and Awareness events. An initial focus will be on the introduction of specific referral and diagnostic pathways for suspected ovarian cancer in line with NICE Clinical Guidance.</p>	<p>The LCG will support Western Trust to link with Primary Care and raise awareness of the signs and symptoms of cancer with an initial focus on the introduction of specific referral and diagnostic pathways for suspected ovarian cancer in line with NICE Clinical Guidance.</p>
<p><i>Children and Families</i></p>	
<p><b>Ministerial Priority:</b> From April 2013, increase the number of children in care for 12 months or longer with no placement change to 85%.</p>	<p>The LCG will support regional colleagues as required</p>
<p><b>Ministerial Priority:</b> From April 2013 ensure a 3 year time-frame for 90% of all children to be adopted from care.</p>	<p>The LCG will support regional colleagues as required</p>
<p><b>Ministerial Priority:</b> By March 2014, increase the number of care leavers aged 19 in education, training or employment to 75%</p>	<p>The LCG will support regional colleagues as required</p>
<p>All Trusts should ensure that a child becomes looked after where that child's long term outcomes will be improved or there is a need for the child to be removed as a safety measure. Trusts should ensure that there is an adequate range of placements available to meet the assessed needs of Looked after Children / Care Leavers.</p>	<p>The LCG will support regional colleagues as required.</p>



<p>Working within the Children and Young Peoples Strategic Partnership the Trust led Outcomes Group should progress the development of local integrated delivery arrangements with the establishment of more Family Support Hubs.</p> <p>This should ensure that interventions are needs led and strive for the minimum intervention required.</p>	<p>The LCG will support regional colleagues as required and continue to participate in the Western Outcomes Group.</p>
<p>All Trusts should ensure that a robust needs assessment and a localised service is provided for children with complex healthcare needs and for children with a learning disability and challenging behaviour.</p>	<p>The LCG will work collaboratively with Western Trust to ensure a localised service for children with complex healthcare needs, learning disability and challenging behaviour is in place and to consider the implications of the increased numbers of children with complex healthcare needs becoming 'looked after'.</p>
<p>All Trusts are required to implement the actions arising from the review of AHP services for children with special needs within Special Schools and mainstream education will be concluded and Trusts will require to progress the Implementation Plan arising.</p>	<p>The LCG will support Western Trust in the development of the Implementation Plan in response to the review of AHP services for children with special needs within Special Schools and mainstream education.</p>
<p>All Trusts should fully implement the recommendations of the RQIA CAMHS Review and implement the DHSSPS Stepped Care Model.</p>	<p>The LCG will support regional colleagues to ensure the implementation of RQIA recommendations with respect to the review of CAMHS and the DHSSPS Stepped Care Model.</p>

<p>All Trusts to increase the percentage of women who receive the recommended antenatal visit by a Health Visitor, to reach 100% by March 2016</p>	<p>The LCG will ensure Western Trust increases the percentage of women who receive the recommended antenatal visit by a Health Visitor, to 50% by March 2014.</p>
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<p><i>Community Care &amp; Older People's Services</i></p>	
<p><b>Ministerial Priority:</b> From April 2013, people with continuing care needs wait no longer than 5 weeks for assessment to be completed, and have the main components of their care needs met within a further 8 weeks.</p>	<p>The LCG will seek to ensure that Western Trust, from April 2013, complete assessment of people with continuing care needs within 5 weeks and have the main components of their care needs met within a further 8 weeks.</p>
<p><b>Ministerial Priority:</b> By March 2014, deliver 720,000 telecare monitored patient days (equivalent to approximately 2,100 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract.</p>	
<p>Trusts will review existing residential care provision and develop proposals for a phased reduction in capacity which is coordinated with the provision of alternative community based models of care.</p>	<p>The LCG, through the Western TYC Programme Board, will work with Western Trust as it completes its phased withdrawal from the provision of statutory residential care.</p>

<p>Trusts and HSCB will work with independent sector providers to identify practice, training and contractual implications of preventing unnecessary admissions to acute care from nursing homes.</p>	<p>The LCG will build on its PCP pathfinder to reduce emergency admissions from nursing homes due to dehydration and work with Western Trust Rapid Response Nursing and GP out-of-hours services to consider other pathways which could be developed.</p>
<p>Trusts will review current respite care provision to identify the potential for increased support for carers through service remodelling/re-investment in the independent sector.</p>	<p>The LCG will work with Western Trust to consider the findings of its review and the potential for increased support for carers.</p>
<p>Trusts will work collaboratively with HSCB/PHA/LCGs to scope and develop a regional network for Memory Services.</p>	<p>The LCG, as part of a regional initiative, has commissioned Western Trust to put in place additional memory services during 2012/13. The LCG will ensure that these services are developed within the planned regional network and explore the role of specialist nurses and nurse led services.</p>
<p>Trusts will progress a comprehensive range of targeted health and wellbeing programmes in all localities to address the changing health and wellbeing needs of older people. They should ensure that arrangements are in place:-</p> <ul style="list-style-type: none"> <li>• To improve provision of advice information and signposting on all aspects of health and wellbeing improvement;</li> <li>• Deliver a co-ordinated, multi-faceted falls prevention service</li> <li>• Fully implement the “Promoting Good Nutrition Guidelines for</li> </ul>	<p>The LCG is committed to commissioning a falls prevention pathway which is integrated with existing fracture and fragility services and primary prevention initiatives.</p> <p>The Western Population Plan is clear on the importance of initiatives to support healthy ageing and overcome isolation among older people. The LCG will work with Western Trust, Western IFH Partnership and others to develop a plan to address</p>

<p>Older people across all settings;</p> <ul style="list-style-type: none"> <li>• Develop and co-ordinate a shared service model to reduce the risk of social isolation and poor mental well-being amongst vulnerable older people</li> <li>• With relevant partners to reduce the risk of social isolation and poor mental well-being particularly amongst vulnerable older people.</li> <li>• Deliver a co-ordinate range of Targeted Physical Activity and Health programmes to address the CMO Guidelines for Physical Activity</li> </ul>	<p>these issues.</p> <p>The LCG has commissioned, as part of a regional approach, dedicated dietetic input on oral nutrition to nursing homes which will commence in March 2013.</p> <p>The LCG will support initiative being developed under the City of Culture initiative that will address social exclusion and the promotion of an age friendly city.</p>
<p>Trusts will implement eNISAT, the ICT for the Northern Ireland Single Assessment Tool within older people's services in line with agreed Project Structures, processes and deadlines.</p>	<p>The LCG will work closely with Western Trust and regional colleagues to ensure eNISAT is in place during 2013/14. The LCG will link this work with the ongoing implementation of the eCATS tool in the Trust.</p>
<p>Trusts will establish therapy led teams with reconfigured domiciliary support, progress single point of entry arrangements and have identified an enhanced role for voluntary/community services as essential elements of the regional reablement model.</p>	<p>The LCG will work closely with Western Trust and regional colleagues to ensure considerable progress with respect to reablement during 2012/13 is built upon, including taking forward regional priorities.</p>

<p>Trusts will develop a Gateway Model and single point of referral for the receipt and screening of all referrals to adult safeguarding.</p>	<p>The LCG will support regional colleagues to take forward priorities in relation to adult safeguarding.</p>
	<p>The LCG has supported the development of an Older Persons Assessment and Liaison (OPAL) service which will prevent inappropriate admissions and reduce lengths of stay. The LCG will continue to work with the Trust as the service is developed and implemented in 2013.</p>

## *Diagnostics*

**Ministerial Priority:** From April 2013, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within 2 days of the test being undertaken.

The LCG will work collaboratively with regional colleagues to ensure, from April 2013, Western Trust patients wait no longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within 2 days of the test being undertaken.

All Trusts should ensure that the RQIA radiology recommendations are fully implemented during 2013/14.

As a minimum this requires all Trusts to:

- Put in place written escalation procedures to reduce the risk of delays in plain X-ray reporting during 2013/14.
- Ensure that all images are accounted for on the PACs system from March 2013 and they have processes in place to ensure that all images are reported on within the required target times from March 2014

The LCG will work closely with Western Trust and regional colleagues to ensure RQIA radiology recommendations are fully implemented in 2013/14.

All Trusts and ICPs should provide Ultrasound as part of the neonatal hip screening programme from 2013/14.

The LCG will support regional colleagues to take forward neonatal hip screening programme in the Western area.

<p>All Trusts should ensure that the requirements for 7 day access to the MRI imaging requirements for Stroke and MSSC are delivered by March 2014. Going forward, all Trusts should ensure that, where additional imaging capacity is commissioned, that this will in the first instance be achieved through a longer working day to improve patient access.</p>	<p>The LCG will work closely with Western Trust to develop plans to provide 7-day MRI access for stroke and MSSC and longer working day access as necessary.</p>
<p>All Trusts and ICPs should implement NICE CG on Management of Dyspepsia, supported by pre-referral testing as indicated by the Guidance</p>	<p>The LCG will maintain its community pharmacy delivered h-pylori breath-test in line with Guidance and will work with regional colleagues to ensure consistency of service going forward.</p>
<p>All Trusts should have implemented a direct access pathway for ECHO for patients considered for left ventricular failure (LVF) <i>as defined by NICE Guidance CG for chronic heart failure</i>, by September 2013 with the aim to have reduced referrals to cardiology outpatients by 10 % by March 2014.</p>	<p>The LCG will work closely with Western Trust to ensure a direct access pathway for ECHO for LVF patients is in place by March 2014.</p>
<p>From April 2013, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within 2 days of the test being undertaken.</p>	<p>The LCG will monitor Trust performance against the diagnostic access targets and keep under review service implications.</p>

## *Elective Care*

<p><b>Ministerial Priority:</b> From April 2013, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures</p>	<p>The LCG will work collaboratively with regional colleagues to ensure, from April 2013, 95% of Western Trust patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures</p>
<p><b>Ministerial Priority:</b> From April 2013, at least 70% of patients wait no longer than nine weeks for their first outpatient appointment, increasing to 80% by March 2014 and no patient waiting longer than 18 weeks, decreasing to 15 weeks by March 2015.</p>	<p>The LCG will work collaboratively with regional colleagues to ensure, from April 2013, at least 70% of Western Trust patients wait no longer than nine weeks for their first outpatient appointment, increasing to 80% by March 2014.</p>
<p><b>Ministerial Priority:</b> From April 2013, at least 70% of inpatients and daycases are treated within 13 weeks, increasing to 80% by March 2014, and no patient waiting longer than 30 weeks for treatment, decreasing to 26 weeks by March 2015.</p>	<p>The LCG will work collaboratively with regional colleagues to ensure, from April 2013, at least 70% of Western Trust patients (inpatient and daycase) are treated within 13 weeks, increasing to 80% by March 2014, and no patient waiting longer than 30 weeks for treatment.</p>
<p><b>Ministerial Priority:</b> From April 2013, no patient waits longer than nine weeks from referral to commencement of AHP treatment.</p>	<p>The LCG will work collaboratively with regional colleagues to ensure, from April 2013, Western Trust patients wait no longer than nine weeks from referral to commencement of AHP treatment.</p>
<p>All Trusts should ensure they have robust and effective booking, scheduling, POA processes to ensure the full utilisation of available elective capacity The HSCB will expect the following and will monitor these indicators to ensure this objective is achieved:</p> <ul style="list-style-type: none"><li>• All Trusts should reduce current rates of Outpatient DNAs for new</li></ul>	<p>The LCG has supported the implementation of a patient reminder system for outpatients and will continue to work with Western Trust in 2013 to reduce DNA rates for new and review outpatients.</p>



patients to no more than 5% and for review patients to no more than 8% by March 2014 Trusts should demonstrate a measurable improvement in shift of procedures from day surgery to outpatients with procedure (OPP) by April 2014. (this will be based on the day surgery rates at April 2012)

- All Trusts should reduce Theatre DNA/Cancellation rates to 5% by 31 March 2014.
- All Trusts should ensure theatre utilisation rates of 83% (as a minimum and in line with Audit Commission recommendations) from March 2014.
- All Trusts should work to improve endoscopy throughput per session from an average of 6.2 patients per session in 2012/13 to 6.5 patients per session by December 2013, 6.7 by March 2014 and 7.1 by March 2015.
- Trusts will ensure that they are delivering the recommended day surgery rates for the trolley of procedures identified by The British Association of Day Surgery from March 2015/16.
- As a minimum Trusts should ensure that they are delivering the day surgery rate for the basket of 24 procedures identified by the Audit Commission (excluding Termination of Pregnancy).

The LCG will work with Western Trust to implement a Day of Surgery Elective Unit. The Unit will increase pre assessment levels, reduce cancellations and increase theatre utilisation levels. The unit will also increase the day surgery rates in line with the British Association of Day Surgery.

The LCG will work with Western Trust and primary care colleagues to implement effective patient pathways, utilising electronic referral systems.

It will also be necessary to review succession planning for the endoscopy clinical nurse specialists.

<ul style="list-style-type: none"> <li>• The commissioner will fund additional activity at the BADS recommended best practice day surgery levels.</li> </ul> <p>In addition, the Trusts should utilise the electronic referral system, to support effective patient pathways and triage processes from March 2013. For example in the use of photo images to support dermatology referrals and other means which will support the implementation of the EUR policy</p>	
<p>All Trusts should implement an enhanced recovery model across an agreed range of surgical specialties to improve outcomes, reduce lengths of stay and increase productivity by 2014/15. The initial focus should be on the best practice pathways. This may include the pathways associated with the following 8 procedures: colectomy; excision of rectum; proctectomy; cystectomy; hysterectomy (vaginal and abdominal); and hip and knee replacement.<sup>1</sup></p>	<p>The LCG will work with Western Trust to implement an enhanced recovery model across a range of surgical specialties. It will be important to ensure any impact on AHPs and community nursing services has been taken into account.</p>
<p>Once established as a regional service, all Trusts will utilise the podiatric surgery service for foot and ankle surgery from 2014/15</p>	<p>The LCG will, in due course, support regional colleagues to ensure utilisation of podiatric surgery service with the Western area.</p>
<p>In line with the NICE guidance for Glaucoma, Trusts will work with primary care in the referral refinement programme for glaucoma during 2013/14. This will reduce the false positives and ensure only those patients who require evaluation, monitoring and treatment are referred to secondary care.</p>	<p>The LCG is currently working with the Western Trust to ensure that the NICE guidelines for the management of Glaucoma are implemented by 2014</p>

<sup>1</sup> Further discussion required between Commissioner and provider(s) and / or DHSSPS.

<p>All Trusts should provide an ultrasound service for infants at risk of or with suspected developmental dysplasia of the hip in line with the standards and guidance of the UK National Screening Committee, the Royal College of Radiologists and the College of Radiographers</p>	<p>The LCG will work with regional colleagues to ensure Western Trust provides an ultrasound service for infants at risk of or with suspected developmental dysplasia of the hip in line with the standards and guidance of the UK National Screening Committee, the Royal College of Radiologists and the College of Radiographers</p>
<p>All Trusts will work towards the development of pathways to support.</p> <ul style="list-style-type: none"> <li>• All Trusts will achieve 90% of vasectomy procedures provided within primary care or as a minimum all moved off main acute hospital sites from April 2014.</li> <li>• All Trusts will move all low risk skin lesions off main acute sites from April 2013 and from April 2014 90% of low risk skin lesions are moved to a primary care setting.</li> <li>• All Trusts to work towards the introduction of a regional pathway for varicose veins which is in line with NICE guidance (CG the diagnosis and management of varicose veins) and includes the provision of minimally invasive surgery for 90% of varicose veins from April 2014.</li> <li>• All Trusts should support the implementation of an MSK / Pain pathway. This service will support the delivery of a primary/community care facing service, with MDT pathways developed to include lower back, knee, shoulder etc., by the end of</li> </ul>	<p>The LCG will maintain its extended GP minor surgery programme and seek opportunities to extend this in line with regional priorities. The LCG has also championed agreed local protocols on referral due to varicose veins which have been signed up to by all GP practices in the Western area and have the support of community pharmacies.</p> <p>The LCG has been working with the Western Trust to develop and implement a musculoskeletal (MSK) pathway. The pathway, which will provide a single point of entry into the Trust for Orthopaedic, Pain and Rheumatology referrals will commence in February 2013.</p>

<p>March 2014. All service models should include self-management/education at the core of service design.</p>	
<p>All Trust will support improved outcomes measurements to support service improvement and evidence based commissioning</p> <ul style="list-style-type: none"> <li>• All Trusts should participate in the national hip fracture database during 2013/14 and ensure 100% compliance from 2014/15.</li> <li>• All Trusts providing elective orthopaedic procedures will participate and provide data into the National Joint register from 2013/14 and ensure 100% compliance from 2014/15.</li> <li>• All Trusts providing vascular services should ensure the full participation in the National Vascular Database from 2013/14.</li> <li>• Support the Patient reported outcome measures (PROMS) pilot for varicose veins</li> </ul>	<p>The LCG will continue to work with the Western Trust to ensure that this regional priority is fully implemented.</p> <p>The LCG will continue to work with the Western Trust to pilot PROMS for varicose veins in 2013</p> <p>It will also be important to consider any impact on AHPs and community nursing services.</p>
<p>One Trust to work with the commissioner to undertake a pilot service of self-referral for Musculoskeletal Physiotherapy. Pilot to be evaluated for local learning moving towards implementation in 2014/15</p>	

### *Health and Wellbeing Improvement*

**Ministerial Priority:** By March 2014, improve long-term outcomes for the children of teenage mothers by rolling out the Family Nurse Partnership Programme beyond the first test phase to one further test site.

Given that the Western area is the pilot site for Family Nurse Partnership, the LCG will work closely with Western Trust and PHA to consider extension of the programme in light of anticipated evaluation report to other parts of the Western area.

All Trusts are expected to deliver on the implementation of 'Fitter Futures for All' framework including:

- Pilot pregnancy programmes;
- Achieving UNICEF Baby Friendly Standards and peer support initiatives to support breast feeding;
- Pilot weight loss programmes for adults and children;
- Provision of healthy food choices in all HSC facilities.

The LCG will support PHA colleagues and the Western IFH Partnership to ensure the implementation of new Public Health Framework in the Western area.

The LCG will consider opportunities for new investments to address prevention, early intervention and secondary preventions as part of the total service framework.

All Trusts will ensure delivery of a range of evidence based early years intervention programmes including:

- Roots of Empathy
- Family Nurse Partnership
- Infant Mental Health Training
- Parenting support.

The LCG will support PHA colleagues to ensure the implementation of early years intervention programmes. Moreover the LCG will work closely with Western Trust and PHA to consider mainstreaming and extension of the pilot Family Nurse Partnership programme in light of anticipated evaluation report to other parts of the Western area.

Assuming a favourable evaluation, the LCG will seek to mainstream the Strengthening Families Programme which addresses the needs of families where alcohol misuse is an issue.

All Trusts will ensure that they support the implementation of key public health strategies including:

- tobacco cessation services and BIT in particular for pregnant women and other vulnerable groups;
- work toward smoke free campuses;
- services within hospital settings (including emergency departments) which can respond to alcohol and drug misuse, self harm and associated mental health issues;
- continue to collect data for the Deliberate Self Harm Registry on attendances at ED that are related to self-harm, report on trends and emerging issues and influence the maintenance and/or re-design of appropriate services.

The LCG will support PHA colleagues to ensure the implementation of key public health strategies. The Western Population Plan commits to address smoking in pregnancy as a priority.

The LCG will work with Western Trust and other local stakeholders to develop initiatives to reduce the impact of alcohol misuse on HSC services, including emergency departments, and communities. The LCG will seek to ensure coherence with emerging regional plans to address issues in relation to emergency care in cases of self harm and suicidal ideation.

The LCG will work with Western Trust to seek to mainstream pilot work in relation to alcohol harm, including early intervention workers and the Strengthening Families Programme.

All Trusts should provide specialist sexual health services in line with the findings of the RQIA Review.

The LCG is committed to mainstreaming enhanced genitourinary medicine (GUM) services, including the existing clinic in Omagh.

<p>All Trusts should ensure that existing service provision is tailored to meet the needs of vulnerable groups including:</p> <ul style="list-style-type: none"> <li>• Looked After Children;</li> <li>• Homeless people</li> <li>• LGBT</li> <li>• Travellers</li> <li>• Migrant groups</li> </ul>	<p>The LCG will work closely with Western Trust, PHA and other stakeholders to ensure the needs of vulnerable groups have been taken into account in the delivery of services.</p> <p>The LCG is committed to mainstreaming service improvement work with Travellers, building on the successful work undertaken by the CAWT Social Inclusion Project and consider the recommendations of a robust evaluation.</p>
<p>All Trusts should support social economy businesses and community skills development through public procurement, expanding capacity incrementally over the following 3 years.</p>	<p>The LCG will work closely with Western Trust and regional colleagues to ensure progress during 2013/14 in relation to public procurement of social economy businesses and community development organisations.</p>
<p><b>Health Protection</b></p>	
<p><b>Ministerial Priority:</b> By March 2014, secure a further reduction of X% in MRSA and Clostridium difficile infections compared to 2012/13. [X to be available in March 2013]</p>	<p>The LCG will support regional colleagues to ensure Western Trust secures a further reduction of X% in MRSA and Clostridium difficile infections compared to 2012/13</p>
<p>All Trusts should test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially associated with specific major events including the G8 Summit; the World Police &amp; Fire</p>	<p>The LCG will work with Western Trust to ensure emergency preparedness standards are tested and reviewed in order to maintain the required standard to respond safely and effectively to a range of</p>



<p>Games 2013 and the All Ireland Fleadh in August as part of the City of Culture in Derry/Londonderry</p>	<p>threats, hazards and disruption potentially associated with specific major events with a particular focus on major events in the Western area, i.e. the G8 Summit and the All Ireland Fleadh.</p>
<p>All Trusts will ensure that they support the implementation of key health protection initiatives including maintaining Northern Ireland's excellent vaccination rates in respect of influenza and childhood immunisations and the introduction of two new childhood vaccination programmes (Flu and Rotavirus)</p>	<p>The LCG will support regional colleague to ensure Western Trust supports the implementation of key health protection initiatives, including maintaining Northern Ireland's excellent vaccination rates in respect of influenza and childhood immunisations and the introduction of two new childhood vaccination programmes (Flu and Rotavirus).</p>
<p>All Trusts will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures with particular reference to Ministerial targets on Clostridium difficile and MRSA.</p>	<p>The LCG will support regional colleagues to continue to monitor and review the occurrence of Health care Associated Infections (HCAI) within Western Trust services and ensure the Trust implements appropriate and agreed infection control measures with particular reference to Ministerial targets on Clostridium difficile and MRSA.</p>

## **Learning Disability**

<p><b>Ministerial Priority:</b> From April 2013, ensure that 99% of all learning and disability take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days; 90% of complex discharges from an acute hospital take place within 48 hours; with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours.</p>	<p>The LCG will support regional colleagues to ensure that, from April 2013, Western Trust completes 99% of learning disability discharges within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days; 90% of complex discharges from an acute hospital take place within 48 hours; with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours.</p>
<p><b>Ministerial Priority:</b> By March 2014, 75 of the remaining long-stay patients in learning disability hospitals are resettled to appropriate places in the community, with completion of the resettlement programme by March 2015.</p>	<p>The LCG will support regional colleagues to ensure Western Trust resettles 1 long stay patient by March 2015.</p>
<p>All Trusts should develop action plans to promote the health of people with a learning disability, in line with the priorities identified in the Public Health Strategic Framework: Fit and Well Changing Lives 2012-22</p>	<p>The LCG will support regional colleagues to ensure Western Trust has in place action plans to promote the health of people with a learning disability.</p>
<p>All Trusts should start to deliver Day Services in line with the Regional Model 2013 currently being developed.</p>	<p>The LCG, working closely with regional colleagues, will seek to ensure that the Western Trust provides day services locally in line with the Regional Model 2013.</p>

<p>All Trusts should develop their specialist community services to respond to the needs of people whose behaviours challenge services and those with offending behaviours including a 24 hour response 7 days per week and high support beds in the community.</p>	<p>The LCG, working closely with regional colleagues, will seek to ensure that the Western Trust provides day services in line with regional priorities. It will be important to consider any impact on AHPs and community nursing services.</p>
<p>All Trusts should deliver additional support for Carers through enhanced short break and respite services.</p>	<p>In line with the Western Population Plan, the LCG is committed to investing in additional support for carers through short break and respite services and will work collaboratively to maximise available resources, including annual health check.</p>
<p>All Trusts should work with primary care to further develop the Directed Enhanced Service (DES) for learning disability in line with the findings of the current evaluation.</p>	<p>The LCG will work closely with regional colleagues and GPs locally to ensure the DES is in place and delivering required care for adults with learning disability.</p>
<p>All Trusts should deliver the targets of the Learning Disability Bamford Action Plan 2012-2015 DHSSPS.</p>	<p>The LCG, working closely with regional colleagues, will seek to ensure that the Western Trust is delivering the targets of the DHSSPS Learning Disability Bamford Action Plan 2012/2015.</p>
<p>All trusts should develop action plans to promote the health of people with a learning disability, in line with the priorities identified in the Public Health Strategic Framework: Fit and Well Changing Lives 2012-22.</p>	

### *Long Term Conditions*

<b>Ministerial Priority:</b> By March 2014, develop and secure a range of quality assured education, information and support programmes to help people manage their long term conditions effectively <sup>2</sup>	The LCG will work with Western Trust and ICPs to ensure a range of quality assured education, information and support programmes to help people manage their long term conditions effectively.
<b>Ministerial Priority:</b> By March 2014, deliver 500,000 telehealth monitored patient days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI Contract.	The LCG will work closely with regional colleagues and Western Trust to ensure delivery of required telemonitoring services locally for telehealth.
<b>Ministerial Priority:</b> By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions.	The LCG will commission ICPs to develop integrated care pathways which reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions

<sup>2</sup> Further discussion required between Commissioner and provider(s) and / or DHSSPS

<p><b>Ministerial Priority:</b> By March 2014, ensure that at least 10% the proportion of patients with confirmed ischaemic stroke receive thrombolysis.</p>	<p>The LCG will ensure that Western Trust provides thrombolysis to 10% of its patients with confirmed ischaemic stroke.</p>
<p>By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions through:</p> <ul style="list-style-type: none"> <li>• Community teams that are available to meet patient needs including provision of a named nurse for patients on disease registers (with clear arrangements for dealing with multi-morbidity and complex medication regimes) and access to specialist medical or nursing advice</li> <li>• Development of admissions/escalation protocols between community teams and secondary care</li> </ul>	<p>The LCG will work with Western Trust and Western ICPs (when in place) to ensure the achievement of a 10% reduction of unplanned admissions for adults with specified long-term conditions through availability of community teams to meet patient needs and the development of admission/escalation protocols with secondary care.</p>
<p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• Northern &amp; Western Trusts should ensure that arrangements are in place for all TB patients to be managed by a specialist TB Service (Clinician who is a respiratory physician or appropriately trained infectious disease physician/paediatrician and specialist TB nurse)</li> <li>• All Trusts should have in place integrated paediatric respiratory and allergy and anaphylaxis teams, which can outreach to other parts of the hospital including A&amp;E, outpatients and ambulatory care, and to</li> </ul>	<p>The LCG is working with Western Trust to develop a local TB action plan and is committed to making the necessary resources available to deliver an equitable service.</p> <p>The LCG will work with Western Trust to ensure an integrated team is in place to deal with complex asthma. The LCG will work with regional colleagues to ensure the implementation of the COPD Integrated Care Pathway, including working with</p>

<p>the community, in cases of difficult asthma.</p> <ul style="list-style-type: none"> <li>• All Trusts should fully implement the COPD integrated Care Pathway.</li> <li>• All Trusts should fully develop Home Oxygen Services Assessment and Review</li> <li>• All Trusts to participate in a six monthly audit of all COPD patient admissions</li> </ul>	<p>ICPs in due course.</p> <p>The LCG will work with Western Trust to ensure the full development of Home Oxygen Services Assessment, Review and Evaluation.</p>
<p><b>Stroke</b></p> <ul style="list-style-type: none"> <li>• Thrombolysis <ul style="list-style-type: none"> <li>➤ All Trusts to achieve a door to needle time of 60 minutes on a 24/7 basis</li> <li>➤ Trusts to achieve a minimum 10% thrombolysis rate for acute ischaemic strokes.</li> </ul> </li> <li>• Urgent assessment of high risk TIAs (ABCD<sup>2</sup> &gt;4) must be available on a 7 day basis</li> <li>• All Trusts should support early supported discharge (ESD) following an acute stroke. This should support shorter LOS and “shift left” where resources will be freed from hospital beds to develop services in the community.</li> </ul>	<p>During 2013/14, the LCG will work with Western Trust to ensure that at least 70% of patients requiring thrombolysis receive it within 60 minutes (door to needle time) and that it achieves at least 10% thrombolysis rate for acute ischaemic strokes.</p> <p>The LCG will seek assurance from Western Trust that urgent assessment of high risk TIAs is available on a 7-day basis.</p> <p>Western Trust, with LCG investment, will have in place an Early Supported Discharge service for acute stroke early in 2013. The LCG will keep under review performance in respect of LOS and seek assurance that necessary assessments (e.g. OT) are carried out on an in-reach basis.</p>

**Diabetes**

- All Trusts should expand insulin pumps provision for children and adults with Type 1 diabetes
- Subject to satisfactory pilot evaluation, all Trusts should mainstream the CAWT pre pregnancy care and structured patient education programme (CHOICE) for children from January 2014 onwards.<sup>3</sup>
- All Trusts should complete demand/capacity analysis of hospital based diabetes services in 2013/14.

The LCG will seek to invest additional resources to expand insulin pump provision to patients with Type 1 diabetes. It will be necessary to consider any impact on AHPs and community nursing services.

The LCG is considering the mainstreaming implications of the CAWT pre-pregnancy pilot and structured patient education programme and will work with Western Trust and regional colleagues to maintain the required elements of this initiative, assuming satisfactory evaluation.

During 2013/14, the LCG will work with Western Trust to ensure the completion of demand/capacity review of hospital based diabetes services.

**Cardiac**

- Implement a Familial Hypercholesterolaemia cascade testing service in N. Ireland
- All Trusts should implement a model for Emergency Life Support (ELS) training in together with an audit process to monitor agreed

The LCG will also support Western Trust to implement ELS training. This needs to incorporate

<sup>3</sup> Further discussion required between Commissioner and provider(s) and / or DHSSPS.

outcomes. <sup>4</sup>	workforce capacity issues for AHPs and nurses.
<p>Prevention</p> <ul style="list-style-type: none"> <li>• All Trusts should ensure that smoking cessation services are available in all locations where patients with LTCs are seen including hospitals, primary care and community pharmacy</li> <li>• All Trusts should work with key stakeholders to develop and secure a range of quality assured education, information and support programmes to help people manage their long term conditions effectively</li> <li>• By March 2014, all Trusts should deliver 500,000 telehealth monitored Patient Days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.</li> <li>• Belfast Trust to undertake pilot of the Triple Aim in North Belfast Increase the uptake of direct payments by people with neurological conditions</li> </ul>	

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<sup>4</sup> Further discussion required between Commissioner and provider(s) and / or DHSSPS.



## Maternity

<p>All Trusts should ensure that the level of resident medical cover for consultant-led obstetric units meets the minimum standard recommended in the DHSSPS Maternity Strategy (ST3 or equivalent for obstetrics, paediatrics, anaesthetics) Those units that do not currently meet this standard must ensure in the interim that the risk profile of women booked to deliver in the unit is clinically appropriate to the level of staffing available.</p>	<p>The LCG will support regional colleagues to ensure that Western Trust meets the minimum standard recommended in the DHSSPS Maternity Strategy in terms of the level of resident medical cover for consultant-led obstetric units at Altnagelvin and South-West Hospitals.</p>
<p>All Trusts should ensure implementation of Normalising Birth Action Plans including:</p> <ul style="list-style-type: none"><li>• Keeping first pregnancy and birth normal</li><li>• Increasing vaginal births after previous caesarean section (VBAC)</li><li>• Benchmarking against comparable units in NI, the rest of the UK and ROI</li><li>• Implementation of NICE clinical guideline 132</li></ul>	<p>The LCG will work with Western Trust to ensure the implementation of Normalising Birth Action Plans.</p>
<p>All Trusts should ensure that where a consultant-led obstetric unit is provided a midwife-led unit will be available on the same site.</p>	<p>Western Trust has confirmed that it provides midwife-led units at both acute hospitals, co-located with consultant-led obstetric units.</p>
<p>All Trusts should ensure that all women are provided with balanced information on the available options for place of birth and benefits and risks, including midwife and consultant led units and home births.</p>	<p>The LCG will work with Western Trust to ensure that all women are provided with balanced information on the available options for place of birth and benefits and risks.</p>

<p>All Trusts should ensure that antenatal booking clinics will be provided in the community by midwives which will offer:</p> <ul style="list-style-type: none"> <li>• Direct access for women to their community midwife</li> <li>• Confirmation of pregnancy scan</li> <li>• Access to NIMATS</li> <li>• Bookings and risk assessment carried out by 12 weeks and women provided with their maternity hand held record.</li> </ul>	<p>The LCG will work with Western Trust to ensure that antenatal booking clinics will be provided in the community by midwives in line with regional priorities.</p>
<p>All Trusts should ensure that for women with straightforward pregnancies antenatal care will be provided primarily by the midwife in the community and give greater continuity of care</p>	<p>The LCG will work with Western Trust to ensure that, for women with straightforward pregnancies, antenatal care will be provided primarily by the midwife in the community and give greater continuity of care.</p>
<p>All Trusts should bring forward 3 year plans to develop skill mix in the community midwifery service to include a phased increase in the number of maternity support workers in the community to assist with breastfeeding and early interventions commencing from 2013/14<sup>5</sup></p>	<p>The LCG will work with the Western Trust to forward 3 year plans to develop skill mix in the community midwifery service to include a phased increase in the number of maternity support workers in the community to assist with breastfeeding and early interventions commencing from 2013/14</p>

<sup>5</sup> Further discussion required between Commissioner and provider(s) and / or DHSSPS.

<p>All Trusts should implement the Royal College of Obstetricians &amp; Gynaecologists green top guideline No. 36 “The Prevention of Early-onset Neonatal Group B Streptococcal Disease”</p>	<p>The LCG will support regional colleagues to ensure Western Trust implements the RCOG green top guideline No. 36 “The Prevention of Early-onset Neonatal Group B Streptococcal Disease”</p>
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<p><b>Child Health</b></p>	
<p>All Trusts to ensure that all children and young people admitted to an in-patient paediatric unit are seen by an appropriate level of medical staff within 4 hours and a consultant paediatrician within 24 hours of admission.</p>	<p>The LCG will work collaboratively with Western Trust to ensure that all children and young people admitted to local in-patient paediatric units are seen by an appropriate level of medical staff within 4 hours and a consultant paediatrician within 24 hours of admission.</p>
<p>All Trusts to achieve 16 years as the upper limit for acute paediatric and surgical care. Age appropriate care must be provided in all in-patient and out-patient settings.</p>	<p>The LCG will work with Western Trust to develop a phased implementation plan to increase the upper limit for acute paediatric and surgical care to 16 years by March 2016.</p>
<p>All units with in-patient paediatric services must have a short stay paediatric assessment unit (SSPAU) on site</p>	<p>In line with the Western Population Plan, the LCG will work collaboratively with Western Trust to fully establish a short-stay paediatric unit at Altnagelvin Hospital by March 2014 and consider the roles of advanced/nurse practitioners in this area, including triage.</p>

<p>All Trusts should ensure that all parents with a child with a Long Term Condition are given a named contact worker they can liaise with directly to discuss management of their child's condition and who will liaise with education services if required.</p>	<p>The LCG will seek assurances from Western Trust that all children with a long term condition have a named contact workers. This will be underpinned by ICP working in due course.</p>
<p>All Trusts to ensure that all children receiving palliative care have an emergency plan agreed with their GP, care team and secondary care services</p>	<p>The LCG will support Western Trust to ensure that all children receiving palliative care have an emergency plan agreed with their GP, care team and secondary care services.</p>
<p>All Trusts to ensure that diagnostic imaging services are available on a 7/7 basis to diagnose and manage the acutely ill child including the assessment of acute surgical conditions of childhood.</p>	<p>In line with the principle of access to 7 day diagnostic imaging, the LCG will seek assurances from Western Trust that this is delivered at both acute sites.</p>
<p>All Trusts to implement the recommendations of the RQIA Independent Review of Pseudomonas in neonatal units and NICE guidance on antibiotics for the prevention and treatment of early-onset neonatal infection</p>	<p>The LCG will support regional colleagues to ensure that Western Trust implements the recommendations of the RQIA Independent Review of Pseudomonas in neonatal units and NICE guidance on antibiotics for the prevention and treatment of early-onset neonatal infection</p>
<p><i>Sub-fertility</i></p>	
<p>Belfast Trust should introduce oocyte cryopreservation (egg freezing and storage), and a blastocyst service<sup>6</sup>.</p>	

<sup>6</sup> Requires further discussion between the Commissioner and the DHSS&PS with regard to funding.

## **Medicines Management**

<b>Ministerial Priority:</b> From April 2013, ensure that 70% compliance with the Northern Ireland Medicines Formulary is achieved within primary care	The LCG will continue to place an emphasis on primary care prescribing efficiency and will support regional colleagues to ensure 70% compliance with the Northern Ireland Medicines Formulary in the Western area.
All Trusts to ensure the formulary is embedded within prescribing practice through active dissemination within electronic prescribing platforms	The LCG will support regional colleagues as necessary to ensure the formulary is embedded within prescribing practice through active dissemination within electronic prescribing platforms.
All Trusts will work with the Health & Social Care Board in 2013/2014 to establish the baseline position with ICPs ensuring 70% compliance by end 13/14 and Trusts attaining target delivery in 2014/2015.	The LCG will support regional colleagues as necessary to establish the baseline position with ICPs ensuring 70% compliance by end 13/14 and Trusts attaining target delivery in 2014/2015.

<p>All Trusts should put in place arrangements to manage regional monthly managed entry recommendations including monitoring, reporting and disinvestment arrangements</p>	<p>The LCG will support regional colleagues as necessary to ensure arrangements to manage regional monthly managed entry recommendations are put in place, including monitoring, reporting and disinvestment arrangements.</p>
<p>All Trusts to ensure 100% compliance with local delivery against the Regional Pharmaceutical Clinical Effectiveness Programmes such that all targets are met</p>	<p>The LCG will support regional colleagues as necessary to ensure 100% compliance with local delivery against the Regional Pharmaceutical Clinical Effectiveness Programmes such that all targets are met.</p>
<p>All Trusts should support development of e-prescribing in hospitals through identification of clinical champions and leads and co-ordination of local Trust implementation teams</p>	<p>The LCG will support regional colleagues to ensure development of e-prescribing in Western hospitals.</p>
<p>All Trusts and ICPs should ensure that all patients with highest risks (complexity; high risk medicines) have their medicines reconciled on admission and at discharge in line with NICE guidance (<a href="http://guidance.nice.org.uk/PSG001">http://guidance.nice.org.uk/PSG001</a>) – baseline in 13/14; delivery 14/15</p>	<p>The LCG will support regional colleagues to ensure highest risk patients have medicines reconciled on admission to hospital and at discharge.</p>

## *Mental Health*

<p><b>Ministerial Priority:</b> From April 2013, ensure that 99% of all mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days; 90% of complex discharges from an acute hospital take place within 48 hours; with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours.</p>	<p>The LCG will support regional colleagues to ensure that, from April 2013, Western Trust completes 99% of mental health discharges within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days; 90% of complex discharges from an acute hospital take place within 48 hours; with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours.</p>
<p><b>Ministerial Priority:</b> By March 2014, 23 the remaining long-stay patients in psychiatric hospitals are resettled to appropriate places in the community, with completion of the resettlement programme by March 2015.</p>	<p>The LCG will support regional colleagues to ensure Western Trust resettles 8 long stay patients by March 2014.</p>
<p><b>Ministerial Priority:</b> From April 2013, no patient waits longer than 9 weeks to access child and adolescent mental health services; 9 weeks to access adult mental health services; and 13 weeks to access psychological therapies (any age)</p>	<p>The LCG will support regional colleagues to ensure that, from April 2013, no Western Trust patient waits longer than 9 weeks to access child and adolescent mental health services; 9 weeks to access adult mental health services; and 13 weeks to access psychological therapies (any age)</p>
<p>All Trusts are required to fully implement the refreshed “Protect Life” strategy. This should include:</p> <ul style="list-style-type: none"><li>• contributing to the development of an improved model of support for</li></ul>	<p>The LCG is committed to ensuring the full implementation of the refreshed “Protect Life” strategy and related priorities and the new mental health promotion strategy once</p>

<p>those who self harm.</p> <ul style="list-style-type: none"> <li>• specific efforts to help vulnerable groups including bereaved families, the LGBT community, BME communities and Travellers.</li> <li>• supporting the ongoing delivery of the Lifeline Service and implement the regionally agreed Memorandum of Understanding.</li> </ul>	<p>launched.</p>
<p>All Trusts should establish integrated care arrangements for the care and treatment of patients with common mental health needs to include arrangements for the provision of a Primary Care Psychological Therapy Service beginning with the appointment of Primary Care Coordinators and training in CBT and/or counselling for a minimum of 5 staff in each Trust.</p>	<p>The LCG will support regional colleagues to ensure Western Trust establishes integrated care arrangements for the care and treatment of patients with common mental health needs to include arrangements for the provision of a Primary Care Psychological Therapy Service</p>
<p>All Trusts should begin to implement Recovery Approaches and related Integrated Care Pathways by December 2013.</p>	<p>The LCG will support regional colleagues to ensure Western Trust begins to implement Recovery Approaches and related Integrated Care Pathways by December 2013.</p>
<p>All Trusts should implement Crisis Response and Home treatment services for CAMHS with associated primary care teams/services including full implementation of the DHSSPSNI strategy for CAMHS.</p>	<p>The LCG will support regional colleagues to ensure Western Trust implements Crisis Response and Home treatment services for CAMHS with associated primary care teams/services, including full implementation of the DHSSPSNI strategy for CAMHS.</p>



<p>All Trusts should further develop Specialist Community Services to include:</p> <ul style="list-style-type: none"> <li>• Autism Spectrum Disorder (ASD) services for Adult Services</li> <li>• access to dedicated eating disorder beds in mental health and/or general hospitals (All Trusts should reduce eating disorder extra contractual referrals expenditure by 50% (based on the 01/04/2011 baseline))</li> <li>• a range of evidence based treatment options for people with a personality disorder in the community and in prison (leading to a 20% reduction in Extra Contractual Referrals based on the 1/4/2012 baseline).</li> <li>• the implementation of the regional Tier 4 Substance Misuse Model including the development of agreed supporting community services and enhanced alcohol liaison services within Emergency Departments</li> <li>• the implementation of services to identify, assess and treat first episode psychosis (age 16+)</li> </ul>	<p>The LCG will support regional colleagues to ensure Western Trust further develops as necessary specialist community services in line with regional priorities. It will be necessary to scope services and pathways for adults with ASD.</p>
<p>All Trusts should achieve the targets of the Mental Health Bamford Action Plan 2012-2015 DHSSPS.</p>	<p>The LCG will support regional colleagues to ensure Western Trust achieves the relevant targets of the Mental Health Bamford Action Plan 2012-2015 DHSSPS and incorporate a local review of the perinatal mental health pathway.</p>

## *Palliative Care*

All Trusts and ICPs should ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.

The LCG will seek to ensure that Western Trust and, in due course, ICPs put in place effective arrangements to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death, including place of death, choices and professional training.

All Trusts should provide evidence that they are working to increase the quality of life for people in the last year of life by ensuring that palliative care measures run alongside acute intervention for people with cancer, cardiovascular and respiratory disease, dementia, frail elderly and those with a physical disability who are at the end of life.

This should include:

- implementation of the end of life operational systems model,
- identification, holistic assessment and referral for carers assessment
- offering people the opportunity to have an advance care plan developed within 3 months of admission to a nursing home, in the last year of life and for those who have an anticipated deterioration in their condition (e.g. on diagnosis dementia)

The LCG will seek evidence that Western Trust is working to increase quality of life for people in the last year of life, in line with regional priorities, by ensuring that palliative care measures run alongside acute intervention for people with cancer, cardiovascular and respiratory disease, dementia, frail elderly and those with a physical disability who are at the end of life.

<ul style="list-style-type: none"> <li>• people are supported to die in their preferred place of care</li> <li>• use coordinated care planning in the last few days of life</li> </ul>	
<p>Trusts and ICPs should have processes in place to ensure that care for individuals identified as being on the possible last year of life is coordinated around the patient and across services and organisational boundaries. This should be supported through continuation of the palliative care coordination posts and should include:</p> <ul style="list-style-type: none"> <li>• Implementation of the regionally agreed key worker function</li> <li>• The use of multidisciplinary records in the home</li> <li>• Effective out of hours hand over arrangements</li> </ul>	<p>The LCG, supported by regional colleagues, will seek to ensure that care for individuals identified as being on the possible last year of life is coordinated around the patient and across services and organisational boundaries.</p>
<p>Trusts and ICPs should provide evidence of how they are working with the independent and voluntary sector to ensure that there is an increased provision of general palliative care services in the community, supporting patients within their own home and nursing homes where that is their choice. This should include:</p> <ul style="list-style-type: none"> <li>• Access to 24 hour care and support</li> <li>• Equipment</li> <li>• Arrangements to support timely hospital discharge</li> <li>• Support to nursing homes to meet the standards being developed in</li> </ul>	<p>The LCG will require Western Trust and, in due course, ICPs to provide evidence of how they are working with the independent and voluntary sector to ensure that there is an increased provision of general palliative care services in the community, supporting patients within their own home and nursing homes where that is their choice. This should incorporate training, workforce requirements and local protocols developed with the Trust to support nursing homes.</p>

<p>conjunction with RQIA</p>	
<p>Trusts and ICPs should provide evidence of how they are working with the voluntary sector to ensure that there is an increased provision of specialist palliative care services in the community, supporting patients dying within their own home and nursing homes where that is their choice. This should include:</p> <ul style="list-style-type: none"> <li>• Support to generalist palliative care services</li> <li>• Education and training</li> <li>• Development of community multidisciplinary palliative care teams</li> <li>• Development of new models of palliative care day hospice and outpatient services</li> <li>• Access to face to face specialist advice 7 days a week 9am to 5pm</li> </ul> <p>Trusts &amp; ICPs to work with the commissioners to develop access to telephone advice to professionals 7 days per week until 11pm</p>	<p>The LCG will require Western Trust and, in due course, ICPs to provide evidence of how they are working with the voluntary sector to ensure that there is an increased provision of specialist palliative care services, training and respite in the community, supporting patients dying within their own home and nursing homes where that is their choice. The Western Population Plan includes a commitment to develop day hospice.</p> <p>The LCG will work with Trusts to develop access to telephone advice to professionals 7 days per week until 11pm.</p>
<p>All Trusts and ICPs should provide education and training in communication and end of life care for all staff (e.g. GPs, hospital doctors, nurses, allied health professionals, ambulance staff, social workers, support workers etc)</p>	<p>The LCG will seek to ensure that Western Trust and, in due course, ICPs provide education and training in communication and end of life care for all staff.</p>

### *Physical and Sensory Disability*

Trusts and HSCB will collaborate in producing a needs analysis of people who are Deafblind to improve assessment and access to services.	Western Trust, as the regional host Trust, is working with regional colleagues to produce a needs analysis of people who are Deafblind to improve assessment and access to services.
Trusts will participate in a Regional Review of Communication Services in order to improve service access and consistency.	Western Trust will participate in a Regional Review of Communication Services in order to improve service access and consistency.
Trusts will pilot at least one programme specific Self Directed Support scheme in order to develop a common approach to the use of personalised budgets and promote learning on a cross programme basis.	The LCG will ensure that Western Trust pilots at least one programme specific Self Directed Support scheme.
Trusts will review their respite capacity by identifying opportunities to reduce reliance on current residential and domiciliary models and developing community-based services offering short break support.	The LCG will require Western Trust to review its respite capacity by identifying opportunities to reduce reliance on current residential, domiciliary models and developing community-based services offering short break support and telehealth/telemedicine services.
Trusts will work with the Carers Strategy Implementation Group to address the recommendations of the 2012 Self-Audit Update and RQIA Inspection of NISAT Carers Assessments.	Western Trust will work with the Carers Strategy Implementation Group to address the recommendations of the 2012 Self-Audit Update and RQIA Inspection of NISAT Carers Assessments.

## Screening

<p><b>Ministerial Priority:</b> The HSC will extend the bowel cancer screening programme to invite in 2013/14 50% of all eligible men and women aged 60-71, with a screening uptake of at least 55% in those invited, and will have in place all the arrangements necessary to extend bowel cancer screening to everyone aged 60-74 from April 2014.</p>	<p>The LCG will support regional colleagues to extend the bowel screening programme to invite in 2013/14 50% of all eligible Western patients aged 60-71, with a screening uptake of at least 55% in those invited, and will have in place all the arrangements necessary to extend bowel cancer screening to everyone aged 60-74 from April 2014.</p>
<p>From April 2014, all Trusts should work with the PHA and the HSCB to increase screening colonoscopy capacity across the region by 25% to facilitate age extension of the bowel cancer screening programme up to 74 years. This should include the provision of at least one more endoscopy unit of JAG standard in Northern Ireland by the end of March 2015 and a further unit of JAG standard by March 2016.</p>	<p>The LCG will support initial discussions with Western Trust and regional colleagues which will lead to increased diagnostic colonoscopy capacity to facilitate age extension of the bowel cancer screening programme up to 74 years to be delivered in 2014/15.</p>
<p>All Trusts should develop and implement action plans to enhance informed choice for the eligible population for bowel, breast and cervical screening. Work to focus particularly on hard to reach groups to reduce inequalities of access and uptake of cancer screening programmes.</p>	<p>The LCG will ensure Western Trust develops and implements an action plan during 2013/14 to enhance informed choice for the eligible population for bowel, breast and cervical screening. This will include a focus on hard to reach groups to reduce inequalities of access and uptake of cancer screening programmes.</p>

Trusts who deliver the Breast Screening Programme to implement local action plans, for the replacement of analogue breast imaging equipment with digital equipment to ensure the images taken are stored on NIPACS.	The LCG will work collaboratively with Western Trust to ensure implementation of local action plans when capital funded is made available for the replacement of analogue breast imaging equipment with digital equipment
All Trusts to identify all women who are, or have been, under their care and who are at high risk (x8 normal risk) of developing breast cancer. From April 2013, an identified Trust to provide an imaging service for ladies at high risk (x 8) of developing breast cancer in accordance with NHSBSP guidelines	The LCG will support regional colleagues to ensure the identification of women at high risk of developing breast cancer have access to a regional imaging service in accordance with NHSBSP guidelines.
<b>Specialist Services</b>	
<b>Ministerial Priority:</b> By March 2014, 30% of kidneys retrieved in Northern Ireland through DCD are transplanted in Northern Ireland.	The LCG will support regional colleagues to ensure 30% of kidneys retrieved in Northern Ireland through DCD are transplanted in Northern Ireland.
<b>Ministerial Priority:</b> From April 2013, no patient should wait longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis, and no patient should wait longer than 9 months to commence NICE approved specialist therapies for psoriasis decreasing to 3 months by September 2013.	The LCG will support regional colleagues to ensure Western patients commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis within regional waiting times.

<p>Belfast and Western Trusts (networking with NIAS and other Trusts as appropriate) should establish 24/7 primary Percutaneous Cardiac Intervention (pPCI) services at the RVH and Altnagelvin Hospitals and increase the scheduled cardiac catheterisation laboratory capacity in NI to circa 105 per week (to include extended day and weekend working) by September 2013 to improve access to diagnostic intervention and treatment as required.</p>	<p>The LCG will support regional colleagues to ensure Western Trust establishes 24/7 primary Percutaneous Cardiac Intervention (pPCI) services at Altnagelvin during 2013/14.</p>
<p>Belfast and Western Trusts should ensure that arrangements are in place to ensure that, as a minimum, patients can access specialist ophthalmology regimes, such as Wet AMD) within a maximum of 9 weeks.</p>	<p>The LCG will continue to work with Western Trust to ensure that patients will have access current and new specialist ophthalmology services with a maximum 9 week wait.</p>
<p>All Trusts should pilot the regionally agreed patient journey for Duchenne Muscular Dystrophy.</p>	<p>The LCG will support regional colleagues to ensure Western Trust pilots the regionally agreed patient journey for Duchenne Muscular Dystrophy.</p>
<p>All Trusts should ensure that patients commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and multiple sclerosis in line with the Commissioning Plan Direction.</p>	<p>The LCG will support regional colleagues to ensure Western Trust patients commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and multiple sclerosis in line with the Commissioning Plan Direction.</p>



### *Unscheduled Care*

<p><b>Ministerial Priority:</b> From April 2013, 95% of patients attending any Type 1, 2 or 3 A&amp;E Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.</p>	<p>The LCG, in collaboration with regional colleagues, will continue to seek solutions to ED pressures, particularly at Altnagelvin Hospital. This will include addressing medical capacity; promoting appropriate GP patient management, including through ICPs; and working with NIAS and Western Urgent Care to ensure alternatives to ED attendance are in place, including treating at the scene.</p>
<p><b>Ministerial Priority:</b> By March 2014, secure a 10% reduction in the number of emergency readmissions within 30 days.</p>	<p>The LCG work collaboratively with ICPs and Western Trust to ensure plans are in place to reduce emergency readmissions within 30 days are reduced by 10% by March 2014.</p>
<p><b>Ministerial Priority:</b> By March 2014, reduce the number of excess bed days for the acute programme of care by 10%.</p>	<p>The LCG will seek plans from Western Trust to reduce beds days by 10% based on benchmarking information.</p>
<p>By September 2013, the Ambulance Service will, in collaboration with primary and secondary care clinicians, develop and implement agreed protocols to enable paramedics to assess and treat patients at the scene (including home) without transporting them to hospital, where appropriate.</p>	<p>The LCG will ensure Western Trust works collaboratively with NI Ambulance Service as necessary to develop and implement agreed protocols to enable paramedics to assess and treat patients at the scene (including home) without transporting them to hospital, where appropriate.</p>

<p>By December 2013, Trusts will agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a Trauma Managed Clinical Network.<sup>7</sup></p>	<p>The LCG will ensure Western Trust works collaboratively with other Trusts to agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a Trauma Managed Clinical Network.</p>
<p>By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments including:</p> <ul style="list-style-type: none"> <li>• Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled care, including telephone triage;</li> <li>• GP direct access to appropriate diagnostics to enhance management of conditions in Primary Care; and</li> <li>• rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital doctor and agreed decision on steps to take in patient management.</li> </ul>	<p>The LCG will work collaboratively with Western Trust and Western Urgent Care to will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments, taking forward regional priorities as necessary.</p>
<p>During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an</p>	<p>The LCG will seek Western Trust to confirm that the necessary components are in place to deliver 7-day working on acute sites in line with regional priorities. Community equipment</p>

<sup>7</sup> Further discussion required between Commissioner and provider(s) and / or DHSSPS.

<p>unnecessary emergency admission through appropriate patient handover and earlier discharge.</p>	<p>requirements will also need to be considered.</p> <p>The LCG will also seek to commission extended Emergency Department capacity, particularly medical consultants and emergency nurse practitioners.</p>
<p>By June 2013, all Trusts and LCGs will have jointly, identified, quantified and agreed the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. Integral to this will be the development, collaboratively among Trusts (including NIAS), by March 2014, of a directory of community services to support timely discharge of patients as well as prevent emergency attendances/admissions.</p>	<p>The LCG will work collaboratively with Western Trust to identify, quantify and agree the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. In particular, the LCG will seek to commission Western Trust to delivery 24-hour community nursing services. The LCG will work collaboratively across the region to develop and maintain a directory of community services.</p>

<p><b>Other Ministerial Targets</b></p>	
<p>Healthcare Acquired Infections</p>	<p>By March 2014, secure a further reduction of X% in MRSA and Clostridium difficile infections compared to 2012/13. [X to be available in March 2013]</p>

AHPs	From April 2013, no patient waits longer than nine weeks from referral to commencement of AHP treatment.
ICPs	During 2013/14, to implement Integrated Care Partnerships across Northern Ireland in support of Transforming Your Care

## 5. Next Steps

The Western LCG has made considerable progress in developing services locally through close engagement with General Practice and Western HSC Trust in particular. The LCG is committed to responding to the recommendations of TYC and the Western Population Plan; meeting Ministerial and Departmental targets; addressing local health and social inequalities; responding to identified needs and meeting increasing public expectations for health and social care services in the context of a challenging financial climate.

Western LCG will continue its drive to develop integrated care pathways which emphasise the role of Primary Care and General Practice and build effective working relationships with secondary care and prevention and early intervention initiatives. The LCG looks forward to the introduction of Integrated Care Partnerships which will build upon the considerable success of Primary Care Partnerships in the West over the past two years.