

HEALTH AND WELLBEING BOARD

2 APRIL 2014

NHS MEDWAY CLINICAL COMMISSIONING GROUP COMMISSIONING PLAN

Report from: Dr Peter Green, Chief Clinical Officer, NHS Medway CCG

Alison Burchell, Chief Operating Officer, NHS Medway CCG

Author: Alison Burchell, Chief Operating Officer

Summary

This report provides the final 2 year Operational Plan which has been developed as part of the 5 year strategy of the CCG.

The report focuses on the 2 year operational plan and alignment to the Joint Health and Wellbeing Strategy and priority actions for 2014/15.

The report details the proposed local quality premium target along with two other specific areas of the quality premium for endorsement.

1. Budget and Policy Framework

- 1.1. NHS England (NHSE) Planning Guidance '*Everyone Counts: Planning for Patients 2014/15 to 2018/19*' was published 20 December 2013 and can be found on the NHSE website - <http://www.england.nhs.uk/2013/12/20/planning-guidance/>.
- 1.2. The Planning Guidance describes NHS England's ambition for the years ahead and its ongoing commitment to focus on better outcomes for patients. It describes the vision for transformed, integrated and more convenient services, set within the context of significant financial challenge.

2. Background

- 2.1 The background is set out above and the attached paper provides the update on the CCG Plan.

3. Options

Not applicable

4. Advice and analysis

Not applicable

5. Risk management

- 5.1 The CCG has risk assessed the 2 year plan as part of the wider financial plan of the CCG and will monitor delivery and risks on a regular basis.

6. Consultation

- 6.1 The Health and Wellbeing Board received a report at the January meeting from NHS Medway CCG and NHS England (Kent & Medway) providing a summary of engagement activities undertaken to date for Call to Action informing the development of commissioning plans. The CCG has continued to work with key stakeholders on the final plans.

- 6.2 To maximise opportunities for mutual assurance across all health and social care services and minimise complexity the planning guidance sets out the principles for the process of assuring plans. This includes assurance of CCG Operational Plans through Health and Wellbeing Boards.

7. Financial and legal implications

- 7.1 The 2 year plan is part of the wider financial plan of the CCG and reviewed through the CCG governance structure.

8. Recommendations

- 8.1 The Health and Wellbeing Board is asked to:
- Confirm that the CCG 2 year operational plan reflects the local priorities agreed by the Health and Wellbeing Board
 - Agree the Local Quality Premium target
 - Endorse the approach for the proposed increase for reporting of medication errors
 - Endorse the selection of the patient experience measure

Lead officer contact

Alison Burchell, Chief Operating Officer, NHS Medway CCG

Background documents

None

Commissioning Plan Headlines

1. Background and Context

- 1.1. NHS England (NHSE) Planning Guidance '*Everyone Counts: Planning for Patients 2014/15 to 2018/19*' was published 20 December 2013 and can be found on the NHSE website - <http://www.england.nhs.uk/2013/12/20/planning-guidance/>.
- 1.2. The Health and Wellbeing Board received a paper in January 2014 which included headlines regarding the development of the CCG Commissioning Plan (in line with national guidance) and the alignment to the Joint Health and Wellbeing Strategy.
- 1.3. To maximise opportunities for mutual assurance across all health and social care services and minimise complexity the planning guidance sets out the principles for the process of assuring plans. This includes assurance of CCG Operational Plans through Health and Wellbeing Boards.
- 1.4. This report provides the final¹ 2 year Operational Plan which has been developed as part of the 5 year strategy of the CCG². The report focuses on the 2 year operational plan and alignment to the Joint Health and Wellbeing Strategy and priority actions for 2014/15.
- 1.5. The report details the proposed local quality premium target, medication error increase target, and patient experience focus area for agreement.
- 1.6. This report does not duplicate the content of the January report in terms of national context, framework and principles and local development of the plan.

2. The 5 year strategy

- 2.1. The CCG strategy continues to be developed and refined for final submission to NHS England in June 2014.
- 2.2. The five year strategy describes our goals and how we will achieve a modern model of integrated care, access to the highest quality urgent and emergency care, wider primary care (at scale) and a step change in productivity in elective care – there is however still more to do, working with our partners, to ensure all plans and services are aligned over the 5 year period. This will include discussions at different levels, including Kent and Medway wide.
- 2.3. Within the CCG strategy the system vision is that in five years Medway will have:

¹ Subject to review at the NHS Medway CCG Governing Body meeting on 26th March 2014

² Initial 5 year strategy submission to NHS England on 4 April 2014 with final submission on 20 June 2014.

1	<p>Increased its investment in prevention and early intervention strategies that actively engage and empower local citizens to take a greater role in improving individual health gain and so delivering better health outcomes.</p> <p>caring with you not for you.</p> <p><i>Patients, carers and the general population will be empowered to take control of their own health and with greater resilience will be less dependent of health and social care.</i></p>
2	<p>Care networks in place to support local people so that they are less reliant on health care and where there is a greater parity of esteem, through a modern model of 24/7 integrated care along side access to an effective high quality urgent and emergency care service.</p> <p>focusing on people not conditions</p> <p><i>Through strong provider networks operating across Medway professionals will be able to act quickly with a coordinated proactive response in meet the wider needs of each individual. Through their action health risk will be minimised and opportunities for people to return to an improved health status and independence achieved.</i></p>
3	<p>Delivered an affordable health system which is delivering high quality care focused on improving outcomes and an improved patient experience with a step change in the productivity of elective care and a wider sustainable primary care provided at scale.</p> <p>working smarter not harder</p> <p><i>In working collaboratively commissioners and providers with local people will be able to build sustainable models of care which can deliver high quality and safe services along side higher levels of productivity. In doing so organisations will develop the flexibility to respond and adapt in a timely way to changing needs in the population.</i></p>

2.4. As part of the 5 year strategy the CCG has established five clinical strategy programmes, led by Clinical Members on the Governing Body, these are:

- Children and Families (including Maternity)
- Mental Health and Wellbeing
- Urgent and Emergency care
- Prevention and Planned Care
- Co-ordinated Care for Adults

- 2.5. The priorities within all clinical strategies stem from an assessment of local needs and all seek to build on a principle of evidence based models of care across integrated and coordinated pathways.
- 2.6. The draft 'strategy on a page' is detailed in Appendix 1.

3. The 2 Year Operational plan

- 3.1. The 2 year operational plan (Appendix 2) details the key initiatives aligned to each clinical strategy.
- 3.2. The 2 year operational plan provides the Quality, Innovation, Productivity and Prevention (QIPP) plan for the CCG which is part of the wider financial plan of the CCG. The 2 year operational plan contributes a saving of £5.1m in 2014/15 and £5.9m in 2015/16.
- 3.3. The 2 year plan does not detail initiatives that started in 2013/14 that will complete in 2014/15. This information will be held at Programme level and continue to be driven forward as part of the financial plan.
- 3.4. The initiatives are focused on transformation and these require pace in year one of our plans, not least because of the direct links to the better care fund which comes into place on 1 April 2015.
- 3.5. The transformational plans requiring significant pace are the Urgent Care Redesign and Community Care Redesign. The plans are also reliant upon whole system health and social care working together to achieve the required transformations.
- 3.6. At the heart of this will be the ability for primary care to influence and co-design the community models that will ensure integrated primary and community services, supporting the reduction in access to urgent care and delivery of wider primary care at scale.

4. A focus on Urgent Care

- 4.1. The greatest pressure within the system currently and the area that a large proportion of the initiatives will contribute to relate to urgent care activity. There is a clear link between the CCG 2 year plans and the Better Care Fund plans and the cumulative impact on hospital non elective activity is expected to be a minimum of 13% in 2015/16 in Medway.
- 4.2. The NHS Constitution identifies a range of standards to which patients are entitled and which NHS England has committed to deliver. The CCG plan supports delivery of the standards but recognises where pressures exist and improvements are required within

the plan and urgent care is clearly a priority in order to achieve the A&E 4 hour wait standard (95%).

- 4.3. There has been an internal (MFT) and whole systems action plan to support achievement of the A&E standard in 2013/14 with performance increasing steadily in February and March 2014. There has been a significant change in approach internally with a focus on managing patient flow from A&E attendances through to discharging patients from wards. This along with a more focused discharge process for the more complex patients through the whole system Integrated Discharge Team has supported the improved performance which through whole system support we expect to improve and achieve the standard in 2014/15.
- 4.4. Access to high quality urgent and emergency care is a priority within Medway, with all partners working together to deliver the required transformations.
- 4.5. In line with the NHS England *Urgent and Emergency Care Phase one report* our plans support:
1. Providing better support for people to self- care.
 2. Helping people with urgent care needs to get the right advice in the right place, first time.
 3. Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E.
 4. Ensuring that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
 5. Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.
- 4.6. The CCG is leading the process of mapping and modelling urgent care services which will determine our urgent care and emergency care network. We have already started our 'front door' redesign, with good engagement from health and social care partners, which will underpin our wider network and we are undertaking a focused project to support primary care access.
- 4.7. The emergency and more specialist service aspects require working closely with all CCGs in Kent and Medway and NHS England Specialised Commissioners to ensure facilities can be designated (emergency and major emergency centres) in the future as part of the wider plans.

5. Alignment to Joint Health and Wellbeing Strategy

- 5.1. Medway CCG has been fully involved in the development and implementation of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWBS).
- 5.2. The table below demonstrates how the CCG plans align to the priority actions of the JHWS (*this table contains scheme headlines - more detail can be found in Appendix 2*):

JHWS Priority Action	CCG Plan - Key initiatives
<p>Promote maternal physical and emotional health in pregnancy and in the early months of life through high quality antenatal and postnatal services. Focusing on increasing levels of breastfeeding and reducing smoking in pregnancy.</p>	<ul style="list-style-type: none"> • Take forward the recommendations from the CCG review of Maternity Services (Jan/ Feb 2014). This will include an action plan that focuses on whole-system support to improve health and wellbeing in women of child bearing age, with primary and secondary care working in partnership to support women and families. • The CCG is one of the key partners of the Big Lottery Fund Bid– Medway Better Start for Children. The Commissioning Plan recognises the bid and also initiatives that we can focus on as a system if bid is not successful; some of which we are driving forward collectively now.
<p>Improve early diagnosis, treatment and care for people with dementia in line with increasing population need.</p>	<ul style="list-style-type: none"> • Develop a Health and Social Care Dementia Strategy, reviewing all services and pathways to ensure patients and their carers supported through a seamless pathway of care; offer a single point for support and information and integrated working between health and social care. • A lot of work has been undertaken across Medway in 2013/14 linked to the Prime Minister’s Dementia Challenge Fund; this will provide a good foundation for further improvements and transformation required to improve all aspects of the pathway. • The review will also focus on workforce development and education and training programmes that help support a change in culture and approach to one which empowers patients and carers, and delivers a more holistic response to what are more and more complex needs. E.g. health trainers; dementia and end of life training in care homes
<p>Tackle falls through better prevention and management</p>	<ul style="list-style-type: none"> • In 2013/14 the CCG commissioned a ‘Falls Emergency Department (ED)’ pilot in order to ensure assessment criteria and tools for use in the ED to identify frequent fallers and also assess benefits of consultant-led fast track clinic at

	<p>Medway NHS FT offering a comprehensive medical review to mitigate the risk of further. The pilot was successful and the permanent changes to the pathway have now been commissioned, with a whole system falls pathway agreed and in place.</p> <ul style="list-style-type: none"> • Implementation of the above pathway provides a good foundation for Health and Social care commissioners to continue to focus on the wider prevention and management support. The CCG and Medway Council have prioritised a project identified through the 'Home Truths' programme focusing on 999 Falls response vehicles where a Social Care Professional and Emergency Care Practitioner assesses the older person in their home and where it is safe to do so, provides support to enable the older person to remain at home, as well as referring the person to the falls liaison service to receive further support. • This project is identified within both the CCG 2 year plan and the Better Care Fund plan and supports a fully integrated health and social care approach.
<p>Reduce death rates from cancer (bowel, breast and lung). Focusing on improving prevention, awareness and increasing early diagnosis</p>	<ul style="list-style-type: none"> • Working in Partnership with Macmillan the CCG has appointed a 'Macmillan GP' to take on a clinical lead role for Cancer within Medway for a period of 3 years (from mid 2013). This post works closely with GP practices and focuses on increasing awareness of symptoms, early diagnosis and better end of life care linked to the wider CCG plan focused on developing the better data management in primary care to identify patients at risk. • Continue the work to establish the reasons for the poor survival rate for Medway citizens through better data delivered through primary care using the Audit + clinical tool. This will inform a strategy for improved outcomes including awareness raising, improved early intervention and better treatments. The CCG has been working closely with Public Health to look at cancer staging information for bowel, lung and breast cancer in order to triangulate with other information available on cancer pathways and inform actions with in Medway.

	<ul style="list-style-type: none"> • The CCG has already implemented improved access to diagnostics to support earlier diagnosis for lung and ovarian cancer. Bowel and brain cancer are the priority pathways detailed in the 2 year plan. Breast cancer pathways are well established. • Continuing to underpin the wider CCG plan is the 'prevention and early diagnosis' objectives which are focused on developing the infrastructure in primary care through read codes and audits to be able to better identify patients at risk (e.g. Audit plus software).
<p>Increase awareness of MH conditions and support for prevention, early diagnosis and treatment. (Focusing on MH promotion).</p>	<ul style="list-style-type: none"> • A key focus of the 2 year plan is around developing a primary care integrated mental health service and increase the identification and management of the full range of adult mental health conditions in primary care. • Parity of Esteem is a key focus within our plans in order to ensure that mental health receives equal priority to physical health in service design and delivery. This will include education and training focused within primary care services to ensure that their staff have a greater awareness of mental health problems and how this may affect people's physical health. We will also working to identify a GP Speciality Lead for Mental Health for every Practice or group of GP Practices across Medway and ensure that best practice approaches to caring for patients with common conditions include potential psychological care needs in all cases. • From a health care professional perspective the CCG member practices have been working with KMPT clinicians in the past year to increase awareness in the best practice management of common mental health conditions. This has been supported by monthly evening seminars between GPs and KMPT clinicians which have been well received. These are co-ordinated and facilitated by clinicians (not specifically referenced in 2 year plan as underway). • There will continue to be a focus on: <ul style="list-style-type: none"> ○ Continued commissioning via Any Qualified Provider for psychological

	<p>therapies which has improved access within Medway.</p> <ul style="list-style-type: none"> ○ Primary Care Mental Health workers to support patients with stable, long term mental health conditions in primary care, transferring from secondary care management. Three posts are in place in Medway. ○ A&E Liaison Psychiatry - the CCG has extended a 6 month pilot for a 24/7 service to ensure a longer period for a full evaluation prior to the end of September 2014. This forms part of the wider CCG Urgent Care Strategy. ○ Urgent Care Pathways – ensuring the right support at the right time, with more support available in the community to focus on prevention and early diagnosis and reduce the need for acute intervention. <ul style="list-style-type: none"> • The CCG commissions MEGAN (Medway Engagement Group and Network) to support mental health service users to provide feedback on current services and assist in the redesign of services. • Ensuring a greater focus on mental health care in order to achieve transformational change within the health service is a key theme that has emerged locally and nationally as part of the 'Call to Action' debate.
<p>Reduce social isolation through a social isolation strategy developed and delivered jointly with key partners.</p>	<ul style="list-style-type: none"> • The CCG is committed to working with Health and Wellbeing members to develop and deliver this strategy. • The Health and Social Care Community redesign and signposting projects are focusing on better co-ordination and integration of community nursing teams and social care and stronger interface with primary care with services 'wrapped' around primary care. Focus on supporting vulnerable and complex individuals and 'lead professional model' will support the wider strategy to combat social isolation with the focus on delivering an integrated approach (including voluntary sector) with effective signposting and befriending.

<p>Increase targeting of disadvantaged groups for promotion of healthy lifestyles. (Focusing on promoting healthy eating and physical activity and tobacco, drugs and alcohol control).</p>	<ul style="list-style-type: none"> • Through the framework previously described the CCG continues to support primary care in delivering best practice care through the use of prompts during consultations (Audit plus software) which results in • Increasing the recorded prevalence and targeting support and interventions to patients. Smoking, Alcohol screening and Body Mass Index (BMI) are all key areas focused on. • The CCG and Medway Council are working together to ensure that early help services are commissioned and are targeted at those children and families who have the greatest need. • The Mental Health plans described above will also contribute to this priority area.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6. Quality Premium

The Quality Premium rewards CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

Local Quality Premium

- 6.1. The local quality premium is a single target for 2014/15 and should be agreed with the Health and Wellbeing Board.
- 6.2. The final proposal for the local quality premium is being presented to the CCG Governing Body meeting on 26 March 2014.
- 6.3. The proposed metric is C2.3 Improving functional ability for people with long-term conditions – People with Chronic Obstructive Pulmonary Disease (COPD) and Medical Research (MRC) Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme. The indicator measures a key component of high quality care as defined in the NICE quality standard for COPD: Statement 6, "People with COPD meeting appropriate criteria are offered an effective, timely and accessible multidisciplinary pulmonary rehabilitation programme" *CCG Outcomes Indicator Set 2014/15: Technical guidance*
- 6.4. The JSNA suggests that prevalence of COPD at 1.8% in Medway is below the expected prevalence of 2.78% and that the number of people with COPD is expected to rise with the increased number of people over 65 and higher levels of smokers than the South East Coast area average.

6.5. It is estimated based on the published NICE COPD metric pilot that 10% of COPD patients would benefit from participating in a Pulmonary Rehabilitation programme. In 2013/14, approximately 80% of this cohort of patients accessed a Pulmonary Rehabilitation programme and it is proposed that this is increased to 90% of eligible patients being referred to a Pulmonary Rehabilitation programme. This equates to 508 people with COPD being referred to a programme in 2014/15.

6.6. The Health and Wellbeing Board is asked to support this ambition.

Medication Errors

6.7. As part of the quality premium CCGs are required to set out a specified increase level of reporting of medication errors for specified local providers between quarter 4 2013/14 and quarter 4 2014/15. These increases are expected to be agreed in conjunction with NHS England and the Health and Wellbeing Board.

6.8. The latest published data on medication errors (covering September 2012-March 2013) shows that although the proportion of medication errors against total incidents reported by Medway FT is in line with the average for a medium acute hospital (10.4% against average 10.3%), the overall rate of reporting of incidents per 100 bed days is significantly lower (6.9 against average 7.6).

6.9. Based on this information the CCG has set a target to increase the reporting of medication errors to the average expected level for a medium acute trust. Based on figures for 2012-13, this equates to 530 errors reported in 2014/15 against a baseline of 485. This target may need to be rebased once figures for 2013/14 are published.

6.10. The Health and Wellbeing board is asked to endorse this approach.

Ensuring people have a positive experience of care

6.11. As part of the quality premium, CCGs are required to select one area of patient experience for inclusion. This is to be selected from:

- Patient experience of GP out of hours services
- Patient experience of hospital care

6.12. The CCG is committed to improving patient experience in both areas, but is proposing to select hospital care for inclusion in the quality premium as this is an area of particular focus for 2014/15.

6.13. The Health and Wellbeing board is asked to endorse this selection.

Introduction:

'Strategy on a page'

Medway health economy comprises of partners across health and social care with a common vision focused on moving : From reactive to proactive for a healthier Medway							
5 year vision	Caring with you not for you		Focusing on people not conditions		Working smarter not harder		
	Improve health gain (better health outcomes)		Reduce reliance on health care (parity of esteem)		Secure sustainability (wider primary care)		
Strategic objectives	Prevention		Early Diagnosis		Better Care	Better Integration	Better end of life
Clinical strategies	5 year strategic goals			Achieving		Delivering sustainability by securing	
Children and Families	To reduce health inequalities, improve outcomes for children with long term conditions and secure access to high quality and safe maternity services			NHS Ambitions <ul style="list-style-type: none">•Meet National outcomes framework (5 Domains and 7 ambitions)•Improve health – through Public Health indicators•Tackle health inequalities – addressing the slope index of inequality for Medway•Drive towards parity of esteem•Deliver the NHS Constitutional measures Medway Health and Wellbeing Strategy <ul style="list-style-type: none">•Give every child a good start• Enable our older population to live independently and well•Prevent early death and increase years of healthy life•Improve mental and physical health and wellbeing•Reduce health inequalities		Quality and safety: <ul style="list-style-type: none">•Continuous system wide service improvement in quality and safety.•A workforce delivering effective care coordination.•Enhanced use of technology to improve self care and clinical decision making. Engagement and Partnerships: <ul style="list-style-type: none">•Authentic citizen engagement and empowerment improving health outcomes.•Member practices proactive in responding to health inequalities delivering a wider primary care at scale.•Provider networks actively engaged in delivering transformational priorities. Value for Money: <ul style="list-style-type: none">•All partners reporting sustainable surplus within the strategic period having reduced avoidable demand. Accountability and Transparency: <ul style="list-style-type: none">•Shared system leadership overseeing implementation and collectively managing risk.•All partners plans clearly showing commitment to driving transformation in line with the agreed vision.	
Mental health and wellbeing	To narrow the gap in health outcomes between those with and those without a mental health condition; improve access to children and adult mental health services and develop a primary care led response to supporting people in the community.						
Prevention and planned care	To embed a systematic approach to ensuring the early identification of those >15yrs at risk of ill health or harm; through greater self awareness and management and improved access to specialist diagnosis and advice.						
Urgent and emergency care (BCF link)	To deliver a health and social care coordinated response to preventing unnecessary acute hospital admissions and reducing demand at A&E whilst securing rapid high quality access to emergency care for those who need it.						
Co-ordinated Care for adults (BCF link)	To coordinate health and social care response with primary care to deliver more accessible and responsive services for vulnerable and older people to the end of their lives.						
Strategic Partnerships: Health and Wellbeing Board; North Kent Alliance; Executive Programme Board; Partnership commissioning team; Healthwatch Medway							

Medway Clinical Commissioning Group -2 Year Operational Plan 2014 - 16 (DRAFT - To be Finalised by 4 April)

Clinical commissioning strategy area and ambition	Focus	Description of initiative	Link to transformational priorities (1-3)	National outcomes delivered (1-7)	Local patient outcomes	Performance measures	Provider engagement	Key dependencies	Risks
Children and Families (incl Maternity): To reduce health inequalities, improve outcomes for children with long term conditions and secure access to high quality and safe maternity services	Maternity Services	Take forward the recommendations from the CCG review of Maternity Services (Jan/ feb 2014). This will include an action plan that focuses on whole-system support to improve health and well being in women of child bearing age, with primary and secondary care working in partnership to support women and families. <i>(Review and recommendations to Governing Body in March 2014)</i>	1	1	Women will receive high quality care and support in accordance with their clinical and social risk. Throughout pregnancy, birth and postnatally, the maternity service will continually assess and manage women's risk to ensure optimal care and support.	To ensure service remains compliant with the Maternity Dashboard clinical and managerial indicators outlined in the Service Specification KPIs (review through Clinical Quality Review Group) To ensure the data and clinical audits recommended by the review are undertaken in respect of risk profiling of women and data quality entry. Risk profile of women utilising maternity services.	Medway NHS Foundation Trust, Medway Community Healthcare, Medway Council, Medway Talkback (user led forum) , GP practices, Community and Voluntary organisations.	Acute Maternity Service Providers in Kent and Medway, Neonatal Services, Tertiary fetal and maternal medicine services for women with complex medical needs, Perinatal Mental Health Services, Health Visiting Services, GPs, Children's Centres, Family Nurse Partnership, Children's Social Care and Safeguarding, service user organisations.	Risk profile not impacted through focused whole system support to improve health and wellbeing
	Medway Better start for children and families 0 -4 years	The Medway Better Start programme is part of a Big Lottery Bid. The bid is to deliver a 10 year transformational programme aimed at empowering communities and families to give children the best start in life. It includes establishing a training and excellence centre and harnessing technology to inform and support communities. In the event the bid is not successful, it is our intention to take forward priority initiatives within the Better Start programme that are linked to system change outcomes such as projects aimed at improving maternal mental health, increasing the number of mums breast feeding, providing the right support to families suffering from domestic abuse, improving sexual health and supporting effective community engagement and empowerment that will underpin all programmes of work.	1,3	1,6	Greater community engagement in shaping the services they need (architects not decorators) leading to better health outcomes and closing the gap in terms of health inequalities	Performance measures under development but linked to system changes outcomes as well as specific projects associated with better maternal mental health, increases in breast feeding, supporting people suffering from domestic abuse, sexual health and authentic community engagement and empowerment.	Medway Council, Family action and other third sector organisations as well as providers including Medway NHS Foundation Trust and Medway Community Healthcare	Big Lottery Bid application	If bid is not successful then priorities will need to be agreed within available commissioned resource .
	Community Children's Nursing service (0-16yrs)	Undertake review of Community Children's Nursing service and commission revised model (0-16yrs).	2	3,6	Better support for children with long term conditions, preventing crisis and subsequent admission to hospital	Reduction in emergency admissions for children with long term conditions	Medway NHS Foundation Trust, Medway Community Healthcare and other providers identified through market testing	Wider urgent care redesign	Review may identify cost pressure
	Paediatrics Urgent Care	To improve paediatric urgent care pathways working closely with primary care and parents to reduce the need for admission to hospital	1,2	3	Better support for children and parents within primary care and through self management, preventing crisis and subsequent admission to hospital	Reduction in emergency admissions for conditions that are better managed out of hospital	Medway NHS Foundation Trust engaged in the development	Wider urgent care redesign	Demand does not reduce
	Carer resilience	Short breaks and early help – transforming through empowerment the resilience of carers (local offer)	1	6	Carers have more resilience to support children with specific health and social care needs	Reduce reliance on overnight short breaks and increase the take of alternative short break provision. Carers are more aware of the range and choice of short breaks available to them and feel supported. Early Help services are commissioned and are targeted at those children and families who have the greatest need.	Engagement in reviews and market consultation prior to commissioning commences.	Better Care Fund Need culture change and greater awareness as to alternative short break provision to overnight accommodation	Cost pressures in not being able to meet demand. Increasing reliance on overnight accommodation. Not addressing the culture shift and awareness raising of other short break provision available.
	Review of Attention deficit hyperactivity disorder (ADHD) provision	Improving community ADHD provision and the transition in ADHD pathways from Children to Adult Services	1,3	3	Clear Pathways, access to comprehensive treatment programme and access to services in primary care. Parents have access to support following early diagnosis to build resilience.	Clear pathways and access and increased take up of shared care arrangements. Clear protocol in place to shared care and prescribing (for Adults) including GP access to support and specialist advice. Reduction in paediatric outpatient attendances	CAMHS providers, Medway Foundation Trust (Community Paediatrics).	Robust programme management is put in place. GPs are signed up and committed to delivering share care. Appropriate support and clear pathways are put in place. Blockages are identified and addressed swiftly.	Insufficient support is put in place to support GPs deliver shared care. Blockages and delays in referral pathway. Increased waiting times for assessments remain. Parents are not support pre and post diagnosis. Delays in moving forward the programme of work.
	Improving transition from children to adult services	Develop a programme to support better transition between children and adult services. Initial priorities include children with Special Education Needs and Disabilities (SEND) and ADHD (Linked to ADHD Pathway redesign)	2	3	Better outcomes through seamless transition and support making better use of services	Patient experience	CAMHS providers, Kent and Medway NHS and Social Care Partnership Trust, Medway NHS Foundation Trust, Medway Community Healthcare and other relevant service providers	Strategic Clinical Network work on transition	Reviews may identify gaps in service provision and need for increased commissioned services. Assessments delayed; conditions prevent transition to adult units

Medway Clinical Commissioning Group -2 Year Operational Plan 2014 - 16 (DRAFT - To be Finalised by 4 April)

Clinical commissioning strategy area and ambition	Focus	Description of initiative	Link to transformational priorities (1-3)	National outcomes delivered (1-7)	Local patient outcomes	Performance measures	Provider engagement	Key dependencies	Risks
Mental health and wellbeing: To narrow the gap in health outcomes between those with and those without a mental health condition; improve access to children and adult mental health services and develop a primary care led response to supporting people in the community.	Child and Adolescent Mental Health Service (CAMHS)	A comprehensive review will be undertaken across all CAMHS tiers to identify where service improvements are needed for Medway children, young people and families. The review will also address improvements needed in transition pathways to adulthood, responses to Post Abuse services and Places of Safety Arrangements for children and young people. The review will inform how the CCG will take forward the implementation of improvements including future commissioning of CAMHS provision over the next two years.	2	6	Clear routes of access, timely responses in assessment and access to to appropriate intervention and treatments. Access to support arrangement when intervention not required is made clear and services are accessible. Receive high quality and evidenced based services.	Reduce waiting lists and times. Improve the timeliness of assessments and appropriate interventions received. Utilisation of clear pathways and access to service provision across all tiers of provision. Patient and carer experience: Positive outcomes are achieved for children, young people and families in receipt of interventions.	CAMHS provision impacts on all stakeholders including Public Health, GP's, Police, Medway NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Kent and Medway NHS and Social Care Partnership Trust, Medway Council Social Care departments including Look After Children Teams, Adoption; CAMHS providers.	Outcome of the Review Findings. Need to put in place interim management arrangements of Tier 2 CAMHS provision.	Service disruption whilst interim management arrangements are put in place for Tier 2 CAMHS provision. Delays in implementing the recommendations of the review. Delays in access to services and poor transition planning. Level of need escalate and require more costly intervention due to lack of capacity / investment in preventative services.
		Improve transition pathways from children to adult services, once outcome of the CAMHS review and action plan is agreed.	1,3	3	Better outcomes through seamless transition and support. Continuity in support across all ages groups.	Clear access routes and timely service is provided. Appropriate interventions are received. Continuity of support is received. Positive outcomes are reported from those in receipt of intervention and support.	Kent and Medway NHS and Social Care Partnership Trust (KMPT), Medway NHS Foundation Trust, Medway Community Healthcare, CAMHS/AMH providers will be engaged in feeding to be review and specification development. Market engagement will occur prior to re-commissioning commencing	Outcome of the Review and recommendations as to how service is best delivered in going forward. Secure funding to commission service. Secure AMH commitment to integrated working.	Delays in implementing the recommendations of the review. Delays in access to services and poor transition planning. Needs escalate requiring more costly intervention due to lack of capacity / investment.
	Develop a Primary Care Integrated Mental Health Service focused integrated health and social care teams (build on the model of integrated working for other vulnerable adults)	To increase the identification and management of the full range of adult mental health conditions in primary care. Stage 1 - Evaluate pilot (Primary care mental health specialists) facilitating the transfer of care from secondary to primary care Stage 2 - Build on the pilot for primary care mental health specialists and extend this to offer a primary care response service linked to prevention and primary intervention. Stage 3 - Deliver a full H&SC response across all mental health needs (including dementia and substance misuse). Stage 4 - Deliver a holistic and comprehensive response from primary care which ensures that staff working in these settings understand the symptoms of mental illness and the physical health needs of people with mental health problems to ensure that both physical and mental health issues are treated equally.	1,2	3,6	Patients supported locally with less need for referral to specialist centres; keeping individuals at work and engaging in their community.	Formal evaluation of three posts in place including: number of patients moved from secondary to primary care; level of engagement from primary care; patient satisfaction	GP practices, KMPT, Medway Council		Risk of de-stabilising secondary care by withdrawing funding to primary care without associated activity transfer
		Underpinning Workforce development plan incl: Stage 1 Member practices working with KMPT clinicians this year to increase awareness in the best practice management of common mental health conditions and to understand the impact of poor mental health on physical health and wellbeing. Stage 2 – Develop the role and capacity of PCMHs and manage its impact on specialist CMHTs Stage 3 – establish a social care link worker as part of the H&SC response			Better quality response from Primary care and less need for referral to specialist services	Reduction in referrals to secondary care; number of patients supported through the PCMHs;			Lack of ownership (buy in) from primary care to the model. Lack of appropriately trained and experienced staff to make the model work
	Mental Health - 'Parity of Esteem'	To ensure that mental health receives equal priority to physical health in service design and delivery. <i>Stage 1</i> - implement and roll out the HEE Training Programme which will enable all primary care services to ensure that their staff have greater awareness of mental health problems and how this may effect peoples physical health. <i>Stage 2</i> - Identify a GP Speciality Lead for Mental Health for every Practice or group of GP Practices across Medway. <i>Stage 3</i> - Work to ensure that best practice approaches to caring for patients with common conditions include potential psychological care needs in all cases.	1,2	2,3,5,6	Ensuring that pateints with mental health issues have their physical health needs addressed in a timely and appropriate manner thus improving quality of life and physical health outcomes for this patient group	Increase in uptake of physical health checks for MH clients. Reduction in attendances at A&E and GP appointments for unexplained symptoms. Improvement in the detection and treatment of side effects of medication	GP Practices; Primary Care Mental Health Specialists	Health Education England training development (awaiting confirmation of model and access)	Lack of 'buy in' to the process from Primary Care. Further information awaited on HEE programme - potential cost pressure.

Medway Clinical Commissioning Group -2 Year Operational Plan 2014 - 16 (DRAFT - To be Finalised by 4 April)

Clinical commissioning strategy area and ambition	Focus	Description of initiative	Link to transformational priorities (1-3)	National outcomes delivered (1-7)	Local patient outcomes	Performance measures	Provider engagement	Key dependencies	Risks
	Mental Health - Independent sector placements	To effectively manage independent sector out of area placements to ensure placement meets health needs and provides the best value for money.	3	6	Patients will be managed within local services if possible or placed in appropriate placements if unsuitable for local services. Patient will be regularly reviewed to ensure care/treatment is appropriate, delivering required outcomes and meeting health need. Patients will be repatriated closer to home at the earliest opportunity and/or moved to longer term placements when treatment outcomes achieved.	Regular reviews of patients, increase number of patients returning locally into appropriate treatments services or long term placements. Reduction in the use of out of area placements	KMPT, Medway Council, Independent Sector Providers	KMCS transferring full patient lists as part of handover.	Some cases have been in placements for a number of years and could therefore consider those placements to be permanent. Poor information regarding rationale for the placement, information given to the patient and/or relatives. Lack of good record keeping. Lack of regular reviews historically.
	Dementia care and support	Develop a Health and Social Care Dementia Strategy, reviewing all services and pathways to reviewed to ensure patients and their carers supported through a seamless pathway of care; offer a single point for support and information and integrated working between health and social care (<i>see below</i>).	2,3	4	Improved pathways of care and less 'fragmentation' in access to services. More resilience in carers to support people in their own homes for longer	Rate of detection of dementia increasing; reduction in unplanned admissions to hospital. KPIs to be developed as output of the review.	Medway Community Healthcare, Kent and Medway Partnership Trust Medway NHS Foundation Trust Medway Council Care Home providers; Community and Voluntary Providers	Better Care Fund, Review may determine efficiencies to be made which are not currently stated	Provider engagement
	Urgent care / crisis response and liaison psychiatry	A&E Liaison Psychiatry: evaluate and learn from the 24/7 service and integrate into the emerging urgent care redesign of A&E and Integrated Discharge Team. Improve communication between primary care and crisis response service.	3	3	Timely access to specialist mental health support at times of urgent need	Increase in crisis interventions / contacts Reduction in attendance at A&E Reduced delayed transfers of care due to mental health	Medway NHS Foundation Trust, Kent and Medway NHS and Social Care Partnership Trust, Medway Community Healthcare, Medway Council, GPs	Urgent care redesign	Ongoing funding of current 24/7 pilot will depend on the outcome of the evaluation

Medway Clinical Commissioning Group -2 Year Operational Plan 2014 - 16 (DRAFT - To be Finalised by 4 April)

Clinical commissioning strategy area and ambition	Focus	Description of initiative	Link to transformational priorities (1-3)	National outcomes delivered (1-7)	Local patient outcomes	Performance measures	Provider engagement	Key dependencies	Risks
Prevention & Planned Care: To embed a systematic approach to ensuring the early identification of those >15yrs at risk of ill health or harm; through greater self awareness and management and improved access to specialist diagnosis and advice.	Increase early diagnosis to improve survival from Cancer	To deliver best practice in General Practice for the management of cancer, supported by the Macmillan GP. This will include increasing awareness of symptoms, early diagnosis and better end of life care linked to the wider CCG plan focused on developing the better data management in primary care to identify patients at risk (national project).	1	1	Increased rate of detection for those at risk with earlier diagnosis to improve outcomes for cancer patients	Reduction in the number of patients that are diagnosed with cancer following an emergency contact with acute care Improved data quality on staging data which will indicate that patients are being diagnosed earlier	Member practices, Macmillan		Data quality of staging data does not allow success of new pathways etc to be evaluated
		To deliver pathways for Direct Access to diagnostics for suspected brain and colorectal cancers.	1,3	1	Faster access to diagnostic tests - Brain MRI and Flexi Sigmoidoscopy	Increase in number of Brain MRIs and Flexi Sigmoidoscopy	Medway NHS Foundation Trust, Care UK, other providers of diagnostic service		No immediate impact on survival rates
		Continue the work to establish the reasons for the poor survival rate for Medway citizens through better data delivered through primary care using the Audit + clinical tool. This will inform a strategy for improved outcomes including awareness raising, improved early intervention and better treatments.	1,3	1	Improved survival rates through planned pathways of care specifically for lung, breast, prostate and colorectal	Increase in early diagnosis of cancer	Member practices		Public reluctance to acknowledge symptoms and visit their GP
	Pathway redesign	Improved pathway for the effective management of Arrhythmia with the potential to avoid attendances at the Emergency Department (ED) and admission to hospital.	1,3	5	Improved patient satisfaction with the service Patients with Arrhythmia are able to access the right service in the right place at the right time for their condition There will be an increase in the number of patients on Warfarin who have avoided a stroke	Number of non-elective admissions for patients with Arrhythmia Number of first and follow-up outpatient attendances for patient with Arrhythmia	GPs, Medway Community Healthcare, Medway NHS Foundation Trust		
		Ophthalmology. The aim is to review current ophthalmology provision to assess the potential impact of transforming services to improve the clinical outcome for patients, reduce waiting times and reduce demand for secondary care releasing capacity for patients with complex and urgent needs.	3	5,6	Improved patient experience and outcomes Improvements to patients' self-management of their conditions. Improved access for rapid access eye services	A reduction in waiting times A reduction in the number of referrals to acute care. Increase in referrals to the community based services.	Optometrists West Kent CCG Maldstone Tunbridge Wells NHS Trust North Kent CCGs	CCG Alignment of plans	Destabilisation of service for current providers whilst new services appointed. Insufficient capacity in the area to deliver effective services.
		Dermatology. Reduce waiting times for patients with 'routine' dermatology conditions by securing community based integrated dermatology services.	3	5,6	Improved patient experience and outcomes Improvements to patients' self-management of their conditions.	Improved patient experience and outcomes Improvements to patients' self-management of their conditions.	Medway NHS Foundation Trust North Kent CCGs, West Kent CCG	CCG Alignment of plans	Insufficient capacity in the area to deliver effective services
		Physiotherapy. To secure provision of Musculoskeletal Physiotherapy services for Medway. To provide more efficient use of service capacity within community and/or community hospital in-reach Physiotherapy	3	5,6	Improved patient experience and outcomes Improvements to patients' self-management of their conditions. Improved access for rapid access eye services	Decrease in cancelled or not attended appointments. A reduction in waiting times.	Medway NHS Foundation Trust Medway Community Healthcare Healthshare, Physio2Fit, Injury Care Clinics, GPs	Sufficient applications for provision of new services	Insufficient capacity in the area to deliver effective services. Any remodelling of service will affect projected savings.
	Improve elective care productivity	Referral Optimisation through the effective use of Map of Medicine and other electronic tools for referral and patient management.	3	5	Removing unwarranted variation in practice - securing effective referral for all patients	Use of Map of Medicine (extending pathways across all practices); reduction in unwarranted variation in practice referral rates	Medway NHS Foundation Trust, Member practices	Practice engagement	Rate of uptake and poor compliance
		Outpatient redesign to ensure right place first time for referrals minimising need for consultant to consultant referrals; providing alternative appointments, advice and guidance and diagnostics.	3	5	Improving efficiency in access through speedier access to specialist opinion - through more efficient use in elective services specialists available to support urgent care.	Reduction in consultant to consultant referrals for follow up appointments.	Medway NHS Foundation Trust, Member practices	COUIN in Medway NHS Foundation Trust in 2014/15 contract	Failure to agree standards Medway NHS Foundation Trust fail to achieve COUIN
	Primary Care engagement	Working with NHSE (Primary Care) and member practices to secure sustainable operating models for general practice to support delivery of the wider commissioning strategy of the CCG. Facilitating member practice engagement and co-design of health and social care community services, focusing on vulnerable and complex patients, which is a key project within the Better Care Fund. <i>Note: This project is linked to the Better Care Fund Community Service Redesign. The project supports the savings and activity changes detailed in the Urgent Care service redesign.</i>	2,3	6	Effective local co-ordination and continuity of care; a greater focus on prevention and self care and where appropriate local interventions leading to healthier lifestyles and care closer to home. Reduced need for acute care.	Improvement in healthy living indicators (alcohol consumption, reduction in smoking, lower BMI index); better experience of community services; better quality of life for those with long term conditions. Reduction in non elective admissions. KPIs to be agreed as part of community redesign and specification of services.	NHS England; Member practices; Local Medical Committee; Medway Council; Medway Community Healthcare	Community Redesign, Urgent care redesign	Practice engagement in redesign. Redesign does not deliver required reduction in non elective admissions.
	Direct Access Pathology laboratory service	Review of Direct Access Pathology laboratory service to ensure that the CCG is securing value for money	3	N/A	No change to provision interface for patients	To be determined following review and in line with the agreed service specification	Medway NHS Foundation Trust	Contract agreement for 2014/15	Could adversely impact Pan North Kent provider plans Development of market capacity
	Medicine Optimisation; pharmacy support embedded primary care	Supporting cost effective and high quality prescribing across primary and secondary care interface and between GPs and Pharmacists reducing harm and wastage in drug usage.	3	6	Improved patient satisfaction; better outcomes; increase in clinically appropriate and cost effective medicines prescribed	Prescribing data - linked to practice profile; costs reduced and reduced wastage targets met (<i>this will exist for each specific scheme</i>)	Member practices; Pharmacists; Medway NHS Foundation Trust; Kent and Medway NHS and Social Care Partnership Trust; Medway Community Healthcare	Secondary care adherence to agreed formulary	Primary and Secondary care engagement and compliance with agreed policy / protocols

Medway Clinical Commissioning Group -2 Year Operational Plan 2014 - 16 (DRAFT - To be Finalised by 4 April)

Clinical commissioning strategy area and ambition	Focus	Description of initiative	Link to transformational priorities (1-3)	National outcomes delivered (1-7)	Local patient outcomes	Performance measures	Provider engagement	Key dependencies	Risks
Urgent & emergency care: To deliver a health and social care coordinated response to preventing unnecessary acute hospital admissions and reducing demand at A&E whilst securing rapid high quality access to emergency care for those who need it.	Urgent care service redesign – 'front door' to A&E	To undertake a whole system review and redesign of a single urgent care 'front door' with senior clinical (GP) triage and social care support, focusing on triage and navigation to the right urgent care or community service. The continued development and expansion of existing enablers eg Ambulatory Care, SECamb/MedDCC pathway, SECamb/ Mental Health pathway would also form part of this project, along with patient information and education (ie Health Help Now app). The review of the walk in centre (contract ends March 16) will be undertaken and considered as part of the wider urgent care redesign. <i>Note: This project is linked to the Better Care Fund and is supported by the Community Service Redesign and the Primary Care Delivery Model</i>	1,3	5	Improved patient experience as patients are seen quickly in the most appropriate setting	At least 95% of people who attend the ED are discharged or admitted within 4 hours of arrival Number of attendances at ED Number of non-elective (emergency) admissions Increased use of alternative pathways/services (KIPS to be defined linked to 'front door' model)	Medway NHS Foundation Trust Medway Community Healthcare Primary Care Medway Council and Kent Medway Partnership Trust	Community Redesign Access to Primary Care MFT Internal A&E building project. Review of Walk in Centre (contract ends March 16). The work includes a full review of activity patterns, the nature of demand and patient experience which will inform a CCG decision in 2014/15 on a service model, with a procurement process undertaken in 2015/16 as appropriate	Reduction in non elective demand and utilisation of most efficient pathways and services not achieved.
	Access to Primary Care	Improving access and the perception of access to primary care (links to 'front door' redesign and impacts reported as part of wider urgent care reduction)	1,3	3,5,6	Improved access to primary care Improved patient satisfaction	Reduce waiting times for access to GP Reduced A&E attendances GP Satisfaction Survey improved outcomes local access survey	Member practices Patient participation Groups	Practice engagement	Practices do not engage and do not change current access for patients
	Urgent Care	Practitioner Signposting: To reduce reliance on statutory health and social care services including ED, through training and support to primary care staff. (Linked to Better Care Fund and impacts reported as part of wider urgent care reduction)	1,2	2	Older people will be signposted early to community based preventative services, as well as initiatives such as reablement, telecare and services to combat social isolation. GPs and other professionals will be more aware of and confident in an array of community based services as an alternative to statutory provision and A&E, supporting people to live independently in their own homes for longer. This is a joint approach between Medway Council and CCG as part of the better care Fund, and forms part of a wider commitment to offer universal information, advice and advocacy to people in Medway.	Reduced number of GP home visits Reduced and/or delayed use of residential and nursing homes Reduced attendance at ED	Medway Council, including Adult Social Care professionals GPs, Pharmacists Community Nursing colleagues Patients / service users and their families	Better Care Fund	Practice engagement.
	Discharge Planning	"Trusted Assessment" model to support timely discharge from MFT supported by the Integrated Discharge Team. This will reduce delayed transfers of care and will be supported by contract levers with care homes	2,3	3	Patients will be discharged earlier from an acute setting to a care home where they will receive the care that they need in an appropriate setting.	Reduction in number of patients with a Length of Stay (LOS) greater than 28 days Number of patients with an estimated discharge date (EDD) less than 28 days and patient discharged within on or before the EDD Number of patients readmitted within 28 days of discharge	Medway Council Medway Care Home providers Medway NHS Foundation Trust Patients / service users and their families Integrated Discharge Team	Better Care Fund	Interfaces not effective and timely discharge not achieved
	Falls prevention and management	To commission a health and social care specialist 999 falls response vehicle service and in doing so reduce the number of conveyances to Emergency Department for falls patients who do not require urgent medical attention, along side improvements in falls prevention and advice, appropriate interventions and the supply of appropriate equipment. (Links to Better Care Fund)	2,3	3	Improved patient experience as patients who do not require urgent medical attention will not be conveyed to Emergency Department. Increase in falls prevention advice and provision of equipment to avoid repeat falls resulting in a reduction in other minor and major falls injuries, in particular fractured Neck of Femur. Also reduction in 999 calls and Emergency Department attendances.	Number of ambulance conveyances for patients following a fall. Number of attendances at Emergency Department for patients following a fall. Number of non-elective (emergency) admissions following a fall.	SECamb Medway Community Healthcare Partnership Commissioning Medway Council	Better Care Fund	Full evaluation on service model introduced in Hertfordshire awaited will further inform model and expected impacts
	Urgent care pathway redesign	Patients with a suspected fractured Neck of Femur will be admitted to an emergency orthopaedic hospital bed as early as possible therefore avoiding delays in the Emergency Department.	3	3	Improved patient satisfaction as care of patient will take place in the right setting earlier in the pathway. Improved access will enable the achievement of 36 hour target for treatment.	Number of attendances at Emergency Department for patients with a suspected fractured Neck of Femur. Achievement of 36 hour target for treatment.	Medway NHS Foundation Trust Swale CCG SECamb		Availability/ access to imaging services. Availability of orthopaedic emergency beds. SECamb training to identify fractured Neck of Femur and implement pathway to enable direct admission to orthopaedics.
		Improved cellulitis pathway from MCH to specialist care at MFT with the potential to reduce the need for an admission to hospital.	3	5	Improved patient satisfaction and reduction in complaints relating to pathway (if project identifies an issue with complaints) Specialist care for Cellulitis provided in the right place at the right time. Reduced need of inpatient treatment.	Number of non-elective admissions for Cellulitis from a referral from MCH Number of General Medicine first outpatient appointments (source of referral to be determined) Number of non-elective admissions for Cellulitis from an attendance at Emergency Department Number of patients treated on ambulatory care basis.	Medway NHS Foundation Trust Medway Community Healthcare Primary Care	Urgent care redesign	Pathway implementation
		An alternative fracture clinic model shadowing NHS Scotland's re-designed pathway which shows improved patient experience and quality of care. The new model streamlines the patient journey and removes the need for non-value adding patient attendances in hospital.	3	5	Improved patient satisfaction and reduction in complaints relating to the Fracture Clinic (if project identifies an issue with complaints) Access to Fracture Clinic improved and reduced attendances as patients will be reviewed via a virtual clinic. Use of Orthotics may result in a reduction in pressure ulcers if patients' mobility is improved.	Number of Out Patient Fracture clinic attendances Review of Plaster of Paris (POP) clinic time Number of Orthotics provided for patients with a fracture. Cost of Orthotics provided for patients with a fracture. Time spent to review all patients and conduct virtual reviews	Medway NHS Foundation Trust		Potential reluctance of patients to self-care with orthotics as per provided clinical guidance resulting in poorer clinical outcomes and repeat hospital attendances.

Medway Clinical Commissioning Group -2 Year Operational Plan 2014 - 16 (DRAFT - To be Finalised by 4 April)

Clinical commissioning strategy area and ambition	Focus	Description of initiative	Link to transformational priorities (1-3)	National outcomes delivered (1-7)	Local patient outcomes	Performance measures	Provider engagement	Key dependencies	Risks
Co-ordinated care for adults: To coordinate health and social care response with primary care to deliver more accessible and responsive services for vulnerable and older people to the end of their lives. (Direct links to the Better Care fund programme)	Community Service redesign	Health and Social Care re-design focusing on better co-ordination and integration of community nursing teams and social care and stronger interface with primary care with services 'wrapped' around primary care. Focus on supporting vulnerable and complex individuals and 'lead professional model' also supporting wider strategy to combat social isolation with the focus on delivering an integrated approach (including voluntary sector) with effective signposting and befriending. <i>Note: This project is linked to the Better Care Fund Community Service Redesign and the Primary Care delivery model. The project supports the savings and activity changes detailed in the Urgent Care service redesign.</i>	2,3	2,3,4,6	Coordinated care for vulnerable and complex patients: lead professional model will give continuity of care and improve patient experience.	reduction in number of attendances at ED reduction in number of non-elective (emergency) admissions Increased use of community services (Other KPIs to be defined linked to re-specification through redesign)	Medway Council, MCH, GP Practices, Medway NHS Foundation Trust	Better Care Fund: Urgent Care Redesign; Primary Care engagement; Palliative Care redesign	Due to size of challenge, full redesign not achievable by April 2015. Provider and staff engagement to adopt change in model and culture required to deliver.
	Community Equipment Loans	Implement a joint health and social care framework for Community Equipment Loans Service (CELS), ensuring single point of access and increased focus on outcomes to support wider Integrated model	2,4	N/A	Sustain service standards Improved responsiveness to requests for equipment	As per agreed service specification	Wider market testing	Better Care Fund	Market testing may not identify alternative providers
	Intermediate care review	Implement outcome of review of Intermediate Care Beds - to focus on a joint health and social care framework for both beds and opportunities for 24/7 services. <i>Better Care Fund project - also links to the Community Redesign project</i>	2	2,3	Improved outcomes with more people being supported with a range of intermediate care services to meet their need and support people to live independently	KPIs to be agreed linked to specification as output of review but will focus on reducing LOS of in acute hospitals and a series of outcomes related metrics for intermediate care (step up or down)	Medway Council, Medway Community Healthcare, Care home sector, Medway NHS Foundation Trust.	Better Care Fund; Discharge Planning/Integrated Discharge Team; Community Services Redesign	Change in culture within pathways to ensure focus on appropriate intermediate care; demand greater than agreed model for intermediate care beds (flexible model being developed)
	Care Home Model	To develop and implement an integrated model of care to support care homes in providing proactive quality care to residents to help keep them in their home. Stage 1 - Pilot an Intergrated Care Home Team to support nursing homes Stage 2 - Review the pilot with a view to expand support to residential homes Stage 3 - Full evaluation to further develop the future model of care for care homes. <i>NOTE: This project links to the Community Services Redesign & Palliative Care.</i>	2,3	1,2,3,4,6	Patient outcomes include: proactive care for residents to improve their outcomes through prevention and early identification and management of conditions, residents able to remain in their own home with the appropriate support during a crisis period, increased number of residents who die in their preferred place of death	Performance measures include: reduction in ED attendances, reduction in non-elective (emergency) admissions, reduction of ambulance conveyances, increased number of patients who die in their preferred place of death, increased number of patients with an advanced care plan and a reduction in prescribing costs in care homes.	Care Homes, Medway NHS Foundation Trust, Medway Community Healthcare, Medway Council, Member practices and Kent Local Medical Committee	Community Services Redesign, Palliative Care redesign and Better Care Fund	Engagement from Member practices, potential inability to measure impact of service through lack of baseline data following Caldicott 2, recruitment to support model of care
	Palliative Care	To review the pathway of care in order to support more people in their homes/community as part of an integrated model of care. In doing so to enhance the community palliative care service, and secure robust 24/7 cover.	2	3,6	More care closer to home: choice in place of death supported; improved patient and carer experience	More patients die in the place of preference KPIs to be developed as part of review and respecification	Medway Community Healthcare Medway NHS Foundation Trust GPs	Community Services redesign: Urgent Care model discharge planning for patients at end of life	workforce model may identify gaps : additional modelling as service plans develop may identify variation in expected savings

Transformational priorities

- 1 - with you not for you
- 2 - people not conditions
- 3 - smarter not harder

National Outcomes

- 1 - Securing additional years of life for the people of Medway with treatable conditions. (Domain 1)
- 2 - Improving the health related quality of life of the 15 million+ people with one or more long-term conditions. (Domain 2)
- 3 - Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital. (Domain 3)
- 4 - Increasing the proportion of older people living independently at home following discharge from hospital. (Domain 3)
- 5 - Increasing the number of people having a positive experience of hospital care. (Domain 4)
- 6 - Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community. (Domain 4)
- 7 - Making significant progress towards eliminating avoidable deaths in hospitals caused by problems in care. (Domain 5)