

Locality Plans

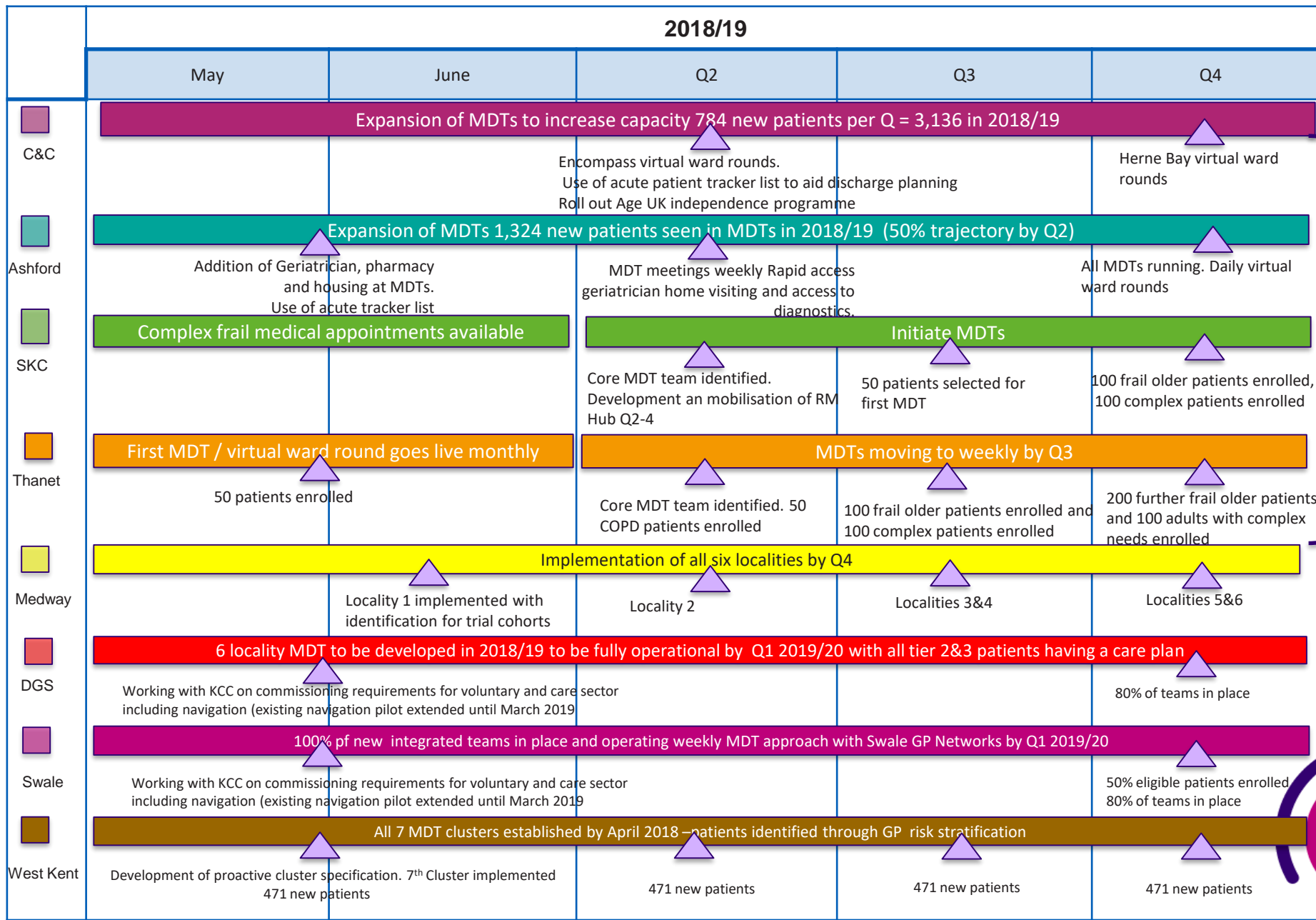
MDT and Patient Enrolment

APPENDIX B

Key:



Implementation



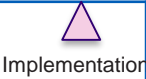
East Kent wide-
Roll out care home support model and review of Community hospital beds



Locality Plans

Care Model Development

Key:



2018/19

	May	June	Q2	Q3	Q4
C&C	Roll out of GPFV and 10 high impact changes, maintain improved access and optimisation of primary care staff				
	Go live UTI/ Cautionary Pathway. Go live cardiology and rheumatology tiers of care Go live UTC at Estuary View		Go live DVT/ Cellulitis pathway	Go live MSK , dermatology and element of ophthalmology tiers of care (TOC). Go live clinical pathway urology	Commence heart failure, gastroenteritis, asthma, children's pathway design. Go live diabetes TOC and primary care mental health support worker
Ashford	Roll out of GPFV and 10 high impact changes, maintain improved access and optimisation of primary care staff				
	MECS ophthalmology, Go live UTI/Cautionary Wet AMD TOC. Roll out wound clinics to remaining hubs		GP improved access target. pathway, cardiology TOC Go live DVT/ cellulitis pathway Roll out catheter clinics to remaining hubs	Go live dermatology TOC	Go live diabetes TOC and mental health group psycho-education and primary care mental health support worker
SKC	Focus on the development of Primary Care Hubs – offering 35-50,000 appointments by Q4				
	Primary care access hubs and rapid home visiting service, and additional primary care mental health workers live	Mobilise, rheumatology TOC	Mobilise UTI pathway , rheumatology and Wet AMD TOC	Mobilise DVT and COPD pathways. Respiratory, MECS ophthalmology, MSK TOC	Go live for wound and catheter clinics, cardiology, dermatology TOC, falls prevention model
Thanet	Focus on complex frailty model to support primary care and build on ART as an east Kent offer by Q4. UTC at QEQM ,Q2 and 3				
	Go live urology local care provision, wet AMD roll out		GP improved access target. Wound clinics go live, Cardiology, rheumatology TOC go live	Social prescribing framework, DVT , UTI, catheter goes live. Step up/down beds at Westbrook. Respiratory and MSK TOC go live	Falls prevention initiative with KFRS goes live, additional primary care mental health, evaluation of diabetes pilot
Medway	Initial focus on in –hours provision for MDTs building in Q4 to OOHs provision				
			In hours team in place, discharge support	Scope services to be delivered locally	OOHs team in place, links to social prescribing. Directory of services.
DGS	Building a rapid access service to support primary care				
				Rapid response service live Q3&4	
Swale	Building a rapid access service to support primary care				
					Rapid response service live Q4
West Kent	In Quarter 1 – commissioning model for falls service approved, complete reviews of Rapid Response/ Home Treatment Service, development of proactive cluster specification, Home First Pathway 2/3 capacity agreed for 18/19 and phased roll out of integrated MSK service to be agreed.				
	Commissioning models agreed		Signposting care navigation project go live		



Locality Plans

Enablers

Key:

△ Implementation

2018/19

May

June

Q2

Q3

Q4

C&C

System wide identification and recruitment of staffing to deliver frailty model and support tiers of care. Ongoing OD workshops

Develop Encompass and Herne Bay GP Partnerships. Implement teleconferencing to support MDTs

Digital interoperability development allowing SECamb to access the MIG

Ashford

System wide identification and recruitment of staffing to deliver frailty model and support tiers of care. Ongoing OD workshops

Development of Alliance between Ashford Community Providers and KCHFT. Implement teleconferencing to support MDTs

Digital interoperability development allowing SECamb to access the MIG

SKC

System wide identification and recruitment of staffing to deliver frailty model and support tiers of care. OD development Qs 3-4

Local design by dialogue events with rolling comms and engagement Q2-4. Implementation of interoperable IT systems within primary care access hubs

Capital bid for Romney Marsh and Folkestone Hubs Q2 -4

Digital interoperability development allowing SECamb to access the MIG

Thanet

System wide identification and recruitment of staffing to deliver frailty model and support tiers of care.

Development of a Primary Care Home OD programme Q1-2. Mobilisation of ETTF IT investment programme. Skype go live for MDT working. Local design by dialogue events

Full Business case drafted for Quex integrated hub/spoke and Westwood Cross integrated hub. Care model offer published

Leadership development programme. Full Business cases for complete for Margate Integrated Hub

Full Business case complete for UTC at QEQM

Medway

System wide staffing and OD development by Q4; examples; geriatrician, pharmacy care navigation, specialist mental health and palliative care support.

Employment of coordinator

Business case for 2x Healthy Living Centres

IT system interoperability with full EMIS migration and access to e- consult/ skype

DGS

A programme of estates capital bids to increase local capacity for integrated working along with system wide OD programme Q2-4, OD audit and annual MDT workshop

Business case started for 5 hub developments –completion date Dec 2020

IT system interoperability Q3&4 with skype consultations in Q4

Swale

A programme of estates capital bids to increase local capacity for integrated working along with IT solutions to interoperate and APPs for patient self - activation.

Work on proposed Sittingbourne Hub – competition date of Dec 2020

system wide OD programme Q2-4

Proposed commencement of building work at Chestnut GP premises

Proposed completion of Sheppey Health and Wellbeing Hub Skype consultations

West Kent

System wide culture and organisational development plan - jointly developed and delivered along with comms strategy. Hub development project Feb –Aug 2018

Recruit workshop manager and begin scoping workforce requirements

IT-Continued roll out of CPMS for sharing patient care plans Review outputs from population dynamic modelling tool

East Kent wide-working with EKHUFT to agree activity reduction and resolve stranded costs

