

## Appendix 2 – progress against urgent/critical care priorities in Kent and Medway

Priority milestone	Service area
Regional cancer SROs must provide assurance that cancer surgery hubs are fully operational everywhere	Cancer
Referrals, diagnostics and treatment must be brought back to pre-pandemic levels ASAP to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand.	All services
Create plan to support the increase in patients who have recovered from Covid and need ongoing community health support	Community based services
Make full use of available hospice care - K&M	Community based services
Extend testing capacity to include regular testing of asymptomatic NHS staff	Swabbing and Testing
Encourage GP practices to triage patients using online consultations and maintain current rates of remote appointments (85%)	Primary Care
As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure. Ensure trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a 'patient initiated follow up' approach for suitable appointments - providing patients the means of self-accessing services if Required	All services
Maintain mutual aid working arrangements between LGAs and LRFs - discharge planning, flexible staffing.	Incident Control
Ensure obstetric units have appropriate staffing levels including anaesthetic cover	Maternity / Workforce
Ensure providers make direct and regular contact with all women receiving antenatal and postnatal care, explaining how to access maternity services for scheduled and unscheduled care, emphasising the importance of sharing any concerns so that the maternity team can advise and reassure women of the best and safest place to receive care	Acute / Maternity / Workforce
Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services	Mental health and Learning Disability / Autism services
Proactively contact and support existing mental health service patients, especially those recently discharged from inpatient services	Mental health and Learning Disability / Autism services
Liaise with local partners to ensure referral routes for children and young people are understood to ensure they have access to mental health services	Mental health and Learning Disability / Autism services
Create plan for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan	Mental health and Learning Disability / Autism services
PPE availability for all staff	PPE
Provide clear information on how to access primary care services and that patients are confident about making appointments (virtual or if appropriate, face-to-face)	Primary care



Complete work on implementing digital and video consultations, so that all patients and practices can benefit	Primary care
Stratify and proactively contact high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams	Primary care
Introduce a weekly virtual 'care home round' of residents needing clinical support	Primary care
Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate	Primary care
Catch-up on backlog of those already in an active screening pathway and reschedule deferred appointments	Screening and immunisations
Make screening services are available for the recognised highest risk groups (as identified in individual screening programmes)	Screening and immunisations
Build a plan for each STP/ICS for the service type and activity volumes required beyond the end of June to inform discussions during May about independent sector contract extensions	Urgent and routine surgery and care
Work with systems to make judgement on, and plans for, further capacity for routine non-urgent elective care	Urgent and routine surgery and care
Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and see and treat' models. Increase availability of booked appointments and open up new secondary care dispositions, allowing patients to bypass ED's, where appropriate	Urgent care
Provide local support to the new national NHS communications campaign, encouraging those seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999	Comms
Provide urgent outpatient and diagnostic appointments at pre-Covid19 levels - K&M	Outpatients and diagnostics
Provide urgent and time-critical surgery and non-surgical procedures at pre-Covid 19 levels of capacity	Urgent and routine surgery and care
Stratify and proactively contact high risk patients to educate on specific symptoms/circumstance needing urgent hospital care, and ensure appropriate ongoing care plans are delivered	Shielded patients
Restart routine electives, where capacity is available, prioritising long waiters	Elective care
Ensure all NHS acute and community hospitals assess all admitted patients daily for discharge, against each of the Reasons to Reside; and ensure timely completion of a Hospital Discharge List, enabling the community Discharge Service to achieve safe and appropriate same day discharge	Discharging
Ensure there are: Daily reviews of all patients in a hospital bed on the Hospital Discharge List and Prompt and safe discharges	Discharging
Employers should complete the process of employment offers, induction and any necessary top-up training for all prospective 'returners' who have been notified to them.	Workforce
Ensure education material, training and appropriate PPE is available for the whole workforce, inc. non-clinical staff	Workforce

