

## VERSION 7 DRAFT – WORK IN PROGRESS

### Thanet Plan – Working Together Towards a Healthier Thanet

#### Expectations

1. Patients receive high quality, equitable and accessible GP Services

#### Next Steps 2014 - 2016

- Increase General Practice capacity
  - Increase numbers of GPs and Practice Nurses
  - Reduce unnecessary bureaucracy
  - Increase GP skill
- Improve effectiveness and coordination of patient care
  - Reduce variation in GP services
- Improve Medicines management
- Pilot new services and service innovation
- Improve management of 'at risk' patients
- Improve access to Primary Care

#### Work stream Members

##### CLINICAL LEADS

##### **Adem Akyol**

Tariq Rahman

Venkat Reddy

Alexandra Fox

##### Primary Care

Rachael Cousins (Bethesda)

Julie Hill (Grange)

(and later Pharmacy and PC Nurse)

##### KCC – Social Care

Barbara Rickman, Service Manager Thanet

##### KCHT

Peter Maskell Medical

Director/Bruce Pollington

Deputy MD

##### EKHUFT

Kim Gardner

##### KMPT

##### TDC

Penny Button

##### CCG Staff/commissioning

##### Support

Allan Stibbs

#### Delivered through:

- Practices working together in teams
  - Review access to GP appointments
  - Reduce red tape
  - Enable GPs to focus on clinical matters
  - Explore potential to share back office functions
  - Workforce planning
- Up-skilling GPs, nurses and nurse practitioners
  - Robust referral management
- Improve patient information and self-management
  - Proactive health promotion and health checks
- Designing effective multi-disciplinary approach
  - Increasing anticipatory care management
  - Implementing interoperability systems (MIG)
- Implement Medicines Management plan
- Effective reduction in A&E attendances
  - Effective utilisation of 75+ and other funding to design and pilot new initiatives
  - Review of EPO and non EPO enhanced services
  - Unplanned admissions DES
- Review and monitor AQP services
  - Re-procurement of anti-coagulation service
  - Review surgery in Primary Care service

2. Patients receive high quality, integrated out of hospital care covering physical and mental health

- Improve integrated care
  - Establish integrated nursing teams
  - Increase range and accessibility of health care services available in the community
  - Improve integrated care for people with long term conditions
  - Improve integration of urgent care
    - Reduce inappropriate attendance at A&E
- Improve end of life care in the community
  - Implement Electronic Palliative Care Coordination Systems
  - Identify and support end of life patients
  - Implement advanced care plans

##### CLINICAL LEADS

##### **John Neden**

Mark Elliott

Devaka Fernando

Venkat Reddy

##### KCC – Social Care

Janice Duff

Paula Parker

##### KCC – Public Health

Linda Smith

Wayne Gough

##### KCHT

Lesley Strong

Karen Stone

##### EKHUFT

Lesley White

##### KPMT

##### TDC

Penny Button

##### Voluntary Sector

Heather James

##### CCG Staff/commissioning

##### Support

Faye Hames

- Reviewing nursing resources available and ensuring community, specialist and rapid response nursing operates as one team
- Implement re-designed community DVT service
- Implement the diabetes strategy as a pilot model for long term care conditions management
  - Design and implement rapid response emergency services
  - Build community geriatrician service V7E pathway
  - COPD pathway
  - Review pulmonary rehab pathway
  - Review congestive cardiac failure pathway
  - Review chronic kidney pathway
- Lead provider for muscular skeletal pathway
- Transfer hospital services into the community
  - Review dermatology pathway
- Extended ambulatory care pathway
- Introduction of outpatient one stop clinics
- Optimising Westbrook House
- Re-designed GP in A&E
- Ongoing development of health help app
- Proactive health promotion and accessible health checks
- Build community geriatrician service V7E pathway
- IAPT review
- Implement end of life strategy
- Emergency care practitioners
- Implement community pre-op assessments

3. Patients receive timely, clinically appropriate and high quality care in hospital

- Ensure appropriate care transfers ; care in A&E, admissions, discharge
- Strengthen focus on appropriate use of specialist care; consultant to consultant and GP referrals
- Ensure timely access to consultants including outpatients

#### CLINICAL LEADS

**Deveka Fernando**

John Neden

Mark Elliott

#### KCC – Social Care

Janice Duff

Paula Parker

#### KCC – Public Health

Linda Smith

Wayne Gough

#### KCHT

Lesley Strong

Karen Stone

#### EKHUFT

Lesley White

#### KMPT

#### TDC

Penny Button

#### CCG Staff/commissioning

#### Support

Gerald Bassett

- Improve discharge
  - Improved electronic discharge
  - Improved CHC
  - Integrated discharge
- Pathway development (admissions)
  - Review macular oedema pathway
  - Outpatient DVT, Paediatrics,
- Increase telephone consultations
  - general advice, acute admissions
- Quality delivery, CDif, MRSA
- Choose & Book, Email advice
- Improve training for Junior Drs in A&E

4. Patients receive high quality Mental Health and wellbeing care in the most appropriate setting

- Improve access to appropriate mental health service
- Improve timelines of diagnosis and treatment planning

#### CLINICAL LEADS

**Andy Walton**

Heather Scott

Dr Malasi

#### KCC – Social Care

Janice Duff

Barbara Rickman

#### KCC – Public Health

Jess M

Linda Smith

#### KMPT

Angus Gartshore

Chris Koen

#### SPFT

Paul Haith

Jo Scott

#### TDC

Penny Button

#### CCG Staff/commissioning

#### Support incl KMCS

Jess Andrews

Jacqui Davis

Ian Derbyshire

- Develop mental health and wellbeing strategy
- Hold Mental Health Summit to underpin strategy development
- Strategy development involving key organisations with specialist interest in mental health
- Strategy implementation and monitoring through Health and Wellbeing Board
- Re-design of community mental health crisis service
- Clarify role of KMPT in dementia care
- Reduce out of area placements
- Review of Ogden Wing
- Build front line staff skills
- Primary care mental health workers
- Improve referral information and access to information
- IAPT review
- Develop early intervention pathway
- Review eating disorders
- Review ADHT services
- Dual and triple diagnosis, drug, alcohol and mental health

5. To ensure high quality children's services

- Improvement timely access to appropriate service
- Improve transitional arrangements
- Robust safeguarding processes with providers

CROSS CUTTING EXPECTATIONS

6. To contribute with partners to reduce health inequalities in Thanet

- Improve health outcomes and life expectancy
- Increase consistency in health across wards

CLINICAL LEAD  
**Esme Chilton**  
Ash Peshen  
Elizabeth Pryde  
KCC – Social Care  
TBC  
KCC – Public Health  
Karen Sharp  
KCC Education  
KCHT  
Mark Shepherd, Director of Ops  
Children and Young People  
EKHUFT  
Jane Ely  
SPFT  
Paul Haith  
Jo Scott  
TDC  
Penny Button  
CCG Staff/commissioning Support  
Margaret Mogentale  
Dominica Safeguarding  
Ian Davis  
Ian Derbyshire

- Develop children's health and wellbeing strategy to lead strategy development Children's Committee established by Health and Wellbeing Board
- Strategy development involving key organisations with specialist interest in children
- Strategy implementation and monitoring through Health and Wellbeing Board
- Services and service development underpinned by stronger evidence base
- Develop multidisciplinary programmes
- Review of CAF
- Roll out common assessment framework in primary care
- Review of eating disorders
- Early pregnancy unit
- Acute paediatrics
- Better use of Thanet MASH Centre
- Better use of children's centre/start
- Review CAMHS pathway
- Develop multidisciplinary working across organisations
- Challenge placement of vulnerable children in Thanet

CLINICAL LEAD  
**Andrew Scott -Clark**  
Heather Scott  
Adem Akyol  
KCC Social Care  
Jo Fraser  
KCC Public Health  
Andrew Scott-Clark (Lead)  
KCHT  
Anne Ford AD Health Improvement  
EKHUFT  
  
KMPT  
  
TDC  
Penny Burns  
CCG Staff/commissioning Support  
Sue Mullins (from 01 Dec 14)

- Develop an integrated health inequalities plan in collaboration with public health and social care
- Strategy implementation and monitoring through Health and Wellbeing Board

7. Put in place and strengthen the enablers needed to deliver this plan (MIG, Management of Placements, ongoing development of Health Help App, )  
Delivered through: Becoming a 'living organisation' through implementing Thanet's OD Plan, Patient and Public engagement, contract negotiation and management, quality management, collaboration with partners, financial and resource management, effective IT systems and processes

KCC MIG lead Janice Grant  
Placements = accom commissioning team, Ben Gladstone.  
KCHT Mark Ashby AD IT

8. Deliver comprehensive communications to educate and inform the public about health and health care services

KCC Social Care Jade Caccavone  
KCHT Natalie Yost AD Comms and Engagement  
KCC Public Health Wayne Gough  
EKHUFT Rachel Jones, Peter Gilmore  
TDC Penny Button