NHS
Medway

Growing Healthier

World Class Commissioning

Strategic Commissioning Plan

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‘GROWING HEALTHIER’

NHS MEDWAY

STRATEGIC COMMISSIONING PLAN

2008/09 – 2012/13

Healthier people, excellent care
A vision for the South East Coast

NHS
South East Coast

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SECTION 1 | FOREWORD

We need to be ambitious with and for the people of Medway if this plan is going to deliver significant improvements in the health status of local people.

Medway – A great place to live, work and thrive – a vision shared with our partners.

Our vision is for a healthy, safe and productive population in Medway where:

- Individuals and communities have access to the very best quality of health care.
- Services are commissioned in partnership with other agencies.
- Individuals are empowered to take control of their own well being.

'Growing Healthier' as NHS Medway's Strategic Commissioning Plan (SCP), describes how as NHS Medway we intend to take forward this vision through our determination to see innovation and evidence based practice and through strong engagement with all to secure:

- Prevention as a priority to maintaining good health.
- Personalised responsive and appropriate care closer to home.
- More choice and a much stronger voice for patients.

NHS Medway has a key leadership role locally to lead the commissioning of health improvement and in doing so secure 'Healthier people, excellent care' (HPEC) in line with the challenge set by Lord Darzi in the NHS next stage review 'High Quality Care for All'.

Over the next five to ten years the physical and service landscape will change dramatically. There will be significant transformation and while recognising that this journey has already begun we know more has yet to be achieved.

In doing so we can now demonstrate that we have:

- Established a robust assessment of patient needs so we understand the current and future health needs and requirements of the Medway Population.
- Reviewed current service provision across the local health economy and know the main issues gaps and inequalities.
- Determined what is required to address service gaps, priorities commissioning objectives and determined financial investment.
- Together with patients the public and clinicians, been designing and agreeing care models to meet these objectives with clear outcomes and benefits.
- Through contracting opened the market for bidding and are developing existing and new providers as well as agreeing where there should be decommissioning of ineffective provision.
- Established effective implementation and communication structures to secure success and are now able to monitor compliance and better outcomes as we seek continuous improvement in the care Medway people receive.

Priorities in this document have been arrived at through active stakeholder engagement of the Board, the Professional Executive Committee, key Medway partners both health and social care professionals and wider strategic partners such as the council, Police, MPs and the Local Strategic Partnership Board.

From these priorities NHS Medway has identified 6 key health goals to deliver over the next five years

IMPROVING HEALTH AND WELL BEING

To reduce the high levels of smoking, obesity and teenage pregnancy

TARGET KILLER DISEASES

To reduce premature deaths in Cancer and Cardiovascular Disease and in doing so improve the end of life experience for patients

CARE PATHWAYS – CLOSER TO HOME

To develop the capacity and capability of local services whilst offering more choice and responsiveness

SUPPORTING FUTURE GENERATIONS

To secure better outcomes and access to services for children and young people in Medway

PROMOTING INDEPENDENCE AND IMPROVED QUALITY OF LIFE

To meet the challenge of the growing number of older people and people with long term conditions, maximising their independence and well being

IMPROVING MENTAL HEALTH

To improve access to a wide range of preventative and treatment services to improve the mental well being of people in Medway

We have taken these goals and used them to drive our 14 strategic change programmes and our associated investment strategy. Each year we will work toward these goals through our annual commissioning intentions, service improvement plans and business plan.

Our plan is arranged in four main chapters which allow you to trace the journey we have travelled. Understand our vision, the issues we face, the health outcomes we seek and how we aim to achieve them.

Thank you for reading our plan. We welcome comments, as there will always be things we can improve.

Eddie Anderson	Marion Dinwoodie	Malvinder Raval
Chairman	Chief Executive	PEC Chairman

SECTION 2 | INTRODUCTION

2.1 SENSE OF PLACE

NHS Medway leads the NHS in the area covered by the Unitary Authority of Medway Council in the Thames Gateway community 30 miles from London. NHS Medway has a population due to rise from over 274,000 to over 320,000 in 20 years covering the towns of Strood, Rochester, Chatham, Gillingham & Rainham.

The area is shaped by its history, as well as by its future potential. Medway has seen gradual economic recovery and diversification over the last 20 years, after the collapse of heavy industries and the closure of the Chatham Royal naval dockyard in the early 1980s. For 15 years self-esteem, confidence and levels of aspiration among the community were low but now improving.

Overall Medway is not a deprived area and does not attract deprivation based funding. Yet at ward level there are some of the most deprived as well as some of the most affluent areas in the country. Deprivation is particularly driven by low income and employment levels. The challenge is to close these gaps and address the multiple causes of deprivation where people in some areas experience the combined effect of worklessness, poor educational outcomes, and crime, anti social behaviour and health problems.

It is a unique urban area and a national priority area for regeneration and growth. It is anticipated that with more than £120 million of Sustainable Communities funding, far more private investment will be attracted to transform Medway over the coming 20 years.

Regeneration in Medway focuses on brown field sites along the waterfront, the redevelopment of Chatham as Medway's city centre, as well as improvements to existing town centres. The regeneration will bring housing, jobs and investment in transport and community facilities.

While 88 per cent of Medway's population lives in the urban areas, half of the land is rural. This includes eight internationally or nationally designated areas of nature conservation. The challenge is to protect and enhance the environment and green spaces to maintain quality of life for current and future generations.

2.2 VISION & VALUES

MEDWAY

A great place to live, work and thrive

Our vision is for a healthy, safe and productive population in Medway where:

- **Individuals and communities have access to the very best quality of health care.**
- **Services are commissioned in partnership with other agencies.**
- **Individuals are empowered to take control of their own well being.**

This Vision is articulated in the PCT's 10 year strategic aims which seek to secure:

BEST SKILLS FOR BETTER SERVICES

A drive for innovation and better outcomes

HEALTH AND SOCIAL CARE – COMMUNITY HUBS

Rebuilding communities and providing space for social enterprise

MARKET PLACE FOR CARE

Increasing choice and plurality of provision

RAISING THE PATIENT VOICE

Improving standards of care through partnership and empowerment

MAKING EVERY POUND COUNT

Securing quality and value

The **Values** underpinning this strategy embedded within the PCT include the need for:

- **Respect and dignity:** *Treating people, whether patients or staff, as individuals – not as symptoms or resources.*
- **Commitment to quality of care:** *Earning others trust by insisting on quality and getting the basics right.*
- **Compassion:** *Finding the time to listen and understand.*
- **Improving lives:** *Striving to improve health and wellbeing through excellence and professionalism.*
- **Working together for patients:** *Putting patients first in everything we do.*
- **Showing that everyone counts:** Using the resources we have for the benefit of the whole community.

2.3 THE JOURNEY SO FAR

2.3.1 'A HEALTHY MEDWAY' 10 YEAR PLAN

- In March 2007 the PCTs 10 year strategy 'A Healthy Medway' described a journey focusing on the changes in the health and heath care for the people of Medway. NHS Medway, in partnership with a range of other organisations and agencies, sets out its vision as a key player in the regeneration of Medway.
- It recognised that over the next five to ten years the physical and service landscape will change dramatically. Although there will continue to be a need for some significant transformation it recognises that his journey has already begun. NHS Medway has already pushed forward the:
    - Integration of health and social care in tackling inequalities and supporting vulnerable people in the community;
    - Shift of services from secondary care into the community making care for many more accessible;
    - Drive for financial stability so releasing resources for future investment.

2.3.2 IMPACT OF THE FIT FOR FUTURE (FFF) PROGRAMME

- In 2007 NHS Medway spent many months discussing future plans with local people. The overall conclusion was that Medway's health services are broadly 'fit for the future.' This is not to say that everything is perfect, or that there are not areas that require further review and development, but no major structural changes were felt to be needed at that time.
- It was agreed that the PCT can continue to provide good health services within budget now and in the future. Money will not drive the changes; rather this would be led by innovation and technology. With this services and plans will continue to develop and change.
- The Fit for Future programme which reported in 2007 did however reinforce the opportunity for NHS Medway to push for more services outside hospital in line with national policy. It also identified some areas for strategic change including Stroke, Cardiac and Vascular services.

2.3.3 NHS MEDWAY'S STRATEGIC AGENDA

- Throughout the last 12 to 18 months NHS Medway has delivered a whole range of enabling strategies including:
    - Communications;
    - Estates;
    - Finance;
    - Information Technology;
    - Primary Care;
    - Workforce.
- These have built on the 10 year strategy and underpin many of the delivery programmes outlined in this document.

2.3.4 HIGH QUALITY CARE FOR ALL: NHS NEXT STAGE REVIEW FINAL REPORT

- In July 2008 the Department of Health published 'High Quality Care for All: NHS Next Stage Review Final Report'. It is these recommendations that now drive the PCT to seek further and faster transformation in the services they commission, including a:

  - Shift in the focus of health services from treating ill health to improving health and well-being and reducing health inequalities;
  - Increased personalisation of health services, and supporting people to make informed choices about how, when and where they access these services;
  - Guaranty that patients have access to the most clinically and cost effective drugs and treatments;
  - A stepped improvement in the quality of services, patient safety and satisfaction, through the use of clear measures of the quality of services;
  - Process to provide robust, high quality information about local services to allow them to make informed choices about the services they access;
  - Stronger emphasis on enabling NHS staff to lead and manage the organisations in which they work; and
  - Continued improvement in access for staff to education, learning and training opportunities.

2.3.5 HEALTHIER PEOPLE, EXCELLENT CARE

- Published in the summer of 2008 this strategy for the whole of the South East Coast emerged as a part of the wider NHS Review led by Lord Darzi.
- It outlines a vision in which:
  - Services are more focused on individual needs and choices;
  - Clear information is easily accessible;
  - Patients can make informed choices throughout their clinical journey;
  - Organisations work together to ensure the best care is available everywhere for everyone;
  - There is improved access to primary care and better support for patients to stay at home in order to prevent unnecessary referral to hospital;
  - the NHS workforce is world class with the most up-to-date skills;
- The document sets down ambitious plans across 8 clinical pathways with a common theme which sought to drive up quality and innovation and to deliver healthier people, excellent care from the cradle to the grave.

- It is in this context and the pledges that this document makes that the PCT has been reviewing its commissioning strategy. These pledges will be key parts of NHS Medway's delivery plans and will focus on:

Tackling healthcare associated infections

specialist centres for stroke, heart attack and major trauma

tests and scans locally

turning the tide on obesity

special programmes for long term conditions

end of life choices

reducing life expectancy gap

patients holding their own records

Healthier people, excellent care 2008

2.4 ROUTE TO SUCCESSFUL OUTCOMES

Within the context of these key messages NHS Medway will, over the next 5 years through partnership and participation, drive forward investment and innovation to:

- Improve the health of the population through personalised and responsive care closer to home.
- Introduce more diverse providers, with more freedom to innovate and improve services.
- Give more choice and a much stronger voice for patients.

Services will be commissioned to provide:

- Personalised care according to an individual's needs.
- More choice and control over patients care to maximize the positive impact on people's health.
- Services conforming to best practice e.g. promoting the physical and mental well-being of children and young people.
- Prevention as a priority over cure tackling issues of social inclusion.
- A reduction in health inequalities and a rise in life expectancy of the most socially disadvantaged by adding years to life, adding life to years and adding dignity to care.
- Patients treated in the right place at the right time with services localised where possible, but centralised when or where necessary.
- Services which make best use of taxpayers' money and sustainable into the future to enable better patient care.

The diagram below outlines how NHS Medway's vision and strategic aims map across to its strategic goals, initiatives and change programmes. It is these change programmes that will be the vehicle for driving service improvement and innovation.

Vision	10 year Strategic Aims	Health Strategy Goals incl: HPEC Pathways	Key Initiatives/ Change Programmes	Commissioning Partnerships
Our vision is for a healthy, safe and productive population in Medway. Where individuals and communities have access to the very best quality of health care. Where in partnership with other agencies individuals are empowered to take control of their own well being.	BEST SKILLS FOR BETTER SERVICES •Drive for innovation HEALTH AND SOCIAL CARE – COMMUNITY HUBS •Rebuilding communities •Space for social enterprise MARKET PLACE FOR CARE •Choice and plurality of provision RAISING THE PATIENT VOICE •Partnership and empowerment MAKING EVERY POUND COUNT •Securing quality and value	1. Improving Health and well being • Staying Healthy 2. Target Killer Diseases • Acute Care • End of life 3. Choice Closer to Home • Planned care • Maternity and Newborn 4. Supporting future generations • Children's services 5. Promoting independence and improved quality of life • Long Term Conditions 6.Improving Mental Health • Mental Illness	Choosing health Planned care Urgent care Primary care Diabetes CHD Cancer Renal Stroke Children Adult Mental Health Older People services Maternity matters Substance misuse	• Medway Local Strategic Partnership • Health Partnership Board • Community Safety Partnership • Learning Disability Partnership Board • Children and Young Peoples Strategic Partnership • Older Peoples Programme Board • Prison and Offender Health Board • Urgent Care Board • K&M Adult Mental Health Commissioning Board • SEC Specialist Commissioning Board • K&M Cancer Network Board

SECTION 3 | CONTEXT & DRIVERS FOR CHANGE

3.1 POPULATION FACTORS

More details can be found in the Joint Strategic Needs Assessment.

3.1.1 DEMOGRAPHICS AND LEVELS OF DEPRIVATION

- The Office of National Statistics (ONS) projections suggest the overall population in Medway is expected to grow as a minimum by 4.6% by 2018. Within this:

Older People

- The number of people 65 years of age or over is projected to grow by 29% with the number of over 85% years growing by 32% by 2018;
- The proportion of people aged 65 or over living on their own is predicted to rise by 32% by 2020.

Long term illness

- There is expected to be a 34% increase in those aged 65 or over with a physical disability by 2020.

Carers

- The number of carers aged 65 and over is expected to grow in line with demographic changes.

Mental Health

- The prevalence of common mental health disorders amongst the older population, i.e. dementia, depression and severe depression are all predicted to increase by 35% in Medway over the next 12 years.

Learning Disabilities

- The total number of adults (15 and over) with learning disabilities living in Medway (both known and unknown to services) is predicted to rise by 5% by 2020.

Children

- By 2018 the number of young children under 5 years of age is expected to grow by 7%.

- Medway has a predominantly white population. The largest ethnic minority group is the Asian/Asian British group. Although this is a lower proportion of ethnic minority groups than England as a whole numbers are increasing. The ethnic minority population in Medway has increased by 15.5 per cent (or approximately 1000 people) since 2001.

- Medway has a relatively diverse level of deprivation with three wards falling within the 20% most deprived wards of England and two wards falling within the 20% least deprived.

- As expected those areas with high levels of deprivation typically suffer on most domains of deprivation; income, employment, health, education, crime and living environment.
- Within this children are marginally more likely to live in deprived neighbourhoods. Older people are more likely to live within the least deprived neighbourhoods.

3.1.2 BURDEN OF DISEASE

3.1.2.1 Lifestyle and Risk factors

- The high levels of risk factors for ill health pose a significant threat to the future health and well-being of the population in Medway. NHS Medway faces considerable challenges in tacking high levels of smoking, obesity and teenage pregnancy.

Key issues to consider:

- The highest level of smoking of all Local Authority areas in the South-East at 31.3% of the adult population;
- The 6th highest percentage in the South East of people that are obese and the 3rd lowest percentage of adults that consume five or more fruits or vegetables per day;
- A high teenage pregnancy rate where 26% of 14 year old girls have become sexually active, but only 50% of this group know of some of the common STIs, and 33% do not always use contraception.

3.1.2.2 Mortality & Morbidity

- There are significant differences in life expectancy between wards in Medway, although the gap has recently narrowed, those living in the most deprived ward can still expect to live on average 6.8 years less than their more affluent counterparts.

Deaths from Cancer

- The Standardised Mortality Ratio (SMR) from all cancers is higher for Medway than both national and the southeast rates as are SMRs for lung and colorectal cancers.

Deaths from circulatory disease

- The Medway SMR continues to be above the southeast and national rates.

- Both demographic changes and the inequalities will drive a growth in relatively high intensity users; it is likely that service demand will grow proportionally quicker in Medway than the UK as a whole.
- This will have a significant impact on services for the management of long term conditions such as dementia, cardiovascular disease (CVD) and diabetes as well as acute conditions such as stroke as the incidence of these conditions increases with age. It will also have an impact on preventative programmes such as the child immunisation programme and influenza vaccination for the over 65s.
- Through the introduction of disease registers in primary care and the use of spatial mapping risks in the management of long term conditions are identified, e.g. there is a lack of correlation between admission rates of those with diabetes and prevalence rates but there is an association with areas with GP practices where blood sugar levels are less well controlled.

3.1.3 INEQUALITIES IN ACCESS

3.1.3.1 Children and Young People

- In early 2007 NHS Medway and Medway Council undertook a child health equity audit. This audit identified that:
    - Childhood vaccination rates in Medway are generally higher than for Kent and Medway and the South East region;
    - Children in the most deprived wards in Medway have considerably worse oral health than those living in less deprived wards;
    - There is a lack of awareness and knowledge of sexual health issues amongst children and young people in Medway, which is reflected in their risk taking sexual behaviour;

3.1.3.2 Adults with a Learning Disability

- There is clear national evidence that the health state of people with a learning disability and their access to services is very poor.
- Work in Medway has highlighted that people with a learning disability are not routinely receiving annual health checks, limiting their ability to access general health services.

3.1.3.3 Adult Mental Health

- The mental health needs assessment undertaken by NHS Medway in 2005 concluded that mental health services across Medway are inadequate, and inappropriately placed to meet need.

3.1.3.4 End of Life Care

- Black and ethnic minority groups and people with learning disabilities are under-represented in the patients seen by specialist palliative services.

3.2 INSIGHT FROM STAKEHOLDERS

3.2.1 IMPLICATIONS FOR THE STRATEGY

- Communications and engagement play a major role in supporting the PCT to become a world-class commissioner. In order to make commissioning decisions that reflect the needs, priorities and aspirations the PCT is engaging with the public in a variety of open and honest ways. An overall Communication Strategy was approved by the Board in September 2008.
- A commissioning engagement strategy has also been developed. This strategy will set out how the PCT will achieve the real and active involvement of local people in commissioning and performance management of the services they use.
- A key element in developing the Strategic Commissioning Plan has been the engagement of local services users, clinicians and the general public in agreeing the key priorities for NHS Medway.
- To date NHS Medway has presented the key elements of the plan to a range of staff and other stakeholders including Medway Council's Cabinet, the Health Overview and Scrutiny Committee, local GPs and patients and carer representatives. In addition to this the PCT has sent out 1,400 copies of Growing Healthier 1 and 2 to local organisations and individuals.
- Feedback received through this consultation process has generally been supportive of the direction of travel and key priorities. Themes that emerged from the consultation process include the need to:

  - Increase spending on promoting good health and well-being, including regular screening;
  - Target the reduction of health inequalities in Medway;
  - Improve access to GPs and Dentists through extended opening hours;
  - Promote the services that local pharmacies provide;
  - Make better use of the services that local optometrists provide;
  - Ensure that Medway NHS Foundation Trust is the hospital of choice for local people;
  - Improve the way NHS Medway communicates with the public about what it is doing any why;
  - Ensure patients have access to continuity of care, particularly from their GP;
  - Address concerns that by developing a market place for health services resources would be wasted;
  - Continue to undertake equality impact assessments and ethnic monitoring of utilisation for the services commissioned.

3.3 CURRENT PERFORMANCE

3.3.1 HEALTHCARE COMMISSION ANNUAL HEALTH CHECK:

PCTs receive a rating from the Healthcare Commission each year as part of the Annual Health Check for the NHS. In 2007/8 NHS Medway scored 'fair' for Quality of Services and 'fair' for Use of Resources:

The PCTs performance is monitored rigorously by the Board against the full set of 'vital signs' as well as other locally agreed indicators (See Appendix A for more detail) including:

Tier 1 Vital signs, plus new and existing national targets.

Tier 2 Vital signs, plus Local Area Agreement (LAA) targets.

Local PBC targets / objectives.

Business plan objectives and Assurance Framework

In order to ensure that the NHS Medway meets national and local targets, the PCT has continued to make significant investments in local health services and improved access to services across nearly all areas.

3.3.2 NATIONAL AND LOCAL PERFORMANCE TARGETS

NHS Medway is delivering on a number of the national and local performance targets however there are still some significant risks to the PCT. Performance in those areas of highest priority or of greatest risk is highlighted below.

3.3.2.1 Patient safety

Target: To achieve year on year reductions in MRSA and Clostridium Difficile (C Diff) levels.

Description	2008/09 Target	RAG Rating
Incidence of MRSA (SHA Target - Trajectory not submitted to DH)	21	
Admissions screened for MRSA (Trajectory not submitted to DH)	New Target	
Incidence of C Diff (Commissioner) Includes hospital and community acquired infections for NHS Medway registered population	122	
Incidence of Hospital Acquired C Diff at Medway FT (All PCTs)	106	
Incidence of Community Acquired C Diff (NHS Medway Provider)	10	

3.3.2.2 Tackling Inequalities

Target: By 2010 to increase life expectance at birth in England to 78.6 years for men and 82.5 years for women by reducing mortality rates

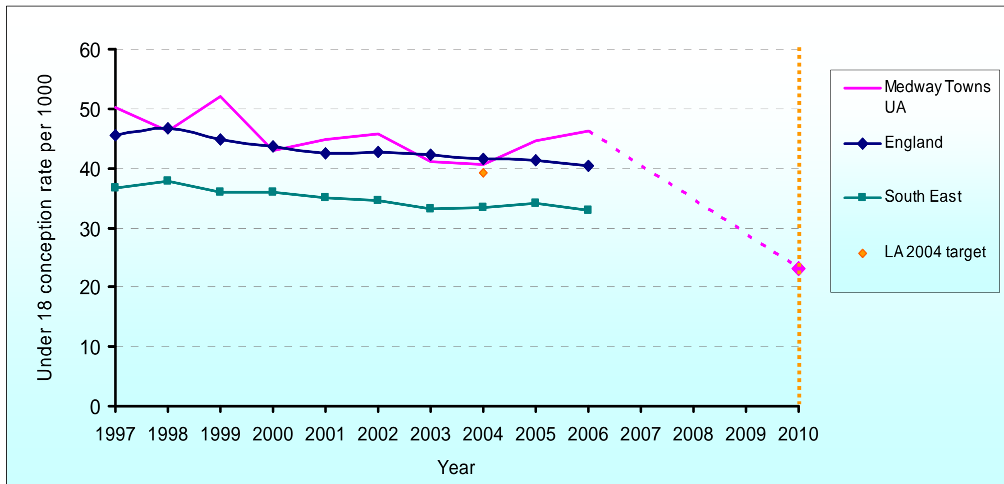
- The average All Age, All Cause Mortality Rate (AACM) for NHS Medway for 2004/06 is 556.40 for females and 791.40 for males. The target for 2010 is 500.70 for females and 682.50 for males.
- The average CVD Mortality Rate for NHS Medway for 2004/06 is 95.00 and the target for 2010 is 75.90.
- The average Cancer Mortality Rate for NHS Medway for 2004/06 is 123.10 and the target for 2010 is 109.40.

- Target: To reduce adult smoking rates.

Description	**2008/09 Target**	**RAG Rating**
Smoking Prevalence (Number of 4 week Smoking Quitters who attended NHS Stop Smoking Service)	1165	
Rate per 100,000 population aged 16 and over	569	

- NHS Medway achieved 74% of its 4 week quit target for 2007/08.

Target: To reduce the under 18 conception rate by 2010 as part of a broader strategy to improve sexual health.



Description	2008/09 Target	RAG Rating
Access to Genito-urinary medicine (GUM) Clinics within 48 Hours	100%	
Chlamydia Prevalence (Screening) Percentage of population aged 15 to 24 screened or tested for Chlamydia	17%	

- The under-18 conception rate in Medway has no overall change from its baseline level of 46.2 in 1998. It is clear that the achievement of the 2010 target, to reduce the rate by 50%, will be extremely challenging.

Target: To halt the year on year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.

- In Year R in 2007, 8.9% of the children measured were obese and 19.3% of those measured in Year 6 were obese.
- Targets to improve access to Breast feeding will also impact on this issue.

Description	2008/09 Target	RAG Rating
Prevalence of Breastfeeding at 6-8 weeks (Totally or Partially breastfed)	39.90%	
Percentage of children with a Breastfeeding status recorded	85%	

3.2.2.3 Local Choice and Accessibility

Target: Patient satisfaction with access to GP services to be improved. This is measured by the annual patient survey.

Only 15,964 local people returned the GP Access Survey form from the 38,972 forms sent out to people from Medway (a reduction on the previous year). Of these:

- 84% reported being able to get an appointment with a GP within 48 hours.
- 75% reported being able to book appointment 2 or more days in advance; and
- 88% reported being able to book an appointment with a specific GP.

Target: GP Practices to offer extended opening hours

- By June 2008, 73% of NHS Medway's GP practices had extended their opening hours in line with national requirements.

Target: To provide a personalised care plan for the most at risk vulnerable people; and to reduce overall emergency bed days through improved care in primary care and community settings for people with long term conditions.

- Emergency Bed Days – By quarter 3 2007/08, the PCT had used 84,793 emergency bed days. The planned number of emergency bed days for 2007/08 was 113,058.

- Community Matrons and Very High Intensity Users – At the end of June 2008 the PCT had 2 Community Matrons in post to provide intensive support to people with long term conditions in the community. The Community Matrons were supporting 74 very high intensity users.

Target: Choose and Book

- Choice: 89% of people from Medway referred by their GP for acute hospital care recalled being offered a choice of provider, compared to 93% for England as a whole.
- More than 65% of the referrals made by local GPs to acute hospitals are made using the Choose and Book system.

3.2.2.4 Improved access to specialist treatments

Target: To ensure that outcomes for Stroke patients are improved by early initiation of treatment of Transient Ischaemic Attack (TIA) or minor stroke.

- During April to June 2008, 37.5% of patients spent at least 90% of their time on a stroke unit and 18.18% of patients who had a TIA were scanned and treated within 24 hours.

Target: To extend the existing Cancer two week wait, 31 day and 62 day targets to cover more areas of Cancer treatment.

- 100% of patients referred by a GP with suspected cancer seen within 2 weeks.
- 100% of patients received their first treatment within 31 days of diagnosis.
- Over 95% of patients received their first treatment within 62 days of the initial referral.
- By December 2007 waiting times for radiotherapy had been reduced to a maximum of 4 weeks, and sustained during 2008.
- New targets extend the maximum waiting times to all cancer treatments.

Description	2008/09 Target	RAG Rating
31-Day Standard for Subsequent Cancer Treatments (Radiotherapy) All treatments to start within 31 days of patient being added to the waiting list for that treatment.	100% by Qtr 4 2008/09	
Extended 62-Day Cancer Treatment Targets. Percentage of patients who receive a first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status.	100% by Qtr 4 2008/09	

3.3.3 COMMISSIONED ACTIVITY

3.3.4.1 Service Improvement

- NHS Medway has made significant investment in a wide range of service improvement strategies. It has particularly pushed forward the integration of health and social care in tackling inequalities and supporting vulnerable people in the community.

Intermediate care

Emily, aged 88, lives independently in her own home. She has a hysterectomy because of cancer. After five days in hospital she no longer needs acute care. Yet she lives alone and is not well enough to look after herself if she goes home.

Scenario 1: Emily stays in hospital for four more weeks. Her confidence reduces as she becomes increasingly dependent on the hospital staff to do things for her. She develops a secondary infection and becomes very confused. She is unlikely to be able to go back home and look after herself as she used to.

Scenario 2: An intermediate care team arranges for Emily to move out of hospital and into a rehabilitation bed for four weeks. She receives nursing care, physiotherapy and help with personal needs such as getting dressed. She is soon able to begin caring for herself again and after four weeks she returns home.

- There has also been a shift of services from secondary care into the community making care for many more accessible.
- In particular the capacity and capability of primary and community services has increased to manage the rise in demand for long-term conditions (LTC) through the new contract with GPs (nGMS) contract and local community specialist teams.

Community team for Heart failure patients

Ada was referred to the service by her GP with increased shortness of breath oedema and fatigue.

Her GP treated her symptoms whilst the cardiology team commenced investigations including an ECG and Echocardiography. Testing showed she had a clear diagnosis of heart failure which enabled a management plan to be communicated to the GP to follow an evidenced based pathway of care.

Ada was seen by the team to initiate evidence-based treatments and to provide education and support to her. By ensuring prompt diagnosis and treatment Ada is now able to recognise her heart failure symptoms and promptly contacts her doctors' surgery when required. This in turn helps keep her well preventing hospital admission and improving her quality of life.

3.3.4.2 Demand in Acute services

- Contracts with acute hospital services have been set up to reflect both population growth (at about 1.8% pa – based on public health trends); changes in technology and developments in new pathways of care.
- Efficiency indicators, based on local and national comparators, have been introduced within acute contracting across a range of measures, for example to reduce follow up attendances in outpatients.
- Emergency admissions activity has stabilised, and at month 5 the year to date cost of unscheduled care is 6% less than in the same period in 2007/08.
- Elective admissions are rising, reflecting a growth in referrals in 2008/09. The impact of free choice and improved access to services is being examined to understand these increases.

3.3.4.3 Securing better activity data

- The introduction of Payment by Results (PbR) has improved coding in many acute services however there are still a number of areas including children's services and tertiary services which are managed through cost per case or block contracts. Trends and forecasts in these areas are more difficult to capture.
- Contracts with Mental Health and the PCT provider services are still mainly in block contract form and data is unreliable. However this is improving as contracts become more focused on new pathways of care.

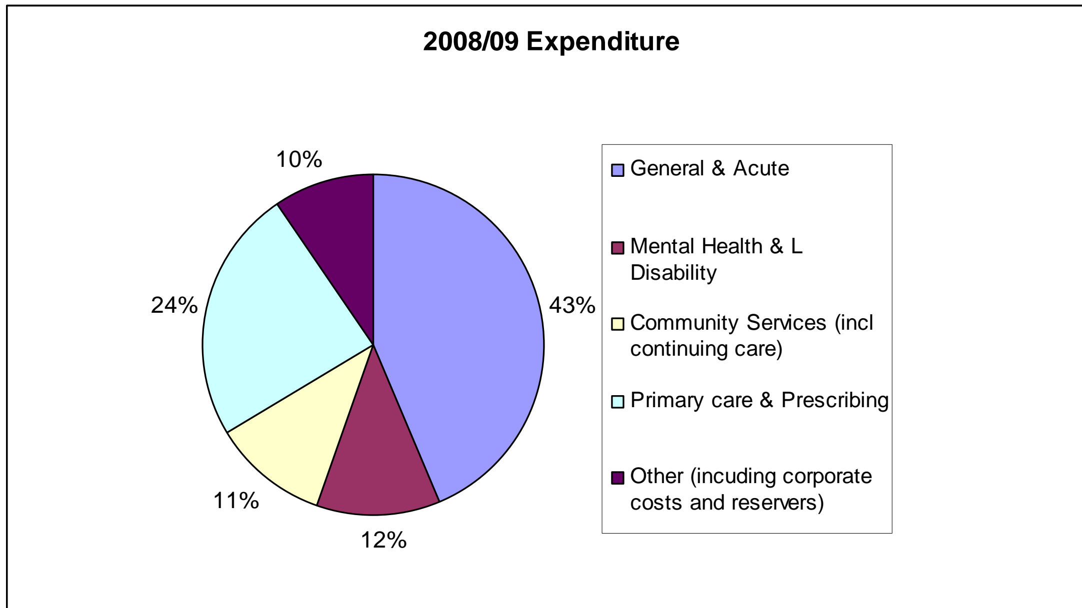
3.4 FINANCIAL CONTEXT

3.4.1 BACKGROUND

- The NHS in Medway has traditionally been funded significantly below levels indicated by the Department of Health funding formula. As recently as 2004-05 funding was approximately 10% below formula levels. Funding in 2008-09 is still 3.5% below that calculated by the Department of Health.
- In 2005-06 NHS Medway was overspent by £2.5 million. In the following year, 2006-07, the overspend was repaid after a period of cost cutting. In 2007-08 the PCT received an enormous funding increase of 12% worth £37 million. Coming as it did after a period of strong cost control, rapid investment of these additional funds in robust services was a challenge.
- In response the PCT prepared detailed strategies covering all major aspects of its business whilst investing heavily in its own provider services following a period of cost savings, and the achievement of 18 week waiting for elective hospital patients. However large surpluses were agreed with the Strategic Health Authority and lodgements of £20 million were placed with them.
- News of the new funding allocation to the NHS for the next 3 years is still awaited as is the specific allocation to the PCT. However the PCT is currently in a robust financial position with a series of detailed investment programmes covering all its commissioning responsibilities.

3.4.2 CURRENT PLANS

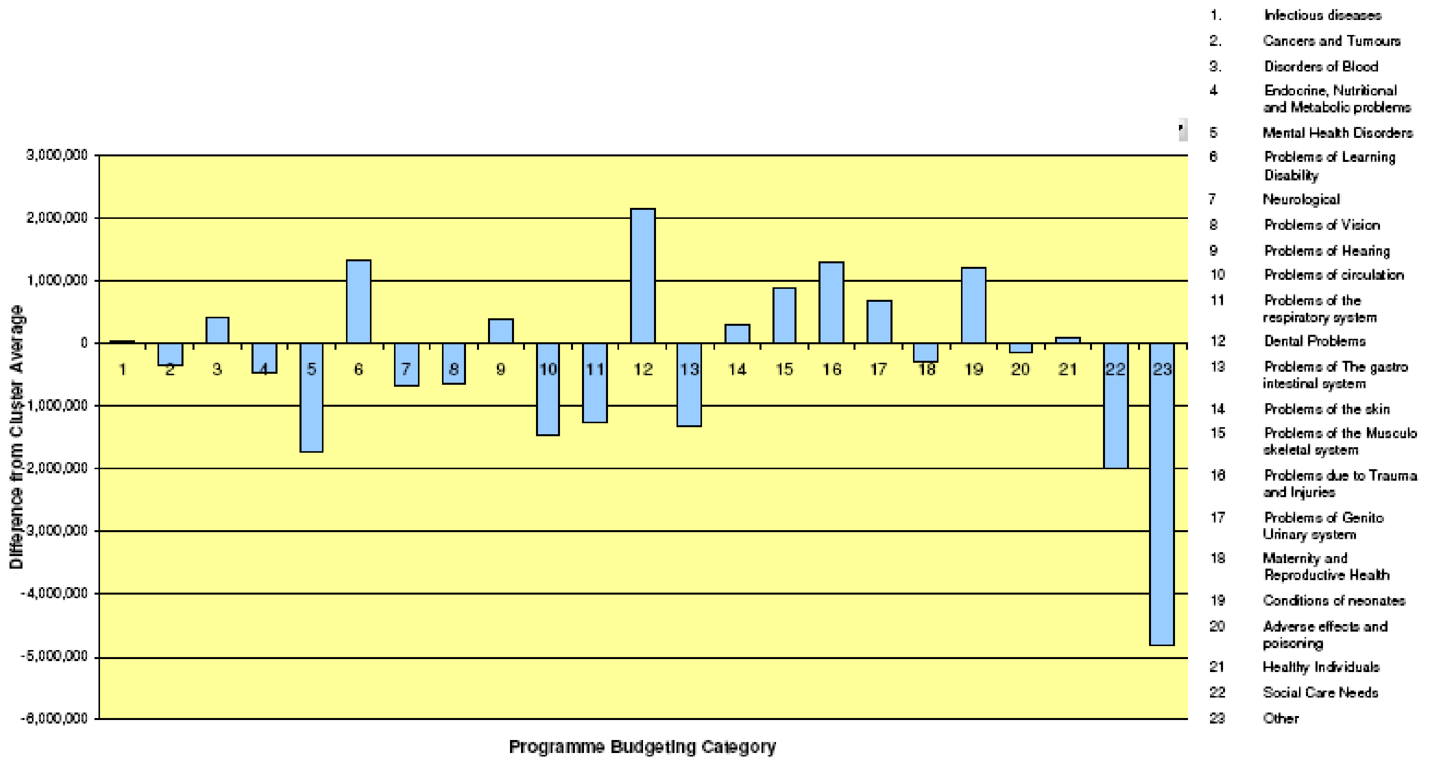
- The chart below shows NHS Medway's spend on the major commissioning areas. Turnover for 2008-09 in the opening budgets for the year was £371.3 million or £1,357 per person.



3.4.3 EFFECT OF PROGRAMME BUDGETING

- Through the use of Programme Budgeting the PCT has access to a source of benchmarked information to help understand the way NHS Medway resources are currently invested and evaluate the effectiveness of the current pattern of resource deployment across clusters of organisations. It maps all expenditure to 23 programmes of care.

Top 5 "Underspent"	£m (%)	Top 5 "Overspent"	£m (%)
Other	-11.4 (-23%)	Dental problems	5.1 (40%)
Social care needs	-4.7 (-60%)	Learning disabilities	3.2 (26%)
Mental health	-4.1 (-11%)	Problems due to trauma and injuries	3.1 (22%)
Problems of circulation	-3.5 (-12%)	Conditions of neonates	2.9 (101%)
Problems of the gastro intestinal system	-3.1 (-18%)	Problems of the muscular skeletal system	2.1 (13%)



PCT Cluster Variance per 100,00 population for Medway PCT

Source: Department of Health. Finance and Planning.

- NHS Medway has used a range of methods to identify the health need and investment requirements of its population. These include:
  - Programme Budget Information;
  - Joint Strategic Needs Assessment;
  - Mapping of health statistics in a “Spatial Framework”;
  - Discussions with Commissioning and Provider management;
  - Patient Surveys.

3.4.4 FINANCIAL MODELLING

- Using the techniques set out above together with assumptions on income and expenditure a detailed financial model has been prepared.
- The financial model used shows that the PCT is expected to remain financially stable for the next five years, but that this financial stability requires continued control over costs and the delivery of the change programmes.
- It should be noted that the PCT is reliant upon surpluses made in 2006/07, 2007/08 and 2008/09 being retained to fund future years' spending growth. These surpluses are used until after the end of the 5 year planning period. To ensure a smooth transition from the use of non recurrent surpluses an annual savings plan is required from 2009-10 onwards.
- Given that funding becomes more limited in the four years 2010/11 to 2013/14 strong arrangements for prioritising investments will be required and opportunities to make recurrent savings have been planned for at the rate of £3 million a year, each year. These savings are expected to be made in areas identified as high in the Programme Budget data.
- The finance strategy is based on four key commissioning themes:
  - Base Line Growth;
  - Funding for large scale new infrastructure within Medway;
  - Key Commissioning priorities for individual services;
  - The need for continuous service redesign.
- Although population growth in Medway is close to the average for South East England, more work is needed to develop and model population growth figures wholly specific to Medway.
- The key elements of the plan and the assumptions used in the model are set out below:
  - Income growth 5.8% early years 3% thereafter (provided by the Strategic Health Authority);
  - Hospital tariffs will rise by 2.8% (in line with those provided by the Strategic Health Authority) for 2008-2011;
  - Underlying activity growth of 1.8% (based on work done by public health departments for the Fitness for Future modelling process);
  - Total expenditure in 2012/13 of £456.4m.

- In order for the PCT to continue to remain in financial balance it is important that the change programmes (outlined in Section 5) contained within the Strategic Commissioning model are delivered year-on-year.
- The total recurrent investment in new services for patients at the end of the 5 year planning period is substantial as set out below:-

	£m
Investment in Underlying Growth	30.7
New Programme Investment (gross)	53.3

TOTAL INVESTMENT (GROSS)	**84.0**
Savings	(11.2)

NET INVESTMENT	72.8
	====

- The financial risks to the plan are significant particularly regarding inflation and future government funding. These issues are set out in the Risk section of the plan in Section 5.3 below. NHS Medway would seek to mitigate any such risks by reducing investment and increasing savings. Both these actions would however be detrimental to patients in Medway.

3.5 PROVIDER LANDSCAPE

Health care for the population of Medway is currently commissioned from a range of statutory, voluntary and private sector organisations from a range of settings. These range from services provided by outreach teams in a patient's home to very specialist centres often located out of area (Kent/London).

A full list of Providers can be found in Appendix B.

3.5.1 TACKLING HEALTH AND WELL BEING

3.5.1.1 Shape of Current Services

These service providers are set in the heart of Medway's communities whether in schools or youth centres, health and social care settings or in the home. Facilitated by a joint council and PCT public health directorate they include:

- A Stop Smoking Service offering a range of group and 1 to 1 initiatives across Medway targeting the most deprived areas.
- A dedicated one to one service for pregnant smokers and their families, based at Medway Maritime Hospital.
- Weight management and supporting healthy weight initiatives for children, adults and families.
- Multi-agency young parents group co-ordinated by Connexions personal adviser.
- Regular drop-in sessions at young people's supported housing schemes to discuss sex and relationship issues.
- Development and help with anti-bullying workshops in secondary schools.
- A charitable organisation based in the most socio-economically deprived area of Medway tackling health inequalities through the accommodation and support of a range of services and facilities

- Sure Start Children's Centres providing integrated education, care, and family support and health services.

3.5.1.2 Risks and Challenges

- The main causes of reduced life expectancy in the most deprived wards of Medway are coronary heart disease, lung cancer and chronic obstructive airways disease. Although health outcomes have been improving in Medway they have not improved as quickly as in other areas thus exacerbating health inequalities.

- Medway also has higher prevalence's of risk factors such as smoking, obesity and low consumption of fruit and vegetables than most of the South East. This increases the risk of the diseases which have the greatest adverse impact on the health of local people. A significant and sustained investment in health improvement programmes is required if these outcomes are to be improved.
- Health improvement programmes are already delivered and facilitated through the Joint Public Health Directorate of the PCT and Medway Council. However for NHS Medway to make a more significant impact on health and health inequalities the scale and scope of these interventions needs to be much greater. A Strategy for Health and Wellbeing with Medway Council will outline Medway's strategic approach including:
  - Delivery of evidence based health promotion programmes;
  - Social marketing;
  - Maximising public sector capacity and capability in delivering health improvement;
  - Engaging local communities and raising health aspirations e.g. health trainers.

3.5.1.3 Key areas of current investment

Health and Well Being	2008/09 Plan £'000
Public Health	1,340

3.5.2 PRIMARY CARE

3.5.2.1 Shape of current services

- Contracts with independent primary care service providers are spread across the community with the aim of ensuring easy access for all residents with high quality NHS services. These include:
  - 67 GP practices (of which 57 per cent are single handed practices);
  - 38 (85%) Dental Practices offering NHS dental care;
  - 47 Pharmacies;
  - 21 registered Optometrist practices;
- In addition to the urgent care provided by local GPs on a daily basis the PCT commissions its own provider service (MedOCC) to offer a 24 hours urgent care service.
- Personal dental services are provided by the PCT provider services to support those individuals who are unable to access General Dental Services (e.g. children with special needs).

3.5.2.1 Risks and challenges

- Although there has been improvement in the quality of care offered by GPs (measured through the QOF target) the PCT is still 13th bottom nationally.

- The area has been identified as having insufficient access to primary care services this will be exacerbated with the potential retirement in the next 5-10 years of 33% of all GPs.
- Only 43 % of premises are purpose built and with the high number of single practices finding alternative accommodation will be a high priority.
- Although overall access to dental care is good the geographical spread is not equitable.
- Although access is generally good with many more pharmacists open for 100 hours per week there is a high number of locum pharmacists suggesting recruitment to the area is poor.

3.5.2.2 Key areas of current investment

Primary Care Services	**2008/09 Plan £'000**
Medical Services	36,080
Pharmacy Services	320
Personal Dental Services	13,040
Prescribing Costs	41,230
Unscheduled Care (Primary care response)	3,080

3.5.3 COMMUNITY SERVICES

3.5.3.1 Shape of current services

- Adult Community Health services in Medway are provided, predominantly by the PCT provider arm. Services are provided in patients' homes as well as in a series of new healthy living centres (part of a Local Improvement Finance Trust (LIFT) initiative) and community residential and hospital settings.

- Multi disciplinary teams are in place both on a locality basis and as specialist teams to support disease management.
- The use of Telehealth care underpins the management of long term diseases in the home.

- NHS Medway works closely with Medway Council to commission and provide services to children and young people and their families.
- In support of end of life care 'The Liverpool Care Pathway' is provided in most wards, in local hospitals and several nursing homes. NHS Medway is also able to provide specialist palliative care to local people through a team based at the Wisdom Hospice in Rochester and in people's homes.

3.5.3.2 Risks and Challenges

- Better access to information technology would support improved care management and assessment of risk for those vulnerable patients in the community.
- Pathways of care need to be streamlined between specialist and generalist teams to secure better continuity and case management.
- New pathways are needed to support children with complex disabilities and long term illnesses.

3.5.2.3 Key areas of current investment

Provider/Community Service (Adult and Children)	2008/09 Plan £'000
NHS Medway Provider Arm (including End of Life care)	31,000
Continuing Care Placements	5,330
Other Services/Placements for complex needs	2,130

3.5.5 ACUTE CARE

3.5.5.1 Shape of current services

- Medway Maritime Hospital, managed by Medway NHS Foundation Trust provides 80 per cent of the acute healthcare services for people in Medway, Swale and beyond. Services offered include:
    - 82,920 attendances in 2007/08 at the A&E Department at Medway Maritime Hospital, an increase of 2.5% over 2006/07;
    - Women's and children's services (4000 babies delivered a year);
    - Surgical services (14,000 day case operations and 7,000 major operations a year);

- Medical services;
- Diagnostic and support services.

- Contracts are placed with a number of independent providers including the BUPA Alexandra and the Will Adams Treatment Centre (WATC) which has contracts for:
  - Day case orthopaedics
  - Gastroscopy
  - Dermatology
  - Day case laparoscopic cholecystectomies

- The population of Medway access services from specialist hospital sites across Kent and into London for a range of secondary and tertiary services. This includes access to specialist centres for Sick Children, Cancer Care, Renal Dialysis and Transplant, Heart teams, Burns and Plastic Surgery, Neurosurgery and Head Injury specialists.
- NHS Medway also commissions emergency ambulance services from the South East Coast Ambulance Trust.

3.5.5.2 Risks and Challenges

- The South East Coast Ambulance Trust currently meets all current national performance targets, although there is variation in performance within PCT areas.
- Based on the current trend in demand on ambulance services it is expected that calls and 'incidents attended' can be expected to continue to rise by around 6% per year. Journeys are likely to continue at the current rate of around 64% of incidents.

3.5.5.4 Key areas of current investment

Provider/General and Acute Services (including Specialist centres – Planned and Urgent Care	2008/09 Plan £'000
Medway NHS Foundation Trust	97,240
Maidstone & Tunbridge Wells NHS Trust	10,170
Guys and St Thomas Hospital	7,670
East Kent Hospitals	6,523
Will Adams Treatment Centre (ITS)	4,200
Dartford & Gravesham NHS Trust	2,250
Other Specialist Hospital Services	28,600
SEC Ambulance Trust	6,570
SEC Ambulance Trust – Patient Transport	205

3.5.7 MENTAL HEALTH

3.5.7.1 Shape of Current Services

- Local GPs provide the majority of primary care mental health services, in addition the PCT commissions a limited primary care based counselling service.
- Most secondary care services for Medway are provided by the Kent & Medway NHS and Social Care Partnership Trust (KMPT). These include:
  - A 24/7 crisis resolution and home treatment service;
  - An early intervention in psychosis service for those aged 14-35;
  - A daily single point of access for new referrals;
  - Community mental health teams supporting case management;
  - Acute inpatient and psychiatric intensive care services.
- Other community support services exist including services for people who originally lived in the old mental health hospitals; those who require ongoing recovery support pre and post discharge; therapeutic day care and vocational activities and a range of rehabilitation services.
- Placements are also made in the independent sector for younger adults with specialist needs that cannot be met by local services.
- In addition to these services the PCT commissions a range of specialist services from the Kent and Medway NHS and Social Care Partnership Trust and other specialist providers including eating disorder services, medium and high secure services and placements, neuropsychiatry services, personality disorder services, gender reassignment assessment services and mother and infant services.
- A multi-agency Adult Treatment Commissioning Team and Young Peoples Commissioning Team manages the commissioning of substance misuse services for the PCT which includes a range of intervention services from both the voluntary/independent sector and KMPT.
- Services for older people with organic mental health problems are supported by services provided by KMPT and Medway Council's Older Peoples teams as well as the PCT's provider arm through access to Darland House.
- Children and Young People access specialist mental health services from the KMPT CAMHS teams based in Canada House. Other more generic care is available from community medical and nursing teams and inpatient care predominantly from the independent sector of Fant Oast (KMPT).

3.5.7.2 Risks and Challenges

- There are long waiting times for primary care based counselling services and a lack of psychological services for the community as a whole.
- Growing demand for the services offered by the Early Intervention in Psychosis service.
- Limited capacity in Older peoples services to handle the growing demand for services.

- Increasing numbers in treatment and improving retention rates is having an effect on the capacity of services. Clients who require prescribing services need to be able to move through specialist treatment services into GP Shared Care, freeing up additional capacity in specialist services. This is of particular importance for Medway in being able to respond to respond to increasing demand.

3.5.7.3 Key areas of current investment

Mental Health and Substance Misuse services	**2008/09 Plan £'000**
K&M Partnership Trust (Mental Health)	17,330
Mental Health Placements	4,480
Other third sector MH Providers	730
K&M Partnership Trust (Substance Misuse)	8,760
Child and Adolescent Mental Health (K&M Partnership Trust)	1,151

3.5.8 LEARNING DISABILITY SERVICES

3.5.8.1 Shape of Current Services

- The PCT currently commissions a number of services for people with learning disabilities jointly with Medway Council. These include:
  - Integrated multidisciplinary service to provide care in the community;
  - NHS residential services for people with learning disabilities;
  - Specialist placements for people with learning disabilities with complex needs that cannot be met by local services.
- In addition to this the PCT commissions services for people with learning difficulties directly from the Kent and Medway NHS & Social Care Partnership Trust. These include:
  - Input to the integrated learning disability service;
  - Assessment and treatment services for people with learning disabilities;
  - Residential placements for a small number of people with learning disabilities.
- NHS Medway and Medway Council provide support to over 1,100 children with learning disabilities.

3.5.8.2 Risks and Challenges

- General Health care providers are not making their services accessible to people with learning disabilities.

3.5.8.3 Key areas of current investment

Learning Disability services	**2008/09 Plan £'000**
K&M Partnership Trust (Learning Disability)	1,460
Section 31 Learning Disability	10,122

3.5.9 HEALTH CARE FOR PRISONERS AND OFFENDERS

3.5.9.1 Shape of current services

- The PCT commissions services for HMPYOI Rochester and HMP and YOI Cookham Wood. These are provided by a range of staff consisting of nursing and prison officers and by contracted service providers.
- A primary mental healthcare service is provided with close links to the Prisons' Mental Health In-Reach Service. Services focus on health promotion and primary mental health care, including the delivery of interventions relating to general health and substance misuse.

3.5.9.2 Risks and Challenges

- More services are needed to support the increasing prison population.

3.4.9.3 Key areas of current investment

Prison Health/Youth Offenders	**2008/09 Plan £'000**
Prison Health	1,820
Youth Offenders Team	26

SECTION 4 | STRATEGY

4.1 SETTING THE PRIORITIES

4.1.1 SECURING A FRAMEWORK

- PCTs are responsible for commissioning health services but also have a statutory duty to break even. Increasing need and demand for healthcare means that PCTs have to prioritise which needs will be funded. It is important that this is done in a fair, transparent and consistent way.
- The development of a priority setting framework is key to NHS Medway's development as a world class commissioner. Work is underway to ensure that the benefits of having a robust priority setting process include:
    - Improving the health and wellbeing of the population;
    - Reducing health inequalities;
    - Aligning investment to pre-agreed strategies;
    - Ethical approach by giving competing needs a fair hearing;
    - Good corporate governance;
    - Increasing public and patient confidence;
    - Legitimacy of decision making;
    - Helps achieve financial balance;
    - Provides better value for money;
    - Reduces risk of successful legal challenge;
    - Operationally more efficient.

4.1.2 SETTING PRIORITIES FOR HEALTH OUTCOMES

- The World Class Commissioning assurance system will measure PCTs on two national and up to eight locally chosen health outcomes.
- A shortlist of 19 indicators selected on the basis of Medway's performance and relating to outcomes rather than process measures (e.g. waiting times) were considered by the Board.
- A mix of high level outcomes e.g. mortality and more specific interventions were identified as the key 10 World Class Commissioning (WCC) indicators to be used in Medway:
    - Under 18 conception rate;
    - Infants breastfed;
    - Smoking Quitters;

- Uptake of influenza vaccine by over 65s;
- Percentage of stroke admissions given a brain scan within 24 hours;
- Rate of alcohol related hospital admissions;
- CVD mortality rate;
- Diabetes controlled blood sugar;
- Improving life expectancy at birth;
- Index of multiple deprivation.

4.1.3 PRIORITIES FOR QUALITY AND INNOVATION

4.1.3.1 Healthier People excellent care

- 'Healthier People excellent care' engaged patients, public and clinicians to help shape the future pathways of care across a range of 8 clinical areas. Within each of these a series of pledges were made which will be built into NHS Medway's commissioning strategy to drive up quality and encourage innovation.
- The key overarching pledges included:
  - All men to expect to live at least 78.6 years and women 82.5 years
  - Turn the tide on the rising numbers of obese people;
  - No avoidable hospital acquired infections - by 2011;
  - Special programmes to help you cope better with long-term conditions such as diabetes;
  - Medical tests to help diagnose and manage your illness on your local high street or at home;
  - All patients holding their own medical records;
  - Most dying people will be able to die where they prefer - at home, in a hospital or hospice;
  - By 2010, strokes, heart attacks and major injuries will always be treated in specialist centres;

4.1.3.2 Local Area Agreements

- In partnership with Medway Council and other community based organisations NHS Medway, a series of priorities have been identified for the Local Area Agreement. These focus on quality improvements in the following key areas:
  - Children, young people and families;
  - Health and well being and older people;
  - Safe and strong Medway;
  - Economic development and skills;
  - Regeneration inc housing, transport and environment.

4.2 HEALTH STRATEGIC GOALS & KEY INITIATIVES

4.2.1 IMPROVING HEALTH AND WELL BEING

The high levels of risk factors for ill health pose a significant threat to the future health and well-being of the population in Medway. Multiple risk-taking behaviours such as smoking, substance misuse and poor diet need effective interventions in order to control the prevalence of the lifestyle diseases.

Goal 1: To reduce the high levels of smoking, obesity and teenage pregnancy

4.2.1.1 Signs of Success

- There will have been a shift in the balance of PCT spending towards prevention and promoting health and well-being.
- More resources targeted at reducing health inequalities and improving access for vulnerable groups.
- There will be improvement in the PCT morbidity and mortality rates.
- Healthier People Excellent Care (HPEC) pledges will have been delivered.
- There will also be improvement in the following key indicators:
    - Mortality rates from circulatory diseases (LAA and WCC);
    - Average deprivation index score (WCC);
    - Life expectancy at time of birth (WCC);
    - Mortality rate of under 1 year olds per 1,000 live births (WCC).

4.2.1.2 Key Initiatives

Initiatives	*Specific measures of progress*	*Investment framework*
Smoking Cessation • High quality stop smoking services ((HPEC – Pledge) • Target smoking risks in the workplace (HPEC – Pledge)	• Smoking prevalence (LAA); • Smoking quitters, rate per 100,000 population aged 16 and over (WCC);	Spending on communication professionals and social marketing will be substantial. This together with publicity campaigns possibly involving local and national celebrities will receive investment on a recurrent basis of £1.0 million a year. In 2009-10 and 2010-11 major programmes to tackle Sexual Health, Teenage Pregnancy, Obesity and Smoking will be extended or launched with a total recurrent spend of £1.501 million. About 70 full time equivalent staff will be used to provide a health improvement team. Investment on a recurrent basis of £1 million will be made. Specific health improvement programmes based at GP surgeries, pharmacies, dentists and opticians have been designed and will start in 2009-10. The cost will be £2.50 million. This team will also work in secondary care and with a range of public and voluntary sector providers. A major role will be to raise health aspirations and to set up a health trainer programme.
Reducing levels of Obesity • Increase access to leisure facilities and one to one health advice and support for obese or overweight people; (HPEC – Pledge) • Share information on healthy weight guidance and local services with parents. • Roll out across the PCT Mind, Exercise, Nutrition, Do it (MEND) prevention and treatment programmes for children • School based prevention programme (Our Medway 2012)	• Adult participation in sport (LAA); • Obesity amongst primary school age children (LAA); • Percentage of infants breast fed at 6-8 weeks (WCC);	
Sexual Health • Provide a comprehensive range of sexual health promotion services targeted at the groups at highest risk. • Ensure sexual health clinics offer appointments within 48 hours and at evenings and weekends; (HPEC – Pledge) • Increase the coverage and uptake of the Chlamydia screening service	• Prevalence of Chlamydia in under 25 year olds (LAA); • Under 18 conception rate (LAA and WCC);	

4.2.2 TARGET KILLER DISEASES

In Medway, the average life expectancy for men is 76.4 years, and for women 80.4 years. This is slightly lower than the national figure, and substantially lower than in the south-east overall. The age standardised mortality rates for cancer and cardiovascular disease are also higher than south east or national rates. In addition access to high quality end of life care is inconsistent with many people unable to access specialist palliative care services.

Goal 2: To reduce premature deaths in Cancer and Cardiovascular Disease and in doing so improve the end of life experience for patients

4.2.2.1 Signs of Success

- Standardised mortality rates will be lower or inline with south east or national rates (Vital Signs, WCC, LAA).
- Waiting times for cancer treatments will be improved in line with national targets. (Vital Signs).
- Relevant Healthier People Excellent Care (HPEC) pledges will have been delivered around Acute care and End of Life.
- In 5 years' time, people in Medway requiring end of life care will be offered an integrated and cohesive model of care, with specialists in palliative care working with all services to improve all aspects of end of life care.

4.2.2.2 Key Initiatives

Initiatives	*Key Measures of Progress*	*Investment Framework*
Vascular Disease		
• Improve access to diagnostic services for people with strokes • Improve management of people with diabetes • Ensure all heart attack, stroke and major trauma patients receive their care from 24/7 specialist units; • Introduce a vascular risk assessment programme • Introduce primary angioplasty across Kent and Medway	• Percentage of stroke admissions given a brain scan within 24 hours (WCC) • Percentage of patients admitted with a heart attack who were prescribed an anti-platelet, a statin and a beta-blocker upon discharge from hospital.(Vital signs) • Percentage of patients with diabetes who have an HbA1c of 7.5 or less (WCC)	The investment programme targets £0.981 million more spend to this area over the next 5 years. This should be seen along side the PCT Strategy for Improving Health and Wellbeing see initiatives linked to Goal 1 Stroke services in Medway are currently benefiting from significant investment to extend hours and ensure that thrombolysis is available promptly to all who need it.
Cancer		
• Ensure compliance with all Improving Outcomes Guidance and NICE drug recommendations by the 'due date' • Improve access to both breast and bowel screening • Increase access to radiotherapy in line with NRAG recommendations • Establish a national pilot site to improve services for patients who live with and survive cancer	• Waiting times for all Cancer treatments against a target of 31 and 62 days(Vital Signs) • Number of patients and waiting times for Radiotherapy (NRAG recommendations)	Cancer is the second largest killer in Medway. Medway also has more patients dying of the disease before the age of 75 than average. Investment in cancer treatment at the end of the planning period will be approximately £5 million a year higher spent across a range of programmes. However the substantial investment in strategy for Improving Health and Wellbeing should start to reduce the number of deaths within short timescales e.g. stop smoking work. (See Goal 1)
End of life Care		
• Deliver HPEC pledges & PCT Strategy	• The proportion of deaths that occur at home (Vital Signs)	

4.2.3 CARE PATHWAYS - CLOSER TO HOME

The PCT's health and social care strategy, 'A Healthier Medway' identifies delivering locally accessible health and social care as a key strategic goal. The benefits are also well articulated in 'NHS Next Stage Review: Our Vision from Primary and Community Care'. In doing so local practices in addition to providing the services set out in the national GP contract will provide some services currently being provided by acute hospital providers, such as minor surgical procedures and specialist assessment and diagnostic procedures.

Goal 3: To develop the capacity and capability of local services whilst offering more choice and responsiveness

4.2.3.1 Signs of Success

- In 5 years' time, patients will be able to choose from a wide range of health services and providers for their referral to planned care. They will be able to choose the date and time of their appointment for services using the Choose and Book system regardless of who provides the service. Referrals to all planned care services will be made electronically; an extension of choice of services for elective care, maternity services and primary care will be available.
- Patients will wait no more than 7 weeks average waiting time for primary, community and secondary services.
- Diagnostic tests in primary care (e.g. general practice and pharmacies) will be available on the local high street. (HPEC – Pledge).
- All practices will be achieving QOF scores above the national average with 50% being in the national upper quartile.
- Timely and appropriate access to high quality primary care services offered by a range of providers across extended hours.
- Hospital stays will have decreased with patients able to choose day surgery more often because of improvements in primary and community care.

4.2.3.2 Key Initiatives

Initiative	*Key measures of progress*	*Investment framework*
Improving Access Extend access to GP and dental services New pathways of care including: o A Primary Eye Care Acute Referral Service o Community based gynaecology, ENT and rheumatology services, glaucoma, dermatology, diagnostic services Expand locally placed specialist and acute services including: • electrophysiology services • shared care arrangements for people with Grown-Up Congenital Heart Disease (GUCH) & cystic fibrosis • Home haemodialysis programmes along with evening dialysis shifts Provide offenders with access to the same range and quality of services as the general public.	• GP Practices to offer extended opening hours (Vital Signs) • Access to personalised and effective care – dental services (Vital Signs) • Waiting times for planned care across specialist, secondary and primary care (Vital signs)	PCT funding for longer surgery opening hours will be £0.927 million a year Spending on Dentistry in Medway is high as identified in the national Programme Budgeting work. The PCT will look to ensure that sound value for money is being achieved in this area and does not expect to invest further. Further investment as a result of revising care pathways is expected to be funded by more effective use of current resources. Investment of £0.486 million recurrently is planned to develop eye care in the PCT area. New investment into renal services has been over £2 million a year. Further investment in the medium term will be limited to underlying growth for all services which has been estimated at 1.8% a year.
Creating Capacity New accessible modern buildings and services across Medway offering improved facilities for primary care and extended community services	• Utilisation rates of facilities • Patient satisfaction surveys	The new building programme to provide new health and social care “hubs” for 10 major communities in Medway will involve substantial budgeted investment of £5.416 million revenue each year

Initiative	Key measures of progress	Investment framework
Improve Choice & Quality		
Introducing new primary care providers into the local market to offer increased choice as well as meeting capacity constraints and drive up quality	• Patient satisfaction with access to GP services (Vital signs) • Choose and Book targets (Vital signs)	Funding has been promised from the Department of Health worth £3 million a year for 3 new surgeries for 18,000 people.

4.2.4 SUPPORTING FUTURE GENERATIONS

Medway has a high proportion of children compared with the national average, reducing the adverse health outcomes for children in Medway is therefore vital in securing the future health and economic prosperity of the population of Medway.

Goal 4: To secure better outcomes and access to services for children and young people in Medway

4.2.4.1 Signs of Success

- Life expectancy at birth will have been improved (WCC).
- There will be a single point of access for Tiers 2 and 3 CAMHS, allowing referers to be sure that the child they have referred is assessed and managed by the most appropriate service in a timely manner.
- Healthier People Excellent Care (HPEC) pledges will have been delivered and in doing so show an increased range of children's care in the community and outside of hospital.
- Mothers and babies receive high quality post natal care, including support for breast feeding for at least 6 weeks; (HPEC – Pledge).
- there will be increased access to a consultant presence on the labour ward and all women individually supported by a healthcare professional throughout their labour and birth; (HPEC – Pledge).
- Women will be able to make informed choices in the knowledge that the NHS will be able to meet her preference of a home birth, birth on a midwife led unit, or birth in a consultant-led unit. (HPEC – Pledge).

4.2.4.2 Key Initiatives

Initiative	*Key measures of progress*	*Investment Framework*
Children & Young People		
• Commission a range of integrated multi-disciplinary community services for children in Medway to provide better co-ordination of care and to help vulnerable young people move easily into adulthood (HPEC – Pledge). • Establish clear care pathways for services, focusing particularly on the areas such as children with learning disabilities, children with disabilities, children who misuse drugs and alcohol and transition to adult services • To commission a comprehensive CAMHS service for the children of Medway	• Immunisation rates (vital signs) • Effectiveness of child and adolescent mental health services (CAMHS) (LAA, Vital signs) • Children becoming the subject of a child protection plan for a second or subsequent time (LAA)	Further investment in Children's services is most needed for health improvement programmes (See Health Goal 1) and more specifically for child and adolescent mental health services (CAMHS). Expenditure on mental health will total £1.050 million a year. The investment in new estate through the new health and social care community "hubs" will also benefit families with children of all ages (See Health Goal 3).
Maternity and New born		
Implement 'Maternity Matters' and in doing so: • Introduce more choice for mothers around how and where they give birth • target breast feeding • improve quality of care	• Percentage of infants breast fed at 6-8 weeks (WCC);	To achieve the high standards expected by the Department of Health £2.360 million more will be spent each year on maternity care. Most of this will be used to recruit more midwives to ensure that mothers receive high quality personal care. (breast feeding targets should also impact on obesity strategy in Goal 1)

4.2.5 PROMOTING INDEPENDENCE AND IMPROVED QUALITY OF LIFE

Both demographic changes and the inequalities will drive a growth in relatively high intensity users; it is likely that service demand will grow proportionally quicker in Medway than the UK as a whole.

This will have a significant impact on services for the management of long term conditions such as dementia, cardiovascular disease (CVD) and diabetes as well as acute conditions such as stroke as the incidence of these conditions increases with age. It will also have an impact on preventative programmes such as influenza vaccination for the over 65s.

Goal 5: To meet the challenge of the growing number of older people and people with long term conditions, maximising their independence and well being

4.2.5.1 Signs of Success

- People will have greater control over their health and care with access to personalised budgets.
- 90% of patients with long-term conditions will have personal care plans (HPEC Pledge).
- All patients will receive on-going support, education and training to help them better manage their own conditions (HPEC- Pledge).
- People with a long term condition supported to be independent and in control of their condition (LAA).
- Health and social care will be jointly planned and purchased for long-term conditions so that people will receive care that is tailored to their needs; (HPEC – Pledge).
- There will be close integration of community and social services to support urgent care.

4.2.5.2 Key Initiatives

Initiative	***Key Measures of Progress***	***Investment framework***
Long Term Conditions Specialist community services for people with long term conditions who have more complex needs providing: • Specialist assessment, diagnostic and intervention in the community working between hospital services and the locality community teams. • Case management of patients with high levels of need to stabilise their condition, and then return these patients to the care of their GP or other community service. • ensure people with long term conditions have their own personal care plans that are tailored to their needs Improve management of people with diabetes particularly in primary care	• People with a long-term condition supported to be independent and in control of their condition (LAA) • Percentage of patients with diabetes who have an HbA1c of 7.5 or less (WCC)	New programmes to provide guidance to patients with chronic diseases visiting secondary care will be started. Spending will reach over £0.443 million recurrently by the end of the planning period. Use of hospital care and high hospital admissions reflects poor practice in diabetes. The PCT's emphasis is therefore to strengthen primary care. Savings in diabetes management are expected once this work is in place.
Older People Integrated multi-disciplinary community services for both adults and older people in Medway. A range of general and more specialist community services will be offered to prevent unplanned admissions and ensure patients are offered the most appropriate care in the setting most able to meet their needs. Maximise uptake of influenza vaccination Reduce hospital and community infection rates	• The number of delayed transfer of care per 100,000 population (Vital signs) • Number of emergency bed days • Number of vulnerable people achieving independent living (LAA) • ***Flu vital sign*** • ***MRSA*** vital sign	Investment in Older Peoples Services will grow by an estimated 4% each year as the number of older people in the PCT area increases in line with projections. In addition specific additional projects worth £0.844 million recurrently have also been identified. The PCT has already limited the growth in emergency admissions to hospital. This with the investment above should reduce secondary care costs allowing more investment in specialist nursing teams.

4.2.6 IMPROVING MENTAL HEALTH

The mental health needs assessment undertaken by the PCT in 2005 concluded that mental health services across Medway are inadequate, and inappropriately placed to meet need.

Goal 6: To improve access to a wide range of preventative and treatment services to improve the mental well being of people in Medway

4.2.6.1 Signs of Success

- There will be effective support at home for people in a mental health crisis, and early recognition and treatment for people with first episodes of psychosis; (HPEC – Pledge).
- There will be prompt access to the best psychological therapies in primary and secondary care (HPEC – Pledge).
- There will be greater awareness of the links between mental and physical wellbeing, and reduce stigma and inequalities; (HPEC – Pledge).
- People will have access to rehabilitation so that they can return to work at the earliest opportunity (HPEC – Pledge).
- Harm from alcohol will be reduced through raising awareness of safe drinking limits, sharing information between agencies, identifying those at risk of harm and providing accessible treatment services (HPEC – Pledge).

4.2.6.2 Key Initiatives

Initiative	*Key Measure of Progress*	*Investment Framework*
Adult Mental Health		
Expand and improve access to psychological therapies (IAPT). In doing so to also increase psychological support for people with cancer and perinatal care In commissioning mental health services to: • improve access to mental health promotion • increase capacity in crisis and early intervention psychosis services • work with the NHS and employers to rehabilitate people to return to work • increase the range of more specialised services including those for people with a learning disability	• Reducing waiting times for psychological therapies • Reducing rate of acute admissions	Spending on adult mental health in Medway is low compared to comparable PCTs. This reflects the current service arrangements which are under resourced and do not fully benefit all those patients who need care. Major investment is planned totalling £2.656 million a year. Priority will be given to investment in preventative services, primary and community services and user engagement and self care.
Older People		
• Growth in the capacity and capability of services for older people with a mental illness • new pathways for the management of dementia with greater community and intermediate care		£1.598 million of additional investment will be made each year in dementia and older people's mental health services (OPMHN).
Substance Misuse Work towards the delivery of the new national strategy 'Drugs: Protecting Families and Communities' and Alcohol strategy	• Drug users in effective treatment (LAA) • Alcohol related hospital admission rates (LAA and WCC)	Additional investment of £0.6 million in the next 5 years has been planned, including joint initiatives with Medway Council.

SECTION 5 | DELIVERY STRATEGY

5.1 FINANCIAL INVESTMENT PLAN

NHS Medway is committed to investing in the initiatives identified within the key change programmes see Para 5.2. Appendix C shows the key initiatives mapped to finance investments.

Strategic Change Programme	Investment Framework Areas of Investment	Level of investment
Choosing Health Health Improvement is the major area chosen by the PCT for substantial new investment. New spending is required since the current level of spend is low and essentially well targeted. However so many of the health needs of the Medway population are related to unhealthy lifestyles that major investment is expected to give good returns in the medium and long term.	**Smoking, obesity and sexual health programmes** In 2009-10 and 2010-11 major programmes to tackle Sexual Health, Teenage Pregnancy, Obesity and Smoking are being extended or launched	Recurrent spend of ***£1.501 million.***
	Primary care Specific health improvement programmes based at GP surgeries, pharmacies, dentists and opticians have been designed and will start in 2009-10. About 35 full time equivalent staff will be used with the larger surgeries having access to a full time health improvement team.	Recurrent investment of ***£1.25 million***
	Secondary prevention New programmes to provide guidance to patients with chronic diseases visiting secondary care will be started.	***Over £1.25 million*** recurrently by the end of the planning period.
	Public engagement Spending on communication professionals will be substantial. This together with publicity campaigns possibly involving local and national celebrities	Recurrent basis of ***£1.0 million*** a year.
Primary Care	***Improving Access and capacity in medical practice*** The emphasis within primary care on more GPs delivering best practice care with longer opening hours requires investment.	PCT funding will be ***£0.927 million a year***
	In addition the new building programme to provide new health and social care "hubs" for 10 major communities in Medway will support care across all client groups	***£5.416 million*** revenue each year.
	Introducing 3 new surgeries for 18,000 people	***£3.0 million*** a year national

Strategic Change Programme	Investment Framework Areas of Investment	Level of investment
		funding
	Dentistry	
	Spending on Dentistry in Medway is high as identified in the national Programme Budgeting work. The PCT will look to ensure that sound value for money is being achieved in this area and does not expect to invest further.	***Within resources***
	New Pathways in Optometry	
	Recurrent investment is planned to develop eye care in the PCT area.	***£0.486 million***
	Pharmacy PCT policy is to develop the services provided by pharmacists and it expects to invest to improve public health.	***See choosing Health***
Planned Care		
The achievement of the 18 weeks waiting time target has already led to substantial investment in planned care.	Further investment will be based on revising care pathways. This work is expected to be funded by more effective use of current resources.	***Within current resources***
Urgent Care		
The emphasis for the PCT for Urgent Care is in improving services within the total current funding available.	A & E usage is high in Medway and does not reflect national best practice. Work on strengthening primary care access and quality will help. Similarly Choosing Health initiatives will assist in improving patients' access to planned care while reducing reliance on ambulance services, A & E and emergency admissions to hospital. The PCT has already limited the growth in emergency admissions to hospital. This work together with the investment discussed above should reduce secondary care costs allowing more investment in health promotion, primary care and community based care through specialist nursing teams.	***Within current resources***
Cancer		
The second largest killer in Medway and more patients dying before the age of 75 than average.	Substantial investment in Choosing Health programmes should start to reduce the number of deaths. For instance the Stop Smoking work currently achieving success will help reduce deaths within short timescales.	By the end of the planning period will be approximately ***£5.0 million*** a year higher.

Strategic Change Programme	Investment Framework Areas of Investment	Level of investment
Coronary Heart Disease (CHD) CHD is the largest killer in Medway. Medway currently has slightly lower spending than similar PCTs in this disease area and this supports the decision for additional spending.	Seek to target care at those treatments that are most effective particularly through earlier interventions such as angioplasty rather than bypass operations. The Choosing Health investment will help provide longer term prevention as well as sound advice to sufferers who are being seen either by GPs or the acute hospital.	***£0.981 million*** more spend to this area over the next 5 years ***See Choosing health***

Stroke	Stroke services in Medway are currently benefiting from significant investment to extend hours and ensure that thrombolysis is available promptly to all who need it.	***£0.5 million*** to be spent on 24 hour brain scans and extension of hours **+**
Renal		
Renal Services in Kent and Medway have recently received very substantial investment through a countywide development programme.	New investment from Medway PCT has been over £2 million a year. Further investment in the medium term will be limited to underlying growth for all services which has been estimated at 1.8% a year.	***Inline with growth at 1.8% pa***
Diabetes		
Diabetes prevalence in Medway especially for women is substantially above the national average	Use of hospital care and high hospital admissions reflects poor practice. The PCT's emphasis is therefore to strengthen primary care (see separate section). Savings in diabetes management are expected once this work is in place.	***Redistribution of resources***
Adult Mental Health	Spending on adult mental health in Medway is low compared to comparable PCTs. This reflects the current service arrangements which are under resourced and do not fully benefit all those patients who need care.	***£2.656 million*** a year
Maternity Matters	To achieve the high standards expected by the Department of Health more will be spent each year on maternity care. Most of this will be used to recruit more midwives to ensure that mothers receive high quality personal care.	***£2.36 million*** a year
Children and Young People	Further investment in Children's services is most needed for health improvement programmes and more specifically for child and adolescent mental health services (CAMHS).	***£1.05 million*** a year ***See Choosing Health***
Older People	Investment in Older Peoples Services will grow by an estimated 4% each year as the number of older people in the PCT area increases in line with projections. On top of this of additional investment will be made each year in dementia and older people's mental health services (OPMHN).	**In line with 4% growth pa** ***£1.598 million***
Substance Misuse Substance misuse is a significant issue in	Recently services have become more effective through a change in service provider. Additional investment building on this has been planned. Some of this investment will be spent in partnership	***£0.60 million*** in the next 5 years

Medway.	with Medway Council through jointly developed schemes.

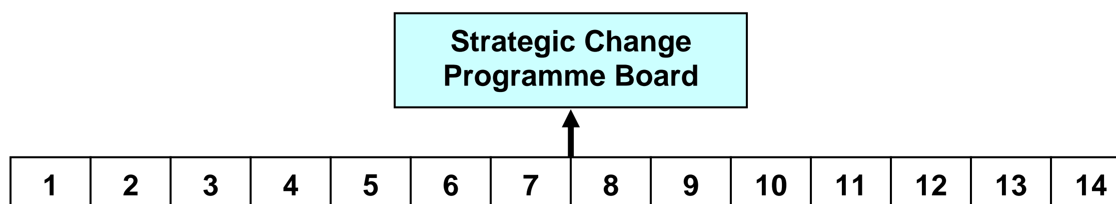
5.2 PROGRAMME & PERFORMANCE MANAGEMENT

5.2.1 STRATEGIC CHANGE PROGRAMME

- Fourteen key local change programmes have been identified and each focus on improving local services in order to improve the health and well-being of people in Medway. These programmes deliver a range of key initiatives that map back to NHS Medway's 6 strategic health goals (see Appendix C):

1. Choosing Health
2. Primary Care
3. Maternity Matters
4. Children
5. Older People's Services
6. Planned Care
7. Urgent Care
8. Coronary Heart Disease
9. Stroke
10. Cancer
11. Diabetes
12. Renal Services
13. Adult Mental Health Services
14. Substance Misuse

- All of these programmes and projects are designed to ensure the PCT delivers its vision and commissioning objectives, and is able to meet the national and local targets set out in Appendix A:
  - Vital Signs (VS);
  - The Medway Local Area Agreement (LAA);
  - World Class Commissioning Local Health Indicators (WCC).
- Delivery against these programmes will be overseen by the PCT Strategic Change Programme Board. The Strategic Change Programme Board is accountable through the Chief Executive to the Board. It is responsible for:
  - Ensuring the delivery of the change programmes;
  - Identifying new work streams to develop the services outlined in the strategic commissioning plan;
  - Monitoring and managing local investment plans and that change programmes are delivered to timescale and budgetary requirements.



- The PCT's Strategic Change Programme focuses on delivering strategic improvement in services in order to improve the health and well-being of people in Medway all of which are supported with a robust programme management approach.

5.2.2 PARTNERSHIP PLANNING FRAMEWORK

- The PCT Board is responsible for assessing and planning for future health demands of the population of Medway and ensuring the local capacity to meet them; the performance of service providers contracted to provide services to patients, including GP practices, and the organisation's own performance. It will continue to do so in partnership with its key stakeholders.
- The PCT's Integrated Planning Framework will ensure that the overall strategic intentions and vision of the PCT are reflected in more detailed commissioning and organisational strategies and delivery plans.

Commissioning Partnerships	Scope and function
Local Strategic Partnership	350 organisations representing communities of Medway (all sectors) seeking to drive Local Area Agreements
Health Partnership Board	NHS Medway, Medway Council, Medway NHS FT, KMPT, other health and social care providers with a focus on vulnerable groups
Community Safety Partnership (including Medway DAAT)	Review Drugs and Alcohol services – inform commissioning of substance misuse
Children and Young Peoples Partnership	NHS Medway and Medway Council lead and monitor safety and wellbeing of Medway's children and young people
Urgent Care Board	Wide range of partners; oversees a large number of workstreams improving the service response to urgent and emergency situations
K&M Strategic Commissioning Board (Adult Mental Health)	Health & Social Care focus – to drive the strategic commissioning agenda for K&M
Medway Joint Commissioning Board (Adult mental health)	Medway Stakeholders drive through the implementation of new pathways of care
'Valuing Medway People' Partnership Board	Formal section 31 agreement for commissioning of health and social care services for people with learning disabilities – Implementing 'Valuing People'
Medway Offender Health Partnership Board	To drive forward a strategy for offender health services in Medway
South East Coast (SEC) Specialist Commissioning Board	To oversee the commissioning of specialist and some tertiary services across SEC
K&M Cancer Network Board	All NHS organisations and Hospice providers in K&M to drive forward the implementation of the national cancer reform strategy
End of Life Care Strategy Group	Facilitate the delivery of the requirements of the national strategy

5.2.3 STAKEHOLDER ENGAGEMENT

5.2.3.1 Hearing the Public and Patient Voice

- Everything the PCT does must improve the patient's experience of NHS services and outcomes of care. Using patients' priorities, needs and aspirations the PCT seeks to influence improvement; choice and service design so effectively shaping the market.
- The PCT as an 'early adopter' of the new Local Involvement Network (LINKs) has also retained a Public, Carer and Patient Involvement group which contributes to all PCT projects. Plans are underway to establish a citizens panel with Medway Council to call on for a view about key issues.
- A Patient, Carer and Public Involvement Steering (PCPI) Group – a strategic level group made up of lay representatives and senior health staff ensures that patient and public involvement remains a priority for the PCT.
- The PCT has made considerable progress in the quality of its patient and public engagement and communications in the last few years, however there is still more to be done to achieve the aspirations of World Class Commissioning and a Communications Strategy has been approved by the Board. A Commissioning Engagement Strategy will be in place from November 2008.
- Consultation and engagement processes to date have provided views to help shape PCT services and plans and these include:
    - Reviewing privacy and dignity for the elderly in residential care homes;
    - Reviewing men's health services;
    - Implementing Choose and Book;
    - Access to health care outside of normal GP practice hours;
    - Involving local service users and carers in the procurement of residential learning disability services and new GP practices; and
    - Involving local people in designing new healthy living centres in Rainham, Rochester and Lordswood.

5.2.3.2 Clinical Engagement

- Clinical leadership and involvement is critical. Clinicians are key players in strategic planning and service design. Practice based commissioning in particular is a key driver for innovative and transformational change.
- The key routes for clinical engagement in commissioning decisions and service redesign involve members of the Professional Executive Committee and the Practice based Commissioning Locality Groups. As programme boards get established lead clinicians are appointed to provide a primary care perspective e.g. mental health, diabetes etc.
- Primary care clinicians are also involved as practitioners in the delivery of new models of care particularly in the role of GP with a special interest e.g. CHD, diabetes.
- Whether through the pathway discussions across SEC or local models of services clinicians of all disciplines are key players in shaping local services.

5.2.4 BUSINESS PLANNING

- The commissioning and delivery of health services is a dynamic process. The PCT has made significant progress in reviewing how it can improve health services for the people of Medway.
- This Strategic Commissioning Plan will form the basis for the PCT's annual Operational Plan, which will set out:
  - The levels of service the PCT plans to commission for the coming year;
  - Priorities for service change and investment;
  - Progress on the local commissioning objectives;
  - Progress on key local and national targets, and
  - Its response to the national NHS Operating Framework.
- The Operational Plan will also be used to assure the Professional Executive Committee (PEC), PCT Board and local service users and the public that the PCT is delivering on the commissioning objectives set out in this plan.
- The PCT's Business Plan Objectives include the development of a number of key strategic plans that will influence the delivery of health services in Medway over the next 5 years. This Strategic Commissioning Plan highlights a number of areas where further work is required to clearly set out the PCT's future commissioning plans.

5.2.5 MEASURING IN YEAR PERFORMANCE

- The PCT Board will receive regular reports on the following key performance indicators:
  - Vital signs (National and Local);
  - World Class commissioning Outcomes;
  - Local Area Agreement Targets;
  - Business Plan Objectives;
  - The Annual Health Check;
  - Financial & Contracted Activity Performance targets.
- These are aligned and set in the context of the strategic change programme and key initiatives outlined in the Strategic Commissioning Plan.
- The Board will also receive regular assurance that risks to delivery are being handled through its risk assurance and integrated governance framework.

5.3 RISK ASSESSMENT

- The PCT Assurance Framework will be the key governance tool. It will provide assurance to the organisation that its objectives are being met and highlight any gaps and deficiencies.

- The most significant risks to the delivery of this strategic commissioning plan are:

Risk	Risk Impact and likelihood	Mitigating factors
Financial assumptions are wrong: • Inflation higher • National funding to the NHS is lower than expected • HRG4 national tariffs impact on affordability • Greater number of High cost treatments	Not assuming an impact from PbR however need to develop a clear strategy to monitor and respond to global financial situation	Contingency to manage mitigating cost and a lag in delivery Strategy for disinvestment in areas of more limited added value
Demand greater than projections • Demographics • Ill health	Demand for services may rise if strategies for health improvement don't materialise Need to take a prudent approach to activity assumptions	Ongoing needs assessment and Strategy for Health and Well being
Provider Capacity and Capability unable to meet the need	NHS organisations and other providers need to move toward a more business function	Market management and supplier development strategy
IT infrastructure fails to deliver information to support contracting	Concern over the potential government policy for pseudonamisation in data records – lack of ability to track patients through the care programmes	Engage in the SEC Strategy programme
Pace of Change – difficult to get the health promotion message embedded in local behaviour	Significant challenge to the PCT to shift the pattern of behaviour in local people and dramatically turn around the health status	Commissioning engagement strategy
Economy of scale in Medway – demands on a medium size PCT	Development needs identified in the OD plan – set against WCC competencies	Potential to look at alignment with the LA and other PCTs for shared expertise OD Plan

5.4 SYSTEM REFORM

5.4.1 MARKET DEVELOPMENT & PLURALITY OF PROVISION

5.4.1.1 Supplier Management

- With the development of Practice based Commissioning (PbC) and the increase in the number of providers of health services brought about by the choice agenda, supplier management needs to be addressed. The PCT has already established a safe and sustainable market for health care services. This includes:
  - Clearly identifying and specifying the services it wishes to commission, based on the health care needs of the local population;
  - Identifying suitable accredited service providers (NHS, independent sector and third sector) encouraging areas of innovation;
  - Regularly testing the market to ensure the PCT is getting value for money from the services it commissions;
  - Putting contingencies in place to ensure safety-net services are provided if an existing provider fails to meet the requirements of their service level agreement.
- Work has begun to provide a more innovative approach to developing a strategy to support supplier development in time for the 2010/11 operating framework, and with support from the SHA this will include:
  - A further review of the current provider landscape – are current providers offering services that would fit better in a different organisation?
  - Availability of other providers in the market and what they could/can offer Medway;
  - The structure of current providers services and how this might develop (e.g. Integrated Care Organisations, Social Enterprise, Foundation Trusts);
  - The strategic benefits of the independent sector, building on the experience of the Independent Treatment Centre and the use of the APMS framework to secure equitable access;
  - This will be done in the context of the national competition and cooperation policy.
- NHS Medway has already been spearheading the use of tenders for some services e.g. CAMHS input into prisons, LD services, and additional capacity in Primary care (APMS). The PCT is currently out to tender on diabetic retinopathy and lymphodaema services with a number of other tenders being planned for the future.
- Specialist experts in procurement and supplier management will be brought in to increase the pace and drive this agenda forward. There will also be development sessions for directors and staff on system management.
- In order to ensure there is a range of suitable providers from which the PCT can commission services the PCT will establish a provider forum to better engage and build relationships with providers to share our intentions and to help develop the market.

5.4.3.1 System Management

- The PCT is responsible for the commissioning of health care services for the population of Medway.
- In doing so the PCT will manage the health care system in the local area in line with 'The Framework for Managing Choice, Co-Operation and Competition' (Department of Health, May 2008). This includes understanding:
  - Local healthcare markets and the factors that influence how these markets have development and are functioning;
  - Current providers and how they plan to develop their business in the future;
  - The range of potential service providers across the range of market segments, and potential barriers to new entrants to the market or expansion for existing providers.
- Using strong procurement, contracting and performance management the PCT will ensure that it achieves value for money, and clinical and cost effectiveness through its commissioning processes.
- The local healthcare system will be managed in such as way as to be effective and sustainable, and to ensure the security of services for local people.
- Commissioning and procurement processes will be equitable and transparent, and potential conflicts of interest managed appropriately.
- In addition to developing its capacity and capability as a system manager, the PCT has also entered into a number of joint commissioning and contracting functions to ensure it can procure and performance manage service provision effectively.
- The Kent and Medway Acute Contracting Team was established to commission acute hospital services (including urgent and planned care, and outpatient and diagnostic services provided in hospital settings). The objectives of the team are to:
  - Improve the effectiveness of commissioning and contracting for acute hospital services from both the NHS and independent sector providers;
  - To maximise the benefits to be achieved as a result of economies of scale, which will be achieved by having a single commissioning team;
  - To promote and support collaborative work among member organisations to maximise the benefits for patients from the implementation of NHS system reforms.
- Commissioning and finance staff from the PCT and practice based commissioners meet regularly with the Acute Contracting Team to ensure that they are commissioning services in line with local commissioning intentions, and that PCT staff are fully briefed on performance on acute hospital service level agreements.
- The South East Coast Specialised Commissioning Group (SEC SCG), hosted by West Kent PCT is responsible for commissioning specialised services on behalf of the 8 PCTs in NHS South East Coast. The SEC SCG is supported by a dedicated team of commissioners, including commissioning, finance, public health and information staff, who provide capacity and expertise to support the development and performance management of service level agreements and contracts.

- Many specialised services are commissioned from hospitals which provide other acute hospital care. The SEC SCG and the Acute Contracting Team therefore work closely together to ensure that services are commissioned and performance managed in a co-ordinated and consistent way.
- As highlighted in the strategic change programmes a series of integrated commissioning structures are in place to commission for key client groups e.g.; adult mental health; learning disability; children and young people; older peoples services.

5.4.3 CHOICE

- To date, choice has only applied to a choice of provider for a limited range of planned hospital care. The PCT is extending the range of service areas where a choice of provider or service model is offered:

Area of Development	Progress and Plans
Planned Hospital Care:	More than 65% of the referrals made by local GPs to acute hospitals are made using the Choose and Book system. From 2008 local people have the choice of accessing planned hospital care from any NHS Trust, NHS Foundation Trust or accredited independent sector provider. In 2012 patients will be able to choose from a wider range of health services, not just an acute hospital, for their referral to planned care NHS Medway will ensure that systems and information are available to support local people are able to make an informed choice about the services they use.
Maternity Services:	Medway has a programme plan to ensure by the end of 2009 choice guarantees will include: • Choice of how to access maternity care • Choice of type of antenatal care • Choice of place of birth - The options for place of birth are: a. Birth supported by a midwife at home b. Birth supported by a midwife in a local midwifery facility, such as a designated local midwifery unit or birth centre. c. Birth supported by a maternity team in a hospital. • Choice of place of postnatal care In addition to the choice guarantees every woman will be supported by a midwife she knows and trusts throughout her pregnancy and birth.
Mental Health:	In line with the 'Choice Themed Review'[1] choice on mental health services focuses on supporting service users to be more involved in their treatment. NHS Medway will increase the level of choice for local mental health service users by:

[1] Department of health document 'choice themed review' 2005

Area of Development	Progress and Plans
	• Offering more choices about treatment • Choices in care planning • Choices in advance directives and statements Choice will be supported by strong user advocacy, enabling service users to be more involved in their treatment, so addressing issues of inequality and social inclusion.
General Practice:	The PCT will introduce more choice of GPs for people in Medway and in doing so overcome the higher than average list size for local GPs. This continues to be stimulated through the procurement of additional GP practices and a GP Led Health Centre, through the Fair Access to Care Programme
Long Term Conditions:	Over the next 2 years the PCT will ensure care plans for people with long term conditions are in place for individuals with the most complex needs. The PCT will work with colleagues from Medway Council to learn from the pilot sites for personalised budgets for healthcare and to develop a programme to introduce these budgets in Medway.
End of Life Care:	The PCT will increase the personalisation of end of life care in Medway. The PCT will ensure that people approaching the end of life have their wishes and preferences discussed and delivered through appropriate care plans.

5.4.2 PRACTICE BASED COMMISSIONING (PbC)

- In May 2006 the Board of NHS Medway signed off the PCT's roll out programme and process for PbC. To ensure universal coverage the PCT has developed a flexible and collaborative approach to the implementation of PbC. This involves working closely with practices to develop business and service improvement plans and to commission services.
- All practices in Medway have agreed to commission and develop services as part of agreed localities. There is a Practice Based Commissioning Board accountable to the PCT Board. Each locality has an agreed governance framework and clinical leadership structure responsible for:
    - Supporting the development of PbC within the locality, particularly working with practices not holding their own commissioning budgets;
    - Developing the locality's annual business and service improvement plans to an agreed standard and format and within the context of the PCT's Strategic Commissioning Plan;
    - Overseeing the risk management process within the locality and ensuring that all practices within the locality understand their individual and collective financial responsibilities;
    - Delivering key local and national targets by commissioning practices and

consortia and across the locality;
  - Delivering in year financial balance at locality level;
  - Agreeing the locality commissioning budget with the PCT;
  - Monitoring the performance of the locality and its constituent practices against its business and service improvement plans;
  - Contributing to the development of the corporate PCT Annual Operating Plan and the strategic change programme;
  - Working with the PCT and local authority to contribute to the achievement of the priorities set out in the Local Area Agreement (LAA) and PCT Business Plan Objectives;
  - Achieving national and local priorities and targets;
  - Identifying local needs and determining priorities;
  - Encouraging innovation and supporting the dissemination of best practice.
- Each locality identified the key areas of service redesign it is undertaking during 2008/09. These plans are integral to the PCTs Strategic Change Programme.
- From the autumn of 2008 to March 2009 the PCT will review practice based commissioning. This review will:
  - Draw on the findings of local and national audits of practice based commissioning;
  - Feedback from local clinicians on progress to date and improvements that could be made in the future;
  - Learn from other health economies on models of practice based commissioning and best practice against the World Class Commissioning competencies.

5.5 ORGAINSATIONAL DEVELOPMENT

In December 2007 the Department of Health published its competencies for World class Commissioning. These commissioning competencies are the knowledge, skills, behaviours and characteristics that underpin effective commissioning.

The World Class Commissioning Competencies have been assessed in depth for NHS Medway by the Board, the Professional Executive Committee, the Executive Team and throughout the directorates by a series of team meetings and team briefings. 'World Class Commissioning' has also been discussed with staff at Executive and Assistant Director (EADS) meetings.

It is recognised that the best assessment of NHS Medway comes from staff and partner organisations. A major series of events is planned for the remainder of the year however early indicators would suggest the following strengths and areas for improvement:

Strengths	Areas for improvement
• Clear and explicit prioritisation framework for strategic decision making • Good integration with community partners • Collaborative and mutually supportive partnership working	• Longer rather than short term planning • Investment planning is risk adverse but may not deliver improvements and change quickly enough • Lots of on-the-ground initiatives but processes are not consistently mainstreamed.

NHS Medway has developed an Organisational Development Strategy to address areas for further development and potential improvement in the following key areas:

- Direction, leadership, environment and values: so that it can transform services.
- Accountability, coordination and control capabilities: so that it can pick up the pace in achieving its priorities.
- Motivation, innovation, and external orientation: so it can be proactive and open to new ideas.

5.6 INFRASTRUCTURE TO SUPPORT SYSTEM REFORM

In addition to the financial strategy set out earlier in the Strategic Commissioning Plan, the PCT has developed a number of other strategic plans to support the local system reform agenda.

5.5.1 ESTATES STRATEGY

- The PCT's vision as outlined in the Estates Strategy approved by the Board in November 2007 is that its new premises should be a focal point of the community. The PCT would like to take advantage of the opportunity to share premises with other public bodies where ever possible to provide better public access and more efficient utilisation of premises.
- The PCT is developing a spatial framework of service needs and a detailed estates implementation plan to ensure that it makes the best use of the estate it already has, and that decisions on new developments are spread across the areas of greatest population and highest deprivation.

The Estate Strategy can be seen in Appendix E

5.5.2 WORKFORCE STRATEGY

- Workforce planning is central to delivering NHS services that meet the ambitious agenda set out in 'High Quality Care for All: NHS Next Stage Review Final Report'. By building an effective local workforce, representative of the local community and providing seamless care the PCT seeks to improve the experiences of the people of Medway.
- The PCT Workforce Strategy approved by the Board in November 2007 and subsequent Workforce Plan approved by the Board in May 2008 include the need for new skills to reflect the change of service delivery from the 'acute' to the 'community', new technologies and opportunities to build capacity and engage with other sectors.
- Success of this strategy will be assured by:
  - Alignment with national and regional strategy, with high profile leadership from the SHA;
  - Working in partnership with other agencies including the voluntary and independent sector through the Multi-Agency Medway Strategic Workforce Planning Group;
  - Forming part of the integrated approach to planning and performance management of services.

The Workforce Strategy is shown in Appendix F

5.5.3 INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) STRATEGY

- The aim of the IM&T Strategy approved by the Board in November 2007 is to put technology at the heart of the business of the PCT, as a support tool which adds value to the organisation. IM&T investments will be visible to both staff and patients

and will improve the patient experience rather than intrude on the delivery of care. To underpin this vision the organisation is committed to ensuring that local developments planned for the next 10 years will be aligned with the national direction as well as meeting local service needs and provide value for money by maximising the investment planned under the National Programme for IT.

- The key deliverables are:
  - To maximise the use of technology in improving access to healthcare;
  - To continue to be a leader in systems and information for community services;
  - To use e-communications (email, SMS messaging) in a way that streamlines business processes and patient care;
  - To work towards an integrated patient record, in line with the National Programme for IT, engaging with the North East Kent deployment as software to improve the patient journey becomes available;
  - To enable rapid sharing of appropriate information with partner organisations in health and social care;
  - To move towards mobile working, allowing information to be available at the point of care;
  - To demand that IT solutions are deployed in an environment that is robust, safe, fast and secure;
  - To ensure that the deployment of new systems and software are relevant to the local and national context and meet defined security and governance standards;
  - To continue to improve data quality standards from providers and contractors.

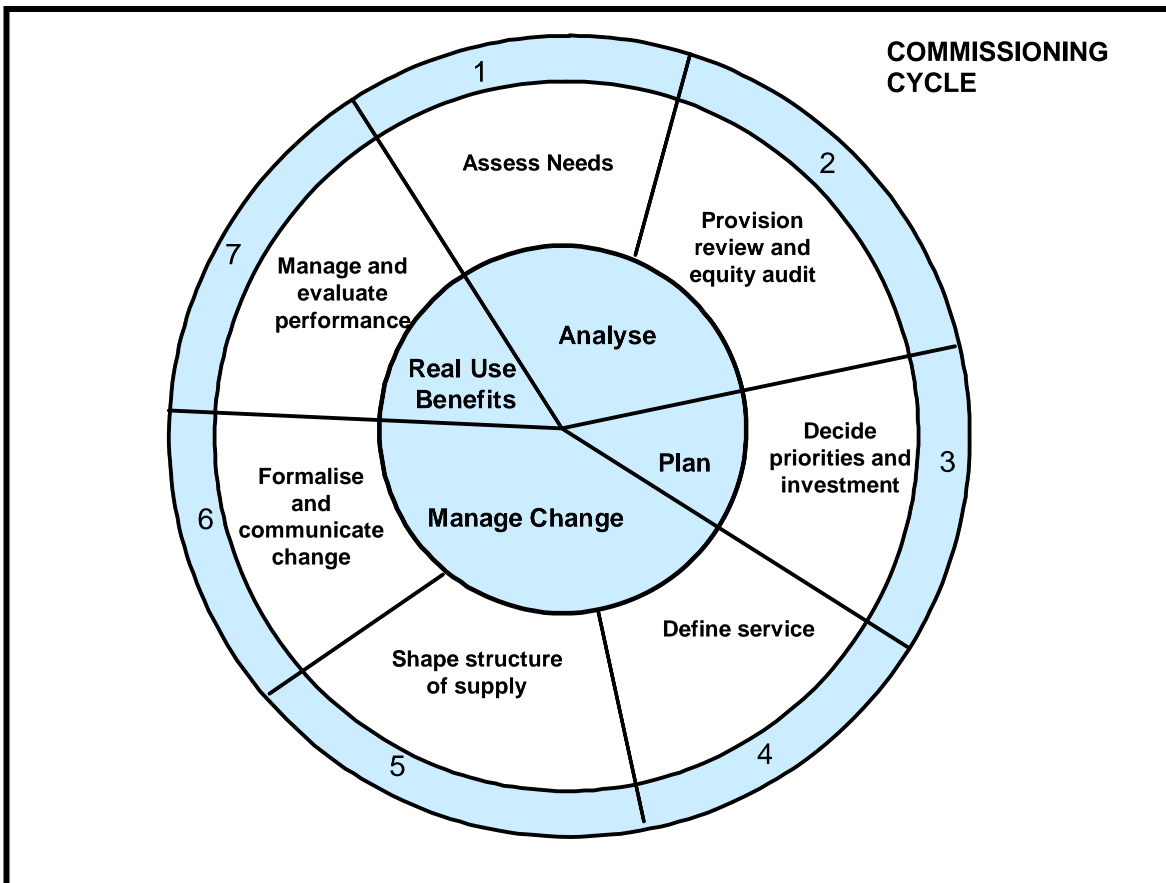
The Information Management and Technology (IM&T) Strategy is shown in Appendix G

SECTION 7 | CONCLUSION

NHS Medway is now ready for the challenge to develop as a World Class Commissioner.

This plan sets out a blueprint for health in Medway up to 2013. It sets out a clear direction of travel with markers that will allow all to monitor progress.

With a clear focus on local needs, and strong patient and public involvement, NHS Medway is now following a clear 'commissioning cycle', which includes analysis of need, planning against priorities for investment, managing the opportunities that exist in local people and services and seeking real health gain.



To secure the delivery of some very specific targets over the next five years NHS Medway will change the way it has traditionally commissioned healthcare. With the help of partners both professional and lay members NHS Medway commits to securing transparency in its decision making and accountability in all it seeks to achieve.

SECTION 8| DECLARATION OF BOARD APPROVAL

The Board is continually engaged in both the development of service and organisational strategy and in seeking assurance on its delivery. The Strategic Commissioning Plan has been discussed on a number of occasions both informally and formally at the Board and members have contributed to its shape and content.

This document reflects the key initiatives that the Board through the Strategic Change Programme agree as its highest priorities.

Equality Impact Assessment Form

EQUALITY IMPACT ASSESSMENT FORM (EIAF)

SECTION ONE: SCREENING / PRIORITISING FOR FULL IMPACT ASSESSMENT

Name of the Function/Policy/Project: Strategic Commissioning Plan 2008-13

	Does the function/policy/project have a positive impact on any of the groups below? YES/NO (if yes give details) 1	Is there evidence or reason to believe that some groups could be adversely affected? YES/NO (If yes, give details) 2	How much evidence of adverse impact do you have? 0 - 2 None or little 3 - 4 Some 5 - 6 Substantial 3	Is there any public concern that the function or policy is being carried out in discriminatory way? 0 - 2 None or little 3 - 4 Some 5 - 6 Substantial 4	Priority (add columns 3 & 4) 5
RACE • Arab or Arab British • Asian or Asian British • Mixed • Black or Black British • White • Chinese • Eastern European • Non-English speakers	Strategic level: NO Operational level: it is expected that the detail will be in each of the service area plans	YES: At a strategic level, there is a statement around ethnic minorities within the population (p.13) but there is little reference about what this means in terms of service delivery	1 - No evidence as such but we would recommend keeping a watching brief over this area as part of the action planning process	1 – we have consulted with the public via 'Growing healthier: first steps' (PCT prospectus)	2
RELIGION / BELIEF • Atheism	Strategic level: NO	YES: At a strategic level there is little awareness	1 - No evidence as such but we would recommend keeping a	1 – we have consulted with the public via 'Growing healthier:	2

• Buddhism • Christianity Hinduism • Islam • Jainism • Judaism • Sikhism		of different religions and how they affect the delivery of the service	watching brief over this area as part of the action planning process	first steps' (PCT prospectus)	
DISABILITY • Physical impairment • Visual impairment • Hearing impairment • Learning difficulty • Mental health condition • Other	Strategic level: YES, this is covered under 3.1.3, 3.4.7, 3.4.8 & 4.2.6.2	NO: Learning difficulties and mental health are key areas of the document with overriding aim attached to each	N/A	N/A	N/A
GENDER • Male • Female • Women who are pregnant or on maternity leave	Strategic level: By definition all services are open to all, unless specified. However, there is a positive impact on females in the context of maternity services (4.2.4.2) and on males in the context of a review of men's health services (5.2.3) Operational level: it is expected that the detail will be in each of the service area plans	NO (see note in column to the left about services being open to all unless specified)	N/A	N/A	N/A

SEXUAL ORIENTATION • Heterosexual • Bi-sexual • Gay • Lesbian	Strategic level: Generally NO, however regular drop in sessions to discuss sex and relationship issues are promoted in 3.4.1	YES: The document refers only to sexual health rather than sexual orientation (4.2.1.2) and whereas the two may be linked, this is not explicit	1 - No evidence as such but we would recommend keeping a watching brief over this area as part of the action planning process	1 – we have consulted with the public via 'Growing healthier: first steps' (PCT prospectus)	2
AGE • Children • Young • Old • Middle-aged	Strategic level: YES, children are a strategic focus in 3.1, 3.1.3, 4.2.4.2 and older people are a focus in 3.1 , 3.3.4, 4.1.3.2 and 4.2.5.2 At an operational level, the detail will be in each of the service area plans. However, uptake of influenza vaccine by over 65s is promoted in 4.1.2	NO	N/A	N/A	N/A
OTHER • Asylum seekers and refugees • Travelling communities • People from particular socioeconomic groups • Prisoners and people confined to closed institutions/community offenders	Strategic level: YES, Prisoners and offenders are covered in 3.4.9 Operational level: it is expected that the detail will be in each of the service area plans	YES: Apart from prisoners and offenders, there is little reference to other groups within the document	1 - No evidence as such but we would recommend keeping a watching brief over this area as part of the action planning process	1 – we have consulted with the public via 'Growing healthier: first steps' (PCT prospectus)	2

• Carers • Single parent families • Flexible workers					

For priority scores of 3 or more, is the potential discrimination minimal and justifiable and therefore does not require a stage 2 assessment? Outline your reasoning below:

There are no priority scores of three or more and hence no reason to believe that the potential negative impacts noted in the document will have a detrimental and significant effect on the target groups assessed, in terms of services offered. However, we would recommend that the document is revised in the light of the potential negative impacts noted to ensure that these areas are adequately addressed within individual service plans. We intend to conduct a review of this EIA for the next version of the document.

Lead Director Louise Parker…………. Signature…………………………Date October 2008

Equality Lead Cheryl Clements……. Signature…………………………Date October 2008

APPENDIX A

NATIONAL AND LOCAL VITAL SIGNS

Vital Sign	Description
VSA03	Incidence of C Difficile
VSA04	Reported waits for elective care – Admitted patients
VSA05	Access to personalised and elective care - Supporting activity lines
VSA06	Access to personalised and elective care - Patient reported measure of GP access
VSA07	Access to personalised and elective care - Practices offering extended opening
VSA08	Health improvement and reducing health inequalities – Breast symptoms 2 week wait
VSA11	Health improvement and reducing health inequalities – 31 day standard for subsequent cancer treatments Chemo and surgery
VSA12	Health improvement and reducing health inequalities – 31 day standard for subsequent cancer treatments Radiotherapy
VSA13	Health improvement and reducing health inequalities – Extended 62 day cancer treatment targets
VSA14	Quality stroke care (Outcome: reduction in stroke related mortality and disability)
VSB01	Health improvement and reducing health inequalities – All-age all causes mortality (AAAACM) rate
VSB02	CVD mortality rate
VSB03	Cancer mortality rate
VSB04	Suicide and injury of undetermined intent
VSB05	Smoking prevalence (quitters)
VSB06	Early access for women to maternity services
VSB08	Teenage pregnancy
VSB09	Childhood obesity
VSB10	Individuals who complete immunisation

Vital Sign	Description
VSB11	Health improvement and reducing health inequalities – prevalence of breast feeding 6-8 weeks
VSB12	Health improvement and reducing health inequalities – Emotional health and well-being and child and adolescent services
VSB13	Health improvement and reducing health inequalities – Chlamydia prevalence (screening)
VSB14	Health improvement and reducing health inequalities – Number of drug users recorded as being in effective treatment
VSB15	Health improvement and reducing health inequalities – self reported experience of patients/users
VSB17	Reputation, satisfaction and confidence in NHS – NHS staff survey based measure of job satisfaction
VSB18	Access to personalised and effective care – dental services
VSC01	Cleanliness and healthcare associated infections – achievement of CNST risk management standards
VSC10	Access to personalised and effective care – The number of delayed transfer of care per 100,000 population
VSC11	Access to personalised and effective care – people with long term conditions feeling independent and in control of their condition
VSC15	Access to personalised and effective care – the proportion of deaths that occur at home
VSC20	Access to personalised and effective care – emergency bed days
VSC24	Health improvement and reducing health inequalities - Percentage of patients admitted with a heart attack who were prescribed an anti-platelet, a statin and a beta-blocker upon discharge from hospital.
VSC26	Health improvement and reducing health inequalities – rate of hospital admissions for alcohol related harm
VSC27	Health improvement and reducing health inequalities – patients with diabetes

THE MEDWAY LOCAL AREA AGREEMENT

Indicator	Description
NI8	Adult participation in sport
NI39	Alcohol-harm related hospital admission rates
NI40	Drug users in effective treatment
NI51	Effectiveness of child and adolescent mental health services (CAMHs)
NI56	Obesity among primary school age children in year 6
NI59	Initial assessments for children’s social care carried out within seven working days of referral
NI60	Core assessments for children’s social care that were carried our within 35 working days of their commencement
NI65	Children becoming the subject of a child protection plan for a second or subsequent time
NI112	Under 18 conception rate
NI113	Prevalence of Chlamydia in under 25 year olds
NI121	Mortality rate from all circulatory diseases at ages under 75
NI122	Mortality rate from all cancers at ages under 75
NI123	16+current smoking rate prevalence
NI124	People with a long-term condition supported to be independent and in control of their condition
NI141	Number of vulnerable people achieving independent living

WORLD CLASS COMMISSIONING HEALTH INDICATORS

ID	Ref	Metric Definition
1		Health inequalities – average IMD (deprivation index) score
2		Life expectancy – at time of birth, years
6	4	Under 18 conception rate – teenage conception rate per 1000 females aged 15-17
7	5	Infants breastfed (prevalence at 6-8 weeks) and percentage with a breastfeeding status record
18	16	Smoking quitters – Number of 4 week smoking quitters who attended NHS Stop Smoking Service and rate per 100,000 aged 16 and over
21	19	Uptake of influenza vaccinations by over 65s
35	33	Percentage of stroke admissions given a brain scan in under 24 hours
44	42	Rate of hospital admissions per 100,000 for alcohol related harm
48	46	CVD mortality – premature mortality under 75 years, age standardised
51	49	Diabetes controlled blood sugar – percentage of patients with diabetes who have an HbAC1 of 7.5 or less

Sum of Amount Category	Provider
1. NHS SLA Local	Dartford & Gravesham NHS Trust
	East Kent Hospitals
	Independent Sector Activity
	Maidstone & Tunbridge Wells Trust
	Medway NHS Trust
	South East Coast Ambulance
	South East Coast Ambulance PTS
	Diagnostic SLA Medway Trust
2. NHS SLA	Addenbrookes (Adur, Arun & Worthing)
	Audit Information and Analysis Unit (AIAU) SCG
	Bone Marrow Consortium - Croydon PCT
	Bowley Close Disablement
	Bromley NHS Trust
	Brompton
	Burns Consortia
	Camden PCT Spec. Pharmacy
	Chelsea & Westminster Trust
	Cleft Lip & Palete Consortium (Haringey PCT)
	Clinical Genetics Consortium Bexley, Bromley & Greenwich H.A
	Consolidated HIV
	DGS PCT recharges Commissioning
	East Sussex County Healthcare
	East Sussex hospitals (was Hastings)
	Epsom & St Helier
	Extended Choice
	Great Ormond Street
	Greenwich Healthcare NHS Trust
	Guys & St Thomas'
	Guys & St Thomas' IVF
	Haemophilia Consortium - Croydon PCT
	Hammersmith Hospital Trust
	High Cost Drugs
	High Secure consortia - Maidstone Block incl. WEMS
	Homerton
	Kings Healthcare
	Kingston PCT (Ex Reg Levy)
	Lewisham
	Limb Reconstruction consortia - Adur, Arun & Worthing PCT
	Marsden
	Mid Essex G&A
	Mid Essex Plastics
	Moorfields
	Newborn Screening
	NICU Transport
	North Hampshire Hospitals
	North West London Hospitals
	OAT's
	Paediatric BMT (Maids Weald)

Sum of Amount Category	Provider
	PICU Consortium - Hillingdon PCT
	Queen Marys NHS Trust
	Queen Victoria
	Royal Free
	Royal National Orthopaedic
	Royal Surrey County Hospital
	Salisbury Healthcare Consortium - West Sussex HA
	Single Patient Treatments NHS
	Spinal Injuries Consortium - Adur, Arun & Worthing PCT
	St Georges Healthcare
	St Mary's Paddington NHS Trust
	Surrey & Sussex Healthcare
	Swale PCT recharges Commissioning
	The Royal Hospital Trust (Barts & the London)
	UCL Hospitals NHS Trust
	West Hertfordshire (WKHA led Consortium)
	Whittington
	Paediatric Audiology
2. NHS SLA - LD & MH	Canterbury & Coastal PCT
	Drug Misuse
	Kent & Medway CAMHs
	Kent & Medway LD
	Kent & Medway MH
	South London & Maudsley
	South London & Maudsley Cost per Case
	South West London & St Georges
	The Henderson
3. NHS SLA - Provider	Commissioning functions within provider services directorate
	Medway PCT provider
4. NON NHS SLA	Clinovia
	Crossroads Scheme ex North Kent Trust
	Donations & Grants
	Equinox Centre (Medway Council)
	Home Oxygen
	Interpreting Service
	Joint Finance
	KCC Children's Equipment
	KCC Section 28 A Contract
	Kent Council on Addiction
	Marie Stopes - TOPs
	Medway Council - CSS
	Medway Council LDDF
	Mental Health Placements
	Park Attwood / Blackthorn Project
	PCG Private Providers

Sum of Amount Category	Provider
	Pension indexation funding for voluntary bodies.
	Place to Be
	Prison Funding
	Project Sunlight
	Rethink
	Section 31 LD
	Will Adams Treatment Centre
	Wolfson Centre St Bartholomew's Downs Screening
	Youth Offending Team
	Hospice Superannuation
	Chaucer Hospital IVF
5. Continuing Care	Continuing Care (Adult)
	Continuing Care (Children)
	Continuing Care (LD)
	Free Nursing Care
6. Reserves	07/08 Surplus
	08-09 Surplus
	18-week Reserve
	2008/09 Recurrent Increase
	Additional Diagnostic SLA
	AIDS/HIV
	AMD - growth (Drugs & Service Costs) (SCG)
	Bundle Mental Capacity Act
	Bundle Residue
	CAMH's Service Improvements
	Cancer
	Commissioning rules and FT Status Reserve (2 Qus)
	Contingency
	Cost Pressures
	Critical Care Reserve
	DHQ Inflation Reserve
	GP Drugs Reserve
	High Cost Drugs Reserve
	Kent Pathology Modernisation
	Maidstone & Tunbridge Wells Trust Reserve
	Mental Health Reserve
	Morbid Obesity
	NICU - LSCG
	NICU Transport
	Other Spending Reserve (e.g 2nd wave Bids)
	Patient Activity Reserve
	Payment by Results Reduction
	PET CT (SCG)
	Placements Reserve
	Provider Services Reserve
	Provisions
	Public Health

Sum of Amount Category	Provider
	Service Development Bids
	Service Developments
	SHA Reserve
	SLA Overspend Reserve
	Specialised Cancer - Bexley Lead
	Specialist Commissioning
	Staying Safe Action Plan
	Tertiary SLAs (SCG) 4% of 6.7% growth
	Year End Surplus
	HPV Vaccine
	Productive Ward Funding
	End of Life Care Money
	LAC Nurse
7. Primary Care	Enhanced Services
	Global Sum/MPIG
	GMS IM&T
	LIFT LPP
	PCO Administered Funds
	PDS
	Pharmaceutical Services
	PMS
	Premises
	Quality & Outcomes
	Unscheduled Care/OOH
8. Prescribing	Community Pharmacy Project
	Drug Costs Met Centrally
	Non Medical Prescribing
	Pharmacy Contract
	Prescribing Final Budgets Practice Allocation
	Topslice
9. PCT Overheads	Capital Charges
	PCT Management Costs

APPENDIX C – MAPPING KEY INITIATIVES

Actual additional recurrent spend at the end of 2012/13

Key Initiatives	Improving Health and well being	Target Killer Diseases	Care pathways closer to home	Supporting future generations	Promoting independence and quality of life	Improving Mental Health
Choosing Health	Major Communication and Publicity Programme Health Improvement Team –Primary -Secondary Stop Smoking services clinics Brief interventions for alcohol Sexual Health promotion services Obesity and Exercise programme Chlamydia screening expansion **£5,001,000**	Social Marketing Programme for -CVD -Cancer **£2,250,000**	Sexual health service design project Health Trainers **£175,000**	Health Trainer Service Teenage pregnancy Obesity services **£3,500,000**		Mental Health promotion strategy Mental Health Health Trainer Service Physical activity programme Reducing inequalities **£2,259,000**
Planned Care	Improved acute services **£6,323,000**	Primary care arrhythmia service HPV vaccination **£820,000**	Anticoagulation Community gynaecology, ENT, Rheumatology, Dermatology Lymphoedema **£348,000**			

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APPENDIX C – MAPPING KEY INITIATIVES

Actual additional recurrent spend at the end of 2012/13

Key Initiatives	Improving Health and well being	Target Killer Diseases	Care pathways closer to home	Supporting future generations	Promoting independence and quality of life	Improving Mental Health
Urgent Care		CV disease # Better access to trauma services $ Burns services #	Reduce A&E use – mobile health care Central booking system 24/7 rapid response and community support Home Care Treatment for long term conditions **£2,055,000**	OOH paediatric nurse $ Extended hours children's community team $	Personal care plans # Risk management tool kit for most vulnerable in the community $	
Primary Care		Flu Vaccination Also see services under 'CHD' **£195,000**	4 New APMS Practices Extended Hours Primary Eye Care Acute Referral Service Renewal of Primary and Community Care Estate (Community hubs and Darzi practices) Local diagnostic services Phlebotomy **£12,254,000**			Bereavement service $ Psychiatric liaison $
Diabetes	Increasing educational programmes **£500,000**		Better management of HBA1C by Primary care # Digital retinopathy $			

APPENDIX C – MAPPING KEY INITIATIVES

Actual additional recurrent spend at the end of 2012/13

Key Initiatives	Improving Health and well being	Target Killer Diseases	Care pathways closer to home	Supporting future generations	Promoting independence and quality of life	Improving Mental Health
CHD		Vascular risk assessment **£981,000**	Angioplasty locally # Better management of risk factors by primary care #			Psychological therapist **£19,000**
Cancer		Breast & Bowel Screening NICE guidance Radiotherapy and general Waiting times Bowel Screening **£683,000**			PCT & Medway Hospital accepted as a national pilot site for a project to improve services for patients who live with and survive cancer. **£443,000**	Psychology support
Renal			Home haemodialysis # Community anaemia pathway / IV iron infusion into the community $		Palliative care pathway #	
Stroke		Access to specialist units – increase capacity Brain scans within 24 hours **£692,000**	TIA scans – within 24 hrs $			
Children			Physical and learning disabilities / substance misuse $	Safeguarding Cystic fibrosis Increase capacity in CAMHS **£2,182,000**		

APPENDIX C – MAPPING KEY INITIATIVES

Actual additional recurrent spend at the end of 2012/13

Key Initiatives	Improving Health and well being	Target Killer Diseases	Care pathways closer to home	Supporting future generations	Promoting independence and quality of life	Improving Mental Health
Adult Mental Health			Prisoner Health #		Vocational rehabilitation service **£220,000**	Psychological therapies Learning disability EIP **£2,656,000**
Older Peoples services					Safeguarding Personal care plans Support for carers **£844,000**	Improve OPMH services Home care treatment team for dementia **£1,598,000**
Maternity Matters	Breast feeding programme – peer supporters $			More choice access to more Midwives at 12 weeks **£2,360,000**		Perinatal Mental Health care **£157,000**

APPENDIX C – MAPPING KEY INITIATIVES

Actual additional recurrent spend at the end of 2012/13

Key Initiatives	Improving Health and well being	Target Killer Diseases	Care pathways closer to home	Supporting future generations	Promoting independence and quality of life	Improving Mental Health
Substance Misuse	Protecting Families and communities strategy **£175,000**		Reduce waiting times for treatment More shared care **£556,000**	Alcohol support programme for YP $		Care plans $ Prisoner Health #
Sub Total	**£11,999,000**	**£5,621,000**	**£15,388,000**	**£8,042,000**	**£1,507,000**	**£6,689,000**
Less Divestments	**£2,350,000**	**£1,000,000**	**£6,400,000**	**£500,000**		**£1,000,000**
Net Total Investment	**£9,649,000**	**£4,621,000**	**£8,988,000**	**£7,542,000**	**£1,507,000**	**£5,689,000**
						Sub Total
Sub Total						**£37,996,000**
Investments not directly associated with Key Initiatives						**£4,065,000**
Total Investments						**£42,061,000**

$: Costs included in other programmes

#: No additional cost – better use is made of existing resources

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APPENDIX D– ESTATES STRATEGY

MEDWAY PRIMARY CARE TRUST

ESTATE STRATEGY
IDENTIFICATION OF OPPORTUNITES TO IMPROVE SERVICE DELIVERY

Executive Summary

Medway Primary Care Trust (PCT) has set out a vision in which their premises should be the focal point of the community.

The PCT would also like to take advantage of the opportunity to share premises with other public bodies where ever possible to provide better public access and more efficient utilisation of premises.

To ensure that the vision can be delivered the PCT should develop a robust spatial framework coupled with an overall estates development plan. The PCT has considerable levels of information contained within various areas or silos. However the information is not linked together nor is it formatted in the same way. The fragmented nature of this information does not provide a clear picture at present to develop the spatial framework for delivering services across the Medway Towns.

After some discussion with the PCT Tribal have produced a proposal which would deliver within controlled stages an estates strategy and highlight the opportunities to improve service delivery.

The proposal was based upon a four stage approach, the stages are:

- stage one, establish the baseline information;
- stage two, identify the potential opportunities to share and/or replace premises;
- stage three, develop detailed options;
- stage four, develop an estates strategy and develop an estates control plan and investment programme to deliver the changes required for the improvement to service delivery.

The staged approach was adopted as it is important in the early stages of a strategy to understand what opportunities exist and which direction the strategy should take.

The findings of these early stages have highlighted the key issues for the PCT. These are:

- PCT premises are located unevenly across Medway;
- there is an under utilisation of some of the PCT premises especially in the community outreach team buildings;
- there are areas of considerable development which are currently under provided;
- primary care services are provided in many smaller single-handed GP practices, this is considerably higher than the national average;

- the location of the GPs seems to indicate that some areas are over provided while others are under provided.

A high level mapping process has been used to highlight the above. The process of using maps enables the PCT to clearly see the issues described above.

The outcome of this early research indicates that the PCT's vision to improve facilities and make these into focal points for the community is possible and that if the strategy is developed upon this vision it will be possible to improve access to the population.

The key to the above will be to develop around ten new community hubs three of which are already built each with at least five GPs. These hubs will be spread throughout the areas of greatest population and areas of highest deprivation.

The PCT is working on service models for intermediate care beds with partners to determine the required bed capacity. Estate options will need to be considered once this work is complete.

The second plank in the improvement in service delivery should be the redevelopment of existing or new GP practices, each of these being based upon five GPs being within one complex.

The age profile of GPs indicates that there will be a considerable loss of GPs due to retirement (34%.) over the next 6 to 8 years. The PCT will need to recruit a considerable number of new GPs to fill these gaps. The development of the above practices will encourage new GPs into the area as they will be able to specialise within the GP group. The development of these new premises will also enable the locations to be reviewed to ensure areas of poor provision are addressed.

The considerable amount of development within the Medway Towns, (predicted population growth of around 50,000) will require services to be provided in what are currently brown field sites. The development of these premises and facilities should be funded through planning agreements via section 106 agreements. The planning system is complex and to ensure the PCT secures funds it has to have a robust strategy and service plan in place. A lack of such vision and documentation will enable the planners and developers to dispute the need and reduce their funding contribution to the development of services.

The review has indicated that there is under utilisation of some PCT premises, mainly in the outreach team bases. This is mainly due to the working practices where all staff start and finish at an office, then spend the rest of their time within the community. We would recommend that the use of these premises and working practices is reviewed to improve the utilisation. This should lead to a possible reduction in the number of large premises and possible replacement with home working or smaller premises.

The review has attempted to place some values on the proposed developments, but it has to be recognised that these are very high level as there has been insufficient research undertaken to establish the base line costs.

What these costs do indicate is that the proposed PCT model of community hubs, replacing many existing single handed GP premises with shared premises and the need to review the use of the PCT premises overall is unlikely to be cost neutral. However, the increased costs have yet to be measured against the positive benefits they would bring to service delivery.

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This review has identified that the PCT would benefit from the development of a spatial framework alongside a more detailed estates implementation plan. To achieve this, the PCT should prioritise resources to establish a multidisciplinary team to deliver this key piece of work. This work will help drive the PCT's public health agenda. It will also provide a sound basis for working with Medway Council on the regeneration of the Medway Towns as well as achieving developer contributions to health infrastructure.

The final section of the report sets out key actions for the further development of the estates strategy, the development of the business cases for the 'quick win' options and longer term developments.

APPENDIX D– ESTATES STRATEGY

1. Introduction and Background

Overview

This paper presents the Medway Primary Care PCT (the PCT) with preliminary findings from a review of the PCT Estate, including where potential opportunities may exist for the improvement of service delivery through replacing and/or combining existing premises.

The PCT has a vision that focuses on the provision of better services, greater utilisation of its existing network and delivery through premises that should be the focal point of the community.

In addition to this, the strategy also includes the development of any opportunities that may exist to combine PCT services with the wider range of public services available, either through joint use or the development of new shared premises.

In order to achieve this vision, the PCT needs to establish a baseline for current service delivery. This in turn should support the identification of opportunities to deliver the vision within a reasonable timeframe.

The development of a robust dedicated estates strategy will be essential to the delivery of the PCT's aims.

This development process is complex in nature given the need for the strategy to support clinical delivery. An in-depth understanding of the vision for future service delivery is essential, combined with the effect that this will have on the use of existing premises, as well as the type and location of new premises required.

In order to develop a robust strategy it is important to understand the nature, use and location of existing premises. Based on our experience of a number of similar projects, this area is often the most difficult to quantify in terms of developing the strategy. Nonetheless, a full understanding is a prerequisite for the baseline required to develop a forward vision.

In order to ensure that the information collected is sound and based on a robust methodology, a four stage approach is proposed as follows:

- Stage one; establish the baseline information;
- Stage two; identify the potential opportunities to share and/or replace premises;
- Stage three; develop detailed options;
- Stage four; develop an estates strategy, development control plan and investment programme to deliver the changes required for the improvement to service delivery.

The objective of this paper is to present the results of a recent high level review of the potential efficiencies that may be realised from a reduction in the number of single handed GP practices premises, whilst also improving the

utilisation of clinics and the better use of the bases used by a wide range of outreach teams.

This document includes the following:

- The rational for a review in the light of the need for change;
- A description of the current premises within the Medway towns;
- A description of the possible areas where potential exists for improvement
- A timeline and action plan to undertake the next phase of the review and the production of an estates strategy.

2 The rationale for the review and the need for change

2.1 Overview

2.1.1 This section includes the rationale for the review and the drivers for change:

- Mapping of existing premises;
- The strategic driver for change;
- The requirement to match service needs with growing population demands;
- The need to address the constraints of the current facilities with a view to providing premises that are fit for purpose.

2.2 Future Vision for PCT premises

2.2.1 The PCT has set out a vision in which its premises should be the focal point of the community. Where feasible it should also be possible to take advantage of the opportunity to share premises with other public bodies, thereby providing better public access and more efficient utilisation of premises. This should include the delivery of better value for money.

2.2.2 The PCT has established five strategic goals which reflect its desire to improve services:

- Better skills, better services;
- Develop health and social care community Hubs;
- Manage the secondary care market;
- Raise the Patient Voice;
- Make every pound count.

2.3 The requirement to match service needs

2.3.1 The age profile of the GP within the Medway towns based upon a 2005 survey is as follows:

- Age 44; under 27%

- Age 55 to 65; 68 % of the total
- Age 56 to 65; 34% of the total

2.3.2. The above profiles are in line with the national norms and will necessitate a major recruitment drive to bring in a significant numbers of new GPs over the next five to seven years.

2.3.3 The recruitment of GPs is likely to require a different model to the existing, given that a number of existing doctors will have invested within their property as part of their individual retirement plans.

2.3.4 Many of the new GP in-take will not wish to include property as part of their investment with the PCT for several reasons, including the following:

- The absence of investment in premises enables them to move more freely around the country, thereby affording an opportunity to increase experience in a range of geographic areas;
- Investment in premises for which they must be fully compliant with legislation will be expensive. Due to changes in funding arrangements they may not be able to realise a high return on investment.
- Changes to GP contracts as a result of changes in governmental policy may place the investment at an unacceptable level of risk;
- Younger GPs are more likely to want to move around the country in line with most modern career aspirations.

2.3.5 The large development planned for the Medway Towns as part of the Thames Gateway project and other predicted growth estimates, are likely to result in a population rise of around 50,000. This will place considerable additional demands upon the services.

2.3.6 The population profile of the Medway Towns is very similar to the national norm in terms of age demographics and health patterns.

2.3.7 This means that as the population ages the increase in chronic diseases is likely to follow the national norms, which will in turn place extra demands upon PCT services.

2.3.8 In addition the growth in population will place additional pressures upon service provision within the medical specialties.

2.4 The requirement to improve premises

2.4.2 The PCT has reviewed its current portfolio of GPs premises for compliance with legislation such as DDA and a large number of them do not meet those requirements. Many of the GPs practices are situated within converted town houses, thus making the conversion very difficult and in some cases impossible to achieve, in order to comply with legislation.

2.4.3 The PCT has a number of leased office complexes spread around the Medway Towns in which outreach teams are based. The nature of the working practices of these means that the buildings are heavily used at certain times of the day and then remain largely empty during the rest of the time. The PCT wishes to improve the utilisation of these properties through adoption of a number of alternative working practices.

2.4.4 The retirement of a large proportion of GPs also provides the PCT with a unique opportunity to re-align its services.

2.4.5 There is a wish to combine a number of single handed GPs into groups of approximately five per practice, as this would provide an opportunity to enhance services within each practice.

2.4.6 The overall spatial framework would also take into account the provision of services from hospitals, mental health social services and community based teams.

3 Proposed service model

3.1 Overview

3.1.1 The proposed service model includes a series of community hubs that would provide access to healthcare services and a wide range of public services. These services should include some of those currently provided such as mental health facilities and community based support services.

3.1.2 This model will build upon the experience that the PCT has in developing premises for the provision of healthy living centres, several of which already exist within the Medway towns.

3.1.3 The use of either GP premises or healthy living centres or office accommodation for outreach teams needs to reflect improved ways of working, which should in turn enable better utilisation of the accommodation. (It is estimated that the under utilisation of the office clinical accommodation utilisation currently stands at approximately 30%)

3.1.4 The development of healthy living centres will encourage younger GPs to join the PCT and enable single handed GPs to be co-located with other services. This would in turn provide better training and the opportunities to specialise in particular areas of clinical practice.

3.1.5 The integration of services together with the reduction in single handed GP practices will enable the population to have better access to a wider range of

services, many of which complement each other. This should encourage higher levels of staff training, morale and retention.

4 Mapping the base data

4.1 Overview

4.4.1 To develop the overall strategy it is important to understand the geography of the Medway towns and the distribution of service providers and existing services.

The current location of services and development zones has been mapped as follows:

- Mapping of areas of deprivation, figure 1;
- Single handed GP practices, figure 2;
- Shared GP partner practices, figure 2;
- Branch surgeries, figure 3;
- PCT premises, figure 4;
- Population number by ward, figure 5;
- Access to GPs based upon population by ward location, figure 6;
- Other community services, schools, public premises, pharmacies and elderly care homes, figure 7;
- The development zones, proposed use and number of dwellings, figure 8

4.4.2 Description of the mapping process

4.4.3 Demographic information

4.4.4 It is important to understand how the existing and proposed services relate to the demographic profile of the Medway towns. This base information has been developed from information supplied by from the 'Review of Public Health Progress March 2007' Figure 1 shows the areas of deprivation by ward in the Medway Towns.

4.4.5 The demographic map clearly indicates that parts of the Medway Towns are within the most deprived in Kent and Medway.

4.4.6 Single handed GP practices (Yellow)

4.4.7 The mapping of single handed GP practices indicates the there is a considerable number fairly evenly spread around the PCT.

4.4.8 The mapping also indicates that the mix between single handed and shared practices is also fairly evenly spread.

4.4.9 The mapping indicates that there are some areas which are poorly provided by GPs within the main population areas and much of the Peninsula is poorly supported.

4.4.10 Figure 2 shows the location of the existing single handed GP practices.

4.4 11 Shared GP practices (Blue)

4.4.12 The mapping of shared GP premises indicates that there are a considerable number fairly evenly spread across the area.

4.4.13 The mapping also indicates that there are some areas that are currently poorly served by shared practices.

4.4.14 Figure 2 also shows the location of shared GP practices.

4.4.15 Branch surgeries (Red)

4.4.16 The mapping of the branch surgeries indicates that there are a small number and that most of these are on the Peninsula.

4.4.17 Figure 3 shows the location of the branch surgeries.

4.4.18 Mapping of PCT premises

4.4.19 The mapping of PCT premises clearly indicates that there is an uneven spread of premises across the Medway towns making access difficult for some patient groups.

4.4.20 Mapping of population by wards

4.4.21 The mapping of the population by wards provides us with an over view of the current levels of service provided by GP practices for the population.

4.4.22 Figure 5 shows the population by ward.

4.4.23 Population served by GP practices against wards

4.4.24 This mapping indicates the spread of GP practices against the population by ward, and clearly demonstrates that there are areas of over and under provision.

4.4.25 Figure 6 shows areas of apparent under provision and over provision of GP premises.

4.4.26 All other public service and health providers in Medway Towns

4.4.27 In order to establish potential opportunities for developing shared premises with other public bodies and possible other health related providers, e.g. pharmacies, we have mapped all the relevant premises within the Medway Towns

4.4.28 Figure 7 shows all other public premises which may provide opportunities for shared development.

4.4.29 Development zones within the Medway towns

4.4.30 The mapping of the Medway towns planned development is based upon the major developments. These are mainly in the Thames Gateway development. However, it is noted that there are a considerable number of smaller developments over 10 units planned across the towns. Mapping of these smaller developments is more difficult as most are by small or regional builders that own the land but have yet to put forward a formal planning application. As a result, the type and number of dwellings is difficult to assess.

4.4.31 Summary of mapping

4.4.32 It can be seen from the mapping of single handed GP premises that they are equally distributed amongst shared practices. The existing locations of these practices will enable the combining of some GPs into one or more new premises.

4.4.33 The mapping of population by ward and the location of the GP within these provides some indication of the populations served and access levels.

4.4.34 The location of the PCT premises indicates that there is an uneven spread of premises, resulting in some areas being poorly served.

4.4.35 The mapping of other public sector premises and support services provides an overview of where opportunities may exist for the co-location of services or for the potential to develop new premises on existing publicly owned land.

4.4.36 The mapping of development zones, including indicated use and planning assumptions for the number of new dwellings, clearly demonstrates a need for some new premises to be provided in proximity to these developments.

4.4.37 The mapping exercise clearly demonstrates that in some areas, good local access to primary care services is available whereas in others, access is not at the same level.

4.5.1 Development of a PCT Spatial Strategy

4.5.2 This mapping work forms the basis of the development of a comprehensive PCT wide spatial framework. This framework will allow the PCT to develop a sophisticated strategic tool to map public health requirements, influence

planning policy throughout Medway and progress operational service development.

4.5.3 A spatial framework will allow both the PCT and Medway Council to develop jointly their public health, commissioning and service delivery agendas.

4.5.4 By linking public health needs to services and infrastructure the PCT and Medway Council are in a strong position to communicate effectively health and social care needs to key partners and stakeholders, e.g. Kent and Medway Partnership Trust, Southeast Coast Ambulance Trust, voluntary bodies and primary care colleagues.

4.5.5 By drawing together public health requirements, planning issues and demographic change the PCT will be able to use the spatial framework as an effective tool in the development of services.

5 Developing the options

5.1 Overview

5.1.1 This section develops some high level options based upon the information collected to date, including:

- Development of a number of healthy living centres as community Hubs;
- Increase in shared practices and a likely reduction in the number of single handed GPs due to retirement etc;
- Improvements to existing premises;
- Closure of a number of existing PCT premises, which would be replaced by Healthy living centres;
- Identification of opportunities to share or use other public buildings.

5.2 Description of the Options

5.2.1 Overview

5.2.2 This section describes the possible options to enable the PCT to respond to areas of under provision, deprivation and high disease burden based upon the spatial framework of information held within the mapping exercise.

5.2.3 There are a number of different options and factors to consider:

- Develop community hubs / healthy living centres;
- Reduction in the number of single handed GPs;
- Provision of additional GP premises in under provided areas;
- Improve existing healthcare and GP premises;
- Consolidate the amount of PCT space within support areas.
- A review of the provision of beds within intermediate care

- Appropriate community bed capacity

5.3.1 Development of community hubs / healthy living centres

5.3.2 The PCT vision is to ensure that clinical premises are seen and used as community hubs and where possible provide a wide range of clinical and associated services.

5.3.3 For community hubs to be successful they require a critical mass of GP and PCT services, ideally located with a range of other complementary services located within them.

5.3.4 The PCT has established a set of criteria for its healthy living centre model and these will be used to ensure that the options developed provide the appropriate services.

5.3.5 The vision to provide a wider range of services from a community hub can only be delivered if there is joint working between public sector services, as these premises will be relatively large. An area of approximately 1,500 m sq will need to be situated in the centre of the population to be served, or at least within easy reach with good public transport links.

5.3.6 One of the keys to developing these hubs will be to ensure that there is considerable cooperation / support from either, the local authority where new build is possibly funded via new developments, or the opportunities that may exist to share or develop other existing public sector buildings.

5.4.1 Reduction in the number of single handed GP Premises

5.4.2 The vision to develop community hubs would reduce the number of single handed GP premises.

5.4.3 This reduction is likely to encourage new GPs into the PCT as they will have opportunities to train and specialise within the larger health centres.

5.4 4 The reduction in single handed practitioner premises will also be a consequence of the high incidence of retirement due to take place within the Medway Towns over the next five to seven years.

5.5.1 Provision of additional GP premises within under provided areas

5.5.2 It will not be possible to develop healthy living centres within all the locations requiring new or additional GP services.

5.5.3 The service model within these areas will focus on developing community hubs made up from a number of GPs that share premises and from which the PCT can also commission a limited range of services.

5.5.4 The most likely size of this type of unit would include five GPs with a range of support services.

5.6.1 Improvement to existing GP and healthcare premises

5.6.2 It is likely that a number of the existing GP and healthcare premises will be in the appropriate, or very close to the correct location but will require either improvement or a degree of expansion.

5.6.3 In this scenario, the PCT will have to fund a considerable amount of works to improve the premises to meet various legislative requirements or to develop the premises. However, this option is likely to provide the most cost effective solution, where it is appropriate.

5.7.1 Consolidate the amount of PCT space within support areas

5.7.2 There is a need to review the use of space within most of the PCT's support function premises and a number of clinics.

5.7.3 The research to date has indicated that the existing premises are under-utilised and currently stand at only 30% utilisation. This is mainly due to the working practices of some of the outreach teams and the running of clinic sessions.

5.7.4 There are a number of options to improve the utilisation of these premises, which should in turn reduce space without affecting service delivery.

5.8.1 Appropriate Community Bed Capacity

5.8.1 The PCT owns a substantial hospital site in Chatham. The building is now close to the end of its life cycle and will need to be replaced.

5.8.2 The PCT is working on a service model to calculate the requirement of beds within the Medway Towns area. This could increase and/or reduce the number of beds required outside the acute hospital.

5.8.3 Once this review is complete estates options will be drawn up. It is likely that options could include re-provision on the existing site at St Barts. The second option is to split the beds over multiple sites. The third option is a re-provision on a new site. The fourth option is to build in partnership with a key stakeholder. Medway Council as a major commissioner and provider will be involved in this process.

6. Assumptions on costs and possible savings

6.1.1 Overview

6.1.2 This section provides an overview of the possible revenue savings and likely capital costs required to develop new facilities and upgrade the remaining.

6.1.3 The exercise to date has not undertaken any detailed analysis of the clinical facilities or space requirements to meet the needs of the population and service plans by health and social care commissioners. However, the PCT has established some high level indications for space requirements.

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6.1.3 The costs have been developed on the basis of assumptions related to the size of the new buildings and the possible saving that could be made as a result of improved utilisation.

6.2.1 Development of community Hubs

6.2.2 Current indications are that there may be a requirement for a total of ten community hubs with a floor area of approximately 1,500 sq metres each. Three of these have already been built and another two are planned. These projects should be continued.

6.2.3 Based upon the above requirement, the capital cost of each centre would be around £5 million.

6.2.4 Based upon the above the revenue costs of each centre would be £450,000.

6.2.5 The overall capital cost and revenue costs would be

- Capital cost: £50 million
- Revenue: £4.5 million

6.3.1 Reduction in the number of single handed GP practices

6.3.2. Whilst the number of GP premises will decrease, there is unlikely to be any overall saving due to the cost inherent of relocating these to new premises. However, the quality of space and service provision should increase as it will be provided via the new Healthy Living Centres.

6.4 1 Cost of new GP premises to provide services in under provided areas

6.4.2 As the model has not yet been fully developed, there are no costings available for this element of the new build. However, as in the case of the decreasing number of single handed practices, the costs here are also unlikely to reduce and are likely to be similar to the existing structure, as some existing practices will be replaced.

6.5.1 Improvement in existing premises

6.5.2 There will be a requirement to improve the existing premises but these cost estimates have not been calculated to date.

6.6.1 Consolidate the amount of PCT space within support areas

6.6.2 It has been identified that there is a possible under utilisation of support space and PCT clinical space across the PCT.

6.6.3 The revenue costs of the above have not been established but it would be safe to assume that if there were to be a space reduction of approximately 30%, a potential 10 to 15% cost saving could be realised

7. Timetable for the development of the options

7.1 Overview

7.1.1 The purpose of this section is to identify how the development of the options may be managed.

7.1.2 The PCT has been developing its estates requirements following the production of a service plan linked to a LIFT funding model. A commissioning approach to an estates strategy is now required. This will complement and support the 'Growing Healthier' five year Strategic Commissioning Plan, the Primary Care Strategy and Practice-based commissioning plans. The spatial framework that has now been initiated forms the first element for taking this forward

7.1.3 The level of analysis required to move to a commissioning based approach is substantial. To get the full benefits of a comprehensive spatial strategy the PCT will prioritise resources in order to complete this piece of work; this could involve external support. It is clear that the scale of work required to achieve this has been underestimated.

7.1.4 The PCT will develop a multi-disciplinary team as part of its core work to develop the spatial framework to implement the estates strategy.

7.1.5 To ensure these are robustly developed it is important to establish the plan for work to be undertaken and to ensure that the PCT recognises the resources required to support this. The PCT needs to identify the objectives clearly within the Corporate Objectives and to have clear accountability, programme management and performance monitoring.

8. Key actions

8.1.1 Key actions include the following:

8.1.2 Establish a project team within the PCT. This team should include commissioning representation, a range of managers and clinicians for each service as well as external services. The remit of this team will be to establish the criteria and manage the process form start to completion, including sign-off of the business case.

8.1.3 Conduct a number of workshops with stakeholders to establish the criteria for healthy living centres, community hubs and GP premises.

8.1.4 Review the mapping based upon the criteria established and establish the base data for the estates strategy.

8.1.5 Develop the Medway Towns estates strategy.

8.1.6 Identify the quick wins within the overall strategy.

8.1.7 Develop a business case to support the options. The case should follow the capital investment manual and enable the PCT to secure funding.

8.1.8 Develop an implementation plan and establish a project group and nominate a senior manager to act as project lead, establish joint working agreements for schemes which are across authorities.

8.1.9 Develop the business case for the longer term projects to secure PCT / joint funds for an agreed period; e.g. five years in line with the PCT's five year service plans.

8.1.10 There is a requirement to continue with the existing projects that have already been identified as sub-standard and are in need of immediate repair. These properties include Balmoral Gardens and Canterbury Street.

8.1.11 The overall strategy and subsequent business plans will require ongoing staff, contractors, patient and public involvement.

8.1.12 The Professional Executive Committee (PEC) will provide professional advice throughout and business cases will require overall Board approval.

9. Summary

9.1.1 Overview

9.1.2 This section summarises the content of this report

9.1.3 This paper is the conclusion of the first part of a four stage process. The purpose of the paper was to establish a baseline for an estates strategy and establish whether any opportunities existed to improve access and to reduce under utilisation of PCT premises.

9.1.4 The collection of information to date has identified that there is a considerable level of under utilisation of some PCT premises, that there is a higher than average number of single handed GP premises and that many of the GP premises do not meet legislation in a number of areas.

9.1.5 The mapping process clearly indicates that there are some areas in which health provision is poor compared to the population served. The mapping also indicates that there are some areas in which a concentration of services exists.

9.1.6 The spatial framework mapping of public services and need requirements is beginning to indicate that there are opportunities to either use or build upon public sector land in strategically important areas to improve service delivery.

9.1 7 The mapping indicates the development areas and the possible number of dwellings proposed. It also provides the PCT with the opportunity to develop its estates needs early and to plan to establish facilities over the next five years.

9.1.8 The mapping carried out to date should be developed into a comprehensive spatial framework for the PCT based on demographic needs. This will form a key element of the commissioning function of the PCT drawing together service commissioning plans with planning and regeneration within the

Medway Towns. In addition the estates requirement for service delivery across the NHS, social care and wider partners will be matched to the health needs of the population.

9.1.8 This high level review of the PCT estate and GP premises within the Medway Towns has identified a number of opportunities. There is a requirement for a comprehensive estates strategy to be developed based upon the PCT strategy for models of care and the vision for health premises to be the hub of the communities they serve.

9.1.9 While it has not been possible to develop costs of new projects and/or potential savings via realignment of existing services, experience in undertaking similar reviews indicates that such an undertaking is not cost neutral. However, when weighed against the service delivery improvements, it can provide value for money spent.

9.1.10 Medway has an excellent opportunity for the PCT and other partners to develop joint plans and sharing of premises; this should be integral to Thames Gateway project planning.

9.1.11 The information available to date has established that there are sufficient opportunities to proceed with stage two and three to develop a comprehensive estates strategy. This will be based upon the PCT five year plan and will identify some quick wins to improve service delivery.

10. Conclusion

10.1.1 The PCT has a number of unique opportunities to develop its service across the Medway Towns and will develop an estates strategy based upon its service vision to maximise the opportunities available.

10.1.2 The PCT will use the planning gains presented by the Thames Gateway development to maximise the use of private sector funding to improve its service delivery. The development of an estates strategy will strengthen the PCT position when negotiating such funding as it will be able to demonstrate that the development of such health care is an essential part of the overall infrastructure to the Medway Towns.

APPENDIX E– WORKFORCE PLAN

Medway Primary Care Trust

Medway Local Health Community

Strategic Workforce Plan

Version 2 – October 2008

2007-2012

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47	Medway Acute Trust Workforce	
48	Nursing Supply	
49	Other Professionals completing	
50	Birthrate Plus, Midwifery	
51	General Fertility Rates	
52	Population Growth, South East Coast Strategic Health Authority	
53	Population Growth of Neighbouring PCT's	
54	Number of Midwives due to complete training	
55	Clinical Care Paramedics	
56	Paramedic Practitioners	
57	Medway PCT Education and Training	
58	South East Coast SHA Education Commissioning Timeline	
59	Total Medway Health Community intensions for Education Commissioning 2009/10	
60	Total Medway Health Community intended bursary places 2009/10	
61	Total Medway Health Community Intended seconded students	
62	Qualifications of Bands 1-4	
63	Bands 1-4 interested in further education or training	
64	Mental Health Admissions 2005-6	
65	General Fertility Rates	
66	Current Midwifery Workforce	
67	Currently agreed increase in Midwifery	
68	Recommended increase in Midwifery	
69	Age of Midwifery Workforce	
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Appendix 1	Strategic Health and Social Care Workforce Planning Group Terms of Reference	
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APPENDIX E – WORKFORCE PLAN

MEDWAY PRIMARY CARE TRUST
WORKFORCE STRATEGY

1. DEFINITION OF PLAN

1.1 Strategic Context

Our Health, Our Care, Our Say: a new direction for Community Services (DOH, 2006) aims to direct reforms in health and social care services in Britain. Economic growth, better education, more informed public with high expectations will continue to place higher demands on public services. A continuous increase in average length of life creates two major issues for the health and care workforce, firstly as the demand for services, particularly 'long term conditions' continue to rise, whilst the health care workforce is known to be 'ageing'. Inequalities in health still exist, impacting on the gaps in health, well being and life expectancy between populations, particularly relating to social class and are still a priority for healthcare, therefore is expected to be considered in all areas of reform.

Our Health, Our Care, Our Say, provides specific goals for local health communities to work towards:
Prevention, with patients taking more control of their own health;
A strong patient voice in accessing services, choice of services, geographical location and improved 'opening hours';
Improving mental health services;
More support for those with long term conditions, using integrated Personal Health and Social Care Plans

The recent publication of the NHS Next Stage Review: A High Quality Workforce (DOH, 2008), outlines the Department of Health vision for workforce Planning and Education and Training. The Department of Health are currently consulting on the suggestion of establishing a Centre of Excellence for Workforce Planning and it's role in supporting SHA's and PCT's.

The NHS Next Stage Review suggests the NHS should provide high quality care for all, by providing the best possible education and training for future and existing staff to ensure that equitable able to access support is available to continuously improve their skills. Particular groups highlighted in the review are:

- Clinicians
- Doctors
- Nurses
- Midwives
- Health Visitors
- Dentists
- Health Care Scientists
- Pharmacists
- Ambulance

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The engagement of Clinicians, Doctors, Nurses and Midwives in Leadership roles and skill development to fulfil them is suggested, also changes to GP and Nurse training, widening the Public Health workforce and providing equitable education and training to support the wider workforce. Much of this work is currently being implemented in the South East to support the education and skills agenda outlined in the Leitch Review (2006), with the Joint Investment Framework (LSC/SEC,SHA).

To support reform, papers such as 'Commissioning a Patient Led NHS' (DOH, 2005) and Payment by Results, challenge Primary Care Trusts to engage with their local populations in the re-design of services, in particular with a shift from 'acute' care to care in the community with more accessible, locations. The implementation of the European Working Time Directive, Modernising Medical Careers, Modernising Nursing Careers, Maternity Matters, New Ways of Working and achieving the 18 week referral to Treatment will also have implications workforce. A key challenge for workforce planning will be to ensure that it is aligned to other local strategies and plans, to ensure that the right people, with the right skills are in the right place to improve the health experience of the public, whilst meeting financial targets.

The Medway Workforce Plan, will need to reflect the South East Coast Strategic Health Authority Plan (SECSHA, 2007) and the guidance provided by the National Workforce Review Team, particularly in the provision of national and local expertise and data. The Plan will therefore reflect the 'Six Steps' model of workforce planning by:

- *Defining the Plan*
- *Summarising key changes and options*
- *Mapping the current workforce*
- *Profiling the future workforce*
- *Highlighting risks and contingency plans*
- *Action planning, implementation and providing a process for monitoring and review.*

The South East Coast Strategic Health Authority have provided an Operating Framework, Towards Healthier People and Excellent Care (2008). The document outlines milestones for the delegation of powers and responsibilities to PCT's for the period 2008-2011, with the following areas of Leadership and Workforce being identified:

- *Talent and Capability Plans to be produced by December 2008.*
- *NHS south East Coast Academy to build capacity for middle and front-line managers in the "core skills needed for initiating and delivering service improvement and for current and future senior leaders.*
- *Supporting clinical leadership and engagement and world class commissioning*
- *Building capacity and capability in workforce planning, in order to develop Local Health Community Workforce plans, Education*

Commissioning and redesigned or new roles to close the gap between supply and demand

1.2 The Local Context for Medway

Medway Health and Social Care Strategy

Medway PCT, in partnership with other key organisations and agencies, has produced a Health and Social Care Strategy, 'A Healthy Medway' closely aligned to Medway PCT Strategic Commissioning Plan as well as strategies of colleagues in the local NHS economy, the local authority and other partner organisations in the private and voluntary sector. Building on recent and future changes to achieve the main goals of 'Our Health, Our Care, Our Say', A Healthy Medway, outlines recent transformational changes in the:

- ***Integration of health and social care in tackling inequalities and supporting vulnerable people in the community***
- ***Shift of services from secondary care into the community making care for many more accessible***
- ***Drive for financial stability so releasing resources for future investment***

Further work to build on these initiatives include, ensuring that:

- ***The most deprived communities are well supported and able to access the care they need through high quality primary and community services***
- ***That everyone will have access to a network of local services to meet their health and social care needs***
- ***When any patient needs specialist care that there is a market that offers choice and the services are responsive to their needs***
- ***The resources available are used to improve efficiency, secure effectiveness and positive outcomes and in doing so deliver against sound economic principles***

The PCT acknowledge that implementing the changes in settings of care will involve a change in the way professionals work, the development of teams of people with new skills and experience, whilst retaining the relevant professional standards to assure quality and an improved patient experience. The Medway Strategic Workforce Plan will provide a framework to support the changes, in particular identifying any 'hot' spots with implications for either the current or future workforce.

Medway PCT has a clear vision for local healthcare services, to be driven forward through investment and innovation, partnership and participation and outlined in the Strategic Commissioning Plan (2007-2012) as;

- ***Improve the health of the population through personalised and responsive care closer to home***
- ***introduce more diverse providers, with more freedom to innovate and improve services***
- ***give more choice and a much stronger voice for patients***

Services will be commissioned to provide:

- ***personalised care according to an individual's needs***
- ***more choice and control over patients care to maximize the positive impact on people's health***
- ***services conforming to best practice e.g. promoting the physical and mental well-being of children and young people***
- ***prevention as a priority over cure tackling issues of social inclusion***
- ***a reduction in health inequalities and a rise in life expectancy of the most socially disadvantaged by adding years to life, adding life to years and adding dignity to care***
- ***patients treated in the right place at the right time with services localised where possible, but centralised when or where necessary***
- ***services which make best use of taxpayers' money and sustainable into the future to enable better patient care***

1.3 Timeframe and scope

The workforce planning strategy will encompass the wider healthcare workforce for Medway whenever possible, including relationships to other sectors and strategic plans. Aims will be set for a five year period underpinning the 5 year Commissioning Plan, and the PCT Organisational Development Plan, although some areas may require longer term goals due to variation in strategic direction, such as The Leitch Review of Skills in the Global Economy 2006, or Medway Renaissance (Regeneration Agency) anticipating a timeframe up to 2016. The strategy will be presented to the PCT Board in line with the principles and objectives of the Strategic Commissioning Plan, Organisational Development Plan and progress will be reviewed annually. The workforce plan is therefore a fluid document, reflecting change as need arises due to ongoing organisational reforms or changes in the external environment.

The aim of the strategy will be to meet the needs of the anticipated Medway population as it develops, but will need to also be aligned to other National and Regional requirements as required. Medway PCT works closely with both the Local Authority and Acute Trust to ensure that the both service design and workforce planning will meet public and strategic expectations of Fit for the Future. In addition the PCT is currently involved in consultations led by the Local Authority to inform the Children and Young Peoples Plan and Medway Education, Learning and Skills Plan. Medway is a major area within the Thames Gateway Regeneration Project, the largest regeneration project in Western Europe, and is in an excellent position to be attracting possible joint projects to support the expected demographic and economic changes.

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A Medway Strategic Workforce Planning Summit took place in February of 2007, to raise awareness of the impact of regeneration, learning and skills on the future healthcare workforce. The Summit informed the development of a multi-agency health and social care workforce planning group. Terms of reference for the group can be found in Appendix 1. The Kent and Medway Fitness for Purpose consultation and national drivers such as Modernising Medical Careers, European Working Time Directive, 18 week Referral to Treatment will also have significant workforce implications and will require sharing of information, plans, resources, new care pathways to inform the overarching workforce vision for Medway. The group will continue to evolve as necessary, but the core structure is illustrated below:

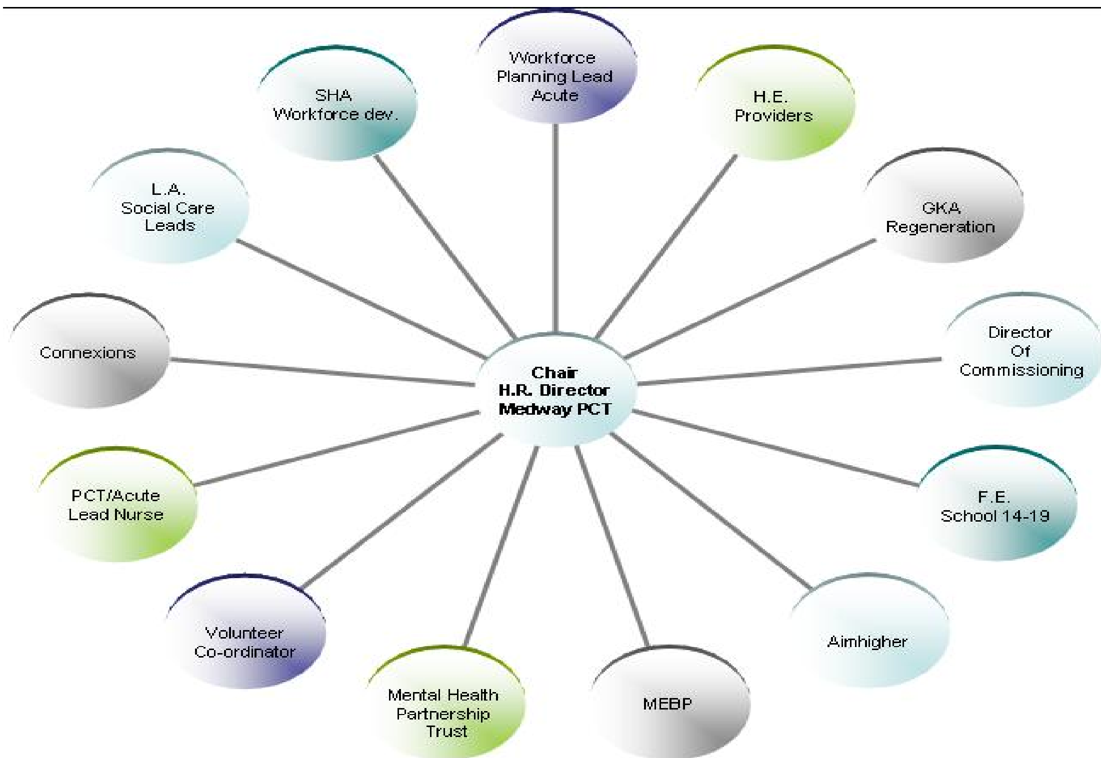


Fig 1
Medway Strategic Health and Social Care Workforce Planning Group Membership 2007

The Medway Strategic Health and Social Care Workforce Planning Group provides an opportunity to share, inform and monitor workforce plans. There are complexities around shared services, geographical boundaries and recruiting from one local pool of education providers across Kent and Medway. The local Primary Care Trusts will need to establish methods to share commissioning intensions, in order to avoid conflicting commissioning intensions.

In addition, a Local Education Partnership (LEP) Group was established in September, 2008, to facilitate local dialogue as PCT's are devolved more responsibility in informing Education and Commissioning with the SHA.

APPENDIX E – WORKFORCE PLAN

Membership of the LEP includes PCT, Foundation Trust, NHS Partnership Trust, representatives from Higher Education. The group are responsible for providing locally informed commissioning intensions to the South East Coast SHA, Education Development Commissioning Board in line with the Education Commissioning timeline. The structures for reporting are illustrated in the diagram below:

Figure 2

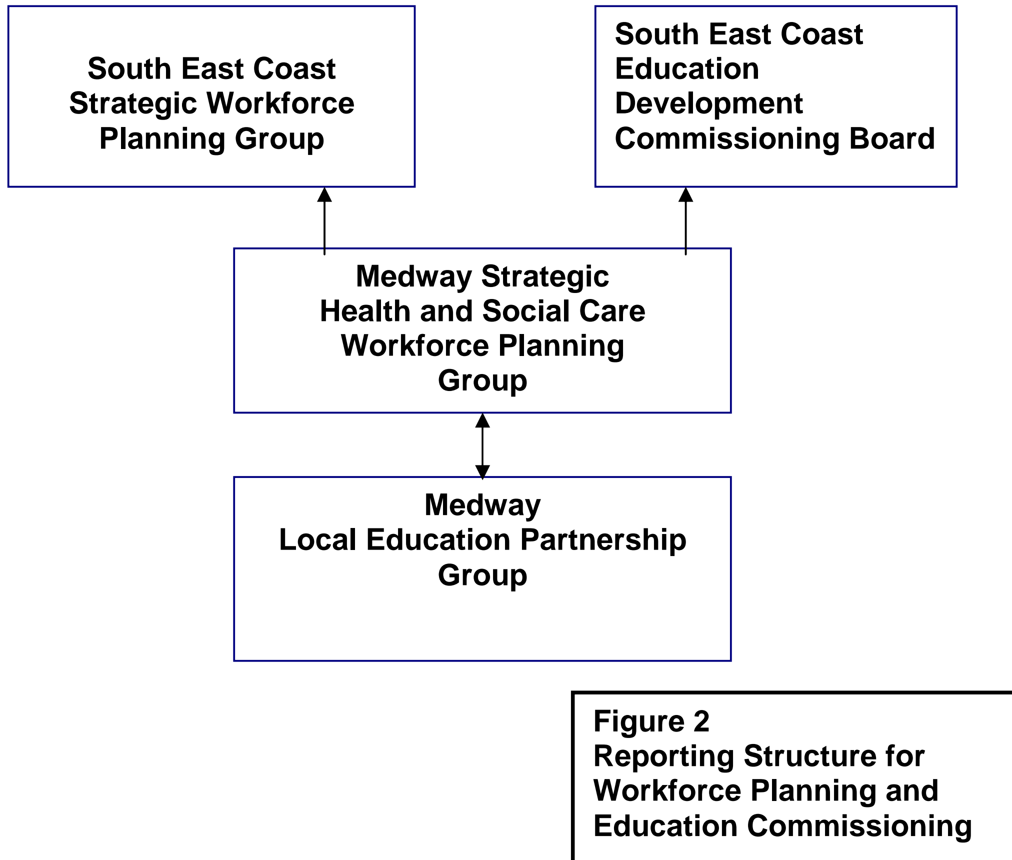


Figure 2
Reporting Structure for Workforce Planning and Education Commissioning

1.4 Principles and Emphasis of the Strategy

Principles

Success of this strategy will be assured by:

- ***Support of the Plan by the PCT Board***
- ***Alignment with national and regional strategy, with high profile leadership from the SHA***
- ***Working in partnership with other agencies including the voluntary and independent sector through the Multi-Agency Medway Strategic Workforce Planning Group***

- ***Forming part of the integrated approach to planning and performance management of services***

Emphasis of the Strategy

The strategy will focus on

- ***Primary Care and Community services***
- ***Integrated Health and Social Care***
- ***Improving the health and well-being of children and young people.***
- ***Secondary Care***
- ***Mental Health***
- ***Planned Care***
- ***Unplanned and Emergency Care.***

Pathway redesign, for example, the Stroke Pathway will require both service and workforce redesign. The workforce strategy will therefore, continue to develop in alignment with service re-design to ensure that the workforce have the right skills to meet new ways of working.

2. KEY CHANGES

2.1 Demographic projections in the Medway Health Economy

This section of the workforce plan, summarises the current demographics and public health information of the Medway Population and considers drivers for anticipated population changes.

Medway Population - Gender

	Number	% of Total Population	% of Total Population in each Age Range			
			0-19	20-44	45-64	65+
Males	123,638	49.2	28.1	35.7	24.6	11.6
Females	127,434	50.8	25.7	35.3	24.1	14.8
All Persons	251,072	100.0	26.9	35.5	24.4	13.2

Figure 3 Estimated population 2005, Medway PCT Population (Source: Office of National Statistics)

The Medway Population is anticipated to grow to 300,000 by 2020, therefore an increase of 50,000 people, likely to be mostly from the over 45 age group with a high percentage of single occupancy house holds (Medway Renaissance Framework 2006-2016). Therefore the increased population are likely to be from the highest user group of Health and Social Care Services.

APPENDIX E – WORKFORCE PLAN

Medway Population – Age

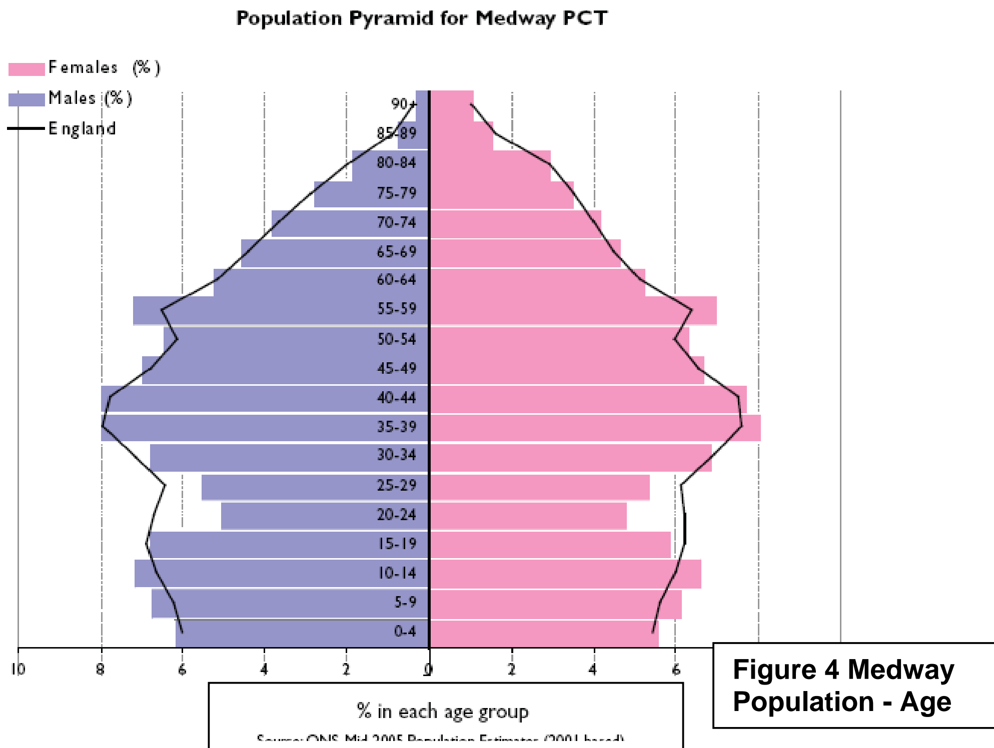


Figure 4 Medway Population - Age

In line with National and Regional trends, the age of the Medway Population is expected to significantly increase in the over 60 age group, with a predicted growth of 75% by 2028. This not only has implications for increase in provision, but also for the recruitment and retention of the Health and Social Care Sector Workforce.

Medway Population – Ethnicity

Ethnic Profile of the Medway Population in 2001

	All Ethnic Groups	White		Mixed		Asian or Asian British		Black or Black British		Other		All Black & Minority Ethnic Groups	
Area	No.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Medway PCT	249.5	236.1	94.6	2.7	1.1	7.3	2.9	1.7	0.7	1.6	0.7	19.4	7.8
South East GOR	8,000.6	7,609.0	95.1	85.8	1.1	186.6	2.3	56.9	0.7	62.3	0.8	696.0	8.7
ENGLAND	49,138.8	44,679.4	90.9	643.4	1.3	2,248.3	4.6	1,132.5	2.3	435.3	0.9	6,391.7	13.0

Source: Census 2001 Table KS06, Crown Copyright 2003.

Figure 5 – Medway Population - Ethnicity

Medway has a lower proportion of residents from black and minority ethnic (BME) groups than the South East and significantly lower than England as a whole. BME Groups include those classified as White Irish and White Other. This information is based on 2001 Census information and estimations show that BME groups have probably increased significantly and there is known to be evolving groups of Eastern Europeans settling in the area. Inward migration is likely to have a two

fold effect, firstly capacity issues on services with possible cultural implications with an impact on translating services likely to be increased, secondly regarding training and qualifications to enable the individuals to be ready for the workplace.

There are 2 prison facilities within Medway to which the PCT is responsible for commissioning services. Plans have been submitted to increase the size of the prison population by approximately 300. Prisoners are known to have higher than average health issues such as substance misuse, mental health needs. This has implications for public health, and also commissioning more tailored services to meet individual needs.

2.2 Economic Drivers

Deprivation

The 2001 census data shows that overall Medway is not a deprived area. The Index of Multiple Deprivation Scores (2004) provides a more local perspective by producing Lower Layer Super Output Areas (LL-SOA) with an average population size of 1,500. According to these figures 21% of the most deprived LL-SOA areas in Kent & Medway are in the Medway region; with 8% of Medway's LL-SOA's ranking within the most deprived areas in England. The inclusion of inequalities in all future planning will be essential, in particular identifying, engaging and targeting communities in those areas of deprivation to ensure that they receive information and are involved in the design of health improvement programmes and services designed to meet their needs.

Local Employment Rates

Data collected by the Office of National Statistics, shows that the South East has one of the highest working age employment rates in the United Kingdom, with a rate of 78.5%, thus making a smaller pool for recruitment, although according to

Range of Working-age employment rates within English regions and GB countries, July 2006 to June 2007

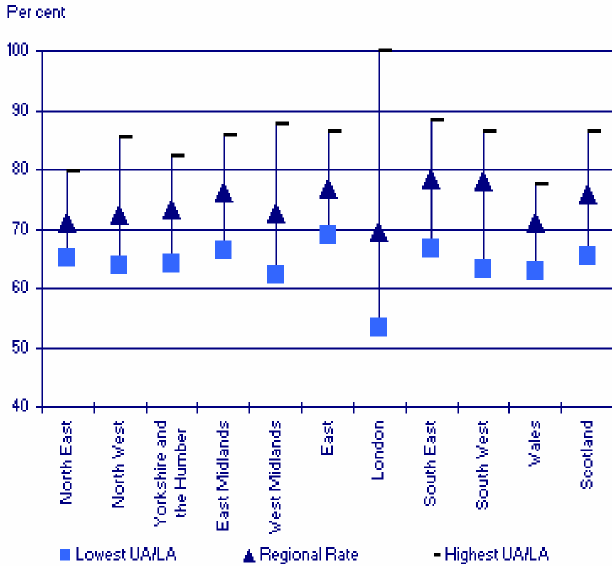


Figure 8 Employment Rates by Region
National Statistics Online, March 2008

A critical area of consideration for success of the local planning process, will be the recent anxiety relating to the current national and global economy. The uncertainty caused by recession, will not only impact on the labour market, but may also have implications for services. For example, historically birth-rates tend to decrease slightly due to financial restraints, job insecurity and a static housing market. Conversely, mental health issues, particularly stress related conditions are likely to increase. Therefore, demand for services could possibly alter to an unknown degree.

Education and Skills

Kent and Medway has the lowest qualification levels of any South East Region. The diagram below illustrates that Kent and Medway follow trends for the South East, but have lower qualifications at levels 1 to 4, and a 3% higher cohort with no qualifications at all.

Qualification level Kent and Medway compared to the South East Region

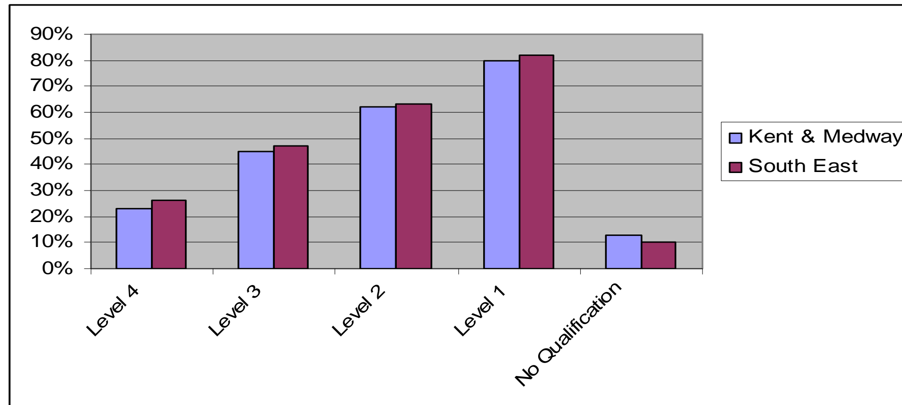


Figure 9 Qualifications in Kent and Medway/South East Region
Learning & Skills Council, Kent & Medway Annual Plan 2007-8

The LSC Annual plan identifies that hard to fill vacancies are the highest amongst skilled trade and professional occupations, and the skills gaps reported amongst current employees were highest in technical skills. The predicted shift from low skills economy to high skills economy is likely to put even more pressure on the need for higher skills.

Over the next ten years the net employment demand of 320,000 is predicted of which 14% are for Level 5; 29% are for Level 4; 27% are for Level 3; 20% are for Level 2; 11% are for Level 2 qualifications and there will be a reduction of 3% in jobs that require no qualification.

LSC Kent and Medway Annual Plan 2007-8

2.3 SWOT Analysis

A key strength for Medway PCT is the compact structures, situated within a relatively small Unitary Authority making communication and collaboration less complex than other geographical areas. This is reflected in the shared Health and Social Care Strategy. In addition, shared posts and services, such as Public Health, integrated health and social care teams are emerging to ensure the right people with the right skills are providing services.

Commissioning and moving services to 'arm's length' will be challenging for Medway PCT, as with most other organisations, the volume of change will require excellent communication between directorates, departments, partner agencies and most importantly the public. An understanding of changes and knowledge of how to access services will be a crucial determinant of success. Medway is unlikely to be alone in considering the newness of commissioning and the volume of targets and programme change to be an area of rapid activity, which is likely to strengthen over the next 3 to 5 years.

The PCT continues to be recognised for working in partnership, and has excellent opportunities, particularly for training and development, working with Skills for Health, the Strategic Health Authority, The Acute Trust, Life Long Learning, and Education providers to address skills in the workforce.

The most significant threat to planning for the workforce will be the reforms to Service Providers, with the Acute Trust becoming a Foundation Trust, the Kent and Medway NHS and Social Care Partnership Trust preparing an application to become a Foundation Trust. Although patient experience should still be the main focus for all organisations, other priorities for organisations becoming more business orientated may create differences in aims and objectives. Tribalism is also a barrier to change, particularly across the NHS, with many roles determined by professional bodies. 'Change management skills' will be essential in negotiating and successfully implementing change programmes.

2.4 Summary of Key Changes and Implications for the Medway Workforce

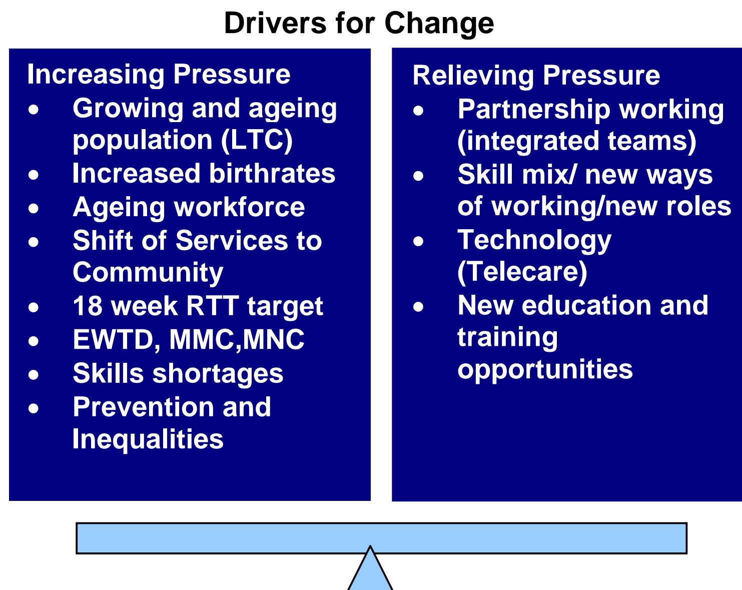


Figure 10 Drivers for Change

Increasing and Older Population

Increasing and Ageing Population – Population projections have been produced and Strategic Partnerships are in place with Medway Renaissance, Medway Economic Development team in the Local Authority to ensure that changing demographics and health needs are clearly shared concerns.

The PCT is currently developing an Estates Strategy for the next 5 years

which will look at service redesign with emphasis on primary and community care. The strategy aims to map population and needs in comparison to facilities across Medway with the aim of improving services to meet the ever-changing needs of a growing population. The PCT's vision is to provide high quality buildings that give good access to care and good value for money. A major part of the Estates Strategy is to provide good value for money, including the intension to extend the number of Healthy Living Centres from 3 to 10. The implications for the workforce will include training around public health, in particular accessing services, community roles.

Local Healthy Living Centres provide specialist services such as Wound Clinics and a Falls Service is in place at St. Bartholomew Hospital in Rochester. These services are included in the Scoping Exercise for Skill Mix vision and outcomes will be included and monitored in the PCT Workforce Action Plan.

Ageing Workforce

In alignment with the anticipated increase and ageing of the local population, the age of the general workforce is also an area for concern. Details of the age of the workforce are included in the local workforce supply section of this document. The PCT are participating in the 'Newchurch review' around the long term retention in some community roles and will be considering the gaps that are likely to arise as a large number of this specific workforce are likely to retire imminently. As community services evolve and smart use of technology is implemented, the level and type of new skills are likely to become evident. In partnership with the Local Authority, Telecare has recently been introduced within some areas and the workforce implications will need to be monitored within the Workforce Action Plan.

Medway Foundation Trust has also identified the age of their population as an area for concern and is working with NHS Employers on a unique and innovative research project funded by the European Union to explore solutions.

Diversity

The PCT is aware that the workforce should be representative of the local health economy and has an Equality and Diversity Steering Group which oversees the 'diversity' agenda, and a shared post of Equality and Diversity Lead has recently been recruited. A comprehensive audit of our Equality and diversity compliance has been undertaken. The Human Resource Strategic Steering Group includes a Non Executive Board member, who is also a representative of the local BME Racial Equality Council, and the PCT has established a BME Staff Network Group. Improved, more recent data relating to rapid inward migration from

Eastern European countries would be useful to identify cultural and arising public health issues and consequently their impact on service and future workforce. The PCT is aware that the workforce should reflect the local communities it serves, and will be working with the local BME group and Public Health to identify further detail and contingency plans. The PCT has also supported The University of Greenwich in providing a BME conference in 2007, and another similar event took place in 2008.

Public Health

With an emphasis on prevention, Medway has identified local priorities outlined in the government paper 'Choosing Health', such as Obesity and Physical Activity, Teenage Conceptions and Sexually Transmitted Diseases. The PCT will be looking to build capacity in Public Health. This could involve direct posts within the Public Health Team, or training and building the wider 'Public Health Workforce'. A new Director of Public Health joined the PCT in March 2008 and a Joint Strategic Needs Assessment is currently being completed. This is an area of anticipated change and will be included in the Action Plan in section 6.

Mental Health

A range of mental health care services is now jointly commissioned by Medway PCT and Medway Council and these services are currently under review in particular looking at new roles and increased counselling services. The implications for 'talking' or counselling services will provide a key challenge, with a national shortage of trained Psychologists predicted. The Kent and Medway Mental Health Commissioning group are currently recruiting to new Improving Access to Psychological Therapies (IAPT) programme, involving the delivery of Cognitive Behavioural Therapy (CBT) by training posts at bands 4 and 6, (5 and 7 upon completion of training). A breakdown of progress in the Kent and Medway IAPT programme can be found in the appendices (Appendix II). In addition, there is a largely unknown workforce providing counselling services, delivered by the voluntary or third sector organisations, making accurate mapping of the workforce challenging. Further discussion of 'talking therapies' will be included in section 5 of this document.

Specialist Mental Health Services

The Kent and Medway NHS and Social Care Partnership Trust (KMPT) is currently developing workforce plans to meet the requirements of "Our Health, Our Care, Our Say"; The National Service Framework (NSF) for Mental Health, The Recovery Model; Our Choices in Mental Health (NIHME); Valuing People a new strategy for Learning Disability and the

recently amended Mental Health Act. The KMPT workforce Planning Strategy will also link with the KMPT Learning and Development Strategy and approaches to recruitment and retention, career development and succession planning, implementation of the Knowledge and Skills Framework, pay modernisation and role development, use of technology and management information, development of leadership capacity and modernising medical careers.

KMPT is currently working towards Foundation Trust status, with accountability to stakeholders including service users and staff to influence strategic direction. The Trust will also be implementing appropriate recommendations from 'New Ways of Working' to provide a service that is effective, person centred, financially and organisationally sustainable, particularly to meet Practice Based Commissioning and Payments by Results. To achieve this will require service re-design and development of new and enhanced roles for mental health staff.

New Ways of Working identifies 10 High Impact Changes for Mental Health, including:

1. *Review of the Social Care Workforce – in particular defining the roles and progression routes of Social Workers*
2. *'Our health, Our Care, Our Say', particularly planning around competencies rather than professional groups*
3. *Race Equality – reducing discrimination in the planning and delivery of mental health service users from BME Communities*
4. *Improving access to Psychological Therapies, by increasing services for people with mild and moderate mental health issues*
5. *Care Programme Approach will reduce bureaucracy and provide better support for those at highest risk and defined as 'Complex'*
6. *EWTD, providing particular challenges for out of ours provision, historically relying on a single discipline approach. Implementation will therefore use a staged approach to meet reduction of hours to 48 per week by 2009*
7. *Choice Agenda and Service Users Values to be included in learning and development to ensure that they are reflected in service delivery. (Ten essential shared capabilities)*
8. *Social Inclusion improving delivery, with staff able to reflect on opportunities for inclusion, enhancing recovery, bringing hope to relatives, reducing dependency and enabling more positive contributions.*
9. *Recovery – Understanding and developing recovery orientated services, based upon choice, self-management and promoting independence*
10. *Values Based practice – effective multi-disciplinary/multi-agency working to provide genuinely user centred services, particularly relating to the 'Ten Shared Capabilities)*

Medway PCT is currently the lead Commissioner for Mental Health Services in Kent and Medway and will continue to work closely with the

KMPT to monitor and communicate outcomes to neighbouring PCTs. Mental Health, including increasing 'talking therapies' has been identified as a 'hotspot' for Medway PCT and will be included in section 5, 'risks and contingency plans'.

Maternity Matters

Compliance to the national offer of choice outlined in Maternity Matters (2007) is a key priority for the local health economy. Birthrate plus has been conducted by the Acute Trust in 2005 and a shortage of 12 midwives was concluded. It is expected that discussions will take place with our key partners in relation to the feasibility of Medway becoming the single level three service Neonatal Intensive Care Unit (NICU) for the whole of Kent. The Trust believes that expansion of this service is not only feasible but clinically effective for the population who use it. Midwifery has been identified as a 'hot spot' and more detail is provided in section 5 and 6 of this plan.

Children's Services and Centres

Medway currently has 4 operational Children's Centres, but a further 18 centres are planned by 2010 indicating the level of demand for Children and Family Services. The PCT works closely with the Local Authority on provision of services and integrated teams are in place within Children's Centres. The Local Authority is the lead agency and has established 'The Children and Young Peoples Strategic Partnership', currently developing a local plan.

The PCT also commissions specialist children's services, such as the Sanderson Child Development Centre (early intervention for 3,500 children with learning and/or physical disabilities), Kent Goldilocks Partnership (therapy and support to families), and the Demelza Hospice. No workforce issues have been identified at present, but will be included in the Action Plan in Section 6.

School Nursing

The School Nursing Service is currently commissioned to the Medway Acute Trust and also works across Swale Urban Schools (East Kent). A workforce review of School Nursing has taken place and the team already has a balance of skill mix providing general and more complex forms of support. Commissioning of School Nurse Training is limited to one place per year, aligned to the 1FTE Practice Teacher, although the review concludes that the team is able to work effectively to meet current and future levels of need, providing roles are not extended. The national vaccination programme for young girls to protect against papillomavirus is likely to become the responsibility of the School Nursing Service and will require a negotiated increase in this workforce, extra funding is anticipated from the two Local Authorities and no workforce 'hotspots'

have been identified by this service. School Nursing will be included in the Action Plan in Section 6 of this document, for monitoring purposes.

18 week Referral to Treatment

There is some concern relating to the understanding and communication of 18 week targets, particularly the workforce implications as the movement of services to primary care progress. Some initial communication and training has taken place within Choose and Book training sessions. A review of administrative and clerical roles and training needs is about to be undertaken. A joint Communications plan between the Acute Trust and the PCT is in place and monthly meetings focussing on workforce issues in relation to 18 weeks are lead by the PCT and fed back to PbC and Trust Board members. There are identified leads in each Trust currently looking at skill mix with representation from most areas of service delivery. The NHS in Medway are currently meeting the 18 week target but will need to consider sustainability in all future areas of planning.

Pathology

The Acute Trust is working with the Kent and Medway Pathology Network to develop a strategy for reconfiguration of pathology services across the county. The possible geographical location of the service may have implications for the future workforce. The Acute Trust will lead on this area of workforce development, monitored by the PCT, although at present, no local workforce areas have been identified, but Pathology will be included in section 6 of this document.

Dermatology

The PCT is working closely with the Acute and neighbouring Trusts to develop a Community based service in addition to the centre in the hospital. The PCT have not currently identified any workforce issues relating to this service and it is possible that care pathways will address waiting times, therefore included in section 6 of this document.

Choose and Book

Choose and Book has been implemented in Medway, with all (67) GP practices using the system. The current performance figure for actual performance is 66.6%. In addition, there are three exceptions of referrals which could not be made via Choose and Book, including Opthalmology, two weeks wait (2ww) and Rapid Access Chest Pain (RACP) and Maxilllofaciial, accounting for a further 24% of referrals, taking the performance figures to 80.6%. The PCT are aware that there are certain hard to reach groups that may need further information and guidance, particularly older adults and have planned two roadshow events in local shopping centres and are hoping to engage the media in a radio campaign. The Acute Trust and the PCT will continue to monitor

progress towards this target and will include this area in action planning in section 6 of this document.

European Working Time Directive

The European Working Time Directive target and the roll-out of Modernising Medical Careers will have a significant impact on how medical staff will train and work. Under the EWTD, the maximum weekly working hours of junior medical staff will be reduced from 56 to 48 by 2009. The Foundation Trust are currently compliant with this target but continues to explore new ways of working, taking into account 'Hospitals at Night', without reducing it's commitment or the quality of training for Junior Doctors.

Modernising Medical Careers

There are potential issues arising from the change from the existing system of medical staff training under the Modernising Medical Careers programme. The Foundation Trust plan intend to provide a positive and developmental experience for those doctors on the Foundation Training Scheme, ensuring that doctors regard Medway as their first choice when considering a career grade post after training.

Modernising Nursing Careers

Health reform focussing on nursing roles in relation to patient care is likely to change the roles and responsibilities of nursing, with a particular focus on patient choice, need and experience in a competitive market. New or interchangeable skills may be required with the transfer of many services to local and community sites, rather than an acute setting. New technologies, such as telemedicine, telecare, electronic patient records may all have training implications for the Nursing workforce. Long term conditions, physical and mental health needs. The PCT has held a consultation event in response to the MNC and the DoH consultation paper on the Future of pre and post-registration nursing education.

To respond to the increasing demand for Community Nurses, a collaboration between Canterbury Christ Church University and the 3 PCTs within Kent and Medway are currently recruiting to a pilot pre-registration Community Nurse Programme. Medway PCT has placed 3 Nurses on this course to date.

Ambulance Services

West Kent PCT has been identified as the lead commissioner for South East Coast Ambulance Service (SECAmb). The service is provided across the SHA area, and therefore workforce figures cannot be reduced to PCT localities.

APPENDIX E – WORKFORCE PLAN

South East Coast Ambulance (SECamb) was formed to meet emerging needs recommended in Taking Healthcare to the Patient (2005), and is underpinned by five key organisational goals:

- Clinically Focussed – responsive to patient needs
- Innovative – continuous improvement
- Team Based
- High Performing
- Matching and Exceeding International Excellence

Key Challenges for South East Coast Ambulance (SECamb)

- Performance Measurement
- See and Treat – Care in the Community aiming to decrease hospital admissions
- Education, Learning and Development to meet emerging roles and expected professional standards
- Call Connect
- Economic Growth across the South East, in particular The Thames Gateway, therefore increased demand and possibly changing needs

Summary of key changes for South East Coast Ambulance (SECamb)

The South East Coast Ambulance (SECamb) Workforce Plan outlines the following key changes, which also need to be seen against a backdrop of a 4.4 percent per year increase in ambulance activity for 2008/9 and a year on year increase of 4.98 percent for the remaining years of the Work-force Plan:

- Development and introduction of Critical Care Paramedics – qualified and trained to be able to treat patients suffering from major injury or trauma
- Development and introduction of Paramedic Practitioners – an enhanced Paramedic role
- Professionalism of ambulance staff education - with the introduction of Foundation Degrees for Paramedic Science (Direct Entry) and Technician to Paramedic, creating new career pathways within the service
- Achievement of Call Connect and national ambulance performance targets – new measurements affecting call response times and alternative response methods, such as community responders, cars and motorbikes. SECamb aims to increase provision of the Single (car) responses, referred to as the 'front loaded' model, with experienced practitioners providing assessments, advice, treatment or arranging transport to a local or specialised centre.
- Development and introduction of a new model of Emergency Care Support Workers – pending discussions at Joint Partnership Forum, January 2008.

Although an area of significant reform and possibly impacting on the future development of 'Out of Hours' in Medway, West Kent will liaise with the Ambulance Trust on behalf of Kent and Medway PCT's.

Cancer Services

Surgery for patients diagnosed with Cancer is commissioned from a wider range of acute hospitals, including highly specialist providers in London. The Strategic Commissioning Plan for Medway states that the Trust continues to meet targets. Specialist Cancer Services are provided by the Kent Oncology Centre, hosted by Maidstone and Tunbridge Wells NHS Trust. Key challenges for the PCT include reducing radiotherapy waiting times and developing and delivering new services in alignment to national guidance, in particular the patient experience, and training for Primary Care staff in communication, particularly relating to

The Cancer Reform Strategy (2007) provides a clear direction for Cancer Services for PCT Commissioners with support from the Kent and Medway Cancer Network. The paper gives particular emphasis to:

- ***Preventative measures, particularly in relation to known lifestyle risk factors, such as smoking, alcohol, obesity and sun safety.***
- ***A national vaccination programme for young girls against the human papillomavirus, aiming to reduce the incidence rates of cervical cancer.***
- ***In addition screening programmes will be extended and more equitable and assist in early diagnosis to improve success rates***
- ***Improved surgery and more controlled data collection of drug usage***
- ***Local investment in Radiotherapy to improve capacity, both in equipment and workforce***
- ***Support and empowerment to support the patient's experience of their Cancer journey***

The Acute Trust and PCT will continue to work with the Kent and Medway Cancer Network and will monitor any workforce issues arising.

APPENDIX E – WORKFORCE PLAN

General Services Commissioned by the PCT

Primary Care Services in Medway include:
129 GPs
67 General Medical Services Practices
22 General Optical Service Providers
36 General Dental Services
1 Specialist orthodontic practice
1 Domiciliary Care Dentist
5 Clinics Provided by the PCT Personal Dental Service
An Out of Hours Emergency Dental Service
47 Community Pharmacists

Challenges identified by Medway Primary Care Trust include the number of single handed GP practices, high list size compared to the national average and an ageing workforce (25% over 60 years old). Due to the age of the GP workforce, this could be an area of concern for the PCT and will be included in section 5 of this document.

Community Services

Medway PCT commissions a range of general community services from its own Provider Development Directorate, most of which are included in the 'skill mix review', including:

District Nursing
Health visiting (included in Children's workforce)
Speech and Language Therapy
Podiatry
Occupational therapy
Nutrition and dietetics
Physiotherapy
Continence services
Advanced Dental Services on referral
Out of hours Dental Services
Phlebotomy Service
Wound Clinic Service

Occupational Therapists and Speech and Language Therapists are frequently hard to recruit in Medway, and this will be included in section 5 of this document.

Specialist Community Services

Community Respiratory Services
Pulmonary Rehabilitation Courses
Community Diabetes Services
Tissue Viability Services
Community Cardiology Services (diagnostic/rehabilitation/heart failure)
Stroke Services
Musculoskeltal Clinical Assessments
Integrated Falls Service
Darland House, NHS Residential Nursing Home for older people (65+) (mental health)

Palliative Care is provided by The Wisdom Hospice, Day Hospice, Local Acute Hospitals. An 'End of Life' baseline review had been undertaken by the Palliative Care Consultant to identify gaps in care to inform future planning. This service will be included in Section 6 of this document.

The PCT Provider Development Directorate has established a 'Skill Mix' review group to look at identified services and roles to ensure that services meet patient need and are financially sustainable. The outcomes of the 'Skill Mix Review' will inform the workforce plan and highlighted in section 5 of this document. Other changes to the 'Provider Services' include the new roles for Community Matrons. Medway PCT aim to recruit four Community Matrons and do not anticipate this being a problem.

Dental Services

Dental Services in Medway are well served, with a good resource of NHS dentists, although there are some geographical issues, particularly in rural wards of Medway, of which the Strategic Commissioning Plan addresses. Children's oral health is poorer than Kent as a whole and there is no accurate current measure for adult dental health, but indications are that some inequalities exist nationally. Therefore it is possible that there are local issues in Medway for adults oral health. The Commissioning Strategy also takes into consideration the ageing population in Medway and has included plans to seek geriodontics to meet needs in both the clinical and home settings and will be included in section 6 of this document.

Community Pharmacy Services

Access to community pharmacy services is generally good, providing many additional intervention services. Medway has had difficulty in recruiting and retaining community pharmacists and has a high number of locum pharmacists. The suggested expansion of the role of the Pharmacist, including prescribing, special interest, could possibly require more Pharmacists in the longer term. The Universities at Medway are now delivering Pharmacy programmes that may address the issue of a 'locally grown workforce', particularly through progression via the Foundation Degree route. This will be monitored and included in section 5 and 6 of this document.

2.5 Why there is a need to change the way we provide care

Historic focus on acute hospital care, paid for at the expense of strengthening primary and community care. To address the increasing number of people inappropriately presenting at Accident and Emergency departments, the Primary Care Trust will need to ensure that services commissioned, in particular to meet emergency (unplanned) care are well communicated within partner organisations and patients are aware of how to access. This will include the transfer of some services to more local centres, also the impending changes to out of hours care, GP provision, Primary Care Service on Acute Hospital site and changes to the services delivered by the Ambulance Trust. These reforms to service delivery should increase patient satisfaction, relieve demand on acute services.

Spiralling costs due to an increasing population, high levels of demand for and expectation of health services. The Strategic Workforce Plan will be seen as an integral component of the PCT Business Plan and Strategic Commissioning Plan and the Local Health and Social Care Economy Plan (A Healthy Medway), by providing alternatives to traditional structures and ways of working. New roles and better use of skills, in particular meeting the expectations of Modernising Nursing Careers, New Ways of Working. Integrated teams in the community and a strong public voice in reform and review of services

The focus needs to be on supporting and maintaining good health with a strong lead and emphasis on Public Health. The Director of Public Health is a joint post with the Local Authority and the Public Health Team is based within the Local Authority. Projects are currently being developed using various agencies, professionals, health trainers and volunteers to tackle the determinants of poor health, such as '4 Life' and 'Mend'. The PCT has identified training and development of the current workforce, including ensuring that all staff have an understanding of their

role in promoting good health, particularly with harder to reach groups. Public empowerment in choice of behaviours, and accessing services such as 'smoking cessation' could be crucial to improving health outcomes of the local population, and assist in meeting the financial demands for services.

We need to change expectations based on more treatment being provided outside hospital settings. The PCT has three geographical localities, each allocated a commissioning and finance manager with expertise to produce clinically and financially sound business plans to reflect priorities and best practice. In addition each locality has a clinical lead to oversee and represent on the Commissioning and Performance Sub Committee of the Professional, Executive Committee (PEC). The Strategic Commissioning plan states a commitment from the PCT to commission on the basis of whole care pathways, based on Nationally agreed pathway models, adjusted to meet local need if necessary, to inform local discussion. Work between the Locality Leads, GP's and Hospital Consultants to review Care pathways is currently being investigated, including Dermatology, ENT, Gynaecology and Diabetes. Easier geographical access and reduced waiting times will increase public understanding and confidence in reforms.

We need to promote the message that people should only go to hospital when they really need to. It is anticipated that using the whole care pathway model and delivering more services in local centres, with new service design would assist in meeting the 18 week referral to treatment target. The use of competencies and skill mix, in negotiation with professionals, when re-designing services could also release Doctor and Specialist time in the 18 week process. The role of all staff, including Administrative and Clerical, in the patient journey will need to be understood, particularly the switch between 'Hospital' and 'Local' services, accurate recording and reporting for monitoring purposes and clearly communicated to patients in order to reduce DNAs, which could reduce waiting terms further. The impact for the acute services could effectively help meet targets for reducing Junior Doctors hours to meet the European Working time directive.

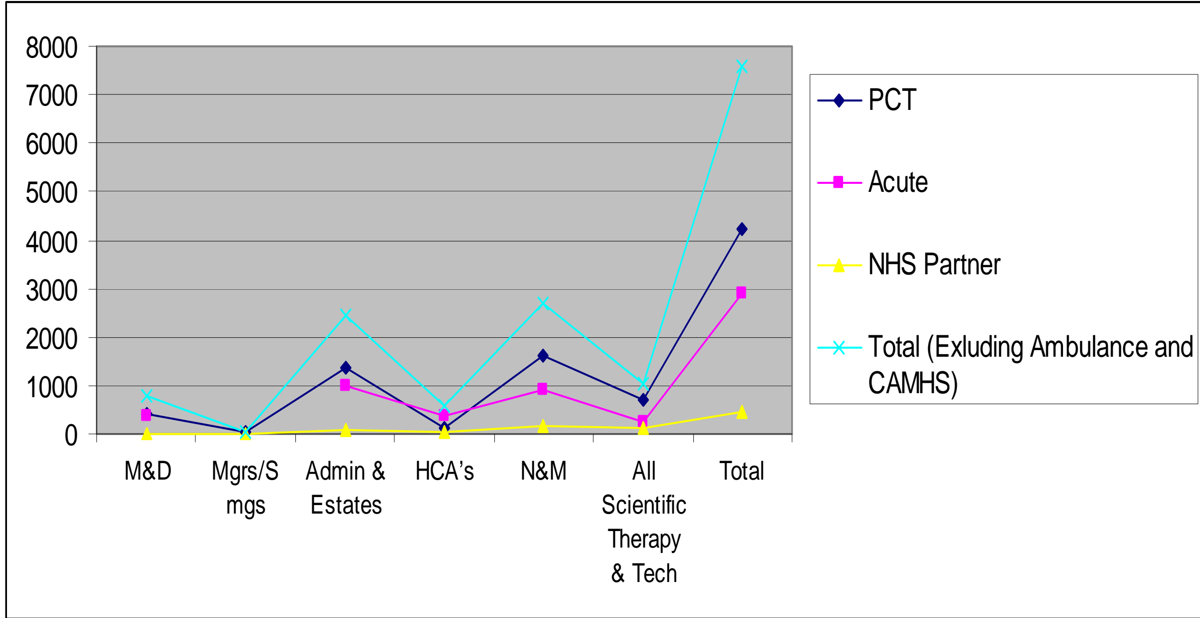
3. CURRENT WORKFORCE

This section of the Workforce Plans concentrates on the current workforce, profiling particular services when possible. Due to the volume of service re-design and changing care pathways, the PCT acknowledge that some areas may be omitting detail.

3.1 Total Paid Workforce of Medway Local Health Community

The diagram below shows the total workforce for the PCT, Acute Trust and Kent and Medway NHS and Social Care Partnership Trust. (Ambulance and CAMHS services are not included as data is not available at a PCT level)

APPENDIX E – WORKFORCE PLAN



ESR Acute/PCT March 07

*Acute Trust Data collected as non-clinical – Mgrs/estates etc all therefore listed under admin and Estates.

Figure 11 Total paid workforce of Medway LHC

3.2 Medway PCT Workforce

The diagram below shows the PCT workforce at March 2008, with Scientific Therapy and Technology being the largest group. This primarily includes employees within services commissioned under the 'provider arm' of the PCT.

In addition, the PCT is currently developing new organisational structures as Provider Services move to a more formal 'arms length' organisation, reflected in the PCT Organisational Plan. The diagram below shows the current breakdown of staff (by headcount) by Commissioning and Provider Services:

APPENDIX E – WORKFORCE PLAN

NHS Medway staff breakdown by Commissioning and Provider

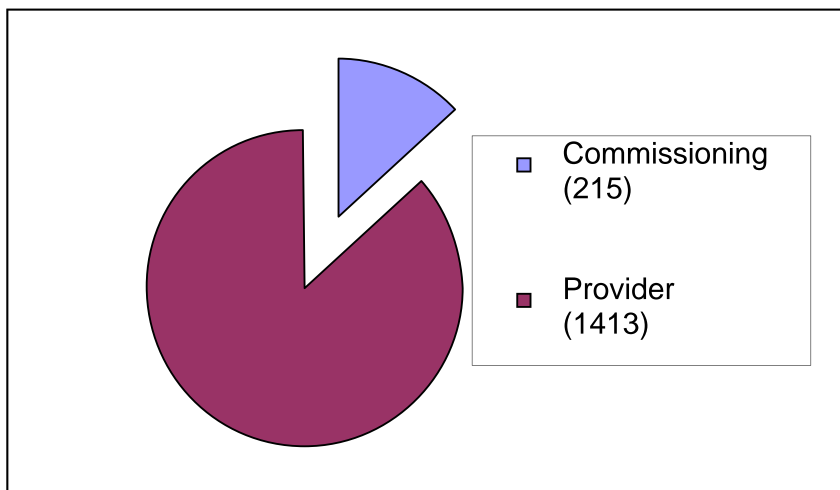


Figure 12 NHS Medway Staff Breakdown by Commissioning and Provider Services, ESR September 2008, Medway PCT

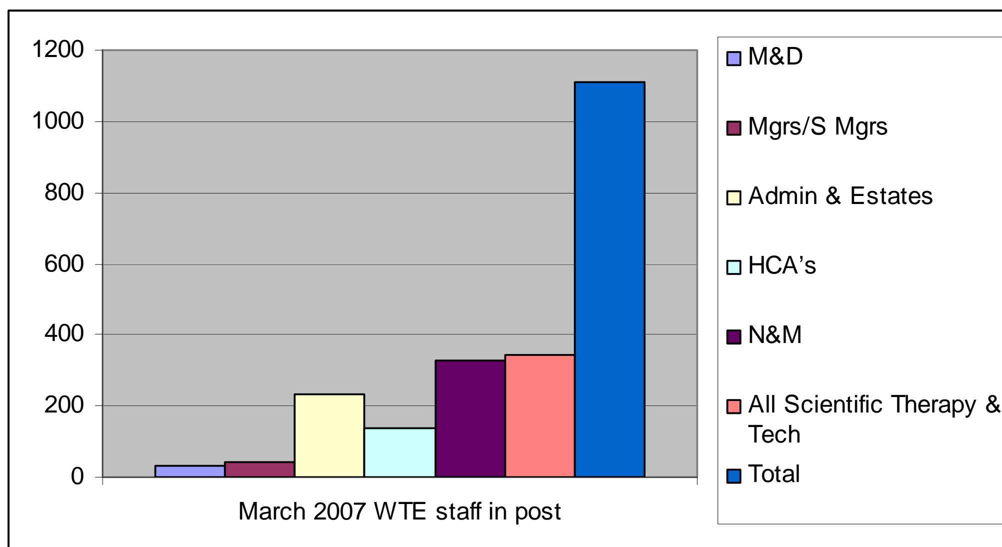


Figure 13 Medway PCT Workforce by Staff Groups
Medway PCT ESR (March 2007)

APPENDIX E – WORKFORCE PLAN

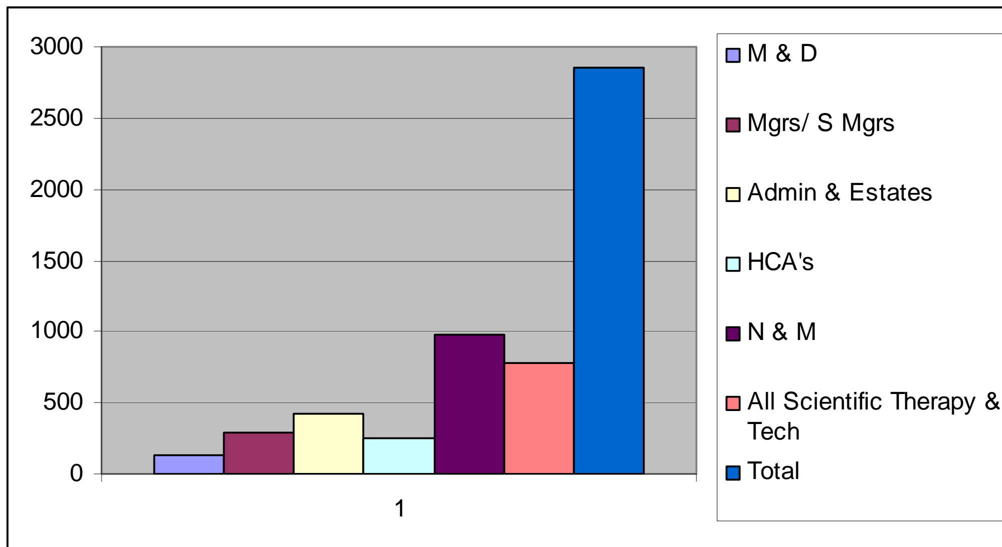


Figure 14 Total Cost of PCT Staff
Medway PCT ESR 2007

Staff Turnover for Medway PCT

	Headcount	FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
Org P1								
748 Medway PCT	1,541	1,106.38	271	190.07	229	159.38	14.86	14.41

Figure 15 Staff Turnover for Medway PCT
Staff Turnover 1.12.06 - 30.11.07 Medway PCT ESR

APPENDIX E – WORKFORCE PLAN

Primary Care

GP's

As previously discussed the number of single handed practices and the age of the G.P workforce is of some concern, as illustrated in the diagram below:

Age of Medway GP Workforce

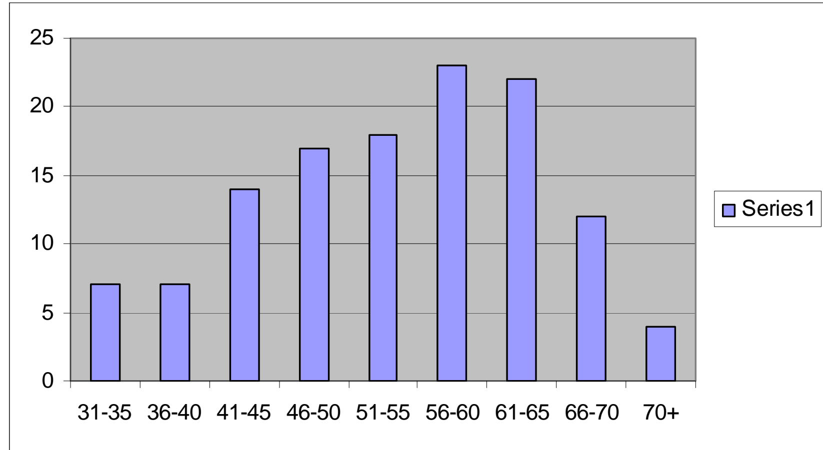


Figure 16 Medway GP Workforce
Medway PCT, June 2008

Pharmacy

There are approximately forty full time Community Pharmacists, and sixteen part time, although the diagram below illustrates that approximately thirty locums are currently working in Medway. Data on the age profile of the pharmacy workforce was not available at this particular stage of the planning cycle.

Pharmacy Workforce

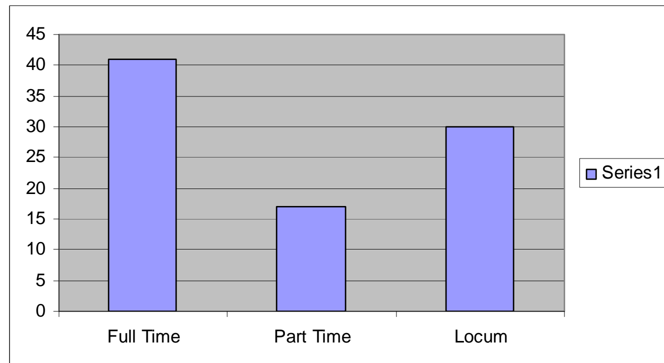


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Figure 17 Medway PCT Children's Workforce Data
Medway PCT, 2008

The Children's workforce for the Strategic Health Authority is estimated at a total of 6,973 FTE staff in post. Current Child Health Mapping shows the Children's workforce in Medway to be 128 FTE, although this did not include vacant posts, which are currently 10.20%. In comparison to the regional workforce, the Medway children's workforce appears to be under resourced. This is primarily due to the distribution of workforce, with School Nursing and Midwifery being currently hosted by the Acute Trust, therefore, separate tables are shown. The table below is a combination of Nursing and Allied Health Professionals, such as Health Visitors.

Allied Health Professionals

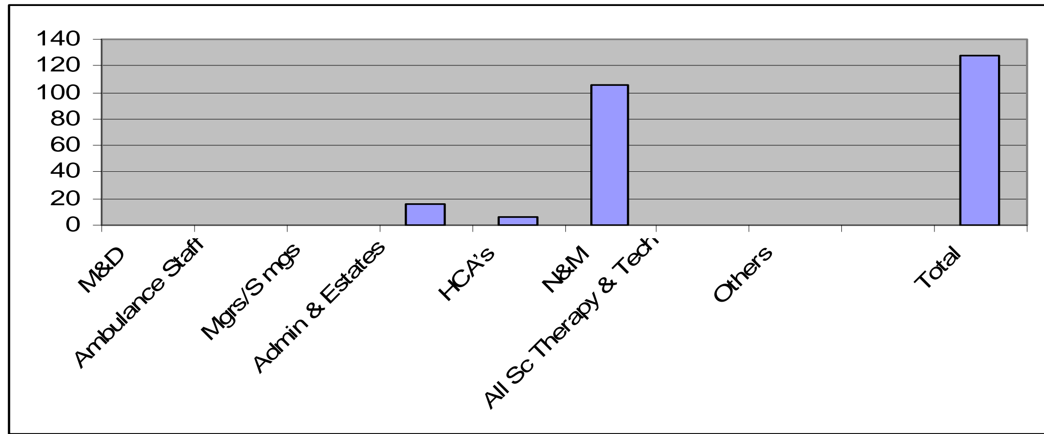

Figure 18 Children's Workforce Data
Children's Workforce Child Health Mapping November 2007

Health Visitors

The age of the Health Visiting workforce is also of some concern, particularly as the supply of new Health Visitors has slowed significantly, as illustrated by the particularly small numbers in the 36-40 age group below:

APPENDIX E – WORKFORCE PLAN

Age and Skill Mix of the Health Visiting Workforce

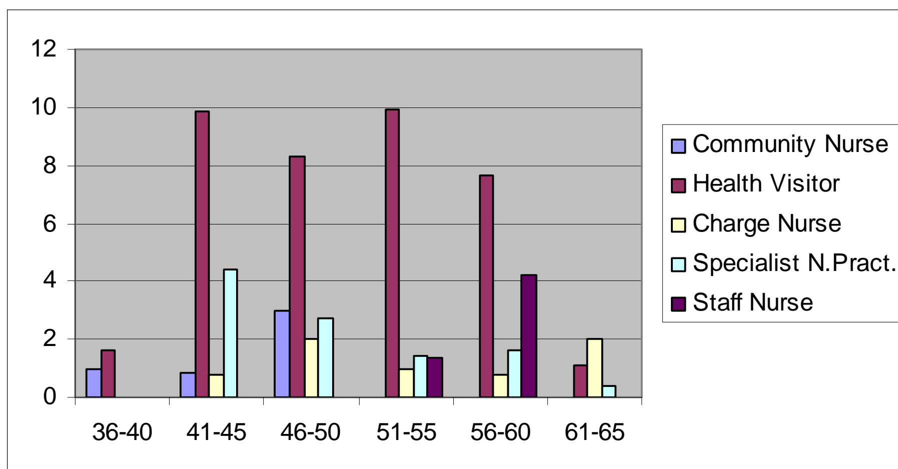

Figure 19 Health Visiting Workforce Medway PCT, ESR, March 2008

Bank Staff - Medway PCT 2006/7

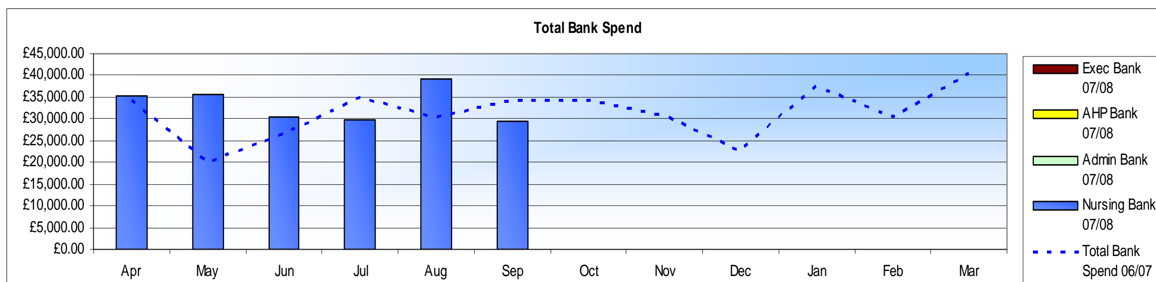

Figure 20 – Bank Staff 2006/7

Agency Staff – Medway PCT 2006/7

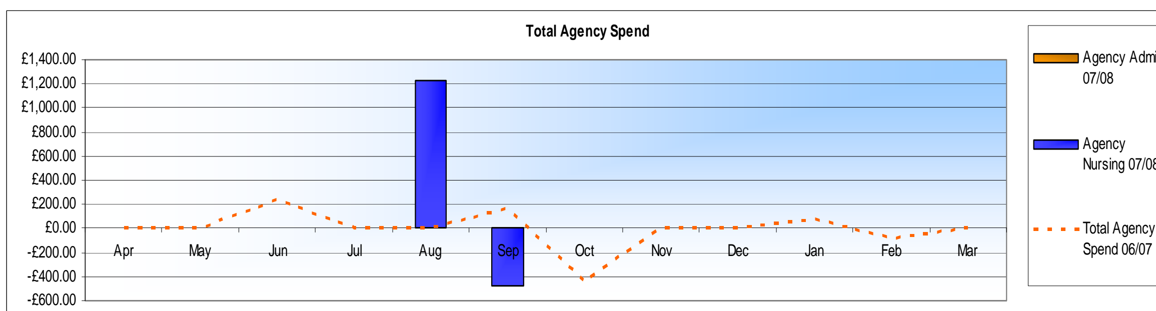

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Figure 21 - Agency Staff 2006/7

Current Medway PCT Workforce by Agenda for Change Career Level

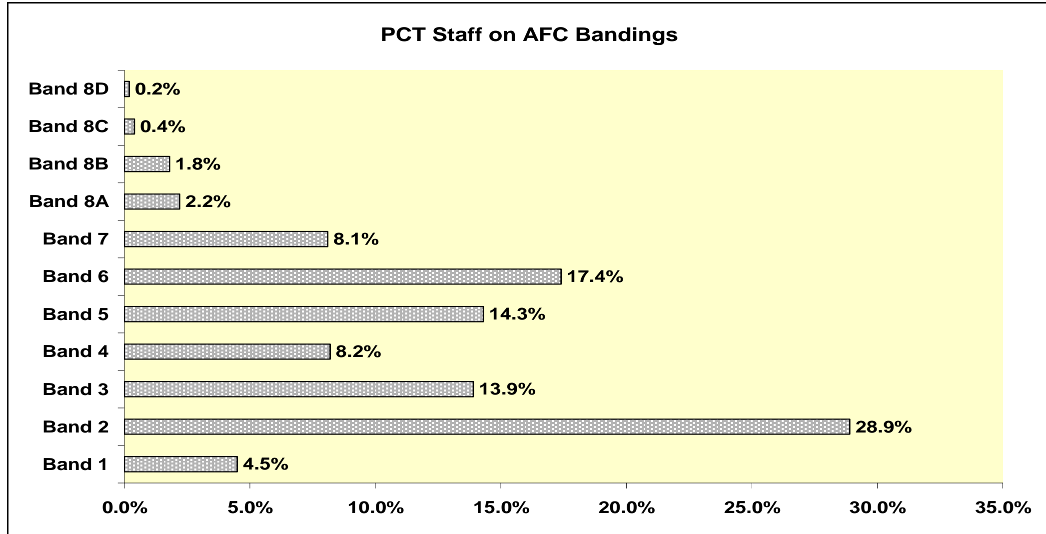

Figure 22 Medway PCT Workforce by Agenda for Change Bands

Age Profile of Medway PCT Workforce

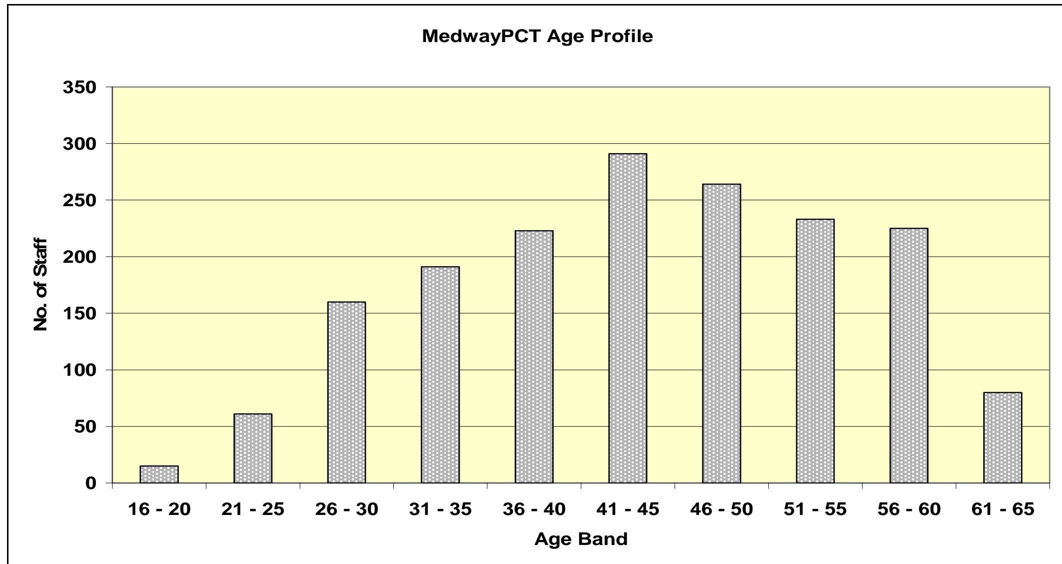

Figure 23 Age Profile of Medway PCT Workforce

The age of the PCT workforce raises cause for concern, with approximately 64% of the current workforce being aged 40 or above.

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The workforce plan will need to take account of the ageing workforce in the section 5 and 6 of this plan.

3.3 Medway Foundation Trust

Medway Foundation Trust is the largest hospital in Kent and mainly serves the Medway and Swale Community, but is increasingly expanding to provide services to North and West Kent. The Trust has produced an extensive Human Resources Strategy with projections of the anticipated workforce to meet 'Fitness for Purpose'. The Hospital Trust currently has a workforce of approximately 2,914, broken down as follows:

Medway Foundation Trust Workforce by Careers

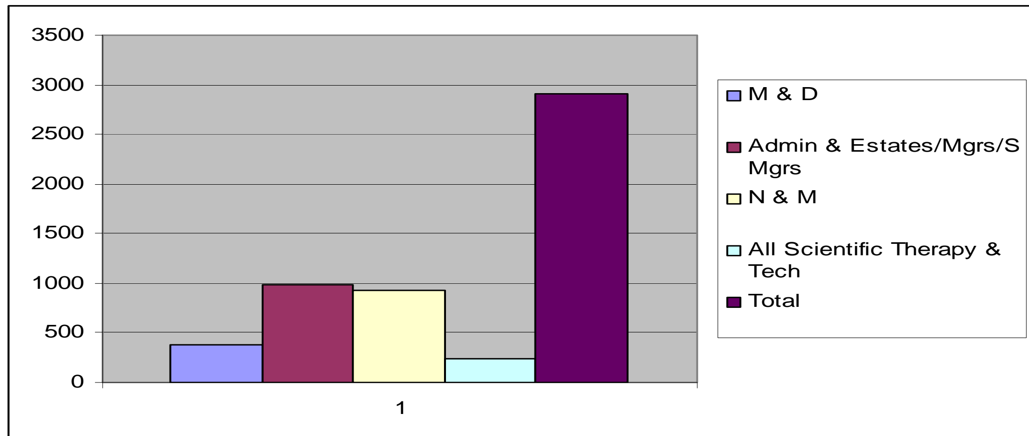

Figure 24 Medway Foundation Trust Workforce by Careers

Age Profile Medway Foundation Trust

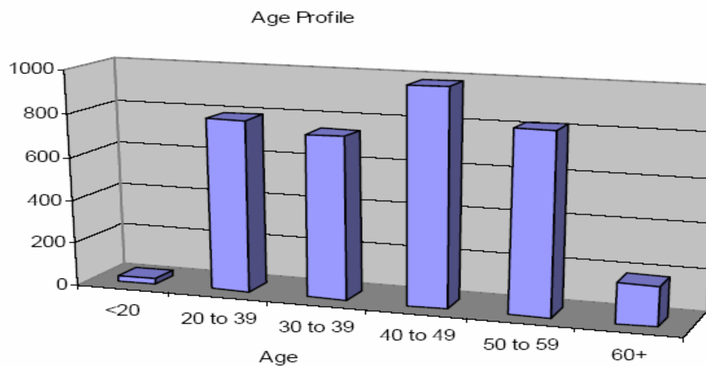

Figure 25 Medway Foundation Trust – Age Profile

(Extracted from The Medway NHS Trust Human Resources Strategy 2007-2012)

APPENDIX E – WORKFORCE PLAN

The Medway Acute Trust Business Plan shows that 55% of staff is aged 40 or over. The Trust acknowledged in their Business Plan that this could possibly pose a risk to their workforce over the next ten years.

School Nurses

The School Nursing Service is hosted by the Medway Acute NHS Trust and also provides a service to the Swale Rural cluster of schools which are now included in the geographical area of East and Coastal Kent PCT. The number of School Nurses within the Medway Acute Trust is 26.20FTE, including 1FTE Practice Teacher and 1FTE Trainee School Nurse.

Medway School Nurses

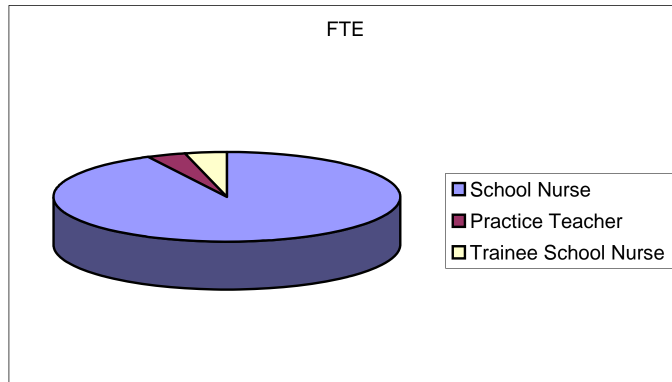

Figure 26 Medway School Nurse Workforce
Breakdown of School Nurses: Medway Foundation Trust November 2007

Midwifery

The implementation of Maternity Matters is a priority for the local health economy, and will be a complex service to plan in order to meet the National Priorities. The Midwifery Service is currently hosted by the Acute Trust in Medway and provides services for local people and neighbouring Trusts. In addition, provides a level three neonatal service admitting babies from Medway and neighbouring PCTs..

The total number of current midwives in Medway is 116.77FTE, 1FTE Research and Development Midwife, 2FTE Senior Sisters, 1FTE Sure Start Midwife and 33.09FTE Unqualified (ie Assistant Midwifes) It is anticipated that the number of midwives or Community Birthing Assistants will need to increase to meet demand. Medway PCT is currently working with the Acute Trust and partners to develop a detailed workforce plan for this service:

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Midwifery Workforce (March 2007)

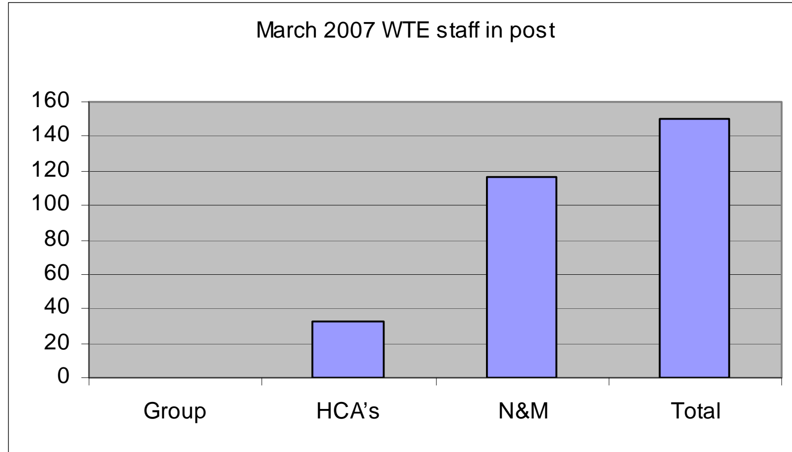

Figure 27
Breakdown of Midwifery Workforce
Medway Foundation Trust November 2007

The diagram below shows the age profile of the current midwives in Medway, with approximately 55% being over the age of 45. Midwifery has been identified by the National Workforce Review Team as a possible 'hot spot', and will be discussed further in the section assessing supply.

Age Profile of Current Midwifery Workforce

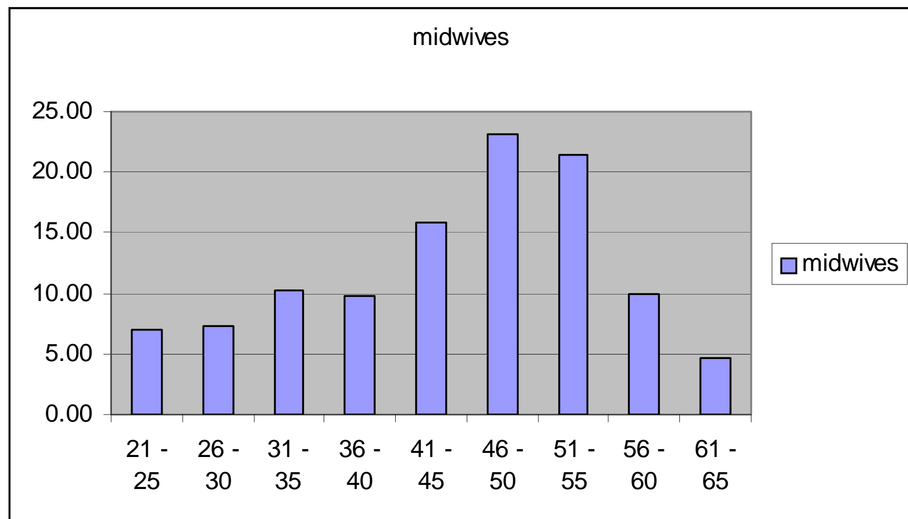

Figure 28 Age Profile of Midwives

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Age Profile of Midwifery Workforce – ESR , Medway Foundation Trust February 2008

Midwifery Managers

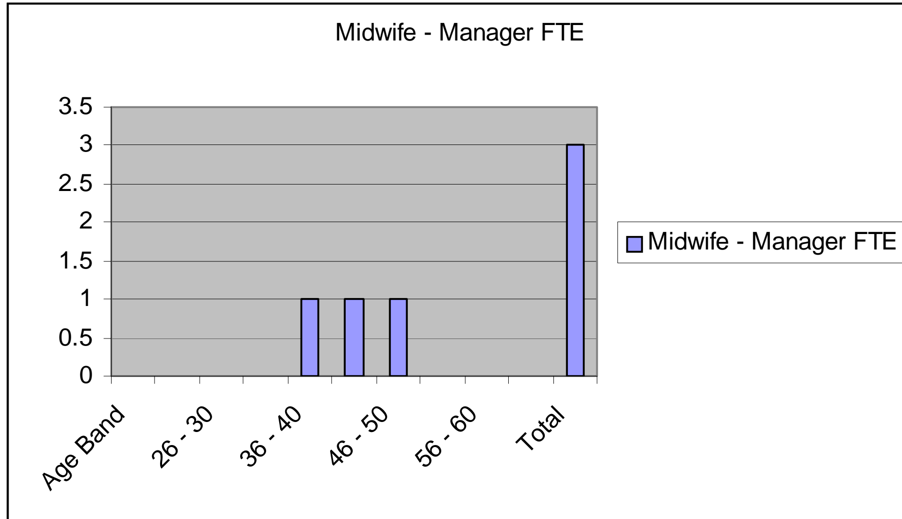

Figure 29 Age Profile of Midwifery Managers
Age Profile of Midwifery Managers – ESR , Medway Foundation Trust February 2008

The Maternity Service is currently using an effective skill mix and there are currently 33.09 FTE Healthcare Assistants. The workforce still has a higher percentage of over 45's, with over approximately two thirds being in this age group.

Maternity Healthcare Assistants

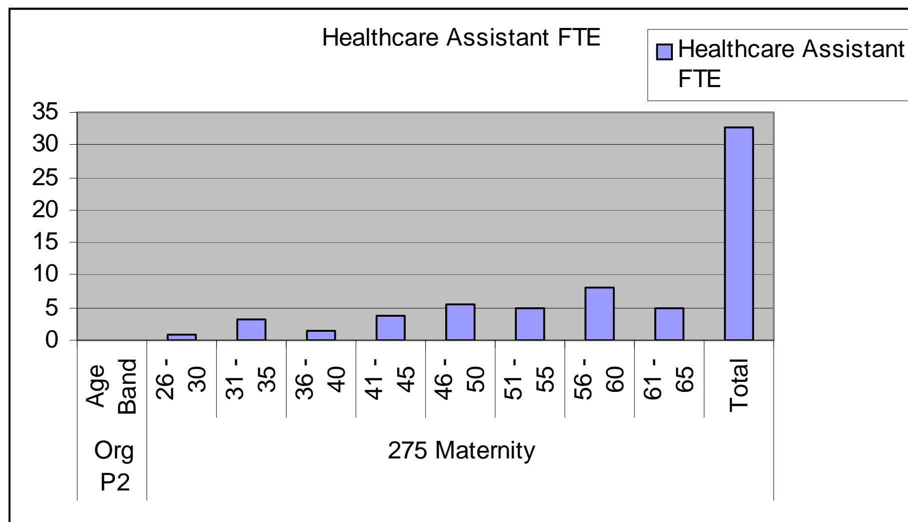

Figure 30 Age Profile of Maternity Healthcare Assistants

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Age Profile of Maternity Healthcare Asistants – ESR , Medway Foundation Trustl February 2008

Neonatal Workforce

Neonatal Nursing has also been identified as a possible 'hot spot' for recruitment. The age group of this workforce appears more stable, although the role of Specialist Nurse Practitioner may be an area of concern within the next 5 years. Contingency plans for this service have been prepared by the Acute Trust.

Neonatal Workforce by age and role

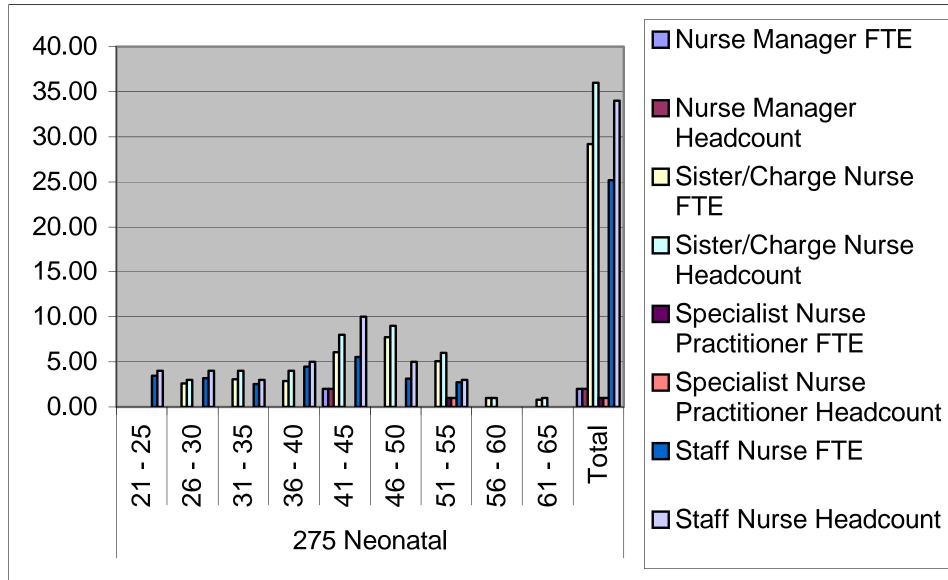

Figure 31 Age and role of Neonatal Workforce
Age and Role Profile of Neonatal Workforce – ESR , Medway Foundation Trust February 2008

The Neonatal service also uses skill mix and the diagram below shows the number of employees in this category, also the FTE and age profile showing a reasonably even distribution of ages across the workforce.

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Unqualified Neonatal Nursing Staff

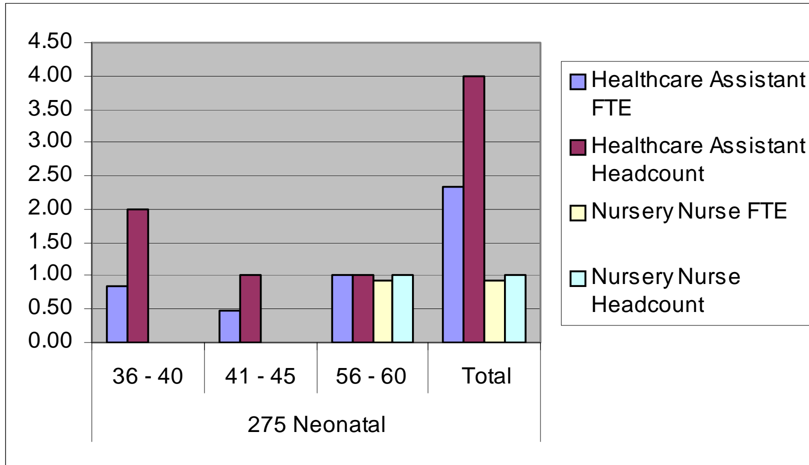


Figure 32 Role and Age Profile of Unqualified Neonatal Staff

Headcount, FTE and age profile of unqualified Neonatal Nurses – ESR , Medway Hospital February 2008

3.4 Children and Adolescent Mental Health Services

Tier 3 services are delivered by the Acute Trust and are therefore included in their workforce breakdown. Other specialist services for Children and Young People are delivered by the Child and Adolescent Mental Health Services (CAMHS), within The Kent and Medway NHS Social Care Partnership Trust. This workforce can only provide CAMHS statistics on a regional basis for Kent and Medway and could not be broken down to PCT level.

South East Coast CAMHS Workforce

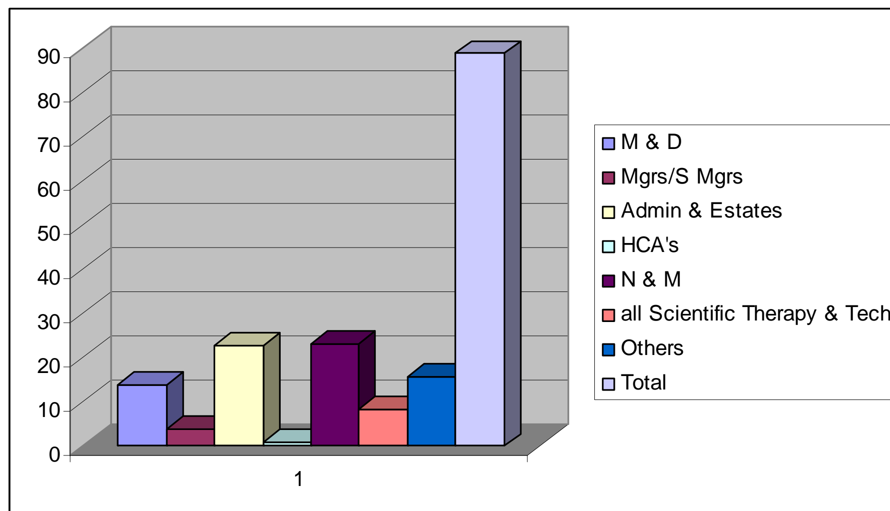


Figure 33 South East Coast CAMHS Workforce
South East Coast CAMHS Workforce – Child Health Mapping November 2007

3.5 Adult Mental Health Services

Specialist Adult Mental Health services are provided across Kent and Medway by the Kent and Medway NHS and Social Care Partnership Trust, currently employing 446 FTE. Medway PCT has the lead responsibility for commissioning Mental Health Services across Kent and Medway and is awaiting the KMPT Workforce Plan to inform plans across Kent and Medway

The current workforce profile of the Kent and Medway NHS and Social Care Partnership Trust has been broken down into the designated Medway workforce, illustrated below:

Adult Specialist Mental Health Workforce

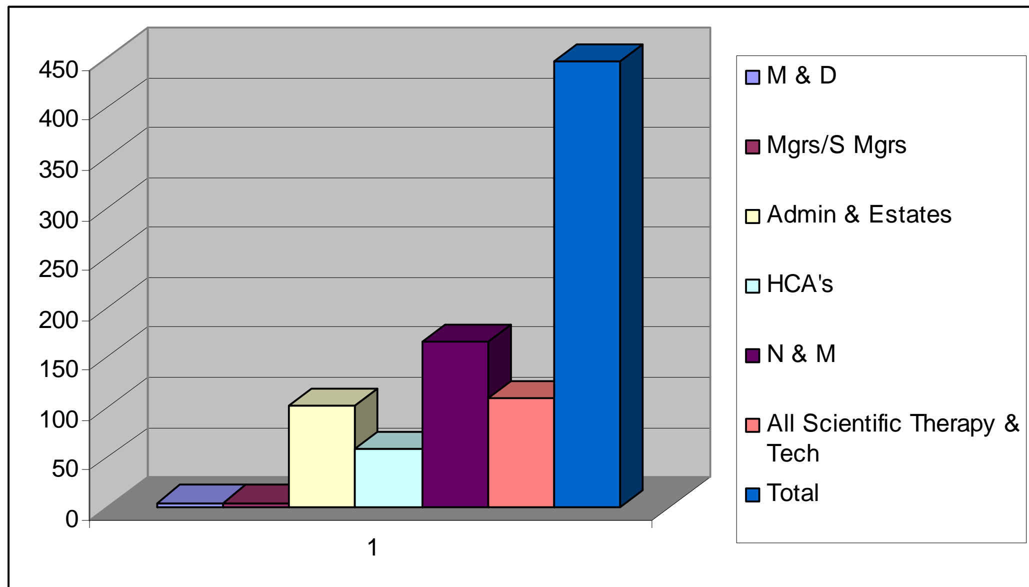


Figure 34 Adult Specialist Mental Health Workforce
Kent & Medway NHS Partnership Trust November 2007

Please note, *Healthcare Assistants includes all the H matrix Occupation Codes and all unqualified Nurses which fall into the N9* Matrix. All Hotel Services ancillary staff are coded in the H martix so these figures include this staff group. All unqualified Scientific, Therapeutical and Technical staff are included together with the qualified staff in this staff category*

3.6 SECamb (Ambulance Workforce - Strategic Health Authority Area)

The SECamb Workforce Plan (2007-2012) outlines the current Community Workforce as comprising of Technicians, Paramedics and Emergency Care Support Workers.

In addition a range of Management and support workers are shown in the diagrams below which provide a crucial element of the service, particularly in meeting Call Connect and National Ambulance performance targets.

Emergency/Urgent Care Workforce (2007)

The majority of emergency/urgent care is currently provided by Technicians and Paramedics. The diagram below illustrates the current emergency/urgent care workforce, showing vacancies at this time for Paramedics.

South East Coast Ambulance (SECamb) Emergency/urgent care workforce

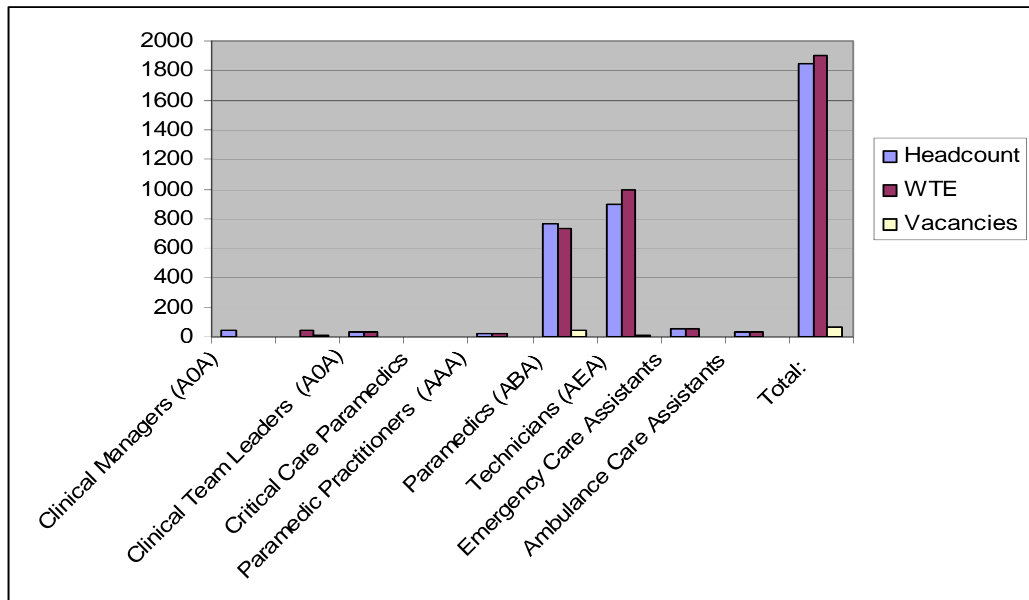


Figure 35 SECamb Emergency/urgent care workforce
South East Coast Ambulance Trust Plan April 2007 – March 2012
Appendix A: Workforce Plan: Baseline Year 2006/

APPENDIX E – WORKFORCE PLAN

Emergency Dispatch Workforce (2007)

The emergency dispatch workforce illustrated below, shows vacancies for call takers and dispatchers.

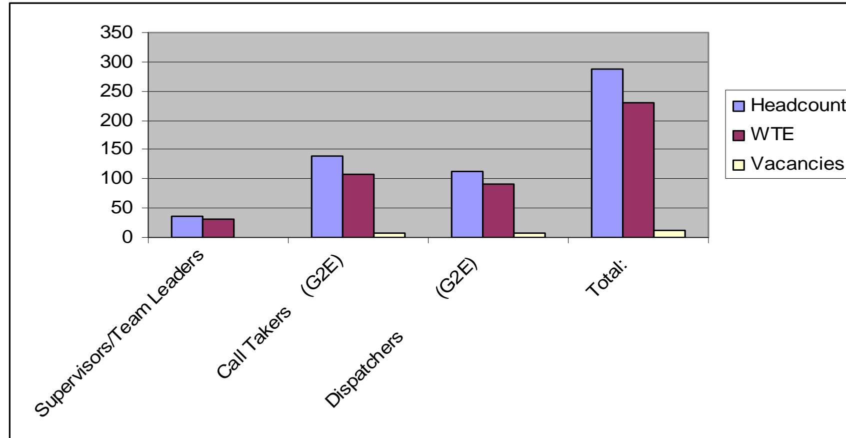


Figure 36 SECAMB Emergency Dispatch Workforce
South East Coast Ambulance Trust Plan April 2007 – March 2012
Appendix A: Workforce Plan: Baseline Year 2006/

Patient Transport and Other Staff (2007)

The diagram below shows the Ambulance Care Assistants in post and current vacancies

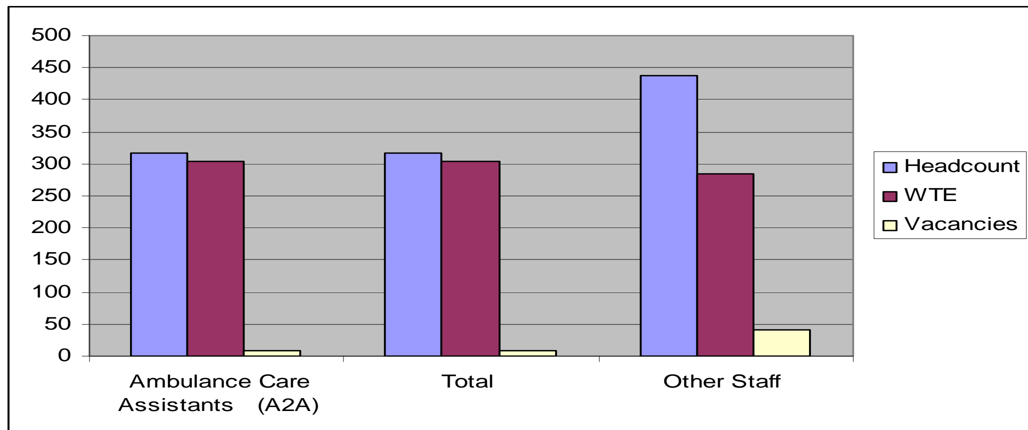


Figure 37 Patient Transport and Other Staff
South East Coast Ambulance Trust Plan April 2007 – March 2012
Appendix A: Workforce Plan: Baseline Year 2006/

Total South East Coast Ambulance (SECamb) Staff

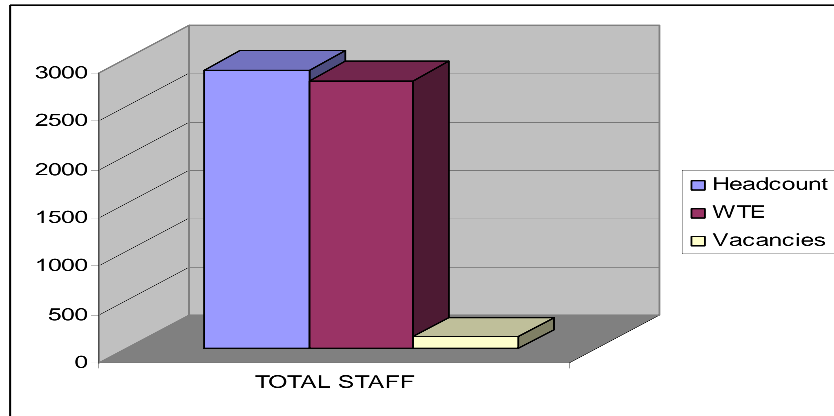


Figure 38 Total SECamb Staff
South East Coast Ambulance Trust Plan April 2007 – March 2012
Appendix A: Workforce Plan: Baseline Year 2006/

3.7 Voluntary Services

Medway PCT also hosts the Voluntary Services and Work Experience Unit. The Unit provides policy, protocols, selection, recruitment, placement, guidance and quality assurance across the Thames Gateway area with other client Primary Care Trusts within the West Kent PCT and Eastern and Coastal Kent PCT and the Medway NHS Foundation Trust whilst acting in an advisory capacity to outside agencies and voluntary organisations.

In total, the Voluntary Services Unit has an unpaid workforce of approximately 1,300 across Kent and Medway, of which approximately 560 work in the Medway Health Community. Volunteer placement areas cover wards, departments, offices, guides, health centres, health trainers, energy masters to name but a few... In addition the service offers specialised work placement areas for students wishing to seek employment in the medical or allied medical professions and the Unit will, wherever possible, offer the student a placement in line with their career choice e.g. shadowing a health professional whether a doctor, dentist or community nurse. In contrast to the paid workforce, the largest age group of volunteers is 31 to 45 (60%); with almost a third being younger (aged 16 to 30)

PCT Voluntary Service (Age of Volunteers)

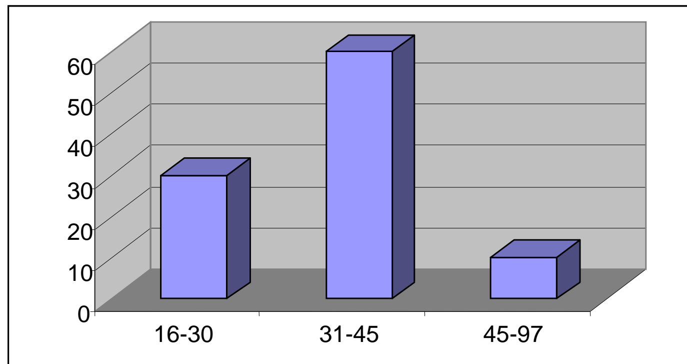


Figure 39 Volunteer Workforce by Age
Voluntary Services Unit Dec. 07

3.8 Higher Education Provision

The Strategic Health Authority commission professional placements, and for most areas of Kent and Medway the two main Higher Education providers are Canterbury Christ Church University and the University of Greenwich. Placements are not specifically for Medway and are likely to also be recruited by neighbouring local healthcare providers, in particular Eastern and Coastal Kent and West Kent PCTs. The diagram below shows placements for 2007 commissioned by the Strategic Health Authority.

Commissions placed with Canterbury Christ Church University and University of Greenwich	
Dip HE Nursing – Adult	384
Dip HE Nursing – Child	20
Dip HE Nursing – Learning Disabilities	15
Dip HE Nursing – Mental Health	53
Dip HE ODP	30
Dip HE Nursing – Midwifery	8
BSc Nursing – Adult	50
BSc Nursing – Child	19
BSc Nursing – Mental Health	18
BSc Nursing – Midwifery	68
BSc Nursing – Midwifery (18 Months)	24
BSc Community Nursing	45
BSc Diagnostic Radiography	60
BSc Occupational Therapy	70
BSc Speech & Language	25
Doc Clinical Psychology	50

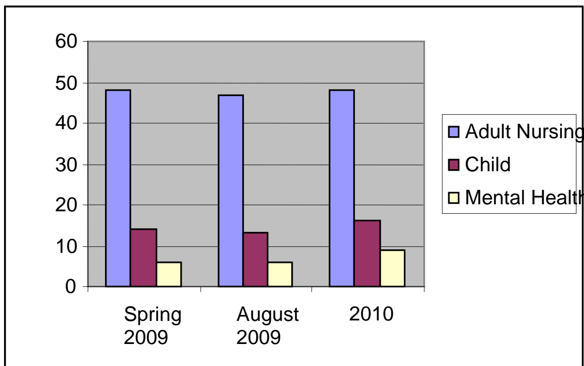
Figure 40 Commissioned places with Canterbury Christ Church University/University of Greenwich 2007
SHA Commissioning Figures 2007

APPENDIX E – WORKFORCE PLAN

The two main higher education feeder establishments for Kent and Medway are Canterbury Christ Church University and University of Greenwich. Other Universities across the region, may supply a small amount of workforce. Current Nursing Students in training at Canterbury Christ Church University and University of Greenwich by year of course completion:

Canterbury Christ Church University (Nursing) (MPET)

University of Greenwich (Nursing) (MPET)



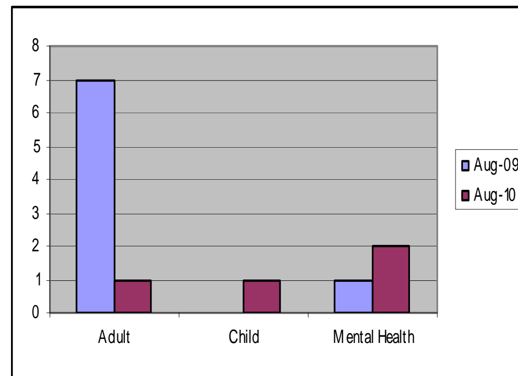


Figure 41 **Figure 42**

South East Coast Strategic Health Authority, Education Commissioning 2008

Number of Midwives due to complete (MPET)
Canterbury Christ Church and University of Greenwich

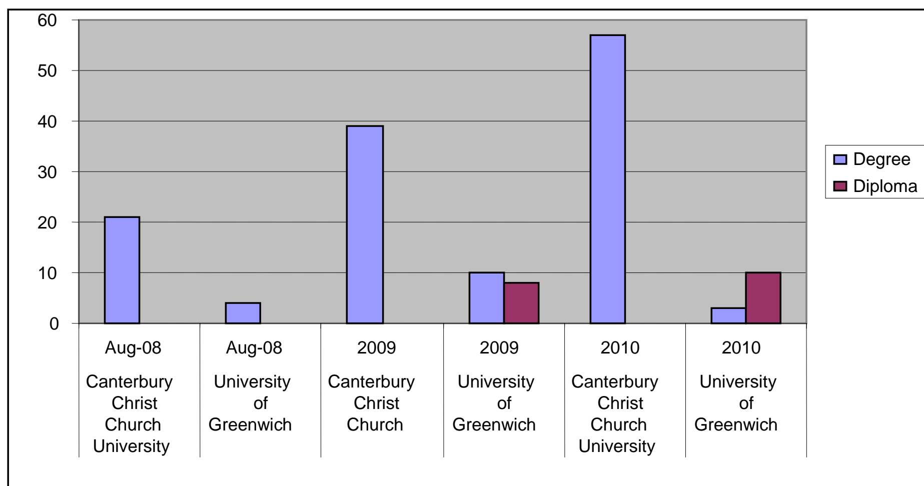


Figure 43 Midwives due to complete
South East Coast Strategic Health Authority, Education Commissioning 2008

Other MPET Commissions due to complete from Canterbury Christ Church University and University of Greenwich

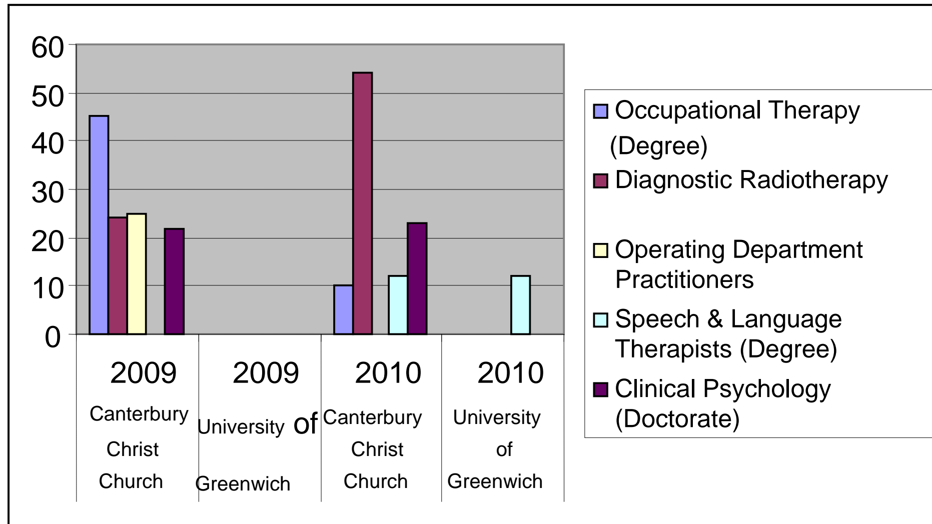


Figure 44 Other Professional Commissions due to complete from CCCU/Greenwich

South East Coast Strategic Health Authority, Education Commissioning 2008

4. Future Estimated Workforce Profile

This section of the Strategic Workforce Plan identifies the current workforce, the main drivers for demand and the gaps that the PCT anticipate in key 'hotspots'. Due to the uncertainty of reform, the plan will be missing some areas of demand, and has focussed on areas of priority that has good information already available.

4.1 Medway PCT Workforce

The current PCT workforce, shows the highest percentage of workers to be in the Agenda for Change Band 2 category, with Band 6 being the second highest (diagram below)

APPENDIX E – WORKFORCE PLAN

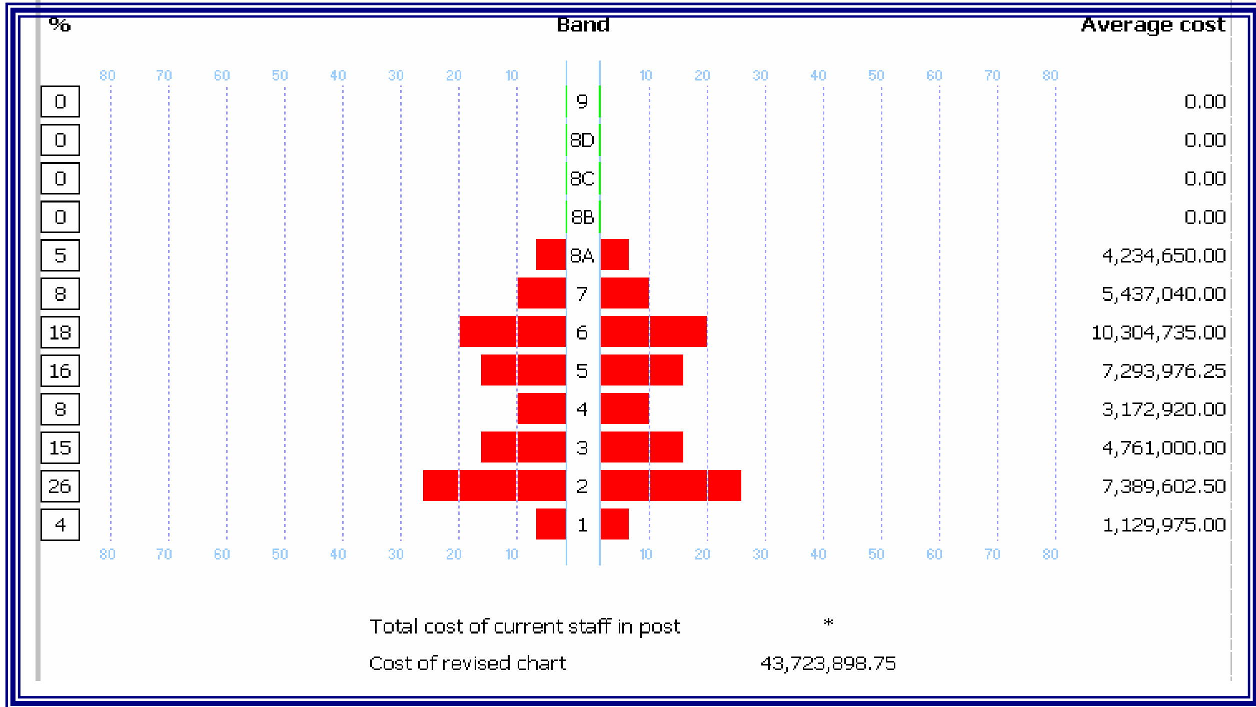


Figure 45 Current PCT Workforce
ESR November 2007

Anticipated Changes to the PCT Workforce

The Strategic Commissioning Plan identifies many services that are intended to move to the local Community Setting, although the implications for the PCT workforce are limited at present. Most changes are anticipated to be to the geographical location, therefore provision is anticipated to be continuously delivered by current service providers, either Acute or Mental Health Trusts. As new services and care pathways are developed a clearer picture will emerge, and a review of the Workforce Plan will be essential in monitoring the demand and cost to the Local Health Community.

Changes that are inevitable, are the employment of Community Matrons at Band 8A, and the PCT commitment to develop new 'talking therapy workers', likely to be at Band 4. Assuming that 4 Community Matron posts and 10 Support, Time and Recovery workers were employed the Medway PCT Workforce is illustrated, including approximate financial costs, in the diagram below:

Estimate of Medway PCT Workforce, to include Community Matrons and Support, Time and Recovery Workers

APPENDIX E – WORKFORCE PLAN

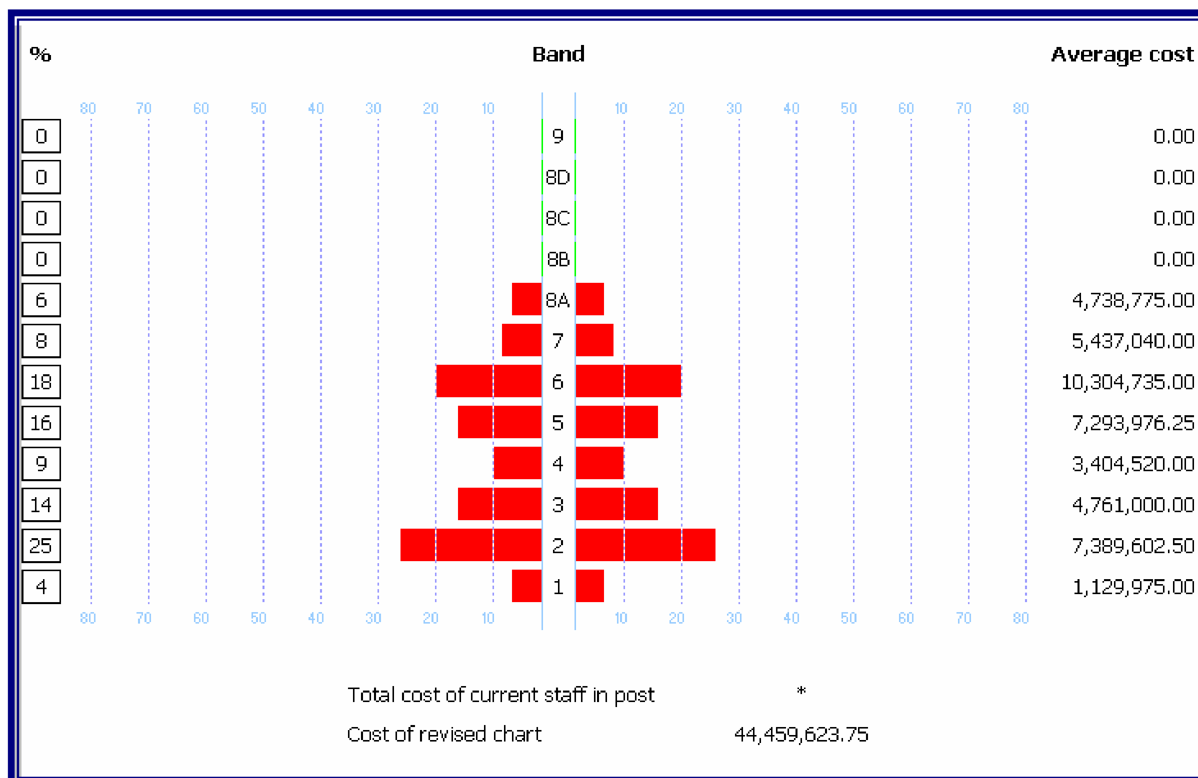


Figure 46 Scenario of Change Currently Identified for Medway PCT Workforce

4.2 Medway Foundation Trust Workforce

The current bands 1-9 of The Medway Foundation Trust workforce is illustrated below with estimated costs:

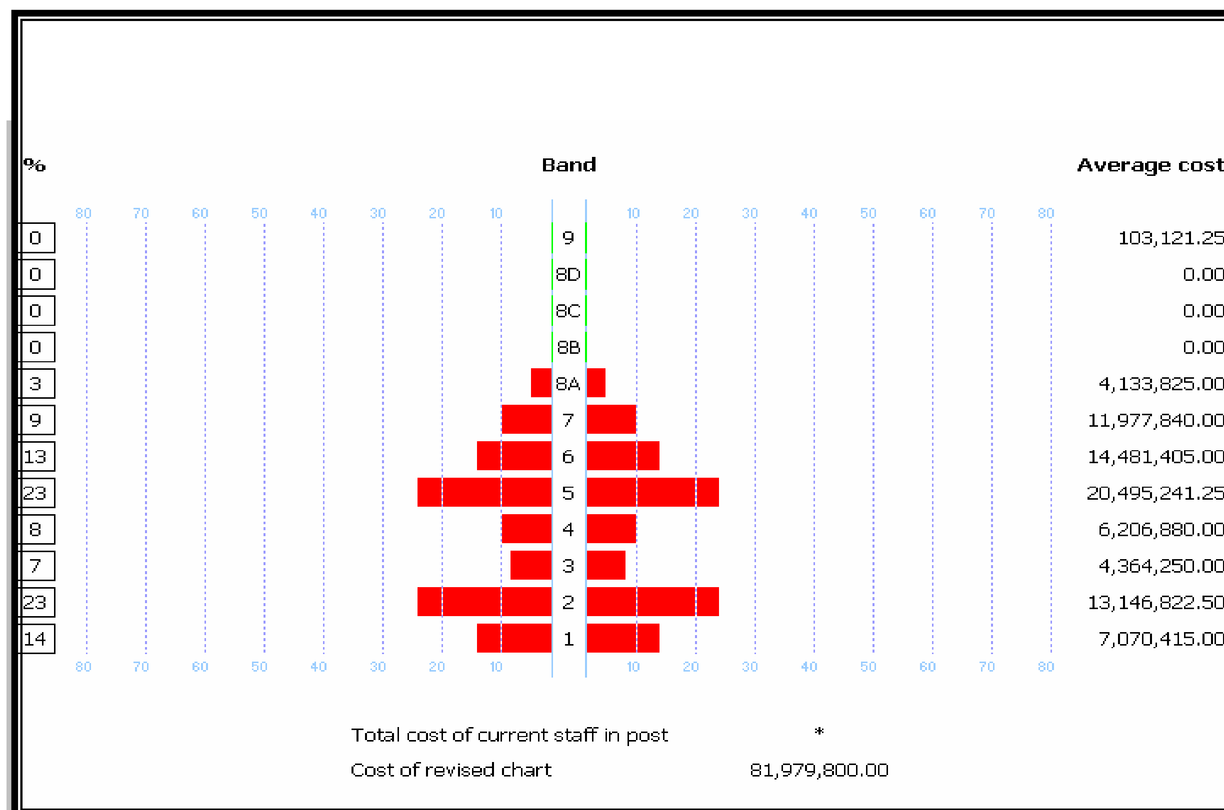


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Figure 47 Medway Foundation Trust Workforce

The future estimation of this workforce is unclear at the present time, but will be included in the monitoring process. Many of the workforce changes will be dependent on:

The effective use of skill mix
The uncertain change of activity through Commissioning
The implications created through successful application of Foundation Trust Status

4.3 Nursing Supply

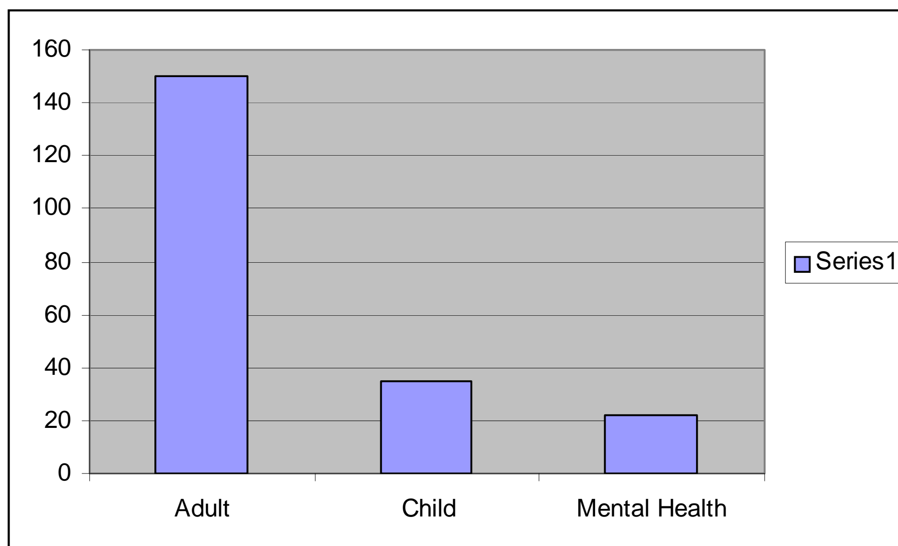


Figure 48 Nursing Supply

The diagram above shows the number of adult, child and mental health nurses due to complete over the next 2 years. Attrition rates of approximately 18% could reduce this number slightly, but overall, for adult and child nursing, the numbers should meet demand if workforce requirements do not alter significantly.

4.4 Mental Health

Conversely, the number of Mental Health Nurses appears relatively low, should demand increase. The current status of delivery of Mental Health Services is currently being reviewed by the PCT. The Kent and Medway NHS and Social Care Partnership Trust is working towards submitting an application to Foundation Trust status, therefore, preparation of a business plan is a priority for them at the present time.

New ways of working provides a comprehensive outline of service reforms for mental health services. The development of support, recovery and time workers, possibly using the Foundation Degree route is an option for the PCT in reducing admissions, increase recovery or supporting patients to manage their conditions. The area of Mental Health is considered a risk, and will be discussed further in section 5 of this plan.

4.5 Other Professionals Completing Locally

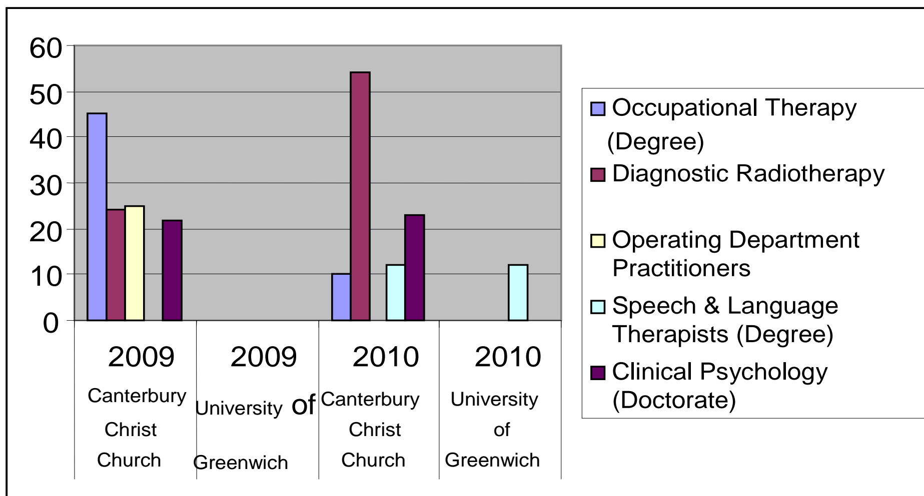


Figure 49 Other Professionals Completing

The number of professionals undertaking study locally, illustrated in Figure 45 identifies particular areas of concern, such as Operating Department Practitioners and Speech and Language therapists. These are also generally areas of short supply nationally and there are particular concerns over the Operating Department Practitioners, due to the likelihood of the criteria being changed from a diploma to a degree qualification.

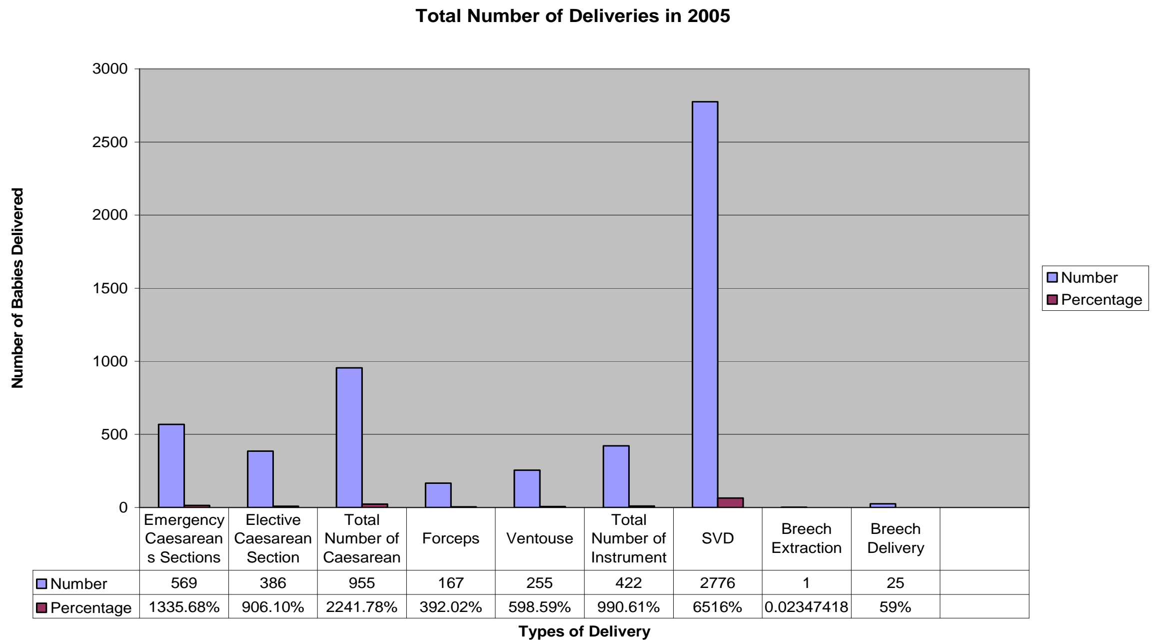
4.6 Midwifery

Maternity Matters (2007) places challenges for the Local Health Community to meet the four National Choice Guarantees by end of 2009:

Choice of how to access maternity care
Choice of type of antenatal care
Choice of place of birth (home; local facility; hospital)
Choice of postnatal care

Birth rate plus was conducted by the Acute Trust and the current midwifery workforce was approximately 12 midwives short of the recommended ratio of qualified midwives to birth rates. The diagram below provides a breakdown of the types of births.

Birthrate Plus Results, number and type of delivery



	Emergency Caesareans Sections	Elective Caesarean Section	Total Number of Caesarean	Forceps	Ventouse	Total Number of Instrument	SVD	Breech Extraction	Breech Delivery	
Number	569	386	955	167	255	422	2776	1	25	
Percentage	1335.68%	906.10%	2241.78%	392.02%	598.59%	990.61%	6516%	0.02347418	59%	

Figure 50 *Birthrate Plus, Midwifery Service, Foundation Trust 2005*

Birth rates in Medway have increased significantly. During 2006/07 there were 4,337 babies delivered at the Medway Foundation Trust, and 228 babies born at home on behalf of Medway PCT. According to Birthrate Plus conducted by the Foundation Trust in 2005, the number of births is significantly higher, with 5,153 reported births, indicating the number of deliveries on behalf of neighbouring PCTs.

Data provided by Health Informatics illustrates the increase of births within the Medway population of approximately 2.5% and there has been a general reduction in infant mortality rates. The following graph illustrates trends in general fertility rates and infant mortality rates during 2002 to 2006.

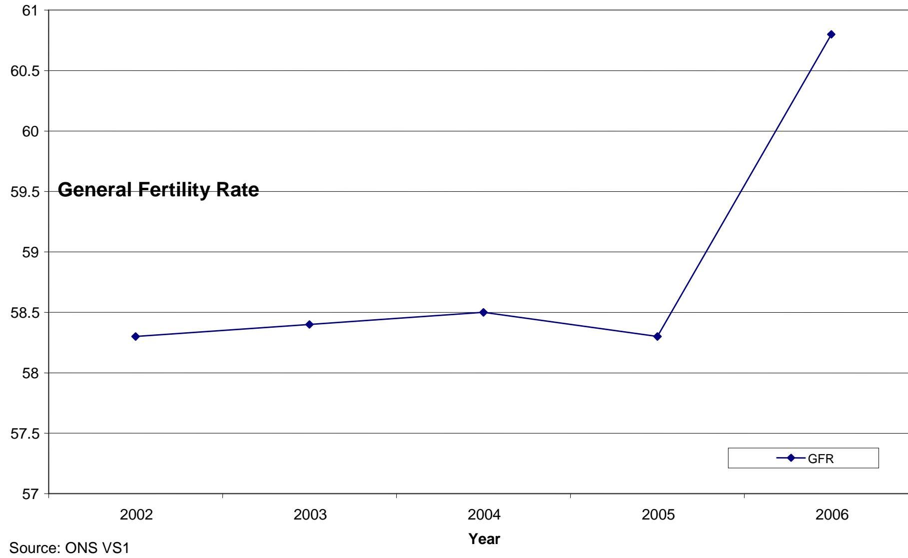


Figure 51 General Fertility Rates for Medway

Health Informatics, Preston Hall (December 2007)

Population Growth for the South East Coast Strategic Health Authority Area (Not including deaths)

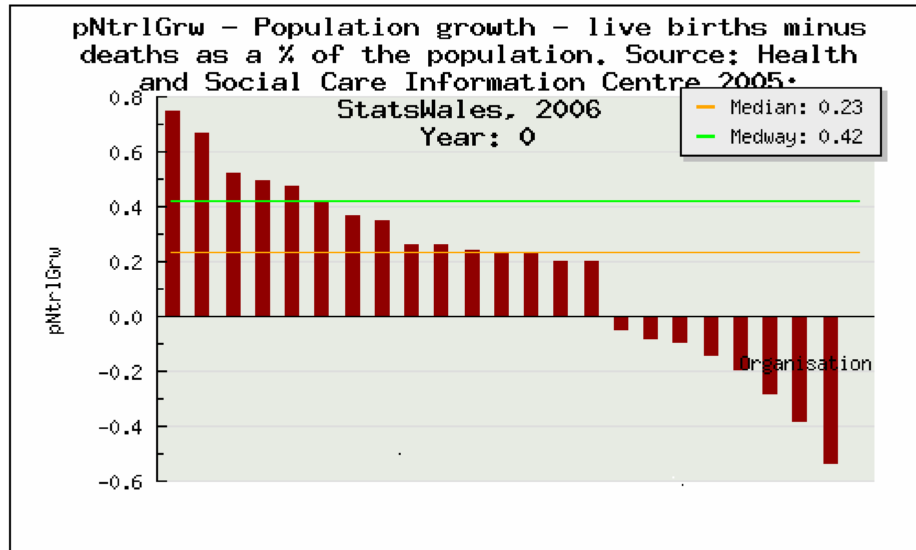


Figure 52 Population Growth for the South East Coast SHA
Heatlhcare Workforce Benchmarking Tool (March 07)

The diagram below shows the birthrates for the South East Coast Strategic Health Authority, with an increase in most regions, but Medway being significantly higher than the median. Should the birthrate continue to increase at the current rate in Medway, by 2009 the number of births per year for the Medway population could rise by approximately 200 births to 4,785.

In addition, neighbouring PCTs could also place higher demands on the service. The diagram below compares Medway to neighbouring geographical areas, based on previous PCT status.

Medway and Neighbouring PCT Population Growth

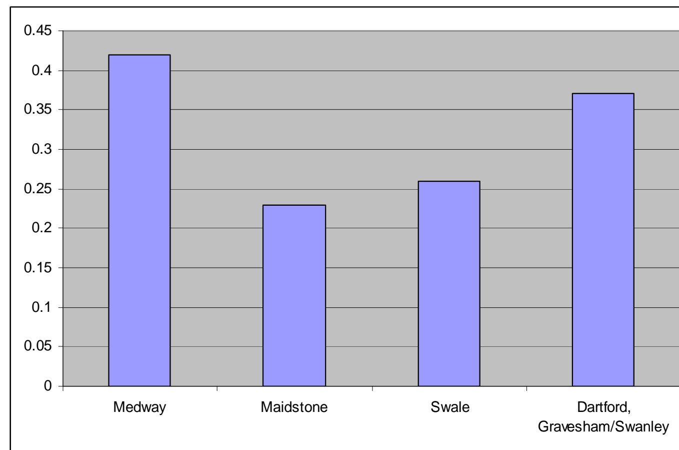


Figure 53 Population Growth of Neighbouring PCT's
Heatlhcare Workforce Benchmarking Tool (March 07)

Number of Midwives due to complete (MPET)
Canterbury Christ Church and University of Greenwich

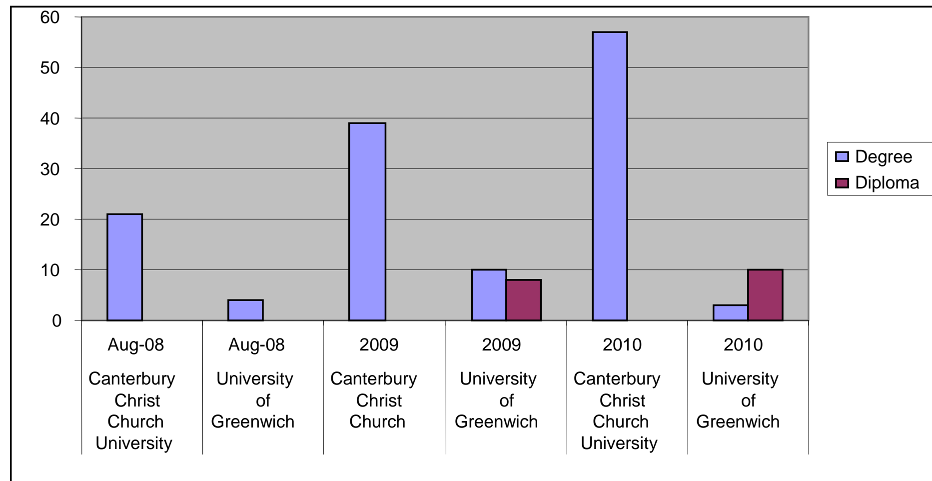


Figure 54 Number of Midwives due to complete (MPET)

Taking into account the increasing birthrates, the findings of birthrate plus, the age profile and understaffing of the midwifery service, the choice offer to service users anticipating more home births, the demand for midwives could exceed supply, despite an increase in commissions. The Education Commissioning statistics above indicate that approximately 98 midwives may be available for the workforce over the next 3 years, although attrition rates are approximately 20% for midwifery, therefore that number could be reduced to approximately 70. Another area for consideration is the supply to neighbouring PCTs, therefore, should this number be shared equally across the 3 Kent and Medway PCT's, this could reduce the share for Medway to approximately 23, leaving a significant shortage.

An alternative scenario could be that birthrates could stabilize or decrease, particularly with economic turbulence, with a low uptake of home births. The future population growth is uncertain, with an expected older population and the stability of the Eastern European population, known to be mobile could impact on the number of births. In addition, good use of skill mix and return and retention strategies, a reduction in recruitment from neighbouring PCT's could significantly decrease demand and create an oversupply of midwives.

Contingency plans will be included in sections 5 and 6 of this document.

4.7 18 Weeks Referral To Treatment Target

The PCT and Foundation Trust, who are currently the main service providers in Medway, are working to ensure the achievement of the 18 week referral to treatment target by the end of 2008. Although current progress is acceptable, waiting times and patient experience will continue to be a priority in Medway

Service re-design, skill mix and the shift to 'Community' provision, training for the supporting workforce, may improve waiting times for some services, such as ENT and Gynaecology, particularly if clear referral pathways are in place and patients are aware of changes.

4.8 European Working Time Directive

At the moment Medway Foundation Trust is compliant with EWTD, but continues to explore areas such as Hospital at Night to assist in sustainability of EWTD compliance. The Trust has some concerns regarding the reduced number of doctors looking for jobs, and is aware that it needs to look at alternative ways of working and using medical staff accordingly. The PCT will continue to liaise with Medway Acute Trust to monitor progress.

4.9 Emergency Provision

The GP provision in Medway will continue to be a priority, particularly for Commissioners and the Strategic Commissioning Plan aims to address this issue by undertaking a procurement process and securing alternative providers of primary care services. Vacancies in single-handed GP practices will be advertised as an Alternative Personal Medical Services (APMS) contract. The PCT has already introduced this process and it attracted a great deal of interest. After considering tenders the new contract will start in April 2008. In addition the PCT is investigating the feasibility of expanding the role of the doctors' on-call service to deal with a full range of primary care conditions - not just urgent care, which may be addressed by the new GP contract. Due to the age of the GP workforce, this could be a future 'hotspot' for the PCT workforce and will be included in section 6 of this document.

4.91 Ambulance Services

Ambulance Services are provided across the Strategic Health Authority, although some figures have been broken down into PCT areas when possible. The Ambulance service workforce plan, clearly illustrates demand to meet new service reforms. No specific areas have been identified as 'hot spots' to date, although some concerns have been raised around central training establishments being a barrier to staff progression.

Critical Care Paramedics

It is proposed that over the next 5 years, the Critical Care Paramedics will be deployed in PCT Areas on the following basis:

	Year 1 2007/8	Year 2 2008/9	Year 3 2009/10	Year 4 2010/11	Year 5 2011/12
West Sussex	12	6			
East Kent & Coastal		6	6		
Rother					
Surrey			6	6	
Brighton & Hove					6
West Kent				6	6
Medway*					
Total:	**12**	**12**	**12**	**12**	**12**

Figure 55 Critical Care Paramedics
SECamb Workforce Plan 2007-2012

**The lack of numbers for Critical Care Paramedics in Medway has been questioned with SECamb, and awaits clarification that this lack of data by PCT area may relate to the geographical location of the area call/dispatch centres being within the West Kent PCT area.*

Paramedic Practitioners
It is proposed that over the next 5 years the Paramedic Practitioners will be deployed in the PCT 'Operating Dispatch Areas' on the following basis:

	Year 1 2007/8	Year 2 2008/9	Year 3 2009/10	Year 4 2010/11	Year 5 2011/12
West Sussex	5	12	12	12	12
East Kent & Coastal	25	12		6	8
Rother		12	6		12
Surrey	5	12	12	18	24
Brighton & Hove		6	12	6	
West Kent		6	12	12	6
Medway			6	6	6
Total:	**30**	**60**	**60**	**60**	**68**

Figure 56 Paramedic Practitioners
SECamb Workforce Plan 2007-2012

4.92 Medway PCT Education and Training

In addition, Medway PCT commission some education and training for staff continuing professional development. The diagram below illustrates the required, approved and uptake by the PCT of Personal Training days funding for professional development from the SHA between 2005 and 2009:

Medway PCT - Secondments/Sponsorships

	2008-2009			2007-2008			2006-2007		2005-2006	
	Req	Approved	Taken Up	Req	Approved	Taken up	Approved	Taken up		Taken up
Nursing - Adult	3			4	3	1*	3	1		2
Foundation Degree (OT pathway)				0	1	1				
EN Conversion				2	2	0	2	1**		1
Community Nursing:										
District Nurse	1			3	2	1	3			
Health Visitor	4			3	3		3			
Nurse Practitioner	1			2	2		1	1		
Practice Nurse	0			1	1		2			
OT Helper	0			2	2	2		1		2
Podiatry Helper	0						2	1		
Speech & Language Helper	1									
Physiotherapy Helper	1			1	1	1	2	2		
	11			**18**		**5**	**18**	**6**		**5**

* GP practice HCA + possible additional 4 pilot community pathway students
** Candidate unable to take up as did not meet entry requirements

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Figure 57 Medway PCT Education and Training

4.93 Education Commissioning for 2009/10

The South East Coast SHA, are currently providing a programme of work to assist PCT's in building capacity for Education Commissioning to meet new responsibilities. Dialogue is still taking place as to certain areas, particularly smaller professions, which will need to be commissioned at a regional or national level. For the more prominent professions, such as Nursing and Midwifery, local health community Strategic Workforce Plans will be required to include education commissioning intensions, based on dialogue with Commissioners, Service and Education Providers. The format for consultation is by Local Education Partnership Groups and the Strategic Workforce Planning Group.

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		Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
LPG	LPG's submit final iterations of workforce plans												
SHA	WRT request for Workforce/Commissioning activity												
SHA	Contract Reviews with HEI's												
SHA	Finance and Commissioning data submitted to DH												
SHA	Data submitted to DH regarding MPET Review												
NHS	Publication of MPET and Next Stage Reviews												
NHS	WRT Recommendations out for consultation				14th								
LPG	LPG's submit Indicative commissioning intentions to SHA				31st								
SHA	Evaluate high level Contracted Commissioning needs for 2009/10												
NHS	Closing date for WRT recommendations					18th							
SHA	Notify HEI's re changes to activity for academic year 2009/10						1st						
SHA	Request for in service commissions												
SHA	Board to receive high level data around 2009/10												

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	commissions																								
NHS	Publication of WRTs recommendations for 09/10												15th												
LPG	LPG's submit 2nd draft of commissioning intentions to SHA												30th												
LPG	LPG's submit in service commissions to SHA												30th												
LPG	Workforce plans refresh 09/10 (TBC)																								
SHA	Notify HEI's re changes to activity for academic year 2009/10															1st									
SHA	Finance and Commissioning data submitted to DH																								
LPG	LPG's submit final draft of commissioning intentions to SHA																30th								
SHA	Contract Reviews with HEI's																								
SHA	Board sign off commissions																								
SHA	Notify HEI's re changes to activity for academic year 2009/10																			1st					
LPG	Workforce plans refresh 09/10 (TBC)																								
SHA	Confirmation to HEI's and NHS of in service commissions																								
SHA	Advise Student Grants Unit of potential bursaried commissions																								

LPG	Workforce plans refresh 09/10 (TBC)																								
SHA	Budget for 2009/10 submitted to main SHA Board																								

Figure 58 South East Coast SHA Education Commissioning Timeline

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Education Commissioning 2nd Milestone figures to inform 2009/10 Education Commissions were submitted to the South East Coast SHA on 31st October, 2008 after verbal and written consultation with both Local Partnership Groups, as follows:

Total Medway LHC Education Commissions indicated for 2009/10

	University >>>>	Total all Contracted providers			
	Intake Dates >>>>	Sept '09	Feb '10	May '10	Total
Degree/Diploma	Adult	80.0	20.0	0.0	100.0
	Child	4.0	4.0	0.0	8.0
	Learning Difficulties	2.0	0.0	0.0	2.0
	Mental Health	6.0	5.0	1.0	12.0
	Nursing Total	92.0	29.0	1.0	122.0
Degree	Midwifery	8.0	8.0	0.0	16.0
Degree (18 Month)	Midwifery	4.0	0.0	0.0	4.0
	Midwifery Total	12.0	8.0	0.0	20.0
Degree	Dieticians	3.0	0.0	0.0	3.0
	Occupational Therapy	10.0	0.0	0.0	10.0
	Physiotherapy	7.0	0.0	0.0	7.0
	Podiatry/Chiropody	2.0	0.0	0.0	2.0
	Radiography (Diagnostic)	1.0	9.0	0.0	9.0
	Radiography (Therapeutic)	0.0	0.0	0.0	1.0
	Speech & Language Therapists	3.0	0.0	0.0	3.0
Masters	Rehabilitation Science	0.0	0.0	0.0	0.0
	Health through Occupation	0.0	0.0	0.0	0.0
	Allied Health Professions Total	26.0	9.0	0.0	35.0
Degree	Bio Medical Science	2.0	0.0	0.0	2.0
	ODP	6.0	0.0	0.0	6.0
Doctorate	Clinical Psychologists	0.0	0.0	0.0	0.0
	Clinical Psychologists (SoE)	0.0	0.0	0.0	0.0
	Health Care Scientists Total	8.0	0.0	0.0	8.0
	Non Medical Prescribing	4.0	0.0	0.0	4.0
	Cardiacphysiology	1.0	0.0	0.0	1.0
	Haematology (Masters)	1.0	0.0	0.0	1.0
	Non Medical Precribing Total	6.0	0.0	0.0	6.0
Assistant Practitioners/Foundation Degrees					
Confirmed but not against any pathway		7.0	0.0	0.0	7.0
Pathway		0.0	0.0	0.0	0.0
Pharmacy		1.0	0.0	0.0	1.0
Medicine Management		1.0	0.0	0.0	1.0
Physiotherapy		0.0	1.0	0.0	1.0
	Assistant Practitioner/Foundation Degree Total	9.0	1.0	0.0	10.0
	Total ALL CONTRACTED Commissions	153.0	47.0	1.0	201.0

Figure 59 Total Medway LHC Education Commissions indicated for 2009/10

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Bursaried Education Commissions

		Medway			
	University >>>>	Total all Contracted providers			
	Intake Dates >>>>	Sept '09	Feb '10	May '10	Total
Degree/Diploma	Adult	80.0	20.0	0.0	100.0
	Child	4.0	4.0	0.0	8.0
	Learning Difficulties	1.0	0.0	0.0	1.0
	Mental Health	6.0	5.0	1.0	12.0
	Nursing Total	91.0	29.0	1.0	121.0
Degree		8.0	8.0	0.0	16.0
Degree (18 Month)		0.0	0.0	0.0	
	Midwifery Total	8.0	8.0	0.0	16.0
					0.0
Degree	Dieticians	3.0	0.0	0.0	3.0
	Occupational Therapy	10.0	0.0	0.0	10.0
	Physiotherapy	7.0	0.0	0.0	7.0
	Podiatry/Chiropody	2.0	0.0	0.0	2.0
	Radiography (Diagnostic)	1.0	9.0	0.0	9.0
	Radiography (Therapeutic)	0.0	0.0	0.0	1.0
	Speech & Language Therapists	2.0	0.0	0.0	2.0
Masters	Rehabilitation Science	0.0	0.0	0.0	0.0
	Health through Occupation	0.0	0.0	0.0	0.0
	Allied Health Professions Total	25.0	9.0	0.0	34.0
Degree	Bio Medical Science	0.0	0.0	0.0	0.0
	ODP	6.0	0.0	0.0	6.0
Doctorate	Clinical Psychologists	0.0	0.0	0.0	0.0
	Clinical Psychologists (SoE)	0.0	0.0	0.0	0.0
	Health Care Scientists Total	6.0	0.0	0.0	6.0
	Non Medical Prescribing	4.0	0.0	0.0	4.0
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
	Non Medical Precribing Total	4.0	0.0	0.0	4.0
Assistant Practitioners/Foundation Degrees					
Confirmed but not against any pathway		7.0	0.0	0.0	7.0
Pathway		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
	Assistant Practitioner/Foundation Degree Total	7.0	0.0	0.0	7.0
	Total ALL CONTRACTED Commissions	141.0	46.0	1.0	4.0

Figure 60 Total of Medway LHC Intended Bursary Education Commissions Indicated for 2009/10

APPENDIX E – WORKFORCE PLAN

Seconded Education Commissions

		MEDWAY			
	University >>>>	Total all Contracted providers			
	Intake Dates >>>>	Sept '09	Feb '10	May '10	Total
Degree/Diploma	Adult	0.0	0.0	0.0	0.0
	Child	0.0	0.0	0.0	0.0
	Learning Difficulties	1.0	0.0	0.0	1.0
	Mental Health	0.0	0.0	0.0	0.0
	Nursing Total	1.0	0.0	0.0	1.0
Degree		0.0	0.0	0.0	0.0
Degree (18 Month)		4.0	0.0	0.0	4.0
	Midwifery Total	4.0	0.0	0.0	4.0
Degree	Dieticians	0.0	0.0	0.0	0.0
	Occupational Therapy	0.0	0.0	0.0	0.0
	Physiotherapy	0.0	0.0	0.0	0.0
	Podiatry/Chiropody	0.0	0.0	0.0	0.0
	Radiography (Diagnostic)	0.0	0.0	0.0	0.0
	Radiography (Therapeutic)	0.0	0.0	0.0	0.0
	Speech & Language Therapists	1.0	0.0	0.0	1.0
Masters	Rehabilitation Science	0.0	0.0	0.0	0.0
	Health through Occupation	0.0	0.0	0.0	0.0
	Allied Health Professions Total	1.0	0.0	0.0	1.0
Degree	Bio Medical Science	2.0	0.0	0.0	2.0
	ODP	0.0	0.0	0.0	0.0
Doctorate	Clinical Psychologists	0.0	0.0	0.0	0.0
	Clinical Psychologists (SoE)	0.0	0.0	0.0	0.0
	Health Care Scientists Total	2.0	0.0	0.0	2.0
	Non Medical Prescribing	0.0	0.0	0.0	0.0
	Cardiacphysiology	1.0	0.0	0.0	1.0
	Haematology (Masters)	1.0	0.0	0.0	1.0
		0.0	0.0	0.0	0.0
	Non Medical Precribing Total	2.0	0.0	0.0	2.0
Assistant Practitioners/Foundation Degrees					
Confirmed but not against any pathway		0.0	0.0	0.0	0.0
Pathway		0.0	0.0	0.0	0.0
	Pharmacy	1.0	0.0	0.0	1.0
	Physiotherapy	0.0	1.0	0.0	1.0
	Foundation Degree Medicine management	1.0	0.0	0.0	1.0
		0.0	0.0	0.0	0.0
	Assistant Practitioner/Foundation Degree Total	2.0	1.0	0.0	3.0
	Total ALL CONTRACTED Commissions	12.0	1.0	0.0	13.0

Figure 61 Total of Medway LHC Intended Seconded Students 2009/10

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4.92 Education and Training Reforms and Opportunities

Leadership, Management Training and Talent Management
Current government reforms to education have a strong emphasis on vocational qualifications, in particular promoting 14-19 diplomas, Foundation Degrees and Apprenticeships.

- **The 14-19 diploma in Society, Health and Development** is due to be rolled out in 3 Medway Schools and Mid Kent (FE) College in September 2008. A local Strategic Partnership is in place and a local delivery partnership is also in place. The PCT is represented at both groups. The diploma will have consequences around work experience placements for young people, particularly in relation to the health and safety regulations applying to young people, CRB checks and capacity of employers to place. The PCT will be working with partners to look at creative placements within the Society, Health and Care sectors. Conversely the diploma provides an excellent opportunity for raising awareness of the wide range of careers available in the Health and Social Care sectors and Skills for Health are keen to see Health Ambassadors to compliment the equivalent role in the Care Sector.

- **Foundation Degrees** – Medway is in a unique position and has four Universities operating within one campus, and a Further Education College, due to relocate to a site adjoining the University campus in 2009. A limited amount of Foundation degrees have been implemented at present. There are currently 30 participants studying for Foundation Degrees at Canterbury Christ Church University, of which there are 17 Assistant Practitioner routes at present.

  Medway PCT is currently working in partnership with the Life Long Learning Network and the Acute Trust to develop and pilot a Foundation Degree for Administrative and Clerical staff. An Administrative & Clerical Training group has been established to identify training needs and an event planned for May 2009 to bring partners, including Higher Education together to clarify content and validation processes. It is hoped that this will inform closer working with the Universities to develop 'Employer Led' education and training.

  - In addition Mid Kent College is delivering a Foundation Degree in Bio-Sciences at the Kent Science Park in Sittingbourne.

Train to Gain
The PCT signed the 'Skills Pledge' in June 2008, and in partnership with the Strategic Health Authority and Medway Acute Trust has participated in a mapping of skills within the Agenda for Change bands 1-4, to inform the increased data held on ESR and to identify need and possibilities for future progression. Medway PCT is keen to develop and provide progression opportunities for the band 1 – 4 workforce as a priority. Currently the PCT has a response rate of 33% and follow up is

anticipated to take place, with an ESR data cleansing survey. Results to date show the following levels of qualifications held by bands 1-4:

Qualifications of Bands 1-4

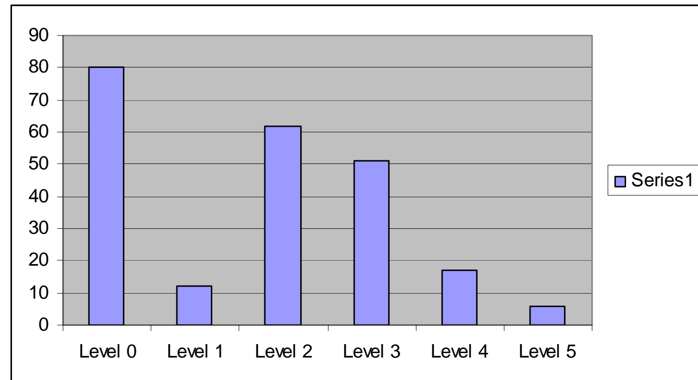

Figure 62 Qualifications of Bands 1-4
Medway PCT, Qualifications Survey, 2008

The questionnaire also asked if staff would like to undertake further education or training, and the following diagram shows the interest in the particular group of staff:

Bands 1-4 Interested in further education or training

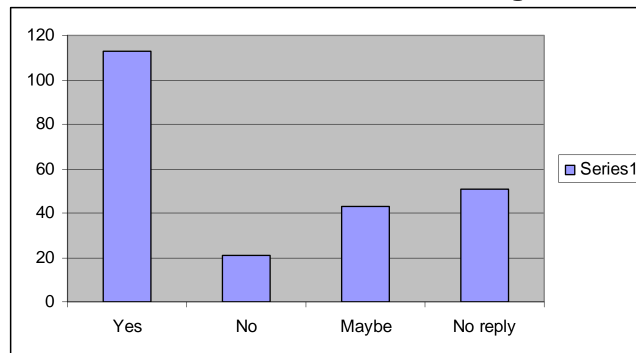

Figure 63 Bands 1-4 Interested in further education or training

The expansion of Train to Gain for volunteers provides an excellent opportunity for the Local Health Economy to progress qualifications and support the unpaid workforce.

5. Areas of Risks and Contingency Plans

5.1 Talking Therapies

Mental Health is has been identified as a priority by the PCT and Local Authority and is a Local Area Agreement target. To meet the requirements of Our Health, Our Care, Our Say, services will need to be aligned to meet patient needs, preventing escalation of Mental Health issues and therefore reducing the number of complex cases that require admission to an Acute Setting. Currently the Kent and Medway NHS Partnership Trust is

preparing an application for Foundation Trust Status, and a comprehensive workforce plan is not yet available. The Partnership Trust are expecting an expansion of the Forensic Service they provide, but are not expecting a large expansion of Specialist Mental Health Workers, although there could be some service re-design. The Strategic Commissioning Plan provides statistics on admissions and bed days in Bipolar Disorder, Dementia, Depression and Schizophrenia. The diagram below shows the increase in admissions for four mental health issues, to Medway Hospital in 2005-6, compared to 2004-5. The high increase could be due to re-coding of diagnosis, or change in services, rather than increased incidence rates.

Increase in Mental Health Admissions to Medway Hospital 2005-6

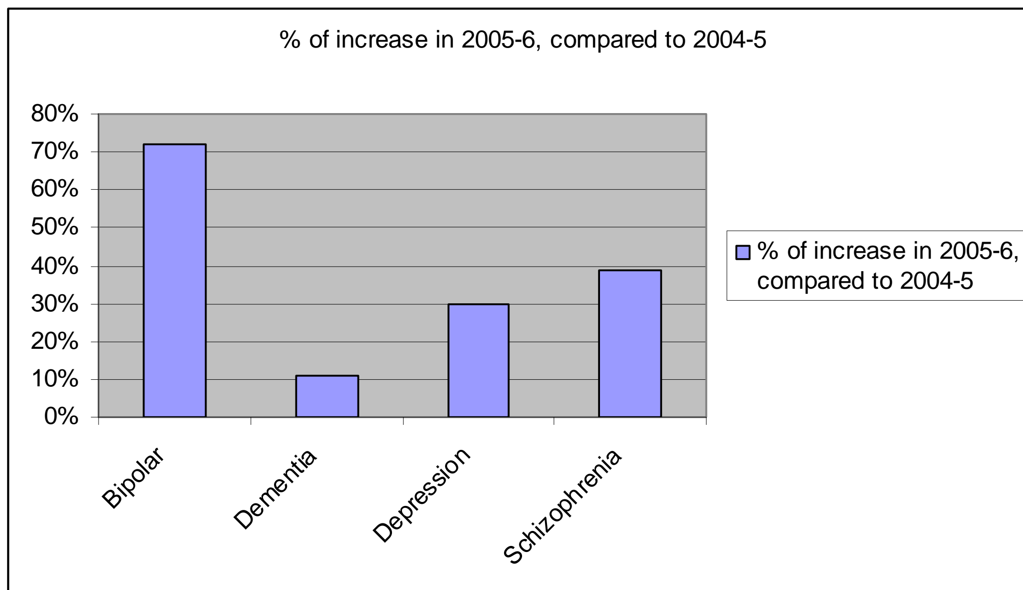

Figure 54 Mental Health Admissions 2005-6

The PCT, however, are committed to increasing talking therapies, and New Ways of Working provides a framework suggesting the development of Support, Time and Recovery Workers (STR), possibly trained at Foundation Degree Level (equivalent to Band 4). The cost of employing, for example 10 STR workers at band 4, would be approximately £231,600. Medway PCT are the lead commissioning PCT for Mental Health Services and will be working closely with partners**,** Service Users and Careers, to ensure that services are tailored to meet service user and carer needs, whilst aiming for higher recovery and independence.

To ensure a smooth transition of the significant volume of change will require further capacity and support in workforce development and planning.

5.2 Midwifery

Midwifery has been identified as a 'hotspot' due to the uncertainty of demand. Birthrates have risen nationally, but in Medway this is significantly higher than the region. The midwifery service are currently aiming to recruit 6 new midwives and do not anticipate recruitment from current supply to be an area of concern at the present time. The number of midwives to births is still higher than the national suggested ratio and should births continue to rise, in the longer term this will be an issue.

General Fertility Rate for Medway Unitary Authority in the years 2002 to 2006 inclusive

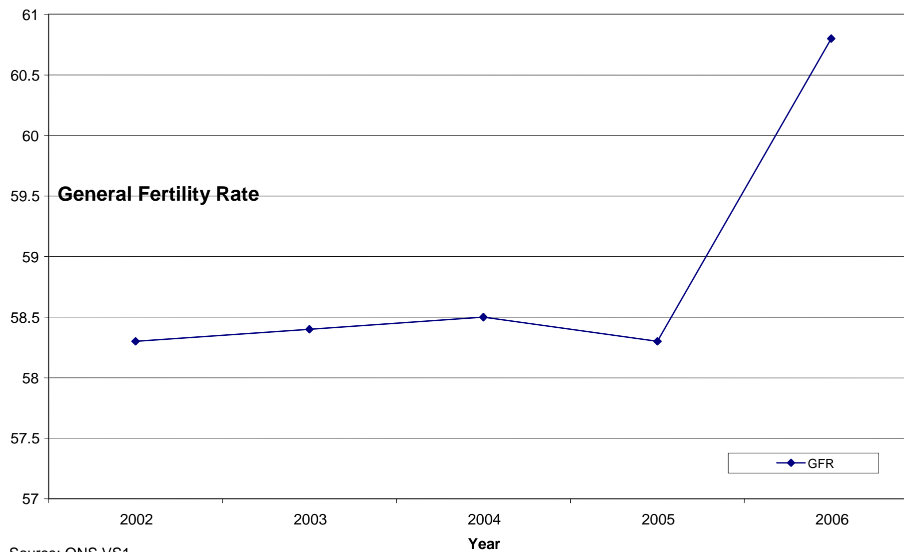

Figure 55 General Fertility Rate for Medway

Health Informatics, Preston Hall (December 2007)

The number of education commissioned places for midwives in the South East has been increased this year by the Strategic Health Authority, although there are still concerns that demand may exceed supply over the next five years. The PCT and Acute Trust are preparing a more detailed plan for this service, led by the Workforce Planning Lead for the PCT with the Head of Midwifery. Some of the conclusions to date are provided in the next few pages.

APPENDIX E – WORKFORCE PLAN

Current Midwifery Workforce

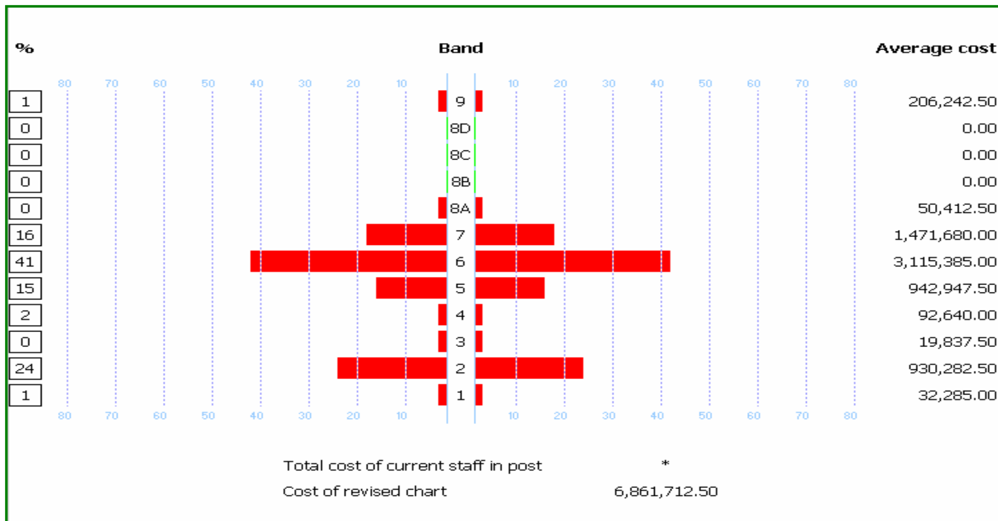

Figure 56 Current Midwifery Workforce

Anticipated increase of 6 midwives (currently agreed)

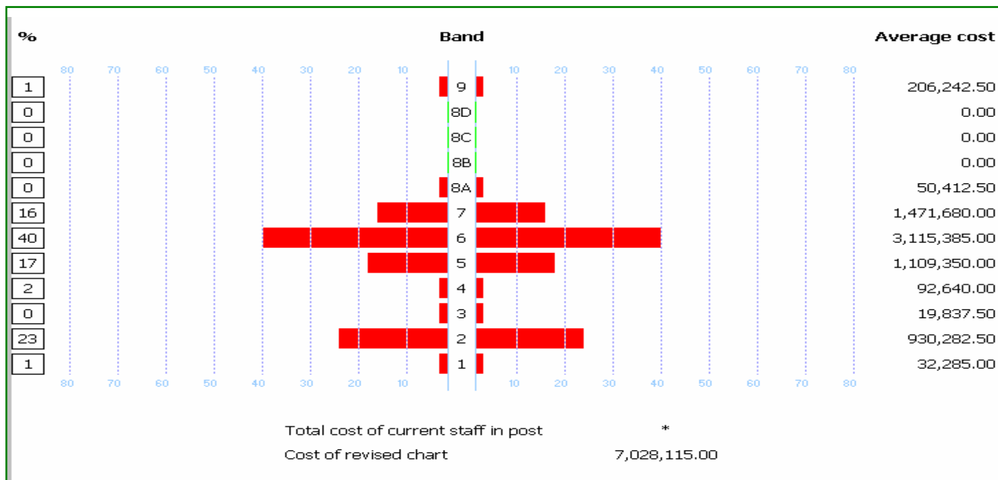

Figure 57 Currently agreed increase of Midwives

Recommended Workforce to meet suggested ration to births in 2005

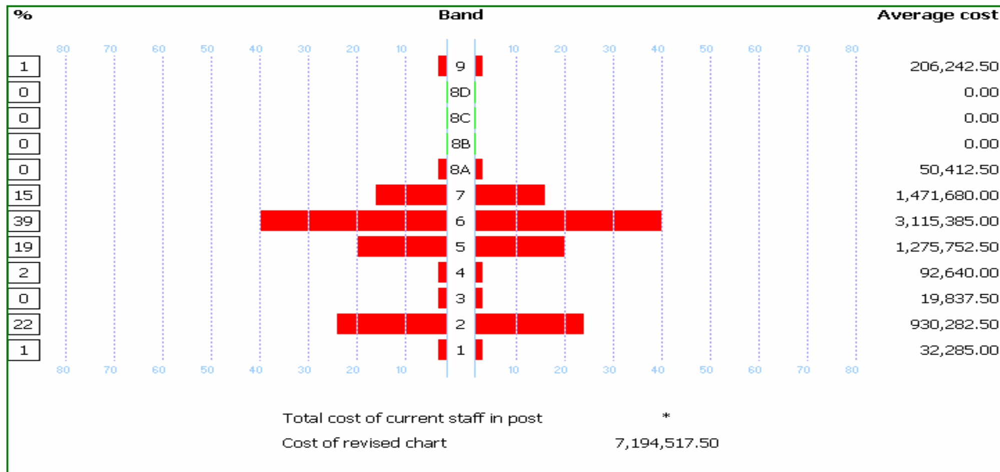

Figure 58 Recommended Workforce

In addition there are currently 18 midwives, aged 51 or above, that could possibly leave the workforce over the next 5 years. Should the Providers decide to increase the workforce by 12 midwives, and 18 midwives retire over the next 3 years, a total of 30 new midwives would be required. In addition, the uncertainty of patients choice of place, continuity, uncertain birthrates could add further demands on this workforce.

Age of Currently Employed Midwives

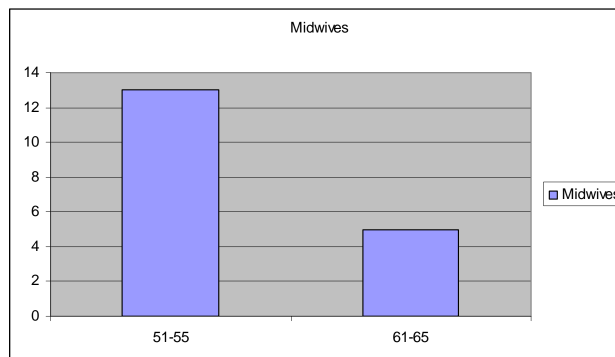

Figure 59 Age of Midwifery Workforce

APPENDIX E – WORKFORCE PLAN

Number of Midwives due to complete (MPET)
Canterbury Christ Church and University of Greenwich

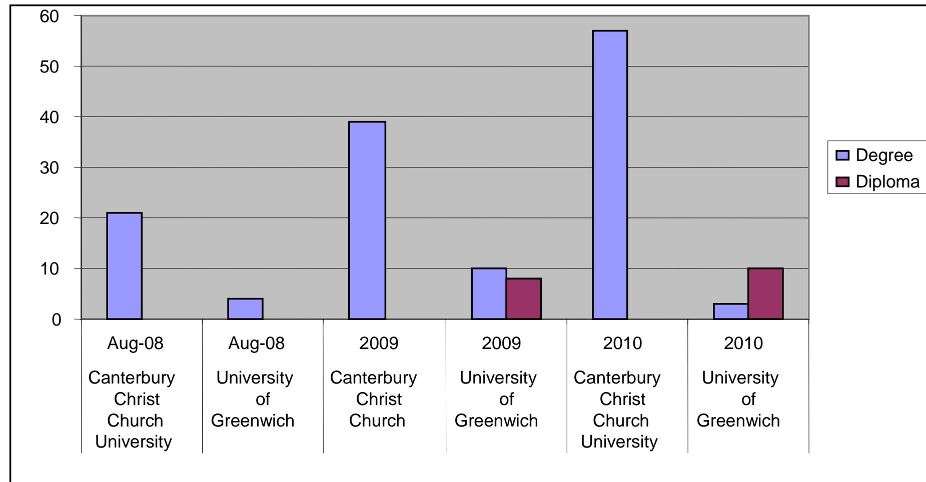

Figure 60 Number of Midwives due to complete training

The Education Commissioning statistics above indicate that approximately 98 midwives may be available for the workforce over the next 3 years, although attrition rates are approximately 20% for midwifery, therefore that number could be reduced to approximately this could be reduced to approximately 70. Another area for consideration is the supply to neighbouring PCT's, therefore, should this number be shared equally across the 3 Kent and Medway PCT's, this could reduce the share for Medway to approximately 23, leaving a significant shortage.

The Acute Trust and the PCT have established a working group, and a Service User Group to provide a detailed workforce plan for this service, to ensure that there is an appropriate workforce to meet user demands, whilst providing a quality service.

5.3 Children's Workforce

The Children's agenda is a shared between agencies, but led by the Local Authority. The Children and Young Peoples Plan for Medway, is currently developing a Workforce Plan. Much work has already taken place around integrated teams and joint training, but work remaining will focus on joint recruitment criteria, recruitment and retainment, particularly in areas of shortage and the Common Assessment Framework. Each organisation

has specific 'hotspots', and frequently these can be supplied by a similar pool of employees, therefore, sharing of information will be crucial to strategic success for the Children's Trust. Areas of particular concern for the NHS in Medway are:

School Nursing

With the Public Health role of the School Nurse likely to continue to increase, the current capacity is unlikely to be sufficient. Of more concern is the lack of student secondments entering this profession, usually one candidate per year, although a this academic year is expected to be fallow.

Health Visiting

Similarly to School Nursing, the Public Health role of this group of professionals is likely to increase significantly. As previously discussed, this is an older workforce, and succession roles are relatively low. The PCT have been successful in recruiting two secondments this year, but skill mix and progression routes need to be identified.

5.4 Movement of Services to Community

The PCT Strategic Commissioning Strategy continues to address the shift of services from the Hospital to Community settings. The PCT Integral Service Improvement plan highlights proposed change programmes to:

- Dermatology
- ENT
- Rheumatology
- Chronic Pain
- Gynaecology
- Urology
- Diabetes
- Orthopaedics
- Opthalmology
- Surgical Productivity Measures

The impact of change on the workforce is currently uncertain, as services and pathways are not yet at the implementation stage, but will be updated in both the Organisational Development and Workforce Strategies. Key stakeholder groups, including staff and patient representation will be involved in the re-design of services and commissioners will continue to link with Human Resources around workforce planning implications, to be included in the action plan in section 6 of the strategy, led by the Director of Commissioning.

5.5 Cancer and End of Life Care

The implementation of the Cancer Strategy (DOH) is currently led by the Kent and Medway Cancer Network. The focus of the strategy is again to ensure the patient experience is of quality and timely to ensure early diagnosis. This is likely to have three major implications for workforce. Firstly the shift of some services to local, rather than centralised locations, for example, both diagnostic and therapeutic radiotherapy. Not only is radiotherapy identified as a possible national 'hotspot', but there may be training issues relating to working in a community setting, rather than acute. In addition, the Kent and Medway Cancer Network have identified the area of communication, particularly in relation to early diagnosis, as the number of patients that do not attend referral to consultation, could relate to the patient not fully understanding the implications of referral. Cancer Research communication training has been used in certain areas and a similar programme would be useful in Medway.

5.6 Pharmacy

The pharmacy workforce is heavily dependent on locum work, and although supply appears to meet demand, there is a distinct lack of information relating to this workforce. As the Pharmacist role increases, particularly in the community setting, it will be necessary to obtain a clearer profile of this workforce. The Universities at Medway, are now delivering qualifications at most level, from Foundation Degree to Masters and should increase opportunities for a more stable workforce.

6. Local Health Community Action Plan

Section six of the Strategic Plan, provides a summary of the Local Health Community workforce plan for the next 5 years. Some areas of this section will have short term outcomes to align with National directives or legislation, such as the European Working Time Directive, Maternity Matters, 18 weeks referral to Treatment, in which the health and care sectors must evidence that they are meeting targets. Other areas that may include service re-design or new roles, such as provision of 'arm's length' services will have medium or long-term outcomes.

Vision for Medway

The desired workforce outcome would be to fulfil the recommendations of Lord Darzi's review, 'A High Quality Workforce' (DOH, 2008). Achievement will require two key actions:

- Close scrutiny of the current systems and the workforce that operate within them
- A shared vision and consensus throughout all organisations that provide healthcare

This vision is outlined in the Corporate Strategy for Health and Social Care, 'A Healthy Medway', and reflected in the Strategic Commissioning Plan and Operating Plan.

Method

The Human Resource Business Plan, Organisational Development Plan and Workforce Plan are intended to provide the methodology for creating a high quality workforce, and much work has already been developed towards fulfilling the organisation vision.

Medway are committed to 'Growing Our Own Workforce' and have worked extensively with the Universities at Medway, Life Long Learning to progress outlined in our Life Long Learning Plan. Talent Management and Succession Planning is undertaken, but will be formalised in the forthcoming plan. In addition Medway is participating in Improving Working Lives, Investors in People and LEAN programmes.

Recent education and training Programmes include:

- Leadership Skills
- Management Training
- Talent Management and Succession Planning
- Graduate Commissioning Programmes
- Widening Participation

Leadership and Management
Intense training for Board Members has been implemented and higher level management programmes are in place. Management programmes at all levels throughout the Trust are being explored.

Talent Management and Succession Planning

Kent and Medway have historically had difficulty in recruiting to higher level posts and in the current war for talent, have already developed processes to increase skills and capabilities within the organisation. These processes are now to be formalised and agreed in a Talent Management and Succession Plan.

Commissioning

A relatively new profession in the NHS, which has created recruitment issues across pockets of the South East. To overcome this, a graduate programme has been agreed with two posts from Medway being successfully recruited.

APPENDIX E – WORKFORCE PLAN

Widening Participation

Medway has participated in a pilot mapping of Bands 1-4 to identify qualifications and opportunities for education and training. A Foundation Degree for Administration and Clerical is currently being developed with Life Long Learning, Foundation Degree Forward and the Universities at Medway. Further opportunities for other groups are being explored through a series of workshops with employees and managers.

Workforce Planning

The PCT has made significant progression in the development of Workforce planning processes and there has been real improvement of the data accessible within the organisation through Electronic Staff Records (ESR). To meet the recommendations of 'A High Quality Workforce', the PCT intend to focus on the following:

- Engaging Clinicians, Doctors, Commissioners and Providers in the Workforce Planning Process
- Working with Nurses, Midwives, Health Visitors and other healthcare professional groups, to build capacity at all levels.
- Strengthening and building a high quality, responsive and flexible workforce able to fulfil Strategic Objectives, but more importantly to have an excellent understanding of local need that can inform services to the expectations and needs of the local people

The following draft action plan, highlights areas of planned work for the PCT, further work will be required as the Organisational Development Plan and Human Resources Plan are developed and approved by Board.

APPENDIX E– WORKFORCE PLAN

6.1 DRAFT ACTION PLAN

THEME	ACTIVITY	ACTIONS	TIMESCALE	OUTCOMES
Leadership and Management	Training to increase skills of Leadership Team and Senior Managers	Leadership Training for Board Senior Management Training	1 year (2008-9) Ongoing 2008-2011	Shared vision, values and processes Increased management skills, shared values and succession opportunities
Talent Management and Succession	Formal Plan to increase supply for high level posts	Plan currently being developed	December 2008	Increased supply for higher level organisation posts
Commissioning	To increase capacity and capability for Commissioning within PCT	Education and training opportunity identified – 2 posts currently recruited for graduate training	2008-2011	Increased skills and capacity for Commissioning
Widening Participation	Developing Bands 1-4 in line with PCT Life Long Learning Plan	Mapping of qualifications undertaken Follow up for non - responders Engagement of Service Leads Conference Development of programmes	June 2008 December 2008 January 2009 Ongoing 2008-11	Increased training opportunities and job satisfaction for bands 1-4 (No of employees that complete education or training, staff survey) Service Leads/ Managers engaging with IPR and progression of staff New programmes developed and evaluated (including impact on services and patient experience)

APPENDIX E – WORKFORCE PLAN

Workforce Planning	Engaging Clinicians, Doctors, Commissioners, Providers and Heads of Service in workforce planning	SHA Road-shows SHA Darzi Care-pathway events Local Health Community Event (multi-agency)	December 2008 January – June 2009 Before March 2009	Clinicians, Doctors, Commissioners, Providers and Heads of Service understand and engage in the process of workforce planning, including education commissioning
Strengthening and Building a High Quality Workforce that is flexible and responsive to change and local need	Organisation Wide	Organisational Development Plan Improving Working Lives Investors in People Equitable education and training opportunities	December 2008 Ongoing December 2009 Ongoing	A high quality organisation, with a motivated, responsive workforce with shared values, that consider the patient experience as central to role (Staff surveys, patient feedback)
Supporting the Commissioning Agenda	To ensure that both Commissioners and Providers are supported in service re-design and workforce planning	Workforce Planning advice and support for Commissioners and providers to ensure right workforce in 'right place at right time'	Ongoing	Service re-design reflects workforce considerations and is negotiated with providers of service, including professional development of staff
Children and Young People	To ensure that local Strategic Plans are included in workforce plans, in particular integrated teams, recruitment and retention	Children's Workforce Conference Joint recruitment and retention procedures Joint Education and training opportunities Common Assessment Framework	December 2008 Ongoing	Integrated teams Care pathways are appropriate with smooth transition and good communication between agencies. Joint recruitment and training criteria

APPENDIX E – WORKFORCE PLAN

				Common Assessment Framework achieved
Cancer and End of Life	Cancer diagnostic services are responsive to enhance early detection Good communication is used to ensure patient's are aware of importance of follow up Consultant appointments	Ensure Planning is aligned to Integrated Service Improvement Plans to ensure supply of diagnostic staff are available Appropriate and timely Communication training to be developed and offered to all relevant Primary Care Staff	Ongoing 2009-2011	Supply of Diagnostic staff meets demand for community programmes Primary Care staff feel confident in communicating difficult possibilities of prognosis

6.2 Monitoring and Review

Medway PCT acknowledges that this is the first year of production of a Strategic Workforce Plan and that there may be some gaps in data or information. In addition the current volume of change within the internal and external organisations is creating many areas of uncertainty, adding complexity to planning.

The Workforce Plan has been circulated to the Medway Strategic Health and Social Care Workforce Planning Group for consultation and comment and it is anticipated that one of the roles of this group will be to oversee and monitor actions on a quarterly basis.

The Workforce Plan will be presented to the PCT Board for approval, by the Director of Human Resources and will be reviewed by the PCT on an annual basis, but developments, particularly of priority areas identified in the Action Plan will continue to be included in the PCT plans as other Regional Workforce Plans are developed, in particular Mental Health and SECamb.

APPENDIX E – WORKFORCE PLAN

Appendix 1 – Strategic Health & Social Care Workforce Planning Group

Terms of Reference

MEDWAY STRATEGIC WORKFORCE PLANNING GROUP

HEALTH AND CARE

TERMS OF REFERENCE

Purpose

To increase the understanding and planning between health, care and education in Medway.

To ensure that the commissioning strategies and plans for the population of Medway are both informed by and informing of local health, education and care workforce development plans.

To oversee the development and implementation of plans which ensure the right health, education and social care workforce in the short, medium and long term for in the Medway economy.

Objectives

1. To provide Leadership and Strategic direction, including prioritising projects
2. Oversee the joint development of a strategic workforce plan for Medway that ensures workforce availability, with appropriate competencies.
3. Increase the understanding and planning between health, care and education around commissioning and provider responsibilities, for example, work placement opportunities.
4. Ensure equity and transparency of expenditure
5. Ensure that workforce planning, redesign and development are fully integrated with service and financial plans through enabling effective links .
6. Identify and prioritise workforce development plans critical to the delivery of commissioning intentions.
7. Develop and agree an annual programme of work which will ensure the group objectives are achieved.
8. Ensure information, support and resources are directed appropriately in support of strategic workforce planning objectives.
9. Governance of any devolved MPET funding
10. To influence education commissioning of professional and new roles across a range of partner agencies.

11. To consider the impact of national workforce strategies as these impact on the purpose and objectives of the group.

Reporting: To be agreed.

Meetings: Quarterly

Membership
Director of Human Resources and Organisation Development, Medway PCT
Director of Human Resources, Medway Maritime Hospital
Director of Mental Health Commissioning.
HR Business Partner Learning and Development
Representative of Commissioning Directorate
Representative of the Provider Directorate
HE Representative on behalf of Universities at Medway.
Representative from Social Care

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Appendix II
Kent and Medway Cancer Network
Improving Access to Psychological Therapies

Background

National IAPT Programme: The NHS has chosen 32 Primary Care Trusts around the country to deliver more talking therapies to people with depression and anxiety disorders this year.

What is 'IAPT'?

- The Regional Improving Access to Psychological Therapies programme (IAPT) is sponsored by Kent and Medway Mental Health Commissioners and delivered by KCA and Kent & Medway Partnership Trust (KMPT).
- The new funds will help the NHS create a new workforce that can offer properly supervised low intensity therapy, using stepped models of care, reducing waiting times for talking therapies, and helping patients achieve a level of recovery that they can clearly see.
- This is in line with the evidence from clinical trials that has been independently reviewed by the National Institute for Health and Clinical Excellence (NICE).
- Over the next three years, the Kent and Medway programme will train over 40 therapists and offer over 4600 treatment sessions

Current Position

A phased approach is being taken to implement IAPT in Kent and Medway, with posts being commissioned to either Kent and Medway NHS Partnership Trust, or KCA, depending on preference and suitability of geographical area. To date, interest in posts has been high, with over one hundred applicants for each cohort of posts.

West Kent PCT Area

Maidstone became the Expansion Site for Kent and Medway and posts were recruited in September 2008 as follows:

5 High Intensity
3 Low Intensity

Eastern and Coastal Kent PCT Area

Recruitment is currently being completed for:

12 Low Intensity (localities to be confirmed)

Medway PCT Area

5 Low Intensity

APPENDIX F - INFORMATION TECHNOLOGY STRATEGY

MEDWAY PRIMARY CARE TRUST

INFORMATION AND MANAGEMENT TECHNOLGY (IM&T STRATEGY)

1. Introduction

Medway PCT has a culture of using electronic systems and media to support clinical and business practice throughout the organisation. Major strides have been taken in recent years to include clinical staff with more reliable equipment and infrastructure, and to develop ways of working which use local and national initiatives to support staff in having the right information, in the right place at the right time.

1.1 Plurality of Provision

While the PCT is engaged in deploying the NHS Connecting for Health, CRS Cerner Millennium product to community services, it must not lose sight of other providers and their requirement to give and receive information. Strategic partners such as Medway Council, the Independent Sector and Independent Contractors have their own requirements and obligations. The deployment of central systems should not detract from the need to share information between agencies.

Within a healthcare market place information is the key to establishing service costs and outcomes. Any development of systems must ensure that Medway PCT's Provider Services remain empowered with effective service planning and management information. This information will also result in commissioners being able to assess demand and the efficacy of patient pathways using PCT services.

Attention must be given to local initiatives to support inter-agency working and the quality and robustness of information received. This will be achieved by relevant local deployment within the national framework which will continue to build on the strong foundation achieved over the last 5 years.

1.2 Management of Patient Demand

The information held on our clinical systems is the key to understanding our population and interpreting its needs and use of our services. Medway PCT already has vital information on community services which allows us to understand referral rates and sources.

We need to ensure that this resource is comprehensive, by enabling staff to contribute information to this repository and

ensuring they understand that better service design and delivery comes from understanding the information we hold on our population.

Medway PCT will continue to invest in systems for General Practice – we understand that vital longitudinal information on our patients; their health, their treatment and lifestyle choices is held on these systems. Encouraging quality in data collection, information governance and system security will ensure that the information collected is fit for sharing and populating systems from which where we derive our business intelligence.

1.3 Efficiency

All organisations across the local health community have responsibilities to deliver against national initiatives such as the NHS Plan, Payment by Results, NHS Staff Record, Agenda for Change etc. Service redesign will result in an increasing appetite for information to substantiate the benefits of change. Staff and patients need to be engaged in evidence based discussions around providing the best health care in the appropriate environment. Information is the key to reliable evidence; reliable evidence is the key to benchmarking services and maximising the benefits from lessons learned.

In addition to the requirement to meet national targets, the strategy supports the changing structure of the local NHS. The PCT and its partners in the local heath community (Medway NHS Trust and Medway Council) are establishing their relationship following PCT re-organisation. The nature of the relationship, and the information requirements and IT to support this, will inevitably change as payment by results and integrated working become established – and as more information is required of providers, requirements will need to be included in interagency agreements.

1.4 Following Patients thorough Pathways

Systems will need to demonstrate an ability to follow the patient flow. This information will allow us to establish the efficacy of treatment in a variety of clinical settings and enable modelling of current trends and future demand.

The organisation will need to integrate the information it holds in information silos and work to ensure that information repositories reflect the needs of commissioners and service providers. The ability to identify points in the patient pathway where care options and outcomes can be reviewed and where care passes from one organisation to another is vital in knowing our population and reflecting their needs through the provision of services.

APPENDIX F - INFORMATION TECHNOLOGY STRATEGY

2. The National Context

Better information leading to better health and care for every patient is at the heart of the delivery of the National Programme for IT. By transforming the way information flows around the health service, it is possible to deliver faster, safer and more convenient patient care, whilst giving patients the information they need to look after their own health.

Systems being deployed under the National Programme include:

- NHS Care Records Service (NHS CRS)
- Choose and Book
- Electronic Prescription Service (EPS)
- National Network (N3)
- Picture Archiving and Communications Systems (PACS)
- Support for Primary Care including the Quality Management and Analysis System (QMAS).
- The NHSmail and Directory Service.
- GP 2 GP Messaging

With the exception of CRS all the systems above have been installed and are functioning locally:

- Medway PCT currently has Choose and Book deployed and well established in General Practices. At the end of the financial year 2006/7 41% of GP referrals were made using the Choose and Book system.
- Electronic prescribing software is active in 50% of practices at the start of 2007/8. The PCT will be an early adopter of the phase 2 EPS software – which allows the prescription to go from the practice to a patient nominated pharmacy electronically, without the need for a printed FP10, with the consequent reduction in risk of transcription errors and adverse patient reactions.
- QMAS has been active in practices for the past since 2004. The Quality Management and Analysis System gives GP practices feedback on the quality of care delivered to patients measured against national achievement targets detailed in the GMS (General Medical Services) contract.
- PACS has been deployed in all acute units in Kent and Medway, and deployment of image viewing in the Community and Primary Care settings is underway.
- Medway PCT currently has over 950 NHS.net email accounts, enabling staff to collect email at any internet enabled site and

providing a secure method of communicating patient identifiable information between clinical settings.

- Deployment of the GP 2 GP messaging service, which transfers patient records electronically between GP practices and systems when a patient moves practice, will commence in co-operation with Kent Primary Care Agency. Practices will be contacted to agree go live dates from July 2007 onwards.

While all GP practices and all but 2 branch sites now have a New NHS Network (N3) connections, connection of the wider Kent and Medway Community of Interest Network, encompassing PCT, Mental Health and Acute Hospital sites, has commenced and will be completed this calendar year.

The Care Record Service deployments are in the early stages of deployment in Kent and Medway, with North East Kent (Medway Trust, Medway PCT and the Swale area) anticipating go live in early 2009– well documented issues with the software have caused delays with the proposed date for implementation.

Recently, changes to the governance arrangements of both these projects lay additional obligations on the local health community in relation to Programme Governance. Medway PCT takes an active role in these arrangements, helping to ensure probity and best value in the deployment of national systems.

Objectives

The PCTs specific objectives will vary over the coming years but will be based upon the following five strategic goals:

Best Skills for Better Services

Commission only the best skills in the community to:

- engage with local people to deliver high quality health improvement strategies
- drive forward innovation focused on better outcomes of care

Health and Social Care – Community Hubs

Deliver locally accessible health and social care community hubs as a:

- setting of care offering communities excellence in service provision
- focus for the rebuilding of communities
- settings of care for local people developed by local people
- space for the emergence of social enterprise

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Market Place For Secondary Care

Develop an effective market place for secondary care which delivers:

- choice and plurality of provision
- speedy access to emergency services
- access to specialist networks of care

Raising the Patient Voice

Raise the patient voice in shaping service delivery in:

- information to improve access and choice
- consultation in setting priorities
- engagement in setting standards and monitoring performance
- participation through self management and community development

Making Every Pound Count

Make every pound count by commissioning care:

- based on local health needs assessments
- through the use of evidence based decisions
- in the right place, by the right people at the right time
- by an organisation fit for purpose
- within a robust financial and risk management framework

Aims

The aim of the IM&T strategy is to put technology at the heart of the business, as a support tool which adds value to the organisation. IM&T investments should be visible to both staff and patients and should improve the patient experience rather than intrude on the delivery of care.

To underpin this vision the organisation is committed to ensuring that local developments planned for the next 10 years will be aligned with the national direction as well as meeting local service needs and provide value for money by maximising the investment planned under the National Programme for IT.

The key deliverables are:

- To maximise the use of technology in improving access to healthcare
- To continue to be a leader in systems and information for Provider Services
- To use e-communications (email, SMS messaging) in a way that streamlines business processes and patient care.

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- To work towards an integrated patient record, in line with the National Programme for IT, engaging with the North East Kent deployment as software to improve the patient journey becomes available.
- To enable rapid sharing of appropriate information with partner organisations in health and social care
- To move towards mobile working, which allows information to be available at the point of care
- To demand that IT solutions are deployed in an environment that is robust, safe, fast and secure.
- To ensure that the deployment of new systems and software are relevant to the local and national context and meet defined security and governance standards.
- To continue to improve Data Quality standards from providers and contractors

These deliverables map to Medway PCTs strategic goals as follows:

Strategic Goals	Deliverables
Best skills for better services	Continue to be a leader in systems and information for our Provider Services. Using e-communications in a way that streamlines business processes and patient care. To enable rapid sharing of appropriate information with partner organisations in health and social care. To work towards an integrated patient record, in line with the National Programme for IT. To move towards mobile working, which allows information to be available at the point of care
Health and Social Care – Community Hubs	To enable rapid sharing of appropriate information with partner organisations in health and social care. To work towards an integrated patient record, in line with the National Programme for IT. To ensure that the deployment of new

	systems and software are relevant to the local and national context and meet defined security and governance standards.
Market Place for Secondary Care	Improve data quality standards from providers and contractors. To demand that IT solutions are deployed in an environment that is robust, safe, fast and secure. To ensure that the deployment of new systems and software are relevant to the local and national context and meet defined security and governance standards.
Raising the patient voice	Maximise the use of technology in improving access to healthcare. Using e-communications in a way that streamlines business processes and patient care. To demand that IT solutions are deployed in an environment that is robust, safe, fast and secure.
Making every pound count	Using e-communications in a way that streamlines business processes and patient care. Continue to be a leader in systems and information for our Provider Services. To move towards mobile working, which allows information to be available at the point of care. To demand that IT solutions are deployed in an environment that is robust, safe, fast and secure. To ensure that the deployment of new systems and software are relevant to the local and national context and meet security and governance standards.

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Appendix 1 shows goals and deliverables mapped to projects with indicative costings for the years 2007 – 2010. Costs for 2007/8 map to current budgets. Future years will require successful LDP bids.

5. Key Themes

Strategic areas for IM&T within the organisation can be divided into 5 broad areas, each with its own specific requirement for information, data quality initiatives and development. Developments in IM&T will be prioritised and funded in relation to the objectives above for all areas of the IM&T service. These 5 areas are:

- General Practice and Independent contractors
- PCT Provider Services
- Commissioning
- Business and Service Administration
- Kent and Medway wide deployments

5.1 GPs and Independent Contractors

General Practice is the custodian of core information on our patients and their health over their lifetime. Under the GMS contract the PCT has a responsibility to equip practices appropriately to ensure that this record can be maintained electronically and to provide the infrastructure which will underpin national deployments to general practice.

Medway PCT will:

- Continue to maintain practice infrastructure and work to ensure parity in provision across Kent and Medway.
- Support the deployment of NHS Connecting for Health systems and software to improve patient access and interoperability between systems.
- Work closely with practices to improve the use of systems and promote excellent standards of governance and data quality.
- Work with NHS Connecting for Health and the Local Service Provider to ensure that systems develop to meet the needs of GPs and their patients.
- Take advantage of the GP Systems of Choice initiative to provide robust safe systems which meat national standards while ensuring best value for the PCT.
- Enter dialogue with other independent contractors regarding the safe transfer of information and how IM&T can develop the service they provide our population.

5.2 PCT Provider Services

Medway PCTs Provider Services will require information not only with regard to patient care, but will need to develop robust management information services to ensure their efficiency in a market place of providers and to ensure service developments follow the direction outlined in the white paper, Our Health, Our Care, Our say (2006).

While staff also require access to the systems and services that make up the administration component, development of IM&T to meet the needs of changing service delivery and integrated working with partner organisations will define the systems required in future.

Provider Services will need to engage fully with the deployment of CRS and associated clinical systems. While there may be reservations regarding current functionality and the capabilities of the "community element", it will only be by engagement that the organisation can effect the design and delivery of the product.

Medway PCT will:

- Work with staff to make systems mobile and integrated, ensuring the right information is available at the point of care and to develop business systems.
- Work with systems developers to ensure that the clinical information can provide effective service management information to drive efficiency and provider setting.
- Engage with the CRS project to ensure adoption of new releases as and when they match the functionality and capability of existing systems.
- Work with staff to promote data quality and compliance with the regulatory framework supporting the NHS Care record Guarantee.
- Encourage innovation and development in the use of IM&T to support the delivery of care across integrated care teams and pathways.
- Develop staff to make full use of the technology available.

5.3 Commissioning

Medway PCT will be commissioning care from an ever wider network of NHS and independent providers. To ensure that delivery matches requirement the PCT will need to be assured that providers are supplying information with honestly and accurately reflects the work done and the outcome of service developments. The commissioning role requires that we develop our skills in

manipulating data to support sound purchasing for the Medway population.
The PCT must be able to describe the information it requires to providers and will need tools to monitor their IM&T capabilities, including the information requirement in SLAs.

Medway PCT will:

- Work with providers to ensure that the information provided meets requirements and that systems are in place to ensure its accuracy.
- Work with the Kent and Medway Health Informatics Service to develop business monitoring tools and data warehousing facilities, and access expertise in data management and manipulation.
- Support providers in the deployment of national systems.
- Ensure systems reflect performance against key national targets and local initiatives.
- Facilitate the Registration Authority and information governance in independent sector providers.
- Develop services to providers out with the scope of the National Programme for IT. (eg Prison Health Care, ISTCs)

5.4 Business and Service Administration

Medway PCT has worked to develop a culture where technology assists working practice. Staff have been quick to see the benefits that more electronic working can bring to all the elements of the organisation, and frustration is evident where technology deployment cannot keep apace with the service vision.

Over the past 5 years numbers of desktop PCs have doubled and networks have reached every PCT location. Staff use email as the primary method of communication and the organisation has adopted the national SBS system for Finance and ESR for staff records. Staff have engaged with e-learning processes, electronic appointment booking and clinical systems, and reliance on technology requires that support structures are defined and robust to underpin the business need for these systems.
Medway PCT will:

- Work with shared service organisations to ensure best value for money in all IM&T related procurements
- Work with staff to ensure that robust business continuity procedures are in place and tested.
- Investigate new ways of working to maximise the efficiency of IM&T assets

- Ensure that deployments of business related software meet our needs in relation to Key Performance Indicators, Freedom of Information and related NHS and legal frameworks
- To ensure that infrastructure is not only fit for purpose, but "future-proofed".
- Ensure that support, both for staff and technology, is timely and reflects the current assets of the organisation.

5.5 Kent and Medway Developments

Medway PCT is committed to full participation in the following strategic developments across Kent and Medway.

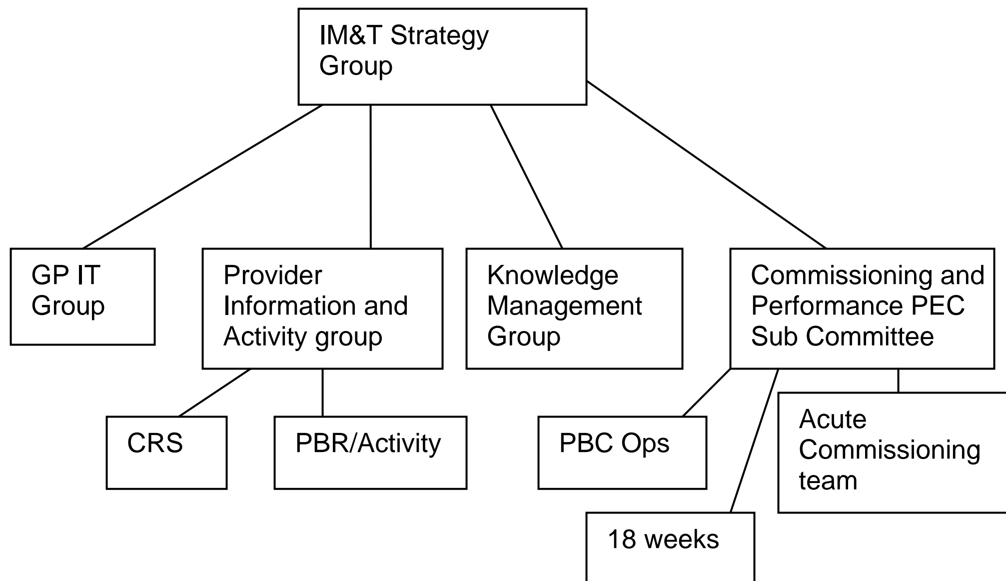
- ICES (Loan Equipment Store)
- Single Assessment Process
- Community of Interest Network (COIN)
- NCRS Deployment

6 Governance

Medway PCT will convene an IM&T Strategy subgroup to monitor the implementation of this strategy. Reports will be submitted to the PCT Board at 6 monthly intervals to update on progress. A committee structure will inform the implementation of this strategy based on the following groups:

See diagram on following page.

APPENDIX F - INFORMATION TECHNOLOGY STRATEGY



It is recognised that both the National Health Service environment and the IM&T environment are dynamic and changes will occur. Therefore the Medway PCT IM&T strategy will be reviewed on an annual basis to determine whether new initiatives are required and to reprioritise work if necessary.

7 Supporting Strategies

Training

Medway PCT is committed to ensuring its staff have the skills to make the best use of systems and technology available. By developing a network of highly skilled key users and underpinning this with strong training programmes to support the roll out of projects, staff will have the skills to use investment in IM&T to its full potential. IM&T will liaise fully with workforce development leads to ensure that supporting training can be delivered at appropriate times to further basic computer literacy skills and issues such as governance and confidentiality.

Estates

The Medway PCT Estates Strategy will inform some of the decisions made in relation to IT deployment. Limitations on space and parking, integration of care teams from the Health and Social Care sectors and the ability to respond to flexible working, staff safety and security, and environmental concerns mean that the use of technology will need to be effective in a variety of working environments. To ensure

that the organisation can work smarter, solutions need to be flexible and scalable and prospective new deployments need to be assessed in relation to the Estates agenda.

7.3 Telecommunications

As technology develops integration between IM&T systems and telecommunications is unavoidable. Mobile working solutions for systems rely on mobile phone technology, and fixed telecommunications can be routed over data networks resulting in considerable savings for the organisation in the long term. Medway PCT will need to review the management of its telecommunications to ensure that we realise the full benefit of the new NHS N3 network and share in initiatives piloted by partner organisations, including Voice over IP technology, tele and video conferencing and telemedicine/telecare solutions.

8 Costs and Finance

To continue implementing systems and the national programme as outlined above, will require financial commitment. The PCT will commence a programme of consultation and engagement after which the cost of implementing work related to the strategy will be defined for the remainder of the current and 2 subsequent financial years. (Appendix 1 shows indicative costs to be refined through this process)

The process will be revisited in line with the Local Delivery Plan process.

August 2007