

PRIORITY WORKSTREAMS – 5 YEAR STRATEGY

Anticipated Progress during 2014 – 2016

	2014/15	2015/16
Prevention including Self Care	<ul style="list-style-type: none"> Analyse key health problems Create health inequalities framework Develop self-care strategy Prioritise and set goals with partners Identify high impact programmes (current and new) Plan resources 	<ul style="list-style-type: none"> Identify appropriate outcome and process metrics Commission agreed priority programmes – mix of primary and secondary prevention Deliver agreed support to existing programmes
Improving Diabetes Care	<ul style="list-style-type: none"> Establish diabetes task force group which includes patient and Diabetes UK representatives Review of joint working arrangements with neighbouring CCGs Benchmarking, prediction of future activity and spend and note the review of current service provision Establish evidence based model and appraise funding mechanisms Pilot current proposal for cluster based virtual wards in primary care with consultant input 	<ul style="list-style-type: none"> Establish strategy to prevent diabetes with Public Health and the Local Authority Explore a 'one stop shop' for 9 care checks to promote self care Review community Diabetes Specialist Nurse pilot and consider future commissioning options Review and evaluate pilot
Musculo-skeletal Service Review and Redesign	<ul style="list-style-type: none"> Establish Project Group to oversee MSK workstreams Review current service specifications, activity and baselines assumptions by provider Stabilise current Rheumatology service arrangements working with Monitor Review of hip & knee pathway Review & agree changes to Pain management & Fibromyalgia Rheumatology pathway working with existing providers Scope potential for wider MSK pathway reviews 	<ul style="list-style-type: none"> Review physiotherapy provision in BaNES as part of preparation for community services tender Review of other Rheumatology pathways working with existing providers Pilot alternative pathways Start procurement of relevant community services as part of tender for community service re-provision

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Improving Interoperability of Patient Record Systems	<ul style="list-style-type: none"> • Establish Governance & Project Team • Appraise technical options & existing solutions • Develop a shared vision for the health system and the IM&T strategy to support it • Identify resource requirements and potential funding sources 	<ul style="list-style-type: none"> • Establish scope of systems to support integrated care planning • Develop consent model • Development of Business Cases
Improving Urgent Care	<ul style="list-style-type: none"> • Embed & assess the impact of the Urgent Care Centre on the urgent care system • Monitor impact of Southmead Hospital move on system and urgent care flows • Review role of the MIU at Paulton • Review & agree Special Patient Notes usage across local health system • Identify priority ambulatory care pathways for development • Evaluate the 2013/14 winter pressure schemes • Pilot Admission avoidance Scheme e.g. Raising the Threshold Project • Fully embed Demand & Escalation planning • Embed new DVT pathway & service 	<ul style="list-style-type: none"> • Re-specify the role of the MIU as part of community services re-procurement • Implement revised ambulatory care pathways • Assess further scope for admission avoidance e.g. support for residential homes • Review frequent attenders • Commission winter pressure schemes on a substantive basis • Evaluate effectiveness of admission avoidance initiatives
Safe, Compassionate Care Frail Older People	<ul style="list-style-type: none"> • Full service commencement of the new community cluster model. • Redesigned social care pathway with expanded reablement service. 	<ul style="list-style-type: none"> • Review the impact of the new model and refine. • Look at opportunities to align other services to the clusters to support people with long term conditions