

Title of Report	Medway and Swale Health and Care Partnership, Population Health Management Programme Update
Purpose:	<p>The purpose of this paper is to inform the Swale Health and Housing Committee of some of the programmes of work the Medway and Swale Health and Care Partnership are coordinating across the locality for the population.</p>
Lead Director	<p>Name Nikki Teesdale Director of Health and Care Integration and Improvement – Medway and Swale Health and Care Partnership</p>
Executive Summary	<p>Medway and Swale Health and Care Partnership (HaCP) aims to put local people at the heart of the services we design and deliver, helping people to realise their potential; to live healthier, happier lives; and to stay well and independent in their families, homes and communities for as long as possible.</p> <p>The HaCP is committed to using population health management techniques and strategies to inform the prioritisation and development of its response to the NHS Long Term Plan, and future services transformation across the system. The HaCP has adopted a true partnership approach across the NHS and other public sector services including the voluntary sector and the public, all of which have a role to play in addressing the interdependent issues that affect people’s health and wellbeing.</p> <p>In Medway and Swale, the Community Diagnostic Centres (CDC) business case was approved in October 2022; work to mobilise plans to set up two CDC sites, as outlined in the business case is ongoing. Sheppey Community Hospital is the Swale (Hub) site and Rochester Healthy Living Centre the (Spoke) site. The two CDC sites are utilising existing NHS estates. Sheppey is the larger of the two sites and will offer more diagnostic services including: CT, MRI, DEXA, Ultrasound and X-ray. Lung Function testing (including spirometry and FeNo), sleep studies, ECHO, ECG and phlebotomy.</p> <p>Minster Frailty Ward opened at Sheppey Hospital January 2023. This followed a successful bid for £1.2 to fund the project in June 2022. The HaCP has worked to identify ways of providing care closer to home for frail patients, and to create increased capacity in Medway Maritime Hospital to treat more elective patients. There has been close working and partnership agreements with all partners, especially HCRG, who are already on-site.</p> <p>As a system, the HaCP is committed to engaging with our communities The Community Health Catalyst programme seeks to engage with those who are seldom heard in the system and support the areas experiencing the highest levels of health inequalities.</p>
Recommendation/ Actions required	<p>The Committee is asked to: Note the content of this report as an update.</p>

Medway and Swale Health and Care Partnership Vision

To put local people at the heart of the services we design and deliver, helping local people to realise their potential; to live healthier, happier lives; and to stay well and independent in their families, homes and communities for as long as possible.

- Listen to local people and our staff to design and develop responsive, effective, equitable evidence-based care pathways;
- Delivering high quality health and care services across care pathways from home to specialist care provider (both physical and mental health);
- Shifting the focus of care from treatment to prevention;
- Meeting constitutional standards, and a delivering sustainable financial position; and
- Making the best use of health and care resources (people, money, estate, IT infrastructure etc.)

1. Community Diagnostics Centres

Community Diagnostic Centres (CDC) are being implemented nationally, in response to Professor Sir Mike Richard's report, *Diagnostics: Recovery and Renewal* (2019). The report identified several recommendations including the development of CDCs to significantly increase extra diagnostic capacity and to separate diagnostic settings for elective and non-elective patients and pathways. By establishing CDCs in targeted areas, this will help to improve population health outcomes, reduce waiting times, address health inequalities, and improve productivity and efficiency, improve patient experience; and support the integration of primary, community and secondary care.

In Medway and Swale, the CDC business case was approved in October 2022; work to mobilise plans to set up two CDC sites, as outlined in the business case is ongoing. Sheppey Community Hospital is the Swale (Hub) site and Rochester Healthy Living Centre the (Spoke) site. The two CDC sites are utilising existing NHS estates. Sheppey is the larger of the two sites and will offer more diagnostic services including: CT, MRI, DEXA, Ultrasound and X-ray. Lung Function testing (including spirometry and Fe No), sleep studies, ECHO, ECG and phlebotomy.

Using public health inequalities data, alongside other estates intelligence, an early feasibility exercise concluded that given the high levels of deprivation on Sheppey and poor health outcomes experienced by the local population, (see below), Sheppey Community Hospital was the preferred hub location:

- For every mile travelled between Sittingbourne (Woodstock Ward) and Sheppey (Sheppey West Ward), the life expectancy reduces by 255 days. This results in 8.3 years difference in life expectancy between the two areas.
- 48.8% of people in Sheppey are economically inactive compared to the UK national average of 21%. Economically inactive means that people (aged 16-64) are not involved in the labour market – they are neither working or actively seeking employment. For example, includes long term sick, caring for family, early retirement, students etc.
- Across Sheppey, the percentage of people having 'very good health' is lower than the national average. Only 34.6% people have very good health in Sheppey East Ward, and 38.9% in Sheerness Ward, compared with the national average of 53%.
- By 2038, 25.3% of homes in Swale will require an adaption to deal with health and care demands.

A phased approach to mobilisation is being taken for the Sheppey CDC site; with the roll out of services planned to span a further two-year period before the CDC is fully operational.

Over the last year, productive working relationships with estates teams for the Sheppey sites have been established and a feasibility study has been completed. During the feasibility exercise extra requirements were identified and mitigation against those set out in the business case e.g., in addition to power upgrades at each site, new sub-stations were also required.

Due to the nature of the building work planned for the Sheppey site, preliminary meetings with Swale Borough Council have taken place. Detailed plans, surveys, and drawings to support planning applications have been commissioned. The full planning application was submitted to Swale Borough Council on 16th June 2023, to request approval to locate a pad for the CT scanner, a new substation to serve the increased power requirement for the CT and MRI scanners, and a new front door directly into the CDC, which will make the CDC a contained unit within the community hospital at Sheppey. The MRI scanner will be located within the courtyard in the hospital. The courtyard requires infilling, which has been approved under permitted development, so work on this area can begin without the planning application being approved; and is due to commence imminently.

With regards to workforce for the CDCs, a number of additional staff have been successfully recruited to work and rotate across the CDC sites and Medway Foundation Trust (MFT) including: Clinical Support Workers (CSWs), sonographers, MRI and CT radiographers. Due to some posts being more challenging to recruit to, MFT has introduced options to address this, i.e. upskilling in-house staff via the provision of training, as well as continuing to progress recruitment of qualified candidates and progress international recruitment options. Apprenticeship posts for both graduate and lower grade apprenticeships have been successfully recruited to, with commencement dates set for 23/24.

In conjunction with the mobilisation of the CDC programme, work has progressed with Kent and Medway Cancer Alliance to facilitate the roll out of Targeted Lung Health Checks (TLHCs) across Medway and Swale. These localities have been selected for the next phase of TLHC expansion given their high smoking rates, lung cancer incidence and mortality rates, as well as their demographic profile, including high rates of deprivation, health inequalities and poor health outcomes.

The Targeted Lung Health Checks (TLHCs) programme is a targeted screening programme, that allows for the earlier diagnosis of lung cancer in 55–74-year-old ever-smokers. The current early diagnosis rate is 28.9%, but evidence from other pilots across the country suggests this figure can be increased in the target population to around 75%. The current total ever smoker population for the two localities is 41,853. Patients who meet the TLHC criteria will be invited for a CT scan at either of the two CDC sites in Sheppey and Rochester. During the latter part of 22/23, links between the TLHCs programme and primary care were established to help identify and risk stratify at a primary care level those patients who are eligible for a screening test. This work is ongoing. Meetings have also taken place with the Medway and Swale Smoking Cessation services to work through the logistics of having a stop smoking advisor within each CT scanning site, to maximise uptake of stop smoking support for TLHC patients.

Confirmation of funding via NHSE is still awaited but it is estimated that the TLHCs programme will go live in the Autumn of 2023/24.

Pathway development for the CDC modalities started last year, with existing pathways for breathlessness being reviewed with GPs, community, and clinical colleagues across the system. In addition, discussions with acute providers are planned to discuss the establishment of a dementia diagnosis pathway to help increase dementia diagnosis and the fracture liaison service respectively, to reduce fragility fractures. To further support the link between frailty and CDC pathways, discussions are to be progressed regarding access to imaging for patients moved from MFT to Minster ward at Sheppey Community Hospital. The development of this pathway will support earlier discharge from MFT, as patients will not be delayed in MFT awaiting a diagnostic but instead can be booked into imaging and transferred to Minster Ward.

To further support CDC pathway development, a joint application between Medway and Swale HaCP, clinical leads from MFT and colleagues from the cancer alliance, was submitted to NHSE for CDC funding to support clinical pathways for CDCs in 23/24. The application was submitted and approved by the regional team on 13th June 2023 and is currently being reviewed by the national team. The funding will support a full-time project manager (for 6 months) to develop cancer surveillance pathways at MFT for liver, gynaecology, and Targeted Lung Health Checks, as well as a support to develop childhood asthma pathways.

2. Minister Frailty Ward

January 2023 saw Minister Frailty Ward opened at Sheppey Hospital. This followed a successful bid for £1.2 to fund the project in June 2022.

The HaCP has worked to identify ways of providing care closer to home for frail patients, and to create increased capacity in MFT to treat more elective patients. There has been close working and partnership agreements with all partners, especially HCRG, who are already on-site.

A proposal was developed to utilise vacant space in Sheppey Community Hospital, creating a 22-bed frailty ward primarily for patients living in Swale, providing care closer to home for these patients. The ward is staffed by a clinical and support team employed by the Trust. Most patients who live in Medway and require care within a specialised frailty setting will continue to be looked after in MFT.

Creating beds in Sheppey Community Hospital has freed capacity within MFT, to enable the Trust to allocate a further 18 beds for elective services, meaning waiting times for surgery will be reduced and cancer patients will get treatment more quickly. These have been priorities for the Trust following the waits that arose because of the pandemic.

3. Population health management programme

The Medway and Swale Population Health Management Programme (PHM) was established in March 2021, as the HaCP committed to using population health management techniques and strategies to inform the prioritisation and development of its response to the NHS Long Term Plan, and future services transformation across the system. As a partnership approach across the NHS and other public sector services including the voluntary sector and the public, all of which have a role to play in addressing the interdependent issues that affect people's health and wellbeing. The continued aim is to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across an entire population, by working together as a system.

PHM provides the ability to understand variation through benchmarking both measurable quantitative, and the softer qualitative, data, and comparisons therein, to improve clinical outcomes. It helps to identify people who are currently well, but at risk of developing long-term conditions. This targeted approach works at two levels:

- individual (known individual risk factors)
- population (known risks in certain populations and communities).

This approach helps to prevent or delay the onset of long-term conditions, their functional consequences, and the progression of frailty. PHM therefore enables more people to benefit from early identification and treatment, personalised care planning, self-management support, medicines management, and secondary prevention services. The care model that PHM enables, supports improvements in people's knowledge, skills and confidence to self-manage, that will stop, or delay, progression of frailty and functional impairment or disability. Through the PHM programme, we are building shared purpose through meaningful enactment with voluntary services, communities, residents and patients to build strong resilient communities that are empowered to deliver positive impacts on health and wellbeing.

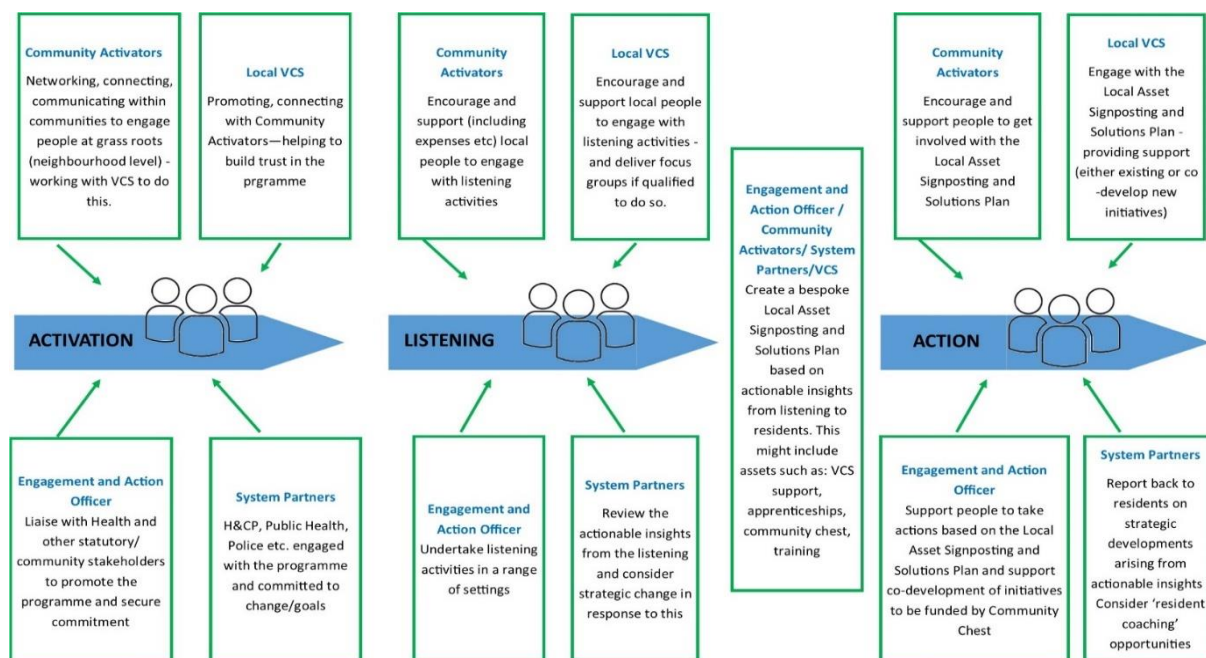
Our health is shaped by a range of factors outside of that traditionally considered by healthcare, and whilst we cannot be precise about the extent of the impact of each of these factors on health, there is clear evidence that the wider determinants of health have the most impact. These include factors such as lifestyle and health behaviours, smoking, alcohol, and recreational drug use, income and wealth, education, housing, our local community network, transport and leisure, and access to and the quality of, the health and care system. There is now greater recognition of the importance of the communities we live and work in, and the social networks we belong to. The Population Health Management programme enables systems and local teams to understand the wider picture, and to look for the best solutions to people’s needs – not just medically but also socially – focusing on the wider determinants of people’s health.

3.1. Health Inequalities:

Inequalities in health has been a priority for the PHM programme from the very beginning, and the national release of CORE20PLUS5 has further enhanced this. Health Inequalities are of particular importance in Medway and Swale, which see some of the poorest clinical outcomes, and some of the largest health inequalities within the country. Health Inequalities can be demonstrated by assessing life expectancy between areas, with a shocking 8.3 years difference in life expectancy within one locality in Swale. There is a clear difference in clinical outcomes dependent on the demographic of areas within Medway and Swale, and therefore localising and ensuring we are working with areas that are most deprived and with the poorest outcomes is essential to the success of the programme, and for the outcomes of local communities.

Health Catalyst

The Community Health Catalyst Programme has been running in Medway and Swale since October 2022 through 22/23 Health Inequalities funding. This programme has been funded to continue in 23/24. The programme seeks to engage with those who are seldom heard in the system and support the areas experiencing the highest levels of health inequalities, Sheppey and Medway Central. The programme comprises of three key areas as below:



During the month of April, the Health Catalyst Community Activators have made the progress in Sheppey as below:

Core 20+5	People Engaged with	Difference this month
BAME	4	+2
Coastal Communities	108	
Drug and Alcohol Dependence	3	
Homelessness	10	
Learning Disabilities	34	
LGBTQ+	11	+6
Mental Health	72	+2
Multi Morbidities	9	+1
Vulnerable Migrants	4	+2
Totals	256	+13

The HaCP has engaged Kent Community Foundation to distribute the funding to the voluntary sector to support interventions that build community resilience.

Childhood Asthma

Childhood Asthma has been identified as a priority area through both the National CORE20PLUS5 for children, but also as a local priority, with numbers of A&E attendance for Children and Young People (CYP) in Medway and Swale being higher than the national average.

Health Inequalities funding has been granted for the programme to:

- Fund a CYP Asthma Clinical Lead to:
 - Support PCNs with training for Asthma Reviews and management
 - Support the roll out of Asthma Friendly Schools and Asthma Friendly Sports Clubs – with mobilisation in Sheppey as the pilot site
 - Conduct Asthma Reviews in the community with those experiencing the highest levels of health inequalities
 - Effectively engage with CYP using the VCSE as catalysts to support this
- Co-design of an **Asthma App** for CYP to engage with their Asthma Management

Social Prescribing

Social prescribing is a key component of personalised care, connecting people to help and support in their community, based on what matters to them and their individual strengths and needs.

A key risk identified during the mobilisation phase of social prescribing services is the capacity of the voluntary sector to provide activities or services that residents can be prescribed to. Medway and Swale were successful with a bid for Health Inequalities funding for 2023/24 which will enable a small fee to follow a social prescription together with a seed funding element to mitigate this risk and thus supporting the growth of the VCS.

Progress so far includes:

3.2. PHM VCSE Framework Mobilisation

At the beginning of the programme, all HaCP statutory providers and voluntary and community organisations within our locality signed a memorandum of understanding (MoU), which predominantly set out our commitment as a system to work differently with our VCSE partners and we described how we as a system would develop a framework that we would all sign up to, to really allow us to radically rethink how we support our communities health and wellbeing through an authentic commitment to working together. Through the process as a system, we committed to build capacity and resilience in our communities matched by mechanisms that ensure effective delivery.



MS MOU Final
Sept21 - MASTER.pdf

This was followed by the VCSE & Statutory Framework being signed by these same partner organisations in April 2022. The framework was led with an aim to support effective working relationships between the statutory and public sectors and the voluntary, community and social enterprise sectors (VCSE) at a time of decreasing resources. It was agreed as essential by the Medway and Swale HaCP that the skills and capacities of the VCSE are recognised and supported in order that VCSE organisations are acknowledged as having distinct features which enable it to make contributions to health and wellbeing within the local communities. The Framework puts the thoughts and wishes of the MoU into actions.



Medway and Swale
VCS Framework_Final

This framework was designed collaboratively with input from a wide range of stakeholders across all organisations within our locality. Our aim, through designing this together, was to create a document that is authentic in its delivery and has the ability to stand alone within our system regardless of political and organisational structural changes. The framework will be owned by the Medway and Swale HaCP, so by the locality for the locality, with monitoring taking place through the Medway and Swale PHM programme.

After presenting the Framework at the PHM Steering Group in May 2022, 4 working groups were established to progress the deliverables and priorities within the Framework. These working groups included all relevant statutory bodies, as well as ensuring the VCSE were well represented. These groups are:

- VCSE Framework Priorities.
- Volunteering and statutory/mandatory training.
- To measure the effectiveness of the change in working culture and how to work more effectively.
- Data linkage and analytical support, and outcome measures.

Statutory & mandatory training

A successful output of Framework has been a matrix document has been created, that links the VCSE sector in with training opportunities for free. This document includes core training such as equality and diversity and safeguarding training, to more bespoke and optional training such as Making Every Contact Count (MECC). Where statutory and mandatory training usually comes at cost, which can be a relatively high proportion of the

budget for smaller charities and organisations, the aim of this is to free up funding that can be budgeted towards their collective good causes instead.

This is an outcome of a collaborative approach from all partners to ensure VCSE have access to this free training, drawing on resources including e-Learning for Healthcare, Medway Voluntary Action (MVA), Kent Safeguarding Training, A Better Medway, Open University. This progression shows a real commitment to delivering on the principles of the Framework and will allow those organisations to thrive further.

Volunteering

There is also work progressing on how the HaCP can support volunteering, and in particular, youth volunteering. The aim for youth volunteering is to support young people to get involved in understanding how the NHS works in different capacities by offering volunteering opportunities across a wide range of services provided. The HaCP are working with the Oasis Academy on the Isle of Sheppey to support students with careers, and have started by attending a careers fair to showcase the range of career opportunities. As this relationship and work progresses, further volunteering opportunities will be explored and will look to support students volunteering in health settings, with the difference being providing opportunity for health to “give back” to the students for their voluntary work, for example, letting students shadow potentially interesting parts of the service such as the labs.

Due to the complexity of volunteering within health and the commitment required, the operational side of this initiative is still being worked through. Though there are ideas among provider organisations who could offer experiences for students and young people with an interest in a health career.

In Swale, the community health provider HCRG have confirmed 280 staff to be released for one day per year to carry out volunteering. This is going to be coordinated effectively to give voluntary organisations the consistency they need.

Additionally, work is progressing with Tempo Time Credits to increase the number of organisations, and designing this to suit the needs of young people. Tempo Time Credits support by offering credits for those who undertake volunteering among registered organisations. These credits can then be redeemed with other organisations as a reward. The HaCP are working with Tempo to increase the number of organisations to support people into volunteering, but working to ensure there are organisations that credits can be redeemed with that appeal to younger people. Tempo Time Credits is available in Medway and Swale and there is work to progress the number of organisations that use the service, particularly in Swale whereby there are a limited number of organisations signed up.

Examples of Budgetary Support from the Framework

- Opportunity to use the Apprenticeship Levy, to allow it to be an accessible fund that VCSE organisations can apply for. Support will be offered to organisations to apply for this, and enable the VCSE to put employees/volunteers through training courses at no additional cost
- Developing an estates strategy utilising all assets within the locality.
- Working with statutory organisations on the release of IT equipment to support organisations
- Exploring joint funding applications between statutory and VCSE sectors.

Other

- Placements for Nursing Cadet Programme have been sourced and students will begin placements in June/July
- NHS England filmed in April the HaCP journey so far and the work that has come as a result of the Framework and new ways of working. The film demonstrates how organisations are working together,

and how the work that is being done has a positive impact on our population and is striving to reduce the gap in health inequalities; final version is expected in the coming days.

- Further conversations are being had around estates and there are a number of VCSE organisations who are looking for estates. This is being progressed through the estates workstream, a meeting to discuss utilisation of HaCP estates is due to held beginning of June.

Oasis Academy Youth Work

The PHM team have been working alongside the Oasis Academy in Sheppey. Only 10% of students at the Oasis Academy leave with the national standard of GCSEs, and it is known through engagement with the community that the aspirations are low amongst students.

To support the Academy with careers and aspirations, organisations and members of the HaCP teams attended the careers fair in March 2023. The aim of which was to promote entry-level careers and apprenticeships, as well as raising aspirations of those looking to pursue careers in the Health and Care sector. The team spoke to many students, and explored the different career options for them, and provided information and support. The event was successful, and further exploration will take place in 23/24.

In addition, initial conversations have been had with organisations around supporting students from the Oasis Academy with health ambassadors within the school to act as role models. Whilst supporting with Careers Events proves beneficial, it does not support the students in the long term, and therefore the idea of taking professionals from Health to the school for either year groups or subject areas has been suggested to support students as positive role models. Early indications from organisations are positive, and it is the aspiration for this to be mobilised in 23/24.

PSHE workstream

Following engagement through meetings with key staff from the Sheppey Oasis Academy, a workstream has been developed around the co-design of PSHE sessions by children for children. The output of this will be shared across schools and other youth forums in both Medway and Swale.

Workshops with the children at various key stages have been progressed throughout April and May and consist of the following focus areas:

- Your Childhood choice & effects of these
- Focused session – Health conditions that individuals have no control over and those associated with lifestyle choices
- How to be active
- Reflection and evaluation

3.3. Implementing CORE20PLUS5 to reduce Health Inequalities

Cancer Inequalities

The PHM team have been working to understand the health inequalities that exist within Medway and Swale for Cancer outcomes. During the year, data has been collated to analyse areas of poor screening uptake for Breast, Cervical and Bowel, which has highlighted areas within Medway and Swale who are experiencing the highest health inequalities. Data has also shown areas where there are late presentations of Cancer, and therefore

worse outcomes. A funding bid has been put forward to the Kent and Medway Cancer Alliance (KMCA) to undertake an early diagnosis project, to support areas experiencing the worst inequalities.

KMCA have been running a series of awareness events, and covered Skin Cancer and Ovarian Cancer over the last year. Though the KMCA priorities are coastal communities, work has been undertaken through the HaCP to localise this to Medway and Swale. The Skin Cancer Awareness Campaign during the Summer of 2022 was successful, and plans are beginning to run the campaign again for Summer 2023. For the Summer 2023 events, plans are underway to cover Medway and Swale locations, to support understanding of Skin Cancer within our areas of poorest outcomes and worse health inequalities.

Pulmonary Rehab

- The funding stream associated with this service has been approved, and steps are being put in place to enable mobilisation and associated reporting requirements.

3.4. Tier 3 Weight Management

The proposal for funding to support a pilot Tier 3 Children's Weight Management service in Medway and Swale has been approved.

The aim of the pilot is to support 124 children in the 98th percentile or above and their families to lose weight, eat healthily and move regularly. The intervention also aims to have a positive impact on anxiety, wellbeing levels, school attendance and family relationships.

Plans to support mobilisation of the pilot are currently in progress – a provider has been identified and specification for the service has been drafted.

Currently developing outcome measures, ensuring that these contribute to addressing health inequalities as well as mechanisms to encourage families to complete the programme in full / looking at reasons why families may drop out and how we can accommodate these issues.

3.5. Clinical Variation

Cardiovascular Disease (CVD) causes a quarter of all deaths in the UK and is a major driver of health inequalities, accounting for a quarter of the life expectancy gap between deprived and affluent communities. The PHM team have been pro-actively working with GP practices to implement systems to reduce referrals and admissions to the trust for secondary intervention and mitigate risk to patients.

Long Term Conditions (LTC) including Diabetes, high blood pressure and high cholesterol are leading risk factors that drive mortality and morbidity from CVD. Around 30% of people with hypertension are unaware of their condition, and pre-pandemic Quality and Outcomes Framework (QOF) data showed that around 1/3 of people with diagnosed hypertension are not treated to target. Most recent QOF data (2021-22) shows that optimisation rates have deteriorated substantially during the pandemic as patients' access to healthcare has been disrupted.

Increasing prevalence of CVD LTC's and the identification of high-risk patients has been the main focus during 2022-23 with priority given to areas of high deprivation in Medway and Swale. In addition, CVD costs the NHS an estimated £7.4 billion a year and economy around £15.8 billion annually.

Fundamental to achieving savings associated with long term conditions is the need to achieve reductions in the gap in avoidable CVD mortality and morbidity between the most and least deprived. CVD is one of the conditions

most strongly associated with health inequalities. If you live in England's most deprived areas, you are almost 4 times more likely to die prematurely than someone in the least deprived. In Medway and Swale, the most deprived PCN areas have been identified as Medway Central and Sheppey, this is where the PHM programme has focused activity. By prioritising GP practice visits in these areas, patients who have an LTC and are high risk have been identified using a series of risk stratified searches which categorise patients into high, medium and low groups and include e.g. BAME, Social Complexity, Insulin or Injectables, Heart Failure into the criteria. GP Practices will be able to use these searches to ensure high risk patients are reviewed according to Risk. This approach will help practices to prioritise patient care to those who are at highest risk to help minimise exacerbations leading to secondary care. This approach will be rolled out to all other areas in our locality.

Furthermore, CVD is more common where a person is male, older, has a severe mental illness or ethnicity is South Asian or African Caribbean. By targeting optimisation of blood pressure and cholesterol in this high-risk cohort we will prevent large numbers of heart attacks and strokes in a short time frame.

Clinical Variation Key Achievements 2022-23:

Sheppey

- 184 Diabetes patients identified to be reviewed/added to registers.
- 610 Hypertension patients identified to be reviewed/added to registers.
- 1379 High risk Diabetes patients identified.
- 2145 High risk Hypertension patients identified.
- 697 High risk COPD patients identified.
- 1413 High Cholesterol High risk of Stroke patients identified.
- 223 patients identified for referral to Healthy Lifestyle Programmes.

4. Urgent Treatment Centres

One of the key priorities in the HaCP delivery plan for 23/24 is the reviewing of all 3 UTCs across Medway and Swale.

The aim of the review is to support the re-modelling to deliver three UTCs across Medway and Swale to enable delivery in line with national UTC principles and standards. This should ensure that patients in Medway and Swale are receiving an equitable service across the locality, the best and most appropriate care in the right place, the first time, avoiding unnecessary presentations at Emergency Departments when acute care is not required to enable emergency medicine specialists to focus on higher acuity need patients within the Emergency Department setting.

UTCs are expected to:

- Open 7 days a week 12 hours a day as a minimum.
- See both booked and walk-in patients.
- See both minor injuries and minor ailments.
- See patients of all ages.
- Have a named senior clinical leader supported by an appropriate workforce (MDT).
- Have a basic consistent investigative/diagnostic offering on-site (with clear protocols if not on-site).
- Accept appropriate ambulance conveyance.
- Have access to patient records.



An external Audit of Medway and Swale UTC/MIU provision has been commissioned by Medway and Swale HaCP. Outcome and Recommendations Report to be completed by mid-August 2023, alongside a Kent and Medway ICB Review of UTC/MIUs, both reviews will support strategic direction of improvement and development.