

Commissioning organisation	Organisation	Scheme Title	Scheme Description	Cost	Expected Impact
Bromley CCG	Bromley Health Care/ BGPA/ St Christopher's	Bromley Hospital @ Home	Integration of existing health and social care admission avoidance provision with enhances primary care, end of life and mental health cover to provide a hospital @ home model of care to prevent escalation of need and avoid admission/attendance	£200,000	Reduced ED attendances and avoidance admissions
Bromley CCG	Bromley Healthcare	Enhanced healthcare for ECH	Providing proactive support and clinical management to providers with the highest LAS call out rate	£50,000	Reduced LAS call outs, reduction in conveyance of patients, reduced readmission, reduced LOS for residents of ECH
Bromley CCG	Greenbrooks	Additional HCAs	Additional HCA cover in both UTC sites to improve productivity and increase capacity	£32,928	Maintain required performance during increased attendances
Bromley CCG	Greenbrooks	GP Enhanced Rates	Provide enhanced rates for hard to fill and last minute sessions	£16,000	Ensuring complete rota fill across evenings and weekends to ensure more patients can be seen in UTC reducing pressure on ED
Bromley CCG	Greenbrooks	Pt Champion 7 days per week	Extend exiting 5 day per week patient champion roll to 7 day service	£18,702	redirection and increase use of GP Hub appointments including advise and sign posting to avoid attendances
Bromley CCG	CCG	Enhanced community support for temporary health conditions	Providing additional resource to support more people to be discharged with temporary health conditions that do not meet the threshold for CHC funding	£100,000	Reduce stranded patients by being able to offer more temporary enhanced support for people in the community
Bromley CCG	BGPA	Additional hub appointments	Providing additional hub appointments during key pressure times	£50,000	More people to be seen in primary care mitigating increase in UTC attendance
Bromley CCG	BHC	ANP Home visiting service	Provide ANP support to undertake GP home visits, reducing demand on GP call out	£150,000	To support increase in demand for home visiting providing timely provision of visits to reduce demand on primary care and preventing escalation of need
Bromley CCG	CCG Comms	Winter Campaign	Cost still to be determined. Awaiting national plans to be disseminated	£10,000	Raising awareness of winter schemes locally and national issues
				<b>£627,630</b>	
LBB	LBB	Additional staff	Staff deployed across key locations as part of MDTs. Will enhance care management and assessment, reviewing, OT. Will both prevent admissions and support D2A. Staff will be deployed	£650,000	Reduction in admissions and DToC. Better coordination of care and support
LBB	Local provider market	Fast response personal care service provision the community	Discharge of patients within 2 hours upon receipt of their Discharge Notification (Passport). This service will also be offered to users with 'urgent needs' arising from a long-term medical conditions in the community, to avoid or prevent hospital admission. This will enhance the D2A domiciliary care offer.	£54,000	Reduction in admissions and DToC. More rapid and effective coordination of care and support
LBB	Local provider market	Intensive Personal Care Services	Intensive personal care service for patients with higher care and support needs, who would otherwise need to go into a care home or have recurrent admissions to hospital. These users may require up to 8 visits per day or 24 hour support for a maximum of two weeks.	£50,000	Reduction in admissions and DToC. More rapid and effective coordination of care and support
LBB	Local provider market	Extra care, residential and nursing placements	Commissioners will work with providers to incentivise prompt admissions to enable short-term support to avoid hospital and/or as part of D2A. This will enhance the block contract arrangements we have in place where full capacity (70 beds) is being phased in between now and December.	£263,000	Reduction in admissions and DToC. More rapid and effective coordination of care and support
LBB	Local provider market	Wrap around services	Handy person services, deep clean and associated services	£10,000	will enable patients homes to be ready for quick return from hospital, or to unable access for care to support hospital avoidance

**£1,027,000**

## 2018/19 Proposed PRUH Winter Schemes

Organsation	Scheme Title	Scheme Description	Cost commentary	Total cost (winter only)	Expected Impact	Priority this scheme addresses	Timescale for Implementation	Key Performance Indicator	KPI Baseline	KPI Target	Lead Person and contact details
Kings - PRUH	Ambulatory Streaming for medical referrals + Assessment unit	Provide 7 day extended hours ambulatory streaming for medical referrals in ED with accompanying assessment unit. To reduce admissions and support rapid turnaround of patients.	For sign off through Trust Business Case process	£ 281,061.48	Reduction in ED breaches and admissions	Addresses 7 day ambulatory care (7 day)	Full go live November pending business case	Medical admissions	Oct-18	Reduce by tbc per day	S. Frankton E. Garbelli
Kings - PRUH	Relocation and expansion of Discharge Lounge	Utilise existing phlebotomy clinic space for more suitably located and larger discharge lounge.	£50,000 (Pending final estates cost from Vinci)	£ 50,000.00	Improved pre 1pm discharge profile		Nov-18	Pre 1pm discharge	Oct-18	Increase by 10%	J. Edmonds G. Jackson
Kings - PRUH	Enhanced care in discharge lounge	Enable earlier vacation of ward beds by stepping up level of care available in discharge lounge for patients being discharged that day.	For sign off through Trust Business Case process	£ 27,894.38	Improved pre 1pm discharge profile		Nov-18	Pre 1pm discharge	Oct-18	Increase by 10%	J. Edmonds
Kings - PRUH	Additional clinical admin for discharge lounge	Additional support to maximise discharges and maintain flow, including through pulling golden patients and ensure improved discharge quality (eg ensuring drugs always go with patient)		£ 19,671.25	Improved discharge profile and discharge quality.		Nov-18	Golden patient discharges before 1pm Discharges before 1pm	Oct-18	1) Increase by 20% 2) Increase by 10%	Tbc
Kings - PRUH	ED transfer team	Dedicated team to move admitted patients on from ED	For sign off through Trust Business Case process	£ 42,465.00	Wait for bed		Oct-18	ED wait for bed	Sep-18	Reduce wait for bed by 10%	S. Frankton tbc E. Garbelli tbc
Kings - PRUH	AMU transfer team	Dedicated team to move admitted patients on from AMU	For sign off through Trust Business Case process	£ 42,465.00	Wait for bed		Oct-18	AMU wait for bed	Sep-18	Reduce wait for bed by 10%	S. Frankton tbc E. Garbelli tbc
Kings - PRUH	PRUH ED B5 Ambulance Receiving Nurse	Enable early work-up of patients offloaded from ambulance and support their clinical safety.		£ 65,086.88	Safety of patients offloaded from ambulances in times of extreme pressure		Nov-18	Ambulance handover times	Oct-18	Maintain baseline	Tbc
Kings - PRUH	Full Capacity and internal communication protocols	Improved site responsiveness to pressures through improved cross site pressure communications and associated action cards. Includes full capacity protocol.	Minor costs to support communication	£ 5,000.00	Reduced length of stay		Oct-18	LoS	Sep-18	Reduce by 10%	A. Pirfo
Kings - PRUH	Standardised Board round Process, Tools and Training.	Full implementation of King's Way for Wards ahead by January 2019 (includes delivery of red to green)		£ 32,000.00	Improved pre 1pm discharge profile; reduced length of stay	Full implementation of SAFER and R2G Days; All patients receive senior review before midday by a clinician able to make management and discharge decisions (5 days a week)	In train, completes January 2019	Pre 1pm discharge LoS	Jun-18	1) Increase by 10% 2) reduce by 1 day	T. Clark H. Tompsett E. Atherton
Kings - PRUH	Ambulatory frailty service at Orpington (Elizabeth Ward)	Provide 5 day, 8am to 5pm ambulatory frailty care at Orpington Hospital for direct referral, reducing ED attendances, reduce admissions and support early discharge.	For sign off through Trust Business Case process	£ 306,530.15	Reduction in ED attendance and admissions [to be quantified]	Partially addresses 7 day ambulatory care (5 day)	Go-live end October 2018	ED attendances (seeking reporting on frailty score)	Sep-18	Reduce by 2 per day	N Dare Nick Yard, Service Manager
Kings - PRUH	Additional ED shifts to meet ECIST decision maker recommendations	Senior clinical-decision maker to improve triage, to improve use of non-ED based medical and surgical pathways, and to reduce delays for first clinician. 12:00 to 20:00 ST4-6 or consultant.	Full cost from October - March c.£180k: working to job plan and better utilise existing staff to bring to £120k.	£ 120,000.00	Reduce delays to first clinician in ED Increased use of ambulatory pathways		Aiming October 2018	Time to first clinician	Sep-18	Reduce by 10%	Tbc
<b>Total Spend</b>				<b>£992,174</b>							

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1	Kings - PRUH	Increased resilience of Acute and Post Acute junior doctor rotas	Significant and early recruitment drive for junior doctors to fill available posts. [8 doctors over previous rotation with further posts to be filled]	Within funded posts	£ -	Reduced wait to first clinician and speciality opinion; improved cross site discharge profile.		Sep-18	ED wait to first clinician Wait for speciality opinion LoS	Aug-18	1 and 2 Reduce by 25% 3 Reduce from baseline by 1d.	S. Frankton J. Evans J. Edmonds
2	Kings - PRUH	Ambulatory Streaming for medical referrals + Assessment unit	Provide 7 day extended hours ambulatory streaming for medical referrals in ED with accompanying assessment unit. To reduce admissions and support rapid turnaround of patients.	For sign off through Trust Business Case process	£ 281,061.48	Reduction in ED breaches and admissions	Addresses 7 day ambulatory care (7 day)	Full go live November pending business case	Medical admissions	Oct-18	Reduce by tbc per day	S. Frankton E. Garbelli
3	Kings - PRUH	Relocation and expansion of Discharge Lounge	Utilise existing phlebotomy clinic space for more suitably located and larger discharge lounge.	£50,000 (Pending final estates cost from Vinci)	£ 50,000.00	Improved pre 1pm discharge profile		Nov-18	Pre 1pm discharge	Oct-18	Increase by 10%	J. Edmonds G. Jackson
4	Kings - PRUH	Extended Transfer of Care Bureau 7d 8am to 8pm	Full operation of ToCB functions to 8pm, 7 days a week.	To agree split with system		Improved discharge profile; reduced length of stay		Nov-18	Length of Stay	Oct-18	Decrease by 10%	tbc
5	Kings - PRUH	Trust-commissioned intermediate care beds	30 intermediate care beds	For sign off through Trust Business Case process. 4 months, based on external provider operating at care home (rent + care provision)	£1,200,000	Improved discharge and length of stay; Meeting national DZA policy.		December 2018 at latest	Length of Stay	Oct-18	Decrease by 10%	tbc
6	Kings - PRUH	Enhanced care in discharge lounge	Enable earlier vacation of ward beds by stepping up level of care available in discharge lounge for patients being discharged that day.		£ 27,894.38	Improved pre 1pm discharge profile		Nov-18	Pre 1pm discharge	Oct-18	Increase by 10%	J. Edmonds
7	Kings - PRUH	Additional clinical admin for discharge lounge	Additional support to maximise discharges and maintain flow, including through pulling golden patients and ensure improved discharge quality (eg ensuring drugs always go with patient)		£ 19,671.25	Improved discharge profile and discharge quality.		Nov-18	Golden patient discharges before 1pm Discharges before 1pm	Oct-18	1) Increase by 20% 2) Increase by 10%	Tbc
8	Kings - PRUH	ED transfer team	Dedicated team to move admitted patients on from ED	For sign off through Trust Business Case process	£ 42,465.00	Wait for bed		Oct-18	ED wait for bed	Sep-18	Reduce wait for bed by 10%	S. Frankton tbc E. Garbelli tbc
9	Kings - PRUH	AMU transfer team	Dedicated team to move admitted patients on from AMU	For sign off through Trust Business Case process	£ 42,465.00	Wait for bed		Oct-18	AMU wait for bed	Sep-18	Reduce wait for bed by 10%	S. Frankton tbc E. Garbelli tbc
10	Kings - PRUH	Mortuary expansion	Expansion of mortuary to meet 17/18 demand plus growth. In 17/18 PRUH utilised Croydon Heath Services mortuary capacity, however this will not be available in 18/19 due to CHS having won the Croydon coroner's contract.	For sign off through Trust Business Case process	£612k	ED cubical and ward bed availability		tbc	ED wait for bed	2017/18	Maintain baseline	S. Mitchell-Hall
11	Kings - PRUH	PRUH ED B5 Cohort Nurse	Enable early work-up of patients offloaded from ambulance and support their clinical safety.		£ 65,086.88	Safety of patients offloaded from ambulances in times of extreme pressure		Nov-18	Ambulance handover times	Oct-18	Maintain baseline	Tbc
12	Kings - PRUH	Full Capacity and internal communication protocols.	Improved site responsiveness to pressures through improved cross site pressure communications and associated action cards. Includes full capacity protocol.	Minor costs to support communication	£ 5,000.00	Reduced length of stay		Oct-18	LoS	Sep-18	Reduce by 10%	A. Pirfo
13	Kings - PRUH	Use of MADE at key points through winter	Days to be agreed with system partners for MADE at key points during winter, in addition to existing twice weekly stranded patient review meetings	Opportunity cost only	£ -	Reduced length of stay; reduced stranded patient number	Use of MADE throughout winter	December 2018 at latest	Stranded patients Super stranded patients	Sep-18	Reduce by 20% following MADE	A. Pirfo

14	Kings - PRUH	Standardised Board round Process, Tools and Training.	Full implementation of King's Way for Wards ahead by January 2019 (includes delivery of red to green)	£32,000	£ 32,000.00	Improved pre 1pm discharge profile; reduced length of stay	Full implementation of SAFER and R2G Days; All patients receive senior review before midday by a clinician able to make management and discharge decisions (5 days a week)	In train, completes January 2019	Pre 1pm discharge LoS	Jun-18	1) Increase by 10% 2) reduce by 1 day	T. Clark H. Tompsett E. Atherton
15	Kings - PRUH	Ambulatory frailty service at Orpington (Elizabeth Ward)	Provide 5 day, 8am to 5pm ambulatory frailty care at Orpington Hospital for direct referral, reducing ED attendances, reduce admissions and support early discharge.	For sign off through Trust Business Case process	£ 306,530.15	Reduction in ED attendances and admissions [to be quantified]	Partially addresses 7 day ambulatory care (5 day)	Go-live end October 2018	ED attendances (seeking reporting on frailty score)	Sep-18	Reduce by 2 per day	N Dare Nick Yard, Service Manager
16	Kings - PRUH	Additional AMU Consultant	Increase AMU resilience and flow through winter.		£ 62,500.00	Reduced AMU LoS		Oct-18	AMU LoS	Sep-18	Reduce AMU LoS by 10%	S. Frankton tbc E. Garbelli tbc
17	Kings - PRUH	Criteria Led Discharge for Elective and Emergency surgical patients	Criteria led discharge for all surgical patients to facilitate reduction in length of stay.	Opportunity cost only	£ -	Reduced length of stay		tbc - October 2018	Surgical LoS	Sep-18	Reduce by 10%	N. S Kumar J. Allen C. Noone F. Smedley
18	Kings - PRUH	Ambulatory Streaming for Surgical referrals + Surgical Assessment unit	Provide 7 day extended hours ambulatory streaming for surgical referrals in ED with accompanying assessment unit. To reduce admissions and support rapid turnaround of patients.	For sign off through Trust Business Case process	£ 880,747.14	Reduction in ED breaches and admissions	Addresses 7 day ambulatory care (7 day)	Pilot September 2018; Full go live November pending business case	Surgical admissions	Oct-18	Reduce by tbc per day	T. Signal N. S Kumar
19	Kings - PRUH	Additional clinical admin for ED	Additional support to maximise discharges and maintain flow		£ 19,671.25	Improved discharge profile from ED		Nov-18	ED breaches	Oct-18	Maintain baseline	Tbc
20	Kings - PRUH	Additional clinical admin for Acute Medicine	Additional support to maximise discharges and maintain flow		£ 19,671.25	Improved discharge profile		Nov-18	Medical discharges before 1pm	Oct-18	Increase by 10%	Tbc
21	Kings - PRUH	Additional clinical admin / discharge coordinator for Post Acute Medicine	Additional support to maximise discharges and maintain flow		£ 19,672.25	Improved discharge profile		Nov-18	Medical discharges before 1pm	Oct-18	Increase by 10%	Tbc
22	Kings - PRUH	Additional cleaning to support IPC	Double up where single cleaner available out of hours to reduce waits for cleans	tbc £50000 indicative (Vinci / ISS)	£ 50,000.00	Beds lost to IPC		Nov-18	Beds lost to IPC	Same month previous year	Reduce by 10%	tbc
23	Kings - PRUH	In ED 'flu testing	Learning from St George's 2017/18 in ED Testing to more accurately cohort patients and inform clinical decision making.	tbc - await detail from St George's		Beds lost to IPC		Nov-18	Beds lost to IPC	Same month previous year	Reduce by 10%	tbc
<b>Total Spend</b>				<b>£0</b>	<b>£3,124,436</b>							