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➢ What has been achieved in this period:

- RM Funding proposal was submitted on 21st Dec 2020 which stated that the Sustainability and Modernisation (SAM) Programme is in a strong position to embed the realistic medicine principles as they align closely with the SAM framework. It will also allow the strong links we already have with clinical leads within our board to approach Realistic Medicine from both primary and secondary care perspectives.

- It was proposed that SAM will take on the leadership of the realistic medicine agenda, provide programme management and collaborate with clinicians within our board, with the aim of embedding Realistic Medicine within teams.

- RM Delivery plan has been developed incorporating the principles

- Due to COVID Pressures in January, February and March focus of the SAM was primarily around laying the foundation by doing the ground work for the projects.

Relevant Documents	**Appendix 1 Realistic Medicine Funding Proposal** **Appendix 2 Principles of Realistic Medicine**

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Workstream	**Redesign of Orthopaedics**			
What has been done	***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• Request was made to operational team to complete PID • SAM Team met with responsible AGM to support progression prior to Christmas • NHS Lanarkshire work was reviewed to address orthopaedic pathways and to opportunities for local implementation • Local data reviewed to identify variation in GP referral patterns, and the outcomes from those referrals • Met with AHP Senior Leads to identify priority areas; ➢ Reinstate MSK Triage function ➢ Establish primary care 'first contact clinician' model ➢ Review MSK pathways from primary to secondary care ➢ Undertake waiting list validation from within PFB • Comparative data analysis to assess impact of local ACRT, PIR, Waiting List Validation and Virtual Clinics, in line with NHS Lanarkshire Orthopaedics Review. This was requested in response to service update that these areas of improvement work had already been undertaken locally • SBAR to outline the analysis has been presented to PCSG and TPOG	JAN 21	• Operational teams to draft SAM PID • Ortho have developed a manual work-around to capture Opt-Ins, however this is unsustainable and open to human error due to single-handed management of a high-volume referral list, and will require an e-Solution via Qlikview • Orthopaedic SLT and Surgical AGM will present an additional paper to PCSG, evidencing progress to date, and recommendations for areas for improvement and plans to progress these • SBAR being drafted by Orthopaedics – the findings from this will determine how this work will proceed and the content of the SAM Scorecard to measure, monitor and report progress • Analysis of variation in referrals to be taken by the SAM Team to the GP Cluster Lead Meeting for discussion • Explore e-Solution to capture Opt-Ins	Plan for service change due to be presented to Planned Care Steering Group in Qtr 1 2021/22, with service change being delivered Qtr 2 – Qtr 4 2021/22	

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Workstream	**Redesign of Ophthalmology** **Establish A Shared-Care System To Review Stable Glaucoma Patients By Community Optometrists** The pilot scheme has been launched to ensure that those patients with deterioration in their condition are escalated to an urgent review for the hospital eye department to prioritise sooner and also assist in the reduction of those patients who are overdue their appointment on the glaucoma review waiting list ensuring patients are seen in a safe and timely manner minimising the clinical risk to the patient.				
What has been done		***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• Service specification developed to include the identification of patient cohort • Service Level Agreement developed and IT requirements identifies and equipments sourced • Payment verification model established • Meeting scheduled established with Optometrists • SAM PID developed and scorecard prepared for active monitoring • SBAR presented to SAM Governance Group and Tactical LRP (week commencing 25/01/2021) to obtain support to continue with the community-based Glaucoma assessments during the local Covid-19 surge • Optometrists delivering direct care in community, supported by Ophthalmologists where required		Sep 20	• IT have developed Morse solution for Optometrists to enable safe, timely transfer of clinical records, including issue of wi-fi enabled iPads – training will be on-going as required • SAM Project Manager maintaining oversight of service users including those who had been awaiting their vaccination prior to attendance. • SAM Team preparing a further mid-point review of the pilot that will be presented to TPOG in May 2021 with agreed financial elements included. • This updated paper will also set out a proposed exit strategy to support decision-making process for either on-going delivery of this model of care or a return to an Ophthalmology delivered model depending on the decision made.	Shared care pilot commenced in Qtr 3 2020/21 and will continue until 1200 patients have been referred to and seen by Optometrists (estimated end of Qtr 1 2021/22) Project evaluation will determine wider service change	

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Workstream	**Develop PRE-and POST Clinic Community Testing** Develop a three phase plan to deliver community based testing to support pre-clinic diagnostics			
What has been done	***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• Request has been made to Primary Care to quantify the support and resources required to refocus and progress this work	JAN 21	• Proposal for three phase plan to be presented to Planned Care Steering Group December 2020 • Primary Care team to work with GP Clusters to understand their thinking for CTAC rollout • Primary Care to work with others in the organisation to share this learning and develop a once for Dumfries and Galloway model that will support General Practice and deliver consistent access to community based testing for secondary care services • Primary Care to specify the capacity and support they require to progress this work • CTAC update to be brought forward to the next TPOG meeting in February 2021 • Meeting to agree scope and outline brief for workstream, anticipated end April 2021 • Agreement on managerial leadership for the workstream • Scope requirements for an initial priority phase to attend to the immediate need for blood testing	Planning scheduled to be concluded by Qtr 1 2021/22 with delivery and further development to take place during Qtr 2 – Qtr 4 2021/22	

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Workstream	**My Pre-op** To safely implement the use of MyPreOp within NHS Dumfries and Galloway, which will reduce the footfall of patients into the pre-assessment departments, and improve efficiencies within the system. To agree a method of collecting and collating feedback from both staff and patients on the MyPreOp system.

What has been done	***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• Align MyPreOp with relevant Planned Care priorities, for reporting through the Planned Care Steering Group • Project in active monitoring phase • Acute surgical management team are producing a data report to evidence current uptake of My Pre Op across all engaged services • All patients listed for surgery in 2020 have been issued with My PreOp information leaflets and login guidance to fill out their assessment	JAN 21	• Look to develop electronic My Pre-Op solution and uptake for all appropriate surgery pre-assessments (paediatric and endoscopy assessments are not suitable for My Pre Op solution) • Develop KPIs and targets/trajectories to support on-going performance management	Pilot scheduled for delivery Qtr 4 2020/21 – Qtr 1 2021/22	

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Workstream	**REDESIGN OF DEMENTIA DIAGNOSTIC AND POST DIAGNOSTIC CARE PATHWAYS** To build on the on-going improvement programme currently underway in MH, extending the scope of this work to attend to the needs of this group across the whole system, and for the duration of their condition. A single point of contact will be accessible from a community setting, from which point people with the condition and their carers can access a comprehensive assessment of need, and timely, onward referral. People will be supported to self-manage their condition, with opportunity to self-refer back to a single point as and when required. This pathway will be underpinned by the development of robust care planning that is specific to the needs of this patient group, and can be easily shared by other stakeholders in the care plan.

What has been done	***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• Supporting review of mandate, in line with Covid-related changes to the pathway • Action plan developed • Pathway reviewed in context to Covid and flowchart drafted to describe detailed pathway requirements • SLWG established • Flowchart drafted to describe detailed pathway requirements • On-going engagement with SAM PMO to develop Mandate to support roll-out, and monitoring of the same	JAN 21	• Member of SLWG to progress roll-out • On-going collaboration with MH colleagues • A meeting is being arranged between SAM PMO and MH deputy GM to agree scope for work stream, and thereby progression of PID documentation, mandate and KPIs	Full mandate anticipated to go to PCSG on 10th May 2021	

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Workstream	**Develop Use of Virtual Consultations** To develop routine reporting systems and processes that illustrates increased efficiencies in service activity, particularly in relation to use of NM as an alternative to face to face consultations. To agree associated KPIs for areas of performance and service activity in relation to mode of delivery as described.

What has been done	***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• Full NM functionality has been rolled out across the region • Performance monitoring system has been developed, including baseline position • KPIs issued to directorates • Directorates issued with service-level data that describe activity in terms of overall consultations, and modes of consultation • GMs invited to set trajectories and targets for projected delivery against the baseline, in a way that maximises efficiencies and aligns to the principles of realistic medicine.	JAN 21	• GMs to set trajectories and targets for projected delivery against the baseline, in a way that maximises efficiencies and aligns to the principles of realistic medicine • On-going monitoring and review of service-level use of alternatives to face:face consultation (pending returns from GMs) • Reciprocal arrangement underway with Borders, to support service-level comparison with a similar NHS board area • On-going monitoring and review of service-level use of alternatives to face:face consultation (pending returns from GMs) • Reciprocal arrangement underway with Borders, to support service-level comparison with a similar NHS	Targets and trajectories to be set during Qtr 1 2021/22 for monitoring for two years	

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Communication and Engagement				
What has been done	***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• **RM Consultation Video** -Bad consultation video: EB/PR -Good consultation video: FG/PR Videos have been recorded and will be used as an educational tool upon editing.	JAN 21	• Creation of learn pro module on RM • Plan for CW5Q: -Display the 5Q's at the screens in acute and diagnostics and as well the GP practices -Addition of questions to Patient Appointment letters/message	Pilot scheduled for delivery Qtr 4 2020/21 – Qtr 1 2021/22	

Sustainability and Modernisation Tracker				
What has been done	***Start Date***	***What are the next steps***	***Anticipated time frame for completion***	***Relevant Documents***
• Project Tracker if under development to support oversight of progress against RM action plan ,in terms of quantifiable outcomes and efficiency release • Workshop for GM's was conducted on ---- to set targets and trajectories • Scorecard have been developed for active performance monitoring purposes	JAN 21	• Finalisation and subsequent use of project tracker	Pilot scheduled for delivery Qtr 4 2020/21 – Qtr 1 2021/22	

➢ Next Steps:

- Continue to work through current plans, as outlined in the Realistic Medicine Action Plan
- Embed the principles of Realistic Medicine in the organisational response to the Centre for Sustainable Delivery Workplan
- Conclude an option appraisal on pathway development and electronic access to these, ensuring the principles of Realistic Medicine are fully embedded

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Appendix 1

<table>
<tr><td>Title:</td><td>Realistic Medicine Funding Proposal</td></tr>
<tr><td>Description:</td><td>NHS Dumfries & Galloway has previously demonstrated its commitment to Realistic Medicine, and wants to reinforce these principles as a central element to support essential work on recovery and remobilisation. The overall aim would be to align NHS Dumfries and Galloway with selected goals developed in the National Clinical Strategy and Realistic Medicine; in particular to:
• Reduce the burden and harm that patients experience from over-investigation and overtreatment
• Reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients
• Ensure value for public money and prevent waste

The SAM Programme has been operating within NHS Dumfries and Galloway for almost two years with a clear brief to deliver key tactical priorities within the board. The team provides a wide skill set and has the ability to deliver programmes of work effectively working with services and individuals across the wider partnership.
The SAM programme is in a strong position to embed the realistic medicine principles as they align closely with the SAM framework. It will also allow the strong links we already have with clinical leads within our board to approach Realistic Medicine from both primary and secondary care perspectives.
It is proposed that the SAM programme will take on the leadership of the realistic medicine agenda, provide programme management and collaborate with identified Realistic Medicine clinicians within our board.</td></tr>
<tr><td>Objectives:</td><td><u>The key objectives are:</u>
i. Embedding the principles of Realistic Medicine within SAM priority areas - Planned care, Unscheduled care and community health and social care, with a focus on sustaining social support and developing home teams.
ii. Identify and reduce unwarranted clinical variation in primary and secondary care.
iii. Identify and reduce waste.
iv. Explore areas of variation in outpatients, diagnostics and treatment.</td></tr>
<tr><td>Funding details:</td><td>The following is a proposed plan for how we intend to utilise the funding:
<table><tr><th>Posts</th><th>Proposal</th><th>Objectives</th></tr></table></td></tr>
</table>

	➢ Clinical Lead Funding	• RM Clinical lead • Primary care Clinician Our proposal is to split the funding between two clinicians allowing them 1 session per week each.	• To support health and care professionals to practise Realistic Medicine
	➢ Programme Manager Funding	The RM funding will allow us to augment the SAM structure to provide management to the programme in addition to governance, project management, performance and reporting.	• Develop a local RM action plan and RM Communications Plan with explicit links to supporting the delivery of local remobilisation plans. The action plan will describe the actions to be taken, what the outcomes and deliverables will be and the associated timescales for delivery; • Writing up examples of RM in action from within the Board (drawing on examples provided by RM Lead progress templates) to promote good practise, share learning and arrange for upload to the RM website where appropriate; • Work collaboratively with NHS D&G RM Clinical Leads to create and support a local RM network, making sure that staff, patients and families are supported to practise RM across the area; • Provide the SG RM team with regular updates on progress with our local RM Plan • Actively participate in regular meetings of RM Programme Managers across Scotland to build and maintain good working relationships and share learning

Proposed Project plan:

The project will be divided into two main phases and further sub-phases where appropriate, this should ensure that specific deliverables are managed through monitoring. These phases will run simultaneously for the lifetime of the project (2019-21).

Phases	Description

	Diagnostic Phase (Phase 1)	i. Evaluate and compare local activity with national benchmarking data, investigate the causes of variation and work with the Directorates, GP Practices and Clinical Teams to reduce unwarranted variation and waste. ii. Evaluate and compare activity between Consultants in the same speciality, investigate the causes of variation and work with the Directorates, GP Practices and Clinical Teams to reduce unwarranted variation and waste.
	Action Phase (Phase 2)	i. Capture all such work, identifying for example, any capacity or financial benefits arising. ii. Develop a process that clinically evaluates and ranks the clinical value of all new developments, such as new drugs, non-medicine technologies, recommendations from national guidelines and new procedures as proposed by clinical teams. iii. Development of alternative Ophthalmic review arrangements for patients who need follow-up / monitoring; iv. Development of new ways of working to improve Orthopaedic Out-Patient capacity v. Development of diagnostics and post diagnostic support for people with dementia, while creating a whole system approach to improving their experience of wider health and social care services vi. Introduction of the MyPreOp online tool to improve the safety and enhance the effectiveness of pre-operative assessment, while reducing the level of cancelled procedures vii. Embedding of models of virtual consultation across all services areas; and viii. Development of community based capacity to offer pre-clinic testing closer to home, while reducing unnecessary attendances at hospital sites.
Benefits:	i. Improvements in patient safety and care ii. Potential savings in clinical time, creating capacity iii. Reduction in unwarranted clinical variation in comparison to other health boards iv. Reduction in unwarranted clinical variation within departments v. Established explicit and agreed threshold criteria for interventions vi. Reduction in waste vii. Overall cost reduction	

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	viii. Improved communication between secondary and primary care, providing a more consistent high quality of care to patients
Senior Clinical Lead:	Dr Ewan Bell

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Appendix 2

PRINCIPLES OF REALISTIC MEDICINE; 1. Personalised Approach 2. Structured Decision Making 3. Reduce Unnecessary Variation in Practice and Outcomes 4. Reduce Harm and Waste 5. Manage Risk Better 6. Become Improvers and Innovators				
WORKSTREAM	**KEY DELIVERABLES**	**RM PRINCIPLE**	**START**	**KPIs AGAINST RM**
REDESIGN OF ORTHOPAEDICS	**REDUCE UNWARRANTED REGIONAL VARIATION IN GP RATE OF REFERRALS**; • IDENTIFY VARIATION • UNDERSTAND THRESHOLD FOR REFERRALS • IMPROVE QUALITY OF REFERRAL INFORMATION • DEVELOP PROMs • ENSURE PATIENT ACCESS TO INFORMATION, INCLUDING SELF-MANAGEMENT RESOURCES • INCLUDE OPPORTUNITY TO RECORD WHERE SDM DISCUSSION HAS OCCURRED	1,2,3,4	JAN 2021	• REDUCTION IN VARIATION IN GP REFERRAL RATES/1K PRACTICE POP'N • REDUCTION IN OVERALL REFERRAL RATES • REDUCED W/T FOR PEOPLE
	ENHANCED ACRT PRINCIPLES • ONLY PEOPLE REQURING FACE TO FACE SHOULD REMAIN ON LIST TO SEE CLINICIAN • MOVE TO REDIRECT RELEASED RESOURCE TO INCLUDE ACRT COMPONENT IN JOB PLANS	3, 4, 5, 6	FEB 2021	• INCREASED PATIENT AND STAFF SATISFACTION • REDUCED AVERAGE WAIT FROM DIAGNOSIS TO TREATMENT
	WAITING LIST VALIDATION	1,2,3,4,5,6	JAN 2021	• AVERAGE LENGTH OF WAIT

	• CONFIRM PATIENT DETAILS • CONFIRM PATIENT REQUIRMENTS • IDENTIFY PEOPLE ABLE TO ACCEPT LATE APPOINTMENTS			• NUMBER WAITING • LONGEST WAIT PATIENT SATISFACTION
	PATIENT INITIATED RETURNS • EMBED INTO ON-GOING CLINICAL PRACTICE	1,2,4,6	FEB 2021	• NUMBER OF RETURN APPOINTMENTS • PATIENT AND STAFF SATISFACTION • NUMBER OF DNAs
	VIRTUAL SERVICE DELIVERY • ENHANCED USE OF A RANGE OF VIRTUAL MODES OF ATTENDANCE	1,2,3,4,5,6	UNDERWAY	• % RATES OF F2F, TEL, WRITTEN, VIDEO CONSULTATIONS
	ENHANCED RECOVERY AFTER SURGERY • IMPROVED MANAGEMENT OF PRE-OP ANAEMIA • PREHABILITATION • SAME DAY MOBILISATION	1,2,3,4,5	UNDERWAY	• LENGTH OF STAY • PATIENT SATISFACTION • AVERAGE WAITS
	WORK WITH PRIMARY CARE TO DEVELOP CLINICAL PATHWAYS AND INFRASTRUCTURE • DEVELOP USE OF EQuIP PRINCIPLES • INCREASED USE OF OPT-IN • PROMOTE SELF-MANAGEMENT AGENDA • PROMOTE SDM	1,2,3,4,5,6		• PATIENT AND STAFF SATISFACTION • NUMBER OF OPT-INS • NUMBER OF REFERRALS • VARIATION IN GP REFERRALS
REDESIGN OF DEMENTIA DIAGNOSTIC AND POST DIAGNOSTIC CARE PATHWAYS	**IMPROVE ACCESS TO DIAGNOSTICS AND POST DIAGNOSTIC SUPPORT IN PRIMARY CARE** • EXTEND GEOGRAPHICAL SCOPE OF DIAGNOSTIC/PDS PATHWAY IMPROVEMENT WORK IN MENTAL HEALTH; INCLUDES DIRECT REFERRAL FROM GP TO DEMENTIA PRACTIOTIONER, VIRTUAL CLINICS	1,2,3,4,5,6	UNDERWAY	• PATIENT/CARER PROMs • STAFF/PATIENT/CARER EXPERIENCE • NUMBER DIAGNOSED (BY GP AND BY OA PSYCHIATRY) • NUMBER OF PEOPLE WITH ACP • LENGTH OF WAIT, REFERRAL TO DIAGNOSIS • LENGTH OF WAIT, DIAGNOSIS

	WITH OA PSYCHIATRIST, SUPPORT PRIMARY CARE TO UNDERTAKE DIAGNOSTICS, DEVELOPMENT OF PATIENTS AND CARER PROMs and ROBUST SYSTEMS TO SUPPORT PIRs • WIDEN DELIVERY OF NEEDS-LED, PERSON-CENTRED PDS FOR THIS PATIENT GROUP AND THEIR CARERS • ESTABLISH SINGLE POINTS OF CONTACT IN A COMMUNITY SETTING IN ALL 4 LOCALITIES, FROM WHICH PEOPLE CAN ACCESS A COMPREHENSIVE ASSESSMENT OF NEED FROM AN ADVANCED PRACTITIONER, AND ONWARDM TIMELY REFERRAL TO NEEDS-LED SUPPORT AND CARE. THIS WILL INCLUDE DEVELOPING A MECHANISM FOR ANTICIPATORY CARE PLANNING • ESTABLISH ROUTINE REPORTING SYSTEM TO RECORD ALL ASPECTS OF PDS FOR LDP RETURNS TO ISD			TO TREATMENT (PDS) • NUMBER OF PEOPLE ALREADY DIAGNOSED WHO ACCESS PDS • LENGTH OF WAIT FROM REFERRAL TO FIRST CMHT APPOINTMENT FOR OTHER CLINICAL GROUPS
REDESIGN OF OPHTHALMOLOGY PATHWAYS	**ESTABLISH A SHARED-CARE SYSTEM TO REVIEW STABLE GLAUCOMA PATIENTS BY COMMUNITY OPTOMETRISTS** • DEVELOP CLINICAL PATHWAY, INCLUDING SLA, CLINICAL RECORDING SYSTEMS, CLINICAL THRESHOLDS, COMMUNICATIONS WITH PATIENTS, ON-GOING RISK MANAGEMENT AND REMUNERATION SYSTEM		UNDERWAY	• NUMBER WAITING FOR A REVIEW APPOINTMENT FOR GLAUCOMA • PATIENT/CARER EXPERIENCE • STAFF EXPERIENCE • LENGTH OF WAIT FOR A REVIEW APPOINTMENT • NUMBER OF PEOPLE WHO STILL REQUIRE TO BE SEEN BY OPTHALMOLOGY • NUMBER OF PEOPLE SEEN, BY

				POST CODE AREA
	IDENTIFY OTHER CLINICAL AREAS THAT COULD BE SUPPORTED USING THIS MODEL • USE LOCAL DATA SYSTEMS TO IDENTIFY OTHER OPHTHAL GROUPS WITH HIGH VOLUME OF RETURNS, AND +6 MONTHS WAIT • UDE DISCOVERY DATA TO IDENTIFY ANY CLINICAL OUTLIERS, WITH REGARD TO PLCV (?CATARACT SURGERIES – WORK WITH PRIMARY CARE TO CLINICAL PWATHWAYS FOR THIS PATIENT GROUP, INCLUDING ENHANCED EQuIP PRINCIPLES	1,2,3,4,5,6	JAN 2021	• WRITTEN PROPOSAL FOR NEXT PHASE IN OPHTHALMOLOGY REDESIGN PROGRESSED THROUGH D&G GOVERNANCE STRUCTURED, INCLUDING MANDATED PROGRAMME OF WORK
DEVELOP USE OF VIRTUAL CONSULTATIONS	**ALL SERVICES ARE ABLE TO MOBILISE DURING PANDEMIC** • ENSURE ALL SERVICES HAVE FULL NEAR ME FUNCTIONALITY TO DELIVER VIRTUAL CONSULTATIONS • DEVELOP INFRASTRUCTURE TO SUPPORT ON-GOING USE OF NEAR ME, INCLUDING DEDICATED HELP-DESK, KPIs, PFB AND PUBLIC COMMs	1,3,4,5,6	UNDERWAY	• TOTAL CONSULTATIONS • PATIENT EXPERIENCE • STAFF EXPERIENCE • HEALTH MILES • NUMBER OF SHORT-NOTICE APPOINTMENTS USED • NUMBER OF DNAs • LENGTH OF WAIT • PUBLIC-FACING COMMs
	DEVELOP PERFORMANCE MONITORING SYSTEM FOR MODE OF DELIVERY • DEVELOP QLIKVIEW • DEVELOP LOCAL ATTEND ANYWHERE PLATFORM • SUPPORT DEVELOPMENT OF NATIONAL DASHBOARD			• % DELIVERED F2F • % DELIVERED TELEPHONE • % DELIVERED WRITTEN • % DELIVERED VIDEO • DNAs BY MODE OF CONSULTATION

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	SET SERVICE-LEVEL TARGETS AND TRAJECTORIES			• TARGETS AND TRAGETORIES IN PLACE
DEVELOP PRE- and POST-CLINIC COMMUNITY TESTING	**3 PHASE DELIVERY PLAN;** • DIVERT PHLEBOTOMY RESOURCE TO COMMUNITY SETTINGS TO SUPPORT DELIVERY OF CTAC • CREATE ACCESSIBLE COMMUNITY PHLEBOTOMY CENTRES ACROSS THE REGION • CREATE PHLEBOTOMY OUTREACH CENTRES TO SUPPORT SMALLER, MORE REMOTE AREAS **REDUCE VARIATION IN GP INITIATED BLOODS;** • IDENTIFY AREAS OF VARIATION • WORK WITH PRIMARY CARE TEAMS TO DEVELOP GUIDELINES AND THRESHHOLDS FOR TESTING	1, 2, 3, 4, 5, 6	JAN 2021	• VOLUME OF GP INITIATED BLOODS • VOLUME OF BLOODS TAKEN BY COMMUNTIY PHLEBOTOMIST • VOLUME OF BLOODS ARRANGED VIA SECONDARY CARE CLINICS • NUMBER OF PRE-ASSESSMENT APPOINTMENTS REQUIRING BLOOD WORK • NUMBER OF CENTRES IN SITU
MY PRE-OP	**DEVELOP ELECTRONIC MY PRE-OP SOLUTION FOR ALL PRE-ASSESSMENT SURGERIES FROM BOTH ACUTE HOSPITAL SETTINGS IN THE REGION**	1,2,3,4,5,6	MAR 2021	• NUMBER OF CANCELLED PROCEDURES, WHERE PRE-ASSESSMENT ISSUE IS CITED • %RATE OF ASSESSMENTS UNDERTAKEN BY PEOPLE USING MY PRE-OP • NUMBER OF F2F APPOINTMENTS REQUIRED, PRE SURGERY • STAFF EXPERIENCE • PATIENT FEEDBACK • HEALTH MILES UNDERTAKEN BY PEOPLE ATTENDING PRE-ASSESSMENT APPOINTMENTS

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				• AVERAGE REFERRAL TO TREATMENT TIME WITHIN CLINICAL GROUPS
SUPPORTING INFRASTRUCTURE	**KEY ELEMENTS TO SUPPORT ON-GOING DELIVERY OF REALISTIC MEDICINE**			
COMMUNICATION AND ENGAGEMENT	**ENCOURAGE UPTAKE OF STAFF EDUCATION TOOLS:** • LEARN PRO MODULE ON RM • VIDEOS FOR STAFF EDUCATION			
	DEVELOP PUBLIC ENGAGEMENT & EDUCATION TOOLS: • CW5Q POSTERS IN PROMARY CARE SETTINGS • CW5Q ADDED TO PATIENT APPOINTMENT LETTERS • VIDEOS FOR SOCIAL MEDIA AND OUTPATIENT TV SCREENS			
RISK REGISTER	**ON-GOING DEVELOPMENT OF SPECIFIC RISK REGISTER FOR THESE PROGRAMMES OF WORK, INCLUDING;** • IMPACT OF COVID ON REDESIGN OPPORTUNITIES AND PRIORITIES • APPETITE FOR CHANGE • IMPACT OF INWARD-FACING TARGETS TO MONITOR PROGRESS • POTENTIAL TO LOSE SCOPE AND FOCUS • LIMITED AVAILABILITY OF DATA AND OTHER MEASUREABLES TO QUANTIFY PROGRESS			
SUSTAINABILITY AND MODERNISATION TRACKER	**ON-GOING DEVELOPMENT OF SUSTAINABILITY AND MODERNISATION TRACKER THAT WILL SUPPORT;** • OVERSIGHT OF PROGRESS AGAINST THIS ACTION PLAN, IN TERMS OF QUANTIFIABLE OUTCOMES AND EFFICIENCY RELEASE • INVITE GMs TO SET TRAJECTORIES AND TARGETS THAT ALIGN MODERNISATION WITH SUSTAINABILITY • DEVELOP SCORECARD TO ENABLE BOARD TO MONITOR AND EVALUATE PROGRESS			