

South Devon and Torbay Clinical Commissioning Group

| | HONESTY | | cellent, jo are for eve | | OPENNES | SS | |
|----------------|------------------------------------|---|--|--|--|------------------------------|--------------|
| | OUR VALUES | Engagement | Inno | vation | Working in Partnership | | |
| CONNECTED | OUR RESPONSIBILITIES | Reducing Inequalities | Achieving National Requirements | | Sustainable Financial Balance | щ | |
| | OUR PRIORITIES | Excellent customer experience & effective outcomes | Proud, motivated & skilled workforce | | Collaborative working for all | PATIENT EXPERIENCE | |
| | OUR COMMISSIONING PRIORITIES | Promoting self-care, prevention and personal responsibility resulting in less need for urgent care. | patient centre services (inc | g joined up ed community luding mental ser to home. | Leading a sustainable health and care system, encompassing workforce, estates and IT. | PATIENT E | LOOKING |
| STAYING | | Primary Care: To encourage collaboration between practices, to deliver the best services for patients, at the time it is needed. To optimise and increase capacity in primary care in order to treat more patients, only going to secondary care when necessary. | | Community Services: To achieve fully joined up and cost effective 7 day services from the acquisition process. To increase the number who are proactively case managed to avoid unnecessary hospitalisation and reduce bed based care. | | SS | OUT |
| Z | | | | | ed based care. | ш | |
| NO | | To improve access to GP se out of hours, to avoid un visits into secondary | ervices, in and necessary | Mental To assertively primary care, | Health Services: y case manage patients in through integrating mental | FFECTIVENES | |
| NISATION | WORKSTREAMS & | To improve access to GP se | ervices, in and necessary care. | Mental To assertivel primary care, health in | Health Services: | INICAL EFFECTIVENES | RESPEC |
| E ORGANISATION | WORKSTREAMS & KEY OUTCOMES | To improve access to GP se out of hours, to avoid univisits into secondary To increase self-care and case management diabetes, alcoholo to review patient journeys in order to redesign servic unnecessary admiss | ervices, in and necessary care. d proactive e.g. ol. through A&E tes to avoid sions. | Mental To assertively primary care, health in To common Access health in the primary care, he care, he can be a primary care, he can b | Health Services: y case manage patients in through integrating mental into community teams. ission a Single Point of is to joined up mental ealth services. e access to, and patient psychological therapy and es, especially for children. | CLINICAL EFFECTIVENESS | RESPECTING & |
| IN THE | | To improve access to GP se out of hours, to avoid un visits into secondary To increase self-care and case management diabetes, alcoho To review patient journeys in order to redesign service. | ervices, in and necessary care. d proactive e.g. ol. through A&E ees to avoid sions. | Mental To assertively primary care, health in Access health in To common Access health in To improve experience of crisis service. | Health Services: y case manage patients in through integrating mental into community teams. ission a Single Point of is to joined up mental ealth services. e access to, and patient psychological therapy and | CLINICAL EFFECTIVENES | ζο 20 |
| H | | To improve access to GP se out of hours, to avoid un visits into secondary To increase self-care and case management diabetes, alcoho. To review patient journeys in order to redesign servic unnecessary admiss To increase the level of care in residential hours. | ervices, in and necessary care. d proactive e.g. bl. through A&E es to avoid sions. pro-active omes. | Mental To assertivel primary care, health ir To comm Access h To improve experience of crisis service Medicion To review | Health Services: y case manage patients in through integrating mental into community teams. ission a Single Point of its to joined up mental ealth services. e access to, and patient in psychological therapy and its essential psychological therapy and essential psychological therapy and essential psychological psychological therapy and essential psychological psycholo | | Qο |
| IN THE | | To improve access to GP se out of hours, to avoid un visits into secondary To increase self-care and case management diabetes, alcoholo To review patient journeys in order to redesign servic unnecessary admiss To increase the level of care in residential hours are in residential hours. Planned Services | ervices, in and necessary or care. d proactive e.g. ol. through A&E less to avoid sions. pro-active omes. ces: gnosed and as possible. the appropriate ng, avoiding | Mental To assertivel primary care, health ir To comm Access h To improve experience of crisis service Medicia To review varia | Health Services: y case manage patients in through integrating mental and community teams. ission a Single Point of a to joined up mental ealth services. e access to, and patient paychological therapy and eas, especially for children. o implement the Dementia Strategy. | SAFETY CLINICAL EFFECTIVENES | ζο 20 |
| IN THE | | To improve access to GP se out of hours, to avoid un visits into secondary To increase self-care and case management diabetes, alcohologo access and access are visit in order to redesign service unnecessary admission of the care in residential hours are the level of care in residential hours are dia receive a care plan as soon. To ensure patients receive the intervention, in a local setti | ervices, in and necessary or care. If proactive e.g. old. Ithrough A&E ees to avoid sions. Ithrough active or care. It | Mental To assertively primary care, health in To comm Access health in To improve experience of crisis service. Medicin To review varia | Health Services: y case manage patients in through integrating mental and community teams. ission a Single Point of a to joined up mental ealth services. e access to, and patient psychological therapy and as, especially for children. implement the Dementia Strategy. mes Optimisation: and reduce prescribing tion in all settings. | | ζο 20 |
| IN THE | | To improve access to GP se out of hours, to avoid un visits into secondary To increase self-care and case management diabetes, alcoholomore, and the case of the | ervices, in and necessary or care. If proactive e.g. ol. ol. ol. ol. ol. ol. ol. ol. ol. ol | Mental To assertively primary care, health in To comm Access health in To improve experience of crisis service. Medicia To review varia To fully utilise with Learn with Le commission. | Health Services: y case manage patients in through integrating mental no community teams. ission a Single Point of s to joined up mental ealth services. e access to, and patient psychological therapy and ess, especially for children. o implement the Dementia Strategy. nes Optimisation: and reduce prescribing tion in all settings. | | ζο 20 |