

Appendix D - HPEC Pledges

MATERNITY AND NEWBORN		
Pledge	Original Pledge	Agreed Pledge
1	By 2011 90% of pregnant women will see a midwife within 12 weeks to discuss their individual needs and preferences about how and where to give birth. We will focus in particular on making early contact with women from 'hard to reach' groups.	By 2011 90% of pregnant women will see a midwife within 12 weeks to discuss their individual needs and preferences about how and where to give birth. We will focus in particular on making contact with women from vulnerable groups.
2	By 2010 all women will be able to make an informed choice in the knowledge that the NHS will be able to meet her preference for a home birth, birth in a midwife led unit or births in a consultant unit.	By 2010 all women will be able to make an informed choice about place of birth in the knowledge that the NHS will be able to meet her preference for a home birth, birth in midwife led unit or births in a consultant unit
3	By 2010 there will be a consultant present on the labour ward for at least 60 hours of every week in every obstetric unit.	By 2010 there will be a consultant present on the labour ward for at least 60 hours of every week in every obstetric unit (with the exception of units with less than 2500 births a year where 40 hours is the standard).
4	By 2010 all women will be individually supported by a healthcare professional throughout their labour and birth.	Unagreed: By 2010 all women will be individually supported by a healthcare professional throughout their labour and birth.
5	By 2010 we will ensure that all mothers and babies receive high quality postnatal care, including support with breastfeeding for at least 6 weeks.	By 2010 we will ensure that all mothers and babies receive high quality postnatal care, for example support with breastfeeding for at least 6 weeks.
6	By 2011 all mothers who have recently given birth will be able to get help they need with mental health problems.	By 2011 all pregnant women and new mothers who have recently given birth will be able to get the help they need with mental health problems.
CHILDREN'S SERVICES		
1	Teams of health and social care givers will coordinate care 'around the child' by 2011.	Teams of health and social care givers will co-ordinate care "around the child" by 2011.
2	There will be special care teams across the South East Coast to help vulnerable young people move easily to adulthood by 2011.	By 2011 there will be dedicated transitional care teams across the SEC to help individual vulnerable young people making the move to adulthood.
3	More children's care will be available in the community and outside of hospital.	More children's care will be available in the community and outside of hospital.
4	We will halve the number of teenage pregnancies in South East Coast by 2010.	We will commit to reduce teenage pregnancy rate across South East Coast.
5	Young people will have better alcohol support services in the community by 2011.	Aim to reduce alcohol related harm to young people by targeted prevention services and better alcohol support services in the community by 2011.

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STAYING HEALTHY		
Pledge	Original Pledge	Agreed Pledge
1	Obese or overweight people will have better access to leisure facilities, one-to-one health advice and support with diets by 2010.	Everyone to be supported to maintain a healthy weight. By 2011 those who are overweight, or obese, to be offered appropriate and individualised advice and support.
2	Sexual health clinics will be able to offer appointments within 48 hours and at evenings and weekends.	Sexual health clinics will be able to offer appointments within 48 hours and at evenings and weekends.
3	We will work to reduce the risks to routine and manual smokers, pregnant smokers and their babies and young people by implementing effective tobacco control measures, integrated with high quality stop smoking services.	We will provide high quality tobacco control programmes, focusing on those most at risk of long-term harm.
4	We will work with all relevant interests to reduce harm from alcohol through raising awareness of safe limits, sharing information between agencies, identifying those at risk of harm and providing accessible treatments.	We will work with partners to reduce the harm from alcohol misuse.
5	For alcohol and smoking risks, we will work with partners to target the workplace to access those who could benefit from risk and harm reduction.	We will work with employers to improve the health of the workforce.
MENTAL HEALTH		
1	There is no health without mental health: we will reduce the inequalities and social exclusion that are both a cause and effect of mental illness.	There will be effective support for people with urgent mental health needs.
2	There will be effective support at home for people in a mental health crisis and early recognition and treatment for people with first episodes of psychosis.	There will be access to psychological therapies in primary and secondary care in line with best practice.
3	There will be prompt access to the best psychological therapies in primary and secondary care.	We will campaign with our partners to overcome discrimination against people with mental health problems and take action to reduce inequalities and social exclusion.
4	We will raise awareness of the links for everyone between mental and physical well being and reducing stigma and inequalities. <i>(Inferred by Pledge 1, Mental Health)</i>	
5	We will work with the NHS and employers to rehabilitate people so that they return to work at the earliest opportunity.	We will work with the NHS and employers to maintain employment for those with mental health problems. Those who need to return to work will be rehabilitated so that they can do so at the earliest opportunity.

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ACUTE CARE		
Pledge	Original Pledge	Agreed Pledge
1	By 2010 people can expect the same outcomes and level of care regardless of which part of the health service they first approach.	By 2010 people can expect the same outcomes and level of care regardless of which part of the health service they first approach.
2	By 2010 all appropriate heart attack, stroke and major trauma patients will receive their care from 24/7 specialist units.	By 2010 all appropriate heart attack, stroke and major trauma patients will receive specialist care from 24/7 services meeting national guidelines. All such patients will be taken to the most appropriate specialist units under an agreement with South East Coast Ambulance trust and local hospitals by 2010 commissioned by PCTs.
3	There will be close integration of community and social services to support urgent care.	There will be closer integration of community and social services to support people with urgent care needs.
4	All patients will be taken to the most appropriate centre of excellence under an agreement between South East Coast Ambulance trust and local hospitals by 2009	
PLANNED CARE		
1	Diagnostic tests in Primary Care will be available on your local high street.	Diagnostic tests in Primary Care will be available outside a traditional hospital setting, for example, on the high street.
2	Everyone will be able to book a GP appointment within 48 hours, if they want to do so.	Everyone will be able to see a GP, or other primary care professional, on the same day if urgent, within 48 hours routinely.
3	All diagnostic tests will be performed within 48 hours and all results will be ready within two weeks.	The time from referral for an everyday diagnostic test to the result being available should be 72 hours for urgent tests and two weeks routinely for all others.
4	Waiting times will be shorter, falling to an average of less than 9 weeks by 2009.	Waiting times will be shorter, falling to an average of less than 9 weeks by 2009.
5	Hospital stays will be shorter and patients will be able to choose day surgery more often because of improvements in primary and community care.	Hospital stays will often be shorter, through improvements in technology and enhanced primary and community care. Patients will be able to choose the day of their surgery more often.
6	People will be able to book a GP appointment more than three days in advance if they want so to do.	People will be able to book a GP appointment more than two days in advance, and up to 6 weeks in advance if convenient to them.
7	All women will receive their cervical screening test results within two weeks.	All women will receive their cervical screening test results within two weeks.

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LONG TERM CONDITIONS		
1	By 2010 health and social care will be jointly planned and purchased for long-term conditions so that people will receive care that is tailored to their needs.	By 2010 health and social care to be jointly planned and purchased for long-term conditions where appropriate, so that people will receive co-ordinated and personalised care that is tailored to their needs.

LONG TERM CONDITIONS		
Pledge	Original Pledge	Agreed Pledge
2	By 2011 90% of patients with long-term conditions will have personal care plans.	All PCTs will ensure that their patients are offered a care plan by 2010 and 90% of those with complex long term conditions are identified and manage their own simple, personalised and negotiated care plan by 2011. Case manager support will be provided when necessary.
3	By 2012 all patients will receive ongoing support; education and training to help them better manage their own condition.	By 2010 all patients with long term conditions and their carers will be offered ongoing support, education and training to help them better manage their own condition.
4	Networks of clinicians will be developed to improve the quality of care for people with long-term conditions.	Supported disease-specific clinical networks across the whole of healthcare, social care and third sector will be developed and managed to identify, share and promote evidence-based best practice to improve quality of care and of commissioning to achieve best outcomes for patients.
5	We will work with the NHS and employers to rehabilitate people so that they return to work at the earliest opportunity.	We will work with the NHS and employers to rehabilitate people of working age so that they return to work at the earliest opportunity.
END OF LIFE CARE		
1	By 2012 all providers will use recognised standards of best practice including: the Gold Standards Framework, Liverpool care pathway, preferred priorities or care policy.	By 2012 all health, social care and 3 rd sector providers will provide evidence of achieving best practice in End of Life care against recognised quality standards, including evidence of care plans.
2	By 2015 a visiting service to help patients needing pain control for terminal illnesses will be available everywhere.	By 2012 a rapid response service to access and help manage patients with their pain and other symptom control, including psychological, social and equipment needs will be available everywhere everyday 24/7.

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3	The NHS in Kent, Surrey and Sussex will work with staff, public and partners to raise awareness of end of life issues.	The NHS in Kent, Surrey and Sussex will actively work with staff, public and partners to raise awareness of end of life issues.
4	PCTs will ensure a strategic approach to commissioning End of Life care from organisations that provide these services to patients and their families.	PCTs will ensure a strategic approach, developed in partnership with voluntary, third sector and social services to commissioning End of Life care services to patients and their families.
5		By 2012 the workforce, including social care 3 rd sector and voluntary, will be appropriately trained in End of Life care as measured against relevant competencies.

OVER-ARCHING PLEDGES		
Pledge	Original Pledge	Agreed Pledge
1	There will be no avoidable hospital acquired infections.	There will be a culture of zero tolerance culture towards healthcare acquired infections.
2	By 2011 there will be no avoidable cases of hospital acquired MRSA and less than 2,000 cases of C. difficile	By 2011 there will be no avoidable cases of hospital acquired MRSA. By 2011 there will be less than 2,000 cases of C. difficile per annum across South East Coast.
3	By 2010 all appropriate heart attack, stroke and major trauma patients will receive their care from 24/7 specialist units.	By 2010 all appropriate heart attack, stroke and major trauma patients will receive specialist care from 24/7 services meeting national guidelines. All such patients will be taken to the most appropriate specialist units under an agreement with South East Coast Ambulance trust and local hospitals by 2010 commissioned by PCTs.
4	You will be able to have medical tests to help diagnose and manage your illness on your local high street or at home.	You will be able to have medical tests to help diagnose and manage illness on your local high street or at home.
5	We will turn the tide on the rising numbers of obese people.	We will turn the tide on the rising number of obese people.
6	Special programmes to help you cope better with long-term conditions such as diabetes will be widely available.	By 2010 all patients with long term conditions and their carers will be offered ongoing support, education and training to help them better manage their own condition.
7	Most dying people will be able to die where they prefer – at home, in a hospital or hospice.	Support will be available to patients and their families to allow the patient to die in their place of choice.

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8	We will reduce the differences in life expectancy seen in the South East Coast area so that all men can expect to live at least 78.6 years and women 82.5 years.	Unagreed: We will reduce the differences in life expectancy seen in the South East Coast area so that all men can expect to live at least 78.6 years and women 82.5 years.
9	All patients will hold their own medical records.	All patients will have full access to their own medical records, some of which will be hand held, some electronic but available when required for acute care by 2012 – determined locally.
10	There is no health without mental health: we will reduce the inequalities and social exclusion that are both a cause and effect of mental illness. <i>(Repeat of pledge , Mental Health)</i>	There is no health without mental health. Therefore, we will improve life expectancy year on year of those with severe mental illness. We will also improve the recognition of mental health needs in the treatment of all those with physical conditions.