PROJECT IMPLEMENTATION PLAN AND TIMELINE

LATE ITEM Document 3

Updated: 15 July 2011			wc	wc	wc	wc	wc	wc	wc	wc	wc	wc	wc	wc	wc	wc	wc	wc
		Actioned by		04-Jul	11-Jul	18-Jul	25-Jul	01-Aug	08-Aug	15-Aug	22-Aug	29-Aug	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct
Service Spec & Model Agreement	Trust project board agreement	JW	done															<u> </u>
	Trust QIPP PAB	PL		done													<u> </u>	ļ!
	Commissioner agreement (CMDG)	DG			done													
	Commissioner engagement (CRG)	DG			done													,
Communication	O&S Preparation	TMcG				done											1	
	Develop internal and external communications plan	AB / RH			plan												1	
	Consult patient groups / Derby Voice	TMcG				plan											1	
	Consult GPs	TMcG				plan											1	
	Communicate with wider trust services (general)	AB				plan												
	Communicate with wider trust services (psychological services and pathfinder)	AB				plan												
	Draft letter for patients (all in psychological therapies)	AB				plan												
	Communicate service model changes to patients on caseload	AB				plan											1	
Human Resources	Consult workforce	JW / KH					plan	plan	plan	plan							1	
	Potential redundancy costs	GS									plan	plan						
Finance & Contract	Cost of service change	TW									plan	plan						
	Contract variation	TW											plan	plan			1	
	Revised budgets	TW											plan	plan			1	
Patient onward care plan	Obtain list of patients open to PP (plus data)	JW				plan												
	Cease referrals to Psychodynamic Psychotherapy	JW					plan											
	Assemble panel to assess caseload	JW							plan	plan								
	Determine onward referral routes (consider for appropriate PP*)	Panel								plan	plan							
	Refer / discharge patients	Panel															plan	plan
Implementation of new model	Go-live Go-live	JW															plan	plan

^{*}The plan needs to incorporate safe and effective transition for patients currently on caseload. This could include the option to retain some of some psychodynamic psychotherapy skills to phase the transition for those clients for whom onward referral in October might be considered early.

In order to phase the implementation of onward referrals for this proportion of the caseload, it is calculated 4 wte psychodynamic psychotherapists would assume control of the retained caseload and work to discharge or onward refer by April 2012. During that period the caseload would continue to reduce and this would provide opportunities for the 4 therapists to retrain and bridge skills gaps which would allow them to undertake different roles in the trust either within psychological services or in other areas from that point (subject to funding and positions being available).

Retaining this resource would have an effect on the financial element of the project. It is estimated 4 wte would cost in the region of £120K for the 6 months additional input (subject to who was retained within the selection process) and that this would reduce the financial QIPP associated with the project for 2011/12 by the same amount.