New care models: transforming quality, access, efficiency and patient experience

Samantha Jones
Director, New Care Models Programme
@SamanthaJNHS

27 June 2016

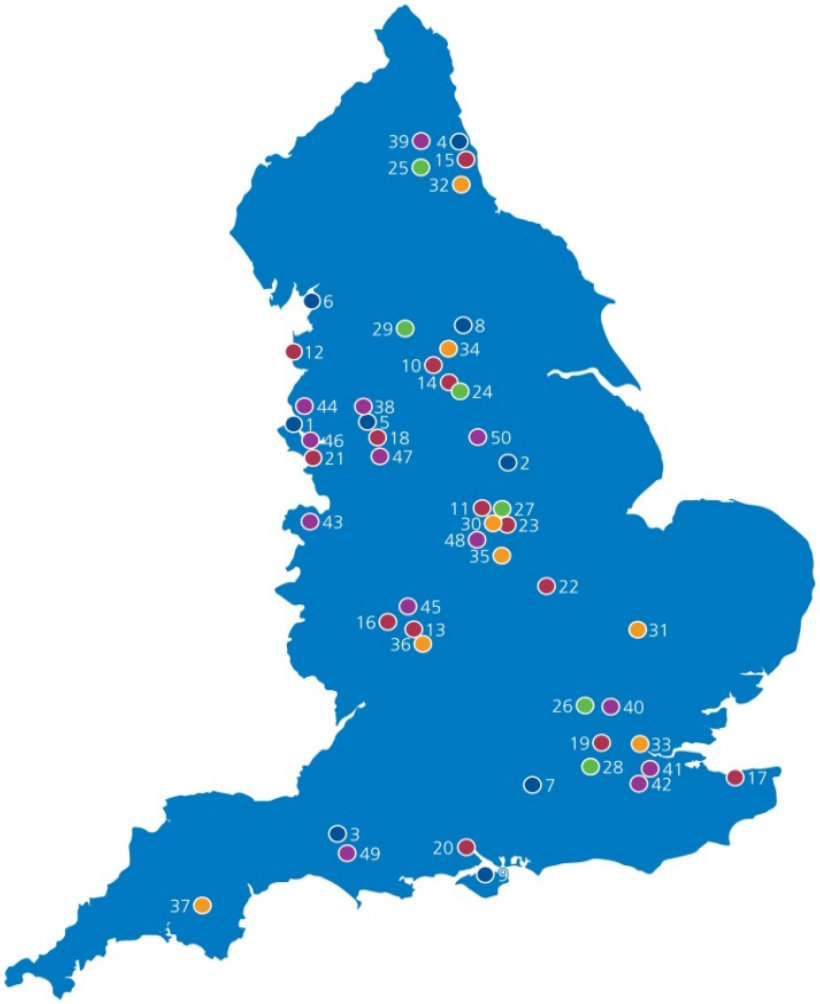
NHS Five Year Forward View

- Published in October 2014
- A shared vision and challenges across seven national bodies
- Focuses on both NHS and care services
- New care models programme key to delivery

1	Health and wellbeing gap	Radical upgrade in prevention
2	Care and quality gap	New care models
3	Funding gap	Efficiency and investment

Our values: clinical engagement, patient involvement, local ownership, national support

50 vanguards are developing new care models, and acting as blueprints and inspiration for the rest of the health and care system.



9	Integrated primary and acute care systems
14	Multispecialty community providers
6	Enhanced health in care homes
8	Urgent and emergency care
13	Acute care collaboration

Our values: clinical engagement, patient involvement, local ownership, national support

2015/16 was a year of design, set-up and delivery.

- Learning from previous national programmes including the Pioneers, identified clear replicable models, tools, and methods that promote health and wellbeing.
- Helped vanguards to do things in common, solving common issues.
- Developed local leadership, supported to generate and sustain enthusiasm for new models via open dialogue with their local communities.
- Supported the vanguards to systematically identify the local and national barriers to implementation and then co-produce the solutions.
- Shared solutions throughout the NCM programme, and launched a Clinical Associate scheme, to increase awareness and adoption across existing networks.

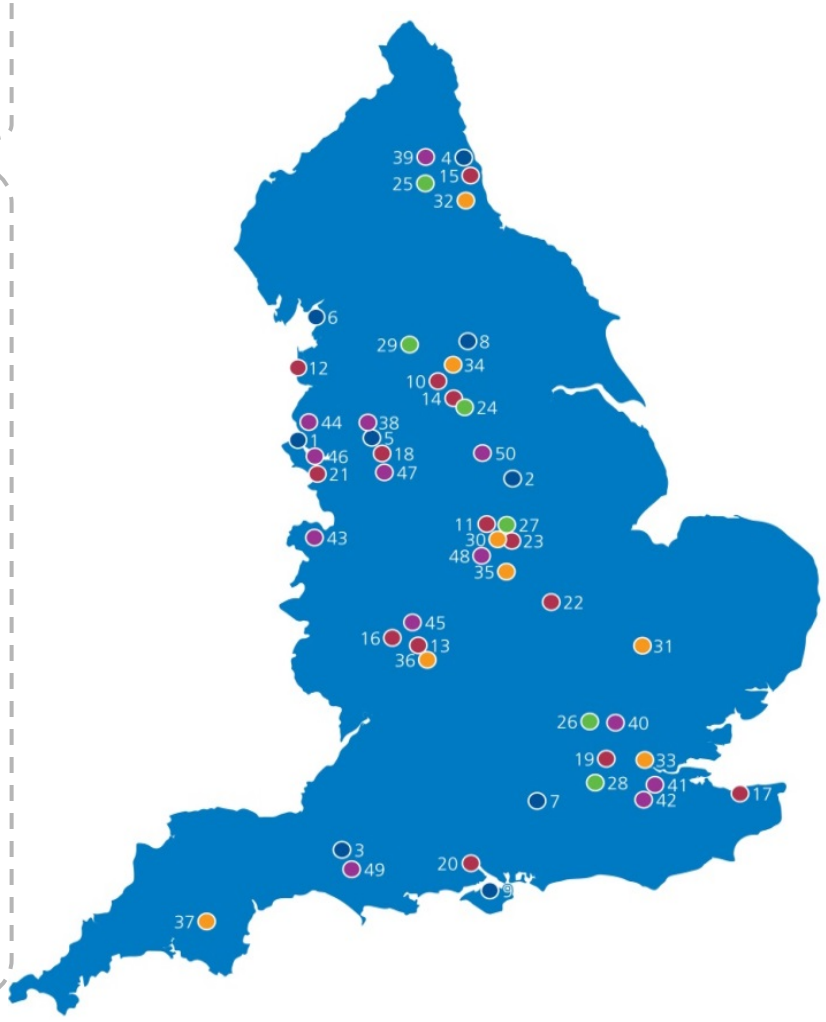
The vanguards are already improving the care received by millions of people across England.

Over **5 million** people in England are already covered by the **PACS, MCP and Care Homes** vanguards: around **9%** of the population of England

A typical MCP or PACs vanguard has around **200,000 patients** and covers **20 GP practices**

Together, **PACS, MCP and Care Homes** vanguards incorporate **1,023 GP practices** and **33 CCGs** (UEC and ACC incorporate a further c. 36 CCGs)

The demography of our vanguards is diverse, ranging from some of the least deprived CCGs e.g. Rushcliffe CCG where deprivation levels are **56%** lower than the national average, to some of the most deprived in the country e.g. Tower Hamlets where **39%** of children live in poverty (the highest in the UK)



Our values: clinical engagement, patient involvement, local ownership, national support

We have learned from UK and international experience

Alzira, Spain

New York State, New York

Jonkoping, Sweden

A selection of vanguards and pioneers took part in international **study tours**, visiting care models sites to hear about their progress, and solutions that we could pinch with pride.

Nuka, Alaska

Gesundes Kinzigtal, Germany

Buurtzorg, The Netherlands

After the study tours, support for these vanguards includes ongoing investment and access to expert advice and support

These systems are already sharing their early insight and learning with the new care models community and beyond.

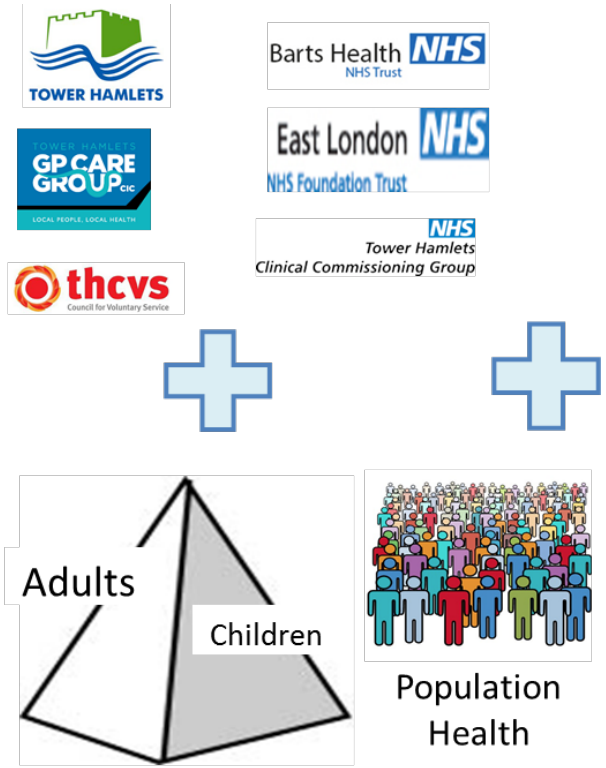
Tower Hamlets Together MCP is learning from New York

New York State is transforming Medicaid, the publically-funded service that provides healthcare for over six million low-income citizens in the state. Through an ambitious nine-year programme that started in 2011, New York is investing $8 billion in creating new models of provider networks that will dramatically reduce avoidable hospital admissions and help achieve the triple aim of better care, better health and lower costs.

Tower Hamlets learned from New York's experience on system transformation, payment reform and data analytics

Our values: clinical engagement, patient involvement, local ownership, national support

Vanguards are putting learning into practice, to improve health and care for their local populations…



Rebuilding the system:

- Coproduction and citizen engagement
- Payment and incentives reform
- Linked data
- Joint commissioning
- Outcome based contracting
- Provider and market development
- Personalisation
- Technology and innovation
- Quality improvement methodology
- Benefits realisation

System sustainability:

- Improved health, wellbeing and experience
- A shift from emergency to planned care
- An impact on wider determinants and inequalities
- Improved staff satisfaction
- Greater productivity and efficiency

- **Tower Hamlets**' Community Renal Service e-clinic has seen **50% of referrals** managed without need for hospital appointment.
- Average wait for appointment in 2015 was 64 days; using e-clinic, average wait for advice was **5 days**.

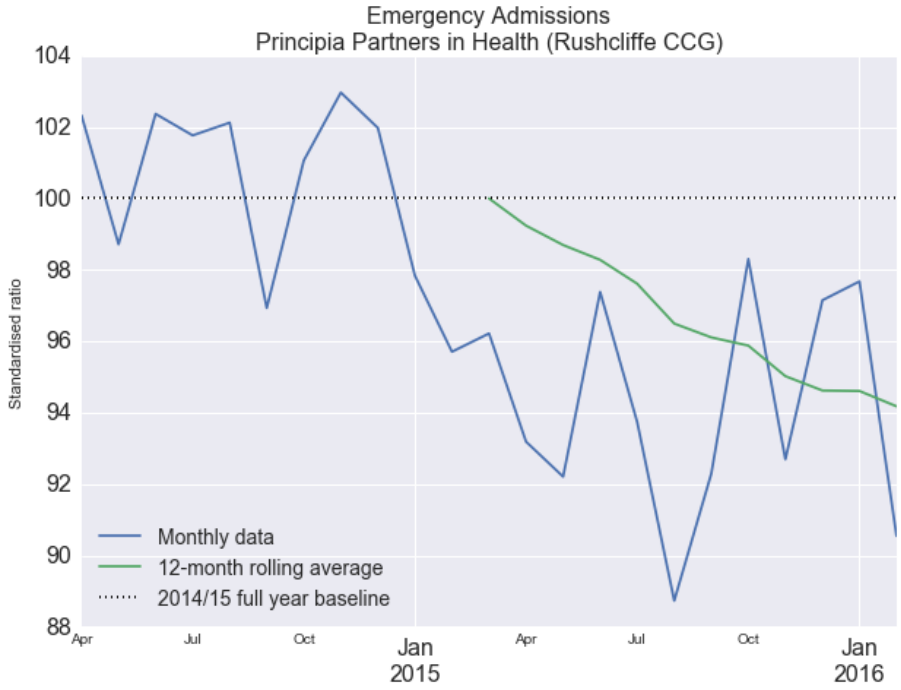
Our values: clinical engagement, patient involvement, local ownership, national support

… and we're already seeing the early signs of progress

Principia (MCP) is delivering a consultant led community clinic for trauma and orthopaedics; an urgent care weekend service; and work with care homes in conjunction with the third sector.

Outcomes to date include:

- Reduction in hospital admissions from care homes
- Improved medical management, more focussed on proactive care. More residents dying in their place of choice
- Partnership working between GPs, community staff, care homes
- No community acquired pressure sores in frail older people resident in care homes for the last two quarters.
- Ambulance responses to care homes = 55 per 100 beds (vs South Notts average of 98-117/100 beds)
- Hospital conveyances from care homes – 29 per 100 beds (vs South Nottinghamshire average of 60-67 conveyances per 100 beds)
- 87.2% residents registered with the aligned GP practice (compared with 67.7% previously) An initial indication of the financial impact of reducing the risk of falls and hip fractures with a nurse led community approach shows predicted cost savings of around £73k for year one (representing a return on investment of 52%).



Through the changes they are making, the vanguards are defining what the new care models look like in their end-state

The care model frameworks, published over the summer, will set out for the rest of the NHS the detail of the care models, share the vanguard learning and best practice, and be available for others to use nationally.

Primary and Acute Care Systems (PACS)

- Targeted population health
- Enhanced primary care
- Integrated community care teams
- Integrated access to acute and emergency care services
- Improved access to specialist and elective care
- Self-care, prevention and person-centred care
- Third sector and community engagement and activation

Enhanced health in care homes

- Enhanced primary care support for care home residents
- Multi-disciplinary team in-reach support
- Re-ablement and rehabilitation to promote independence and living at home
- High quality end of life care and dementia care
- Joined up commissioning between health and social care
- Workforce training, development and shared planning.
- Data, IT and technology – shared data, records and new technology.

Multi-specialty Community Providers (MCPs)

- A population health and care model focused on proactive and preventative care tailored around the needs of the individual
- Empowering patients and local people to support each other and themselves in their health and care
- Multi disciplinary health care professionals working within an organisation that has accountability for the delivery of health and care services for their population
- Contracting and payment systems that incentivise and enable the delivery of services for population health

Our values: clinical engagement, patient involvement, local ownership, national support

13 vanguards are bringing together the providers of acute services to provide care in a different way, across three different types of ACC

Two challenges

Reducing avoidable variations in the cost and quality of acute care. This includes tackling variations by provider, by type of service and by the day or time at which patients require care

Addressing challenges to the sustainability of acute hospital services. This includes responding to financial and workforce pressures, in addition to meeting new service standards

Two fundamental characteristics

A strong, **consolidated decision-making mechanism** that is supra-organisational and 'locks-in' decisions and partners

Rigorous use of the consolidated decision-making mechanism to identify and address the systematic issues, through the introduction of **standardisation and evidence-based best practice**

Three types of ACC:

Foundation Groups will develop and implement a 'group model' for NHS hospitals. This is not a simple extension of traditional hospital mergers that result in large multi-site trusts, rather this will be a flexible membership model that allows a number of hospitals to operate as part of a single group with a central headquarters.

Specialty Franchises will provide services and operate beyond immediate boundaries. They will build and maintain links to local communities when operating across remote sites, and feature a central management function to ensure quality is maintained

Accountable clinical networks will deliver rapid and sustained improvements in the systematic delivery of care by optimising patient pathways for services covered by the network, and by identifying and implementing best practice at each stage along those pathways.

Our values: clinical engagement, patient involvement, local ownership, national support

In 2016/17 we will continue to help the vanguards put the key enablers into practice…

…and we are learning more about the elements that are most important for success

Our values: clinical engagement, patient involvement, local ownership, national support

For example, this means developing and testing contracting, commissioning and procurement arrangements for MCPs…

- **MCP voluntary contract** to be released in the autumn to allow the final contract to be available for April 17
- **Contractual options** for GPs to participate in the MCP, and for GPs not in MCP initially
- MCP **service specification**, including national mandated requirements of MCP care model
- Model **procurement** process and selection criteria
- Pay for **performance quality scheme** for MCPs, including national metrics and examples of local metrics

…as well as common products and practical support needed …

- **Whole population budget** handbook, with methodologies for baseline calculation and projection, gain/risk share, and deductions where patient choice is exercised
- **Financial risk management** methodology and principles for quantifying risk and determining which party should carry which risk to which extent; including the minimum financial standing of bidders required to carry different levels of financial risk

…and conducting similar work for PACS, Care Homes and ACCs

New voluntary contracts will enable health and social care to come together into a single contract that will provide integration of services around the patient

Joined up commissioning and shared voluntary contractual mechanisms will promote integration and population health.

- **South Somerset Symphony** is developing a joint venture between primary care and the hospital, able to hold a single budget, and which will shift resources to where they are required.
- The **joint venture will manage a new operating company**, which will own participating general practices. The operating company is already live, as a subsidiary of the local NHS Trust, and has taken over control of its first 3 practices. The aim is to expand this to 9 local practices. The joint venture will be supported by the development of **an innovative commissioning approach** by Somerset CCG, Somerset County Council and the Area Team.
- The joint venture will support the sustainable delivery of the vanguard's new care model, including its:
  - **complex care service**, which is providing intensive, personalised support for more than 135 of South Somerset's most complex patients. The service has reported a **37% reduction in hospital admissions** for that group.
  - **enhanced primary care model**, serving 36,000 patients in the first 5 practices. Eight other practices are to introduce the model, which will bring the total to 92,000 – **over 70% of S. Somerset's registered patients**.

Expansion of online services and service redesign makes the most of new technology

Quality will be improved by harnessing digital technology, including fully integrated datasets, real time business intelligence with predictive analytics, mobile technologies, wearables and apps

- **Modality MCP,** recognising the high-level of smartphone users and broadband transactions (80%) in Birmingham, **developed an app** where people can book appointments, send messages to clinicians and receive real-time feedback. This is helping individuals with long term conditions avoid A&E or hospital by "sending a quick message to their doctor".
- Modality's call centre handles **up to 1300 calls per day,** most patients are now given advice or treatment without visiting a surgery. Around **90% of Skype consultations and call-backs by GP partners are closed without a surgery visit.**
- Part of Modality's work to improve access, which has seen:
  - A **72% fall in "did not attends"**
  - A **10% rise in activity** – meeting demand within existing resources
  - Average **remote consultation times falling** to under five minutes
  - **70% of patients** say the new system has **improved access**

Our values: clinical engagement, patient involvement, local ownership, national support

Multi-disciplinary teams deliver care, with redesigned jobs that are more rewarding, sustainable and efficient

New roles such as health coaches, physician assistants and care navigators, pharmacists in community hubs or primary care, and community paramedics will be widespread.

- **Mid Nottinghamshire Better Together PACS'** is integrating primary, community health, and social care. **PRISM** (Profiling Risk, Integrated Care and Self -Management), **multispecialty teams** are providing preventative care to patients deemed to be at high risk of future admission.
- Teams typically consist of: two community matrons; a district nurse; occupational therapist; physiotherapist; mental health worker; social worker; healthcare assistants; voluntary/third sector workers; and a ward coordinator/Manager
- PRISM has helped to **avoid around 1,500 hospital admissions** since April 2015.
- The vanguard's proactive interventions (mainly PRISM) have resulted in a reduction in inappropriate patient attendances of **5.4% on last year for 18-79 year olds**; and by **20.5% on last year for patients aged 80 years and above**.

Our values: clinical engagement, patient involvement, local ownership, national support

The national health bodies will continue to support the vanguards across a number of deliverables in 16/17

MCP, PACS and care homes framework documents will provide a blueprint and enable spread through the STP process	**Multi-year MCP contract** for populations and services within care models based on the registered list	**Multi-year whole population budgets** to cover populations and services within care models - based on the registered list	**Effective gain/risk share approach and P4P** that aligns financial incentives across the local health system	**Codifying local solutions to implement a shared care record**, with IT systems that work together
Common approaches to data and LPF analytics that enable **population health approaches** based on evidence-based segmentation and targeted interventions.	**Standard models for one of a set number of organisational forms** that have been tested with vanguards	**National and local metrics that measuring progress and evaluating success** against the triple aims of the 5YFV	**A set of solutions to key workforce challenges** around recruitment, MDT working and skills development	**Developing an approach to place-based regulation**, co-produced with vanguards

Our values: clinical engagement, patient involvement, local ownership, national support

Success of the new care models programme will see improved health and care for people in the vanguards…

The new care models are already showing **better communication** with patients, clinicians and the public, **improved patient experience** and **easier access** to services.

Southern Hampshire Better Local Care's (MCP) Same Day Access Service (SDAS) has pooled the primary care workforce of 4 practices into a single service, operating from a central location. 5500 patients referred to the service in its first 6 weeks of operation, **3350 (61%) were able to have their needs met on the telephone**.
The initiative has contributed to greater GP availability in the practices; better working conditions for practice staff; longer appointments available for patients with complex needs; and **reduced waiting time for routine appointments (down from 3-4 weeks, to 10-14 days).**

They are helping save money by **reducing the number of unnecessary hospital admissions**, and are better **coordinating care** focused around patients.

Connecting Care Wakefield's work includes a multi-disciplinary team identifying care needs which, if not met, may lead to residents needing hospital care. The vanguard has seen:

- **admissions reduced** by 27% compared to the matched control of a reduction of 19%
- **reduction in A&E attendance** by 16% compared to the matched control of a reduction of 10%
- **ambulance call outs reduced** by 16% compared to the matched control of an **increase** of 26%

…and widespread adoption of the new care models for the benefit of populations across England

Further information…

More details can be found on the NHS England website:

www.england.nhs.uk/vanguards

Or join the conversation on Twitter using the hashtag:

#futureNHS

ANNEX

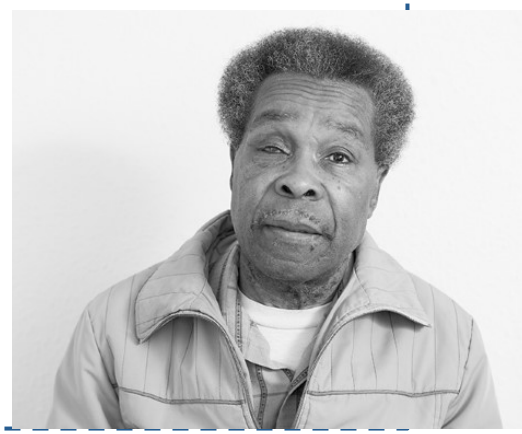
Integrated primary and acute care systems (PACS) vanguards

Nine areas are changing the ways health care has traditionally been provided, bringing much closer together **family doctor**, **hospital**, **community**, **mental health** and **social care** services in one **single organisation or partnership**. By coming together, one organisation will be responsible for people's care whatever they need, whatever service

Northumberland Accountable Care Organisation's new specialist emergency care hospital provides A&E consultants 24/7 and specialty consultants 7 days, 12 hours a day. It is complemented by 3 primary care hubs based in 3 local district general hospitals, staffed by a mix of hospital doctors, GPs and emergency nurse practitioners. Early evaluation has shown the model reduced emergency admission rates by 30% in 2015/16 c.f. 2014/15, and delivered an estimated £6.64 million of savings (FYE).

Northumberland's care model is being supported by the formation of an **Accountable Care Organisation,** which would bring together all providers in Northumberland, with a focus on **health outcomes**; being **mutually responsible** and working together, removing perverse incentives in the current system.

A partnership between the **CCG and Local Authority** will take the role of **Strategic Commissioner.** This would use a single contract; set strategy and health outcomes; and allocate a capitated budget to the ACO.



Our values: clinical engagement, patient involvement, local ownership, national support

Multispecialty community providers (MCPs) vanguards

These **14 vanguards** are focussing on taking services traditionally provided in **hospitals into the community**, bringing care **nearer to patients'** homes

Using 'Consultant Connect', **Stockport MCP**'s GPs can, during patient appointments, call and get instant treatment advice from a specialist at the local hospital, and check whether a referral is necessary.

- **connects GPs to a 'rota' of consultants** and if the first is unavailable, the system automatically loops to the mobile phone of the next specialist.
- dramatically **reduced referral time** for GPs to consultants**, from 3-4 weeks to near - instant** telephone access, benefiting the patient with timely care or advice.
- consultants are able to spend **more time with patients** that need their care, as they avoid unnecessary in-person consultations.
- **prevented hospital referrals** in 70 per cent of recorded cases since launching for haematology and endocrinology enquiries.
- it has been extended to paediatrics and there are plans to add further specialties.

Our values: clinical engagement, patient involvement, local ownership, national support

Enhanced health in care homes vanguards

Six vanguards are working to improve the quality of **life**, **healthcare** and **planning** for people with **long term conditions** living in care homes

Airedale and partners enhanced health in care homes vanguard is providing a secure video link for residents to senior nurses, so patients can remain in the care home.

- **24/7 video link** to care homes enables access to trained nursing staff; access to advice and guidance; or remote assessment using the video link.
- Airedale and partners vanguard supports over 7,000 nursing and care home residents living in 248 homes across Yorkshire and Lancashire.
- **reducing transfer to an A&E** department means reduced stress for residents, reduced workload for care home staff
- reported a large reduction in hospital as place of death; reductions in A&E/non-elective hospital admissions. Early evaluation has shown a return on investment of £6.82 for every £1 spent
- **plans to expand** telehealth to provide virtual appointments, repeat prescriptions, 1-1 therapy and group therapy sessions

Our values: clinical engagement, patient involvement, local ownership, national support

Acute care collaboration (ACC) vanguards

This group of **13 vanguards** is bringing together the providers of acute services (including acute mental health services) to provide care in a different way

EMRAD (East Midlands Radiology Consortium)'s is creating, across 7 trusts, a shared radiology record for all patients within the region. Further work will see a new way of managing excess reporting demand within the region, and offer an alternative to outsourcing of this work through an 'insourced' solution.

- Undertaking a joint procurement (rather than 7 separate procurements) is **estimated to have saved EMRAD around £1m**. EMRAD has developed a full suite of supporting documentation, including technical specifications, business cases, and framework collaboration agreements.
- Transformation Funding has covered running costs, enabling EMRAD to share (rather than sell) their documentation and framework pack with others across the NHS. It is estimated that **each site will avoid approximately £170k in resource costs** (compared with a cost to EMRAD of £350k to initially develop the procurement). The **estimated cost avoided to date therefore runs into the millions**.
- Piloting remote reporting of certain images between multiple sites; with robust data sharing, clinical and information governance processes to allow these arrangements to be transferred into other regions.
- Six Consultant Radiologists are providing a 'within NHS' alternative to the outsourcing of reporting work. Known, named clinicians within the region with the appropriate specialist knowledge are reporting on images where there is not already the capacity or expertise to do so.

Our values: clinical engagement, patient involvement, local ownership, national support