



## New care models programme

Samantha Jones  
Director  
New Care Models Programme  
@SamanthaJNHS

May 2017

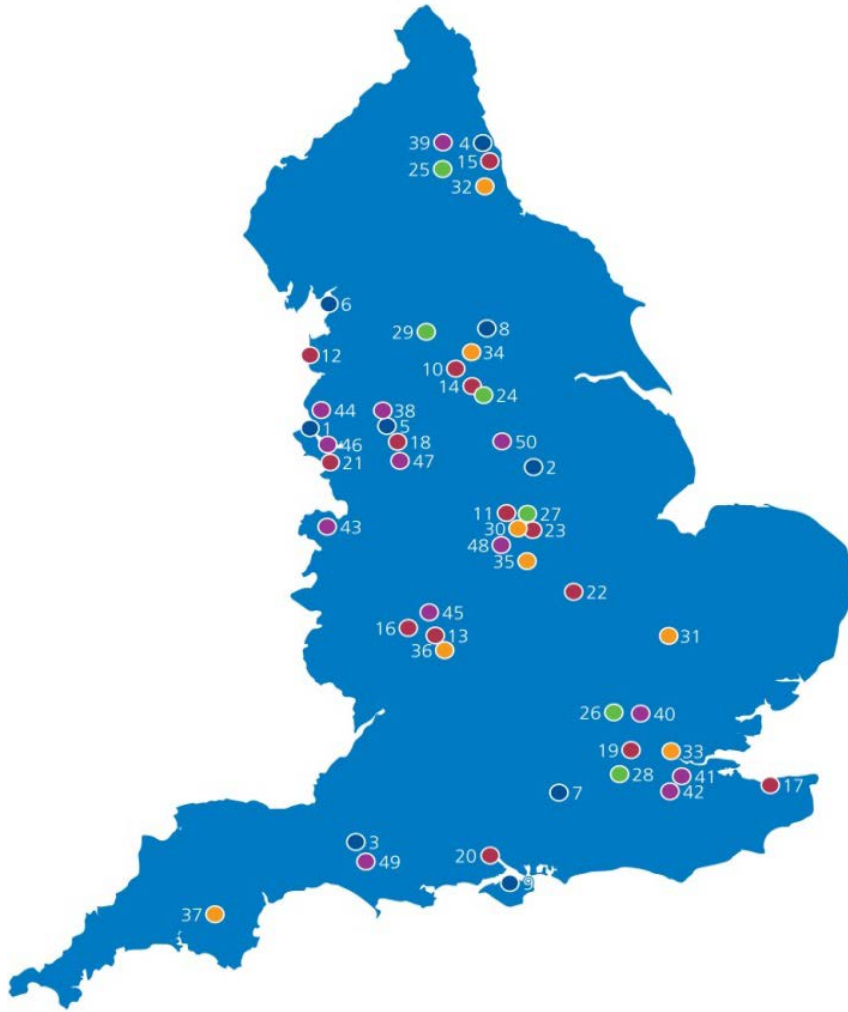
# We are realising the NHS Five Year Forward View through the new care models programme

- 1 Health and wellbeing gap
- 2 Care and quality gap
- 3 Funding gap



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

# The national programme is supporting the vanguards through the key enablers of their new care models



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

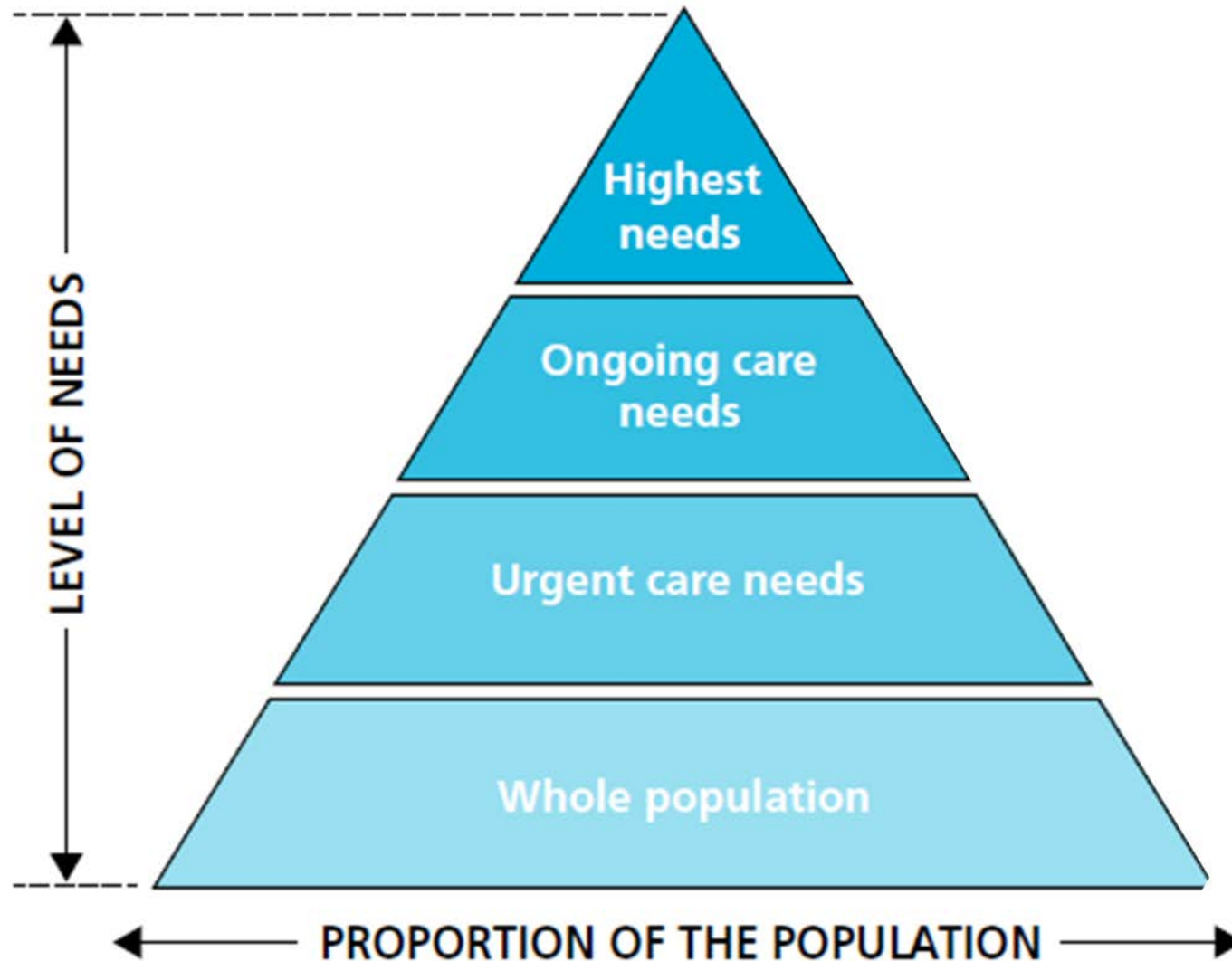
**The last year has been about developing and delivering new care models, and signs of impact are emerging**

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

[www.england.nhs.uk/vanguards](http://www.england.nhs.uk/vanguards)

**#futureNHS**

# With the vanguards, we have developed the full MCP and PACS care models.



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

# With the vanguards, we have developed the full enhanced health in care homes care model.

## 1. Enhanced primary care support

- Access to consistent, named GP and wider primary care service
- Medicine reviews
- Hydration and nutrition support
- Out of hours/access to urgent care when needed

## 2. Multi-disciplinary team support including coordinated health and social care

- Expert advice and care for those with the most complex needs
- Helping professionals, carers and individuals with needs navigate the health and care system

## 3. Reablement and rehabilitation

- Rehabilitation / reablement services
- Developing community assets to support resilience and independence

## 4. High quality end of life care and dementia care

- End -of -life care
- Dementia care

## 5. Joined up commissioning and collaboration between health and social care

- Co-production with providers and networked care homes
- Shared contractual mechanisms to promote integration (including Continuing Healthcare)
- Access to appropriate housing options

## 6. Workforce development

- Training and development for social care provider staff
- Joint workforce planning across all sectors

## 7. Data, IT and technology

- Linked health and social care data sets
- Access to the care record and secure email
- Better use of technology in care homes

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

# The new care models programme is also supporting the development of NAPC's Primary Care Home model

**The PCH sets a vision for the future of primary care, and empowers the workforce to deliver change locally through:**

Providing care to a defined, registered population of 30,000 to 50,000

Combined focus on personalisation of care with improvements in population health planning, provision and outcomes

An integrated multi-disciplinary workforce spanning primary care, community care, secondary care, mental health, social care and voluntary sector

Financial drivers aligned with the health needs of the population

92 sites have already joined the NAPC PCH community of practice and a further 43 sites have applied to join by end of March 2017.

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



# The golden thread that ties the new care models together is a focus on more person-centred and sustainable population health care.

PACS and MCPs are responsible for the health and care needs of the GP registered list of patients within a population budget plus an estimated population for those in the PACS/MCP locality not registered with GPs.

PACS and MCPs may take on contractual accountability for population health. This means that many activities that were carried out by commissioners eg resource allocation, pathway design, could be carried out by the MCP or PACS.

# New ways of working and new use of technology are improving the quality of diagnostic services for staff

## **EMRAD (East Midlands Radiology Consortium) ACC shared radiology record and workforce**

- Seven NHS Trusts have created a radiology shared record, covering 6.5m patients, handling 8% of NHSE imaging. It allows any clinician in the consortium (with relevant permissions) to view any image for any patient, anywhere in the patch.
- The entire model- from organisation, to governance arrangements, to remote working management- is available to any NHS organisation or group who would like it, free of charge
- Multiple NHS-based remote insourcing pilots have now been run in several Trusts. These have demonstrated significant cost savings against outsourcing, additional capacity generation, and improved staff satisfaction for both reporters and requesters. 20 reporters are currently working remotely, with plans in place to reach 50 in the next few months.
- The recent malware attack demonstrated the strength of a collaborative consortium approach. Reconnection to the EMRAD shared record was able to take place before any other connections, due to the solid communication channels and strong technical assurances between trusts

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

# New ways of working and new use of technology are improving the quality of diagnostic services for patients

## **Morecambe Bay – providing more services in the community**

**Community Ophthalmology services** mean that people suffering from minor eye conditions, and people requiring follow up appointments, can be seen by optometrists in the community. In the first 18 weeks, 1,639 people were seen.

**A Telehealth project in isolated Millom** links a High Definition camera and monitor in the GP surgery with a similar facility at the A&E department at Furness General Hospital. Staff in the A&E department can then triage and advise whether a patient needs to be brought to the hospital or not.

In 2016/17 video consultations in Morecambe Bay lead to 1281.6 road miles saved and 37 hours, 12 minutes travel time saved.

## Early evidence from the vanguards shows some encouraging indicators of progress and impact.

- Against 2014/15 baseline both PACS and MCP vanguards have seen lower growth in emergency hospital admissions and emergency inpatient bed days than the rest of England.
- The Care Homes vanguards are also reporting lower growth in emergency admissions than the rest of England, and meaningful savings from reducing unnecessary prescribing costs.

**We are working with the individual vanguards to test and evaluate their local findings, which often show even greater quality and activity improvements for specific groups...**

# Local findings show encouraging improvements for specific groups

Early results from **Fylde Coast MCPs**' new community based 'extensive care' show impressive reductions in demand for health services for its patients, including:

- 16% reduction in A&E attendances,
- 16% reduction in first outpatient attendances
- 19% reduction in non-elective admissions.

**Better Care Together (Morecambe Bay Health Community) PACS** online advice and guidance system links GPs with 19 specialties, and has enabled over 4600 A&G conversations.

Of 2422 patients who would have referred by their GP, only 820 were referred after using the advice & guidance system.

# Local findings show encouraging improvements for specific groups

Team working, proactive care, GPs linked to care homes, access to community services, and more, has seen

**Connecting Care Wakefield Care Homes** report, against 15/16 baseline, that in the care homes it works with:

- Ambulance call outs reduced by 9%
- A&E attendances reduced by 12%
- Emergency Admissions reduced by 19%
- Bed days reduced by 26%

Surveying staff in integrated teams in **All Together Better Sunderland** has shown:

- 80% believed that they have seen a positive change in the way they work collaboratively with other colleagues
- 72% agreed there was trust and openness across all team members
- 80% agreed that they would recommend the service they provide to their family members.

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

**Our challenge for the year ahead will be to cement the improvements, and spread successful new care models**

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

# With the vanguards, we have learned about the key requirements for developing, delivering, and spreading new care models

- Build collaborative system **leadership** and relationships around a shared **vision** for the population.
- Develop a system-wide **governance** and programme structure to drive the change.
- Undertake the detailed work to design the **care model, the financial model and the business model**. This includes clinical and business processes and protocols, **team design and job roles**.
- Develop and implement the care model in a way that allows it to **adapt and scale**.
- Implement the appropriate **commissioning and contracting** changes that will support the delivery of the new care model.

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



# Sustainability and Transformation Plans (STPs) will be key to the future delivery of health and care services

STPs will consider how to implement (or scale up) new care models, drawing on the lessons from the vanguards. The specifics of the care models, and the mix between them, will be for the STP areas to determine.

Some geographies will go further faster, with the creation of integrated (or 'accountable') health systems.

Accountable Care Systems will agree to:

1. Become exemplars in delivering the NHS's top priorities: mental health, cancer, primary care, UEC, elective, hospital productivity & standardisation.
2. Take responsibility for living within a combined system financial control total.
3. Act together to improve operational performance including, for example, the A&E four hour wait, referral-to-treatment times, diagnostic and cancer waiting times.

## For further information...

More details can be found on the NHS England website:

[www.england.nhs.uk/vanguards](http://www.england.nhs.uk/vanguards)

You can email the programme at:  
[england.newcaremodels@nhs.net](mailto:england.newcaremodels@nhs.net)

Or join the conversation on Twitter using the hashtag:

**#futureNHS**



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

[www.england.nhs.uk/vanguards](http://www.england.nhs.uk/vanguards)

**#futureNHS**