Practice Management Conference

19th June 2018

Agenda

- Integrated Care
- New Models of Care
  - Primary Care Home - Hubs of 30,000 to 50,000 patients
- Open engagement and why this is the key
- Practical steps General Practice can be taking now
- Examples of successful federations
  - What did they do
  - How did they do it
  - What is the future of GP federations
  - Practice mergers and where they fit – things you might want to consider
- What you might do if things haven't gone as planned
  - Practical steps and examples of collaborative working
- Questions and answers

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Integrated Care - The rationale

- Ongoing constraints on NHS funding, combined with rising demand from a growing and ageing population
- Working the current hospital based model harder is not the answer and is not working
- NHS urgently requires to work differently
  - Providing more services outside of hospital
  - Taking down any barriers between service providers
- The NHS five Year Forward View outlined the new care models
  - Every part of the country developed Sustainability and Transformation Plans (STPs)

"Our aim is to use the next several years to make the biggest national move to integrated care of any major western country"

Integrated Care – What is it?

- Integrated Care bring together a variety of provider organisations - to provide integrated services
  - They plan for and meet the care needs for a defined population within a set budget
- Shift away from competition towards collaboration
  - Hospitals, GPs, community services, mental health services, social care and the community and voluntary sector
  - This also includes clinical commissioning groups and local authorities.
  - Emphasis is on places, populations and systems rather than organisations
  - Agreed outcomes and quality without unwarranted variation

New Models of Care

- **Integrated Care Partnerships** (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete.
- **Integrated Care Systems** (ICSs) have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership.
- **Accountable Care Organisations** (ACOs) are a more formal version of an ICP that may result when NHS providers agree to merge to create a single organisation.

- **Primary and Acute Care Systems** (PACS)
  - Vertical Integration
  - Hospitals take the lead in joining up acute services with GP, community, mental health and social care services
- **Multispecialty Community Providers** (MCPs)
  - GPs working at scale to forge closer links with community, mental health and social care services.
- PACS and MCP take different forms across the country
  - Both focus on places and populations rather than organisations
  - Both are examples of Integrated Care Partnership
  - Both focus on integrating care and working to improve population health

Three options on integration

- **Virtual integration** – GPs and other partners enter into an alliance contract under which they agree to work together to deliver improved outcomes
- **Partial integration** – GPs continue to deliver core primary care services but enhanced services are delivered by another partner such as the ICO, with GPs and the ICO agreeing to coordinate services via an Integration Agreement
- **Full integration** – GPs integrate their businesses with the Integrated Care lead (e.g. the ICO) either by terminating their existing contracts or temporarily suspending them under the 'right to return' mechanism

Integrated Care - Issues include

1. Transition to ICSs is complex
   - Bringing together organisations to create one ICS with one vision will take time
2. Staged implementation with ongoing progression is key
3. Health economy contracting with a single organisation for the majority of health and care services and for the population health in will take several years
4. Unlikely to see competitive tendering as previous examples have failed
   - e.g. Hinchingbrooke and Carillion

Quick Wins

- Integrated Care models need to identify quick wins to help drive their model forward
- Collaboration arrangements such as a memorandum of understanding or alliance contract are ideal
  - Subcontracting from Secondary Care could provide a great start point
  - Providers need to satisfy Secondary Care they can provide one high quality and standardised approach without unwarranted variation

Prime, Principal or Alliance Contracting

Prime Contractor is responsible for management and delivery of whole care pathway., with part of the care pathway subcontracted to other providers. The prime contractor may not be the largest provider in the pathway but the role is focused on the pathway service delivery

Principal Contractor is responsible for management and delivery of whole care pathway, with part of the care pathway subcontracted to other providers where needed. The key difference to a prime contract is that the major provider holds the contract.

Alliance Contract model, where separate contracts are held with individual providers, who all have shared objectives.

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Hubs of 30k-50k Patients

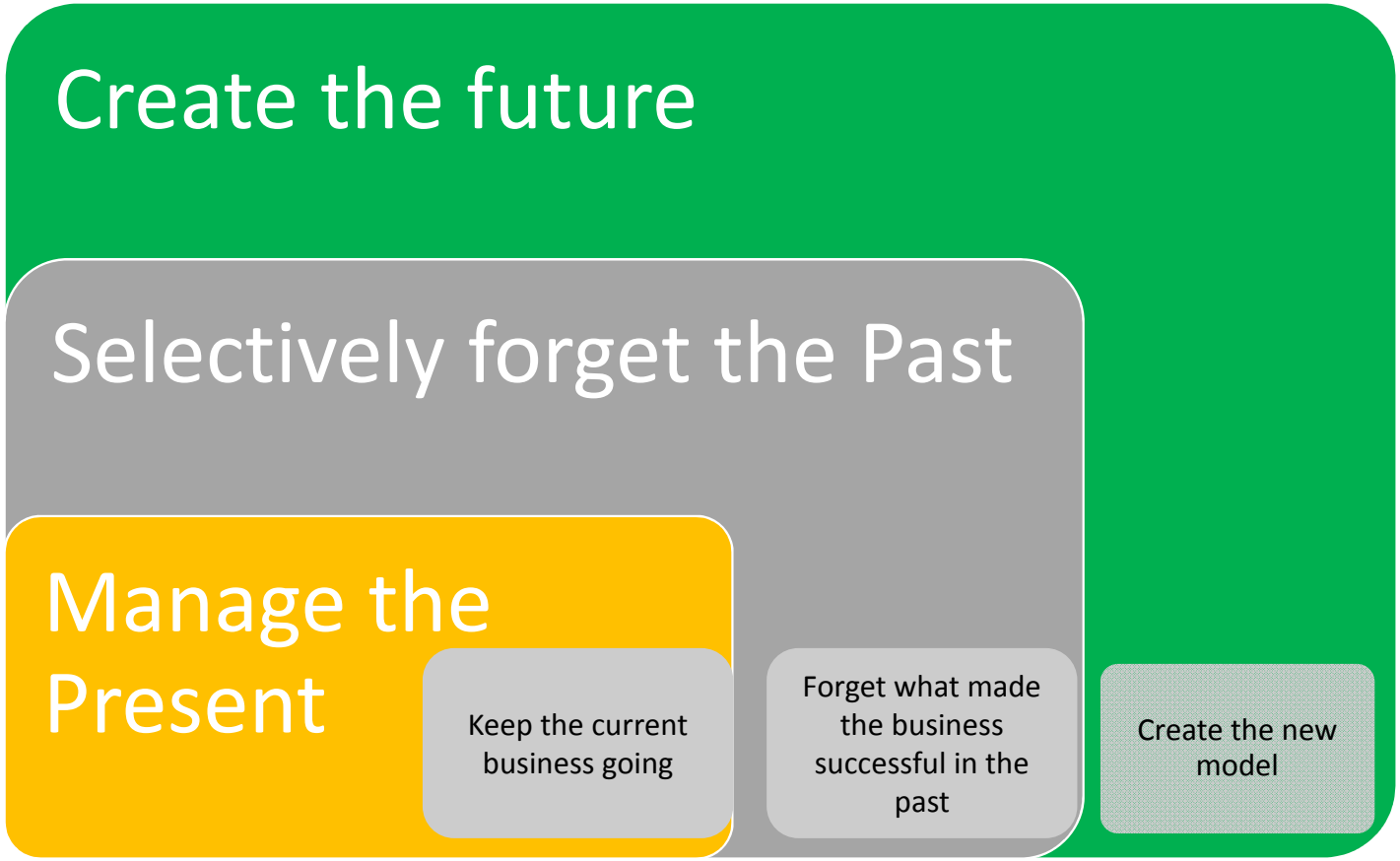
Primary Care Home

What is it?

- The Primary Care Home is an innovative approach to strengthening and redesigning primary care
- The model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative **care** for their local community
- Allows individual likeminded Practices to collaborate to deliver best care for their registered lists
- Allows commissioners to build in additional services around existing Practices relevant to their populations
  - e.g. wider Primary Health Care Team, Mental Health, diagnostics, extended access
- Enables new investment around primary care registered lists to improve Practice workload and enhance professional job roles
- http://napc.co.uk/primary-care-home/

Our Approach to Development

3 Box Solution Framework



The Three Box Solution - A Strategy for Leading Innovation – by Vijay Govindarajan (VG)

Change in the NHS

Current approach to change

- Top-down, command and control
- Steering group:
  - Chosen stakeholders/representatives of departments/organisations
- Assumes resistance
- Involves those who will deliver change only once a vision/solution has been developed
  - Meaningful engagement only occurs, if at all, late in the process
- Brings about unintended consequences

Current outcomes

- Implementation fails, or is only partially successful:
  - Lack of ownership of the change/plans
  - Increased cynicism, bureaucracy, resistance
  - Poor communication
  - Defensiveness
  - Disengagement

NHS: National Health Service.

Engagement model

Process

- Recognises that all stakeholders need to be fully involved from the outset
  - 9, 90, 900 or 9,000 – it matters not
  - Stakeholders in the broadest sense
  - People choose to be involved rather than being chosen
  - Democratic/open process
- Creation of a community for change and action
  - Connecting people and organisations

Outcomes

- Change implemented successfully
  - All stakeholders own the change and desire to make it happen
  - Critical mass
- A fully engaged organisation
  - Full commitment to change
- Resilience and sustainability for future challenges
  - Change is constant

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Practical Steps

All Integrated Care models are built from General Practice

- Start with General Practice before any decision has been made
- Engagement instead of consultation
- Each Practice engaged individually
  - Assess level of interest and willingness to participate
- Hubs/cluster development on the basis of like minds and sensible geography
- Engagement includes opportunity for open discussion
  - any red lines
  - areas of willingness to negotiate
  - current work practices
  - ideas for rapid development etc
- Overarching federation explored
- Practice mergers can also be included
- Nothing is imposed

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Bringing Practices Together

- We will test a range of questions and scenarios with you to create your model
- We provide an assurance process that ensures everything you need is in place to build and rapidly implement the changes agreed
- We have a number of early quick win ideas from other areas that have worked
  - All projects are within your control and easy to implement
  - These build a platform to engage other health economy stakeholders
- Beyond formation, our package includes development for the leadership team/company directors
  - Includes examples of directly commissioned or subcontracted services

Enablers

- Ensuring one high quality and standardised approach without unwarranted variation
- Support to develop a shared workforce with the right skills, values and behaviours; embedding a new shared culture
- Ensuring Integrated Care partners operate under single or aligned system
- Embracing technology and innovation to improve patient care
- Ensuring compliant information governance systems are in place for sharing of data
- Strategies for accessing a shared estate and, in time, developing a fit for purpose estate across your Integrated Care model
- Supporting you to develop One model - One vision

Successful Federations and Super Practices

What did they do, how did they do it and what does the future hold?

Leadership

- Patient focus:
  - Placing the patient in the most appropriate setting for the level of care they require
- Not about structures:
  - Focus on what we want to deliver
  - Wrap the people and support around the delivery
  - Ensure accountability
- Culture change:
  - Front line upwards and not top down
  - Clinically led and managerially enabled
  - Making and implementing decisions
- Different to a CCG
  - Directors have a legal duty to act in the best interest of their company (all shareholders equally)

Organisational Culture

- Being proactive
- Embracing innovation
- Sharing best practice
- Working corporately
- Being focussed
- Working effectively within available resources by clear prioritisation

- Working meaningfully with patient representatives
- Making and implementing robust decisions
- Engaging all stakeholders in any change projects
- Changing clinical practice;
  - Truly transformational, with a clear clinical focus and added clinical value

At scale service provision, what models exist and what examples are there?

GP Federation

- Practices working together to share resources, expertise and services

Super Practice

- Created through formal partnership mergers

Opportunities

- Developing new services
- Jointly gaining efficiency savings and economies of scale
- Improving local service integration
- Being able to better compete with private providers
- Strengthening clinical governance, quality and safety
- Developing training and education capacity
- Tendering for services

Hartlepool and Stockton

- 37 Practices
- Board of 5 GPs and PMs
- Good relationship to date with CCG
  - *Contracted by CCG very early on in the process*
  - *Nursing Homes*
  - *Care coordinators*
- Partnered in successful bid for Urgent care Centre and Out of Hours
  - *Principle of subcontracting agreed by the FT*
- Savings for Practices by operating at scale

North Warwickshire

- 18 Practices (and growing)
- Board of 5 GPs and PMs
- Secured over 75 £5 per head of population as first contract from CCG
- Subcontracted by George Eliot Hospital
  - *24-hour ABPM*
- Directly commissioned work from CCG on service shift from in to out of hospital
  - *Insulin initiation and titration*
  - *Continuous ECG*
- Mixed relationship to date with CCG
  - *It is getting better, with direct commissioning now underway*

Our Health Partnership in Birmingham

- 35 GP practices
- 270,000 patients
- Across two Birmingham CCGs
- Practices from 1,500 patients to 26,000
- Each will continue to operate under their existing contracts
- Each constituent practice is responsible for running its own affairs
- Each practice holds their own contract, is a registered site with CQC and will still be inspected
- Focused on cutting bureaucracy by centralising back-office tasks, centralising CQC policies and appointing a single accountancy firm
- Setting up a pool of salaried GPs
  - Option to develop a varied portfolio career within the group
  - Part of a drive to create a sustainable workforce model

Suffolk Primary Care

- 12 GP surgeries across Suffolk
- 103,000 patients
  - Part of a GP federation
  - Considered a large merger, 60 practices and 540,000 patients
  - “difficulties replacing retiring GPs, a rapid rise in the needs of an ageing population and ongoing concerns around finances have put general practice and the rest of the NHS under great strain”
- Two years plan for gradual change
  - Improving access to services
  - Surgeries will start to work in closer collaboration – for example pooling paperwork so doctors have more time to spend with patients
- Longer term
  - More services such as physiotherapy, medicines management and social care
  - Targeting avoiding unnecessary referral to hospital
- More flexibility for patients so they can get help quicker
  - On the day appointments, telephone consultations, online access and advance booking.

Summary

- The main difference between a super practice and the GP federation is that a super practice is a full merger
- Both options provide the ability to negotiate better contracts with suppliers, CCGs and Hospital Trusts
- The provision of more specialist services to patients becomes easier if staff with specialist skills can be shared
- It's also easier to cover staff absence if GPs, nurses or admin staff can be shared
- There are similar benefits to be had regardless of whether practices opt for the super-practice or federation

What you might do if things haven't gone as planned

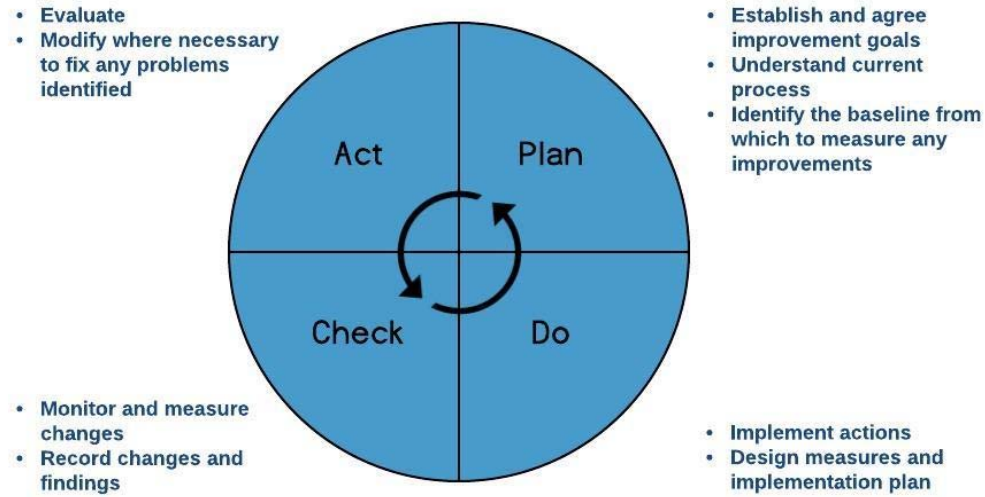
Practical steps and examples of collaborative working

Back to basics

- A review of what you have done to date
  - What's gone well?
  - What's gone less well and why?
- Relationships with your health partners
  - CCG
  - Foundation or Hospital Trust
  - Community Services
  - Local Authority
  - Others
- Developing a leadership epidemic
  - It's not about structures
  - Ensuring fair accountability
- Practice Engagement
  - The key ingredient
- Cultural change
  - Front line upwards and not top down
  - Clinically led and managerially enabled change
  - Making and implementing decisions
  - How do you work and collaborate with the CCG
- Project ideas – what has worked for others
  - Directly commissioned
  - Subcontracted
  - Examples from other Federations
  - Developing Gain Share
  - Tackling unwarranted and unexplained variation
  - Getting the focus on what you want to deliver
- Agreeing your next steps

Change is certain

- The shift from in to out of hospital care
- Would you prefer to lead or follow
- Build credibility
- Requires clinician to clinician working;
  - One health economy, with one budget,
  - Primary Care/Secondary Care working together,
  - Scale and pace.
- Place the patient in the most appropriate setting;
  - Underpinned by the right people;
  - Cost effectiveness and/or value for money.



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Delivering your change

- Will only be met through changing clinical practice
  - Truly transformational, with a clear clinical focus and added clinical value
- Start with what's in your control
  - Consumables, personally administered items, vaccines programmes
    - Demonstrate you can deliver
    - No unwarranted variation
  - Needs many small projects to deliver the efficiency levels required

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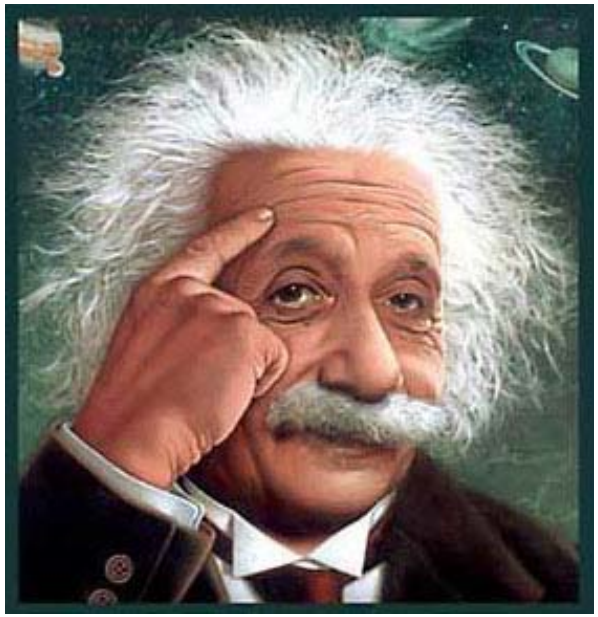
Final
Questions and Answers

Final Thoughts

Summary & Questions

“The definition of insanity is doing the same thing over and over again and expecting a different result.”



Albert Einstein

Summary

- Ongoing constraints on NHS funding unlikely to change anytime soon
- The current hospital based model of care is not working
- NHS urgently requires to work differently
  - providing more services outside of hospital while taking down any barriers between service providers
  - This is where General Practice working at scale fits
- The move to Integrated Care is now underway; these models will replace STPs
  - The changes required will only be met through changing clinical practice,
  - More with the same not more of the same;
- Federations, Super Practices, hubs of 30k to 50k patients all provide opportunities
  - Finding the right ones to work with is key
- Many are legal entities which provides a degree of confidence
  - Use the questions to unearth the ones to work with
- There are many opportunities and routes to drive change and increase your market share
  - There are already good examples within MSD that you can replicate using the methods shared in the workshop series

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