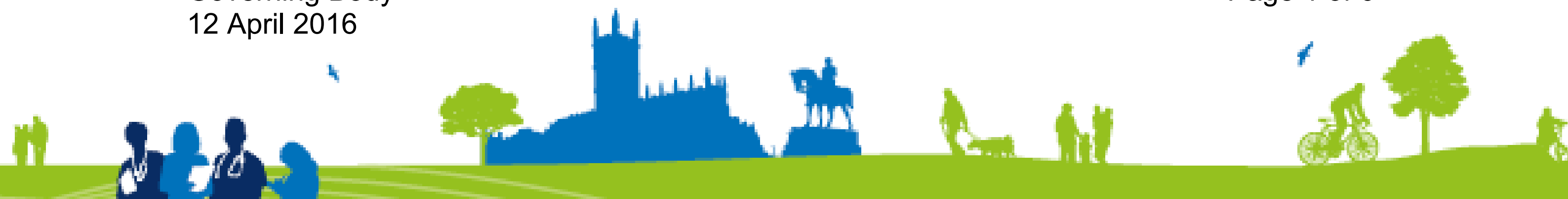
NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY
Tuesday 12 April 2016

Agenda item 11

Title of Report:	**New Models of Primary Care**
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide an update on the emerging new models of care within the CCG membership
Public or Private:	The report is appropriate for the public meeting
Relevance to CCG Priority:	
• **Domain 4:** Planning (Long Term and Short Term)	Implementing new models of care within primary care in line with the Five Year Forward View
• **Domain 5:** Delegated Functions	Supporting GP practices as a part of joint commissioning of primary care



1. BACKGROUND

1.1 The Five Year Forward View (5YFV), published by NHS England in October 2014, identified several potential new models of care for the future delivery of National Health Services in England.

1.2 The CCG's Primary Care Strategy recognises the need to explore and develop new models of care, highlighting the need for practices to work together to create a critical mass in terms of patient population. In addition to the support from the CCG to develop these models of care, there are two emerging pilot projects for delivery for Primary Care within Wolverhampton CCG member practices – the Primary Care Home (PCH) grouping and the RWT Vertical Integration arrangement.

1.3 Work with these projects is on-going and progressing quickly. A version of this paper is being considered at the Primary Care Joint Commissioning Committee on 5 April and a verbal update on any new developments will be given at the meeting

2 NEW MODELS OF CARE

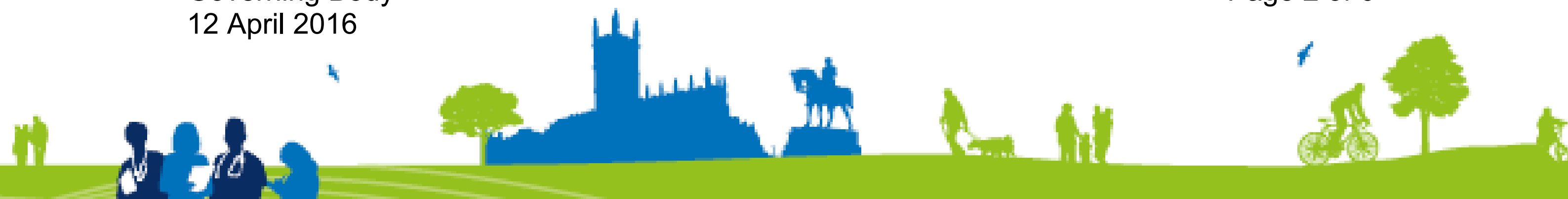
2.1 <u>Primary Care Home</u>

This model is a collective of eight practices dispersed across the city providing services for around 47,000 patients who have come together to offer services in new ways. They responded to a national call to form new models of care from the National Association of Primary Care and are one of 14 Rapid Test Sites across England. The member practices are:

- Church Street Medical Practice (Drs Saini & Mehta)
- The Newbridge Surgery (Drs Pickavance, Nazir & Badr)
- Caerleon Surgery (Drs Asghar & Labutale)
- Tudor Medical Practice (Dr Agrawal & Partners)
- Fordhouses Medical Centre (Dr Kharwadkar)
- Keats Grove Surgery (Drs Kehler, Aung & Naz)
- Whitmore Reans Health Centre (Drs Vij, Vij, Mohindroo & Handy)
- East Park Medical Practice (Drs Majid, Malhi, Ravindran & Ravindran)

The programme has three initial stages:

- Stage 1: November - January 2016 – establishing the programme and selection of Rapid Test Sites



- Stage 2: January – March 2016 – support the learning and development of the Rapid Test Sites based on identified needs and share learning and innovation with other interested organisations

- Stage 3: April 2016 – Mar 2017 – shadow running of Rapid Test Sites to test and implement the PC model on an incremental basis. Support to other interested parties by sharing learning across multiple sites as the Rapid Test Sites develop, in conjunction with the NHS Confederation.

- The model of care proposed as part of the PCH is very similar to the Multispecialty Community Provider (MCP) and focuses on drawing together a wide range of health and social care professionals to work together and provide integrated out-of-hospital care. This aims to provide care to patients that is significantly more person-centred, joined-up, proactive and convenient through:- Provision of care to a defined, registered population of between 30,000 and 50,000;

- A combined focus on personalisation of care with improvements in population health outcomes;

- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care; and

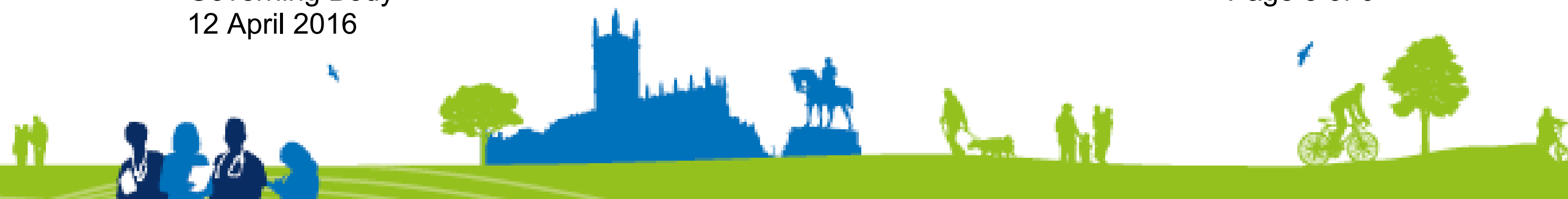
- Aligned clinical financial drivers through a unified, capitated budget with appropriate shared risks and rewards. The key and unique benefits of the PCH model and programme is realised by focusing on:

- A defined registered population proportioned to maintain personalised care from an inclusive interprofessional team;

- Delivery of high quality clinical care across local organisations; and

- Driving behavioural and cultural change.

The pilot project is in the very early stages, with a key focus on identifying areas where joint working would be most beneficial. This includes working with the CCG to share data analysis work so that models of integrated working can be most effectively targeted. The homes are also looking at other forms of partnership working; including an innovative project with the Fire Service to share intelligence about vulnerable people in need of support. Whilst it is unlikely that patients will see significant changes to the way services are delivered in the short term, the intention is that the lessons from these pieces of work will then be used to support service development in future years.



2.2 RWT Vertical Model

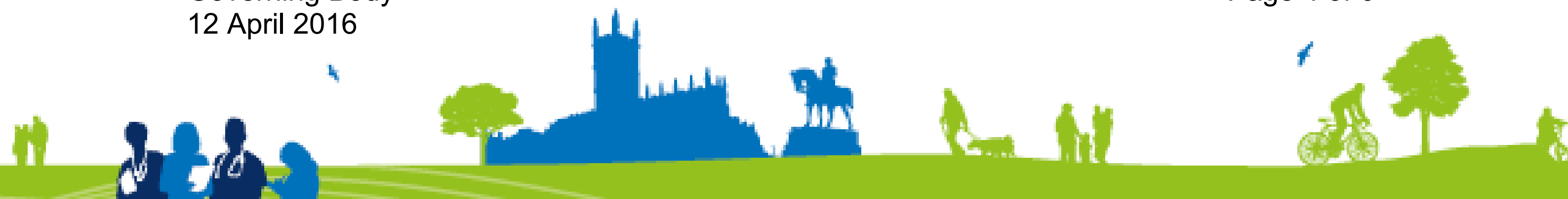
There are three practices (providing services for around 22,000 patients) involved in a pilot scheme with the Royal Wolverhampton Trust. These are:

- Lea Road Medical Practice (Drs Sidhu, Bird & Maarouf)
- MGS Medical Practice (Dr Bagary)
- Alfred Squire Medical Practice (Dr Parkes & Partners)

The proposal is intended to improve working between the Trust and the GP practices to remove perceived barriers between GPs and the hospital and improve the use of staffing resources. This is intended to improve patient experience by reducing waiting times for GP appointments, faster referrals into secondary care services via improved flows of information. Discussions continue around potential metrics to measure the project's success but key themes include:-

- Access to primary care
- Patient experience
- Primary care workforce
- Linking to the NHS Outcomes Framework
- Care Transition Measures

As current legislation does not permit the Trust to hold GMS contracts, the intention is for the practices to 'sub-contract' the delivery of the services to RWT. To support this, the existing practice staff will then be employed by RWT within a new Directorate of Primary Care to ensure continuity of service for patients. As a sub-contractor, RWT will then be responsible for managing the service on a day to day basis (including paying and supporting staff, arranging locum cover when required, supervision arrangements for staff etc.) with the partners maintaining responsibility for the premises and delivery of the service. There are still lots of questions to be answered regarding the governance arrangements for this model, in particular the management of potential conflicts of interest associated with the partners' dual role as holders of the contract and employees of the trust. Discussions with the practices and RWT continue to ensure assurance can be provided that the arrangements will meet NHS England requirements for the delivery of GMS contracts.



3. RISKS AND IMPLICATIONS

Key Risks

3.1 The discussions around the new models of care are at an early stage so the full implications have yet to emerge. The initial discussions have highlighted a number of risks, particularly around actual and perceived conflicts of interests in relation to the Vertical Integration model.

Financial and Resource Implications

3.2 There are no immediate resource implications however, the aspiration of both projects is to move towards capitated budgets at some stage and any implications that arise from this work as it progresses will be analysed.

Quality and Safety Implications

3.3 There are no immediate quality or patient safety implications arising from this update report.

Equality Implications

3.4 There are no immediate equality implications, however a key consideration for the CCG will be ensuring that the benefits from New Model of Care are passed on to all patients across Wolverhampton.

Medicines Management Implications

3.5 There are no immediate medicines management implications.

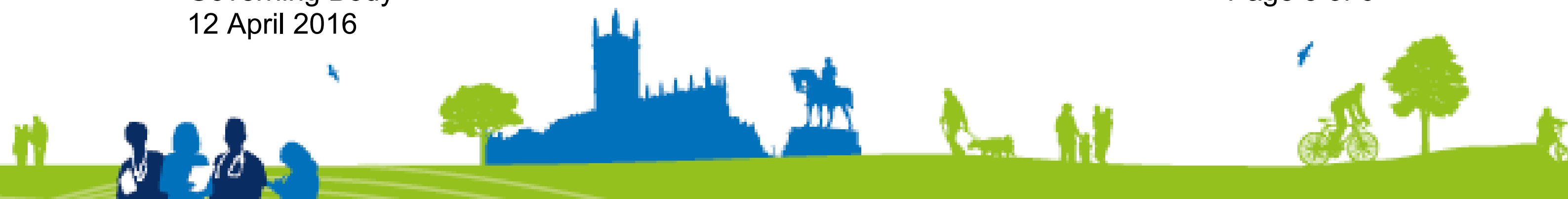
Legal and Policy Implications

3.6 The Governance arrangements related to New Models of Care are being discussed and designed to ensure that they meet relevant legislative requirements.

4. RECOMMENDATIONS

4.1 The Governing Body is asked to note the two main new models of care emerging within Wolverhampton, along with any update from the Primary Care Joint Commissioning Committee.

Name: Mike Hastings
Job Title: Associate Director of Operations
Date: 29 March 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Medicines Management Implications discussed with Medicines Management team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Signed off by Report Owner (Must be completed)	**Mike Hastings**	**29/03/2016**