Primary Care - New Models of Care

NHS
Wolverhampton
Clinical Commissioning Group

Aim

Wolverhampton's Primary Care Strategy is underpinned primarily by delivery through a Multi Speciality Community Provider (MCP) contracting model, delivered by care hubs supported by integrated teams.
The introduction of care hubs enable the new care model to deliver improved access, improved care co-ordination and continuity of care in the community whereby care can be provided closer to home and in the community setting as far as reasonably practical.

Scope

- Primary Care Strategy implementation focussing on practice groupings, commissioning at scale provision, estate & IT developments, and clinical & non clinical workforce to cultivate group functionality with new roles to strengthen functionality.
- Community Neighbourhood Teams, wrapped around groups of practices including community matrons, specialist nurses (including paediatrics), social workers, mental health services and the voluntary sector who will oversee patient care.
- Patients will benefit from enhanced care navigation enabling greater choice and shared decision making, advice and support
- Practices working at scale and in close collaboration with out of hours services to enable 24 hour cover in the right place at the right time
- MCPs commissioning services from providers based on population need
- Sustainability of service review based on population need demographics

Partners

- Wolverhampton Care Collaborative, Wolverhampton Total Health and Unity Wolverhampton (MCPs)
- Royal Wolverhampton Trust
- Black Country Partnership Foundation Trust
- Healthwatch Wolverhampton
- Private & independent sector providers
- City of Wolverhampton Council
- NHS England

Status

- Year 1 of 4 year implementation plan
- Primary Care Home (ministerial visit to PCH site November 2017; Wolverhampton Total Health & Wolverhampton Care Collaborative)
- 2017/18 Shadow year (Alliance Agreements)
- 2018/19 MCP Contracts awarded (Partial Integration MCP)
- 2019/20 MCP Contracts awarded (Fully Integrated MCP)
- 2020/21 Business as usual (performance & contract monitoring)

STP Footprint

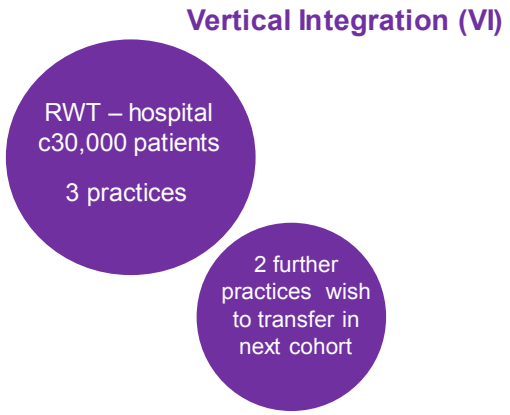
Black Country

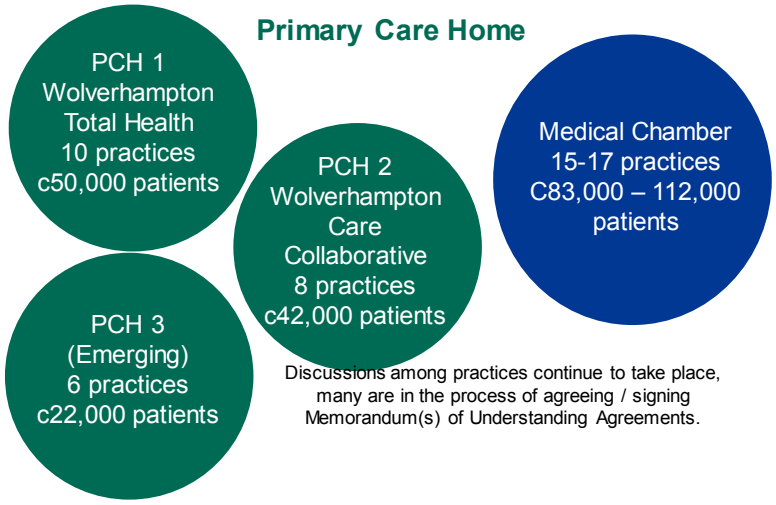
New Models of Care (Wolverhampton)

Multi-speciality Care Provider is a new deal for GP's as part of the 5 Year Forward View. This would take the shape of being a collaboration of a group practices i.e. federations, networks or single organisation(s). This is not only an opportunity to standardise back office functions and avoid replication but also a way of expanding leadership to include many healthcare professionals. Across the grouping there will be a collaborative approach to service provision whilst there will be a greater convenience for patients shifting the majority of outpatient consultations & ambulatory care out of hospital settings.

Primary & Acute Care Systems (PACs/VI) is a collaboration between NHS Trusts and GP Practices to meet the needs of registered list(s) of patients. This is an opportunities for trust's to kick-start primary care expansion but reinforce out of hospital care which could evolve into taking accountability for all health needs of a registered list of patients. Part of Vertical Integration is a greater level of back office support which will care of the business element of General Practice.

Primary Care Home is a joint NAPC and NHS confederation programme. Primary Care Home Model is based on care hubs/neighbourhood approach. Supported by the new models programme featuring provision of care to a defined, registered population between 30-50,000 people, function with an integrated workforce with a strong focus on partnerships spanning primary/secondary/social care, a combined focus on the personalisation of care with improvements in population health outcomes, alignment of clinical & financial drivers with appropriate shared risks and rewards.





Objective	2016/17	2017/18	2018/19	2019/20	2020/21
Primary Care Strategy Implementation	*Back office function review *Practice groups forming *MOUs signed & commenced new ways of working *Ten high impact actions scoped	*Launch 10 high impact action projects (IT etc) *Introduce new roles (Workforce ie Clinical Pharmacist, Mental Health Therapist, Nurse Associate, Physicians Associate & additional GPs) *Strengthen CNTs via our Better Care Programme (Specialist Nurses & Paediatrics) *Improved access (7DS) *Care Navigation; Active Patient Management; Social Prescribing all in place	*Sustain benefits from 10 high impact actions *Co-location of practices & services *Practice mergers - fewer/larger practices *Estate Strategy finalised *Estate Transformation Phase 1	*7 day primary & community services lead by practice groups via MCP contracting route *Estate Transformation Phase 2	*Business as usual for fully implemented model(s) of care including Contract Management, Risk Management, Finance & Performance & Clinical Effectiveness *Estate Transformation Phase 3
New Models of Care (MCP Framework) Primary Care Home 1&2	*Wolverhampton Care Collaborative & Wolverhampton Total Health (companies limited by share) *Priorities identified & responsive plans Launched	*Shadow Year NHS Contract practice/group *Strengthen infra-structure i.e. Business Management etc. *Development of risk adjusted capitated budgets	*MCP Partial Integration of primary & community services *Risk adjusted capitated budgets (shadow year) *Some services continue to be commissioned by CCG	*MCP Full Integration primary & community services (potential inclusion of out of hours strand of urgent care) *Full capability of acting as a lead integrator or as part of a lead integrator model and commissioning & sub-contracting service providers *Risk adjusted capitated budgets (fully integrated)	*Business as usual contracts monitored as all other providers *Provider Contract Review Meetings *Provider Clinical Quality Review Meetings
Medical Chambers	*Unity Wolverhampton (federation) *Alliance working without formalities of limited company *Priorities identified & responsive plans Launched	*Formation of limited company & associated Governance *Strengthen infra-structure ie Business Management etc.			
RWT PACs/VI	*Practices sub contract GMS to RWT *Practice staff employed by RWT	*Development of risk adjusted capitated budgets *See Checkpoint(s) below	*Risk adjusted capitated budgets (shadow year) * See Checkpoint(s) below	*Risk adjusted capitated budgets (fully integrated) *See Checkpoint(s) below	*Business as usual
Commissioned Services – Working at Scale MCPs Providing & Sub Contracting Services	*Enhanced Primary Care Schemes for delivery 2017/18 fully worked up (by Q4) *Consult on service specifications Q4 *Ten High Impact Actions launched *Peer Review of RightCare Pathways *Development of Local Quality Outcomes Framework/Incentive Scheme *Identify areas for priority investment based on population need	*Small scale service provision (EPCS) *Embed ten high impact actions (7DS , reduced DNAs etc) *Phase 1 services/pathways specified & commissioned from MCP; Frail Elderly, Diabetes, EOL, *Phase 2 services/pathways Community services planned *'RightCare' Pathways including LTC Management being addressed by MCPs *Commence transfer or services to community setting i.e. diagnostics (community ECG Reporting & Echo Clinics)	*MCPs & CCG both commissioning different aspects of community services *Including those carried forward from 2017/18 & new services defined in Commissioning Intentions *Roll out of Phase 2 Community Services commissioned from MCPs *Plan service requirements in preparation for full Community Service MCP delivery	*MCPs commissioning/ sub-contracting services i.e. EOL/Community Services, Out of Hours *Full MCP Community services procurement	*Business as usual of at scale delivery of MCP commissioned primary & community Services
Development Support Primary Care Home 1&2	*Project Manager & Gap Analysis (Q2) aligned with PCS Committee *Branding & patient engagement (Q4) *Scope extent of variation among practices & begin standardised approach (Q4)	*CCG based commissioning Support roles including contracting, redesign/ transformation, BI & finance aligned to each group to address business management requirements (secondment/ new posts) *Develop clinical leadership *Continue to reduce variation & improve care quality *Ownership & management of demand ie referrals management & reduce variation	*Continued ownership & management of Demand on services (all sectors) *Benefits realisation of primary care clinical leadership *Commissioning and provision roles confirmed & staff employed/seconded to MCP(s) *Functional business infra-structure Implemented	*Continued development of organisational form & functions	*Business as usual
Medical Chambers	*Project Manager & Gap Analysis (Q3) aligned with PCS Committee *Branding & patient engagement (Q4) *Scope extent of variation among practices & begin standardised approach (Q4)				
RWT PACs/VI	*Project support (Q1→) *First Wave June 2016 (x3 practices) *Second Wave Feb 2017 (2x practices) *Development of trust integration team	* See Checkpoint(s) below	* See Checkpoint(s) below	* See Checkpoint(s) below	*Business as usual
Measuring Success – Dashboard(s)	*Dashboard development & launch * Care Navigation; Active Patient Management; Social Prescribing *Demand Management *Risk stratification & co-ordinated care	*Quarterly monitoring of clinical outcomes *Clinical effectiveness/use of resources *Patient choice & shared decision making *Pro-active approach to population care needs	*Introduce contract & clinical quality review processes to monitor finance, performance & clinical outcomes & reduce variation *Clinical effectiveness/use of resources	*Continuous improvement in all aspects of successful models of care *Strive for consistent	*Business as usual contracts monitored as all other providers *Provider Contract Review Meetings *Provider Clinical Quality Review Meetings

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
	*Patient & public engagement ie patient stories	*Co-production of service design through engagement with local community, clinical leaders & stakeholders	*Strive for continuous improvement based on findings/learning from monitoring & review arrangements		
Check Points	Q4 2016/17 Equality & Quality Impact Assessments for each group/model Q4 2016/17 Review of Governing Body membership & locality structure	Sept 2017 Review of CCG Infra-structure Sept 2017 Strategic Review of Care Models	Q1 2018/19 Review of Commissioning Intentions Q1 2018/19 Serve Notice on Contracts Q2 2018/19 Strategic Review of Care Models	Q1 2019/20 Strategic Review of Estate Q1 2019/20 Strategic Review of Care Models	Business as usual commissioned provider governance arrangements