NEW MODELS IN GENERAL PRACTICE

MCP AND PACS CONFERENCE
The King’s Fund
7 June 2016

Dr John M Ribchester
Senior & Executive Partner, Whitstable Medical Practice
Whitstable, Canterbury, Faversham and Surrounding Areas
Vanguard Chair and Clinical Lead
This session aims to cover:

- The Whitstable Medical Practice model of GP based community integrated health care.
- The foundation then scaling up of the Whitstable, Canterbury & Faversham MCP Vanguard New Care Model.
- The benefits for people, GP practices and GPs themselves.
What is being asked of us?

- High quality General Practice, more access, more hours, named GPs.
- New services from GP surgeries
- Less hospital care, more care in the community
- Integration of healthcare services, social services and the voluntary sector.
- An end to silo working, duplication and omissions
- Better self management.
  = Better health and social care at less cost
  A better patient experience
  Better health outcomes

The Triple Aim
= Delivering financial efficiency
= Care and quality
= Health and wellbeing
Will the current model of General Practice be able to deliver community integrated health care?
Can a large practice model provide some of the solutions?
Community Integrated Healthcare –
An Approach by Whitstable Medical Practice
WHITSTABLE MEDICAL PRACTICE

- Whitstable Medical Practice (WMP) is a “super partnership” of 20 NHS GPs, serving 35,000 patients from 3 medical centres
- WMP has individual GP lists, is an advanced training practice and is research accredited
- WMP works with a range of stakeholders, both NHS and private, to provide community integrated healthcare
- Local consultants and other healthcare professionals work alongside WMP GPs and GPwSI
- Community contracts “compete” with secondary care, alongside some clinicians working for secondary care
- Excellent public and patient participation: a Patient Participation Group and Friends registered charity
Map to Show Whitstable Medical Practice Sites

- Whitstable Health Centre
- Chestfield Medical Centre
- Estuary View Medical Centre
- Whitstable and Tankerton Hospital

Pharmacy
Practice Boundary
Whitstable Health Centre & Chestfield Medical Centre
Estuary View Medical Centre
Whitstable
Whitstable
OUR POPULATION’S HEALTH NEEDS

- Whitstable faces a growing health and social care challenge associated with its ageing population.
- The population of over 65s in East Kent will increase by 41% between 2005 and 2020.
- Whitstable shows a greater proportion of over 65s in comparison with the rest of the locality.
- The probability of having a Long Term Condition (LTC) increases from 17%, for people under the age of 40, to 60% for those aged 65 and over.
- People with LTC’s use disproportionately more primary and secondary care services, 52% of all GP appointments, 65% of all outpatient appointments and 72% of all inpatient bed days. This pattern will increase over time with an ageing population.
- WMP ranked 182 out of 287 GP practices in Kent & Medway on the index of multiple deprivation.
Whitstable Medical Practice List Size Growth Since 1998
### Community Elective Services

**Diagnostics:**
- Echocardiography 2006
- Ultrasound 2009
- Digital X-ray 2010
- MRI – Mobile Screening 2015

**Consultant-led outpatient clinics:**
- Cardiology (tertiary) 2006
- Cardiology (secondary) 2010
- Gynaecology 2010
- Dermatology 2011
- Hand, Wrist & Forearm 2012

**EKHUFT**
- 7 room outpatient suite, 17 specialities 2015

**GPSI/Specialist Clinics:**
- Insulin Initiation 2005
- Prostate Clinic 2007
- Warfarin Clinic 2008
- Cardiology OPD 2008
- Dermatology OPD 2008
- Epilepsy OPD 2010
- Cardiac Rehabilitation & Heart Failure Nurses 2010
- Surgery in Primary Care (SIPC) 2010
- Local Steroid Injection Clinic 2014
- Hearing Aid Clinic 2005
- GPwSI Ophthalmology Screening Service 2016(Feb)
- Community Glaucoma Network Service 2016(Feb)
- GPwSI ENT Service 2016(Feb)

### Screening Services:
- AAA National Screening Programme Centre 2009
- Guy’s Genetic Screening 2009
- Paula Carr Retinal Photography Service for Diabetes 2011

### Day Surgery:
- Dermatological Surgery
- Cataract Day Surgery Service (hosted by WMP and provided by consultant ophthalmologists)

### Musculoskeletal:
- Acupuncture 2006
- Chiropractic 2006
- Physiotherapy 2008

### Enhanced Rehabilitation & Intermediate Care 2017
- A new community hospital
- A new teaching nursing home
- A new extra care facility with day centre
OUTCOMES

Enhanced Patient Experience
- 94% “excellent” or “very good” on patient satisfaction surveys
- reduced GP referrals
- fewer follow-ups
- decreased waits
- local access
- better healthcare outcomes
- more patient & public involvement

Less Cost to the NHS
- in a 2 year study £1.6M savings vs NHS tariff achieved through lower tariffs, use of GPwSI, less outpatient follow-ups and A&E avoidance
ESTUARY VIEW MEDICAL CENTRE

Nurse Clinics
Minor Injuries Unit
Ultrasound
Echocardiography
Phlebotomy
X-Ray
SOME QUOTES FROM OUR PATIENT SATISFACTION SURVEY

“The building and all the staff are first class – I am a very satisfied customer. I cannot believe such a service exists on the NHS”

“Lovely place and staff”
“I feel very lucky to have such a good practice so near to my home”
“Could not have been any better. Highly satisfactory. Thank you”

“The service provided at the unit is second to none and cannot be faulted. The staff are very friendly and cheerful”

“Great experience – seen quickly and X-Rays taken in next room – excellent patient care”

“Thank you to all the team, it was brilliant”
Encompass: Multi-Specialty Community Provider
The story so far:
Background:

• Engagement with Member Practices across Canterbury and many partnering clinicians resulting in growth of Vanguard from 53,000 to 170,000 population through regular Clinical and Practice Manager Engagement Sessions

• Year 1 Value Proposition approved by Investment Committee in NHSE and full funding awarded in two tranches (Nov 15 & Jan 16)
The MCP Vanguards
MCP components in summary

**Patient care perspective**
- Primary care at scale with extended / enhanced range of offers
- Person-centred care: supporting independence and well being
- Focus on prevention and self-care
- Whole population model with specific targeted pathways (e.g. extensivist for over 65 with comorbidities)
- Community asset based approaches and social prescribing
- Assistive technologies (mobile apps, telehealth, telecare, telemedicine)

**Care enablers perspective**
- Single points of access for patients and staff
- Integrated community multidisciplinary teams with new roles, e.g. navigators
- Single shared assessments and joint approaches to clinical governance and management of clinical risk
- Information hubs integrated shared digital care records and interoperable systems
- Risk stratified care planning and case management – with dedicated support to those at higher risk of admission
- Care hubs and new health and wellbeing centres
- In-reach and out-reach from secondary care

**System perspective**
- Primary care provider development
- Integration of health and social care funding and commissioning
- Outcome based evaluation, payment and performance
- Multi-agency partnership working; systems leadership and shared governance models
- Horizontal integration of existing ‘out of hospital’ provision
- Care funded through fully delegated capitated budget; with risk and gain share
- Care model operating on neighbourhood footprint
- Provider responsible for whole population health – based on registered GP lists
Our Local Strategy

• Simplify services and remove unnecessary complexity.

• Wrap multidisciplinary teams around groups of practices (hubs), including mental health, social care, specialist nursing and community resources.

• Improve prevention, provide support for isolated people, and create healthy communities.

• Develop teams and services to provide support to patients as an alternative to admission or hospital stay.

• Build the information infrastructure, workforce, and commissioning plan to support this.

Clinical Work Programme - Progress to date:

- Nursing Audit
- Implementation of wound and continence clinics
- Paramedic Practitioner scheme
- GPs with a Special Interest
- Social Prescribing programme
- Extended Primary Care Access
Model of Delivery 16/17: Community Hub Operating Centres (CHOCs)

Each hub will incorporate:

- General Practice
- Integrated nursing and social care (including domiciliary care)
- Functional therapy services
- Access to voluntary and community service via social prescribing
- Health promotion and prevention services
- Integrated mental health services
Working With Partners to Deliver the Vision

- As part of the wider East Kent Strategy to ensure it meets local population’s needs.
- Working with service users (via local Community Networks, PPGs and other routes) to co-design the operating model.
- Working with local commissioners (Clinical Commissioning Groups, Kent County Council) to deliver this vision.
- Working with delivery partners to co-design and deliver the vision.
What could the future look like for GPs under an MCP contract?

• Reactive, urgent workload reduced
• MDT working: enables planned, person centred approach, joined up working around the patient
• Able to deliver a holistic, physical and psychosocial care pathway for the person
• Improved patient access delivered by general practice at scale
• A deliverable answer to the demand for 7/7, 12 hour primary care
• Economies of scale lead to greater freedom in terms of both time (longer appointments where needed) and resources
• Greater influence over system level decisions, resource allocation, care pathways
• Management opportunities in a larger scale organisation

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

www.england.nhs.uk/vanguards #futureNHS
Contracting: end goal for the MCP contract

• The end goal is to have the MCP as:
  – a single organisation
  – holding a single contract
  – receiving a single payment (Whole Population Budget), and
  – having a single incentive scheme (replacing CQUIN and QOF)

• The rationale for this end goal is that it should best support the integration of the MCP’s services and allow it to allocate resources as it sees fit to deliver its contract and the health of its population
NEW MODELS IN GENERAL PRACTICE

MCP AND PACS CONFERENCE
The King’s Fund
7 June 2016

Dr John M Ribchester
Senior & Executive Partner, Whitstable Medical Practice
Whitstable, Canterbury, Faversham and Surrounding Areas
Vanguard Chair and Clinical Lead