Multi-specialty Community Providers: Implementing new models of care

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危机 Wéijī (Crisis)

危险 Wéixiǎn (Danger)

机会 Jīhuì (Opportunity)
Welcome the opportunity (机会)

- What do the MCPs mean for primary care?
- Integrated care
- Primary care leadership
- Vanguard support packages
- RCGP contribution
- GPs and Pharmacists working together
Welcome the opportunity (机会)

Multi-specialty Community Providers can:

• Build on expert medical generalist knowledge of GPs
• Tailor health services to those that need it most (eg LTCs/Frailty)
• Meets the RCGP ‘5 tests’ for new models of care (integration)
RCGP tests for new models of integrated care

• **Should:**
  - Be community-led
  - Have GPs as independent advocates
  - Be person-focused

• **Should not:**
  - Be a ‘top down’ structural reorganisation
  - Divert NHS funding away from primary care
Welcome the Opportunity (机会) for Expansion of primary care leadership roles

• Delivery ‘at scale’ – Federations, Networks and ‘super partnerships’

• For example:
  - Employment of Consultants, senior nurses etc
  - Local community hospitals – expansion of diagnostic services
Welcome Vanguard Support Packages
(Opportunity to maximise sharing of learning and practice)

- Design of new models of care
- Evaluation and metrics
- Integrated commissioning
- Harnessing technology
- Empowerment
- Workforce redesign (Roland Commission)
- Local leadership/delivery
- Communication/engagement
RCGP contribution to Multi-specialty Community Providers

- Webinar
- Bidding for the transformation fund (危 险)
- Engagement events
- Federation support programme
  - Database
  - Online learning network (to support Practices working ‘at scale’)
Welcome the opportunity (机会) for GPs and Pharmacists to work together (RCGP/RPS/NHSE Initiative)

- Practice-based
- Increase capacity
- Expert knowledge  
  eg medication reviews  
  (complex, multimorbid LTCs esp elderly)
- Improved patient safety (2013 Pincer trial)
- Focus on shared decision making/care homes
Multi-specialty community providers

Danger (危险 Wéixiǎn)

1. Workload
2. Under-funding
3. Poor workforce planning
4. Lack of sustained political support
Danger (危险)

1. Workload
   - 340 million consultations (2013) [cf 2008 300 million]
   - 15 million people in England with LTCs
   - 2.9 million patients with multi-morbid LTCs by 2018 [65% of over 65’s have multi-morbid LTCs]
Danger (危险)

2. Under-funding

- 11% 2005/6 to 8.4% 2012/13 NHS spend
- 3% reduction in real terms spend on GP (2009/10 to 2013/14)
- Impact
  - Practice closures (61 since 2013, 160,000 patients)
  - 500 Practices currently at risk
  - Longer waiting times (18% longer than a week in 2015) - up from 13% in 2012
- Investment in General Practice (Deloitte) = NHS savings £1.9 billion by 2020
Danger （危险）

3. Poor workforce planning

- Reduction in GPs per 10,000 population
  (7 in 2009 to 6.6 in 2014)
- 4% increase in GP numbers but 27% increase in hospital doctors
  (2006-2013)
- Increase in number of GPs 55 and older
  (17.5% in 2000 to 21.9% in 2014)
- Unfilled training places (12% 2013/14)
- Increased Practice vacancy rates (9% 2014)
Danger (危险)

4. Lack of **sustained** political support

- 5,000 more GPs by 2020 (RCGP 8,000 for status quo)
- 7 day working (73% provision sufficient)
  - increased expectations
  - unsustainable workload
  - stretching NHS resources too thinly
  - reduced retention and recruitment
  - demand management
- Increased stress levels
  (Occupational Health Service for GPs)
Challenges (挑战 Tiǎozhàn)

- It’s complicated!
- Single disease-specific solutions will not work
- $64,000 question – changing practice?
- Hearts (心 Xīn) and Minds (头脑 Tóunǎo)
- Patient Activation
- Our greatest resource
Challenge (挑战 Tiǎozhàn)

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It’s complicated!
SINGLE DISEASE SPECIFIC SOLUTIONS WILL NOT WORK
The $64,000 question:

How do you facilitate change in practice?

- Investment (commissioning)
- Education and Training (for clinicians)
- IT Development (common health and social care records)
Hearts (心 Xīn) and Minds (头脑 Tóunǎo)

**Attitudes**

‘Where is the evidence?’

‘We are already doing it’

‘I haven’t got time for all this!’

**Clinicians need to ‘own’ the change process**
Definitions of health

‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’¹

A new definition of health

‘the ability to adapt and self manage’²

A Framework which focuses on empowerment of patients and helps communication

¹ WHO, 1948 ²Huber M et al, 2011
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Our greatest resource!
Developing patient partnerships

a. Care planning*

b. Support for self management*1

c. Shared decision making*2

Patient ‘Activation’

Level 1
Starting to take a role.
Individuals do not feel confident enough to play an active role in their own health. They are predisposed to be passive recipients of care.

Level 2
Building knowledge and confidence.
Individuals lack confidence and an understanding of their health or recommended health regimen.

Level 3
Taking action.
Individuals have the key facts and are beginning to take action but may lack confidence and the skill to support their behaviors.

Level 4
Maintaining behaviors.
Individuals have adopted new behaviors but may not be able to maintain them in the face of stress or health crises.

Increasing Level of Activation

[Hibbard, Mahoney et al, 2007; Collins PA, 2012;]
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Support for self management*

Day to day management is self management

[Health Foundation, 2012]
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**Shared Decision Making**

- Better Consultations
- Clearer Risk Communication
- Improved Health Literacy
- More Appropriate Decisions
- Fewer Unwanted Treatments
- Healthier Lifestyles
- Improved Confidence and Self efficacy
- Safer Care
- Reduced Costs
- Better Health Outcomes

[* http://e-patients.net/archives/2011/03/the-salzburg-statement-on-shared-decision-making]
Crisis (危机)

Opportunities
Dangers
Challenges

Win Hearts (心) and Minds (头脑)
GPs are the solution (not the problem) to making the NHS sustainable in the light of:

- A lack of resources and increasing demand
- Delivery of person-centred care
- Improve the quality of care and the efficiency of delivery
A final word………

闔樂安康
Ho La An Kang
‘integration brings health and happiness’
Thank you! (谢谢你！)

Questions? (有问题吗？)
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