

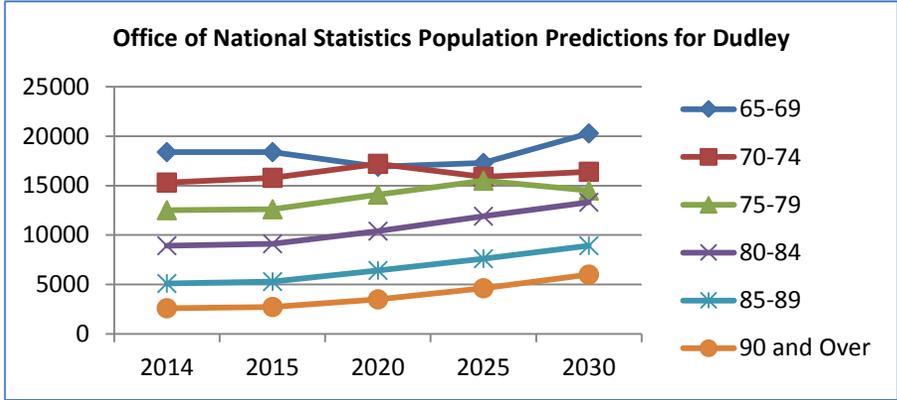
# Paul Maubach Chief Executive Officer



**Making primary care services more  
responsive by encompassing a  
wider range of AHPs**

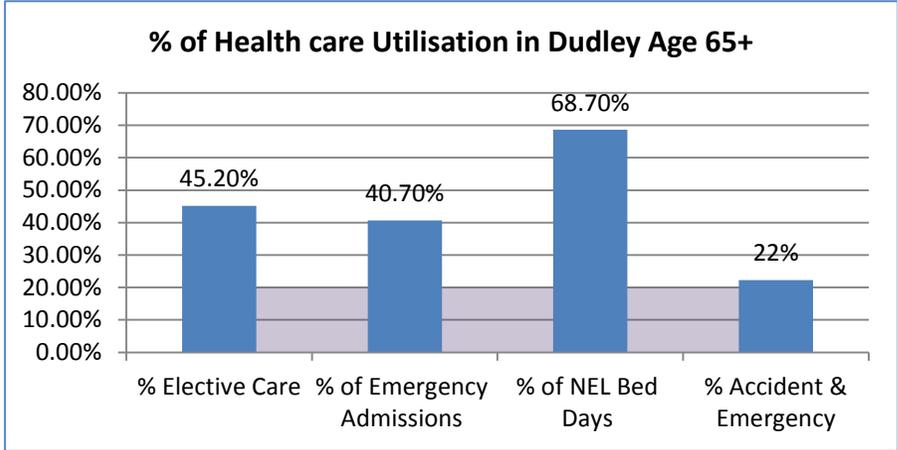
*Thinking Differently*

# Demographics Growth



The graph top left shows the 65 years and over population predictions for Dudley (Office of National Statistics).

All the age bands are predicted to increase substantially over the next 5 to 15 years. This age group population will have increased by 26% by 2030.

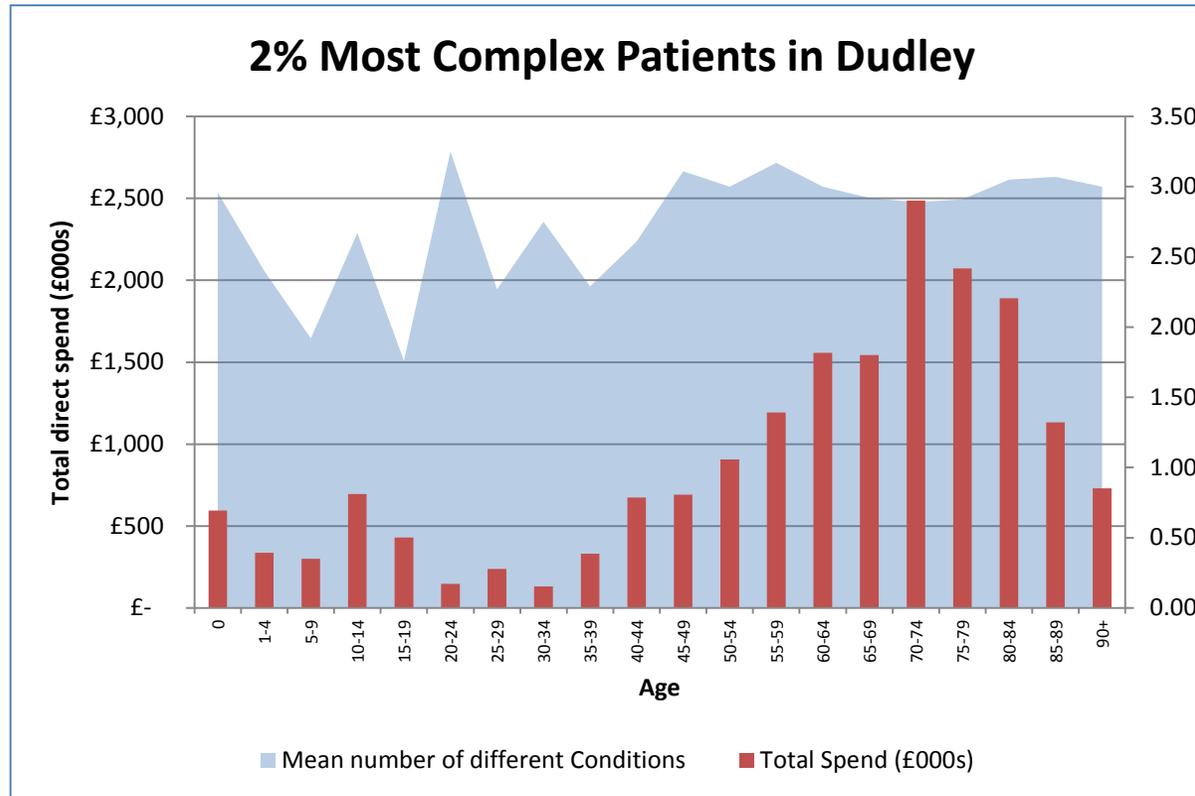


The graph bottom left shows that the same age group is a driver of health care utilisation which is disproportionate to the population size for the same age.

The 65 years and over age group is 20% of the entire Dudley population which consumes 45% of Elective Care, 40% of Emergency Admissions and 68% of Non Elective bed days.

■ % of Practice Population  
■ % Activity

## Impact of complex need

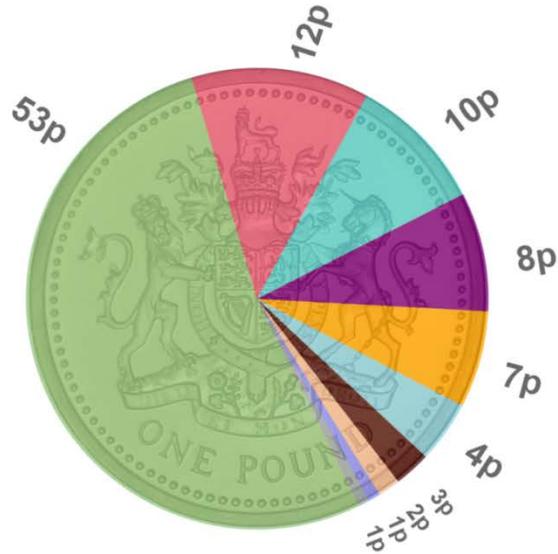


This graph shows the expenditure in £000's for the 2% most complex patients in Dudley. The mean number of different conditions per age group varies between 1.75 and 3.2 but is consistently around the average of 3 from the age of 45 onwards. Health care expenditure rises dramatically from this point as the percentage of people with more complex conditions increases through to the 70-74 age group.

Overall this 2% of most complex patients 80% of cost is attributable to the 45+ age groups

# Current breakdown of every pound spent

2015-16



- Acute Healthcare (52.69%)
- Prescribing & Drug Cost (12.42%)
- Primary Care (9.65%)
- Mental Health (8.36%)
- Community Services (6.79%)
- Continuing & Intermediate Care (4.34%)
- Better care fund (2.56%)
- CCG Management costs ( 1.56%)
- Other (0.86%)
- Premises costs (0.76%)

Total Spend  
**£441**  
 Million



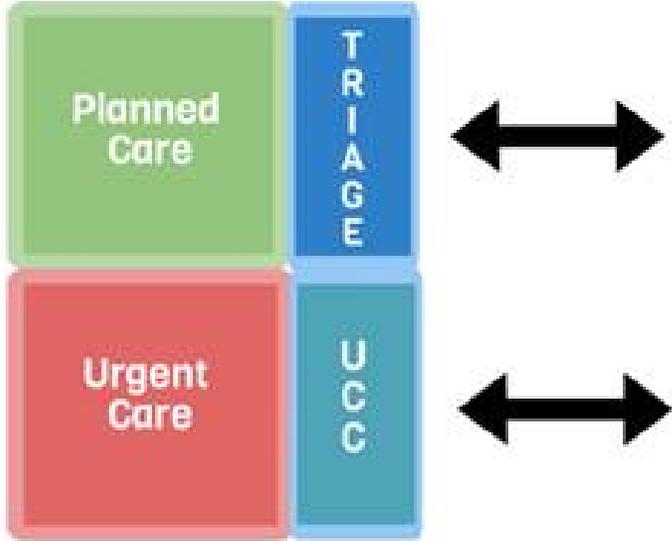
Budget per registered population  
**£1,412**

	Community	Primary Care	Mental Health	Prescribing	Non Elective	Electives/Outpatients
Historic Trends	Activity — Cost —					
	0% 2%	10% 0%	1%	7%	12% 13%	6% 7%
	Since 2011/12	Since 2010/11	Since 2009/10	Since 2009/10	Since 2009/10	Since 2009/10

# Our Model

## MCP (Multispecialty Community Provider) : Commissioning Shared Outcomes

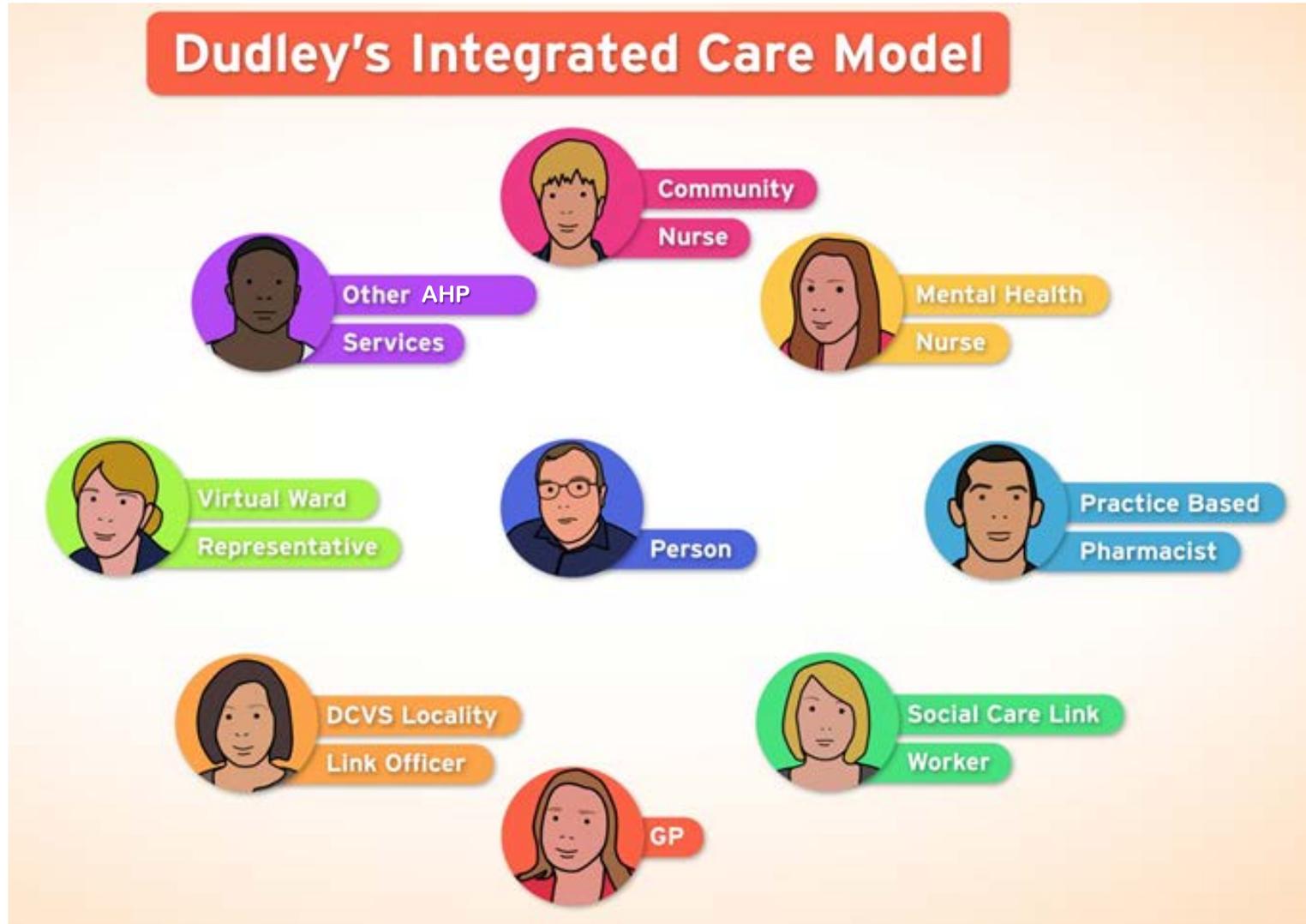
Value added treatments : Commissioning  
best practice pathways



- Our model is based on the following principles:
- 1. Shared ownership
  - 2. Shared responsibility
  - 3. Shared benefits

- Maximising the potential of:
- The individual (in their community)
  - Our staff in supporting the individual
  - Our staff working effectively with each other

## Teams without walls



Maximising their potential to work efficiently and effectively together  
– to take a shared responsibility for achieving shared outcomes

# Access, Continuity & Coordination

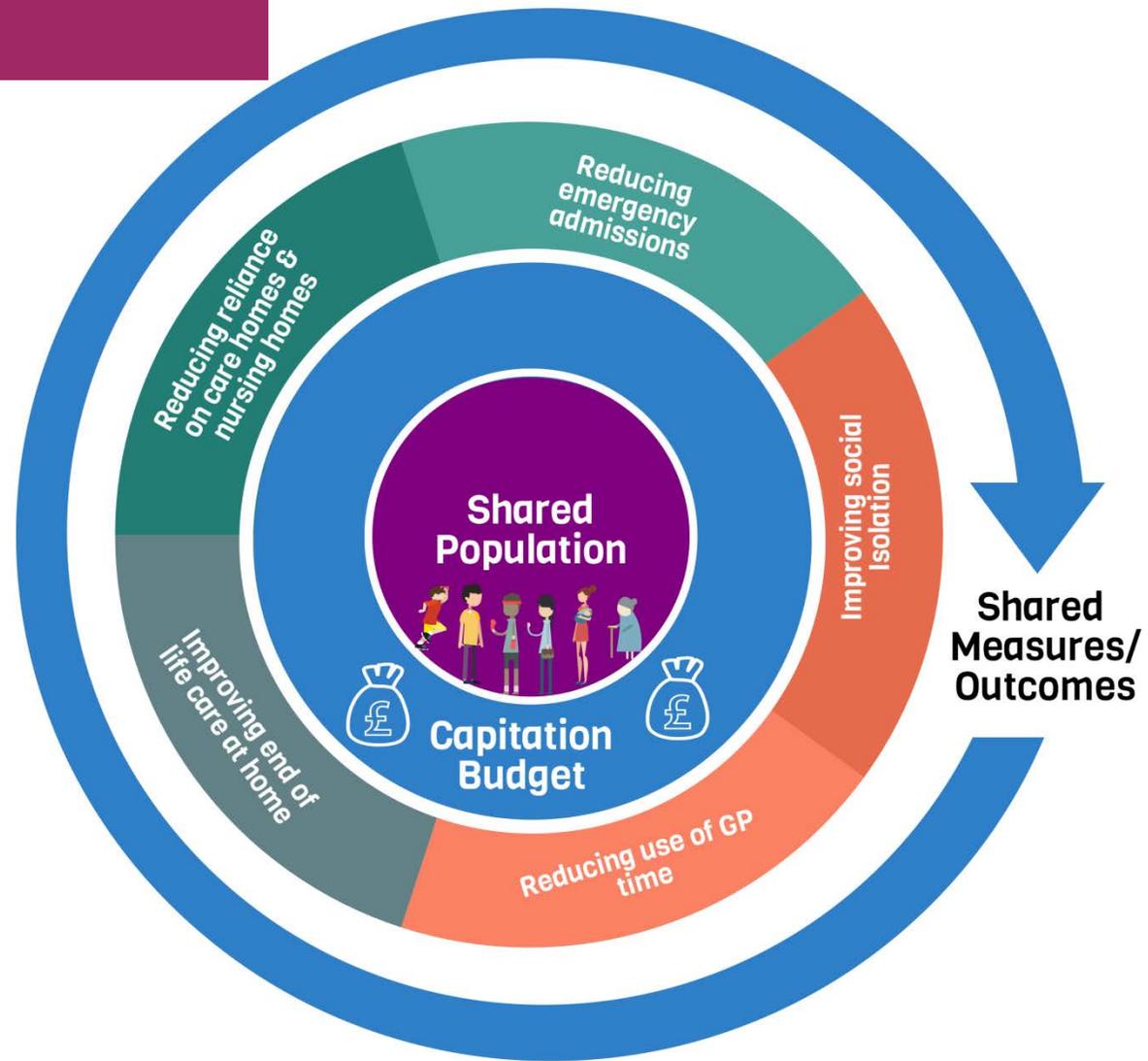
	General	Long-term Conditions	Frailty and EOL
System	New Urgent Care Centre; specialist triage services; real-time access to consultant opinion; single patient portal	Consultants providing advice / support working in the community to the same outcome basis	Geriatricians supporting MDT-led frailty pathway, removing all transfers of care
Locality	Developing community-hubs and open access services to improve responsiveness	Telehealth; direct access to specialist community services; shared condition specific outcomes	Lead GP co-ordinating locality approach; falls prevention; telecare; dementia gateways, integration plus, care homes
Practice	Near patient testing; New technology; wider options for accessing advice	Named primary point of contact for main condition;	MDT as the locus of coordination
GP	GMS +	LTC framework, outcome based, prioritising hypertension and depression	GP as Lead co-ordinator of care
Person	<b>Accessibility</b>	<b>Continuity</b>	<b>Coordination</b>
Outcomes	Improved patient experience, More efficient and effective utilisation, healthier lifestyles	Stable management of conditions, reducing risk, reducing variation and the health inequalities gap	Reduced social isolation, Enabling individuals to remain in their home and connected to their community



## Extending the scope of the model

- Pharmacists moving beyond medicines optimisation into enhanced roles
- Paramedics linked to MDTs identifying top 10% frequent flyers
- Fire Service undertaking wellbeing checks on vulnerable people
- Orthopaedic Assessment Service includes extended scope practitioners
- Stimulated Physiotherapy market working from 18 community locations
- Voluntary sector changing the culture of working beyond existing boundaries

## Teams without walls



Outcome measures are linked to improved patient experience and reducing demand on other services.  
Shared objectives across the whole population not just the top 2%