

# NHS Five Year Forward View: New Care Models

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# NHS Five Year Forward View

- The NHS Five Year Forward View was published on 23 October 2014
- One of its great successes was that it is a shared vision for the future of the NHS across six national NHS bodies
- The challenge is now implementation; we know:
  - It will not be easy
  - We need to learn from the past
  - We're going to need a different approach
  - We're up for it



CareQuality  
Commission



Health Education England



Public Health  
England

Trust Development Authority



The core argument made in the Forward View centres around three ‘gaps’:

- 1** **Health & wellbeing gap**      **Radical upgrade in prevention**
  - Back national action on major health risks
  - Targeted prevention initiatives e.g. diabetes
  - Much greater patient control
  - Harnessing the ‘renewable energy’ of communities
- 2** **Care & quality gap**      **New models of care**
  - Neither ‘one size fits all’, nor ‘thousand flowers’
  - A menu of care models for local areas to consider
  - Investment and flexibilities to support implementation of new care models
- 3** **Funding gap**      **Efficiency & investment**
  - Implementation of these care models and other actions could deliver significant efficiency gains
  - However, there remains an additional funding requirement for the next government
  - And the need for upfront, pump-priming investment

# New Models of Care

Initially the new models of care programme will focus on:

## Multispecialty Community Providers

- Blending primary care and specialist services in one organisation
- Multidisciplinary teams providing services in the community
- Identifying the patients who will benefit most, across a population of at least 30,000

## Integrated primary and acute care systems

- Integrated primary, hospital and mental health services working as a single integrated network or organisation
- Sharing the risk for the health of a defined population
- Flexible use of workforce and wider community assets

## New approaches to smaller viable hospitals

- Coordinated care for patients with long-term conditions
- Targeting specific areas of interest, such as elective surgery
- Considering new organisational forms and joint ventures

## Enhanced health in care homes

- Multi-agency support for people in care homes and to help people stay at home
- Using new technologies and telemedicine for specialist input
- Support for patients to die in their place of choice

# What we are trying to achieve

There are three key elements to the New Models of Care programme

- 1 Dissolving traditional barriers**
  - A need to manage systems of care not just organisations
  - Integrated services around the patient giving the patient greater control
  - Addressing pre-existing barriers to change

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- 2 Co-designing local services**
  - Harnessing the 'renewable energy' of communities
  - Targeted prevention initiatives
  - Investment and flexibilities to support implementation of new care models
  - Active patient involvement

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- 3 Applying learnings across the health system**
  - Promote peer learning with similar areas
  - Fast learning from best practice examples
  - Applying innovations and learnings across the system

# What does success look like?

A range of new care models that are locally delivered across the country and can be replicated across the system

- 1 New care models**
  - A need to manage systems of care not just organisations
  - Integrated services around the patient giving the patient greater control in their care

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- 2 Locally delivered**
  - A focus on meeting local population health needs
  - Support from a diverse range of active delivery partners, local commissioners and communities
  - Active patient involvement

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- 3 National replicability**
  - Fast learning from best practice examples that can be applied to other areas across the country
  - Applying innovations and learnings across the system

# The role of pharmacy going forward



# The challenges faced by pharmacy

- Pharmacy has long talked about its potential to assume a broader role in patient care: moving from dispensing and supply of medicines to supporting clinical care and wellness of patients
- Robotics and electronic prescribing can reshape the dispensing function and release pharmacists to undertake more patient care
- Funding pressures being experienced by community pharmacy

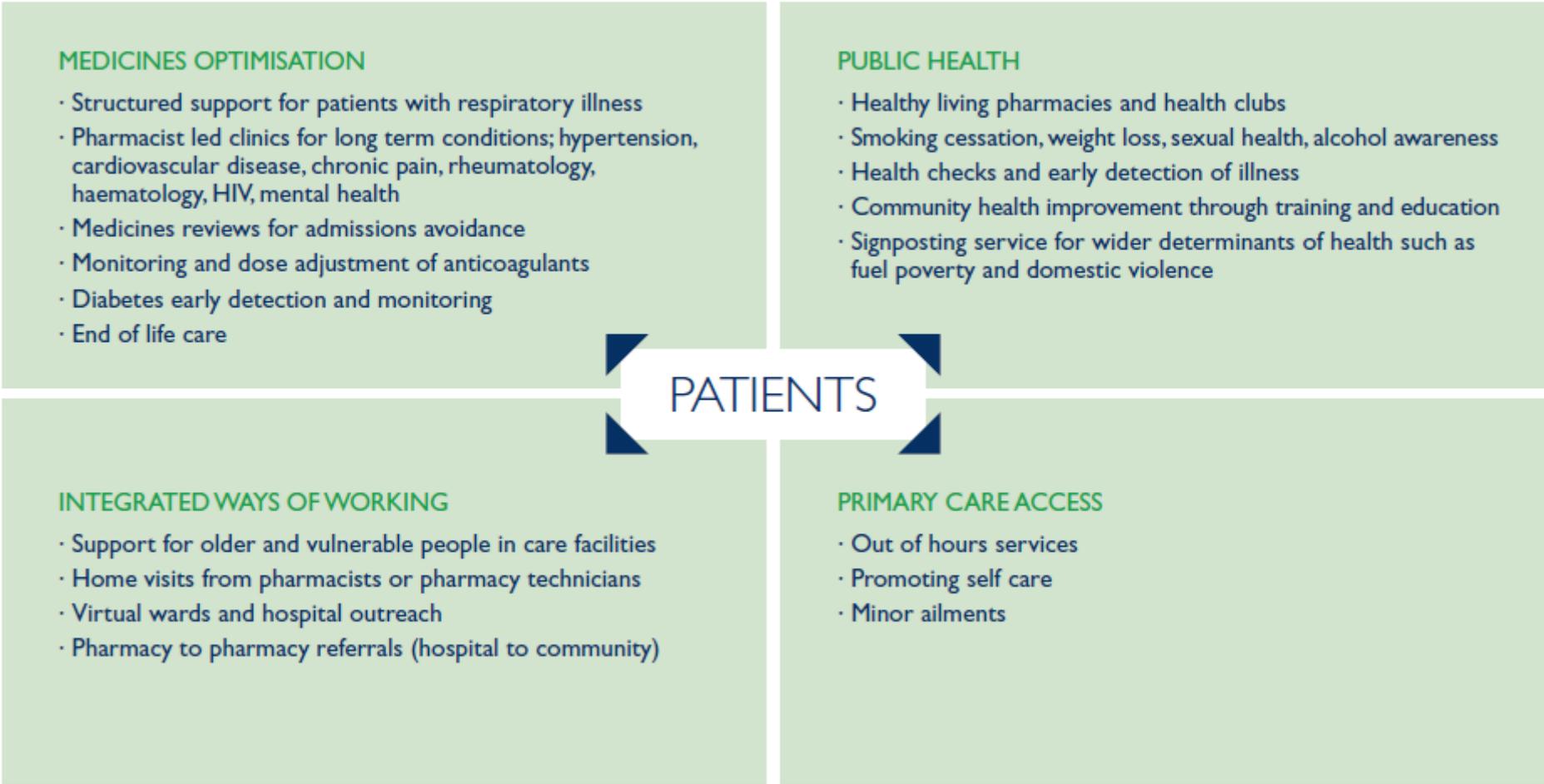
# A potential way forward – the various roles that pharmacy could play

## MEDICINES OPTIMISATION

- Structured support for patients with respiratory illness
- Pharmacist led clinics for long term conditions; hypertension, cardiovascular disease, chronic pain, rheumatology, haematology, HIV, mental health
- Medicines reviews for admissions avoidance
- Monitoring and dose adjustment of anticoagulants
- Diabetes early detection and monitoring
- End of life care

## PUBLIC HEALTH

- Healthy living pharmacies and health clubs
- Smoking cessation, weight loss, sexual health, alcohol awareness
- Health checks and early detection of illness
- Community health improvement through training and education
- Signposting service for wider determinants of health such as fuel poverty and domestic violence



PATIENTS

## INTEGRATED WAYS OF WORKING

- Support for older and vulnerable people in care facilities
- Home visits from pharmacists or pharmacy technicians
- Virtual wards and hospital outreach
- Pharmacy to pharmacy referrals (hospital to community)

## PRIMARY CARE ACCESS

- Out of hours services
- Promoting self care
- Minor ailments

# Review Principles for selecting Vanguard systems

We are reviewing the 'vanguard' applications using the following principles:

- The process will be as transparent as possible
- Patients and clinicians will be engaged throughout
- Regional teams will be invited to provide local insights
- Additional insight will be sought from a wide range of partners, including the national NHS bodies, NHS IQ and Think Tanks
- The New Models of Care Board will take the final decision on who we will work with as 'vanguards' in the first year
- Final decisions will be a value based, taking into account all evidence received throughout the process

# Summary of Vanguard identification

On 26 January, invitations for expressions of interest to become a vanguard site were opened.

Applicants were asked to complete a 6-question 'register of interest' form, describing the key objectives they were trying to achieve with their new care model plan, current progress, planned outcomes to be achieved April 2016, the nature of support they need

Submissions closed on 9 February, with a total of 268 received nationwide. 63 were short-listed after a national and regional review reviewers including clinicians, patients and representatives from the community, and colleagues from local government.

Care model	# submissions	# attending workshops
<b>Multispecialty Community Providers (MCPs)</b>	170	33
<b>Primary and Acute Care Systems (PACS)</b>	47	17
<b>Viable Smaller Hospitals (VSH)</b>	13	7
<b>Enhanced health in care homes (CH)</b>	36	6
<b>Unspecified</b>	3	0
<b>Total</b>	269	63

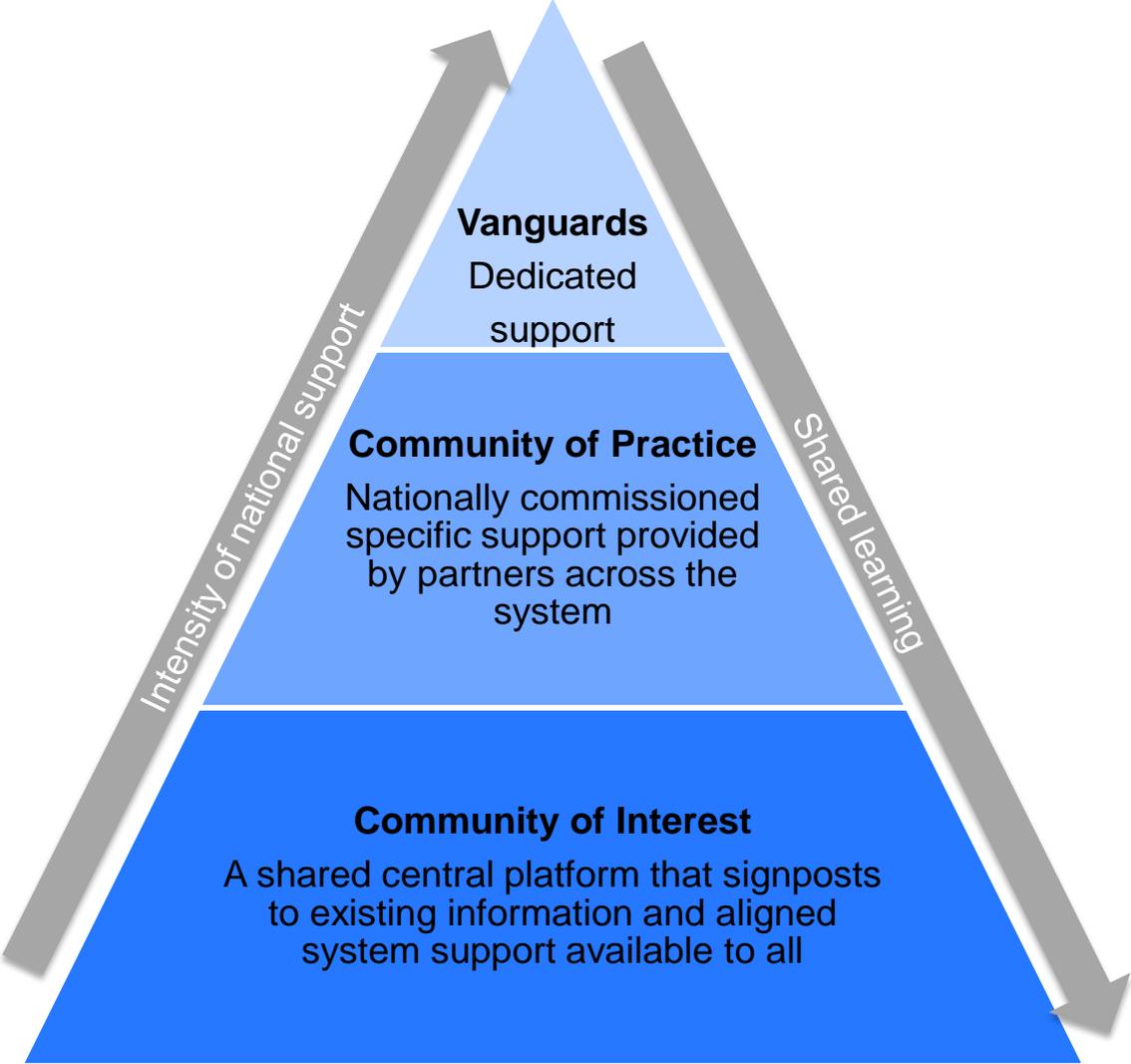
# First cohort Vanguard sites



Care model	Applicant
Care Homes	NHS Wakefield CCG
Care Homes	Newcastle Gateshead Alliance
Care Homes	East and North Hertfordshire CCG
Care Homes	Nottingham City CCG
Care Homes	Sutton CCG
Care Homes	Airedale NHS FT

Care model	Applicant
PACS	Wirral University Teaching Hospital NHS Foundation Trust
PACS	Mansfield and Ashfield and Newark and Sherwood CCGs
PACS	Yeovil Hospital
PACS	Northumbria Healthcare NHS Trust
PACS	Salford Royal Foundation Trust
PACS	Lancashire North
PACs	Hampshire & Farnham CCG
PACS	Harrogate & Rural District CCG
PACS	Isle of Wight
Care model	Applicant
MCP	Calderdale Health & Social Care Economy
MCP	Derbyshire Community Health Services NHS Foundation Trust
MCP	Fylde Coast Local Health Economy
MCP	Vitality
MCP	West Wakefield Health and Wellbeing Ltd (new GP Federation)
MCP	NHS Sunderland CCG and Sunderland City Council
MCP	NHS Dudley Clinical Commissioning Group
MCP	Whitstable Medical Practice
MCP	Stockport Together
MCP	Tower Hamlets Integrated Provider Partnership
MCP	Southern Hampshire
MCP	Primary Care Cheshire
MCP	Lakeside Surgeries
MCP	Principia Partners in Health

# New Care Models (NCM) Support programme framework





## Themes of the support programme - transactional support (1/2)

Key theme	Known Barriers	How we might overcome known barriers?
<p><b>Commissioning, contracting and payments</b></p>	<ul style="list-style-type: none"> <li>• Current mechanisms are not conducive to enabling new models across multiple organisations; multilateral gain-risk share arrangements</li> <li>• PbR versus block contracts; prime or alliance contracts</li> <li>• concerns over competition procurement law</li> <li>• true joint commissioning models with local government</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a community of practice to share learning and expertise, offering expert and legal advice</li> <li>• Accelerate development of new payment systems such as capitated budgets, polled budgets and integrated personal commissioning.</li> <li>• Review current rules on procurement and tendering, and consider possible waiver for commissioners to deviate from those rules</li> </ul>
<p><b>Information technology and information governance</b></p>	<ul style="list-style-type: none"> <li>• IT systems have low interoperability capability across organisations and systems;</li> <li>• Limited holistic data sets/means in order to track patient-level activity and costs across multiple settings;</li> <li>• Information governance prevents necessary sharing of secondary data across organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Self assessment and diagnostic</li> <li>• A nationally led programme under the remit of the National Information Board</li> </ul>



## Themes of the support programme - transactional support (2/2)

Key theme	Known Barriers	How we might overcome known barriers?
<b>Transparent measurement</b>	Evaluations have often been towards the end of long term programmes, with real-learning not capitalised in a timely way	<ul style="list-style-type: none"> <li>• Programme evaluation approach</li> <li>• Formative evaluation throughout NCM implementation that includes population outcomes and patient experience</li> </ul>
<b>Rigorous delivery</b>	Ensuring appropriate individuals have local capacity to deliver effective programme management, without an industry of paperwork and numerous reporting lines	<ul style="list-style-type: none"> <li>• Robust consistent programme management approach</li> <li>• Clear business case &amp; gateway process</li> </ul>
<b>Comms &amp; engagement</b>	Ensuring appropriate individuals have local capacity to deliver consistent comms, clinical and patient engagement and change management	<ul style="list-style-type: none"> <li>• Self assessments of readiness</li> <li>• Mentorship and coaching</li> <li>• Communications development</li> </ul>
<b>Workforce</b>	<p>There are limited holistic comprehensive workforce models that span health, social care, public health, the voluntary sector</p> <p>Key issues include: professional regulation, indemnity, recruitment processes, training programmes and training time lags</p>	<ul style="list-style-type: none"> <li>• A revised approach to modelling that considers the formal &amp; informal workforce, and to include the design of new roles</li> </ul>



## Themes of the support programme - transformational support (1/2)

Key theme	Known Barriers	How we might overcome known barriers?
<p><b>Leadership for change</b></p>	<p>Local health and care economies need to be able to agree and move together on actions that will led to new models that very likely change current patterns of activity and funding flows</p> <p>Cultural issues could either be at a number of levels eg within a new clinical team, within an organisation, or across organisations</p>	<ul style="list-style-type: none"> <li>• Prioritise the development of system leadership both for the NHS as a whole and in LHEs, including learning from other sectors</li> <li>• New styles of provider leadership supported by national bodies to avoid the wrong king of regulation</li> </ul>
<p><b>Spread of innovation</b></p>	<p>Often innovative approaches are not shared or communicated in a timely way nor easily replicable to be implemented elsewhere</p>	<ul style="list-style-type: none"> <li>• Self-assessment of the readiness and likely success of spread and adoption</li> <li>• National learning sets</li> <li>• guidance for strengthening areas that need attention</li> </ul>
<p><b>Improvement methodology</b></p>	<p>There is a need to rely less on external pressures such as targets and inspection and more on support from leaders and staff</p>	<ul style="list-style-type: none"> <li>• Develop a strategy for quality improvement to foster a learning institution on the basis that it will provide national support through small teams of credible experts to local delivery</li> </ul>



## Themes of the support programme - transformational support (2/2)

Key theme	Known Barriers	How we might overcome known barriers?
<b>Transparent measurement</b>	Evaluations have often been towards the end of long term programmes, with real-learning not capitalised in a timely way	<ul style="list-style-type: none"> <li>Should be a commitment of discovery not design with a commitment to real-time evaluation and learning throughout</li> </ul>
<b>Communications &amp; engagement</b>	Ensuring appropriate individuals have local capacity to deliver consistent comms, clinical and patient engagement and change management	<ul style="list-style-type: none"> <li>Self assessments of readiness</li> <li>site diagnostics</li> <li>Mentorship and coaching</li> <li>Communications development</li> </ul>
<b>Workforce</b>	There are current challenges both with an insufficient number of staff and not enough staff trained in multi-disciplinary and generalist care.	<ul style="list-style-type: none"> <li>Self assessments of readiness</li> <li>Learning sets</li> <li>Specific training programmes</li> </ul>

# How can pharmacists contribute to the new care models?

Highlights from selected Vanguard systems on the role of pharmacists (not just multispecialty community providers):

- *By September 2015 we will also have a dedicated Care Home Medicines Optimisation team focusing on medicines review, and training for care home staff on poly-pharmacy issues*
- *Primary care led integrated locality-based services... including community health services, primary care, pharmacy, voluntary sector, and social workers to understand local population and assets in each community. This will reduce demand and support co-ordinated delivery of care.*
- *The primary care team will continue to grow and include front line physiotherapists, other community workers and be better integrated with **community pharmacy**.*
- *Pharmacy services will be integrated and training standardised.*

Others have Local Pharmaceutical Committees and/or pharmacy providers as key partners

## Find out more...

<http://www.england.nhs.uk/2015/03/10/new-era-of-patient-care/>

<http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/>