



The Nottingham and Nottinghamshire
Sustainability and Transformation Plan

Greater Nottingham Accountable Care System



- MCP Vanguard established 2015 and achieving tangible improvements in quality and cost of care for 120,000 population.
- Built on **PartnersHealth**, unique model of **collectivised general practice**
- Improving **access** to general practice, thousands of patients access to on line services, 8-8 and weekend access; 35,00 regularly using on line services
- Harmonised £(90+5)/patient and increased investment in local GP practice through extended scope and quality Rushcliffe GP Specification enhanced service
- Greater **budgetary accountability**: incentivised virtual hard budget in prescribing and 1st OP; immediate bending of cost curve; QIPP achieved
- Standardised codified approach to **LTC management**, building population disease registries (62 new COPD patients identified in 6m)



- Enhanced service to **care homes** residents: fewer ambulance dispatches, conveyances, 25% less emergency medical admissions, more people dying in their homes
- New approach to **prevention**; 30 strokes prevented in 2016
- Moved **elective** orthopaedics, gynaecology, gastroenterology, hospital into the community; fewer joint replacements
- Intravenous osteoporosis treatment delivered in local GP practices; **virtual** osteoporosis **clinic**
- **Primary care in the hospital**: GPs and Community Matron now operating in HCOP wards of NUH: reduced number of readmission by 10%

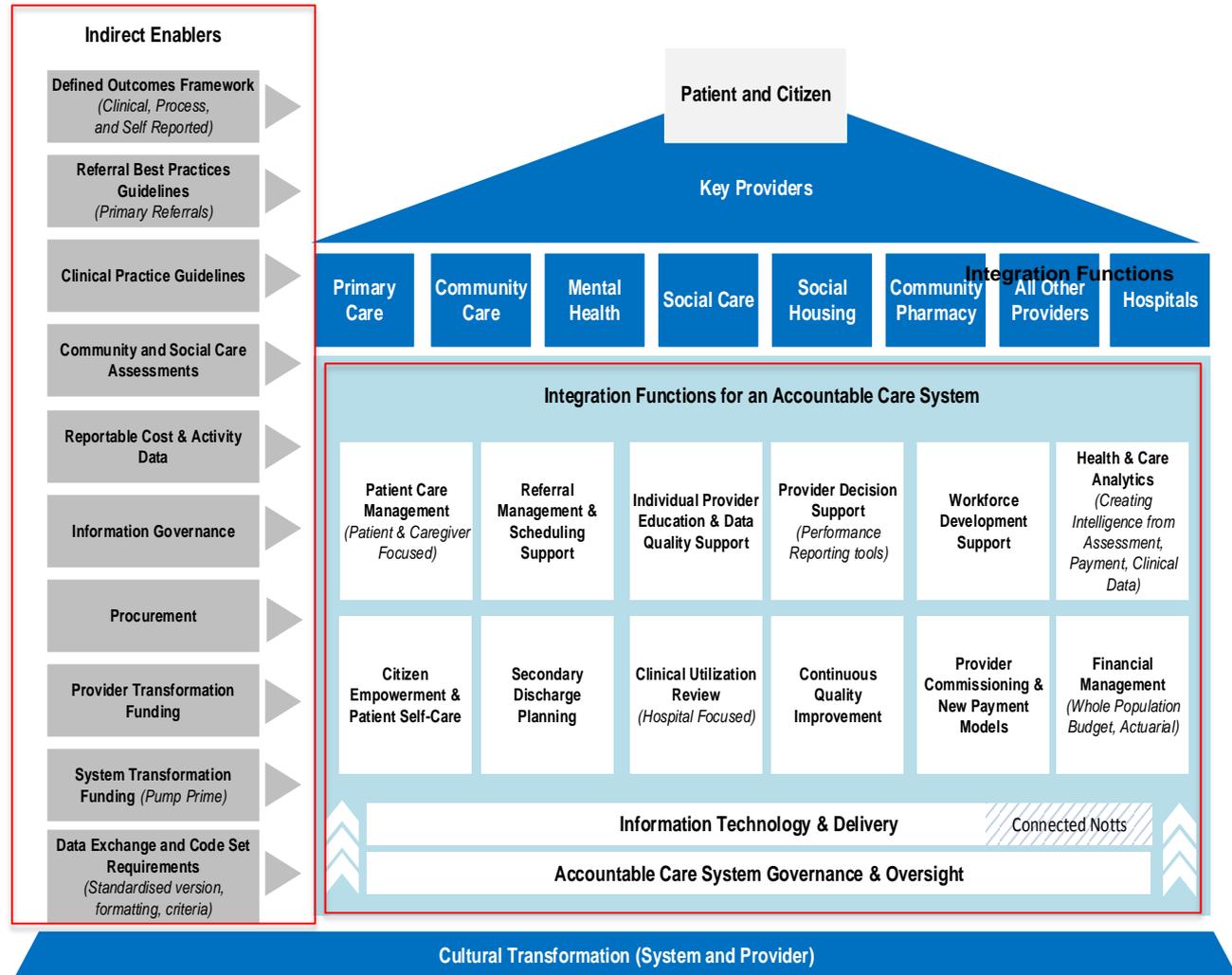


- Spread and innovation needed at Greater Nottingham (GN) scale for system sustainability.
- Principia (and thence GN) invited to collaborate with international experts Ribera Salud (also in discussion with NUH) and Centene Corporation to develop an accountable care system.
- Ribera and Centene have transformed public care systems across twenty-five states in America and in Spain. Centene is not a provider but an integrator of care.
- Work completed on (Milliman) actuarial analysis confirming a huge value opportunity when comparing GN to 'well managed' international systems
- Design solution completed to achieve the value opportunity. The design solution includes a system integrator.
- New Care Models Programme support for a Value Proposition (VP). The VP confirms a greater level of savings, more quickly and with greater delivery confidence than the Nottingham / Nottinghamshire STP.



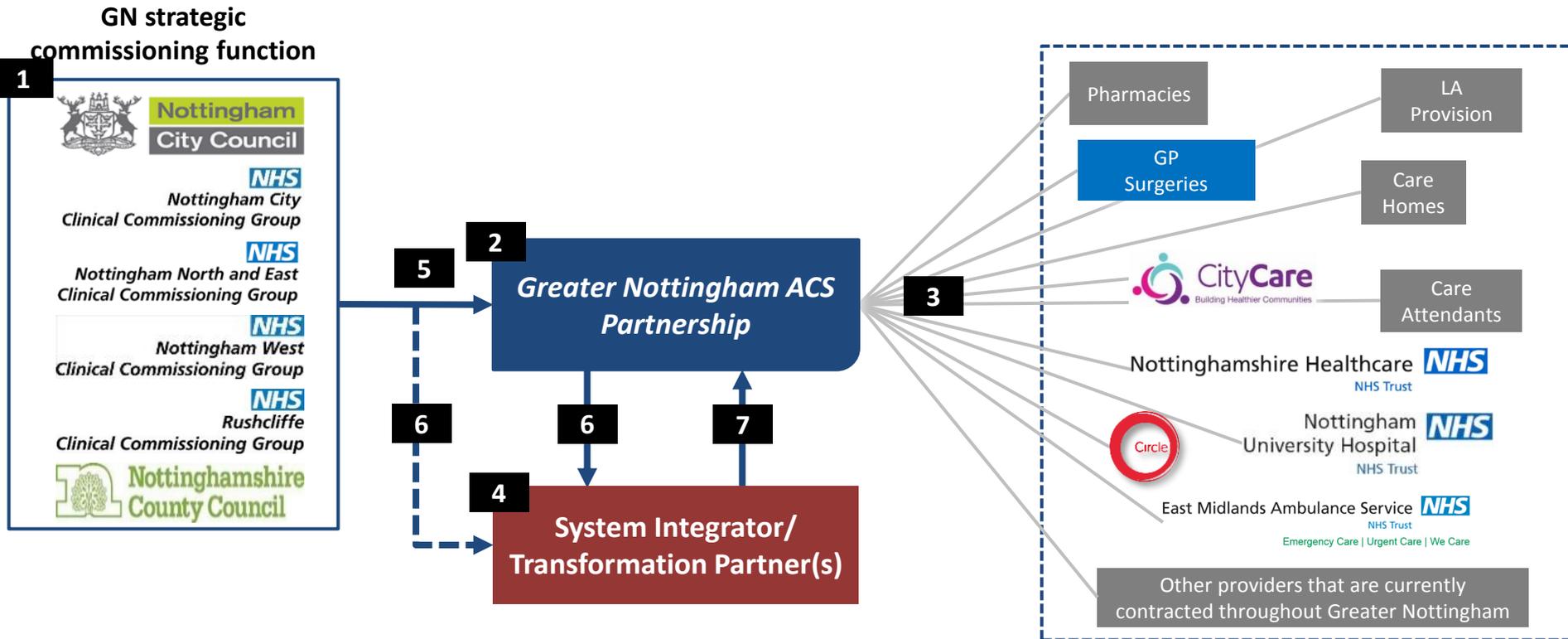
- Analysis comparing our system activity and cost to the outcomes achieved by 'well-managed' systems.
- Two key characteristics of a 'well-managed' system - optimal infrastructure and best practice care.
- Analysis confirmed if similar outcomes to a 'well-managed' system were achieved, there is significant opportunity to reduce care and cost within the acute sector (>£700m gross savings in acute sector alone over 5-years).
- The value opportunity relates to inpatient admissions for both over and under 65s together with reduced length of stay for the over 65s.
- No meaningful conclusions could be drawn for community health and social care provision.
- This in itself is a key conclusion and consistent with the starting point of most fragmented systems that have successfully transformed into 'well managed' systems.

- **Indirect Enablers:** one-off investments and regulatory/legal actions.
- **Integration Functions:** functions and activities that must be performed continuously.
- All the Enablers and Functions need to be in place to achieve optimal performance and the value opportunity.



GN ACS model:

Strategic commissioner. Provider partnership. System Integrator



(1) GN Strategic Health and Care Commissioner

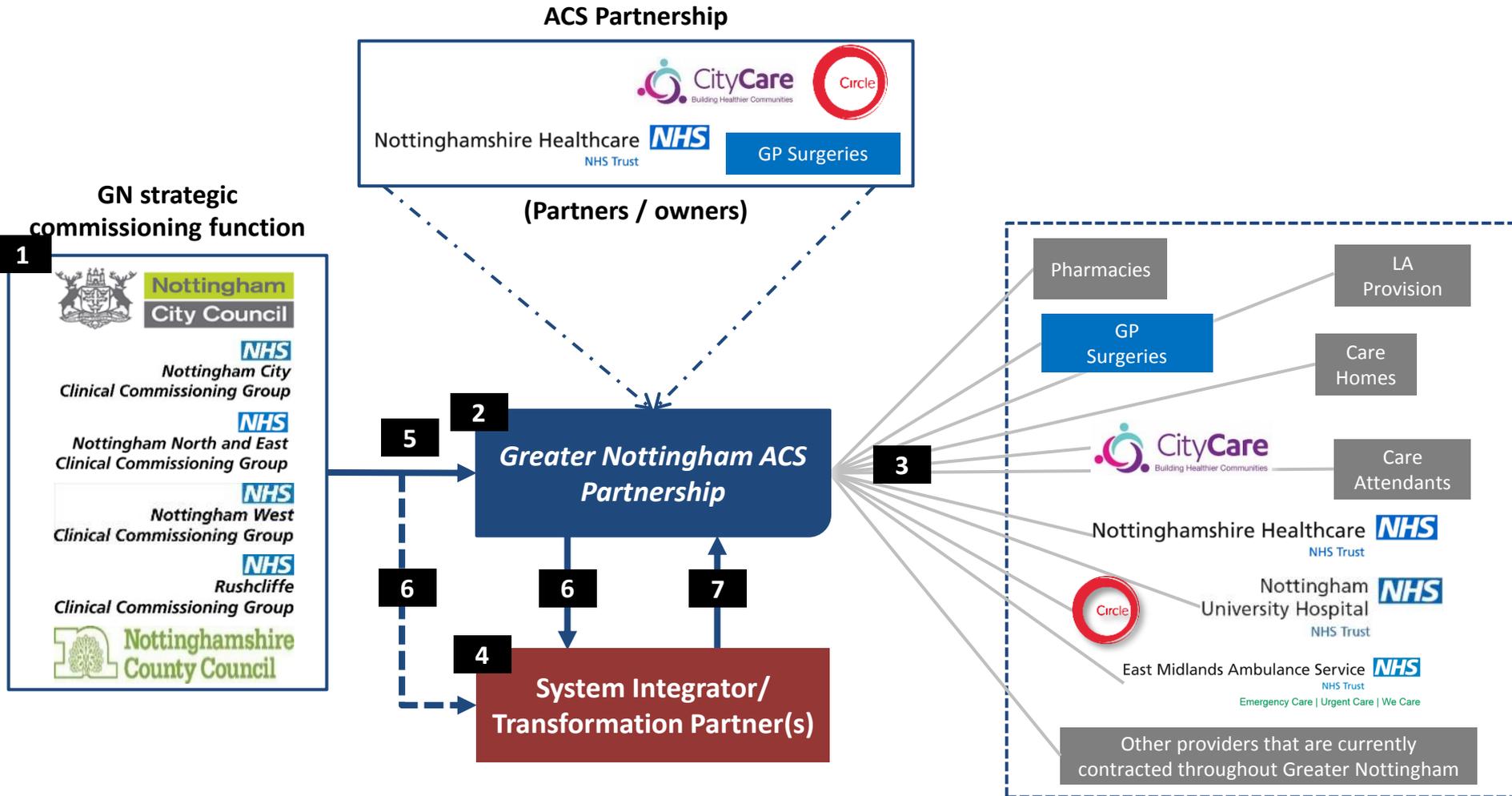
(2) GN ACS Partnership

(3) GN ACS Partnership

(4) GN ACS Integrator / Transformation Partner

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(1) GN Strategic Health and Care Commissioner

(2) GN ACS Partnership

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(4) GN ACS Integrator / Transformation Partner



1. The transformed system must be built on fit for purpose out of hospital sector.
2. Huge value opportunity exists according to benchmarks with “well-managed” (optimal infrastructure and care management processes) system.
3. Insufficient visibility of activity, costs and outcomes across the system to credibly risk bear collectively across the system.
4. Previous attempts at integrated delivery networks failed to live up to promise because insufficient attention was given to implementation and execution
5. Population based full risk capitation requires new capabilities in leadership, governance, business, managerial and financial systems
6. No experience or track record of delivery or competency within the NHS and care system
7. A feasible implementation plan with greater certainty of delivery is proposed and based on forming a long-term system transformation / integration partnership with experienced and capable “integrator” to solely support the system achieve optimal outcomes and value for finite resources available.