Wider Primary Care Delivered at Scale

Developing the Oldham (Primary Care) Medical Home Model

Driving Continuous Quality Improvement and Year on Year Reductions in Health Inequalities via Commercially Sustainable Primary Care at Scale

This is an intrinsic component within NHS Oldham Integrated Care Strategy 2013 – the details that follow represent further, more forensic assessment of at scale Primary Care development, investment and contribution
Content

Section 1: Strategic Direction (Why, What & How)

• Introduction
• Environment, Risks and Challenges (for wider Primary Care at Scale WPCAS)
• Planning Expectations, Standards and Alignment with NHS England PC Strategy
• Building the Case for Change for investment in WPCAS
• Locus for Strategic investment in the Primary Care Medical Home (PCMH)
• Building Services in Platforms, Over Time
• Understanding, Investments, Probity, Markets & Contracting (for WPCAS)
• Reducing Health Inequalities through Invested Improvements in Primary Care

Section 2: Supporting Logic (Backstory, Data & Statistics)

• Overview of Historical Health Spend in Oldham
• Primary Care Finances – 5 year Backstory
• Primary Care Quality & Performance

Section 3: Supporting Logic (Health Market Analysis HMA)
Why the Need to Develop Primary Care into a Broader System of Health Delivery?

Current State 2014

- Our Citizens

Future State via PCMH 2014

- Improved Care Quality
- Improved Care Outcomes
- Improved Care Experiences
- Improved Satisfaction

- Material Increase in PCMH Revenue
- Realistic Increase in Fees for Services
- Validated total system economic benefits
- Sustainable commercial delivery (1,2,3 M)

- PCMH processes and workflow improvements
- Material improvements in care coordination and management of high risk patients

- Meaningful reduction in unwarranted utilisation
- Significant total cost of care savings
- Time to Value Improvements

Overall Performance (10 indicators) - Oldham CCG Vs 210 CCGS

- Oldham ranked 129th of 211 CCGs
The New System, New Relationships, New Service Opportunities

NHS ENGLAND
(via Local Area Team in Greater Manchester)

- Individual Practitioner Performance
- Market & System Management
- Performance Scrutiny
- Contract Regulation & Monitoring
- Contract Negotiation & Setting

Structured, Commercial, Regulation Based Quality Assurance

Opportunities for New Primary Care Systems, New Commercial Modes for Integration?

Core Primary Care
(GP Practice Contracts)

- Continuous Quality Improvement
- Growth Through EQALS +/- Shifts
- ‘Community’ Services Integration
- Membership Service Offer Collaborations (3m)
- Commissioning System Leadership

Agreed Priorities, Managed Markets, Connected Care Models, Opportunities for Health & Social Integration, Growth in ‘out of hospital’ market

NHS Oldham CCG

Partnership Models, Extended Delivery Opportunities, Education, Business Coaching, Design Based
Constructing our (Oldham) Proposition – Built on Local Insights and researched National & International Models

**Oldham**
- Generations of experience
- Vast knowledge of population
- Significant track record of innovations
- A clear & credible set of plans
- Sound economic stewardship
- An accountable care ethos adopted
- A recognition of need for change
- A good grip on sustainable delivery

**National**
- Kings Fund (compendium)
- Nuffield Reports
- RCGP and other Royal Colleges
- Gov.com / NHSE publications
- BMJ
- NHS Alliance & NHS Confederation
- KPMG & other consultancies

**International**
- Jankopping (Sweden) Experience
- IHI (Institute for Health Improvement)
- Horizon Healthcare Innovation
- Netherlands Institute for Health Research
- WHO (World Health Organisation)
- National Health Service* (in Italian: Servizio Sanitario Nazionale)
- Danish Healthcare System

**Caveats:**

This strategy is not intended to be a full empirically researched proposition. Benchmarks and comparisons have been used, however there is an overwhelming weight of national and international opinion, backed by research, as to the value of a thriving Primary Care system in relation to Triple Aims. Many citations could be used, however this one below summarises the points very well:

*The evidence also shows that primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations, a finding that holds in both cross-national and within-national studies. The means by which primary care improves health have been identified, thus suggesting ways to improve overall health and reduce differences in health across major population subgroups.*


**Interesting Fact:** Nations that have remodelled their Health Care system, based on the UK NHS Primary Care model, are obtaining better outcomes than the originator (ref WHO ranking of Health Care Systems)
The Development of Family Practice into A Wider Model of Differentiated Primary, Community, Social & Acute Care Management

Delivering Wider PC Services
- GMS / PMS/ DES
- Wider, at Scale PC Access & Diagnostic Services
- EQALS
- Acute & Shift Services 1&2 m level
- AQP based additions

Managed Care
- Directly Contracted Delivery
- Out of Hospital (office based medical) services at 3m level
- MSP / ACPO services
- Connected units of WPCAS specialised delivery
- Regulating Supplied Delivery under auspices of ACCO Membership

Patient Centered Medical Home
- Coordinated Care & Shared Decision Decision Making

Commissioning & Regulating Contracted Services as a member of CCG
- Community Professional Capacity
- Out of Hours Urgent Care
- Integrated Health & Social Care (LTC) Teams
- Acute & Tertiary Contracted services

Would be subject to standard NHS contract processes and terms.

Organised at collective level via federations of Practices and/or PCMH (Cluster and/or Borough) Contracted delivery via a ‘federated / mutual’ PC organisation
Local Transformed Out of Hospital Provision
(redesigned local acute care services offered at scale)

Integrated Health & Social Care Services
(redesigned care coordination services via BCF)

Key Drivers For Change for WPCAS

System Level

Cluster Level

Practice Level

Integrated Care – Integrated Commissioning & Public Sector Reform (AGMA & CCG AGG)

Large Scale Public Sector Programmes
(PSR, IC)

Acute and Tertiary Sector Reforms

Large Scale Change Programmes
(PAHT & Healthier Together)

Transformed Care Delivery & Pathways

Gearing for Delivery
The Core Investable Platforms

Enhanced Quality & Access Local Supply (EQALS)

Enhanced & Integrated Community Services
(Collaboratively provided enhanced access & Community Services)

Core Primary Care In Oldham
(GMS, PMS, APMS)
The CCG 3M Model Explained

The CCG ACCO strategy (2011) created the source code from which all other strategies and tactics emerge. One of the central themes is regulated contribution. It's not a universally popular term, partly due to its rather teutonic and instructive perception it creates. However, it's a largely misunderstood concept. Basically explained, the bedrock of Primary Care is based on total family care, for life. It requires consistent high quality approaches to common care needs across populations. Therefore in essence, Primary Care has always been a regulated system, i.e., standards are set by policy such as QOF and 48 hour access, and require regulated delivery. The issue we have in connection with broader investments in a largely membership based supply system, is that the public will correctly wish to see that further £1s invested will ensure regulated access and consistent quality. Unwarranted variability in services will not be tolerated by our public, therefore we have to ensure that great standards are delivered routinely, i.e., they require regulated contributions and consistent and equitable access.

So where does 3m fit into this & what does it mean?

3m = Service Accessibility & Practice Contribution at 3 different levels

1m (micro) = singular level (e.g., a single, stand-alone GP Practice)

2m (meso) = partner level (e.g., groups of geographically & population consistent practices working together)

3m (macro) = federation level (e.g., a single contracted unit of organised delivery, comprising of many / all GP Practices)
### Oldham CCG PCHM based WPCAS system – The Five Incremental Investment Streams to Support Improvement in Population Care

<table>
<thead>
<tr>
<th>Stream</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1 | **Revenue from Core Primary Care Service**  
   - Core contract relating to GMS, PMS, APMS list based provision  
   - Any further enhancements connected to core (e.g. DES services) |
| 2 | **+ Care Coordination Revenue**  
   - Additional up-front revenue investment for PCMH activity (EQALS)  
   - Patient care coordination, care planning, compliance to clinical protocols  
   - Management of practice population care BSC & budgets (e.g. prescribing)  
   - Increased efforts to quality improve general care & specific LTC care |
| 3 | **+ Population Care Coordination Revenue**  
   - Year of Care & horizon support to achieve step change improvements in care by coordinating care for higher risk patients  
   - Connecting practice workforce with commissioned supplier workforce  
   - Regulating contributions within practice and provided by community teams |
| 4 | **+ Continuous Quality Improvement, Patient Experience and Utilisation Management (incentive)**  
   - Enhanced revenue for validated improvements in patient care  
   - Enhanced revenue for extensions in core access (above core contract)  
   - Enhanced revenue for improvements in PROMS (specific to practice)  
   - Gain Share arrangements relating to sound financial governance |
| 5 | **+ Differentiated Service and Patient Access Services (revenue)**  
   - Enhanced revenue for delivery of ‘additional’ fee for service offers to patients  
   - Active delivery of ‘out of hospital’ care delivered at 1/2/3m levels  
   - Enhanced diagnostic provision at 1/2/3m levels  
   - Delivery of enhanced ‘system based’ professional services (e.g. education, coaching, referral governance) |

**Underpinned by a set of guiding principles (for PCHM & WPCAS)**

- **Patient & Quality Focus** – substitutions in service and location offers, must not compromise quality, it must enhance it
- **Emphasis on Downstream Outcomes & ROI for Total Cost of Care** – reward PCMH for premium quality decision making and care delivery
- **Stakeholder Materiality** – i.e. the proposal must match market conditions & be a viable delivery proposition
- **Reliability** – requires at scale delivery in order to ensure statistical reliability and coherence
- **Scalability** – Models and propositions should encourage widespread adoption by practices
- **Setting High but Fair Expectations** – recognising differences in sub-populations and practice starting points (Minimum Conditions)
- **Provide Sensible Incentives for Developing PCMH Infrastructure** – Reward practices for implementing best practice processes & innovating
Payout for CCG Member Practices (PCHM) – 3 Options

Option 1: An Example (below) Based on Efficiency and Contribution
Option 2: Continue with a flat payment structure, undifferentiated for performance
Option 3: Segment EQALS into 2 sections (1: delivery 2: quality outcomes) & apply Option 1 to part 2 only

<table>
<thead>
<tr>
<th>Quality Level (BSC)</th>
<th>Weighted Utilisation Improvement (BSC)</th>
<th>3-6%</th>
<th>6-9%</th>
<th>9-12%</th>
<th>12%</th>
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</thead>
<tbody>
<tr>
<td>LEVEL 3</td>
<td>Level 2 + 90th Percentile on BSC quality metrics</td>
<td>£+1</td>
<td>£+3</td>
<td>£+5</td>
<td>£+6</td>
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<tr>
<td>LEVEL 2</td>
<td>Level 1 + 75th Percentile on BSC quality metrics</td>
<td>£+0.5</td>
<td>£+2</td>
<td>£+3.5</td>
<td>£+4.5</td>
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<tr>
<td>LEVEL 1</td>
<td>50th Percentile on BSC quality metrics</td>
<td>£+0.5</td>
<td>£+1.5</td>
<td>£+2.5</td>
<td>£+3</td>
</tr>
</tbody>
</table>

Key:
BSC – CCG Primary Care Balanced Scorecard
£+ - refers to share system financial gain share
Encourage and Coach in order to continue to innovate, develop new ways to meet patient need and build collaborations at 2M level.

Support the development of a leadership cadre. Invest in personal and team development in order to harness leadership potential into the future.

Continue to offer support to meet the minimum conditions of service (MCOS).

Provide dedicated support and coaching in order to attain higher standards and harvest the potential value of professional competition.

A Common Purpose
Federated (PCHM)
Delivery Partner

PCHM Ambition
EQALS Development Model – Taking an Innovative Idea through to Execution

Ideation
- Research
- Challenge
- Insights
- Prioritisation
- Doability (inc financials)
- Buy-In
- Customer Fit
- Membership View

Generating Innovations & Propositions

Governing, Process Control & Delivery
Via Clusters (varied according to complexity)
Via EQALS group + CDS and others
8 week turnaround

8 week turnaround

Go-Ahead

Prototyping → Test Phase

Test Phase Evaluation

Service Offer + Rules of Engagement (+ re-offers)

Commercial Offer

Acceptance

Not Accepted

Adopt & Diffuse

Accepted

Regulation & Calibration & Evaluation
Via EQALS Working Group (1)
Via Clinical Council (2)
Via ERFPQ (3)
Tackling Health Inequalities through Improved Primary Care at Scale

The Formula
Core Standards Delivered Consistently + Differentiated & Flexible Services to Match Meso Population + Connected Meso Leadership + Community Assets = Impact on Health Inequalities over time

- Single Contract
- Generic Service offer
- Unregulated Performance
- Undifferentiated Service
- Culturally Neutral
- Little Community Leadership

- Multiple Contract Options
- Service Aligned to Clients
- Performance via 2m System
- Differentiated to Locality
- Culturally Aligned
- Community Capitalised
Some Additional Early Enabling Ideas (investable propositions)

- Seek Funding to Enable 2m & 3m Federated Partners to Develop their Commercial & Delivery Capabilities
- Review available ‘enabling common platforms’ quantify and attribute resources to 2m partnerships (IT, CSU, Estate, technologies)
- Establish a Market Segment Plan (+ PB) for WPCAS. Developed via Clinical Council and regulated via ERFPQ
- Explore the possibility of a dedicated partnership with GM AHSN and TrussTech (become the Innovation CCG test site)
- Explore the creation of an Oldham Medical Locum Service, Harvesting experience from retired local Clinical / Medical professionals
- Explore the possibility / opportunity to form a long term partnership with an academic research partner (brokered via AHSN)
- Create a future proofing ‘next generation leadership system’ – Invest in OD programme for younger GPs in Oldham
- Include OD based enablers within the total system of sustainable investment in WPCAS (e.g. appraisal systems such as Clarity, + professional fees for innovation activities)
- Create Closer Partnerships with Big Pharma & High Tech Industries in Order to Explore Triple Aim Opportunities

Take into Clinical Council & ERFPQ as early stage investable propositions