NHS
East of England

Delivering Integrated Care
- *a Prime Contractor Model*

Dr Steven Laitner,
GP and Associate Medical Director NHS East of England

5 May 2011

What's the problem we are trying to fix?

some quotes from our Service User Reference Group

"recognise the "patient" as an expert in themselves"

"listen to us"

"don't only concentrate on the clinical"

"be aware that management of the LTC is only a small part of my life"

"I want to be seen as a whole person"
(ortho example)

"stop using language and knowledge as a barrier"

"speak to me with respect"

NHS
East of England

What's the problem – care model?

- An overly hospital based, medical, and paternalistic model
- Insufficient personalisation, support for self care or Shared Decision Making
- Variable service quality and customer experience
- Lack of integration:
  - Generalist and specialist care
  - Physical and mental health
  - Medical and nursing, therapy
  - Medical and social
- Unwarranted Variation in activity

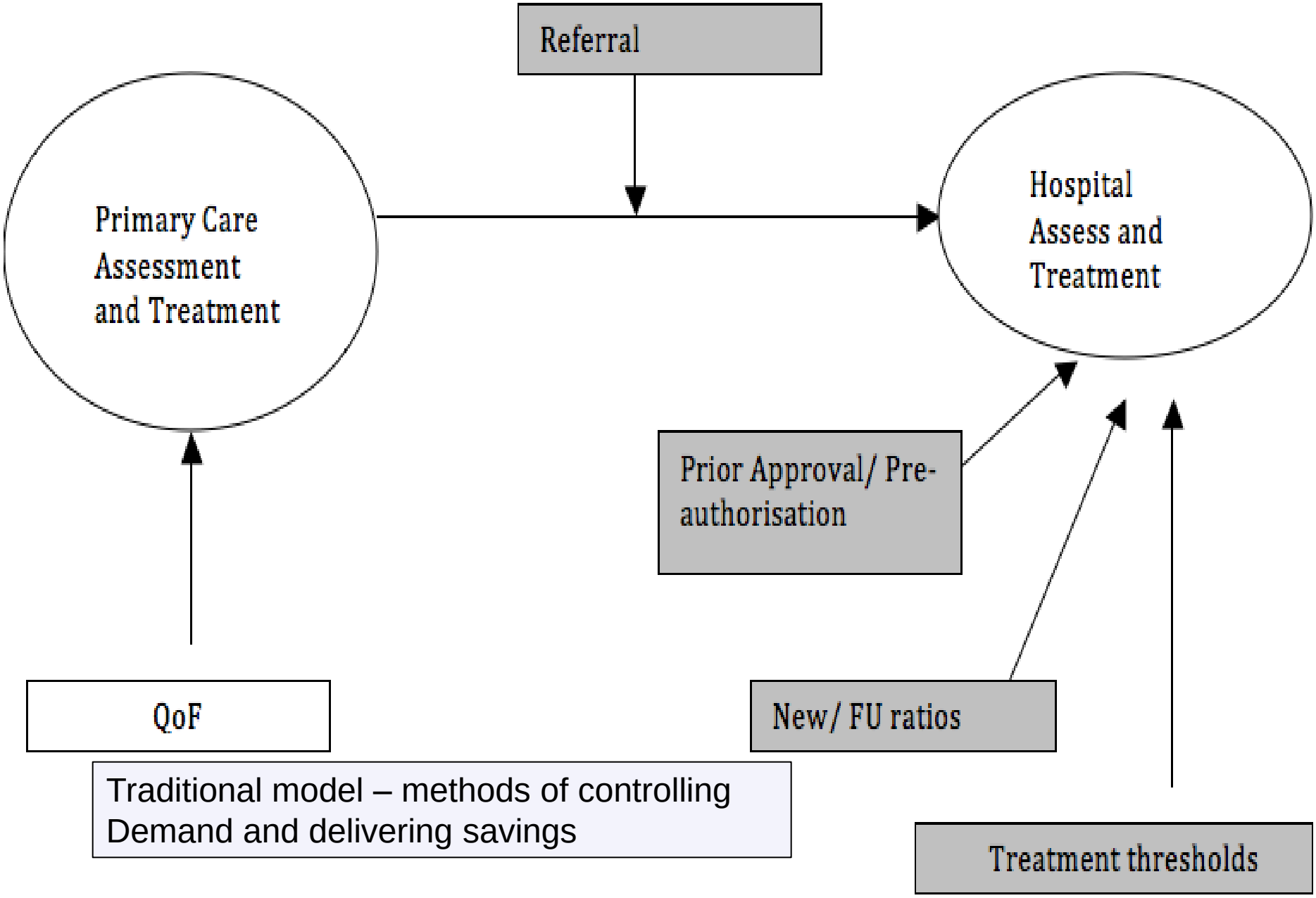
What's the problem – System?

- Inexorable demand with an forthcoming unprecedented reduction in resources
  (*we need to do much better with much less*)
- Historical inability to manage demand using current levers
- Poor alignment of incentives
- "Micro-Commissioning/ Micro-Contracting" of an incredibly complex business process/ care pathway/ supply chain – little integration
- Lack of clinical and financial management and accountability across the pathway

THE DOCTOR'S DILEMMA: PREFACE ON DOCTORS BERNARD SHAW 1909

"… That any sane nation, having observed that you could provide for the supply of bread by giving bakers a pecuniary interest in baking for you, should go on to give a surgeon a pecuniary interest in cutting off your leg, is enough to make one despair of political humanity."


DOCTORS
PARKING ONLY
S 600PE



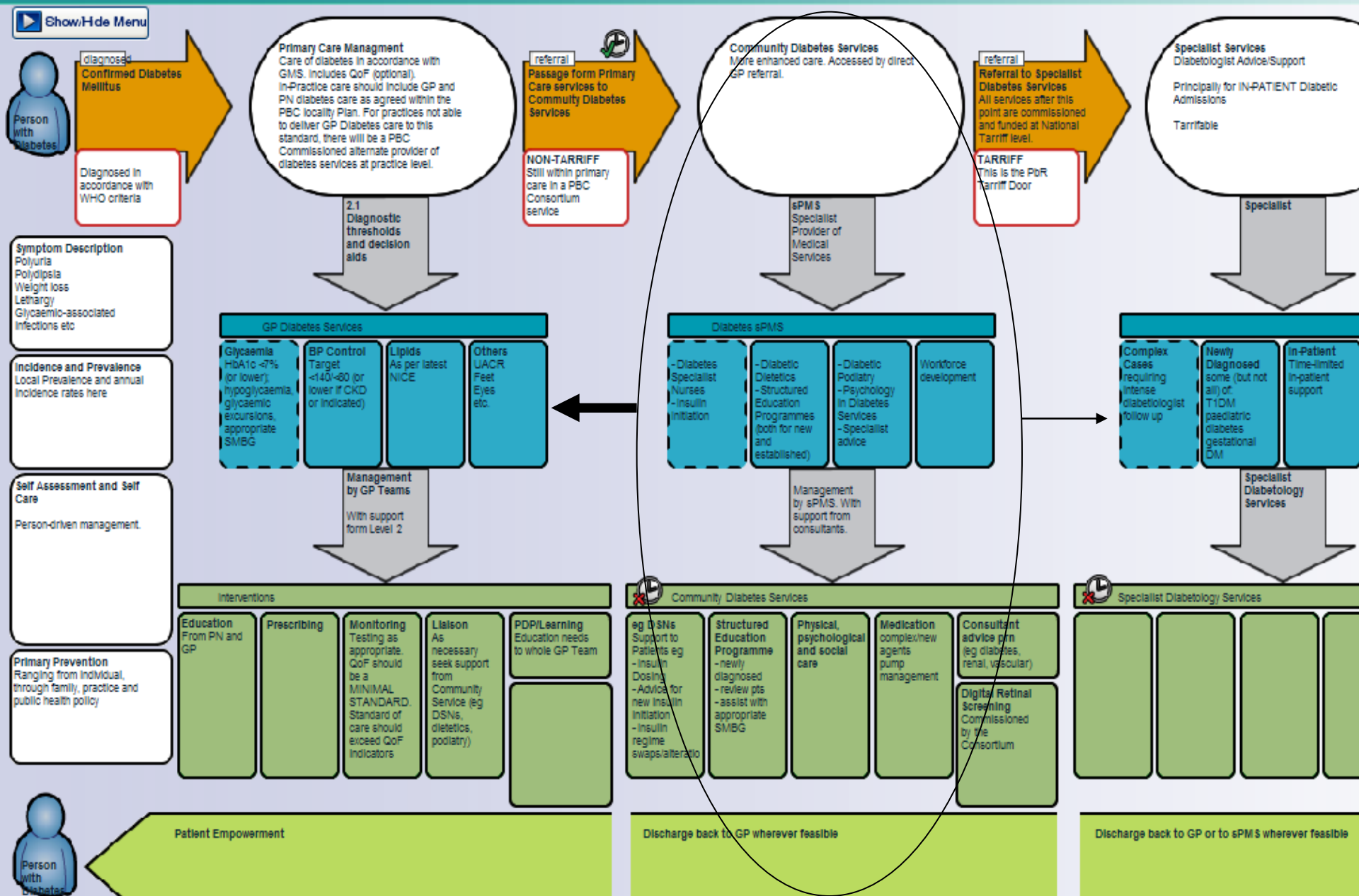
Traditional model – methods of controlling Demand and delivering savings

Hub functions:

- **Referral triage**
- **Skilling up 1' care**
- **Specialist Assessment**
- **Specialist integrated care**
- **Shared Decision Making**
- **Personal Health Planning**
- **Supported Self Care**
- **Patient & carer support**
- **Voluntary sector provision**

PATHWAY MANAGEMENT

West Hertfordshire PBC Diabetes Commissioning Consortium
Overview of Commissioned Diabetes Care Model



What is an IPH/ Prime Contractor?

- A central pathway multidisciplinary specialist *provider*
- An *alternative* to hospital outpatients
- A "Prime Vendor"/ "Prime Contractor" with whole pathway clinical and financial accountability
- A pathway manager/ co-ordinator
- A “market disruptor" for transformational change to service delivery and culture

Defining programme Areas

- Different models defined by
  - Health need priority area
  - Programme budgets?
  - Care groups?
  - Fuller capitation?

Funding Model

- *Not* PBR for prime contractor but a…
- Population based “whole pathway” budget
- PBR for subcontractors
- GMS/ QOF for primary care

Northamptonshire Teaching PCT

Expenditure on own population (£000s)

Programme Budgeting Category		2006-07	2007-08	2008-09	% change from 2007-08
01	Infectious Diseases	10,559	13,429	14,645	9%
02	Cancers and Tumours	50,252	52,879	57,154	8%
03	Disorders of Blood	10,976	11,982	12,107	1%
04	Endocrine, Nutritional and Metabolic	22,387	25,717	31,747	23%
05	Mental Health Disorders	98,072	103,921	131,622	27%
06	Problems of Learning Disability	37,968	29,785	26,876	-10%
07	Neurological	30,784	36,448	37,307	2%
08	Problems of Vision	15,276	16,304	18,304	12%
09	Problems of Hearing	2,381	3,730	3,211	-14%
10	Problems of Circulation	66,501	65,072	69,452	7%
11	Problems of the Respiratory System	35,988	36,308	40,749	12%
12	Dental Problems	35,847	38,083	41,320	8%
13	Problems of Gastro Intestinal System	40,788	44,226	41,371	-6%
14	Problems of the Skin	15,502	17,512	18,233	4%
15	Problems of Musculo Skeletal System	44,356	50,287	50,717	1%
16	Problems due to Trauma and Injuries	41,199	39,982	37,697	-6%
17	Problems of Genito Urinary System	37,359	37,410	43,419	16%
18	Maternity and Reproductive Health	33,167	30,377	35,806	18%
19	Conditions of Neonates	4,458	7,438	9,305	25%
20	Adverse effects and poisoning	8,970	9,563	10,894	14%
21	Healthy Individuals	12,700	17,632	23,053	31%
22	Social Care Needs	7,632	22,209	21,632	-3%
23	Other	113,172	136,310	144,078	6%
All	Total	776,294	846,604	920,699	9%

What are the benefits?

- One provider which delivers the commissioner's requirements across the whole pathway
- The commissioner contracts for stretching quality and productivity outcomes, the IPH innovates and manages all subcontractors across the pathway
- An opportunity for real innovation, collaboration and integration amongst providers delivering "joined-up care"
- A truly patient centred service with the opportunity for third sector and independent sector provision in addition to NHS provision

In keeping with DH policy

"Where service integration and continuity of care is important to secure the best clinical outcomes, patient experience and value for money, the intention is that commissioners will be able to go to competitive tender and offer the service to one provider or "Prime Contractor"

David Nicholson Transition Letter, 17 February, 2011

The challenges

- Vested interests (£, power, autonomy) in the status quo
- Perverse incentives
- “It will never happen” - apathy
- Risk aversion
- Lack of vision
- Lack of a free market/ fear of competition
- Fear of *“unintended”* consequences
- Lack of consumer focus in a provider led industry

What we *are* doing in East of England and DH (QIPP)

- Supporting 2-3 pilot site PCT and CCC commissioners to procure via open, competitive tender process, a total of three Prime Contractors/ Integrating Pathway Hubs for:
  - Respiratory Health
  - Musculoskeletal Health
  - The Health of the Frail Elderly

- A delivery method for reducing un-warranted variation, increasing value and Programme Budget Commissioning as part of *Right Care* (QIPP, DH)

NHS
East of England

Thank you.

Management is doing things right;
leadership is doing the right things

Peter F Drucker

steven.laitner@nhs.net