The Berkshire West Accountable Care System

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October 2017
Why establish an ACS?

- In BW each organisation meeting its financial control total
- Generally performing well against constitutional standards
- Current pattern and configuration of services still not sustainable in the face of rising demand and falling financial allocations
The mission

• Leaders recognised the need to transform the model of care to one of population health management, early identification of risk and proactive management.

• Develop optimally efficient clinical pathways – change the delivery model to provide more care closer to home

• Implement new business models to address the barriers to change

• Deliberately use the term ACS not ACO

• High level aims: experience, outcomes and £
New clinical pathways

• Diabetes – rebalanced location of care, reduced cost, improved outcomes and experience
• IPASS service – recognised by Royal Society of Rheumatologists, reduced OPD, reduced prescribing, improved outcomes and experience
• Transformation of OPD – move >50% off the acute site
• MSK – structured collaboration process: direct access physio, shared decision making, appropriate referrals, efficient use of hospital capacity
• 104 High Intensity Users – move away from the medical model, new forms of support
Connected Care
Managing population health through information sharing

- Unlocks the silos of care information to streamline pathways across health and social care.
- Transforms fragmented information currently held in silos into a single view of an individuals’ care.
- Single Sign on
- Primary, Acute, Secondary and Social Care information being shared.
- Seamless embedded access >3,000 health and social care professionals.
- 4,000 records are being accessed monthly.
Using data to inform Care Professional - Theograph
New Business Models

Our strategic plans establish the key components for the way we do business together

• A single leadership team
• A single strategy and operating plan
• A single capitated budget and financial plan which identifies and mitigates system risk
• A single control total with clear risk share arrangements
• Contracts which get the money to where it is needed
New Business Models

• Requires trust and transparency
• An open book approach to planning
  – Setting system priorities, informed by population health needs
  – Agreeing investments and disinvestments
• A focus on cost wherever possible
• Agreeing a threshold value for independent decision making
• Pooling of contingencies for system benefit
Risk sharing

• Assumes flexible system control total
• Assumes regulatory intervention at a system level
• Assumes STF monies based on system performance
• Based on COST not PRICE
• Considers who is best to influence risk
• Considers who is best to bear risk (Capacity, legality, appetite)
• Remains within current legislative framework
• Sits within the context of a transparent and shared planning process
In Summary

- Understand Population Health
- Clinically led pathway redesign
- New Business Models