Our Integration Journey
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Safe & Effective | Kind & Caring | Exceeding Expectation

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• RWT Primary Care Journey our so far

• Integrated Care – A frontline perspective

• Questions
RWT context

- Provider of Acute, Community and Primary Care Services - £550m
- CQC Rated Good – June 2018
- A culture of innovation is a common thread in our delivery
- The need to create capacity for specialist services requires us to engage meaningfully in service redesign
- Financially stable and strong CCG
- Strong local authority
- Leadership, stability and a track record of delivery- across the health economy
A culture of Innovation

The Royal Wolverhampton NHS Trust

- Teletracking - Lord Carter Prize for Innovation - 2017
- Safe Hands RFID System - the most advanced in the world
- AIM Clinical Fellows Programme
- Vertical Integration
- Consultant and Registrar in Public Health – embedded in clinical teams
- One of nine Gastroenterology training centres in the UK
- WM Clinical Research Network host - the best performing in England
- Physician A, Care of the Elderly Consultant in-reach into A&E and CDU and Admission Avoidance Team
- Theatre Productivity
- 7 Day Services pilot site
- State of the art Pathology Hub for the Black Country
- Stroke
- Frailty
- Artificial Intelligence for – HR/Finance
- Robotic Surgery
- TAVI
• Breaches due to unavailability of beds have reduced by ~40% since the patient flow system went live

• Cancelled operations due to bed unavailability has also decreased by ~70% this year

• Bed turnaround time for a bed once a patient is discharged is 32 mins
Why Integration for RWT?

- **Position 1** – Retreat to Fortress Mentality in wake of service and financial pressures- trade out of trouble!

- **Position 2** – Work with local partners to provide co-ordinated care through collaboration, vertical and horizontal integration and ensure sustainability

- **Position 3** – Build on co-ordinated care and focus on improving the broader health of the population
What was/is the problem?

- Imbalance in the System - GP Component Capitated + acute services on PbR = Perverse Incentives
- Increasing demand due to aging population and multi-morbidity
- 44% increase in GP appointments in Wolverhampton with flat funding
- Increased workload in Primary Care

**Workforce**

- Premises Issues
- Funding Across the NHS
- Partnership model sustainability?
Why Vertical Integration for GPs?

- Integrated Care Delivery - Better care not more care
- Aligned incentives - enable right care, right time, right place
- Care pathways enable seamless patient care and transfer
- Innovative way of working with primary/secondary/community and public health - we are creating conditions for delivery
- Cultural reset – clinicians working together rather than against each other addressing shift of work in a meaningful way
Why Vertical Integration for GPs?

- Partnering with a large organisation enables the benefits of streamlining back office functions like HR/Payroll/accounts/policies/MDU
- Change management capacity
- Analytics and the power of data
- Robust governance processes- MHRA, complaints, SEA
- Financial Sustainability
Primary Care at Scale?

Vertical Vs Horizontal Integration
• RWT VI went live on 1 June 2016 -

• Started with five practice sites and a population base of circa [23,500] patients

• NHSE (WM) Clinically Assured Process

• Significant national interest

• VI growth in patient numbers- 10 practices and counting- Wolverhampton, Staffordshire, Walsall
- Novel GMS Subcontracting approach
- GPs and Practice Staff become NHS employees
- CQC registration with the Trust
- GMS contract holder/RWT Joint Accountability
- Practices remain active members of the CCG
Scorecard – Since June 2016

50,000 additional appointments (July 2018)

Achieving RCGP access guidelines

21 out of 23 indicators 2017
IPPSOS Mori National GP survey showing improvement at RWT practices

SOCIAL PRESCRIBING

Enhanced use of Pharmacists, AHPs and Physios

RELATIONSHIPS
GPs & Consultant

Attracting salaried GPs to join with portfolio careers

Emergency Admissions
↓ 11% for VI

Live Integrated Primary, Secondary and Community Dataset

Emergency Readmissions 30 days
↓ 8% for VI
### CQC Ratings 2018 for the practices inspected

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services responsive?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Good</td>
</tr>
<tr>
<td>Older people</td>
<td>Good</td>
</tr>
<tr>
<td>People with long-term conditions</td>
<td>Good</td>
</tr>
<tr>
<td>Families, children and young people</td>
<td>Good</td>
</tr>
<tr>
<td>Working age people (including those recently retired and students)</td>
<td>Good</td>
</tr>
<tr>
<td>People whose circumstances may make them vulnerable</td>
<td>Good</td>
</tr>
<tr>
<td>People experiencing poor mental health (including people with dementia)</td>
<td>Good</td>
</tr>
</tbody>
</table>
Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The Provider, The Royal Wolverhampton Trust (RWT) worked with the practice to ensure that there was an organisational structure in place with clear lines of accountability and responsibility. The systems of accountability to support good governance and management were accessible to staff. For example, policies, procedures and protocols were available via the specific practice name on the providers electronic shared drive.
Click on link below

https://youtu.be/U0XhggTyh6E-
Features of Integrated Care

- **Information Continuity** - Patients’ clinically relevant information is available to all providers at the point of care and to patients through electronic health record systems.

- **Care Coordination and Transitions** - Patient care is coordinated among multiple providers, and transitions across care settings are actively managed.

- **Continuous Innovation** - The system is continuously innovating and learning in order to improve the quality, value, and patient experiences of health care delivery.

- **Easy Access to Appropriate Care** - Patients have easy access to appropriate care and information at all hours, there are multiple points of entry to the system, and providers are culturally competent and responsive to patients’ needs.

- **Peer Review and Teamwork for High-Value Care Providers** (including nurses and other members of care teams) both within and across settings have accountability to each other, review each other’s work, and collaborate to reliably deliver high-quality, high-value care.

- **System Accountability** - There is clear accountability for the total care of patients.
Click on link for Video of The Integrated Data System in use

https://www.youtube.com/watch?v=z0PJynDuxfI
INTEGRATED DATA SYSTEM
81 year old female, suffering from dementia and falls. More input from the community team has helped to reduce emergency episodes in last 3 months.
55 year old female with history of social, alcohol and family issues has recently been help by social prescribing team and being signposted to a charity called ‘recovery near you’ in Wolverhampton.
ICA Ambitions

To modernise and support ALL primary care to improve care quality and financial sustainability

To redesign our local NHS system by removing barriers that act against integrated care, to support strategic commissioning

To redistribute risk in a better a way across the system

Improve population health outcomes in partnership with the commissioners mental health services, social care services, public health and the voluntary sector

To improve co-ordination of services and move care out of hospital where appropriate - Integrated patient focussed care delivery

Facilitate networked solutions for hospital services where there is opportunity to improve care quality and financial sustainability
Wolverhampton Integrated Care Alliance

Key Principles

• Our strategy is clinically led, managerially supported and patient centred.

• Shared governance system across the parties which provides system leadership and we are mutually accountable for delivery

• We will shift resources from hospital to out of hospital services so that more patients are supported proactively in their home and communities

• We will focus on health developing our approach to health promotion and disease prevention to support the wellbeing of our communities alongside the care that we already provide

• We must be financially sustainable, making the best use of the resources that we have collectively. This will mean amending the current funding flows as they do not always incentivise best practice

• **ICA strategy must be “baked” in STP strategy**
The Commissioners contract with the Integrated Provider Trust remains intact in its entirety. A ‘virtual contract’ is in place to cover GP Primary Care, MM and Community Services. Resources shift from the acute services to the non-elective and elective services.

In the development stages, the contracting relationship for the Wolverhampton place for MH does not change. The BCF pool continues to be the vehicle for delivery and shared risk with the LA.

The Commissioners contract with the Trust and moves from PbR and Community block to a combined payment mechanism which has 4 ‘buckets’: Block, Gainshare, Cost and Volume, Cost reduction.

In order to ‘realise’ the shift in resource allocation and services into Community and GP Primary Care, all parties have to work together behind a commonly aligned clinical strategy (Cohorts, Disease groups, Pathways). All parties recognise the co-dependence in the delivery in activity and cost shift.

The virtual contract is run on an open book to create the positive debate and tension for the deployment of resource and staff to realise the activity and resource shift.
## Progress in our City and surrounds

<table>
<thead>
<tr>
<th>Capability</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership &amp; Governance</td>
<td>Joint executive CCG/Trust group established</td>
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<tr>
<td>Clinical Redesign/ Care Co-ordination</td>
<td>Joint Medical Directors group established</td>
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<tr>
<td>Financial &amp; Risk Management</td>
<td>Risk and Reward Share in development</td>
</tr>
<tr>
<td>Reporting and Analytics</td>
<td>Mature</td>
</tr>
<tr>
<td>IT infrastructure and Interoperability</td>
<td>Mature</td>
</tr>
<tr>
<td>Patient/Citizen Engagement</td>
<td>Established</td>
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<tr>
<td>Public Health/Population Health Management</td>
<td>Established</td>
</tr>
<tr>
<td>Wider Stakeholder Relationships</td>
<td>Mature</td>
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In Wolverhampton, for example, many GPs have chosen to become directly employed by the hospital, abandoning their old small business status to work in one combined hospital and community system, as Bevan always wanted

Polly Toynbee

The future, is integrated care partnerships that draw together local NHS services into voluntary groupings combining hospitals, GPs, community services and local authorities

Professor Chris Ham