New Care Models: Evidence of Impact

King’s Fund Integrated Care Summit
20 September 2018

Charles Tallack | Head of Operational Research and Evaluation | NHS England
“arguably the largest project on national health care delivery redesign in history”

Don Berwick

5 new care models in 50 vanguards:

- Integrated primary and acute care systems (9)
- Multispecialty community providers (14)
- Enhanced health in care homes (6)
- Urgent and emergency care (8)
- Acute care collaboration (13)
“arguably the largest project on national health care delivery redesign in history”

Don Berwick

2 new care models in 23 vanguards:

- 9 Integrated primary and acute care systems
- 14 Multispecialty community providers
- 6 Enhanced health in care homes
- 8 Urgent and emergency care
- 13 Acute care collaboration
221k population
19k aged over 75
30 GP practices
24k emergency admissions
£10m funding over 3 years
<table>
<thead>
<tr>
<th>Period</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-2015</td>
<td>Integrated care pilots; Pioneers; risk stratification + MDT working; FYFV with broad definitions and aims specified in broad triple aim terms</td>
</tr>
<tr>
<td>2015-16</td>
<td>Programme and support package formation; vanguard selection; experiments encouraged; logic models to understand theory; estimates of impact</td>
</tr>
<tr>
<td>2016-17</td>
<td>‘Green shoots’ case studies; commitment to spread (in Mandate); care model frameworks published</td>
</tr>
<tr>
<td>2017-18</td>
<td>5YFV:NS published – includes encouraging early results; incentives to reduce admissions; convergence of activities evident; programme shut down</td>
</tr>
<tr>
<td>2018 onwards</td>
<td>Government focus on NCM (NAO et al); strategy to spread what works through the STPs and ICSs</td>
</tr>
</tbody>
</table>
Emergency admissions per thousand
12 month moving average

Emergency admissions

Non-NCM  PACS  MCP  NCM
Emergency admissions per thousand
Rolling 12 month moving average indexed to baseline
Emergency admissions per thousand - percent difference between 2014-15 and 2017-18
Total bed days

Total bed days per thousand
Rolling 12 month moving average indexed to baseline
Drivers of bed days trends

**Emergency bed days per thousand**
Rolling 12 month moving average indexed to baseline

**Non emergency bed days per thousand**
Rolling 12 month moving average indexed to baseline
Care quality, health and wellbeing

**GP Patient Survey - % respondents who said good or very good**
When you last saw or spoke to a GP, how good were they at involving you in decisions about your care?

- **Non-NCM**
  - 2013: 81.7%
  - 2014: 81.6%
  - 2015: 81.4%
  - 2016: 81.7%
  - 2017: 81.9%

- **PACS**
  - 2013: 84.3%
  - 2014: 84.7%
  - 2015: 84.7%
  - 2016: 85.1%
  - 2017: 84.7%

- **MCP**
  - 2013: 82.6%
  - 2014: 82.3%
  - 2015: 82.3%
  - 2016: 81.8%
  - 2017: 82.2%
What’s worked?

What are the most common, important interventions?

Promising local initiatives?

How to implement?
Common interventions

Number of vanguards implementing different interventions

- Risk strat (n=17)
- MDTs (n=17)
- Other staff in GP (n=14)
- Social prescribing (n=10)
- PAM (n=10)
- Frailty services (n=9)
- (Urgent) care navigation (n=9)
- Care homes (n=9)
- Mental health services (n=9)
- Health coaching (n=6)
- Discharge support (n=6)
- Urgent care centres (n=6)
Progress against care models framework

Distribution of scores across vanguards for each care element
Q3 2017/18 (Min | Max | Average)

Prevention and population health management
Urgent care needs - integrated access and rapid response service
Leadership and culture
Highest care needs - coordinated community and inpatient care
Information, analysis and technology
Ongoing care needs - enhanced primary and community care
Flexible use of workforce and estates
Contract, commissioning and funding

Average  Min  Max
### Promising initiatives (from local evaluations)

<table>
<thead>
<tr>
<th>Impacts on:</th>
<th>Intervention</th>
</tr>
</thead>
</table>
| Hospital activity | • Mental health interventions: e.g. Safe Haven café (IOW & NEHF); Integrated Plus (Dudley).  
• Other professionals within primary care: e.g. Acute home visiting service (South Hants). |
| Primary care activity | • MDTs: e.g. Extensive care service (Fylde Coast); Enhanced Primary Care (South Somerset; Connected Care).  
• Other practitioners within primary care: e.g. MSK physios, mental health link workers (South Somerset); Pharmacists (Wakefield).  
• Care navigators (Mid Notts). |
## Promising initiatives (from local evaluations)

<table>
<thead>
<tr>
<th>Impacts on:</th>
<th>Intervention</th>
</tr>
</thead>
</table>
| **Patients** | • New hospital (Northumberland)  
• Other professionals within primary care: e.g. Pharmacists (South Hants & Northumberland); home visiting service (South Hants).  
• MDTs: e.g. Connected Care. |
| **Staff** | • New hospital (Northumberland)  
• Other professionals within primary care: e.g. paramedic home visiting service (South Hants).  
• MDTs: e.g. the Morecambe Bay Respiratory Network (MBRN). |
# Learning about delivery of key vanguard approaches

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>New services could induce demand</td>
<td>2.</td>
</tr>
<tr>
<td>4.</td>
<td>Appropriateness of referrals</td>
<td>5.</td>
</tr>
<tr>
<td>7.</td>
<td>Establishing staff buy-in is crucial</td>
<td>8.</td>
</tr>
</tbody>
</table>
Learning about implementation of interventions

Risk stratification

MDTs

Social prescribing

Urgent care centres
Conclusions

• Lowered growth in emergency admissions
• Local evidence of impact on primary care activity; patient and staff experience
• Integration-type interventions: risk stratification; MDT working; and other professions within primary care.
• Vanguards made least progress in terms of implementing integrated contracts, compared to other parts of the care model framework.
• There were common challenges including recruitment and retention; clarity on roles; engagement of key stakeholders; IG.
• We have a rich database of interventions and set of learning studies