

Public Consultation

NHS

Dudley

Clinical Commissioning Group

Developing a Multi-Specialty Community Provider (MCP) for Dudley



**15th July 2016 -
9th September 2016**

Thinking Differently

What is Dudley CCG?



Dudley Clinical Commissioning Group (CCG) is part of your local National Health Service (NHS). If you are a patient at one of our 46 practices across the Dudley borough then you make up our registered population of about 315,000 patients. We are responsible for planning and paying for all of the local health services that you need with the £458 million budget that we receive from central government.

What is this leaflet about?

The leaflet tells you about changes to health care in Dudley which will affect you. It will tell you what healthcare looks and feels like now, the work we have been doing to try and improve healthcare, the reason why we are trying to change it and what we think it could look like.

The leaflet will tell you where you can find more information and how you can get involved and share your views with us. It will also tell you what we will do with your views.

What does healthcare look and feel like now?

Care in the NHS starts with the GP practice - we all register with our local GP practice as the main point through which we can obtain advice and access the wide range of services provided by the NHS. When you are feeling unwell or if you have an on-going health problem, the first person you normally go to is your GP.

They will be able to organise any treatment you might need there and then but they may also refer you to a specialist or into another service depending on your needs.

We have been busy having lots of conversations with our local communities for some time now. We know that many of you really appreciate the NHS and what it does for you and you have lots of really good things to say about the services you use and the staff you come into contact with. We also know that sometimes it can be really frustrating and leave people feeling upset and that things could work better. Dudley NHS services consistently meet the national standards set by government but we know that despite this there are still many areas where we need to continue to improve.

The NHS, despite being a single national service, is not one single organisation but is instead made up of many

different organisations and individual services. We have been bringing services together across Dudley to better organise them based around the changing needs and expectations of our population.

One clear example of this is in the care of people with complicated health and care needs. In the past the services they would need all worked separately.

However we have brought services together into teams based around your GP practice. This includes community mental health workers, social care workers, district nurses, voluntary sector link workers, practice pharmacists and others, all working as a team to look at the needs of each patient so that their care is better organised and puts patients at the centre of their care.

Patients who have been part of this new approach have really found it has made a difference to their lives. They tell us they feel cared for, looked after, know who to contact and they have more trust too. Some patients who regularly ended up in hospital have been able to stay at home and others who have felt very isolated and alone have been able to try new activities and meet people so they feel part of their community. This has helped with their confidence and general health and happiness.

Integrated Plus



Case study

Ivan's GP made a referral to a new service 'Integrated Plus' through the wider team based around the practice meeting, to support with his stress, anxiety and depression.

Ivan's GP made a referral to Integrated Plus via a Multi-Disciplinary Team meeting to support with his stress, anxiety and depression. Upon speaking with Ivan it became apparent that much of his stress, anxiety and depression were due to his housing situation, as well as his issues around loss. After an attempted burglary he did not feel safe in his own home and was also having regular falls. As he was unable to get upstairs he was sleeping in an armchair in the living room. His anxiety was growing as his only visiting daughter was scheduled to receive a major operation in the north and would be unable to support him for many weeks. Furthermore the conversation with Ivan identified that he had an interest in improving his IT skills, and getting out and about socially.

The link officer liaised with Dudley Council Adult Social Care to address his housing situation, they liaised with organisations to improve his home security and he was allocated an apartment in new sheltered housing. He loves his new accommodation and has made quite a few friends with the other residents. In being part of the first wave of occupants he is involved in forming the residents committee and calls the bingo each session. He also enjoys eating his breakfast each morning in the canteen as pictured.

"I feel safer now, really secure. The service is fantastic - although my GP had tried to help I was getting nowhere. They are someone to turn to when you feel you have no one and I can't thank the Integrated Plus team enough. Since he came on the scene it's all gone one way, and that's up. He made me aware of places I didn't even know existed and I dread to think what my situation would be if he hadn't helped me. If I can give a mark to represent his support it would be 10 out of 10, he has given me a lot of backing. I'm really chuffed."

(Mr Ivan Carter, patient)

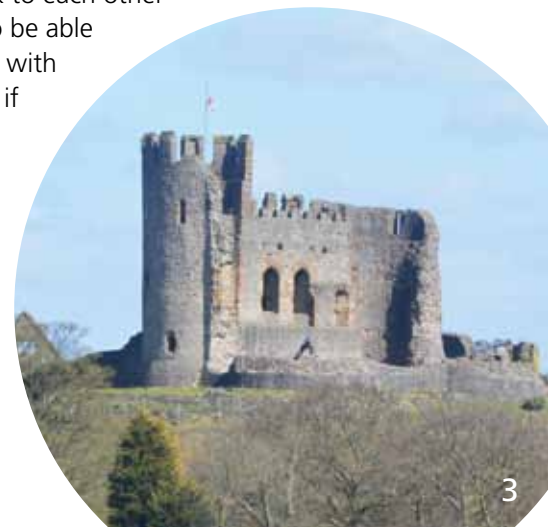
Why do we need to change?

There are four main areas that come up time and time again which you tell us really bother you.

We are really passionate about our local patients, carers and communities having the right health care that they need. Our NHS needs to keep up with modern lives, and our lives have changed a lot since the NHS started.

- **Access** - everyone at some point will need access to healthcare. There is still more we need to do to improve access to getting an appointment or getting through on the phone when you need to.
- **Continuity** - one third of our population live with at least one long-term condition and for them it's helpful to see the same health care professional. People understandably get fed up if they have to repeatedly explain their problems and they want someone who knows their condition and what to do about it.

- **Co-ordination** - there are an increasing number of people living with multiple complex problems, particularly the frail elderly, who need really effective co-ordination of care.
- **Communication** - people still report that services can feel fragmented and disjointed. You want health services to speak to each other and you want to be able to speak directly with the right person if you know what you need.



In addition there are many other reasons why we need to change:

- The money is getting tighter so we have to make sure we spend it wisely
- People are living longer and developing more complicated health needs
- We have more people with on-going healthcare needs (sometimes known as long term conditions)
- Some treatments are getting more expensive and there is more demand for technology to be used (e.g. apps on phones and tablets)
- The way healthcare works at the moment is centred around organisations and not patients

- Too many Dudley people are ending up in a hospital bed or care home because the services are not there to support them in the community. We want to change that
- We need people to start taking some more responsibility for their own health and wellbeing and help themselves

If we carry on as we are, without making any changes, then the things that don't work well now will only get worse. The whole healthcare system is under pressure, ignoring it won't make the pressures go away and we have an opportunity to change things for the better.

What happens if we leave things the way they are?

- We will not get different results by doing the same things
- We will still fail some patients despite our best efforts
- The whole system will be under huge pressure - it won't get any better if we ignore it
- The things that don't work well already will start to get worse



Background



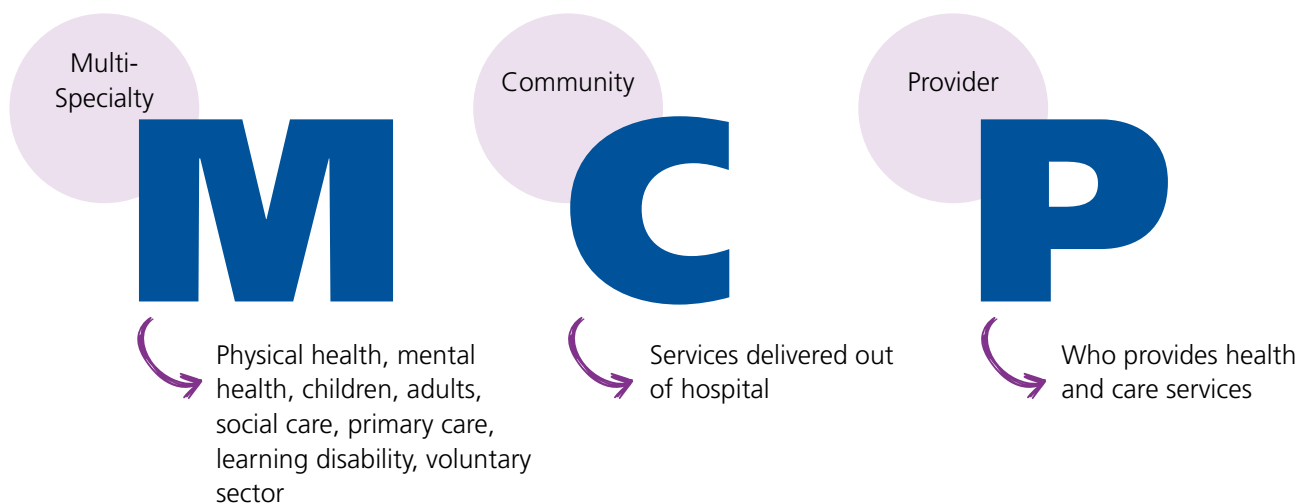
NHS England has produced a **five-year-forward view** which explains that the NHS is going to have to continue to change and develop 'new models of care' if we are going to be able to provide the services that people need within the resources that are available. We have been chosen as a 'New Care Model' site by NHS England because of the way we are bringing services together so that they are better coordinated. We want to keep people out of hospital and move care into the community wherever possible, organised around your local GP practice. This new care model - which puts the patient at the centre, supported by a wider network of services organised around the practice - is known as a **multi-specialty community provider model** (MCP model).

To develop our new care model, we have been working with other local NHS organisations including The Dudley Group NHS Foundation Trust, Dudley and Walsall Mental Health Partnership Trust, Black Country Partnership Trust and also with Dudley Council and the local voluntary sector to redesign health, social care and voluntary sector services.

What is an MCP?

Whilst we have been bringing services from many organisations to work better together, they still work independently from one another. Formally creating the MCP will enable us to bring all the relevant community services fully together as a single organisation to enable them to work more effectively for the local Dudley population. The MCP will bring together GP practices, nurses, community health and mental health services, community-based services such as physiotherapy, relevant hospital specialists and others to provide care in the community that is joined up and puts patients at the centre.

This is very different to what has been in place before where we have multiple separate organisations all working to different contracts with different objectives. A normal contract arrangement with a provider would be for about a year. The arrangement with the MCP will be for 10-15 years. This will mean that they really have time to invest in developments for the long-term and start working with patients, carers and communities to make real differences to health and wellbeing across Dudley. We could start to see a positive change here in Dudley!



What do things look like now?

At the moment, in Dudley we have:

- 177 contracts (145 providing MCP services)
- Under 4% payment linked to outcomes
- 2,500 service lines
- Multiple payment mechanisms



As a CCG, we are responsible for planning and buying services from healthcare providers for people registered with one of our 46 Dudley GP practices.

We receive a budget of around £458m from the Department of Health. We assess the health needs of Dudley people and agree which services we want to buy from providers to meet these needs. We then buy services from providers, sign contracts and monitor and review their services. We are responsible for contracts with the following main providers at the moment:

Hospital and Community Health Services

- **Dudley Group NHS Foundation Trust** - hospital planned / urgent care and community physical health services
- **Dudley and Walsall Mental Health Partnership NHS Trust** - hospital and community mental health services
- **Black Country Partnerships NHS Foundation Trust** - community children's services, learning disability services

Primary Medical Services

- **General Practice Services** from 46 GP Practices

Funded for a population - 315,000 people registered with Dudley GPs

For most services, we buy single events for patients - procedures, admissions, attendances, contacts

We have a statutory duty to reduce health inequalities but... we only commission "outcomes" from primary care

What might things look like in the future?



The MCP would receive what we call a "capitated budget" which means a set amount based on the population that they need to provide services to. In this case it would be the 315,000 people registered with a Dudley GP.

We would expect providers to deliver care to a defined set of outcomes and will have an incentive of extra payment if they reach these and penalties if they don't. It would be a long term, 10-15 year contract to give them the ability to invest in the way that they work and the way that services work for Dudley people..

An MCP has the ability to change the way care is delivered

An MCP manages demand and increases efficiency through integration

An MCP has the flexibility to decide how to allocate its budget to meet the CCG requirements

An MCP has a 10 -15 year contract, freedom plan and can invest in areas they need to develop

How will these changes affect me?

We are redesigning the health and care system so that all those involved in a person's care can work together in community teams organised around your local GP practice. These new teams will work together to keep people well and out of hospital as much as possible.

The plan is for those new teams to have access to the shared information they need to better help Dudley people, working from fewer, but better designed, healthcare centres.

The MCP will be expected to show strong links back to communities and to continue the work that has already started to use voluntary sector link workers to continue to help people find and be part of 1,000 plus community and voluntary groups across the Dudley Borough.

When you really need specialist hospital care, you can expect that to be of the highest quality, with a focus on delivering the outcomes that you need and getting you back home as soon as possible.

Under this GP led model, we will ensure that the location of services is in the community wherever possible, keeping hospital services for when you really need them.

The MCP will recognise the power that a strong community can have in creating health and wellbeing and they will be keen to work together with other providers like the council to make Dudley people healthy.

They will be technologically focussed, investing in new technologies to help you to take control of your own health and care where possible. They will improve access to services through a single booking telephone line or website.

If you are registered with a GP in Dudley and have a long term condition or frailty, your care will be overseen by a multi-disciplinary team in the community. This team of people (GPs, Nurses, Social Workers and Voluntary sector) will work together to look after you in your own home.

This will ensure a more rounded approach towards care that better meets your entire medical and social needs at one time in one place.

The links that the MCP will have with the voluntary sector will also help to ensure that you have access to support and care from your local community.

Your long term condition will be managed through a new framework which includes evidence based outcome measures and personal goals.

If you need help urgently there will continue to be an urgent care centre in Dudley that will provide coordinated urgent support that is clear and easy to access.

As a result of the health and care system working better together in this way, you will not only receive the coordinated support you need but you are also linked to a wider network of care and social support in your community which will help you to live more independently for longer.

We have set out below the key strengths, weaknesses, opportunities and threats to developing an MCP in Dudley.

Strengths

- Better co-ordination and integration of services across physical health, mental health, primary care, voluntary sector.
- Teams taking shared responsibility for shared outcomes
- Closer working relationship with social care.
- Patients only have to "tell their story" once.
- Delivers greater efficiency through service integration and the use of modern technology.
- Greater accountability at all levels - from the Multi-Disciplinary Teams to the whole MCP.
- Enhances the role of general practice and provides a level of scale to general practice that can make it more sustainable.
- Long term contract enables a longer term view of investment, particularly in relation to "upstream" lifestyle services.
- Focusses on outcomes rather than inputs and outputs.

Weaknesses

- May create financial and operational risks to current service providers.
- Complex process to create a new organisation.
- Requires a cultural as well as an organisational change to work.

Continued overleaf.





Opportunities

- Secure a more sustainable health and care system for Dudley.
- Tackle health inequalities through a longer term approach to health investment.
- Better physical health outcomes for patients with mental health problems - "parity of esteem".
- Modernisation of primary care.
- New style of organisation can work effectively with other partners to tackle the wider determinants of ill health.
- Address the workforce challenges, particularly in general practice.

Threats (Risks)

- Financial challenges to health and social care funding impacting on joint working.
- Pace and scale of change for the health and care system is significant.
- Recruitment crisis in general practice.
- Requires the active participation of general practice to succeed.

What do we want your views on?

This consultation is to seek your views to help us ensure that the new Dudley MCP is organised in the best possible way to meet your needs.

We will be talking to providers later this year to understand how they would come together to operate an MCP to meet the needs of Dudley people.

We will be sharing with them information on the following areas which describe the most important aspects of how this new MCP will be organised:

- Details of services included in the MCP contract (**scope**)
- The targets we expect them to achieve for Dudley people (**outcomes**)
- A description of the way that we expect the MCP to operate (**characteristics**)
- An expectation on how they will use technology to improve access (**integrated telephone/online access system**)

Further detailed information on these can be found on the website.

So we are asking you for your views on these four key areas so that we can take account of your views and ideas before we begin the detailed discussions with our providers.

Scope

We have been working with our existing providers to look at each service and understand if this should be part of the MCP. Our approach has been to place services into the MCP if they should be provided in either a community setting or if it makes sense for them to be organised around primary care services. The majority of services have the aim of keeping people healthy in their own home and preventing them going into hospital.

A full list of services can be found on our website but they fall within one of the groups below:

- community based physical health services for adults and children;
- some existing out-patient services for adults and children;
- urgent care centre and primary care out of hours service;
- primary care services (ie: GP services) provided under existing contracts
- all mental health services;
- all learning disability services;
- intermediate care services and services provided for people assessed as having NHS Continuing Healthcare needs;
- end of life services;
- voluntary and community sector services.

See question 2 overleaf.

Outcomes

The MCP will have a proportion of its funding allocated by the CCG based on its achievement against a set of outcome measures. These are themed into the following categories.

- Access - there will be measures to improve access to services and diagnostic tests. For example, at the moment the average waiting time from referral to treatment across the MCP services is over 8 weeks. There is a new target of 3-6 weeks to be achieved by 2020.
- Continuity - the MCP will improve outcomes for people living with long term conditions. For example there will be increased monitoring for people with Asthma, Diabetes and Heart Disease. This will be monitored through a new framework with continuity of care led by your GP.
- Co-ordination - for those people who are most frail or at the end of their life the MCP will improve coordination of care.
- Population health - these are long term measures of Dudley peoples health for example: smoking rates, obesity and healthy life expectancy.
- Patient satisfaction - this will be a measure based on what patients say about the way that MCP services work for them.
- Patient Reported Outcomes - this will be a measure, reported by patients as to whether the services of the MCP helped them to improve their outcomes. For example: reduced pain, increased mobility, better mood, and more control over your own health.
- There will also be outcomes for staff satisfaction, ensuring that the MCP is a great place to work.

See question 3 overleaf.

Characteristics

As the MCP will be able to control its own budget and decide how services are run (subject to consultation with Dudley people) we think it is important that we set out what we expect them to look and feel like. We have set out a document where we describe the characteristics. This can be found in full on our website.

Discussions have been held with members of the public in Dudley and the feedback we received is consistently around ensuring that any local transformational change should deliver the following broad based outcomes:

- improved access to care - which would result in improved patient experience and ultimately healthier lifestyles;
- continuity of care provision - which would support stable management of long term conditions, reducing variation in care and ultimately reducing inequalities;

- coordination of care - which would enable people needing care or support to remain in their own homes, reducing social isolation and ultimately remaining connected to their community.

We expect that the MCP will also:

- have strong links to community and voluntary sector
- be based on GP registered population and be focussed around community and primary care delivery
- be outcomes focussed
- develop its workforce and be a great place to work
- use technology to improve access to services.

See question 9 overleaf.

Integrated Access System

You have told us how difficult it can be to get access to appointments and that there is a difference across services in how you contact them. We have heard that this can be confusing and that it would be better if all appointments offered a simple booking telephone line with online access available too.

Based on this feedback we think that the MCP should have an integrated telephone, mobile and on-line access system for patients, and health and social care professionals for the delivery of services.

How this works in practice will be up to the new MCP provider (subject to conversations with Dudley patients) but it could include:

- Creating a single telephony and online digital point of access for patients, and health and social care professionals;
- Seamless and immediate navigation to appropriate professionals within the MCP - for patients to clinicians, and clinicians to clinicians;
- Systems which reduce the number of repeat assessments that patients experience.

See question 5 overleaf.

The questions we would like you to think about are at the back of this document.

We need you to think carefully about everything that you have read or heard so far and try and answer the questions as best you can. If you think there is something you are not clear about, please feel free to ask us for more information or explanation.

We would like your views on whether you think any of the changes we are proposing will have any negative impacts on you and what we could try and do to make any negative impacts into positive ones!



How will we use your views and thoughts?

We know it is really important to feedback to you, especially when you have taken the time to share your thoughts and views with us.

At the end of the consultation period, we will be looking at all of the information and views that you have shared with us and analysing them to see what people have been saying. We will then write a report which will be shared with the CCG Board on 29th September. This report will be publicly available and you will be able to see what local people are saying about the development of an MCP.

We will carefully use your views to help shape the MCP and we will share your views with potential bidders for the MCP so they can really understand what matters most and what is really important to local people. We want them to provide services which are the right ones for Dudley people - your views can help them in looking at the best way to do that.

How can I find out more information or get involved further?

You can share your views anytime between Friday 15th July up until midnight on Friday 9th September. There are a number of ways to share your views or find out more information:

We know you will have more questions, we will ensure frequently asked questions are available on our website.

- Visit our website at www.dudleyccg.nhs.uk/mcpconsult
- Fill in the online survey on our website
- Fill in a questionnaire and use the freepost envelope to return it to us
- Join in with one of our 5 public meetings:
 - Monday 1st August, 1pm - 3pm
Zion Centre, Halesowen, B63 3AJ
 - Tuesday 2nd August, 10am - 12pm
Beacon Centre, Sedgley, WV4 6AZ
 - Wednesday 3rd August, 1pm - 3pm
Amblecote Room, Stourbridge Town Hall, DY8 1YE
 - Thursday 4th August, 5.30pm - 7.30pm
Brierley Hill Civic Hall, Brierley Hill, DY5 3DH
 - Friday 5th August, 11am - 1pm
DY1, Stafford Street, Dudley, DY1 1RT
- Jump on the campervan between 1st and 5th August and leave your views in the video diary room. Dates and venues can be found online or by calling the office.
- Come to one of our more focussed sessions to understand more detail on the following areas:
 - **Diabetes:** Tuesday 19th July, 4pm - 6pm
DY1, Stafford Street, Dudley, DY1 1RT
 - **Primary Mental Health:** Tuesday 6th September, 12pm - 2pm, DY1, Stafford Street, Dudley, DY1 1RT
 - **Respiratory:** Thursday 8th September, 2pm - 4pm
Bank St Methodist Church, Brierley Hill, DY4 3DA
 - **Outcomes, Characteristics and Scope:**
 - Monday 5th September, 10am - 12.30pm
DY1, Stafford Street, Dudley, DY1 1RT
 - Wednesday 7th September, 4.30pm - 7pm
Brierley Hill Civic Hall, Brierley Hill, DY5 3DH
- Email us with your views at: contact@dudleyccg.nhs.uk
- Call us with your views on 01384 321764
- Listen to the talking newspaper at www.beaconvision.org
- Watch our doodle ad on our website
- Tweet us at @Dudleyccg
- Visit our facebook page at www.facebook.com/dudleyccg
- Join our mailing list
- Join your Patient Participation Group (PPG) at the practice you are registered with



We want your views

To return your views to us free of charge, please cut along the dotted line, fold in half and place into the envelope supplied.

1. About you

a. Choose one option that best describes your ethnic group or background:

- White Mixed / Multiple Ethnic Black / African / Caribbean / Black British
 Asian / Asian British Any other ethnic group - please state: _____

b. What is your gender?

- Male Female Transgender Prefer not to say Other - please state: _____

c. Are your day-to-day activities limited by a health problem or disability which has lasted or is expected to last over 12 months?

- Yes, limited a lot Yes, limited a little No

d. Which of the following age categories do you fit into?

- Up to 17 18-24 25-34 35-44 45-54 55-64 65-74 75+
 Rather not say

e. What is your religion?

- No religion Christian Buddhist Hindu Jewish Muslim Sikh
 Other - please state: _____ Rather not say

2. The MCP will be a new single organisation that is responsible for bringing together local GP practices, nurses, community health and mental health services, social care, hospital specialists and others to provide integrated out of hospital healthcare. What other local services, if any, do you think are missing from the MCP and should also be included?

3. Other people in Dudley have told us the most important things they want the MCP to improve are: access to local services, continuity of care, and co-ordination and communication between different services. Which of these do you think it is important that the MCP improves? Are there any other aspects of out of hospital care you think it should also aim to improve? (please tick all that apply)

- Access to services Continuity of care Co-ordination and communication

Other, please specify: _____

4. The MCP will have a part of its funding allocated by the CCG based on its achievement in the following areas: how satisfied patients are with MCP services, the health outcomes for patients using MCP services, and the general health of the local population. What do you think about this approach?

- Good idea Bad idea Don't know

5. If you think this is a good or bad idea, why is that?

We want your views

To return your views to us free of charge, please cut along the dotted line, fold in half and place into the envelope supplied.

6. We think the MCP should have a single telephone and online system that all patients can use to access different local services. Do you agree or disagree?

Agree Disagree Don't know

7. Having heard a little about the MCP, how do you think it may affect you and others in Dudley?

Positive impact Negative impact Don't know

8. If you think it may have a positive or negative impact, what are these impacts and who in Dudley do you think they will affect?

9. What do you think we can do to make sure that any impacts are positive ones?

10. What kind of things will matter to you when you come into contact with the MCP or the staff? How would you want to be treated?

Thank you!

If you would like this document in large print, audio, Braille or in a different language please contact us on 01384 322777 or email us at contact@dudleyccg.nhs.uk