

**Better.
Local.
Care.**

South Hampshire Vanguard
Multi-specialty Community Provider

South West
New Forest



New Models of Care

Dr Nigel Watson

GP New Forest
Chief Executive, Wessex Local Medical Committee

Chair SW New Forest Vanguard

Why do we need change?

- Ageing population
- Demand rising faster than funding
- Over dependency on hospital based care
- Current model not sustainable
- Silo working, tribalism, organisational barriers
- Person centered care
- Need to join up health and social care
- Out of hospital model delivered at scale



Long term conditions:

- Over 16m people in the UK have a LTC
- In 2008 there were 1.9m have multiple LTCs
- Estimated by 2018 this will rise to 2.9m
- LTC account for over 50% of GP appointments
- LTC account for 70% of hospital bed days
- LTC account for 70% on NHS budgets



Why general practice?

- 340,000,000 consultations per year
- 99% of population registered with a GP
- Care cradle to grave
- Life long medical record
- Holistic care
- Continuity of care
- Building block of population based care



Why is current model unsustainable?

Funding

- £110bn but financial gap (£8bn)
- 50% spent on hospital based care
- Hospital budgets – increased
- Community budgets – decreased
- General practice funding - decreased

Commissioning by activity

- Perverse incentives



What are we trying to achieve?

Joint venture of providers:

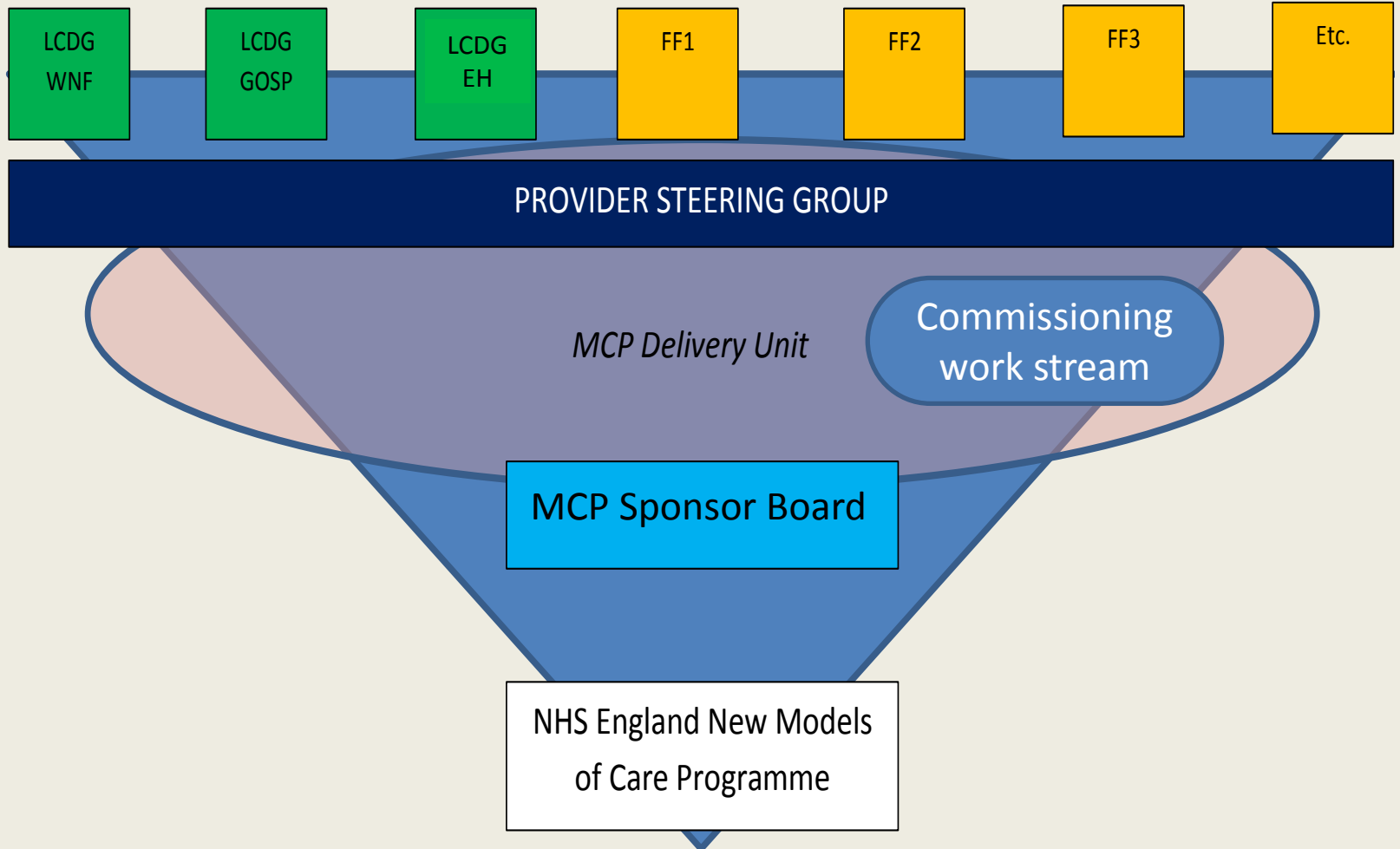
- General Practice
- GP provider companies (general practice at scale)
- Community provider
- Hospital
- Social care
- 3rd Sector
- Patients and public



Vanguard Structures to deliver the programme

Locality Clinical Delivery
Groups

'Fast Follower' Localities



What does this mean for Hampshire?

- Southern Hampshire
 - Early adoptors
 - SW New Forest
 - Gosport
 - East Hants
 - Fast followers
 - Mid Hants
 - Waterlooville
 - Fareham
- North Hampshire and Farnham



Creating an MCP in Southern Hampshire

Our new care model

A new care model with better access to care, extended primary care team proactively managing need, and specialist advice and support in the community.

Provider Reform

Coming together to deliver the new model of care that has been co-designed with local people, is seamless across health and social care services and is cost effective

Commissioner Reform

Pooling the combined resources for the local population and commissioning services using long term outcome and capitation based contracts

Your Health, In Your Hands, With Our Help.

What are we being asked to do?

- Create a new model
- Joint venture, Accountable Care Organisation
- Provider partnership
- Radical x 3
- Rip up the rule book



The new model, built around natural communities of care

- Wider primary care at scale
- Improved access – seven days a week (8am to 8pm)
- Integrated care team
 - General practice
 - Community services
 - Social care
- Delaying specialist care
- Population focus



Improved access

Routine care

To manage LTCs

Urgent care

Same day access



Frailty and the elderly

Major cause of cost pressure

Need an integrated out of hospital model

- GPs, Practice nurses
- Community nurses, therapists
- Geriatricians
- Social care
- Voluntary sector



End of life care

Current service

- Who is involved?
 - GP
 - Community nurses
 - Hospice
 - Career
- All have separate records
- Care planning in silos

Future service

- Single record
- Shared information
- Reduce duplication
- Better support for family
- Working as a single team



Extended Primary Health & Care Team

- Combined local extended care team
- Community response team
- Using a single health record – with others, eg Hospices, able to interface with the system
- Practice provision and community nursing provision integrated (e.g. wound care)
- Integrating specialist input around LTCs – consultants and specialist nurses
- Practices working together
- Role of social care



New models of diabetic care

Practice or locality based

GPs, Practice nurses, Specialist nurses

With Consultant, specialist GP, specialist trainee

Using a common record

Management plan

Self care – Apps etc

Adds capacity and helps with collaborative working



Social Care and education

Engaging with adult social care

Creation of integrated care teams (including social care)

Children's services

Health Visiting

School nursing

CAMHs

Health and education partnership with local schools



What do we need from you?

- Health and well being of your population
- Public health
- Premises
- Joint commissioning – joint providing
- Use of sports centres
- Health education – population based



Any questions?

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