NHS Redbridge

GP Led Commissioning Case Study

Working with GPs to design properly integrated care

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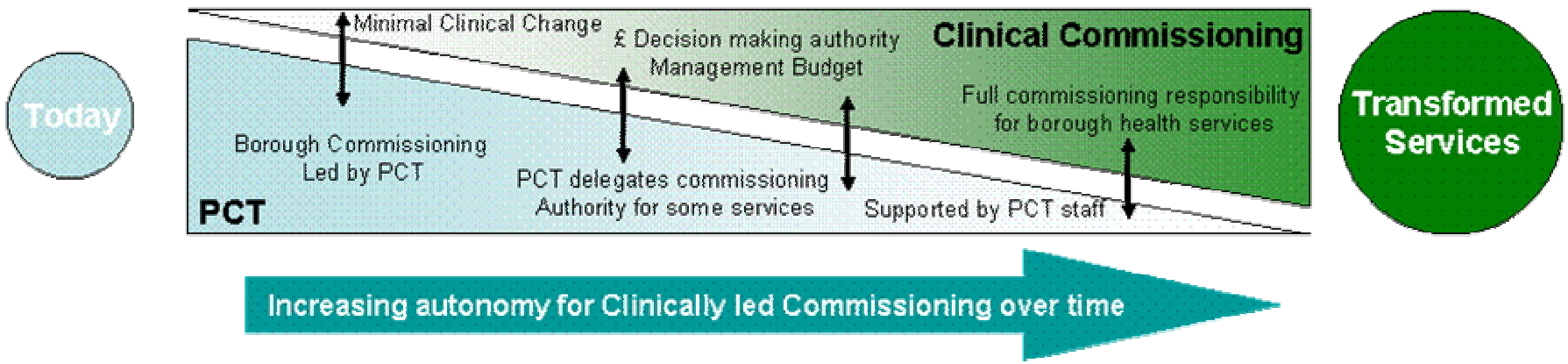
HOSPITAL
POLYCLINIC
OPEN
MINOR
IN
OUT
MORE LOCAL SERVICES
SPECIALIST CARE TREATMENT
SPECIALIST HOSPITALS
LOCAL AMBULANCE SERVICES
CONSULTANT
MATERNITY SERVICES
QUICK ACCESS ACUTE SERVICES
Services are closer to home
Pharmacies have so much information!
PHARMACY
DIRECT ACCESS
COMMUNITY NURSING
Talking therapy has helped me so much
TECHNOLOGY
LIBRARY
Here's everything you need
HOME
FAST TRACK
GP
What are my options?
HEALTH MOT
SERVICES
5-a-day keeps the doctor away
FRUIT & VEG
I've just had my health check at the chemist
MENTAL HEALTH
Eat healthy, live longer
EXPERT PATIENT
PERSON CENTRED
PHARMACY
1
2
3
CHOICE
SUPPORT
ADVICE
FAMILIES
I can do more than I thought
LEARNING
Blood tests when I want
What should I do?
YOUR HEALTH
It's easy staying healthy and fit
PHARMACY
VALENTINES PARK
WELL BEING
24/7
URGENT CARE CENTRE
EXERCISE
THERAPY & REHAB
I've burnt myself badly
I've broken my arm
GP
SERVICES
POLYSYSTEM
Building a better health service together
Where do I go?
GOOD
NOT FIT
GP
Redbridge Health and well-being

Reshaping commissioning and delivery

Principles:

- Built on strong GP leadership with broad clinical engagement and strong user & stakeholder involvement.
- Embedded and led by local GPs, supported by community health services, acute trusts and local authorities
- Enables increasing autonomy for GP led commissioning.
- Focused on the care management of registered populations to keep them well and healthy.
- Built on a platform of publically available and transparent information that drives improvements and enables patients to make judgements



GP led commissioning & community Involvement

- Alignment of PBC and polysystems
- 5 clinical directors forming Commissioning Board
- Integrated delivery with providers
- Involving local Councillors

- 5 community panels established
  - Support for service review
  - Monitoring of quality standards
  - Procurement panels

All residents are already a member of a polysystem

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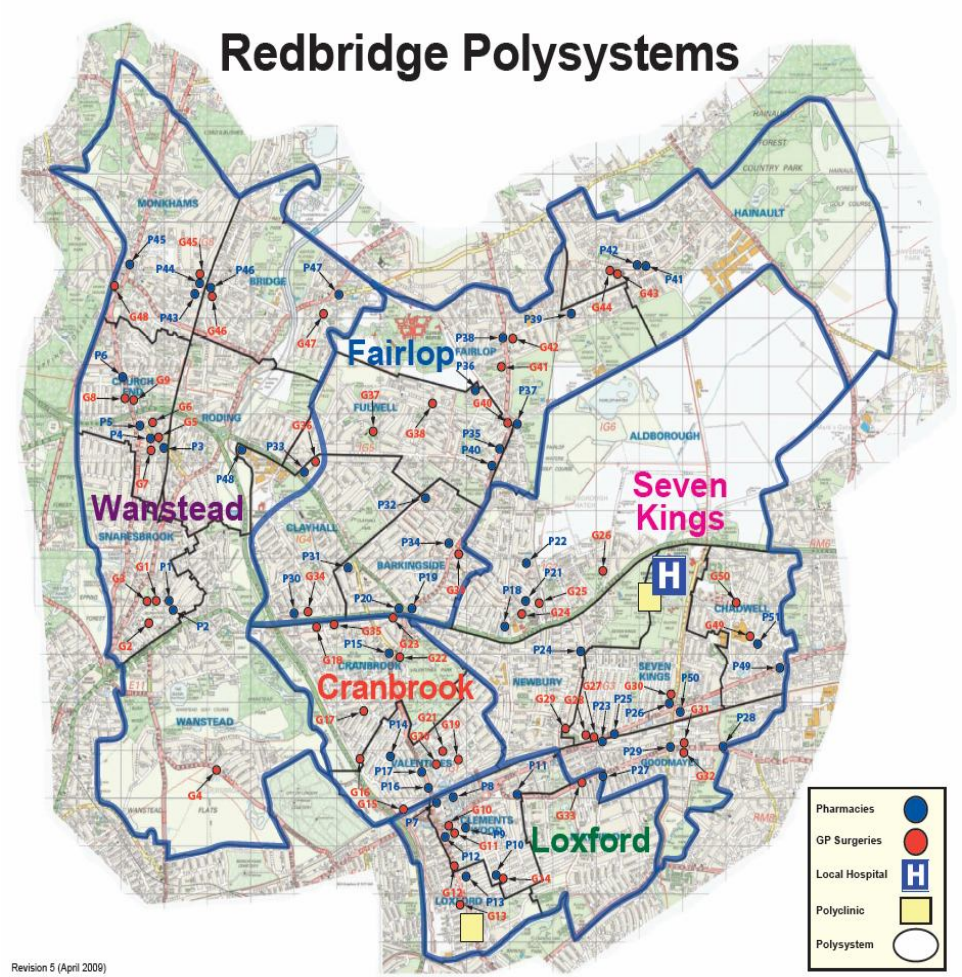
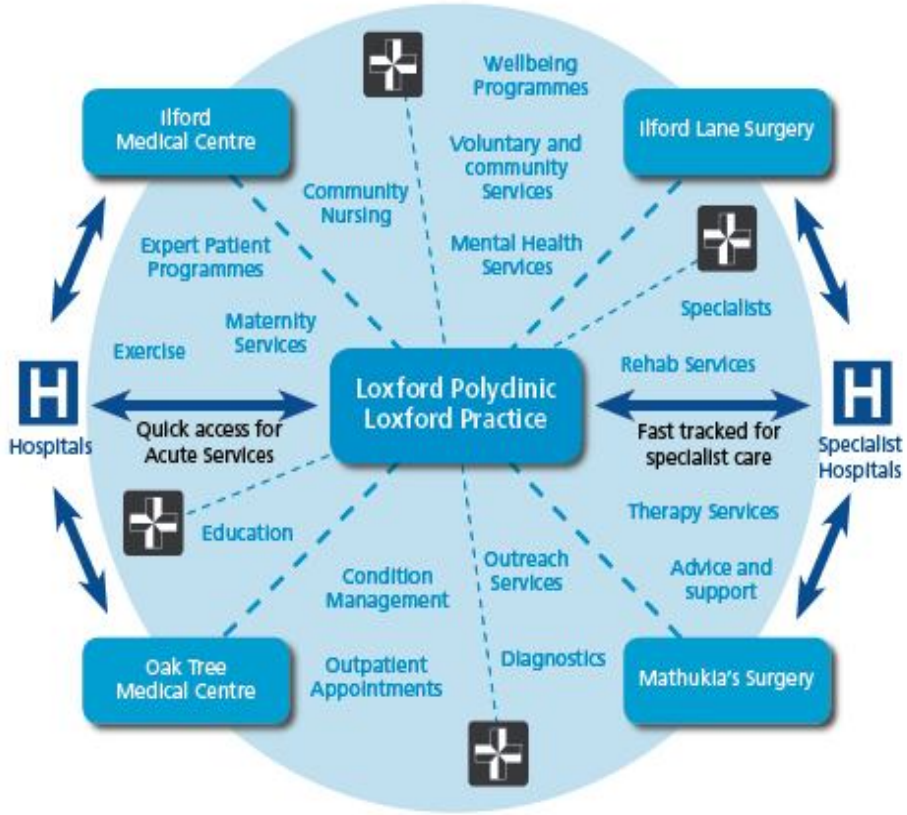
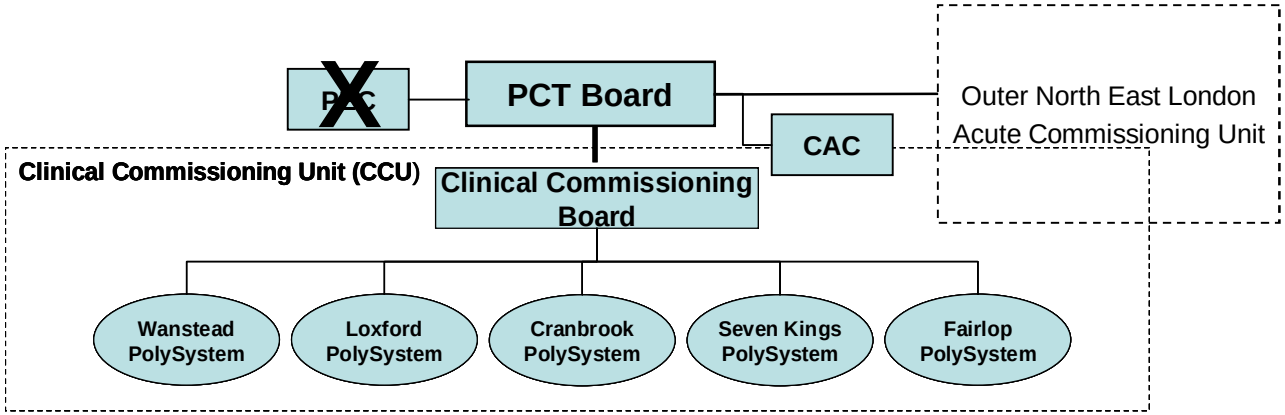
5 established as the engines driving change at the local level – delivering local services that are high quality and productive – brought together to manage change across the borough



Loxford Polysystem



GP led commissioning - governance



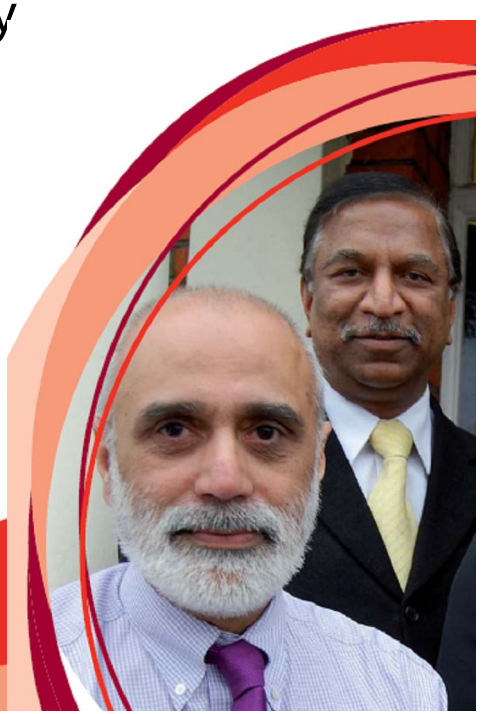
- Boroughwide Clinical Commissioning Board
- Accountability for polysystem effectiveness
- Responsible for pathway development
- Manage budget and incentive schemes
- PBC Partner relationship with PCT
- Social Care involvement at all levels

GP led commissioning - delivery progress

- Leadership of 09/10 Delivery Plan and Budget
  - Responsible for 8 vital signs incl chlamydia, breast feeding and immunisations
  - Leading for over 10 redesign projects covering planned, urgent and LTC care
  - Accountable for delivering £6.6m in year savings – referrals, A&E, prescribing
- Development programme for clinical directors and emerging leaders: focus on commissioning and decommissioning currently
- Developing 10/11 priorities and Consortia Pathfinder opportunities

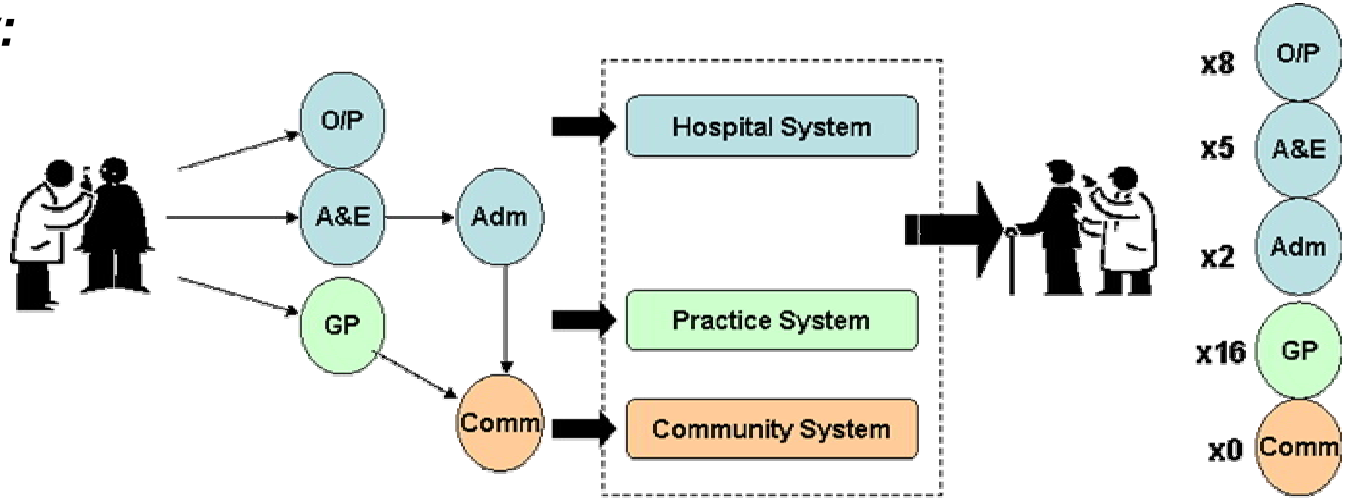






Example project – Integrated Care

Now:



Top 1% of high cost and high risk patients – 2,500 people

Every year:

- 16 x GP appts
- 8 x Outpatients
- 5 x A&E,
- 2 x hospital admissions
- 0 community nurse

Uncoordinated care and poor patient experience costing 15% of annual PBR budget – circa £36m

Enabled by aligned data

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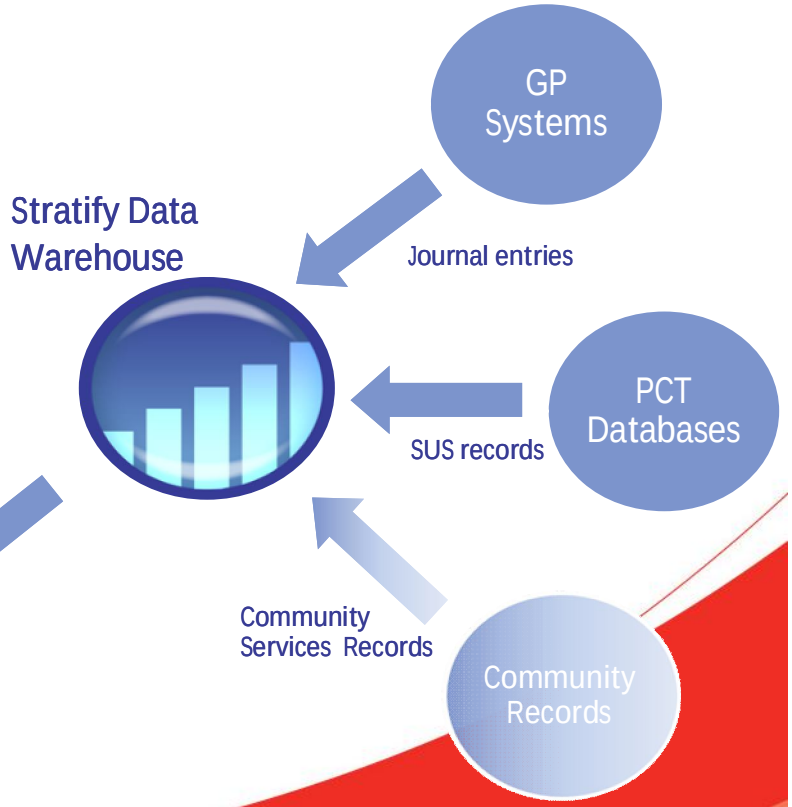
- Encrypted at GP source
- Aligned and patient focused data for primary and secondary care data across the all practices
- Risk Stratification
  - Computes patient risks
  - Provides “risk aware” analysis tools for GP and PCT staff
- Pathway focus and financial tracking



Assessing needs and opportunities

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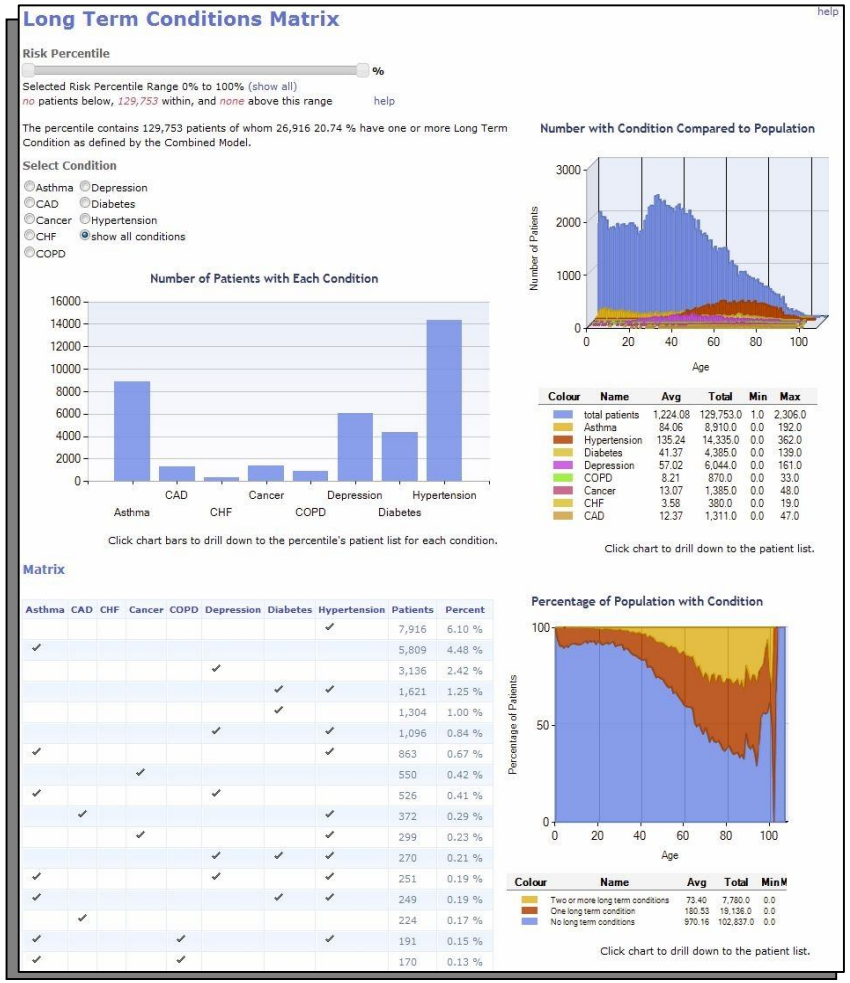

GPs identify need and design care model

Reviewing key clinical care standards

GPs define the minimum level of care and monitor outcomes across the polysystem

Tracking improvements and outcomes

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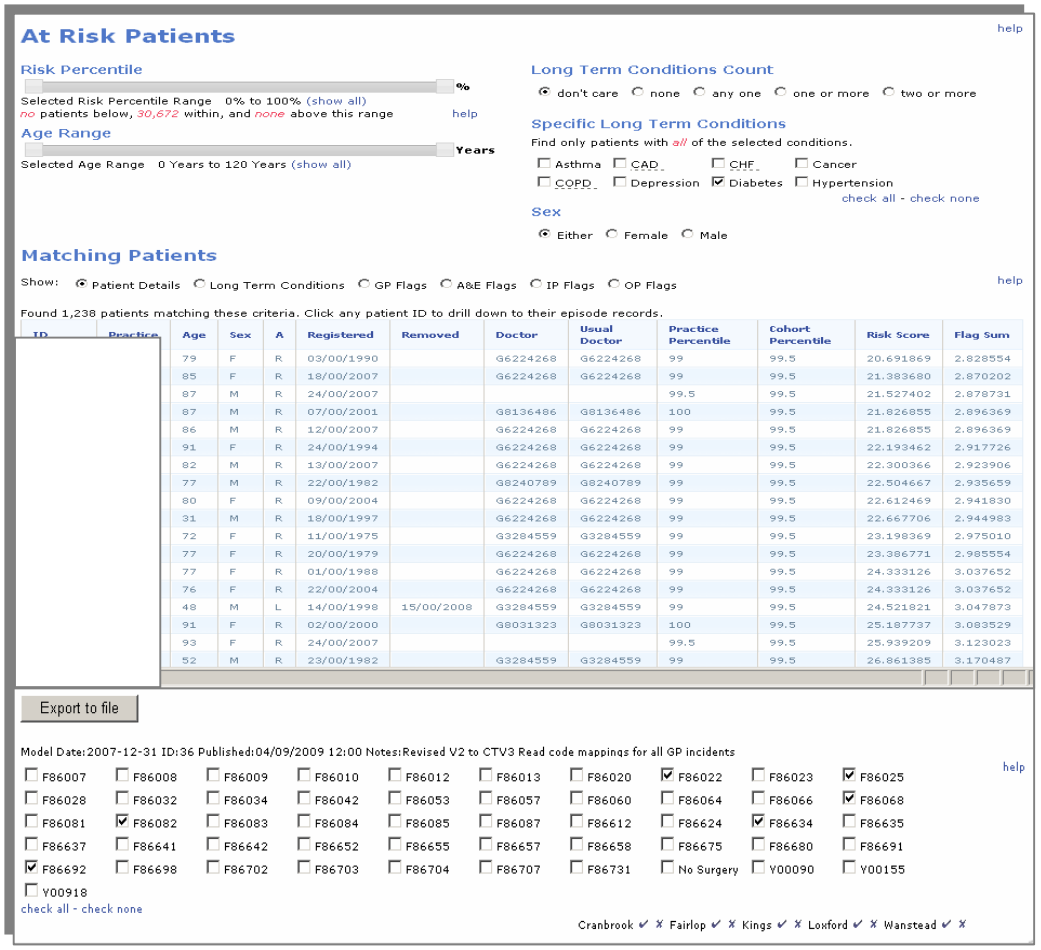
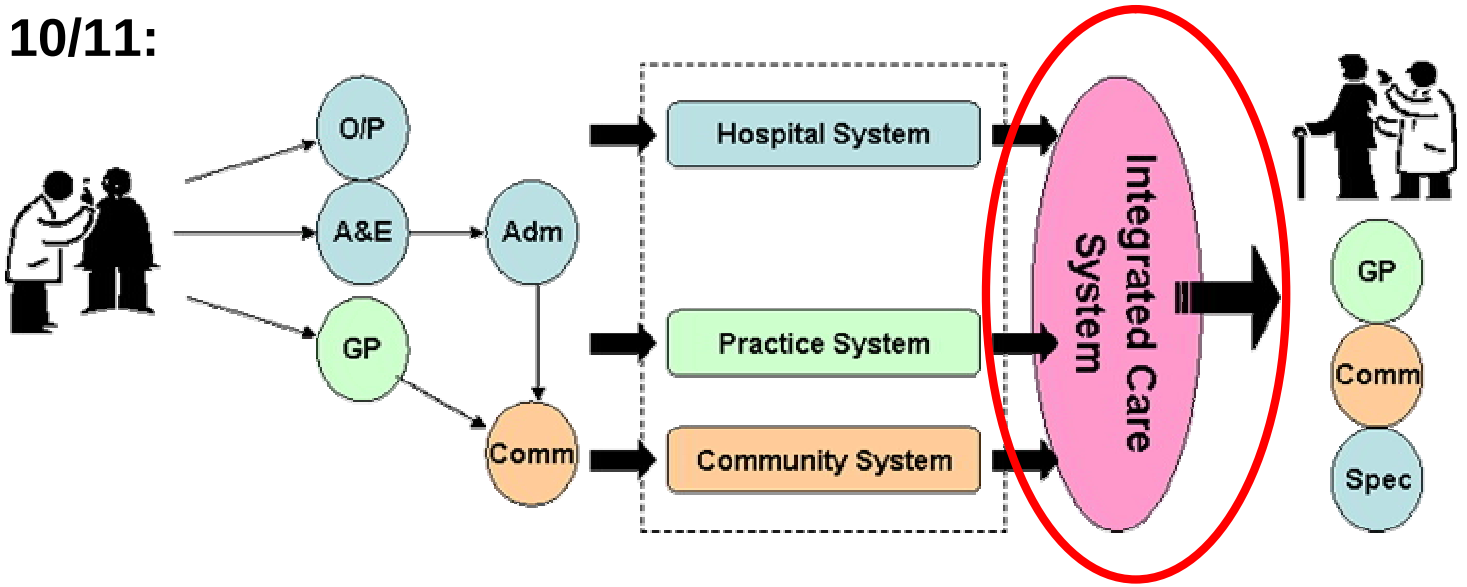


GPs identify, track and manage high risk individual patients

Example project – Integrated Care

From 10/11:



- Top 1% of high cost and high risk patients – 2,500 people
- Integrated data and information
- Individualised care packages
- Combining primary, community and specialty care
- Tracking care inputs and monitoring agreed outcomes
- Delivering quality, patient experience and productivity improvements

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Thank you