

„EGÉSZSÉGSZERVEZÉS FEJLESZTÉSEI A GYAKORLATI TAPASZTALATOK TÜKRÉBEN” KONFERENCIA

EGÉSZSÉGESEBB EGÉSZSÉGÜGYÉRT PROJEKT

2015.11.27.

TÁMOP-6.2.5-B-13/1-2014-0001 Szervezeti hatékonyság fejlesztése
az egészségügyi ellátórendszerben – Területi együttműködés kialakítása

SZÉCHENYI 2020



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Modality Partnership- a progressing model

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Vitality Partnership

Executive director

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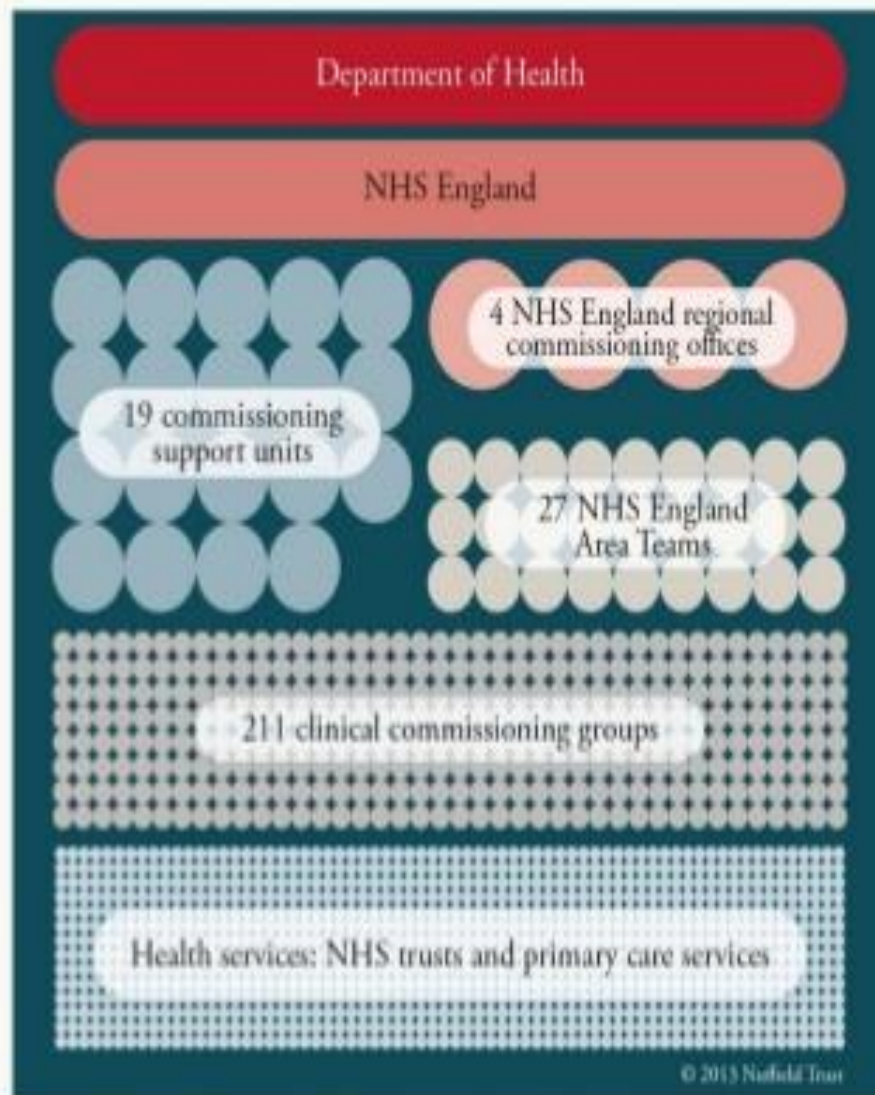


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The Forward View centres around three 'gaps'

- 1 Health & wellbeing gap**
Radical upgrade in prevention
 - Back national action on major health risks
 - Targeted prevention initiatives e.g. diabetes
 - Much greater patient control
 - Harnessing the 'renewable energy' of communities
- 2 Care & quality gap**
New models of care
 - Neither 'one size fits all', nor 'thousand flowers'
 - A menu of care models for local areas to consider
 - Investment and flexibilities to support implementation of new care models
- 3 Funding gap**
Efficiency & investment
 - Implementation of these care models and other actions could deliver significant efficiency gains
 - However, there remains an additional funding requirement for the next government
 - And the need for upfront, pump-priming investment

Multi Speciality Community Provider

What they are

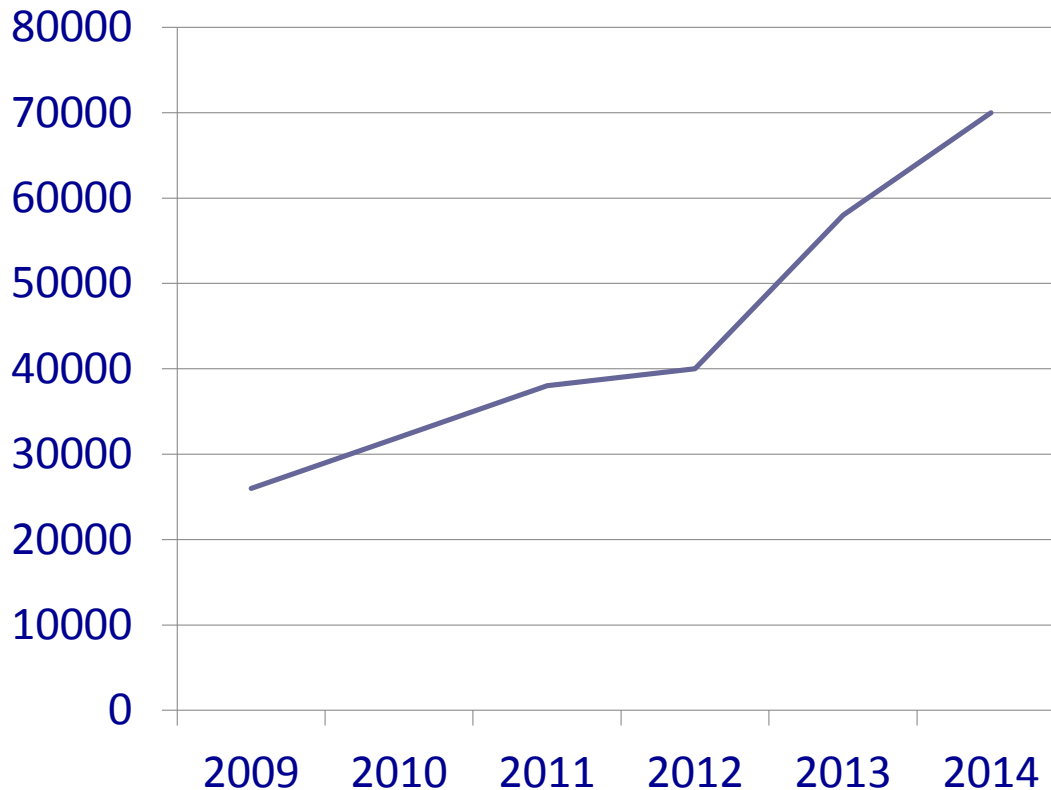
- Greater scale and scope of services that dissolve traditional boundaries between primary and secondary care
- Targeted services for registered patients with complex ongoing needs (e.g. the frail elderly or those with chronic conditions)
- Expanded primary care leadership and new ways of offering care
- Making the most of digital technologies, new skills and roles
- Greater convenience for patients

How they could work

- Larger GP practices could bring in a wider range of skills – including hospital consultants, nurses and therapists, employed or as partners
- Shifting outpatient consultations and ambulatory care out of hospital
- Potential to own or run local community hospitals
- Delegated capitated budgets – including for health and social care
- By addressing the barriers to change, enabling access to funding and maximising use of technology



The Modality Partnership



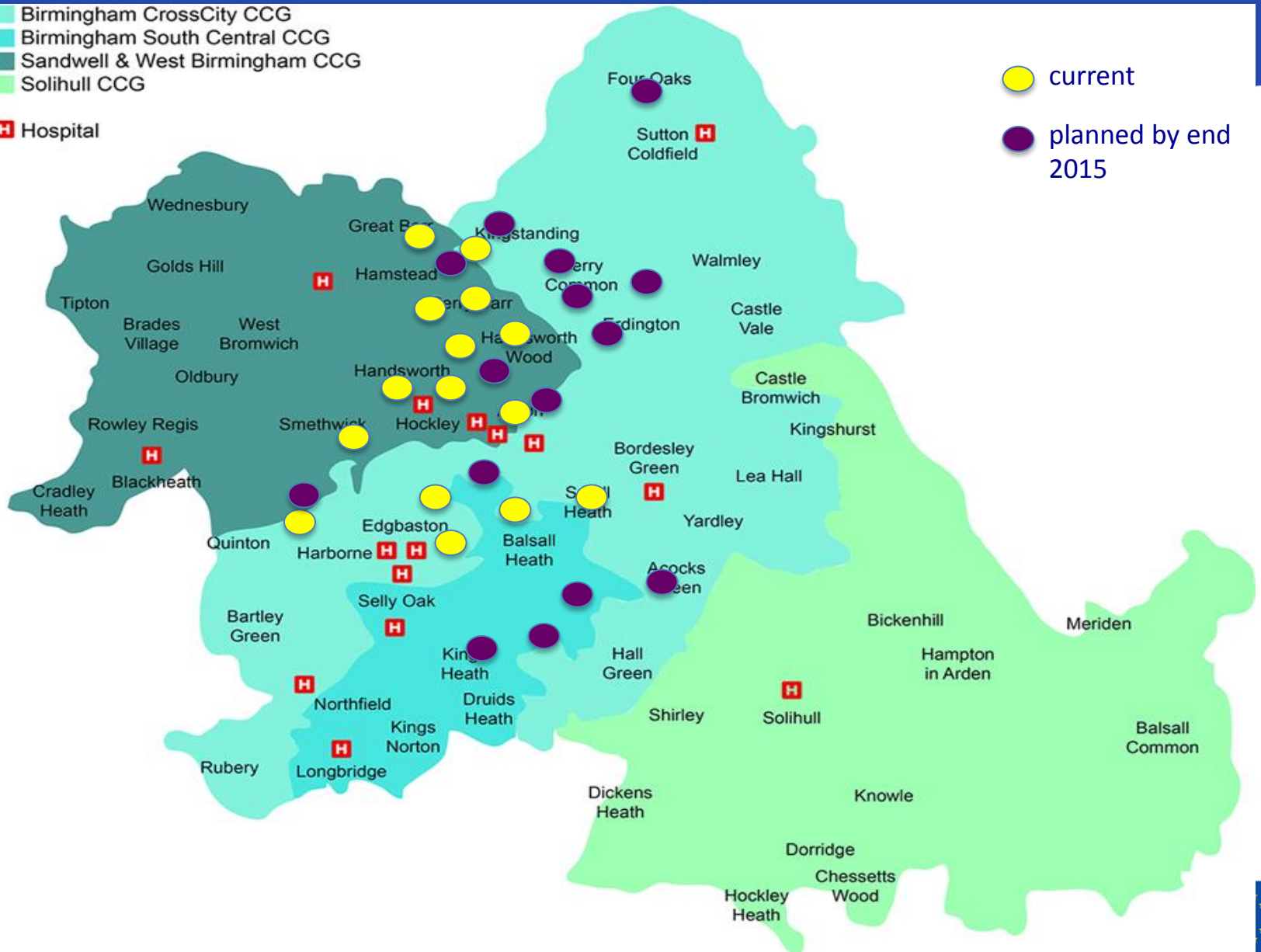
- 13 mergers
- 28 partners
- 1° and 2° care contracts
- 300+ staff single org.
- 15 primary care sites
- Integrated IT: EMIS Web
- Single Partnership
- Corporate Structure
- Exec Team manage day to day decisions

- Birmingham CrossCity CCG
- Birmingham South Central CCG
- Sandwell & West Birmingham CCG
- Solihull CCG

H Hospital

 current

 planned by end 2015



SZÉC



AZ EGÉSZSÉGÜGYI ELLÁTÓRENDSZERBEN

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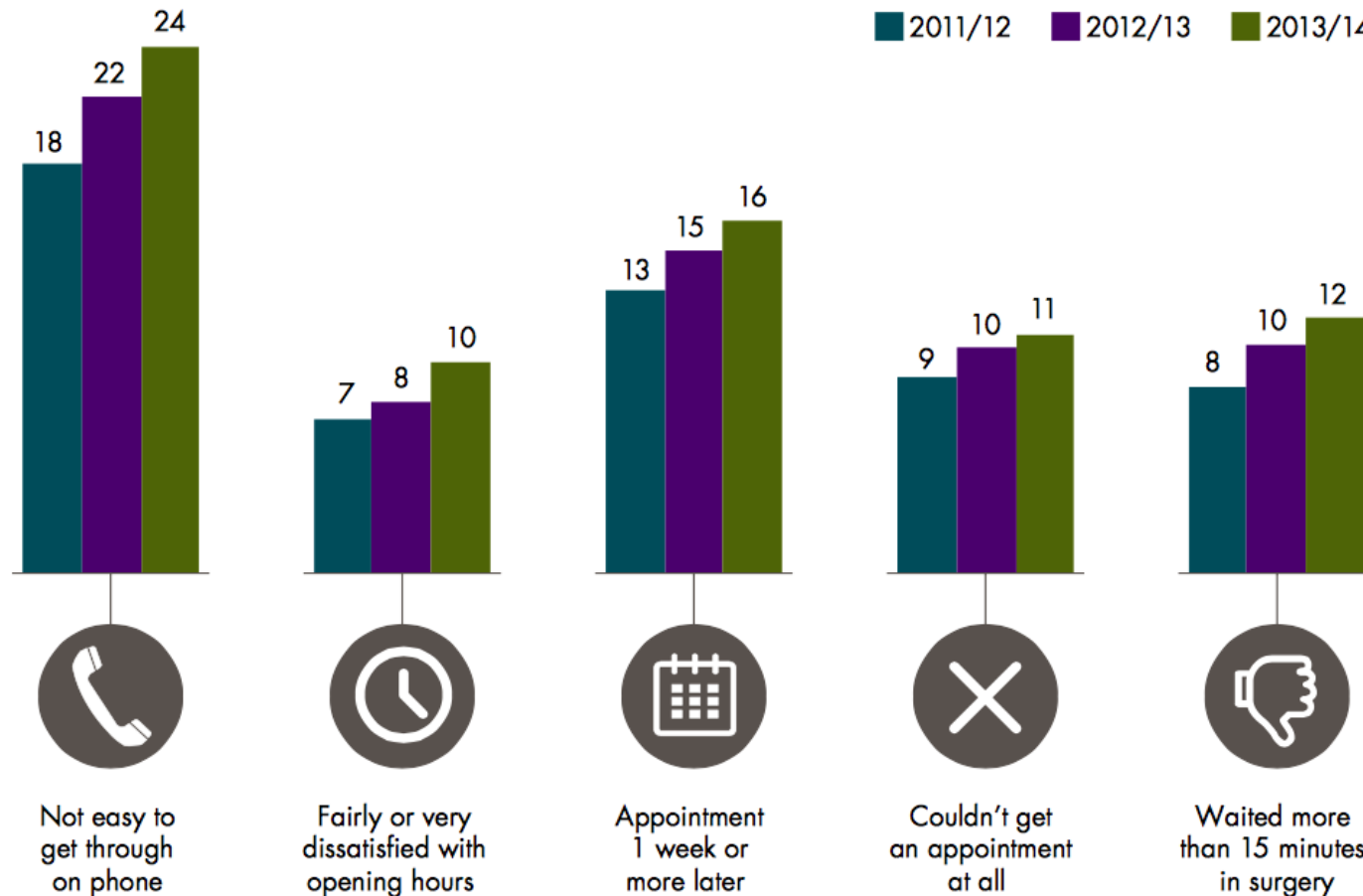
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What patients are saying...

FIGURE 4: PATIENT EXPERIENCE OF ACCESSING GP SERVICES, 2011/12 – 2013/14 (%)



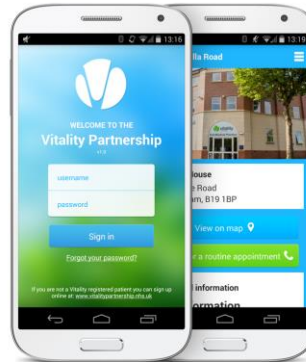
How our consumers have changed....



- **82%** of UK population using broadband to transact...
- **<1%** of patients using the internet to interact with clinicians!
- Birmingham has highest penetration of Smartphone use in the U.K....nearly 30% more than London..

- **We have the population and capability to shift the balance of provision to the web!**

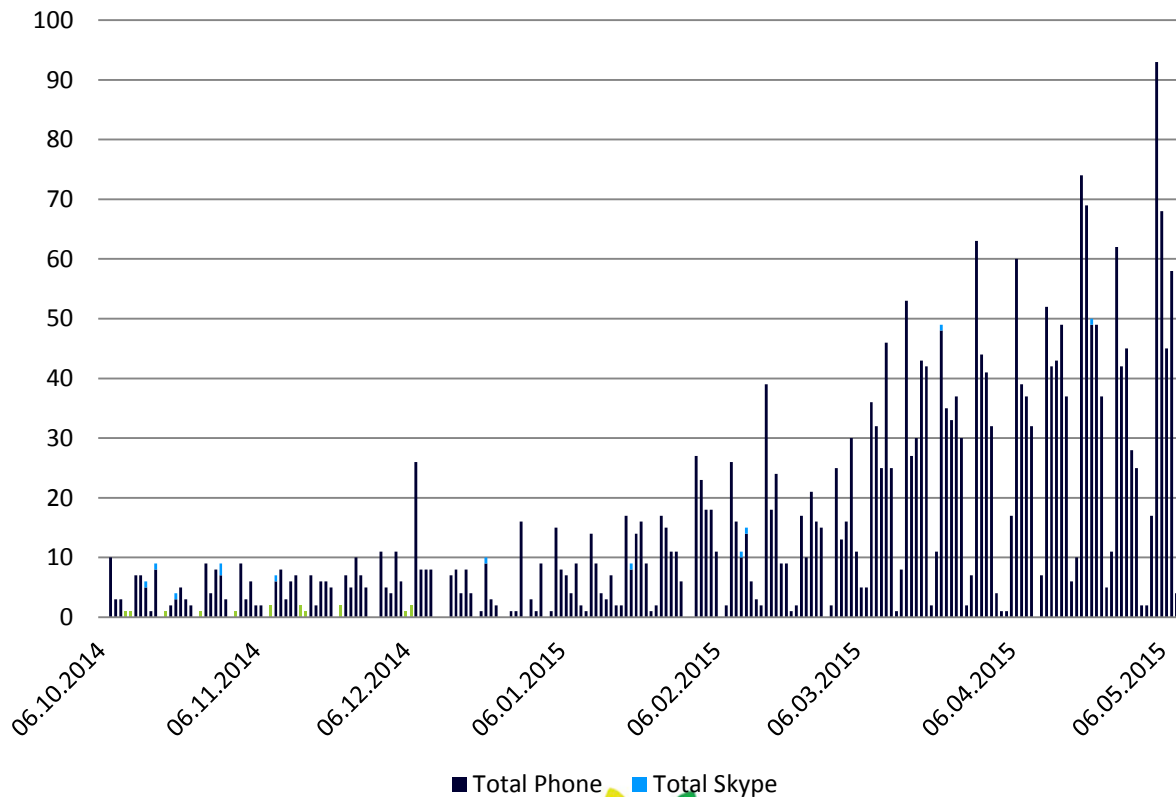
Access All Channels



- Patients contact the HUB by phone, app or our website
- The HUB verifies identity and books a same-day telephone or Skype consultation with their clinician, at their surgery
- The clinician completes the phone or Skype consultation
- If the patient needs to be seen face to face, the clinician invites them to the surgery that day.

Online users

Online requests: website and app



- Online requests have grown organically from launch to over 500 per day.
- More and more people feel confident sending an online request to see their GP.
- Over 7000 requests have been made online so far (website and app)

A Scalable GP Model

Modality Partnership



Greater Access Channels

Model of Care

Central Administration Function

The Modality Platform

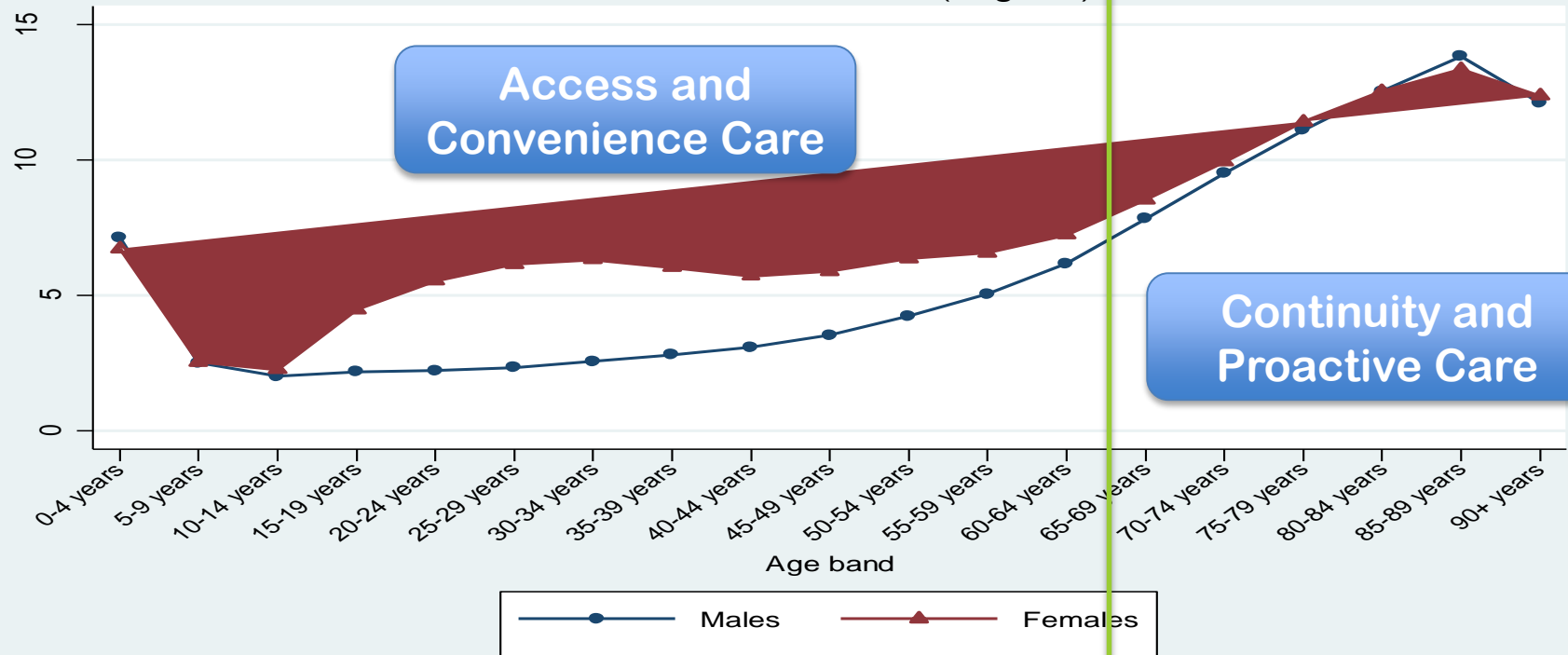
- Website Re-design
- **Click First Access**
- Video on Demand
- Skype consultations
- Real time patient feedback
- NHS F&F Test
- Self help
- E consulting
- Centralised call centre

- EMIS Web
- **Standardised clinical templates**
- MDT teams wrapped around GPs
- Standardised referral templates
- Population Health planning
- Premises Standardisation

- **HR -** (induction/appraisals)
- **Governance-** (reporting metrics)
- **Finance -** (reporting and forecasting)
- **IT-** speed of innovation
- **Single Secretarial/Admin Team**

Population Segmentation.....

QRESEARCH crude consultation rates per person-year in 2008
All clinicians and all locations (England)

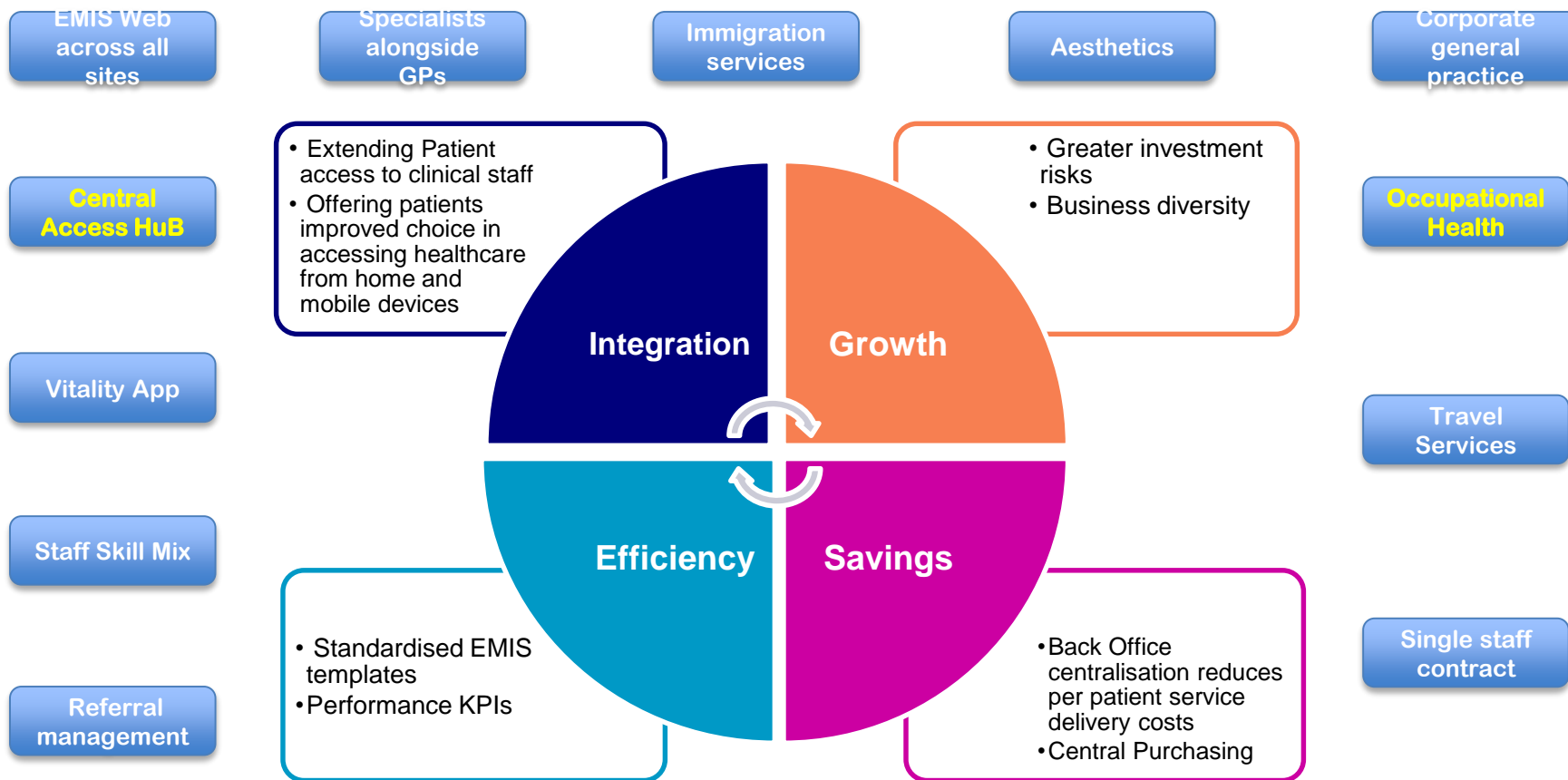


NOTE: Analysis by calendar years
copyright QRESEARCH 2003-2009 (Database version 22)

Headline Results so far.....

- **72% reduction in DNAs**....equates to an additional two full time SGPs worth of appointments at no additional cost
- **10% increase in within day activity** – meeting unmet demand within the resources already available
- **70%** of patients are consistently being **dealt with remotely** without having to come in to practice
- **Average consultation** time reduced to under **5 mins** (for the remote consultations)
- **70% of patients** say that the new access system is **better** than before
- **100% of clinicians** would not go back to “old system”
- **Reduction in A&E attendances of around 5-10%**

Why Scale Matters

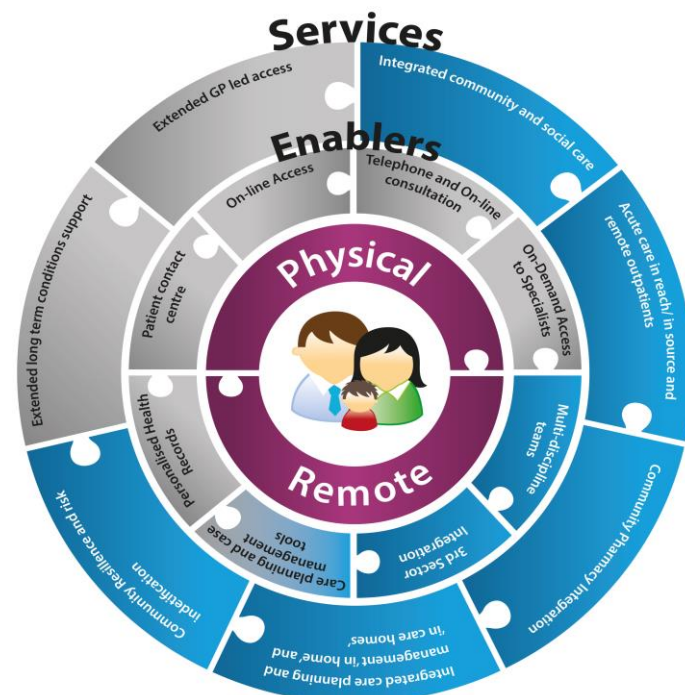


From SuperPartnership to MCP

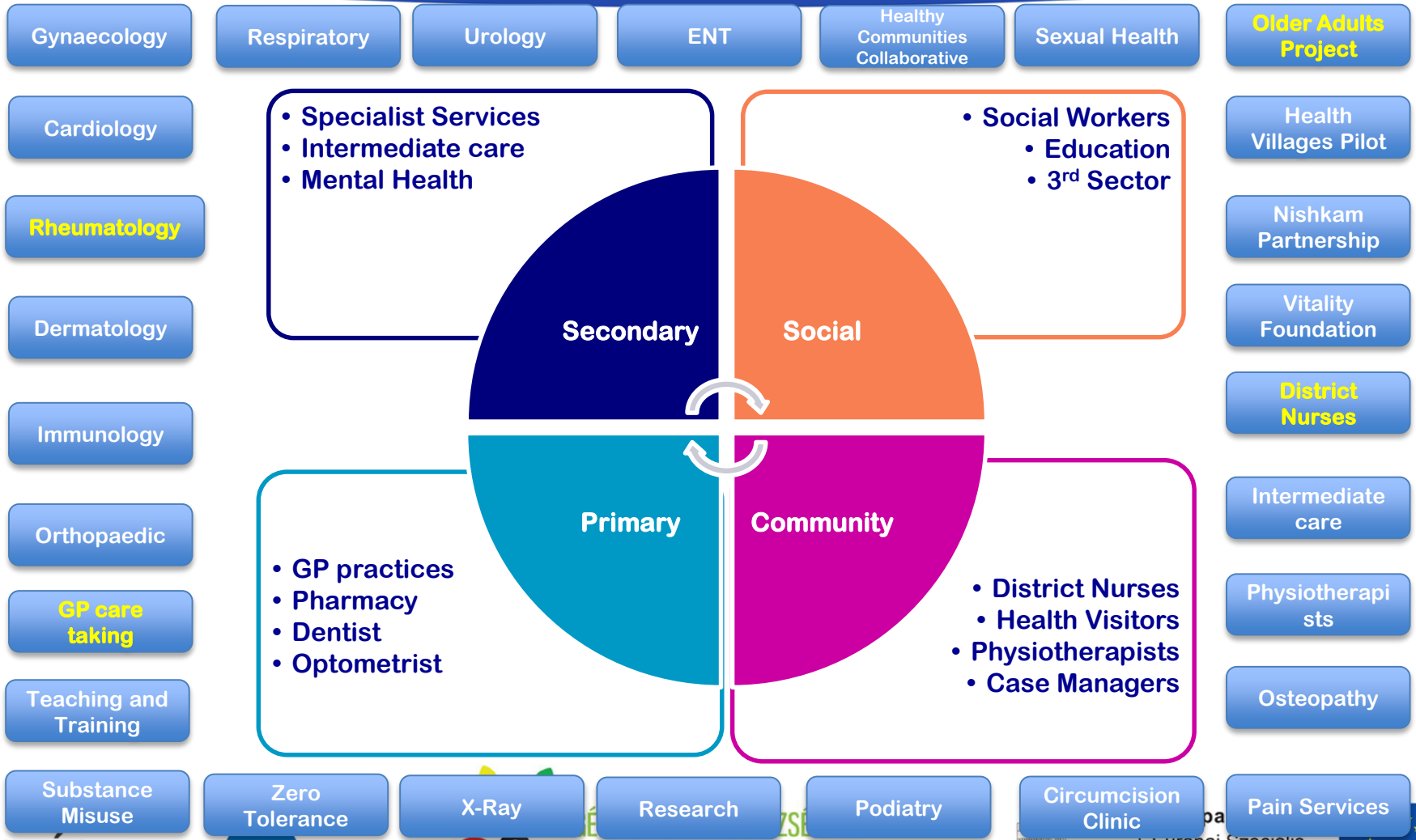
- Focus on Managing Long Term Conditions
- Reducing demand on hospital care (urgent care)
- Shift of more care into community settings
- Meeting the increased demand for primary care
- Achieving real Integration
- Patients want consistent and convenient care
- A new model for general practice
- New Opportunities

Modality Vision for MCP

- The **patient voice** at the heart of all provision.
- General practice should be the ‘locus of **community based integrated services**’
- Specialist expertise is an **essential** component of effective integration
- Integrated services to incorporate **social care**
- **Technology** is an **enabler** to manage demand



Not starting from Scratch...



From MCP to Accountable Care

- Enhanced **Commissioning Support**
- Patient – Public Engagement
- **Alliance** contracting arrangements with other providers
- Managing risk based contracts
- **Clinical Leadership**
- **Communication** – staff/patients
- What is optimum size and model

KÖSZÖNÖM A FIGYELMET!

SZÉCHENYI  2020



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