

THE *FORWARD VIEW* INTO ACTION:

Registering interest to join the
New Care Models Programme

Forward View into Action

Registering interest to join the New Care Models Programme: New models of acute care collaboration

1. Background:

The *Five Year Forward View* identified a number of new care models that will help transform the way in which care is delivered across the NHS.

29 areas have now been selected as vanguard sites for three of these models:

- Multispecialty community providers (MCPs);
- Integrated primary and acute care systems (PACS);
- Models of enhanced health in care homes;

We are now inviting bids to participate in a fourth group – new models of acute care collaboration.

2. New models of acute care collaboration

A number of developments are causing providers of acute services to reconsider the model of care for the services they provide. These include: financial; workforce pressures; the need to adapt services to meet the changing needs of an ageing population and the increasing numbers of people with long-term conditions; the benefits of providing some services more locally, as part of primary and community care; and the opportunity to realise quality and efficiency benefits from scale and concentration in some services and across multiple sites, through standardising processes and systems.

One way in which providers are responding to this changing landscape is by exploring ways of integrating acute, community and in some cases primary care provision. This is an approach being developed by all of the PACs vanguard sites, as well as a number of MCPs. But, as the *Five Year Forward View* made clear, it is unlikely that PACS will become the dominant future model for acute services right across the country.

Alongside these examples of ‘vertical’ integration, providers of acute services are increasingly exploring the benefits of different forms of ‘horizontal’ collaboration between different acute providers. These can range from collaboration on single or groups of acute services to collaboration across whole institutions. As set out in the recent Dalton Review¹, these new models or organisational forms can include greater use of networking, sharing clinical workforce across nearby sites, joint ventures, delivery of specialist single services across a number of different providers through to exploring NHS provider chains.

¹ ‘Examining new options and opportunities for providers of NHS care: The Dalton Review’ (Nov 2014)

The aims of such arrangements are typically to:

- a. help maintain the clinical and financial viability of local acute services – in particular for services with low volumes of patients or where there are national or local staff pressures and/or;
- b. support the spread of best practice and reduce avoidable variations in the cost and quality of care delivered to patients.

The New Care Models Programme will be the main vehicle through which Monitor, the NHS Trust Development Authority and NHS England now support the sector to take forward the initial design and implementation of these arrangements.

The purpose of this care model is to develop radical new options for acute care collaboration.

The programme will create a limited number of additional, well-defined, strategic choices for NHS foundation trusts (FTs) and NHS trusts that enable them to rethink their clinical models and business models, beyond the confines of their existing organisational boundaries, or indeed their immediate local health care system.

These options are likely to include, but are not limited to:

- innovative forms of **Accountable Clinical Networks**, such as through **joint NHS-led vehicles** running particular services, characterised by clear leadership, with decision rights to reshape care, backed by a clear organisational form;
- **NHS service franchises** such as Moorfield@, The Marsden@;
- **NHS management groups** or **chains of multiple organisations**, for example under a NHS “foundation group”.

The aim of this programme, is not to support the implementation of traditional acute mergers or reconfiguration programmes. Instead, the focus of the programme will be to develop replicable new organisational arrangements that support quality, productivity and efficiency improvements² in acute services.

3. Invitations for expressions of interest

Recognising the challenges facing providers of acute services, and following extensive discussions with stakeholders, we are now inviting expressions of interest to become vanguard sites for new models of acute care collaboration. This deliberately broadens the focus of this care model into how to create sustainable models of acute care. This is because the models described are not only applicable to small hospitals. But we also recognise the scale of the challenges that smaller hospitals face, and for this reason we would particularly welcome their interest.

² Including those identified in the work of Lord Carter.

We would welcome proposals that seek to address the following two questions:

1. How do you deliver clinically and financially sustainable high quality acute services to maintain local access for patients and their families? How does this differ for urban and rural locations?

Proposals may include providers who wish to:

- create shared rotas and/or joint appointments and other forms of networking or shared workforce;
- deliver specialist tertiary services across different sites;
- make greater use of technology to access remote specialist opinions;
- risk-tier patients, with those with the most acute needs redirected to more specialist sites³;
- work more closely with intermediate and out of hospital care, including care at home.

2. How can NHS service franchises (where the provider delivers specialised care on the campus of a local NHS hospital), management chains (where NHS hospitals across different geographies club together) and/or other similar arrangements help codify and replicate effective clinical and managerial operating models in order to reduce avoidable variations in the cost and quality of care?

Proposals may include providers who wish to:

- deliver or manage elective services across different geographical sites;
- share back office and/or clinical support functions;
- create multi-service chains or “foundation groups”.

As with the wider vanguard programme, we will work with vanguard sites to develop new replicable approaches, helping them identify opportunities and to tackle barriers to progress – whether cultural or technical issues, for example relating to information sharing and governance, or national rules and processes. Our aim in this programme is to make it easier for change to happen faster.

³ In a risk-tiered network, low-risk patients are treated in a less intensive environment with protocols in place for escalation to more specialist sites where necessary.

4. Registration criteria and process

The registration criteria and process will be the similar to that used for the initial invitation for expressions of interest launched in January 2015 for the three other vanguard models.

We also recognise that FTs and NHS trusts will need some time to be able to consider the different options and to discuss with potential partners and their own staff, and so our closing date for applications is the 31 July.

Some applications may be for fully formed partnerships. Equally, we strongly welcome separate interest from NHS organisations or partnerships seeking to become lead bodies. e.g. for NHS franchises, that do not yet have local NHS franchise partners, and those that may be interested in exploring their ability to collaborate with such lead bodies. We will also run at least one engagement session with potential applicants before the closing day.

At a minimum, applicants are expected to already have in place:

- a clear and ambitious vision of what they want to achieve and of how the new model will help promote the health and well-being of the population, increase the quality and person-centredness of care for their patients, and improve efficiency for the taxpayer within available resources;
- a shared commitment to making swift progress in the development of the new model;
- effective managerial and clinical leadership, including leadership for engagement, and the capacity and capability to succeed.

Applicants will also need to show:

- an appetite to engage intensively with other sites across the country, and with national bodies, in a co-designed and structured programme of support aimed at:
 - a. identifying, prioritising and tackling national barriers experienced locally;
 - b. developing common rather than unique local solutions that can easily be replicated by subsequent sites; and
 - c. assessing progress, through a staged development process.
- a commitment to co-design local and national metrics and to demonstrate progress against them, including real-time monitoring and evaluation of health and care quality outcomes, the costs of change, and the benefits that accrue;
- a willingness to share data as required to support the development and operation of the new model.

The registration process is simple, to minimise bureaucratic burden.

Interested sites are asked to complete a two-page form, which is attached, and send it to the new care models team (england.newcaremodels@nhs.net) by **Friday 31 July 2015**.

In the meantime, we welcome enquiries about the programme into the same email address.

5. Selection process

The process thereafter will depend on the interest shown. However, we anticipate appointing a relatively small number of additional sites to vanguard status during September 2015.

We will be seeking sites most likely to make swift progress in the design and development of these arrangements.

6. Subsequent support

Our aim is to accelerate positive change in ways that can be replicated elsewhere. In order to achieve this, from September 2015 onwards we will work with partner sites to develop dedicated support.

Support will blend peer learning with the provision of expertise in areas such as person centred care; engaging communities, the voluntary sector and patient leaders; clinical workforce redesign; using digital technology to rethink care delivery; the optimal use of infrastructure; creating joined-up information systems; devising new legal forms and new contractual models.

Each of the sites will benefit from a named account manager, dedicated to coordinating national help and support, including removing barriers to change.

Forward View into Action

REGISTRATION OF INTEREST FOR FUTURE MODELS OF ACUTE CARE COLLABORATION

Please keep your applications to no more than 4 pages.

Q1. Who is making the application?

(What is the entity or partnership that is applying? Interested areas may want to list wider partnerships in place, e.g with the voluntary sector. Please include the name and contact details of a single CEO best able to field queries about the application and whether you are applying to lead a partnership or are applying to be part of a partnership.)

Q2. What are you trying to do?

(Please outline your vision and what you want to achieve by being part of the new care models programme)

Q3. Please articulate how your vision will deliver clinically and financially sustainable high quality acute services to maintain local access for patients and their families and/or how you will help codify and replicate effective clinical and managerial operating models in order to reduce avoidable variations in the cost and quality of care?

Q4. Please describe where you are currently and what steps you have already taken in thinking through and delivery towards your proposed care model.

Q5. Where do you think you could get to over the next year?

(Please describe the changes, realistically, that could be achieved by then.)

Q6. What do you want from a structured national programme?

(Aside from potential investment and recognition: i.e. what other specific support is sought?)

Please send the completed form to the New Care Models Team (england.newcaremodels@nhs.net) by **31 July**.



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