

## New Care Models: supporting the vanguards

### Acute Care Collaboration (ACC) vanguards: summary

#### New care models programme

1. The new care models programme was launched in January 2015 with individual organisations and partnerships invited to apply to become vanguards, one of the first steps towards delivering the NHS Five Year Forward View and supporting improvement and integration of services.
2. This summary has been published alongside the document 'New care models: support for the vanguards' which updates the initial support package published in July for the first 29 vanguards, and now reflects the needs of all 50 vanguards across England.

#### *The vanguard story so far*

3. More than 380 partnerships during 2015 put forward their ideas to redesign care and in March the first 29 new care model vanguards were chosen. These were selected to develop three new care model types – integrated primary and acute care systems (PACS); enhanced health in care homes; and, multispecialty community provider (MCPs) vanguards.
4. In July 2015, eight urgent and emergency care (UEC) vanguards were announced. This was followed in September with a further 13 vanguards known as acute care collaborations (ACC).
5. The 50 vanguards were selected following a rigorous process, involving workshops and the engagement of key partners and patient representative groups.
6. Each vanguard site is taking the lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. The aim is for the locally-led new care models - built by patients and those affected by change - to be rolled out across England within the next five years.

### *Update and initial support*

7. During April and May 2015, the new care models team carried out two-day visits to each of the first 29 vanguards to understand their aims in more detail. Building on these visits, the team developed thematic reviews, which were shared back with the vanguards. Following their support for these reviews, the key areas for transformation were summarised into eight areas for support that would maximise their chances of success and enable replicability across the NHS and social care. These enablers formed the basis of the initial programme of support that was published in July 2015.

### *Extended support*

8. The support package has been updated to reflect the needs of the ACC and UEC vanguards. To understand their aims and specific support needs, we held workshops, intensive diagnostic site visits and ongoing discussions. Based on what they told us, a further two areas of support have been added. We have also incorporated the learning to date from the first 29 vanguards.
9. The support package is built on ten key enablers to maximise the vanguards' chances of successful local delivery and enable national spread. They come directly from the issues raised by the vanguards, the thematic reviews arising from the visits and the views of a wide range of stakeholders including patients and clinicians.



10. Our focus is on creating simple, standardised approaches and products, based on best practice and co-produced with vanguards. These are to be designed from the outset to be shared nationally. The intention is that they can be replicated and adapted according to local needs.

11. Four core values underpin the new care models programme and the way we work. Our values are fundamental to the way the programme has worked to date, the way support has been developed and the way we will work to deliver it.



12. Building on these core values, four design principles have emerged which frame the support package: we solve problems through joint national and local leadership and working with our wide range of stakeholders and partners; we co-produce simple replicable frameworks, built for sharing and to be replicated; we encourage and support radical innovation; and we work and learn at pace, demonstrating that change is real.

13. The health and care system is looking to the vanguards to create a financially sustainable future that delivers improvements for patients and their communities as quickly as possible.

14. The success of the programme and the value delivered for the taxpayer will not be defined by successful local delivery in the vanguard systems, but the extent to which they have made it easy to spread learning across the NHS and social care. The role of the vanguards and the new care models programme is to develop the simplest possible standard solutions and care models that can be replicated nationally and adapted locally.

15. Our collective task is to support them to do this at the pace of the fastest vanguards, and to develop quick wins along the way.

## Acute Care Collaboration (ACC) vanguards

16. In September 2015, thirteen partnerships were selected as vanguards, covering three forms of collaboration between providers of acute care services<sup>1</sup>:

- NHS foundation groups
- Specialty franchises
- Accountable clinical networks

17. This document summarises what the ACC vanguards are trying to achieve, and sets out the national support package that will help them realise their ambitions.

## Broadly, the ACC vanguards are focused on two challenges

18. First, they are seeking to reduce avoidable variations in the cost and quality of acute care, as highlighted in publications such as the 'NHS Atlas of Variation'<sup>2</sup> and 'Getting it Right First Time'<sup>3</sup>.

19. This includes tackling variations by provider, by type of service and by the day or time at which patients require care.

20. Second, the ACC vanguards are seeking to address challenges to the sustainability of acute hospital services.

21. This includes responding to financial and workforce pressures, in addition to meeting new service standards, for example in relation to seven day working, while maintaining local services for patients.

## The scale of ambition of the ACC vanguards heralds a radical new mindset in the provision of NHS hospital care

22. Despite a common set of objectives to deliver safe, efficient and high quality care, we currently have an NHS where almost 250 NHS trusts and foundation trusts too often duplicate effort by focusing on their own organisational silos instead of seeking to make best use of their collective skills and resources.

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<sup>1</sup> Acute care describes the type of care required by patients with urgent medical conditions or requiring short-term treatment for a severe injury or episode of illness, as opposed to ongoing care provided to people with long-term conditions.

<sup>2</sup> Published September 2015,  
<http://www.rightcare.nhs.uk/index.php/atlas/nhs-atlas-of-variation-in-healthcare-2015/>

<sup>3</sup> Published July 2013,  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418840/Getting\\_it\\_right\\_first\\_time.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418840/Getting_it_right_first_time.pdf)

23. The ACC vanguards are united by an ambition to think beyond their own organisational boundaries in order to spread excellence in hospital management and ensure that the collective resources of the NHS are deployed to the maximum benefit of patients.

24. Collectively, they signal a future NHS that is far greater than the sum of its parts. This is demonstrated by Dartford and Gravesham NHS Trust's collaboration with Guy's and St. Thomas' NHS Foundation Trust (and others) in what promises to include aspects of franchises, networks and group arrangements all aimed at bringing high quality local services to their surrounding populations.

### **How will the ACC vanguards achieve their ambition and what support will they require?**

#### *Support common to all ACC vanguards*

25. In common with all of the vanguards, the ACC cohort will be working to deliver major service transformation. To help them do this, they will be able to draw on practical support relating to each of the enablers in the support package, focusing on both 'the what' and 'the how' of delivering service transformation.

26. This includes support to:

- Develop robust logic models setting out the benefits of proposed changes in terms of population health, quality of care and overall efficiency;
- Develop new leadership models appropriate to the changing shape of local health economies, and expert advice about how to lead organisations through major transformation while continuing to deliver the day job;
- Enable the appropriate sharing of patient records across organisational boundaries;
- Develop more flexible workforce models that allow collaboration and closer working between clinicians across a variety of settings, in the best interests of patients not organisations;
- Involve, in a meaningful way, local communities and staff in the shaping and development of the new care models; and
- Develop a more mature relationship with commissioners and other oversight bodies, working as partners on a multi-year journey of transformation.

27. In keeping with the spirit of the programme, the new care models team will continue to share the learning and insight that has already begun in earnest across the first 29 vanguards, with the ACC vanguards.

28. In addition to those areas described above, there are some support requests that have emerged from particular groups of ACC vanguards.

#### *NHS foundation groups*

29. The three foundation group vanguards will be working to develop and implement a 'group model' for NHS hospitals. This is not a simple extension of traditional hospital mergers that result in large multi-site trusts. Instead, the vanguards will be developing a flexible membership model that allows a number of hospitals to operate as part of a single group with a central headquarters.

30. From December 2015, each group will develop a common operating model allowing participating hospitals to standardise best practice, measure performance, reduce duplication, and flexibly deploy their managerial, clinical and physical resources to best use across the group.

31. Consistent with the recommendations of Lord Carter's review of efficiency in hospitals and Examining new options and opportunities for providers of NHS care: the Dalton review, foundation group vanguards will learn from international best practice in healthcare and other industries. This learning will be used to develop new leadership models, redesign both back office and frontline clinical services. They will operate at a scale that allows them to introduce a step-change in the use of technology and data-analytics to produce real time performance-analysis and support sophisticated demand and capacity planning.

32. While many group members will choose to operate under a single ownership structure, flexibility in membership options will mean that not all participating hospitals need to move into full shared ownership to benefit from group membership. Some hospitals may choose to explore closer working in more targeted areas. This could be a permanent arrangement, a temporary agreement to address particular challenges, or, more likely, a way of developing relationships with a view to exploring more substantive links in due course.

33. From December 2015, the foundation group vanguards will work closely with NHS Improvement to understand and overcome existing barriers to forming and expanding foundation groups. These include:

- Developing a tailored transactions assessment process that swiftly reveals the underlying operational and structural challenges faced by a prospective group member, and the impact of their joining on the whole group's financial and governance risk ratings;

- Guidance and support on any merger or competition issues at an early stage in the development of their plans;
- Support to develop options for organisational form, and a programme of policy development work to understand:
  - i. How accountability, governance arrangements and regulation (by both CQC and NHS Improvement) would vary across different 'levels' of group membership – including whether it might be possible to apply some licence conditions at group level while leaving others disaggregated across participating group members; and
  - ii. Approaches to incentivising Foundation Groups to accept challenged providers as new members.

34. By undertaking this work, the foundation group vanguards will make it easier for hospitals who want to join their groups as well as for other providers who want to form their own in due course.

#### *Accountable clinical networks*

35. Seven ACC vanguards will be establishing accountable clinical networks covering a range of acute services, including maternity and paediatrics, cancer, mental health and radiology services.

36. Each of these collaborations will deliver rapid and sustained improvements in the systematic delivery of care by optimising patient pathways for services covered by the network, and by identifying and implementing best practice at each stage along those pathways.

37. The networks will bring groups of providers together to consider how best to serve a defined population rather than just focusing on the services provided by their own individual organisations. To realise the full benefits of this approach, detailed analytical work will need to take place to understand the needs of that population and the costs of meeting those needs in different ways and settings, and to develop common dashboards to track performance and outcomes.

38. In developing their care models, the vanguards will have access to the relevant national clinical directors and other experts. This will allow them to understand how to change the pattern of care for the benefit of patients. For example, by making best use of their combined clinical workforce to meet key service standards and maintain clinical dependencies in a way that preserves local access for patients (in both urban and rural locations).



39. Clinical networks have existed for some time across the NHS, sometimes underpinned by contract, but often based on loose collaborative agreements. We have heard from some providers that, while helpful, those arrangements can sometimes be quite fragile and do not always go far enough to lock in the support and resilience required to make the relevant services sustainable.
40. A core component of what sets these vanguard sites apart is their ambition to build in to their arrangements a harder-edged accountability, with a single organising intelligence with decision rights. In most cases, this will involve a single provider taking on a single capitated budget for the population and services covered by the network, in a similar fashion to that being explored by MCPs and PACS sites. From January 2016, support will be provided by the relevant teams in NHS England and NHS Improvement to help the accountable clinical network vanguards understand their options with respect to prime and alliance contracts, joint ventures and payment models.
41. Where a network overlaps with an MCP or PACS, the budget for the networked services may need to be carved out of the overall budget for the population served by the MCP or PACS. This is a technical exercise which will be supported by teams in NHS England and NHS Improvement.
42. Unlike MCPs and PACS, the capitated budget for accountable clinical networks is unlikely to include primary care services, so, where relevant, providers in the network will need to work with GPs to fully integrate services provided along the entire patient pathway, especially when, as in the case of the Accountable Clinical Network for Cancer (ACNC), a core component of the vanguard's ambition is to shift resources from late stage treatment to prevention and early intervention.
43. While in some cases some networking arrangements have already started to develop, in others their further development has been inhibited by uncertainties around national rules and regulations. Support will be provided to help all ACC vanguards understand the relevant regulatory frameworks and how they can demonstrate that their collaborations will bring real and sustained benefits to the people using their services.

#### *Specialty franchises*

44. Three collaborations will be doing work to support the development of specialty franchises in the NHS.
45. Moorfields will be working with others to develop a toolkit that codifies the clinical, financial and operating model for specialty franchises in the NHS, both capturing for others, but also stretching beyond, the work they already do

across 22 sites. This will include thinking about how to operate beyond immediate geographies, how to build and maintain links to local communities when operating across remote sites, and how franchise arrangements might vary for different specialties.

46. Building on the model of the existing Specialist Orthopaedic Alliance and the work undertaken by the 'Getting it right first time' team led by Professor Tim Briggs, the National Orthopaedic Alliance will be leading on the development of quality-based membership alliances that will allow providers to 'kitemark' their services for specific specialties as best practice, with support from national bodies to ensure that this is underpinned by a strong supporting evidence base. This is intended to support a culture of clinician-led improvement within NHS providers.
47. In addition, the Neuro Network (The Walton Centre, Liverpool) will be collaborating with local commissioners and providers to reinforce local access to neurology and spinal services across community and district general hospital settings. They will be working closely with and accessing much of the same support being provided to the accountable clinical networks, as well as with colleagues in the specialty franchise group.

### **Working together**

48. In selecting the vanguards and making the support available, we expect all vanguards to think creatively, champion innovation and work together to develop the common approaches and frameworks that will enable the spread of new care models.
49. The support package responds to what the ACC vanguards told us was important for them to succeed. Through our discussions with those vanguards, we have been struck by their level of ambition and willingness to think beyond their own organisations and to work with others in making the best use of their collective resources for the benefit of patients.
50. Rapid progress will be crucial and we look forward to working with each vanguard to deliver their ambitions for transforming health and care services. The ACC vanguards will work together to become sources of expertise, learning and inspiration for others to create a sustainable future. In return, the new care models team will deliver the support they require to achieve this and will continue to share learning and insight across the vanguards, the NHS and social care.

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