New care models

NHS

Template GP Integration Agreement for accountable models – overview

Accountable Care Organisation (ACO) Contract package - supporting document

Our values:
clinical engagement, patient involvement, local ownership, national support

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Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Context

In partially-integrated accountable models, GP Practices continue to deliver core general practice under existing contracts (GMS / PMS / APMS). The new Accountable Care Organisation (ACO) Contract will set out requirements on the provider to integrate services with general practice in order to deliver the whole care model with sufficient involvement of primary care. The Integration Agreement (IA) will ensure that GPs involved have the necessary commitment to integration for the accountable model to succeed.

Given the need to ensure sufficient involvement of primary care, the current version of the Integration Agreement is focused on the primary care element of the care model. Local sites are able to amend the IA as necessary so that it goes further and captures additional actions which an ACO (inc MCP or PACS) will be committed to, and through which they can support GPs in delivering the care model. This would be over and above the integration requirements already set out in the Contract for those accountable organisations.

The integration agreement will perform two main functions:

1. To create a framework for **shared governance and decision making** between practices and the ACO; and

2. To set out how the **integration of services** will be effected, setting out the primary care contribution to the ACO's care model. This element should be able to evolve as local circumstances change, but will always need to mirror the ACO's obligations to integrate with primary care, as laid out in the Contract.

Shared governance and decision making

Area	Requirement to be captured in an Integration Agreement
1. Shared vision and delivery of system outcomes	• Commit to delivery of system outcomes in terms of clinical matters, patient experience and resource allocation • Develop and participate in the risk reward scheme where all share in savings generated by reduction in acute activity • Commit to delivering the best possible care for the whole population. • Adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support
2. Working together	• Commit to work together and to make system decisions on a Best for Service basis • Establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance; • Adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing our respective obligations in this agreement • Co-produce with others, especially service users, families and carers, in designing and delivering the Service
3. Decision making	• Take responsibility to make unanimous decisions on a Best for Service basis

The integration commitments

The integration commitments will reflect the national view of the level of integration which is required between primary care and other services in order to deliver the care model. Whilst the specific commitments set out in the template integration agreement will not be mandatory; the extent to which the providers have come together to deliver an integrated care model will be tested through the Integrated Support and Assurance Process (ISAP) process, and therefore this draft should be seen as an indication of the level of commitment which we think is likely to be required to make the model a success. Alongside these, it is likely that local schedules will need to be completed, setting out the specific practice contribution and referencing local systems, processes and protocols. The wording of any local schedules should dovetail with the existing wording of the integration agreement. Care should be taken to ensure that any pre-existing documentation that is added to the integration agreement does not create conflicts or inconsistencies with the rest of the agreement. It should be made clear which wording takes precedence in the case of any conflict.

Suggestions for the local detail that could be set out in these Schedules is captured in the template agreement, for example in clause 6.1 (e), where the locally determined clinical hub model is referenced, in order to be detailed in Schedule 3. Additionally, key performance indicators and corresponding reporting requirements can be set out in Schedule 6 of the template agreement to enable the parties to monitor the extent to which commitments or integration objectives are achieved. Such indicators could be aligned to the developing incentives framework for ACOs to minimise reporting requirements.

The requirements which reflect this national expectation (and the suggested interface with locally agreed elements) are captured in the table below using an MCP as an example, and are included in the template integration agreement.

Area	Requirement to be captured in an Integration Agreement
1. Shared vision	• Practices agree to the shared vision for MCP
2. Agreement of common protocols	• GPs work towards reducing variation and unnecessary admissions (where appropriate) by agreeing a common set of pathways and protocols with the MCP • Practices will support simplified integrated coordinated routes into unplanned care, including through the use of clinical hubs where agreed with the MCP • Practices adhere to local transfers of care protocols
3. Identification of Service Users	• Practices agree stratification approach with the MCP, and how this will be applied at practice level **[specific practice requirements set out in relevant schedule]** • GPs to identify Service Users with potential acute illness and provide anticipatory care

Area	Requirement to be captured in an Integration Agreement
4. Participation in and signposting to core MCP services	• Commitment to the preventative initiatives within the MCP care model **[specific practice requirements set out in relevant schedule]** • Subject to any requirements relating to patient choice, practices will support signposting to services made available by the MCP as part of the care model
6. Shared systems and access to information	• Practices need to be party to a "data sharing agreement" with the MCP setting out how all key data will be available to inform decision-making • Practices will adhere to data quality standards in line with local agreement **[refer to relevant schedule]** • Practices to contribute to summary care record [the detailed requirements are set out in relevant schedule] and ensure the information they provide is kept up to date • Practices will need to make their booking system accessible to the MCP under agreed local protocols **[specific practice requirements set out in relevant schedule]** • Practices agree to strategic alignment in terms of the approach to systems and technology **[specific practice requirements set out in relevant schedule]** • Practices agree to supplying business intelligence for MCP model of care as key to enabling analysis to improve efficiency **[specific practice requirements set out in relevant schedule]**
7. Estates plan	• Practices contribute towards and agree a shared estates strategy for the MCP, setting out how current premises will be used to support delivery of the model
8. Workforce	• Practices contribute towards a shared workforce development strategy and workforce plan with the MCP • Practices will work with the MCP to utilise primary care resources effectively as set out in the relevant schedule. • Practices will contribute to the MCPs organisational development, workforce and training and education strategies, and practices will participate in that process as part of sustainability of high quality services in the MCP. • Practices agree that staff will participate in MCP development / learning programme
9. Access	• GPs will work with the MCP to achieve local primary access requirements

The NHS Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including:

- NHS England
- Care Quality Commission
- Health Education England
- The National Institute for Health and Care Excellence
- NHS Improvement
- Public Health England

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