

PRIVATE BOARD PAPER - NHS ENGLAND

Title:

Five Year Forward View Acute Care Collaboration.

Lead Director:

Ian Dodge, National Director for Commissioning Strategy.

Rationale for this Paper Being Discussed in the Closed Session:

The information is not yet in the public domain but will be released on shortly after the NHS Board meeting.

Purpose of Paper:

- Inform the Board of the fifth type of Vanguard selection.

The Board is invited to:

- Support the Acute Care Collaboration programme, and work closely with the NHS Improvement Board and other national partners to ensure that emerging barriers to progress are tackled effectively.

**Five Year Forward View Acute Care Collaboration
NHS England Board Part 2 – 24 September 2015**

PURPOSE

1. This paper describes the Five Year Forward View (FYFV) Acute Care Collaboration strand of the new care models programme.
2. The final list of recommended Vanguard sites will be confirmed to the Board in person on the day.

CONTEXT

3. Through our Primary and Acute Care Systems (PACS) model, the Forward View has created a new option for a hospital trust. It can decide that its future lies in reorienting itself towards primary and community services, as part of a vertically integrated provider system. This seems most likely to appeal in some towns or counties, or places with a strong tradition of great relationships with local GP practices. Given the model is based around the GP registered list, the scale of the PACS is determined by each individual GP practice positively choosing to join forces, to forge a much deeper relationship.
4. We also know this model won't work everywhere. Many GP practices will choose to form federations or super-partnerships and morph into multi-specialty community providers. Like PACS, the Multispecialty Community Provider (MCP) model is about creating blended out-of-hospital teams with new roles; empowering patients; engaging communities differently; and harnessing technology to create radically different care models. But unlike in a PACS, the MCP remains separate, governance-wise, from the hospital trust - albeit with a closer working relationship between generalists and specialists, as the whole local system together thinks about care redesign. The creation of MCPs will also drive change with more clinicians working in community settings.
5. As the Dalton and Carter Reviews highlighted, new forms of horizontal collaboration across groups of hospitals also have the potential to achieve benefits through standardisation of clinical pathways and practice, not just "back office" functions. This is normal in most other sectors of the economy and in healthcare internationally; but it has not been normal in the NHS. The logical consequence of this is clear. As the NHS seeks to achieve very significant improvements in care co-ordination, quality of care and productivity, it will become increasingly anachronistic for many individual NHS trusts or Foundation Trusts to seek to become, or remain, as separate standalone institutions.
6. Many individual NHS institutions have felt inhibited from progressing this agenda due to the wider context within which they work. The Forward View, and the acute care collaboration Vanguard, grants clear and unequivocal permission and encouragement for clinicians, managers, boards and governors to rethink what care could and should be like if they look beyond the confines of their existing institutional boundaries.

THE VANGUARD PROGRAMME

7. In May 2015 NHS England – jointly with Monitor, TDA and our partners - published an invitation for expressions of interest from partnerships seeking Vanguard status for new

IN CONFIDENCE – NOT FOR PUBLICATION

models of acute care collaboration. We requested proposals for developing national templates and local implementation for three forms of collaboration:

- i. Whole organisational chains, including the creation of the first NHS Foundation Groups. We were clear that these had to be distinct from traditional local mergers and acquisitions. They are based on the notion of creating multiple standardised operating units, under a Group HQ.
 - ii. Specialty NHS franchises, where another NHS institution is invited to run a specific service within another institution.
 - iii. A new type of Accountable Clinical Network, rather than just existing looser network affiliations. Under this model, there is a clear single “organising intelligence” (however configured organisationally) with decision rights and accountability for care quality and in due course a budget across the network.
8. The response from the NHS was substantial. We received over 65 proposals. These were then reviewed in line with the principles of the programme by a wide range of representatives of patients, clinicians and the seven Arm’s Length Bodies (ALBs).
 9. A two-day selection event was held in early September 2015, where attendees (including patients, local government and clinical experts) heard and discussed presentations from 29 shortlisted sites. All participants were asked to vote as part of the process.
 10. This week we are announcing the successful applicants, following decision by the national New Care Models Board and discussion at the meeting of the seven Arm’s Length Body CEOs.
 11. The Vanguardians have been selected to work together with each other and with national partners to develop and implement simple, common models that become frameworks for others to use – in line with the four programme principles set out in the July 2015 new care model support package document.
 12. Three proposals will establish **provider chains**. Each of them has a potential first partner in mind in order to swiftly create an emerging provider chain, with a view to expanding further subsequently. The Royal Free, Northumbria, and Salford bids all propose forming regionally focused foundation groups. These could be complemented by the emergence of additional groups in those regions in due course. .
 13. Crudely, there will be two stages involved to developing chains: the detailed development work required to understand how to establish a provider chain – covering operational, commercial, legal and clinical issues. Our job in the centre is to make it very considerably easier and quicker than at present: the programme poses a major challenge to how individual institutions, and the transactions between them, are currently overseen. There is then the hard graft of developing consistently standardised approaches across an increasing number of operating units.
 14. The Dartford proposal is a different model which did not fit our three categories. The trust describes itself as a small-medium sized organisation, seeking to partner with a large foundation trust, and indeed a number of other trusts, to bring their expertise to Dartford:

creating what can be best described as a “**multi-provider local hospital**”. This approach is very interesting and we have decided to back it as a fourth type of acute care collaboration.

15. Of the six short-listed **Speciality Franchises**, we will be progressing three bids to develop NHS franchise arrangements covering major specialities (ophthalmology, orthopaedics and neurology & spinal). Their work will include developing a single common model for NHS franchising that can be picked up by any speciality; to codify and implement best practice for the relevant specialities; to work out how to expand across a wider geography; and throughout to ensure that scale brings with it stronger local patient and community involvement.
16. Of the 18 shortlisted bids for **Accountable Clinical Networks**, we have selected:
 - i. A mental health network bid seeking to create replicable models for specialist mental health services.
 - ii. A maternity and paediatrics network operating across a wide urban and rural geography.
 - iii. Three ambitious clinical cancer networks seeking to become accountable for delivering the entire cancer pathway for populations of 2-3million (in line with the national cancer taskforce recommendations). They will work together to deliver the cancer network timetable. Alongside these, we propose selecting a high quality proposal for the establishment of a radiology network that is seeking to address workforce challenges and reduce the cost of radiology services.
 - iv. Two proposals to create accountable networks, one in Dorset, including Bournemouth and Poole, and one in Yorkshire and Derby.
17. We will be working with the sites over the next few weeks in order to develop a jointly agreed support package (extending the existing support package which was published in July 2015). This will be published by November 2015. Working with the Vanguard and key stakeholders we will also establish a wider learning community.

RECOMMENDATION

18. The first three Vanguard types – MCPs, PACS, and care homes – are about improving out-of-hospital care. The previously announced Urgent & Emergency Care Vanguards and these new Acute Care Collaboration Vanguards significantly increase the coverage of the new care models programme into acute service redesign and offer the potential to become a major change platform to drive quality and value. The NHS England Board is invited to support the programme, and work closely with the NHS Improvement Board and other national partners to ensure that emerging barriers to progress are tackled effectively.

Author: Ian Dodge, National Director: Commissioning Strategy
Date: September 2015

Selected Vanguard Bids*Final list to be confirmed at the Board meeting on 24.09.15*

Selected Vanguard Bid	Specialty Focus
1. THE “CHAIN” MODEL	
Salford	Multi-specialty
Northumbria	Multi-specialty
Royal Free	Multi-specialty
2. “MULTI-PROVIDER LOCAL HOSPITAL” MODEL	
Dartford & Gravesham	Multi-specialty
3. SPECIALTY FRANCHISE MODEL	
Moorfields	Ophthalmology
Specialist Orthopaedic Alliance	Orthopaedics
The Walton	Neurology & spinal
4. ACCOUNTABLE CLINICAL NETWORK MODEL	
Mental Health Alliance (Birmingham & Solihull)	Mental Health
Cheshire & Merseyside Women’s and Children	Maternity & Paediatrics
Marsden	Cancer
Christie	Cancer
UCLH	Cancer
East Midlands Radiology Consortium	Radiology
Yorkshire and Derby	Multi-specialty
Dorset	Multi-specialty