prism
profiling risk
integrated care
self management

NHS
Newark and Sherwood
Clinical Commissioning Group

NHS Newark & Sherwood Clinical Commissioning Group Integrated Care Team Programme

Briefing for Health Scrutiny Committee

10 January 2013

Background

Newark and Sherwood district has a registered population of 127,000 and around 37,000 of these patients are living with one or more long-term condition. Currently, these patients account for around 50% of GP consultations, and 70% of stays in hospital. The average cost of caring for a patient with a long-term condition is estimated to be £3000 per year (compared to £1000 per year for a person with no long term condition), and this rises to £8000 per patient per year with three or more long-term conditions. The Department of Health estimated that the number of people living with one or more long-term condition is set to increase by 253% between now and 2050. For Newark and Sherwood, that will mean an additional 50,000 patients requiring significant health and social care input.

The long-term conditions challenge

The growing challenge of long term conditions and the expected rise in the number of people with multiple and complex needs requires a seismic shift in approach from the current **disease specific and reactive model of care**, whereby a patient may be cared for by 2, 3 or even more different teams, all looking at their own specialty, to one where patients are **proactively managed in a holistic way** by **multidisciplinary and integrated teams who can support all of the patient's needs.**

There is a need to provide more care for more people in their own homes and reduce the reliance on secondary care services so that secondary care can reduce capacity and focus on delivering acute complex care, for patients who appropriately need to be in hospital.

The strategy underpinning the Integrated Care Programme has been developed around the 3 core principles of Long Term Conditions management:

1. Understanding the needs of the population through systematic risk stratification of every patient.
2. Integration of care and services
3. Systematic Self-Management and Shared Decision making

This evidence-based model of care has been shown to significantly reduce the need for unplanned admissions, provide better patient outcomes and satisfaction, and improved quality of care.

Uniquely in Newark and Sherwood, cancer care will be included within the Long Term Conditions model, and Macmillan Cancer Support are a key partner in delivering this programme. PRISM

(Profiling Risk, Integrated care and Self-Management) is Newark and Sherwood's response to the long-term conditions challenge.

Implementing PRISM in Newark and Sherwood

PRISM is a whole-system change to the way long term conditions management is approached, and has required significant financial and people resource to enable it to happen. Through a partnership across the health and social care community, redesign of roles, teams and approaches is underway. Significant funding has been secured from the Nottinghamshire NHS Transformation Fund to pump prime the programme, with funding from Macmillan Cancer Support to develop the cancer pathways. In total, the programme has received £1.2 million funding.

In order to ensure that the model is sustainable, the CCG recognises that ongoing investment is needed in additional infrastructure, particularly in staffing the Integrated Care Teams and Specialist Teams. Around £500,000 recurrent funding has been agreed to ensure this is a sustainable model for patients. This money will be invested in new posts, including additional Community Matrons, dedicated Social Workers and Mental Health professionals, as well as specialist Diabetes, Heart Failure and Respiratory nurses.

The investment in care closer to home for our patients is based on our ability to reduce unplanned admissions into hospitals with the right level of support in the community. The PRISM programme will divert the required resources from secondary care into the community services to ensure that patients are receiving the right care, in the right place.

Progress so far

The first PRISM team has been established in the North locality of the District, covering Clipstone, Edwinstowe and Ollerton. Plans to roll out the next team in the West of the District covering Southwell, Farnsfield, Rainworth, Blidworth and Bilsthorpe are in the final stages of development, followed by the final phase in Newark and Trent by the end of March 2013. Multi-disciplinary team meetings are taking place within GP practices with the Integrated Care Teams, and the learning from this first phase is informing the future plans.