Latest news from Principia

November 2016

This document provides an update on the work of the MCP and progress and impact since October 2016. Since our last update, the MCP has:

- Submitted its latest Value Proposition to NHS England outlining three proposals for 2017/18 funding including scaling the Principia MCP model across the whole of Greater Nottingham
- Hosted a visit from Dr Rashmi Shukla CBE, Public Health England's Regional Director for the Midlands and East of England.
- Been named with Nottinghamshire partners as an NHS England Early Adopter for the implementation of Integrated Personal Commissioning (IPC)
- Provided case studies of patient stories to NHS England covering its Fracture Liaison Service, Enhanced Support to Care Homes initiative and CDG model
- Been featured in a Health Foundation blog for its Enhanced Support to Care Homes programme
- Supported the publication of the Nottingham and Nottinghamshire STP and communication to staff about the identified 'high impact' areas included
- Received impact data for the new Community Gynaecology Service for month six (September) showing GP referred outpatient first attendances are 237 referrals below plan (18.2% reduction). This equates to a secondary care saving of £80,106 based on the cost of an average referral.
- Received impact data for the Community Trauma and Orthopaedics service for month six (September) showing GP referred outpatient first attendances are 170 referrals below plan (14.6% reduction). This equates to a secondary care saving of £251,600 based on the cost of an average referral.
- Forecasted £74,230.80 of savings for 16/17 from the use of OptimiseRX medicines management tool across all GP Practices - based on actuals to date of £36,144.90.
- Launched a gastroenterology pathway comprising a Gastroenterologist triage process for the appropriateness of referrals. Within December this will be expanded to include the option of the Gastroenterologist ordering and interpreting diagnostics from a community setting. This is a new model of care that will be rolled out to other specialties as part of MCP development.
- Saw 79 patients using the Urgent Care Weekend Service in October including two avoided hospital admissions. Of the total users of the service, 50 were female, 29 male and 30 of the patients seen were aged 9 and under.
- Received emerging findings from the Rushcliffe EMAS Community Car pilot which shows improved ambulance response rates against national performance standards.
- Worked with patients and the local voluntary sector to promote Self Care Week (12-20 November) and wider winter messaging.

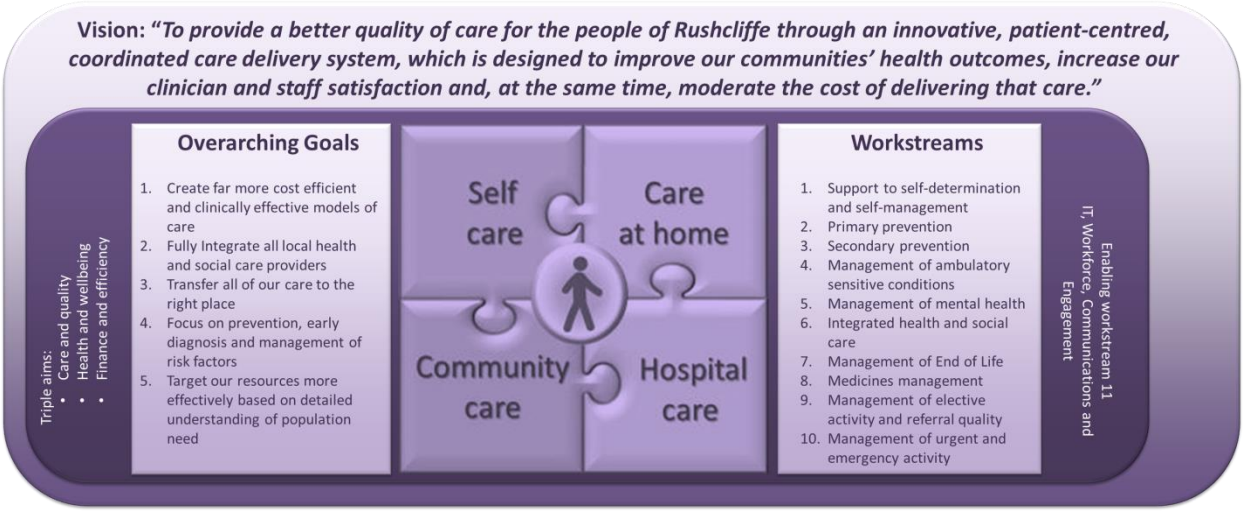
Principia MCP key facts:

1) Awarded £3.53m in June 2016 to support the development of its Multi-specialty Community Provider (MCP) model of care during 2016/17.

2) The MCP Vision is: *"To provide a better quality of care for the people of Rushcliffe through an innovative, patient-centred, coordinated care delivery system, which is designed to improve our communities' health outcomes, increase our clinician and staff satisfaction and at the same time moderate the cost of delivering that care."*

3) Our ambition is to create a care system which is re-organised and out of hospital, founded on best in class with increased capability and capacity, working in partnership with other providers in a culture of mutual accountability and commitment and bringing benefits to all. The MCP will be accountable for the health care provision for the local population. Risk will be mitigated through the empowerment and involvement of primary care, patients and local providers.

4) Delivery through 10 workstreams - each with clinical leadership and aligned to five overarching goals and triple aims:



Progress and Impact

1. Integrated working through Care Delivery Groups (CDGs)

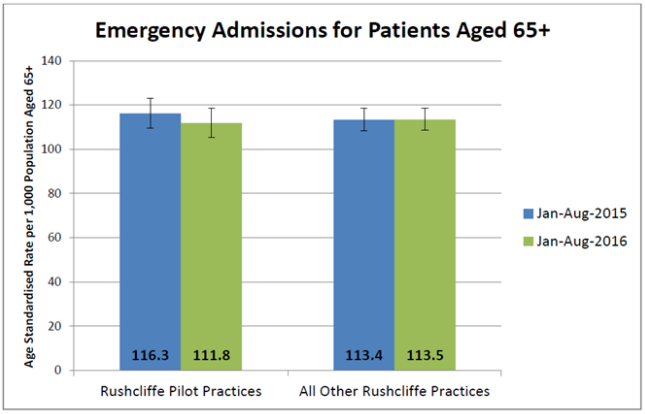
A Care Delivery Group (CDG) Model was launched in November 2015, as a pilot in South Rushcliffe and Nottingham North & East. The CDG consists of an Age UK Notts Living Well Care Co-ordinator, a social worker and a community care officer working with community nursing and therapy integrated teams.

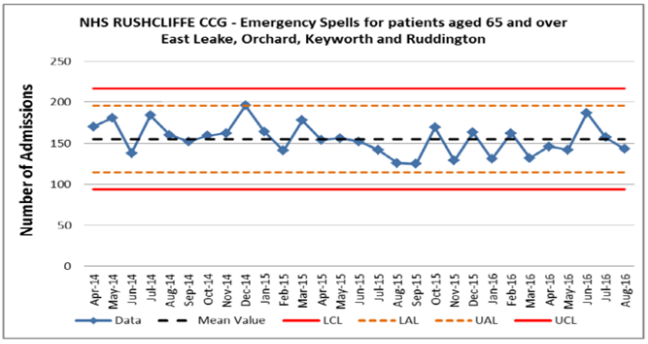
This extended integrated team attends the MDTs at Keyworth, Orchard, East Leake and Ruddington to provide a greater wealth of information sharing across health and social care. They also attend the integrated community team meeting to discuss patients who are at risk of admission and patients on the 'community ward'. Mobile working has enabled comprehensive integrated discussions to formulate and deliver

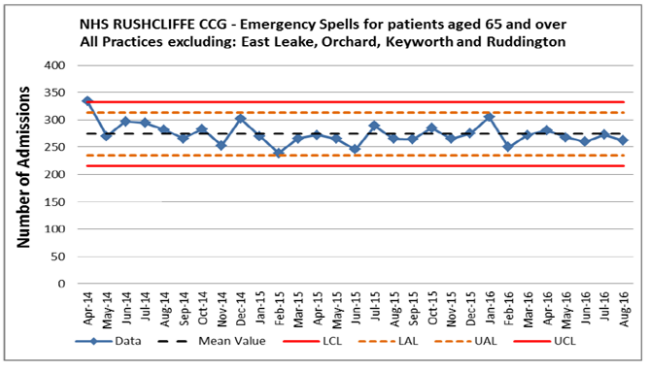
robust care plans to reduce hospital admissions, reduce urgent care activity and increase quality of life, promoting independence. Third sector input has focused on greater patient integration into local services, reducing loneliness and isolation.

The results in the initial analysis (January-March) identified that both pilot areas showed a slight reduction and less variation of admissions. Despite the South of Rushcliffe showing a reduction in emergency admissions, at this time, the report wasn't statistically significant.

The analysis has been repeated to show a nine month effect of the intervention. Again, despite a level of improvement in reducing admissions across the pilot practices in South Rushcliffe, the data hasn't yet shown a statistically significant improvement, though the results also show no increase in older persons admissions either which may indicate positive impact against trend. Age UK have provided qualitative evaluation in the form of patient stories; examples are attached as appendix 1.







2. Rushcliffe EMAS Community Car reducing admissions

The main focus of this pilot project is to reduce ambulance conveyance to hospital through utilising the support, skills and services provided by community and primary care. The ambition is that unplanned admissions will be reduced as a direct result. We also anticipate an improvement in the National ambulance response times i.e. a quicker 999 response to residents in Rushcliffe. The EMAS car service is operational Monday to Friday, 9am-6pm, reflecting peak EMAS activity hours, GP operational hours and community service core hours.

The EMAS technician skill set (band 4) was agreed as appropriate for the project. The highest call categories are Red 2 (eg. chest pain/shortness of breath) and Green 1 & 2 (eg. falls). Red 1 calls such as cardiac arrest are more likely to require the skills of a paramedic (IV access, intubation, etc). These calls are also likely to require onward conveyance to ED.

Clinical supervision is provided by Dr Chris Cope (Clinical Lead for Workstream 10). This includes telephone support, clinical teaching, review of patient cases, concerns and opportunities. Early performance data shows:

Data Set	**during project (Oct/Nov 2016)**
• Non-conveyance rate	43% (Oct 2016) * 40.34% (Nov 2016 – to date 18/11/16)
• National performance standards (75%) (75%) (85%) (85%)	R1: 80.8% * R2: 45% G1: 56.3% (Oct 2016) * G2: 59.3% (Oct 2016) * NOTE: * = improvement on September 2016 performance.

Feedback received has been positive, including one carer who contacted the service to share their experience:

"I had the pleasure to meet Neil, one of the paramedics working on the car pilot in Rushcliffe. Not one of the best ways to meet as it was because my dad had been on the floor for nine hours, but just wanted to tell you how fantastic Neil was. He stayed for more than two hours trying, with us and dad, to get to the bottom of what was wrong. He covered everything. While we waited for the GP, dad fell asleep and Neil and I were chatting - hence how I found out about the pilot! I'm pleased to say Neil managed to keep dad out of hospital and I know without doubt a crew would have transported him there! As I type this I am getting ready to sleep in dad's spare room and he is sleeping in his own bed - whatever this means over the next few days, dad's where he wants to be - at home. We were so impressed by Neil and think the pilot is fantastic - so big thank you from us!"

3. Integrated Personal Commissioning Early Adopter

Nottinghamshire has been chosen as an early adopter by NHS England in the implementation of Integrated Personal Commissioning (IPC).
Principia worked with Nottingham North and East, Nottingham West, Mansfield and Ashfield and Newark and Sherwood CCGs to develop a Project Initiation Document for the implementation of Integrated Personal Commissioning.

The purpose of this programme is to implement NHS England's Integrated Personal Commissioning (IPC) model in Nottinghamshire. The model of IPC is a new approach to joining up health, social care and other services (such as education for children and young people) at the level of each individual. This supports the aims of the Sustainability and Transformation Plan (STP) in Nottinghamshire, and the programme will be developed and aligned with the STP.

The aim is to develop an integrated model for all younger adults who are eligible for joint funding by health and social care. This includes: adults with learning disabilities and autism, including transforming care; children transitioning to adult services; and citizen with physical disabilities. An IPC Task and Finish group with the first priority population demographic being those with learning disability and autism aligned to the work of the Nottinghamshire Transforming Care programme.

An MOU has been signed to evidence a partnership commitment in order to secure funding up to April 2017 and a team of the key Nottinghamshire partners will attend an Early Adopter Orientation day in London on 6 December.

4. Patient engagement in development of the MCP

Our performance dashboard shows we are ahead of milestone targets in 10 out of 11 patient experience metrics. Highlights in achieving this include:

- Adaptation of PHE's '*One You'* social marketing campaign helping patients take an active role through self-care. ~900 people in Rushcliffe have taken the *One You* quiz online
- Development of mobile apps such as personal care plans to actively involve patients in their ongoing care
- Expansion of citizens accessing self-care and prevention resources online e.g. Notts Help Yourself, Rushcliffe Hub
- Establishment of a carers' register and stocktake to assess the health needs of carers, ensuring their needs are acknowledged and met
- Work with Rushcliffe's Patient Active Group and Patient Participation Groups to advise on communication and public involvement
- Positive feedback from newly developed T&O community clinic services:
  - 97.5% of patients would be likely or extremely likely to recommend the service to friends or family
  - "*Great new service, prefer coming to the surgery instead of hospital"*
  - *"Made it so easy to make the right choices. Explained it in simple terms"*
  - *"Very impressed – not quite the same as a hospital – probably better"*

In reviewing our progress we have highlighted future areas for development in our engagement and involvement work to support the development of the MCP:

- Further patient involvement and engagement focused on clinical transformation and how services can be improved to benefit patients
- More support to patients in telling their story and helping shape service improvement
- Further maximising our impact by leveraging existing national resources and campaigns (such as PHE *One You* and national *Self Care Week*)

5. Principia showcase event inspires Health Foundation blog

Attendance at the first Principia Showcase event held 13 October 2016 inspired Anna Starling, Policy Fellow, to produce a blog for the Health Foundation website based on the Enhanced Support to Care Homes workshop provided to delegates at the event. The blog references the work progressed by Principia and Anna's personal experience of the care provided to her uncle in a residential setting. The blog reiterates the importance of compassionate, personalised care and recommends that these issues are not overlooked:

"My concern going forward is that the value of relationships, which came through so clearly at both the Principia workshop and with my uncle, are not lost as new care models are rolled out nationally. The temptation for national policy makers may be to mandate adherence to the identified care elements. But while these may have a rationale, they may not have the desired impact unless space is created for health and social care practitioners to come together with residents and their families to develop a common understanding of the issues faced in care homes within their local area."

Anna said of the event: "*It was a really thought provoking day, thanks so much for having me there!*" The full blog can be found at http://www.health.org.uk/blog/enhanced-health-care-homes-%E2%80%93-good-relationships-are-key

6. Dr Rashmi Shukla CBE visit to Principia

Dr Rashmi Shukla CBE, Regional Director Midlands & East Public Health England (PHE), visited Principia MCP Vanguard on Thursday 10 November accompanied by Sean Meehan, PHE Health and Wellbeing Lead for the East Midlands, and Ben Anderson, PHE Deputy Director for Healthcare. Presentations were provided on workforce development; medicines management; management of long-term conditions; self-care, prevention and well-being; and the development of the PartnersHealth GP alliance. An additional round table discussion focused on how Principia, PHE and Local Public Health teams could best work together to support the delivery of the new models of care.

Feedback from the visit included appreciation of being able to "…*get into greater detail with an individual vanguard and see the excellent work being taken forward in Rushcliffe across all of the workstreams. It was especially valuable to hear about the*

focus on systematising the use of data to tackle variation and embed both primary and secondary prevention approaches."

Dr Shukla herself said: *"Reading about vanguards and new models of care is fine but having the rich dialogue that Ben, Sean and I had with colleagues was priceless and thank you to for arranging the visit for us."*

7. Self Care Week 2016 and *One You* phase two

Principia delivered promotion of the national Self Care Week (14-20 November) in its 12 GP practices, working with patients through the Patient Active Group (Chairs of GP Practice Patient Participation Groups) to produce waiting room displays.
Resources were provided to the members of the Patient Active Group who liaised with their local practice managers and GPs to support the campaign and provide designated space within surgeries to display information.

Principia also used this opportunity to extend its localised One You campaign to focus on winter health, use of pharmacies and appropriate use of NHS services, producing pull up banners and exterior vinyls for ongoing use by practice through the winter months.

8. Submission of Value Proposition – three Principia proposals

In November 2016, the Principia MCP was invited by the new care model programme to apply for 2017-18 national transformation funding. The MCP submitted its application on 24 November and expects confirmation of any funding allocations by mid-December.

The MCP has submitted an application which aims to:

1. Go broader, deeper and faster in the development of the vanguard work locally
2. Work along with colleagues in the rest of Greater Nottingham, to scale up our MCP model from its current coverage of 125,000 Rushcliffe residents, extending it across the entire Greater Nottingham population of 700,000 as part of our transition to a Greater Nottingham Accountable Care System. This is characterised as the Principia MCP PLUS.

Our core offer shows the full impact of scaling up the model across Greater Nottingham. This reflects a higher return on investment than Rushcliffe alone as the combination of working at scale and building on our experience in Rushcliffe allows us to make swifter progress and with comparatively lower levels of overall investment. The funding requested for the submitted proposal is just over £14m.

Two alternative proposals were also submitted to reflect the different potential funding scenarios:

1. The continuation of the Rushcliffe programme plus a limited roll-out to the rest of Greater Nottingham (focusing on developing the core foundations of an expanded MCP) - the funding requested for this proposal is £8.7m
2. The continuation of the MCP model within Rushcliffe alone - the funding requested for this proposal is £3.8m

An updated delivery plan for going deeper in Principia and our plans to scale up the core work across Greater Nottingham were submitted with the proposal as well as implementation matrixes specifying target dates for both the Principia MCP and Principia MCP PLUS options and a quality improvement questionnaire, highlighting the plans to improve care quality and patient experience, building on our progress and learning to date.

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APPENDIX 1

Age UK Living Well Coordinator Patient Stories

1) District nurse referral for a lady with leg ulcers who was struggling with her personal care and meals: She previously had carers but had cancelled them as she wasn't happy with the time they had been arriving as well as the cost. During the guided conversation we explored what the lady wanted from a carer, including that she wanted to go in the shower, but she couldn't do this as she had accumulated a lot of clutter in her bathroom. The morning of the AgeUK LWC visit, the patient hadn't made herself a drink or breakfast. Age UK LWC discussed her meals, finding that the patient was only having meals-on-wheels three days a week and only eating a Müller Rice the other days.

   LWC offered to remove the clutter from her bathroom, which meant the patient could get into the shower. The patient agreed and LWC spent an afternoon removing items to allow access to the shower. LWC then suggested CCO input to explore additional help. Following the social care, a daily visit care package was commissioned which included showering and ensuring she had breakfast, and the meals-at-home service was increased to daily.

   The lady was happy with her new carers; she was able to go in the shower several times a week, and the company providing the care was able to provide a small regular team of carers. Her leg ulcers and low morale are now improving. She also has regular company each day.

2) Physio referral for patient with COPD and falls: The physio thought the lady would benefit from attending a pulmonary rehab course, held in Cotgrave, for two sessions a week for six weeks, but the patient was housebound unless her son provided transport and encouragement.

   During the Guided Conversation we discussed different ways in which the lady could attend the group. The patient stated she was feeling lonely and isolated due to her lack of confidence in going out. After a few visits she was supported to travel by taxi to attend Cotgrave for her initial assessment. We then talked about how Age UK could support her to attend for the first few sessions until she became comfortable with the group. I signposted her to Rushcliffe Voluntary Transport Scheme and she joined as a member. She was supported to attend the first two sessions using the voluntary transport, and then she managed to attend subsequent sessions by herself using the transport. I supported her further with follow up phone calls.

   Since attending the sessions the lady has regained some of her confidence. She has learned a lot about her condition and enjoyed the peer support at the sessions. Her mobility has also improved, and she now takes short walks independently down her road, and she enjoys seeing neighbours. Since becoming more confident she has also established a friendship with a neighbour and she has started going out with her, often for a trip to the garden centre.

   The intervention of the CDG has allowed her to attend PR, increase independence and mobility, and reduce loneliness and isolation.

3) GP referral for a lady with a below knee amputation who had also had a bereavement of a friend who used to support her to get out for a walk and to access the village:
   At the guided conversation visit, the lady wanted to try some social groups in the village. We also talked about the local community bus to allow her access to the village and to attend a coffee morning. She was very anxious about trying the group and transport, so she was supported on two occasions to try the coffee morning. I also arranged for her to have a go at getting on the transport when no one else was on the bus. She decided that the coffee morning was too noisy for her and it made her feel anxious, so she didn't want to attend again. She did take a few walks around the village with support and saw people who she knew. She identified that she was more comfortable in a one-to-one situation and so was willing to wait until an Age UK volunteer was available.

   She now has a volunteer visiting her every week. They have a common interest of gardening, and during the visit they take a walk and have a cuppa' and a chat. They have managed to walk into the village and also visited a coffee shop; the lady says it's made a big difference to her life. The volunteer enjoys visiting the lady. She reports that the lady often bakes cakes for the visit. They have recently been to a garden centre, and the lady has started to do some Christmas shopping.

4) Referral from the Long Term Conditions Nurse for a lady who had moved to the area four years ago and who was anxious and depressed:

   During the guided conversation, the lady was able to talk about how she wasn't living the life she expected to be living, due to many reasons. Her husband's ill health meant he needed to move into a care home, and she had also lost some friends with whom she played Scrabble. Her own health had also deteriorated, and she now uses oxygen. She was feeling lonely and isolated.

   We talked about what she liked to do, and she had interests in gardening and Scrabble, and she used to enjoy an exercise class. She had heard about a support group called Breathe Easy who had exercise sessions. Having some knowledge of these sessions meant that I was able to talk to her about the sort of exercises they did. I have supported her to try the sessions after her GP had filled in a health form. She is really enjoying the group and wished she had joined before. Many of the exercises are chair-based or can be done at a level to suit each individual. I hope to support her to try a Scrabble group in her local village library which takes place once a month. She has also been referred to the Age UK visiting service for a volunteer visitor to visit her at home.

5) A couple were referred: The husband was his wife's carer as she has Parkinson's. He was finding it difficult to do the Asda shop and worried about leaving his wife alone. The wife was finding it frustrating that she couldn't do the shopping anymore and that her husband often brought the wrong items. The husband did use the internet but hadn't done an internet supermarket shop before. They were supported to do the first few shops and now do the shopping together online.

6) A gentleman was referred by his GP: He was making frequent calls and requesting visits. He was also calling his son saying he felt unwell. He'd had carers in the past but cancelled them. During the first visit he was very suspicious; there was some conflict between him and his son, who wanted him to move into sheltered accommodation. Over a period of two visits we were able to discuss what was important to him. The gentleman was keen to spend the rest of his life in his bungalow, and he also discussed that due to him spending a lot of time on his own, he sat and worried about his health.

   On the visits he was always immaculately dressed, having got up, removed his catheter night bag, been in the shower, had breakfast, washed up and prepared a tray for a cup of tea during my visit. We were able to discuss that he didn't need carers to provide care but a regular visit from a companion; he thought that he might like to try this twice a week. As the visits would need to be regular and ongoing we discussed different companies that could support this. He wasn't claiming attendance allowance, so he was supported to claim this to fund the companionship visits. He now has a companionship visitor twice a week, and he also has the option to access the community with the companion if he wishes. He says he feels happier and looks forward to his visits.