

The Case for Change: A New Model of Care for Tilbury and Chadwell

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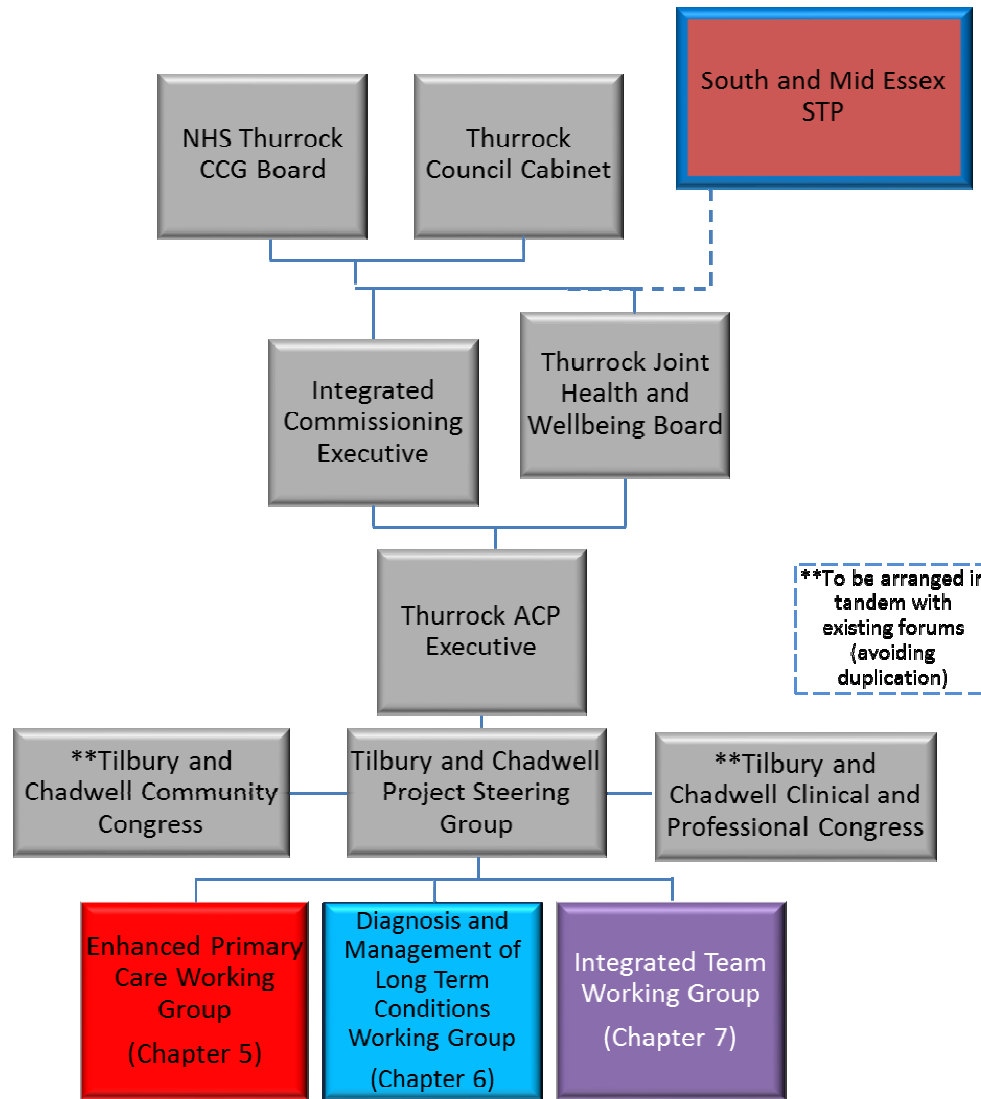
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Chapter 8: *Making it happen*

Implementing
and Evaluating our
New Model of Care

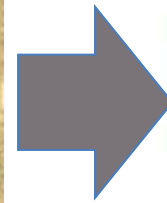


Making it Happen: Governance



- Implementation Planning
- Evaluation
- Commissioning Arrangements

Making it Happen: Lessons from around the world



Don't waste patients' time. Delivery of seamless services should be the number one priority

Segment the population, segment the offer

NAPC | National Association of Primary Care



| Acute Care | Generally well | | Long term conditions | | Complexity of LTC(s) and/or disability | |
|--|--|-----------|---|-----------|---|-----------|
| | Low risk | High risk | Low risk | High risk | Low risk | High risk |
| Children and Young People <ul style="list-style-type: none"> • Neonates • Infants • Toddlers • Children • Adolescents | | | | | | |
| Working Age Adults <ul style="list-style-type: none"> • Young • Middle aged • Older working age | Acute Team Nurse Practitioner Paramedic GP | | Continuous Care Team GP Pharmacist | | Multi-Agency Team Specialist Case Management | |
| Older People <ul style="list-style-type: none"> • 65-80 • 80-90 • 90+ | | | | | | |

Making it Happen: Lessons from around the world

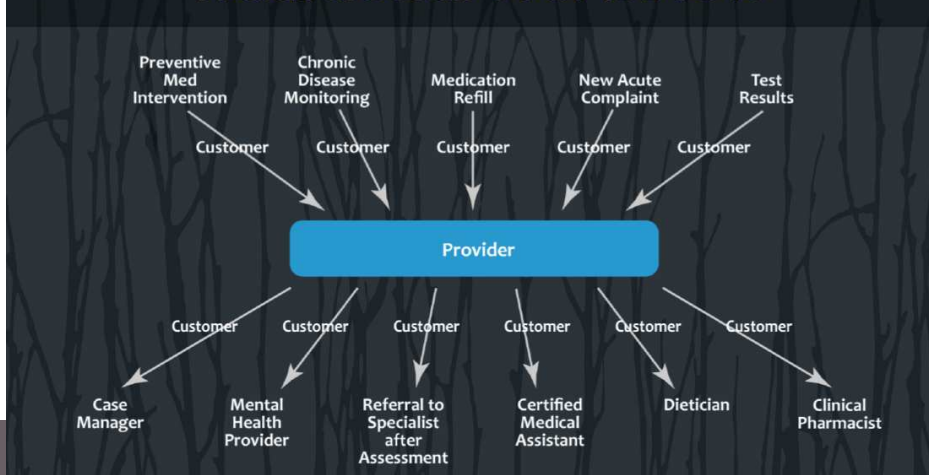
Nuka System Practices Managing the Whole Population

2,000 Southcentral Foundation Staff Serving 65,000 Customer-Owners

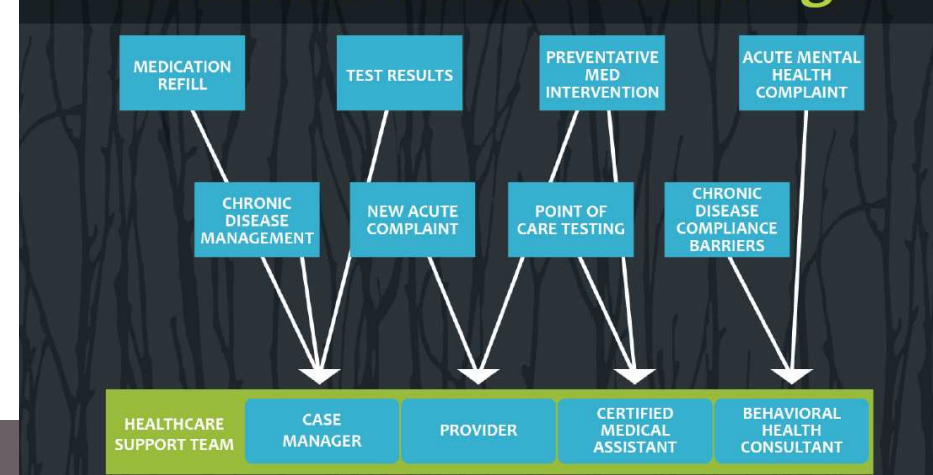


- Mixed skill workforce
- Remove the queues
- Trust and empower the patient
- 96% customer satisfaction: create patient advocates
- 36% ER visit reduction

Traditional Work Flow



Parallel Work Flow Redesign



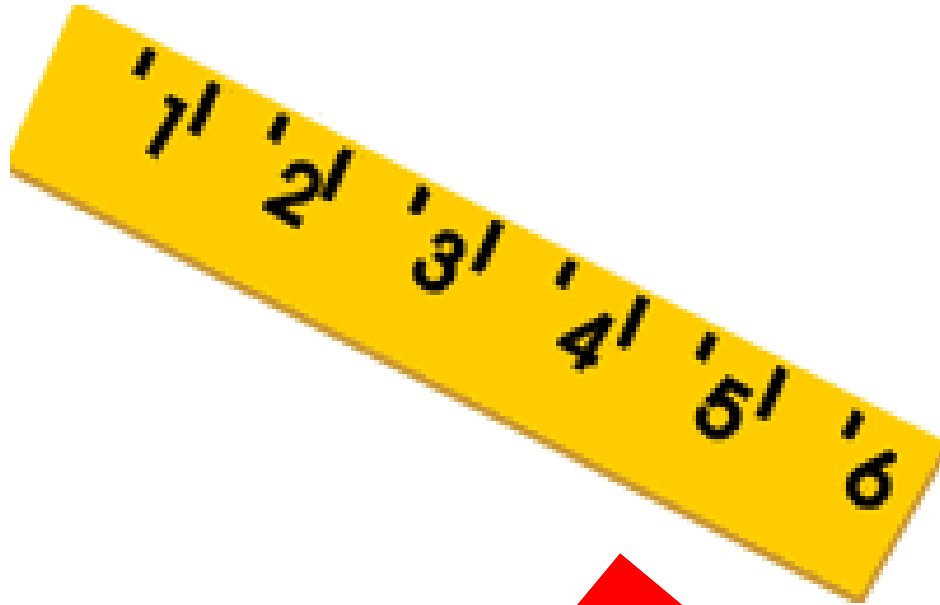
Trust the front line clinicians



- Empower and trust the Primary and Community Care clinicians to re-design the system
- Give General Practice the tools and the facilities closer to home to intervene to stop patients requiring hospital
 - Rapid diagnostics
 - Integrated acute nursing
 - Step up observational beds
 - Access to patient transport
- Invest in Organisational Development around system's thinking
 - Hierarchy → Multi-disciplinary teams and shared decision making
 - High levels of communication and patient empathy
 - Bio-medical → holistic
- Can't rush relationships.
- Relationships between Primary and Secondary Care
- Clear bureaucracy out of the way

Making it Happen: Lessons from around the world

Agree what matters. Measure what matters



COPD Patient NELFT Specification

- Average time from receipt of referral to first contact
- Number of patients with RRAS
- Number of current patients on active
- Number of appointments
- Number of DNAs
- Number of discharges from
- Staff training compliance
- Staff sickness/absence
- Staff vacancies
- Staff turnover

- **Stop focussing on task outputs and start focussing on population outcomes and quality**
- Bonfire of current KPIs; “Taylorism”
 - COPD A&E attendances or bed days per 1000 expected prevalence of COPD
 - ED attendances per 1000 aged 65+
 - Fracture neck of femur per 65+
- Radical change in commissioner-provider relationship
- Patient voice
- Shared system vision
- Single, shared finance and governance arrangements aligned to single shared system population outcomes



- Fundamental reform of the system
- Agreed vision, aims and goals across the system
- Create a sense of urgency
- Senior executive buy in and air cover
- Aligned commissioning and governance arrangements at system level

“You can’t leap a chasm one step at a time”

- David Lloyd George