Elective Integrated Models of Care Transformation

Stephen Warren – Director of Commissioning
Governing Body Update: Elective Integrated Models of Care Transformation

The Planned Care and Long Terms Conditions transformation plan spans across several specialities. New models of care that integrate care along the pathway, improve outcomes and offer improved efficiencies are proposed to be piloted to evaluate the model of care before they are formally commissioned following an appropriate procurement process. These pathways are a key cornerstone in making CHS the provider of choice by offering quality integrated local services and pathways.

The purpose of this slide pack is to update on:

• Clinically signed-off model of care designs for the following integrated specialities - ENT, gynaecology, dermatology, ophthalmology, diabetes and anti-coagulation
• Update of progress to implement the models of care
Integrated ENT and audiology model of care

- Provides a multi-disciplinary integrated approach to service delivery ensuring there is a single point of entry and a seamless journey for the patient through the system
- Develops and co-ordinates integrated pathways of care eliminating unnecessary duplication and delays in the way patient care is provided
- Ensures that there are a range of tools and resources that will support patient activation, patient education, self-management and prevention
- Delivers improved patient experience
Integrated gynaecology model of care

- Delivers improved general women’s health in the community
- Ensures appropriate skills used at the right time, in the right setting
- Women empowered to self-manage and self-care
- Improves access to gynaecological services tailored to demographic needs of Croydon
- More women seen and treated within one appointment in the community
- Delivers improved patient experience
**Integrated diabetes model of care**

- Focuses on early identification and prevention of diabetes
- Delivers services as close to where people with diabetes live as possible; providing locality-based specialist care
- Delivers a co-ordinated, integrated service without duplication or gaps
- Provides an emphasis on self-care and self-management, recognising different priorities and needs within Croydon’s diverse communities
- Improved quality of care to reduce avoidable short and long term complications of diabetes

**New model for locality based holistic diabetes care**

- Improved care of inpatients with diabetes and supported discharge – reduced length of stay and readmissions
- Consultants providing clinical leadership for the whole system
- Hospital outpatient care only for people requiring multi-specialist MDT and equipment
- MDT working across care settings, supporting clinicians with ICN huddle case management and care planning
- Harnessing technology – shared records; network dashboards to address variation; patient held care plans; use of apps
- People empowered through structured education options include digital and BAME
- Systematic screening and support for people to manage pre-diabetes
- Enhanced primary care
- Specialist care in the community
- Locality based holistic care
- Diagnosis & care primary care
- Prevention, community support and self care
- Community based specialist support aligned and in reach to localities and integrated with hospital team
- Easy for primary care to access specialist support and CPD, to drive down variation in care
- Shared care planning, group consultations, virtual clinics and working at scale to support individuals with workload
- Include wider care team, e.g. pharmacists
- People activated to make lifestyle changes - social prescribing tailored for people with diabetes and those at risk
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Integrated anti-coagulation model of care

- Swifter triage and access to care for a range of community based service and a domiciliary service across the borough
- Improved access to prompt expertise in the assessment and treatment of people with anticoagulation-amenable conditions
- Improved communication between specialist clinicians and GPs and IT integration
- Improved primary care education of anticoagulation-amenable conditions through effective clinical leadership
Integrated ophthalmology model of care

- Provides a Single point of Access that delivers referral refinement and advice and guidance to referring providers
- Reduces volume of patients managed in hospital and shift to community settings where clinically appropriate
- Delivers improvements to disease care pathways that reduce the need for hospital outpatient attendances including step down of stable long-term patients from HES to community settings
- Supports self-care and self management Prevention through Eye Clinic Liaison Officers (ECLO) and working closely with other providers
Integrated dermatology model of care

- **Right Place, Right Care**: strengthening, enhancing and designing partnerships between primary and secondary care that drive quality, enable equity of access and treatment and the provision of care closer to home, focus on self and GP management prior to referral
- **Right People**: increasing knowledge and care of dermatology in Croydon providing consultant led triage, delivering high quality and faster care to our patients
- **Right Price**: ensuring affordability for the integrated Croydon healthcare system
# Implementation – progress to date

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<thead>
<tr>
<th>Speciality</th>
<th>Progress to date</th>
<th>Next steps</th>
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</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>Service mobilised 1(^{st}) April 2019</td>
<td>Monitor outcomes</td>
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</tbody>
</table>
| ENT              | • Service specification and business case signed-off by CLG, JAIP and QOB  
• Commissioner assurance process in progress – scheduled to be complete by end May  
• Service go live being phased with some elements mobilised already | Complete assurance and complete all phases of mobilisation                                      |
| Gynaecology      | • Service specification and business case signed-off by CLG, JAIP and QOB  
• Commissioner assurance process in progress – scheduled to be complete by end May  
• Service go live being phased with some elements mobilised already | Complete assurance and complete all phases of mobilisation                                      |
| Anti-coagulation | • Commissioner assurance process completed – with non financial elements assured  
• Cost pressure to the system associated with implementing the agreed integrated anti-coagulation service will be addressed through May 2019 CHS/CCG Executive to Executive meeting discussions | Cost pressure – decision  
Subject to decision service mobilisation: May/Sept 19  
Go live – Oct                                                                                     |
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<td>Diabetes</td>
<td>• Service specification and business case signed-off by CLG and QOB pending identification of £2.5M investment required to deliver over 3 years&lt;br&gt;• Use of forecast £1M CCG 18/19 quality premium funding to commence deliver of this service will be addressed through May 2019 CHS/CCG Executive to Executive meeting discussions</td>
<td>Subject to CHS/CCG Executive to Executive decision</td>
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<tr>
<td>Ophthalmology</td>
<td>• Service specification and business case signed-off by CLG and QOB&lt;br&gt;• Business case scheduled for sign-off by QOB on 8 May</td>
<td>QOB sign off May Assurance: May/Jul 19&lt;br&gt;Service mobilisation: Jul/Sept 19&lt;br&gt;Go live – Oct</td>
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