

# *Attain:Insights*

Quarter 1 2017

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# Attain:*Insights* – Introduction

Welcome to the first edition of *Attain:Insights*, an evolution of our popular series of Commercial Updates. Throughout 2017 *Attain:Insights* will offer more and more relevant content, such as, analysis & opinion, media coverage, our latest research and intelligence, and policy updates.

We have many readers and take pride in always offering great content that is useful and actionable in the health and care leader's world. This edition contains news updates and insight in relation to the various programmes of work and policy changes including:

- The Acute Sector - *In focus*
- New Models of Care
- Integrated Support & Assurance Process

In future editions we plan to provide deeper insights through our new *In focus* section into the development of Accountable Care, Back Office Efficiencies, Digital Health and many other areas that we are currently working on with clients across the country.

We hope that you enjoy this edition of *Attain:Insights* and welcome your feedback and suggestions to make this even more insightful!

A handwritten signature in black ink, appearing to read "Chris Walker".

**Chris Walker**  
Director

**iNSiGHT**



# *In Focus*



## Our Insights

This edition we put the Acute Sector *In focus*; through our experience within acute hospitals has enabled us to develop a number of key insights:

- **‘Tinkering’ is no longer an option** to address the size of the deficits
- **Less money has to be spent** which can only really come from decreasing activity and ensuring minimal waste in Acute trusts
- **Clinical transformation on its own is not sufficient to result in sufficient savings**, this will come by working in partnership with other providers to help manage demand and to support discharge
- One of the most likely way of making **significant savings / efficiencies this year is by looking internally and at operations** (partnerships slow thing downs)
- **Major opportunities for bigger efficiencies include workforce, estate, back-office consolidation and spend on consumables** – all within the control of the hospital and part of the Carter principles
- **Workforce consolidation is often a difficult conversation to broach** – yet will yield some of the biggest ‘efficiencies’ and opportunities for transformation
- **Regulators are putting tangible pressure on Trusts to consolidate and coordinate provision** across hospitals
- There is a consensus that there is an emotional attachment to hospital buildings – **need to start thinking about what the new models of care might look like that in the building – rather than closing the building**
- **Hospitals do not know which of their services are profit or loss making** – there is a big opportunity to help them prioritise and transform services using data meaningfully
- **Income generation** is coming more to the fore and there is an increasing need to think more commercially

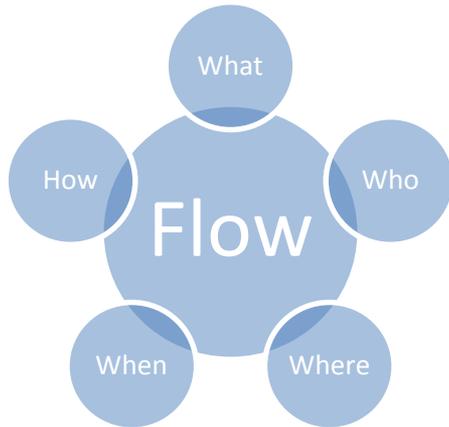


## Our Solutions

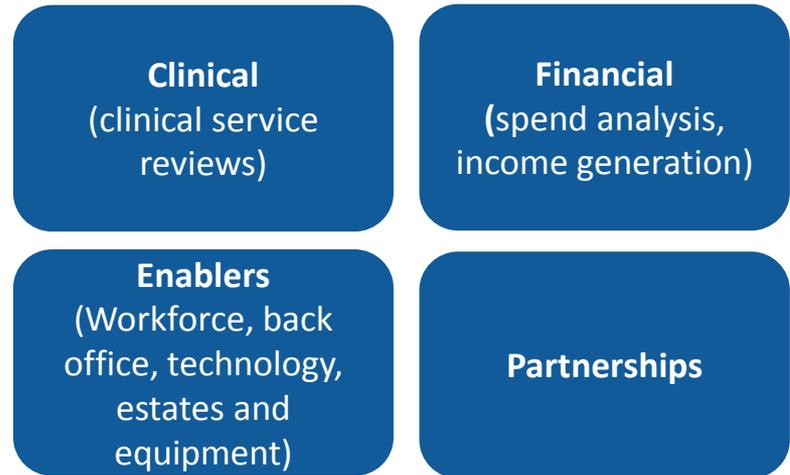
To deliver safe, high quality care in a timely manner at an affordable cost to all patients all the time, **optimal flow** is required. This is a coordinated approach across teams and organisations where patients and staff, information and resources are in the right place at the right time. The current top heavy care provision in Acute trusts needs to revert. This can be done by internal or external flow optimisation or ideally both for maximal effect.

Problems occur when flow is disturbed, most commonly by the quality and timeliness of care provided being substandard. At Attain, we focus on reviewing each contributing factor and determining how that can be improved in the specific situation/setting to produce optimal flow.

### The five components of optimal flow



### The 4 areas Attain can support



Attain has been working with clients to optimise flow both in and outside Acute trusts. Holistic system review is required to ensure changes and transformation do not occur through in one area by 'pulling' resources from another. In this way, a sustainable change is developed which needs to be underpinned by partnerships and contractual agreements to shift from theoretical to real transformation.

NEW

# Acute Sector - *In focus*



## Our Impact

### Patients

- Increased discharges from an Acute trust by 30% due to better co-ordination, improved information and processes after identifying key system flaws
- Improved patient and carer experience by developed shared services to provide an uplift in capacity and expertise thereby decreasing the need for patient relocation to other hospitals

### Services

- Increased capacity and flexibility in a shared paediatric critical care service which better meets the current and future demand and is more resilient and sustainable
- Increased efficiencies of service delivery, improved continuity of care and health outcomes by developing a shared working and provision of service between 2 Acute trusts with Board to floor buy-in.
- Ensuring effective procurement of services through spend analysis as part of CIP review.

### Systems

- Improved flow of patients within the hospital and at discharge due to increased awareness and use of internal bed monitoring systems, making use of real time accurate data monitoring and analysis
- Removal of system delays caused by wards awaiting services to assess, review or agree discharge because of a lack of information and co-ordination, by developing an urgent care team and improving service and programme management and use of analytics.
- Extensive work in the primary and commissioning sectors which provided significant opportunity to manage activity and flow into Acute trusts.

*“In our experience Attain is the best external review team we’ve ever worked with and we would have no hesitation in recommending their services.....they put the patient at the centre of everything they do, wrapped around system thinking”*

Helen Jones, Deputy Medical Director, The Great Western Hospital

*“You have been very insightful and supportive”*

Piers McCleery, Director of Strategy and Planning, Royal Brompton and Harefield Hospitals

*‘Attain worked through a complex set of issues with a diverse set of clinicians and managers, smoothly and effectively. They delivered the brief comprehensively and to time, and were a pleasure to work with.’*

Director of Strategy, acute Foundation Trust, London



# System Updates



## Brexit And Impact on NHS - An Update

Since the referendum held on 23<sup>rd</sup> June 2016 and the decision to leave the EU, there has been significant debate on the impact of Brexit on society as a whole and the implications for health and social care.

At a Commons Health Committee held on 24<sup>th</sup> January 2017 and reported in the HSJ the Health Secretary Jeremy Hunt stated that the Department of Health had the capacity to deal with the impact of Brexit on the NHS despite imminent job cuts. Department of Health numbers are expected to fall from 1,800 to 1,300 in 2017.

The health secretary also told the Committee the UK will be reliant on EU immigration coming into the NHS workforce at least in the short term.

Mr Hunt stated that the Department of Health has a full-time director on Brexit together with a Brexit programme with the task of reviewing every area of departmental policy to see which ones are going to be affected by Brexit.

## Autumn Statement

On 23<sup>rd</sup> November 2016 in his Autumn Statement, Chancellor of the Exchequer Phillip Hammond pledged to invest in the NHS and stated that the Government *'are delivering on that promise: backing the NHS Five Year Forward View plan for the future with £10 billion of additional funding a year by the end of 2020-21'*.

A subsequent response by Richard Murray from The Kings Fund published the same day highlights continued pressure on health and social care and argues that the government needs to reassess health funding going forward in order to maintain standards of care, meet rising demand and transform services.

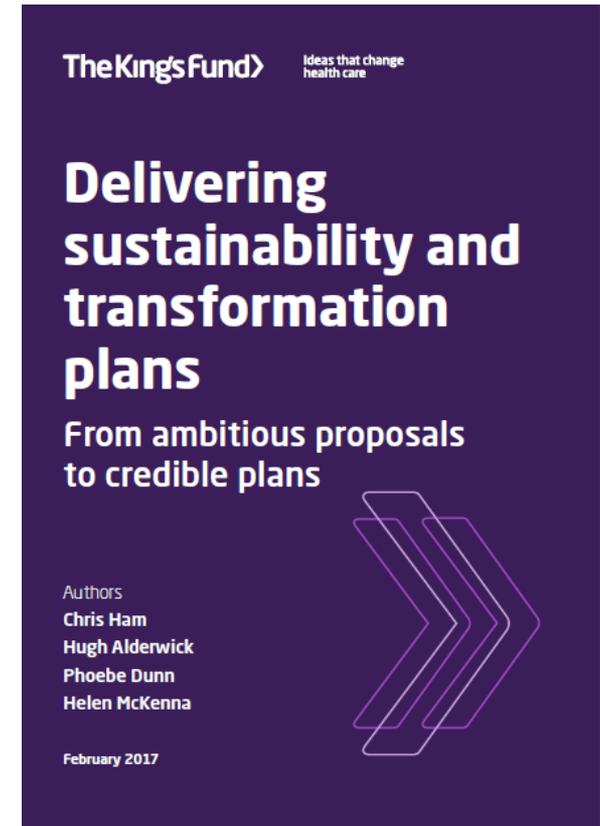


## Delivering sustainability and transformation plans

This report from the Kings Fund examines the content of the 44 sustainability and transformation plans (STPs) that were submitted in October 2016.

### Key findings

- STPs offer the best hope for the NHS and its partners to sustain services and transform the delivery of health and care.
- STPs are wide-reaching and propose changes in a number of areas – from prevention through to acute and specialised services.
- A high priority for many STPs is to redesign services in the community to moderate demand for hospital care.
- Proposals to reconfigure hospitals could improve quality but need to be closely scrutinised and considered on their merits.
- Proposals to reduce capacity in hospitals will only be credible if there are robust plans to provide alternatives in the community.
- Cuts in social care and public health and a lack of earmarked funds to support transformation will affect the ability of NHS organisations and their partners to implement STPs.



## NHS Five Year Forward View

Chris Ham, Chief Executive of the Kings Fund wrote an article on 5<sup>th</sup> January 2017 which centred on the need for STP plans and new care model implementation to be supported in 2017 by “resources, time and leadership and not become lost in the huge drive to get performance back on track”.

The article outlines the ‘struggle’ the NHS is facing in order to both sustain current services whilst at the same time transform how care is delivered to better meet changing needs and proposes that 2017 will be ‘another testing year’ in terms of the Five Year Forward View strategy with lot’s of work around new models of care and STP development which Mr Ham states as being ‘a potentially powerful force for service transformation’.

Mr Ham argues that new models of care work needs to be ‘adequately supported and funded’ can that transformation undoubtedly has the potential to offer the solution to sustainability in the medium’

## New GP contract for 2017/18

On 7<sup>th</sup> February 2017 NHS England, the Government, and the British Medical Association’s General Practitioners Committee reached agreement on changes to the general practice contract in England that will benefit both patients and GPs. The new agreement includes:

- an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners
- an increase in the number of health checks for people with learning disabilities.
- provisions to encourage practices to expand access and not to close for half-a-day a week.

GP practices which regularly close for mornings or afternoons on a week day will lose their eligibility for the current extended hours scheme claimed by most practices. Practices who club together with other GPs in their local area to offer more evening and weekend appointments will be eligible for extra non-contractual funding over and above the current scheme

The new contract, to take effect from 1<sup>st</sup> April 2017, will see investment of around £238 million going into the contract for 2017/18.



## NHSE Transformation Fund

To support the implementation of the Five Year Forward View vision of better health, better patient care and improved NHS efficiency, NHS England has created a transformation fund. This funding will enable local areas to deliver on key ambitions identified by the independent cancer and mental health taskforces. Additionally we will continue to build on the Transforming Care priority for those with learning disabilities and kick start, at scale, revolutions for diabetes treatment and prevention.

In line with the published Planning Guidance for 2017-2019 NHSE will:

- Use the Best Possible Value framework approach to assess all transformation investment decisions.
- Run a single co-ordinated application process to minimise the administrative burden on local areas who would be applying for funding.

This single coordinated application process will support NHSE to make best possible value investment decision.

The interventions for which transformation funding are available are:

- Improving access to psychological therapies (Integrated IAPT)
- Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults
- Mental Health application form part B
- Early diagnosis for people with cancer
- Cancer recovery package
- Cancer stratified follow up pathways
- Improving uptake of structured education for people with diabetes
- Improving the achievement of the NICE recommended treatment targets
- New or expanded multi-disciplinary foot care teams (MDFTs)
- New or expanded diabetes inpatient specialist nursing services (DISNs)
- Reducing reliance on specialist inpatient care for people with learning disabilities
- Reduction in children with learning disabilities placed away from their home and local community

## NHS England Annual General Meeting 2016

NHS England's Annual General Meeting (AGM) took place on 25<sup>th</sup> October 2016 at the Royal College of Obstetricians and Gynaecologists, London. Two years on from the launch of the Five Year Forward View (FYFV), the event discussed progress made over the last 12 months towards delivering on the shared plan for better health, more personalised care, and a financially sustainable health service.

Looking to the future, NHE England's Chief Executive Simon Stevens highlighted the importance of joint-working with NHS Improvement, the Care Quality Commission and other national leadership bodies to ensure that there is a "joined-up and coherent approach to the leadership of the task in front of the NHS". He also talked about:



- NHS England fulfilling its' legal responsibilities as "stewards of the commissioning system", to ensure that local clinical commissioning groups and our national specialised commissioning responsibilities are discharged effectively;
- Making 'tangible gains' on the agendas towards mental health services, cancer support, GPs and primary care support, and for the broader redesign of urgent and emergency care – specifically investing a further £2.4 billion over the next five years for general practice development;
- Supporting local leaders to develop their Sustainability and Transformation Plans. Helping to ensure that the NHS and its' partners in local government and the third sector are coming together to set an agreed direction, and to use the funding available to produce local improvement.

## New Care Model Vanguard

On 15<sup>th</sup> December 2016 NHS England announced £101 million of new funding to support and spread the work of the new care model vanguards.

In addition to the funding, the vanguards will continue to receive support from NHS England and other national bodies to implement their plans, including how they harness new technology including apps and shared computer systems. They are also receiving help to develop their workforce so that it is organised around patients and their local populations.

The total funding allocated matches that of 2016/17 and will be matched by funds and resources from the vanguards themselves.

Further details including examples of each of the different care model vanguards can be found following the link below.



# Acute Updates



# Acute Sector News

## Trust Group Model

Three Essex trusts setting up a new “group model” to run three hospitals have finalised their new “joint executive” team. The move follows south east Essex’s sustainability and transformation plan setting out a challenging financial position in which under a “do nothing” scenario, the area faces a £407m deficit by 2020-21.

It sets out plans for a major reconfiguration of acute services for the new group to oversee, including accident and emergency downgrades.

The new team is made up of executives from all three trusts – Basildon and Thurrock University Hospitals Foundation Trust, Southend University Hospital FT and Mid Essex Hospital Services Trust. Basildon has the largest representation.

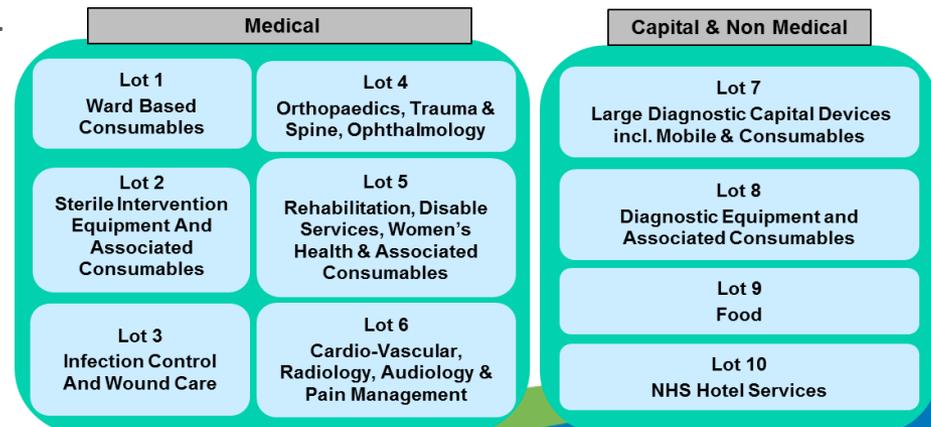
## ‘Category Towers’ Service Procurement

Ten national contracts for the provision of procurement services have been advertised by the Department of Health and are divided into two ‘Tranches’ defined below:

- Tranche One: Medical/Clinical Goods, consisting of six category lots – contract award due 8<sup>th</sup> December 2017
- Tranche Two: Capital and Non-Medical, consisting of four category Lots – contract award due 22<sup>nd</sup> December 2017

These contracts are worth a total of £190m over 3 years and are being tendered as part of a large scale transformation of services currently provided by DHL through NHS Supply Chain. Instead of a single contract, the services have been split into 11 “category towers”.

Private companies and NHS procurement hubs are expected to bid for the contracts.



# Carter Productivity Review News

The HSJ reported on 14<sup>th</sup> February 2017 that twenty-three trusts have been selected for the first phase of Lord Carter's new review into productivity at mental health and community service organisations which will be on an initial six month engagement phase. Lord Carter and a team from NHS Improvement will look into organisational productivity and performance at mental health and community service organisations.

The review is expected to follow a similar structure and methodology to Lord Carter's previous investigation into acute hospital productivity, published in 2016.

A full list of the 23 mental health and community service providers that will begin six months of detailed engagement in the first phase of the review with Lord Carter and a team from NHSI's operational productivity directorate can be found following the link below



# New Models Of Care



# New Care Model News

## Integrated Support and Assurance Process

In November 2016 NHS Improvement, in partnership with NHS England communicated a new process approach to ensure that there is a co-ordinated approach to supporting the transactions for complex contracts, as local health communities look to develop new care delivery options to help deliver against the 5 Year Forward View vision for transforming NHS services.

This process is known as the Integrated Support And Assurance Process (ISAP) and it sets out activities that require consideration by commissioners in regards to complex contracts with the following objectives:

- Ensure the proposals represent a good solution in the interests of patients and the public;
- Ensure a system view has been taken of the potential consequences of contract award;
- Supporting NHS providers: guidance on transactions for NHS foundation trusts updated March 2015 at [www.gov.uk/government/publications/supporting-nhs-providers-considering-transactions-and-mergers](http://www.gov.uk/government/publications/supporting-nhs-providers-considering-transactions-and-mergers)
- Enable the risks of the complex contract to be identified, understood and mitigated as far as possible; and
- Deliver efficiency and reduce duplication in the work of NHS England and NHS Improvement, increasing the speed of the national due diligence for complex contracts.

## Our Work

- We have been engaged to provide a range of support including developing the approach and required responses to the ISAP for NHS Stockport Clinical Commissioning Group (SCCG) and Stockport Metropolitan Borough Council (SMBC) who are developing an ambitious Multispeciality Community Provider (MCP) contract, initially covering services for the over-65's registered with a GP in Stockport.
- We have programme managed and delivered the response to ISAP Checkpoint 1. This has included:
  - A review of the requirements
  - Development of response plan, including collation of evidence, progress tracker, report writing and internal review process.
  - Analysis of existing evidence against the KLOEs and sub-risk.
  - Collation of existing evidence and drafting supporting narrative.
  - Authorship of the ISAP Checkpoint 1 submission and development evidence pack.

# New Care Model News

## Primary Care At Scale

On 7<sup>th</sup> December 2016 Simon Stevens, NHS Chief Executive signalled a major extension of the “primary care home” model for general practice, acknowledging that few places will be running full multispecialty community providers “any time soon”. In his interview with HSJ Mr Stevens said primary care home “goes with the grain”, GPs were “up for change”, and “thousands” of practices would adopt the model in the coming years.

Primary care home is being developed by the National Association of Primary Care. Fifteen pilot sites have been supported and funded by the new care models team.

The model proposes practices collaborating across populations of 30,000-50,000, establishing “hubs” to provide an extended range of services via multidisciplinary clinical teams. It operates on a smaller scale than the MCP model described in the Five Year Forward View, and does not encompass the full range of community services. Primary care home does not require new organisational forms, unlike a fully integrated MCP model, and does not give a provider responsibility for population health via a new type of contract.

Mr Stevens revealed NHS England would work with GPs and the Royal College of GPs to “support and incentivise that move”, for instance via the additional money ring-fenced to support the GP Forward View.



# New Care Model News

## Vanguard Updates

Examples of how each of the different care model vanguards are making a difference and how the latest round of funding will be used include:

Fylde Coast Local Health Economy vanguard (MCP)	Mid Nottinghamshire Better Together vanguard (PACS)	East and North Hertfordshire Clinical Commissioning Group vanguard (EHCH)	EMRAD (East Midlands Radiology Consortium) vanguard (ACC)
<p><b>Ambitions</b></p> <ul style="list-style-type: none"> <li>To bring together under one roof different health professionals who offer dedicated, targeted support for older patients with multiple conditions</li> </ul> <p><b>Update</b></p> <ul style="list-style-type: none"> <li>Early indications show a 13% reduction in A&amp;E attendances, 25% reduction in non-elective admissions and 18% reduction in outpatient appointments. Most notably, there has been the 37% fall in planned visits to hospital among patients receiving support.</li> </ul>	<p><b>Ambitions:</b></p> <ul style="list-style-type: none"> <li>To create eight joined-up community teams working with patients, their families and carers to provide physical, mental and social care support to ensure people are cared for at home wherever possible</li> </ul> <p><b>Update</b></p> <ul style="list-style-type: none"> <li>Acute bed days being reduced and reductions in long term admissions to care homes.</li> <li>Reported a 5.4 % reduction in avoidable patient attendances for 18-79 year olds and 20.5% for patients aged 80 years and above (compared to 2015/16).</li> </ul>	<p><b>Ambitions:</b></p> <p>To offer older people better, joined up health, care and rehabilitation services.</p> <p><b>Update</b></p> <p>Working with 25 care homes, the vanguard has already reviewed over 901 patients and reviewed the use of 8,183 medicines. 1,015 medicines have been stopped, including 198 which could have increased the risk of falls. The direct cost savings are estimated to be about £161,987 or £181 per patient.</p>	<p><b>Ambitions:</b></p> <p>To link local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency.</p> <p><b>Update</b></p> <p>Partnership of seven local hospitals. A joint procurement of a new shared radiology record has saved £3m each year and is expected to save £30m over the lifetime of the contract. Examples of how each of the different care model vanguards are making a difference and how the latest round of funding will be used include:</p>

# Commissioner Updates



# Commissioner News

## NHS England publishes merger guidance for CCGs

NHS England has published updated statutory guidance for CCGs considering constitutional change, merger or dissolution.

This publication supersedes guidance published in October 2015 and outlines the process a CCG can take to apply to NHS England to make changes to its constitution, and to dissolve or merge two or more CCGs. This guidance has been revised to provide CCGs with a set of clear criteria when considering mergers



## Significant CCG Merger

On 17<sup>th</sup> February 2017 the HSJ reported that a merger between North, South and Central Manchester CCGs has been approved by NHS England and is set to be implemented by April. The newly merged organisation will have a programme allocation of £785m in 2017-18.

Savings are expected as a result of the merger through a reduced number of leadership roles, and some from expected estates savings.

Manchester was served by a single primary care trust prior to the creation of CCGs in 2013 under the Health and Social Care Act.

The new CCG will also form a single commissioning organisation with Manchester City Council, however a full merger cannot be pursued under current legislation.

## STP Guidance For CCG Management

On November 3rd 2016 NHS England published guidance outlining the tests that will be applied to Clinical Commissioning Groups submitting proposals to merge or combine their managements. The guidance makes clear that there remains a general presumption against mergers unless they can be shown to release staff and resource to support local STP implementation while further cutting administrative costs.

The new guidance 'Procedures for Clinical Commissioning groups to apply for constitution change, merger or dissolution' provides CCGs thinking about different ways of working across boundaries with clarity about the tests NHS England will apply when considering applications to do so. It includes a list of 11 separate criteria that CCGs will have to meet for formal merger, as well as prior approval for merger of senior management.

## CCG Forecasted Deficit

On 9th February 2017 the HSJ reported that the projected overspend by clinical commissioning groups in England has almost doubled in the last three months, with a third now predicting in-year deficits.

The HSJ reported that the year to date overspend of £437m suggests there is a risk that the outturn position of CCGs will be significantly worse than the forecast but that in the continued deterioration of CCGs' finances is again being offset by underspending in other areas of the NHS England budget.

Forecast spending in "other central budgets" is now £158m less than planned, while NHS England's expected "central programme costs" are £180m less than planned. HSJ has asked NHS England to explain how these underspends will be delivered.

The paper said there are 98 CCGs reporting year to date overspends, of which 60 are greater than 1 per cent of their allocation. There are 71 CCGs forecasting a year-end overspend. There is a 36 per cent forecast increase in the value of commissioner savings compared to 2015-16, it added.



# Our Insight



# System Leadership

The link below provides our continued insight of what system leadership is within the context of the present NHS landscape and what qualities such a leader needs to embody and embolden across the health economies they lead.

The article identifies the four common barriers to organisations implementing change effectively and then moves onto identifying the need to understand where the underlying reasons for the barriers lie within the following six different categories

The article concludes with our three step recommendations that organisational leaders can follow to help them overcome these barriers and develop the right working approach for the system:

<http://www.attain.co.uk/system-leadership-part-two/>



# Collaboration – delivering the triple aims

In this article we explore ‘the power of collaboration’. Attains Commercial Team has led or played a key role in delivering successful collaboration across multiple organisations and we share our insights in this article.

The article provides an understanding of:

- Definition of collaboration
- The different types of collaboration - on both a macro and micro level
- The power of collaboration – how collaborating with others can bring identified benefits
- Barriers to collaboration – identifying barriers to ensure successful collaboration
- Key enablers to overcome barriers to collaboration

<http://www.attain.co.uk/collaboration-delivering-the-triple-aims/>



# Contract Notices



# Contract Notices

Organisation	Service(s)	Approach	Status
<b>NHS Dudley CCG in conjunction with Dudley Metropolitan Borough Council</b>	Range of community-based health and care services	MCP	Early Engagement - Further public and patient consultation being conducted
<b>NHS Bedfordshire CCG</b>	Community Services	Competitive Dialogue	Initiation to Participate in Dialogue
<b>NHS Northumberland Clinical Commissioning Group</b>	All core NHS services which the CCG is responsible for commissioning	Accountable Care Organisation (ACO)	Due to go live in April 2017 but now delayed

# Contract Award Notices

Organisation	Service(s)	Approach & Contract Access	Award Date, Value and Length
<b>NHS East Riding Of Yorkshire CCG</b>	Community Services	Competitive Dialogue <a href="https://www.contractsfinder.service.gov.uk/Notice/eef8213c-30b3-4274-9f3d-081d4223cceb">https://www.contractsfinder.service.gov.uk/Notice/eef8213c-30b3-4274-9f3d-081d4223cceb</a>	23/12/16 £138.0m 5 Years + 2 Years Extension Opportunity
<b>NHS Wandsworth CCG</b>	Range of community-based health and care services	MCP <a href="https://www.contractsfinder.service.gov.uk/Notice/9e21fc34-63ee-4739-9206-7b6c69acc24e?p=@T0=NjJNT08=UFQxUIRRP">https://www.contractsfinder.service.gov.uk/Notice/9e21fc34-63ee-4739-9206-7b6c69acc24e?p=@T0=NjJNT08=UFQxUIRRP</a>	21/11/16 £220.0m 10 Years
<b>NHS Blackpool CCG</b>	Non-emergency patient transport service	<a href="https://www.contractsfinder.service.gov.uk/Notice/0189e1aa-d7b2-4a5c-933b-8083f012120a?p=@T0=NjJNT08=UFQxUIRRP">https://www.contractsfinder.service.gov.uk/Notice/0189e1aa-d7b2-4a5c-933b-8083f012120a?p=@T0=NjJNT08=UFQxUIRRP</a>	12/12/16 £219.5m 5 Years

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