

COMMUNITY INTEGRATED HEALTHCARE IN WHITSTABLE

A Case Study

The Cutting Edge
FR3 NHS Alliance Annual Conference
Friday 19th November

Dr J M Ribchester
Executive Partner and GP Commissioning Lead
Whitstable Medical Practice



HOW WOULD YOU DESCRIBE WMP?



Unusual! Large! Innovative!

- ❑ Credo ***“to provide the best possible healthcare within the available budget whilst combining the best of traditional general practice with innovation and integration”***
- ❑ Offering high quality general practice with a large range of integrated healthcare services
- ❑ 19 GP's, over 100 staff, serving the health needs of 33K patients; 92% of Whitstable district
- ❑ Operates out of 3 medical premises, spread as evenly as possible in the Whitstable practice area, WHC, CMC, EVMC
- ❑ Achieved maximum QOF points in every year
- ❑ Designated Advanced Training Practice (ATP) by the Deanery
- ❑ Accredited for research by the RCGP
- ❑ Policy of investing Partners income in practice developments
- ❑ Policy of working with the PCT and other healthcare, social and voluntary bodies on many projects

Whitstable Health Centre & Chestfield Medical Centre



Estuary View Medical Centre





The Friends' Café



The Whitstable Medical Practice and its Patients are
extremely grateful to

The Friends of Whitstable Hospital and Healthcare

who have generously donated the X-ray equipment.
They have also provided equipment for the Theatre Suite,
Blood Pressure Clinics, Coronary Heart Disease Clinics and
Ophthalmology Services, all of
which greatly enhances patient care.

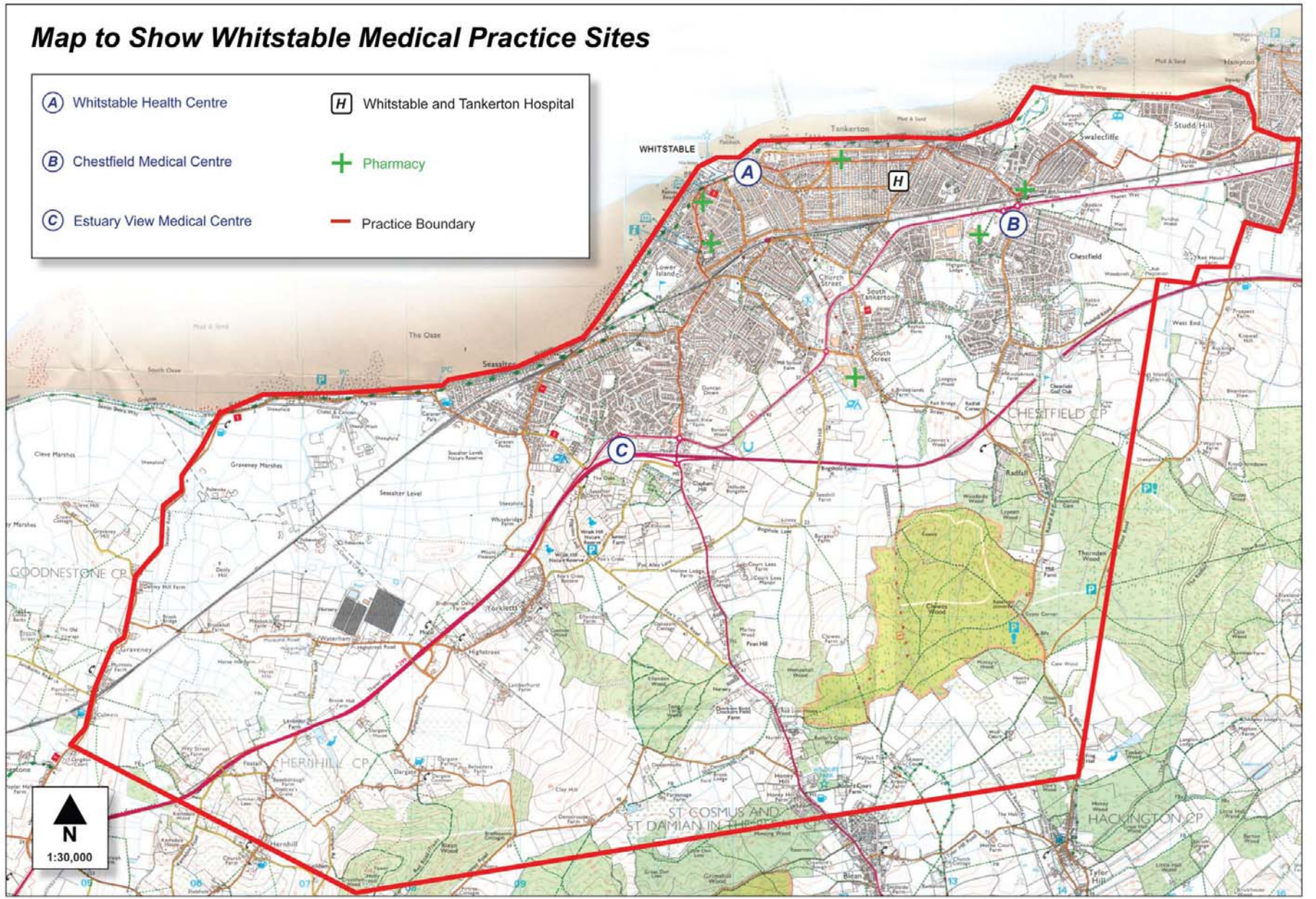






Map to Show Whitstable Medical Practice Sites

(A) Whitstable Health Centre	(H) Whitstable and Tankerton Hospital
(B) Chestfield Medical Centre	+ Pharmacy
(C) Estuary View Medical Centre	— Practice Boundary





Whitstable





Whitstable

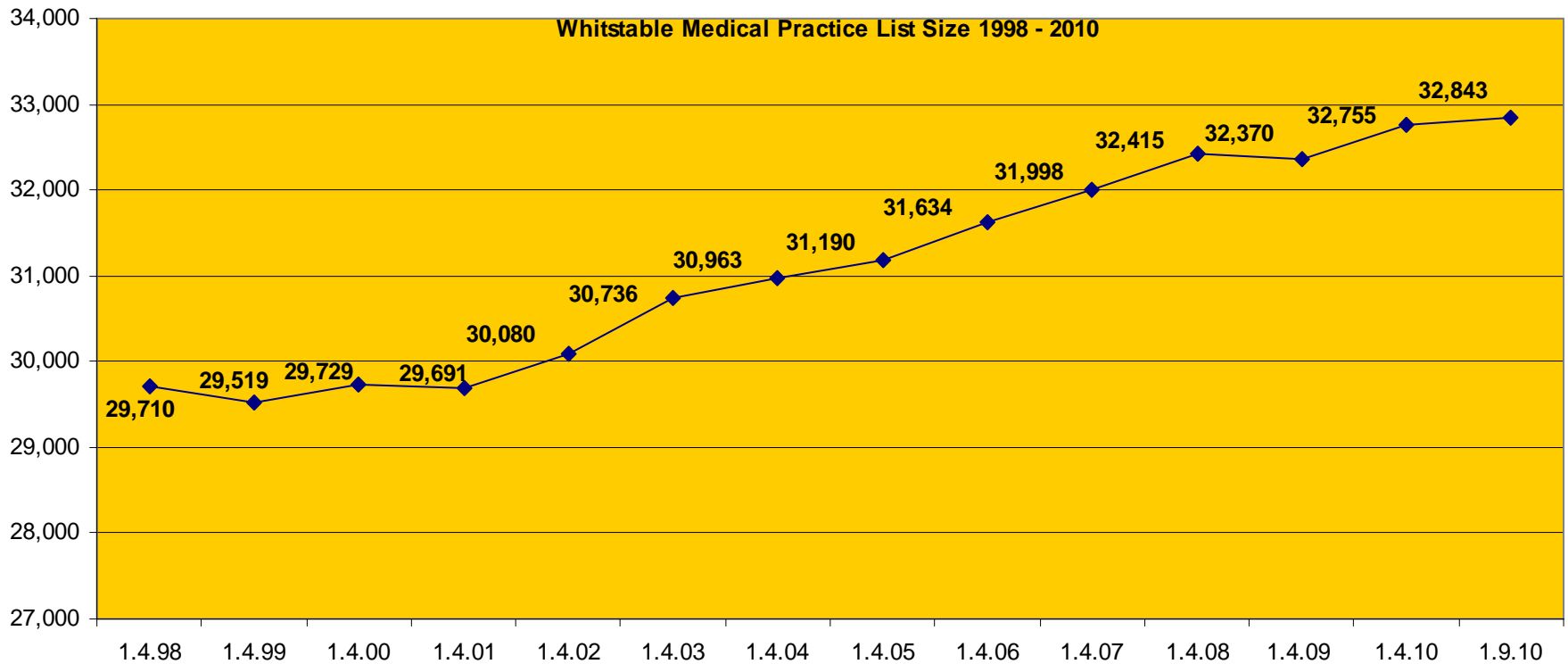


OUR POPULATION'S HEALTH NEEDS



- ❑ Whitstable faces a growing health and social care challenge associated with its ageing population.
- ❑ The population of over 65s in East Kent will increase by 41% between 2005 and 2020.
- ❑ Whitstable shows a greater proportion of over 65s in comparison with the rest of the locality.
- ❑ The probability of having a Long Term Condition (LTC) increases from 17%, for people under the age of 40, to 60% for those aged 65 and over.
- ❑ People with LTC's use disproportionately more primary and secondary care services, 52% of all GP appointments, 65% of all outpatient appointments and 72% of all inpatient bed days. This pattern will increase over time with an ageing population.
- ❑ WMP ranked 182 out of 287 GP practices in Kent & Medway on the index of multiple deprivation

WMP LIST SIZE GROWTH SINCE 1998



QUESTION



What has Whitstable Medical Practice
been able to do with PBC?

ANSWER



Redesign the provision of healthcare in Whitstable

Better patient experience

Closer to home

Shorter waits

Less cost to the NHS

In short, the development of an economical model of community integrated healthcare

HOW



1. Commissioning the redesign of some clinical care pathways
2. Investment in Estuary View Medical Centre, an innovative new building for general practice and integrated healthcare services
3. Development of in-house clinics, diagnostics and day surgery
4. Development of the WISH Network Integrated Care Pilot for better management of key long term conditions (LTC's)

WMP IN-HOUSE CLINICS



Date Commenced

Clinic

2005

Insulin Initiation

Diabetes Clinic

Audiology

Echocardiography

2006

Acupuncture

Chiropractic

Sigmoidoscopy

Cardiology

2007

Urinary Flow Rate

Hearing Aid Clinic

Consultant-led

Gynaecology

2008

Warfarin Clinic

In-house Physio Triage

2009

In-house Ultrasound Service

2010

X-ray

Endoscopy

Exercise Tolerance Testing

WHITSTABLE MEDICAL PRACTICE

CHOOSE & BOOK OUTREACH CLINICS



- ❑ Consultant Orthopaedic Surgeons (3)
- ❑ Consultant Gynaecologist
- ❑ Consultant General Surgeon
- ❑ Consultant Urologist
- ❑ Consultant Cardiologist (2)
- ❑ Consultant Geneticist (Guy's)

WHAT IS WMP DOING NEXT TO FURTHER ADDRESS THE POPULATION'S NEEDS?

- ❑ Commission better integrated healthcare
- ❑ Work on devolved real budgets
- ❑ Develop more care pathways, often using the triage, GPwSI/Consultant, one stop model
- ❑ Do more work on GP referral management to OPD and diagnostics
- ❑ Develop new integrated approach to provide more community healthcare (2° to 1° shift) at less cost
- ❑ Continue to develop the WISH Network ICP
- ❑ Engage with NHS ECK Practice Pathway Clinician Project

THE LTC's

The LTCs in scope for this particular pilot include the following conditions:

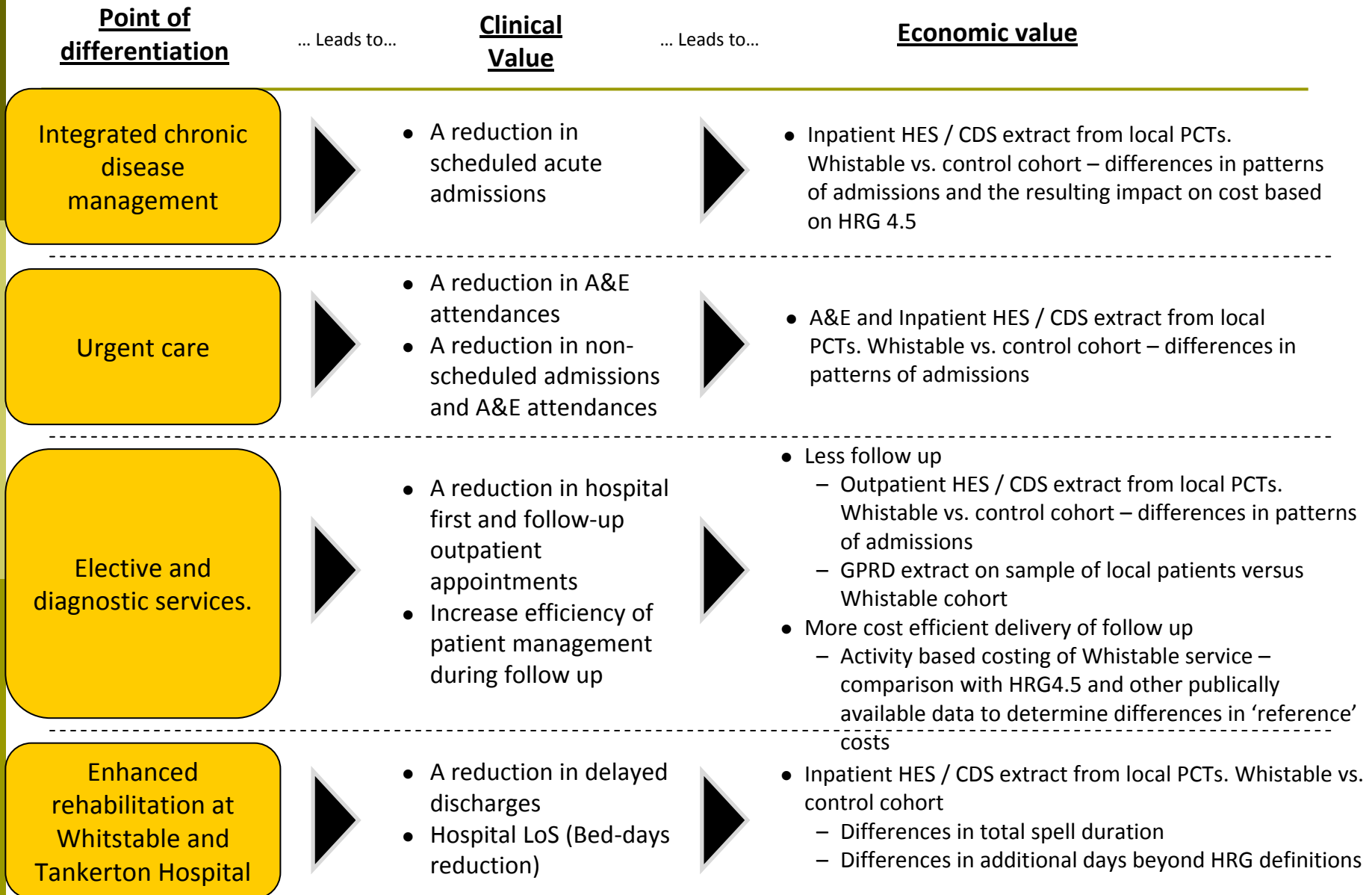
- ❑ Cardiovascular Disease (CVD) such as Chronic Heart Disease (CHD), Heart Failure and Arrhythmia/AF
- ❑ Diabetes
- ❑ Chronic Obstructive Pulmonary Disease (COPD)
- ❑ Adult Mental Health and Mentally Infirm (EMI)

THE WIN - WIN



The benefits to patients of integrated care are clear, the economic case for integrated management of long term conditions is particularly compelling.

Value Story Structure



WHITE PAPER

The NHS is facing a major financial challenge. Official NHS sources suggest that, to meet rising demand, there will be a funding shortfall between 2011 and 2014 of £15 to £20bn. The Coalition Government has revealed its plans for reforming the NHS in England in the White Paper *Equity and Excellence: Liberating the NHS*

WHITE PAPER

The White Paper outlines a number of key reforms including:

- giving groups of GP practices 'real' budgets to buy care
- abolishing all PCTs and SHAs, and creating a new NHS Commissioning Board
- Scrapping performance targets, including waiting times
- Transforming Monitor into an economic regulator of all NHS providers

WHITE PAPER

The main thrust is to develop decision-making in the NHS towards the front line, with the emphasis on competition, patient choice, contracting and public reporting of outcomes to achieve higher-quality care.

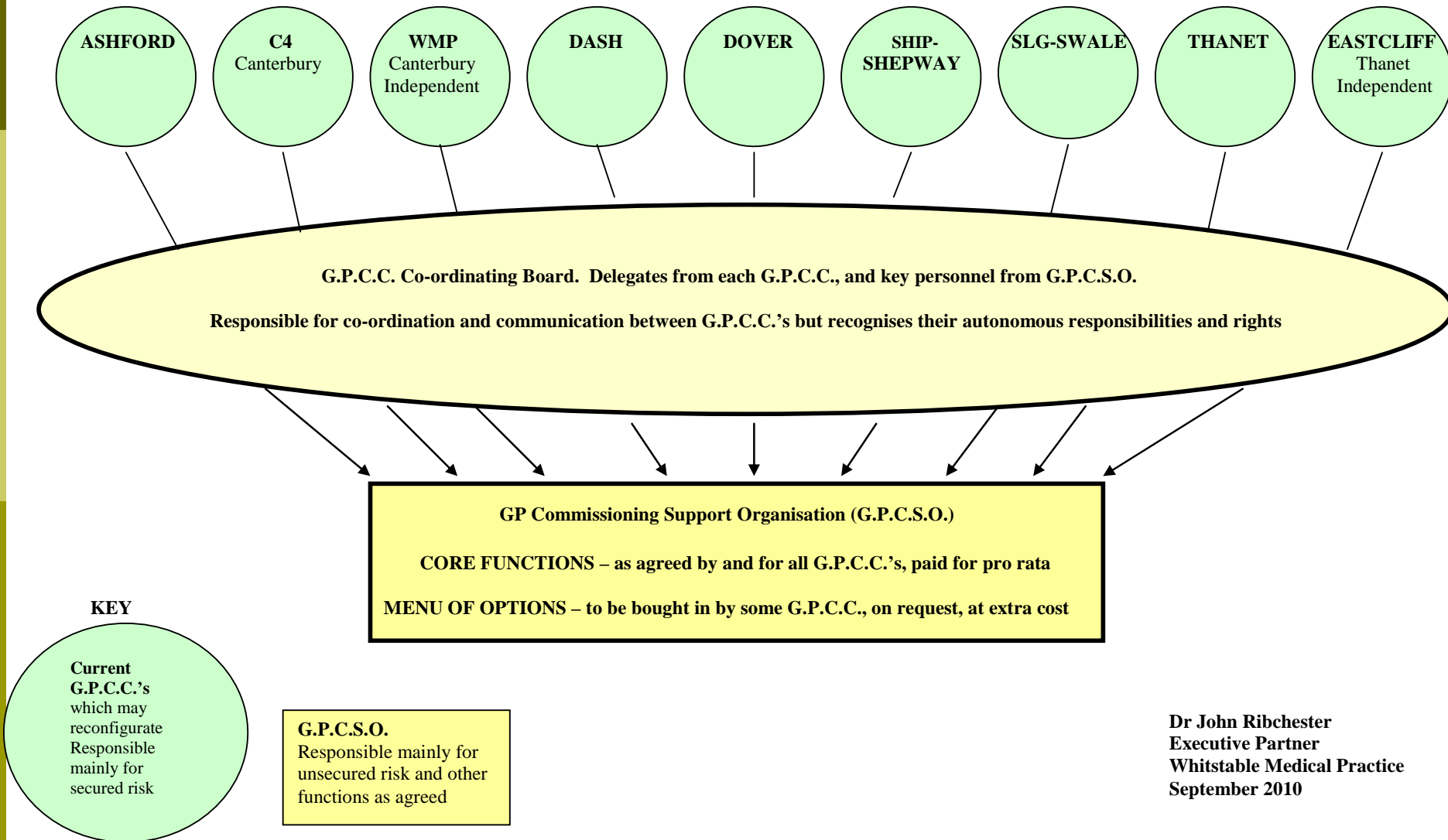
Outline of the key reforms

Funding of health improvement to be transferred to local authorities , who will be jointly Appoint local directors of public health with a new national Public Health Service	April 2012
Local 'HealthWatch' groups will replace the existing Local Involvement Networks, to help involve the public and patients in shaping local health services. Local authorities are to fund local HealthWatch groups. A national HealthWatch body will be located within the Care Quality Commission	April 2012
A statutory national NHS Commissioning board will be set up to support GP commissioning consortia.	Established in shadow form in 2011: 'go live' in April 2012
New GP commissioning consortia – groups of GP practices. They will hold a budget to buy care (all but maternity care and highly specialist care) on behalf of their registered patients.	Introduced by 2013
The ten strategic health authorities (SHAs) will be abolished	During 2012/13
All 152 primary care trusts (PCTs) will be abolished	From 2013
All NHS trusts will become, or become part of, autonomous foundation trusts	By 2013/4
The foundation trust regulator Monitor will be transformed into an economic regulator of providers of NHS-funded care	During 2013/14
Key performance targets, such as waiting times, will be scrapped (except for waiting in A & E)	By end 2014
NHS management costs will be cut by 45 per cent	By end 2014

GP COMMISSIONING CONSORTIA – POSSIBLE OPTIONS

1. Existing PBC Consortia take on the entire package of GP Commissioning
2. Existing PBC Consortia combine into very large GPCCs.
3. A federated model of GPCCs – possibly with a co-ordinating board and a support organisation

Possible Federated Model for GP Commissioning Consortia (G.P.C.C.) in East Kent



CONCLUSION

- ❑ Whitstable Medical Practice has redesigned healthcare in Whitstable to provide an integrated, patient centric model.
- ❑ Improved health outcomes
- ❑ Improved patient experience
- ❑ Less cost to the NHS

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