BEACON
MEDICAL GROUP

Britain's Next Top Model (of Care)

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The vision for our city

Britain's Ocean City

Est. 1960

THE TRANSAT

The North Atlantic Race

Britain's Ocean City

Britain’s Ocean City

The Plymouth Plan

What has been done already? - Structures and System

Created ONE system:

- Integrated governance arrangements
- Four Strategies
- Commissioning of an integrated health and social care provider for the city

Creating ONE budget:

- Section 75 between NEW Devon CCG and PCC
- Integrated funds £638 million gross (£462 million)
- Risk share and financial framework

People and place:

- Relationships
- Trust
- Co-location in one building

What barriers have been overcome?

- Two organisations (PCC/CCG)that are not coterminous
- Patient flows and increasing demand for services
- CCG landscape is covered by two Local Authorities, that differ significantly **- but we've accommodated it**
- The CCG is in financial distress and part of the NHS Success Regime **- but we've managed it**
- Political change **-** but we've achieved cross party support
- GP views and clinical leadership **- we've harnessed those and they've driven this agenda**
- External input has been minimal **- we've kept a low profile**

This was challenging, but it is the right thing to do for our city. We never take our eyes off that goal.

Cradle to Grave Integrated Fund

- Fund covers:
  - Public Health
  - Leisure Services
  - Housing Services
  - Children's Services (incl Schools Grant (DSG))
  - Adult Social Care
  - Primary Care (CCG and PCC) – co-commissioning to come
  - Community Health Services
  - Acute Provision
  - Running Costs

It's all in!

What About the Future?

"I want a healthcare service that doesn't stop at the boundaries"

What about the now?

- Plymouth Hospitals NHS Trust (PHNT) was predicted to have £42million deficit by end of year (Prediction October 2015).
- New Devon CCG predicted (prior to SUCCESS REGIME) to have £430million funding gap by 2019.
- Demand has increased significantly in both primary and secondary care.
- Capacity does not meet demand.
- Current system not sustainable and this is the reason why change is needed.

Challenge of workload

- Last year GPs had to deal with 20% more consultations than they did 5 years ago– that's an *extra 60 million* consultations a year.

- The RCGP has predicted that demand for GP appointments will have risen by an additional 12% by the end of 2016.

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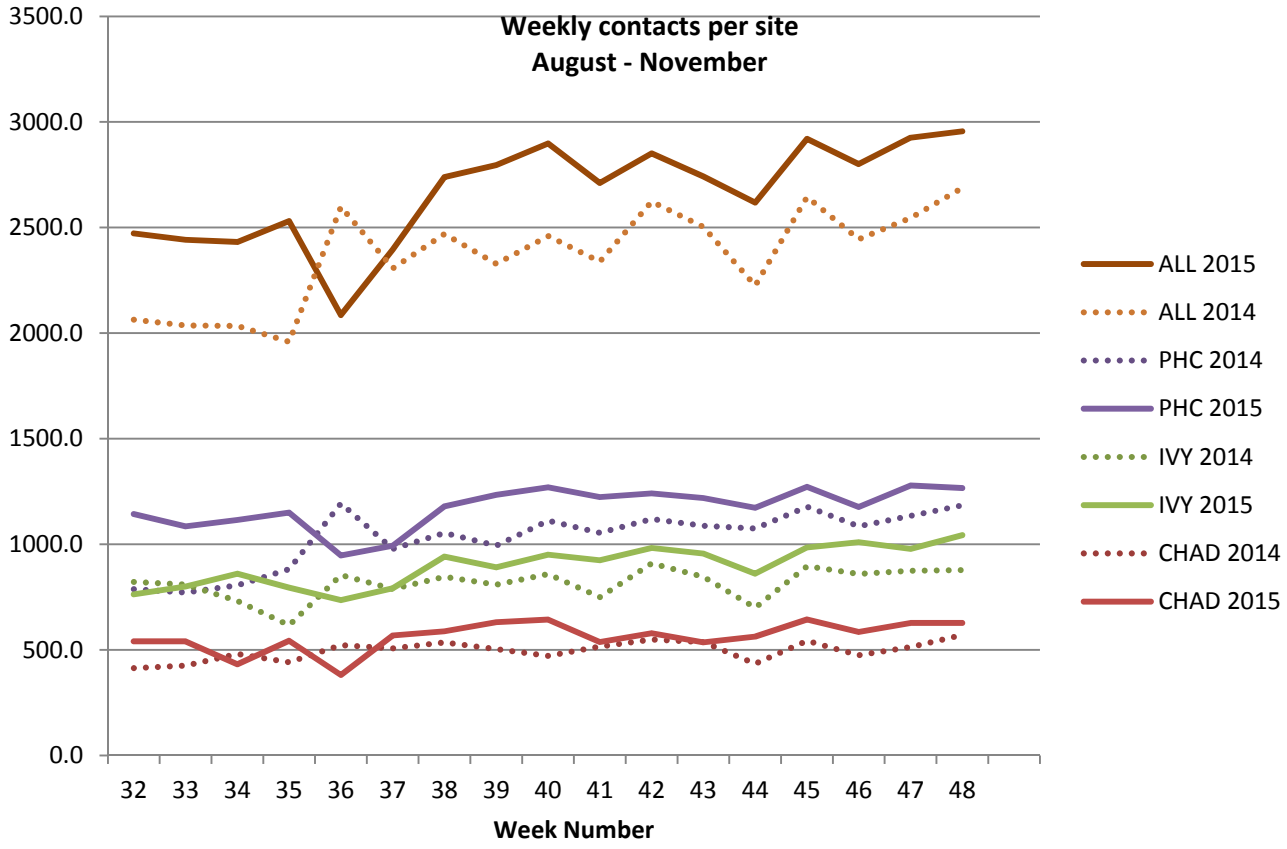
Challenge of workload.



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Challenge of workload.

- Why has demand shot up so much?
  - Population growth
  - Patients with more complex chronic conditions living longer.
  - Consultation rates have increased per patient. The average patient sees their doctor 6 times per year –**twice** as often as a decade ago.
- Complexity of consultations is also increasing – 78% of all GP consultations are for people with two or more chronic illnesses.
- The number of patients with two or more chronic diseases has been estimated to grow from 1.9m in 2008 to 2.9m by 2018.

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Challenge of workload.

Reference	AHP	DR	HCP	NURSE	OTHER	PHLEB	ALL
A	1	113	7	7	1	2	131
B		108	2	1		5	116
C		100	3	2		2	107
D	5	97	3	9		1	115
E		91	3	6		8	108
F		89	1	2		12	104
G		85		3		7	95
H	3	83	2	8		3	99
I		81	1	1			83
J		77					77

Telephone / F2F contact
July 2014-November 2015

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Financial pressures.

- **The *budget* for general practice has stayed the same over the past 8 years.**
- Workload has gone up by at least 20% since 2008, funding for GPs has stayed flat and in real terms looks likely to fall in the next five years.
- Current funding model accounts for patients visiting the GP on an average of 2 occasions per year. Compared to Secondary Care who are funded on activity.

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National pressures

- With increasing demand in 2013 - **41.9 million people** were unable to get an appointment with their doctor at the time they wanted.
- Currently national figures suggest almost 11% of patients are unable to get an appointment when calling for an appointment.
- For those who *do* get an appointment, the average waiting time could be two weeks, (Survey of GPs by Pulse).

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Increased pressure on the system.

- Patients who cannot get a convenient appointment -seek health advice elsewhere – this puts extra pressure on different areas of the system.
- A quarter of people going to the ED go as they cannot get a convenient appointment with their GP (research by Imperial College).
- Over the past 5 years, ED admissions have increased by over 3 million.
- This is bad for the NHS as care here is much more expensive.

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Increased pressure on the system.

- GP appointments are inexpensive – a 10-minute GP consultation may cost £36.
- Average cost of attendance at ED is much higher– approximately £100.
- General Practice deals with 90% of all people who contact the NHS, whilst only receiving about 8% of the budget.
- Most GPs are currently carrying out 40-60 – 10 minute consultations per day. (In the longer term not sustainable).

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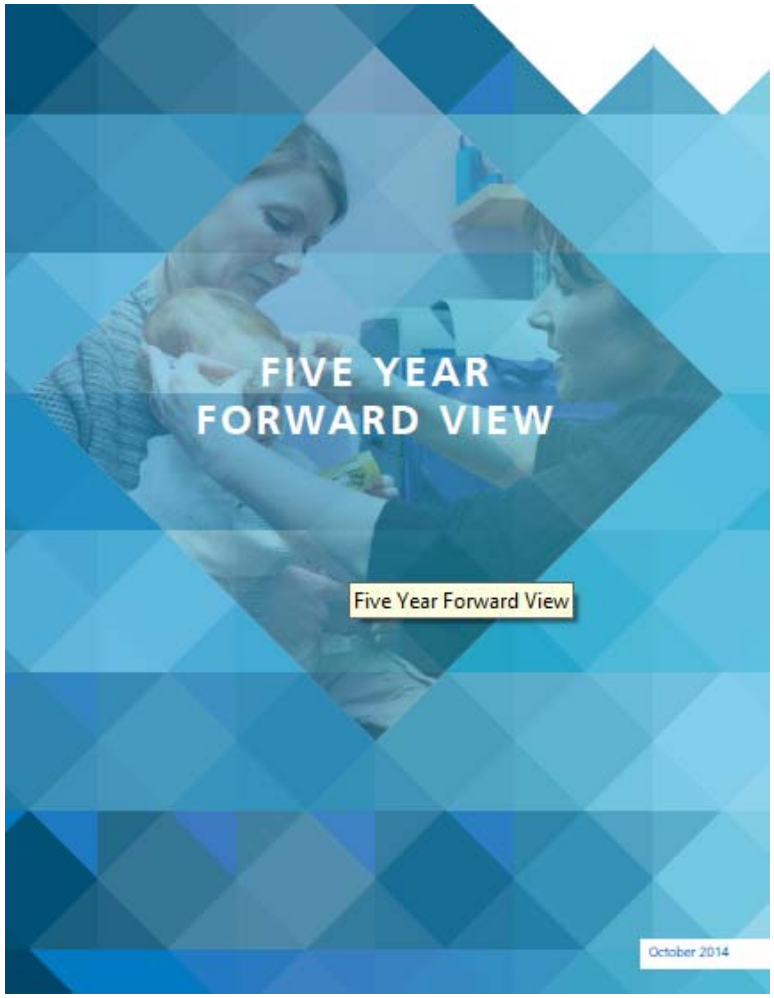
And cue the key change

Breaking down barriers… delivering local care

The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.

The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

October 2014



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And Beacon is born…

- Beacon's short history
- Our vision – right care, right person, right time; a sustainable practice that thrives on innovation
- Ethos as a training practice

Our first 18 months

Organisation Development

- Orgn design and restructuring
- Process redesign
- Identifying capability gaps

Innovation

- PMCF: Mobile GP, Pharmacist, Outreach HCP
- Dermatology / MSK
- Community Pharmacy relationships
- Urgent Care Team

Partnerships

- As a merger
- As a large provider
- As a systems player

Organisation Development

- Customer care / Analysis / Comms skills
- Growth – capital developments
- Skill Mix: urgent care team
- Productive GP / Perfect Week

Innovation

- Care Homes bid
- Community Pharmacy
- Pharmacists
- Social prescribing / Mental Health

Partnerships

- Population health
- PRIMARY CARE HOME

Research / Training

- MDT Training Hub
- Broader network inc schools
- Research – behavioural, technology, drugs

Beacon Medical Group: Plymouth and South Devon Assets

Integrated Community Health and Social Care Provider

Integrated Health and Local Authority Commissioning

Co-operative Council and Cities of Service promoting community ownership and volunteering

NEW Devon Success Regime - focusses on systems leadership and need for radical intervention. Doing nothing is not affordable.

Derriford Hospital are progressive in wanting provider-led redesign of services across footprint - ££££ and outcomes

Natural, settled communities within practice boundaries lend to community hub response

Working in Partnership

Plymouth Community Healthcare: Clinical Pharmacist Scheme, Care Home Service (MDT ward round), pre-reg pharmacy, exploring co-location of services

Community Pharmacies: Collaborative approach to flu's, long term conditions checks

HEE and Universities: MDT placements, clinical trials, research, big data collaborations

Local Authority: Plymouth Plan engagement, Public Health - Community Oriented Primary Care, Health Checks

Derriford Hospital: Co-location, direct listing, specialists involved in training our staff, joint provision

Patient Groups: Lifestyle fayre, Consultation (inc interpretation)

Vol / Community Sector: social prescribing, patient education evenings

Made our own specialist services:

Dermatology

MSK

Mainstreamed proof of concept

Challenged traditional skills mix:

Clinical Pharmacist, Paramedic, Nurse Practitioner

Clear career progression and whole team approach to patient care

Active innovators:

PMCF visiting service, COPD telephone outreach

TEDMED - supporting local med-tech sector

Testbed collaborative

Infrastructure:

Single organisation

Clear governance

Single IT system

Management capacity

Robust controls

Good CQC

Vision:

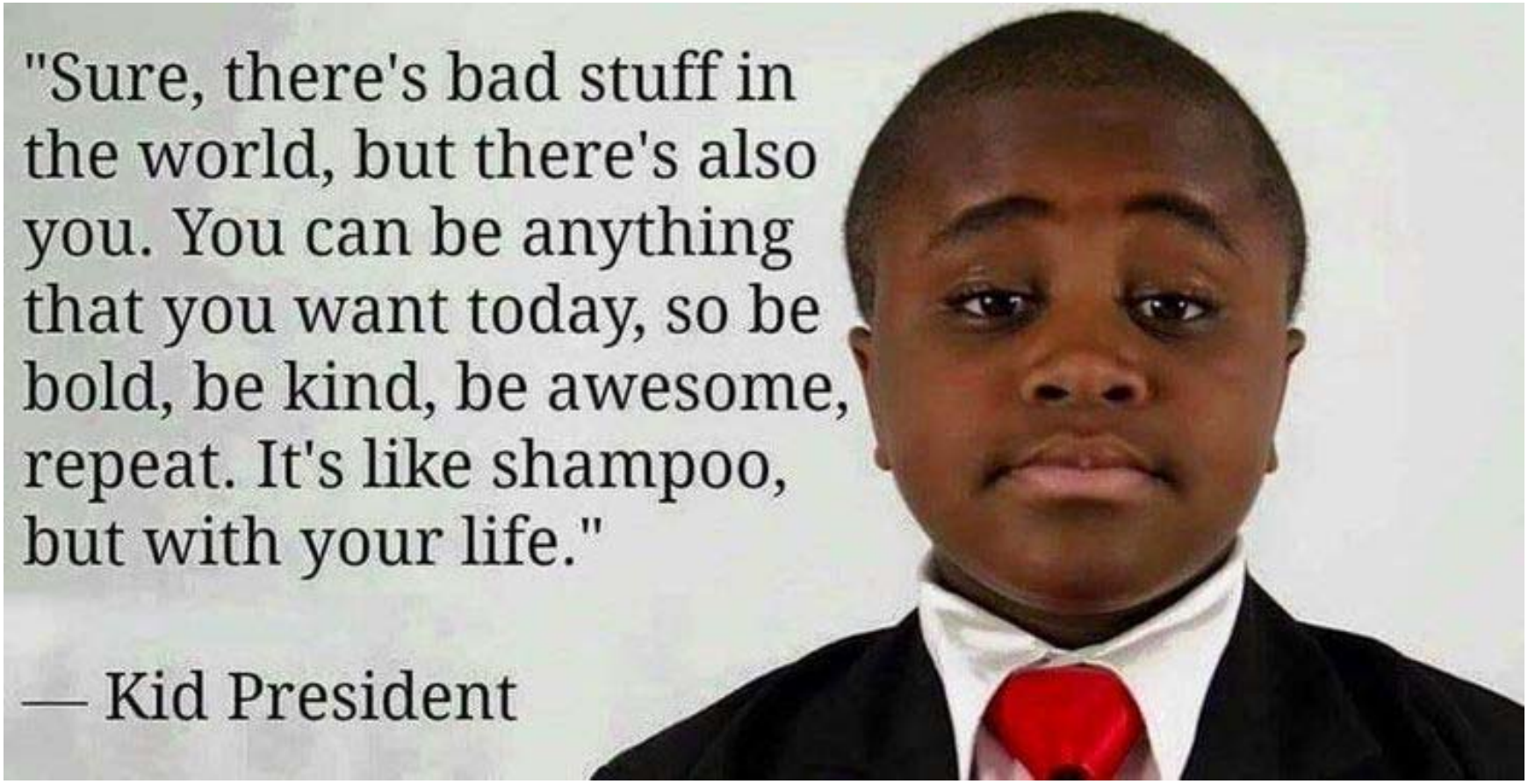
Work with our patients, staff, partners and communities as one team

Our primary care home focus

As a starting point, we want to:

- Tackle unmet social and psychological needs that drive health activity and costs
- Provide the highest quality medical care in the community, and
- Specifically target young people's access to health care

<u>together and because we have to</u>


"Sure, there's bad stuff in the world, but there's also you. You can be anything that you want today, so be bold, be kind, be awesome, repeat. It's like shampoo, but with your life."
— Kid President