
Multi-speciality Community Provider Contract in Suffolk

Trinity Park - 9 February 2017



MCP - Pot of gold or damp squib?

Images removed:

Pot of gold

Damp squib

What is the problem?

Images removed:

scribble

Strategic direction for Suffolk

West ACO



East ICO



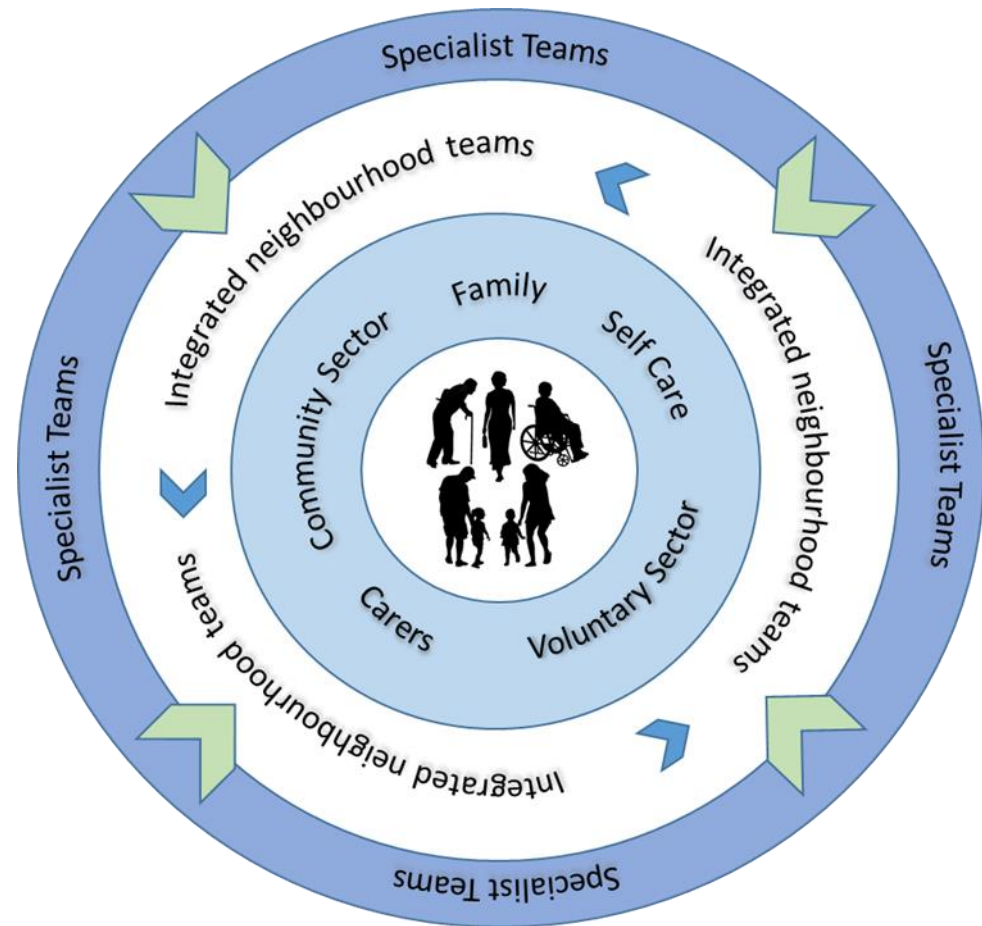
Note - each partner remains independent - this is not a merger

- Help people to be more independent for longer, whenever possible
- Reduce costs of health and social care
- Create a system that is rewarding to work in

Before and after

Images removed:

Brick wall



ACO/ICO priorities and risks for members

- Priorities
 - Community services - SCH
 - Urgent care - OOH, 111, A&E, admission avoidance
 - West ACO - pain services
- Risks
 - Impact on workload
 - Personal partner risk/loss of PMS/GMS
 - Hospital run system - PACS model

How do MCPs fit in?

The multispecialty community provider (MCP) emerging care model and contract framework

What we know about MCPs?

- 30,000-100,000 population - fixed budget
- Integrate primary, GP and community services - outpatients?
- Contract between commissioner and a legal entity - 10-15 years
- £ = £ per head + 10% performance (QoF & CQUIN) + risk/gain share

NHSE list of 10 things you need to win an MCP

1. Leadership e.g. locality group, Federation or CCG
2. 'Engine room to drive and manage transformation
3. Transparent governance and accountability
4. Segment the population with a strategy for each
5. 'Logic model' i.e. transformation to outcomes
6. Fit the value proposition with the STP
7. Design and document the redesign
8. Develop a programme of change
9. Learn and adapt quickly
10. Commission and contract

Source NHSE

Choices for practices joining an MCP

1. Virtual e.g. manage LES
2. Partially integrated:
 - MCP contract for QoF, LES + community services
 - MCP sub-contracts with practices
 - GMS/PMS contracts remain as they are now.
3. Fully integrated - suspend GMS/PMS

Source NHSE

MCP - considerations for practices

- No financial windfall - financial & operational risk
- Possibly need 100,000
- Strong and credible GP leadership - with a track record
- Practices will need to change how they work
- What legal entity?
- Need robust organisation, experience, governance and infrastructure to bid

Proposed way forward for Suffolk

- Strengthen general practice
- Develop the ACO approach - subject to:
 - Genuine change in the way the system works
 - Shift focus to community/ 'system'
 - No shift of work without people/resources
 - Practices have a choice - participate or not
 - Outcome = more sustainable primary care
- Develop Plan B - MCP approach