

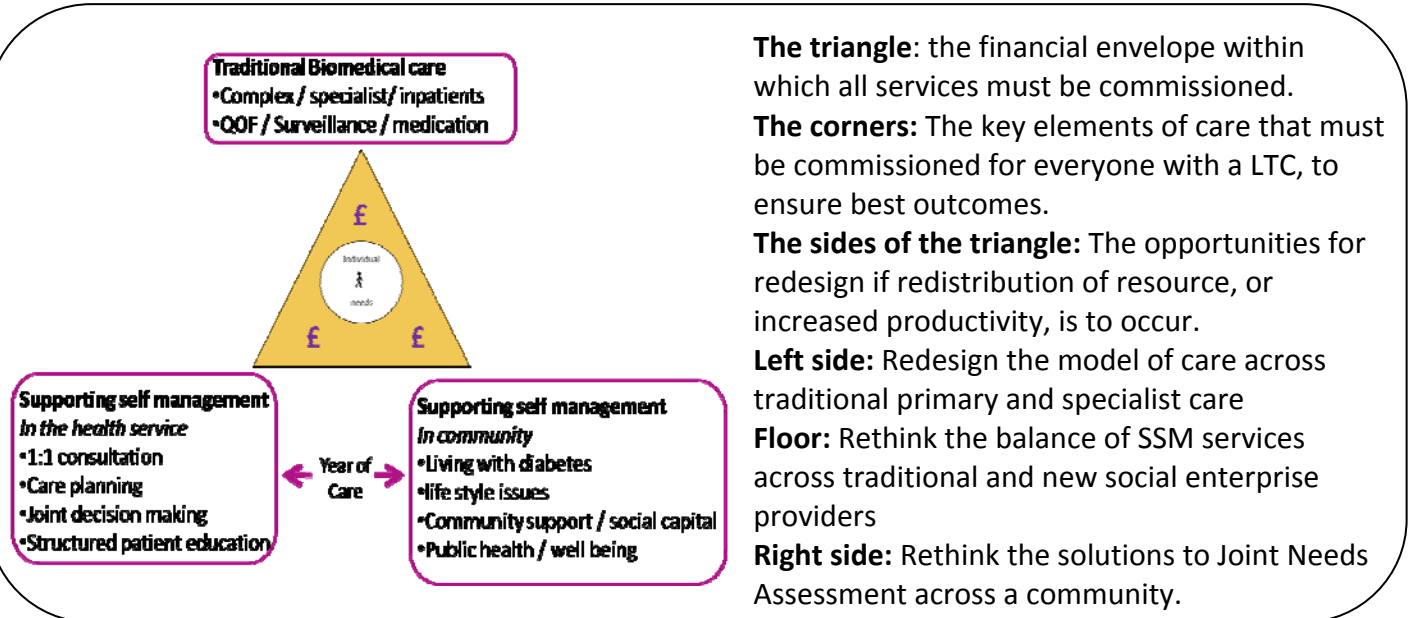
The Year of Care Programme

Commissioning for Diabetes and other Long Term Conditions: Page 1



The Year of Care (YOC) Programme has articulated a new Commissioning Model for Long Term Conditions (LTCs).

Three diverse pilot sites (Calderdale and Kirklees, North of Tyne and Tower Hamlets), charged with delivering both personalised **care planning** in routine practice and new **'non – traditional' services** to support self management (SSM), were forced to rethink the principles and practice of service redesign across the whole local diabetes community. The model is an exemplar for other LTCs.



Grass roots commissioning: Using detailed understanding of local implications and costs, YOC sites were able to identify real and potential shifts in resources to support large scale improvement in productivity.

Examples: increased productivity across a range of local commissioning activities.

- Unit costs:** Compare costs of traditional weight loss referral to a specialist dietitian (£21.25 per hour), with a tailored action plan developed with a qualified health trainer (£11.45 per hour) and linked to an individual's own goals identified at care planning (**Right side**)
- Redesign of primary care 'packages':** NHS Tower Hamlets configured all practices into 8 'Health and Wellbeing' clusters linking Primary Care with Public Health, based on care planning for all (**Floor**)
- Reduction in costs of improvement plans:** NHS Kirklees reframed the needs of people with LTCs after joining YOC. They redesigned their (QIPP based) patient centred improvement plan (**Left side**)

| Business case for Diabetes service | 2010 - 2011 | 2011 - 2012 | 2012 - 2013 |
|------------------------------------|-------------|-------------|-------------|
| Before Year of Care | 265,889 | 185,898 | 0 |
| After Year of Care | 15,893 | 78,483 | 53,736 |

- Reutilising a whole Programme Budget:** NHS North of Tyne identified £1.4 million across three localities for reinvestment in a patient centred model of care (**Left side**)

YOC provides a practical and effective way to implement locally driven flexible commissioning for people with LTCs and address 'no decision about me without me' (*Equity and Excellence: Liberating the NHS*).

'It's 100% better for me and the patients' A GP

'This is the first time I have understood services in transition' Acute Trust Board Member

YOC has been recognised to support the QIPP agenda for personalised care planning
<http://www.library.nhs.uk/qipp/SearchResults.aspx?catID=15069&pgIndex=1&>



Barriers to integrated commissioning ('triangle model') highlighted in the YOC Project

Top corner – Traditional biomedical / clinical care:

Current incentives (tariff structure) encourage traditional service delivery by acute trusts, treating patients with long term conditions (LTCs) as if they had acute illnesses, and encouraging more specialist care instead of more community and self care. The traditional biomedical interventions which dominate QOF also encourage primary care to concentrate on clinical activity rather than support for self care. There is no incentive to redesign consultant job plans or multidisciplinary teams while there is no coherent model for LTCs that traditional providers can relate to, or see a role for themselves. The YOC model demonstrates the challenge is to rebalance not to replace, and the need for a better role fit for clinicians.

Bottom left hand corner – Supporting self management in the NHS:

There are no incentives in the system for culture change; to encourage clinicians to adopt new attitudes and ways of working to support people with LTCs to live effectively with their condition; by coaching and enabling, rather than by advising and prescribing. The introduction of CQUIN has promoted behaviour change across a range of NHS contracts with acute and community providers. GMS is currently the only contract in the NHS for which there is no CQUIN enhancement; primary care outcomes are measured and rewarded through QOF. Influencing the GP contract at a national level could utilise a CQUIN approach to introduce care planning with great benefit, gradually introducing it for all, via development milestones.

Bottom right hand corner – Supporting self management in the community:

These services are fragmented and extremely poorly understood (indeed not seen as 'therapeutic' by clinicians - Chapter 14 Year of Care Report) despite being relatively cheap, linked to the communities people live in and much valued locally. Means must be introduced to link non-traditional providers in the third sector with local practices and other clinicians, and to use the opportunities provided by the Health and Wellbeing Boards to commission this systematically.

New commissioning arrangements: the need for a coordinated national /local approach

Proposed commissioning arrangements imply that each of the three components of this model (the corners of the triangle) will be commissioned by three separate commissioning 'authorities' using three separate approaches in any particular health economy.

Bottom right hand corner: Supporting self management in the community. These functions will largely be the commissioned via local [Health and Well being Boards](#).

Top corner – Traditional biomedical/ clinical care: While some of this is provided within primary care services (QOF and medicines), the largest spend in any health community is on specialist / secondary care services which will be commissioning by [Clinical Commissioning Groups \(CCGs\)](#).

Bottom left hand corner: The majority of routine care including the provision of care planning for everyone with LTCs will be delivered by primary care teams themselves. This work will be commissioned by the [National Commissioning board \(NCB\)](#). Currently basic aspects of support for self management such as care planning are not included in 'core care'. If not addressed as part of 'new' GMS they will need to be commissioned separately (implying they are non essential) by CCGs (currently 'enhanced services').

Proposal

The NCB should ensure that the mechanisms and incentives for commissioning of services for LTCs are coordinated as a strategic priority.

Pathfinder CCGs should test this approach; identifying what needs to be in place to support commissioning of an integrated approach to deliver clinical and self management support in specialist, primary care and community settings.