

England

March 2015



FOCUS ON NEW CARE MODEL VANGUARD SITES

The Five Year Forward Vote October 2014 set out several new care models which aim to 'dissolve tradition all bouncommunityepsoviiderse hospitalse ngeneral health and social care and mental health services. The document proposed creating a number of major new care models, recognising that England is too diverse for a single model of care to work everywhere. The new care models outlined in the document were:

- Multispecialty Community Providers (Mtors)ing extended primary care group practices through federations, networks or single organisations to provide a wider range of care using a broader range of professionals. The document specifically mentions employing consultants or taking them on as partners, and potentially developing a new cadre of re s i d e n t 'hospitalists' 's hifting the majority of out of hospital settings'.
- Primary and Acute Care Systems (PAC6)e w v a r i a n t o f ' v e r t i c a l l y i allowing single organisations to provide GP, hospital, community and mental health services.
- Urgent and emergency care networks
- Viable smaller hospitals
- Specialised care
- Modern maternity services
- Enhanced health in care homes

The first two of these proposed models in particular are intended to redefine the relationship between primary and secondary care and are of significant interest to the GPC and wider BMA. It is clear that there is significant overlap between these models and a binary understanding of the models as representing GP-employed specialists or hospital employed GPs is likely to be particularly unhelpful. In fact the Five Year Forward View reflects a movement already underway as a very diverse range of integrated models are already emerging led variously by CCGs, Trusts and proactive GP organisations.

As part of the Five Year Forward View, NHS England will pump-prime a cross section of new care models, looking at current exemplars, potential benefits, risks and transition costs. National and regional expertise and support will be harne s s e d t o ' i mplement t model changer apidly and at scale'.

The Five Year Forward View Into Action: Planning foin Action for the description of the first of the formal formal

A few things are worth noting about the vanguard sites:

The 269 applications received and the 29 sites chosen for vanguard status represent a very
wide range of projects. The scale of the projects 'ambition ra
broader range of community and specialist care services around groups of GP practices to

the development of fully integrated care organisations delivering a wide range of services underrancaptated budget.



The full list of vanguard sites is as follows:

Integrate@rimary and Acute Care Systejoising up GP, hospital, community and mental health services

- 1. Wirral University Teach Hospital NHS Foundation Trust
- 2. Mansfield and Ashfield and Newark and Sherwood CCGs
- 3. Yeo Hospital
- 4. Northumbria Healthcare NHS Trust
- 5. Salford Together
- 6. Lancashire North
- 7. Hampshire and Farnham CCG
- 8. Harrogate and Rural District CCG
- 9. Isle of Wight

Multispeciality Community Providensing specialist care out of hospitals into the community

- 10. Calderdale Health and Social Care Economy
- 11. Derbyshire Community Health Services NHS Foundation Trust
- 12. Fylde Coast Local Health Economy
- 13. Vitality
- 14. West Wakefield Health and Wellbeing Ltd
- 15. NHS Sunderland CCG and Sunderland City Council
- 16. NHS Dudley CCG
- 17. Whitstable Medical Practice
- 18. Stockport Together
- 19. Tower Hamlets Integrated Provider Partnership
- 20. Southern Hampshire
- 21. Primary Care Chesire
- 22. Lakeside Surgeries
- 23. Principia Partners in Health

Enhanced health in care homesfering older people better, joined up health, care and rehabilitation services

- 24.NHS Wakefield CCG
- 25. Newcastle Gateshead Alliance
- 26. East and North Hertfordshire CCG
- 27. Nottingham City CCG
- 28. Sutton CCG
- 29. Airedale NHS Foundation