NHS Redbridge

Polysystems

A new approach to health care

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Chief Polysystem Officer

November 09

Talk to us today about
Redbridge healthcare services
on **0800 0926 995** or visit
www.redbridgepct.nhs.uk

Doctors | Dentists | Physiotherapy | Blood testing | Health centres | Urgent care | Diabetes care | Sexual health
Podiatry | Patient advice | Nutrition | Health visitors | Speech and language therapy | Cancer screening
Immunisations | Family planning | School nurses | Palliative care | Smoking cessation | Children's services

Redbridge Health and well-being

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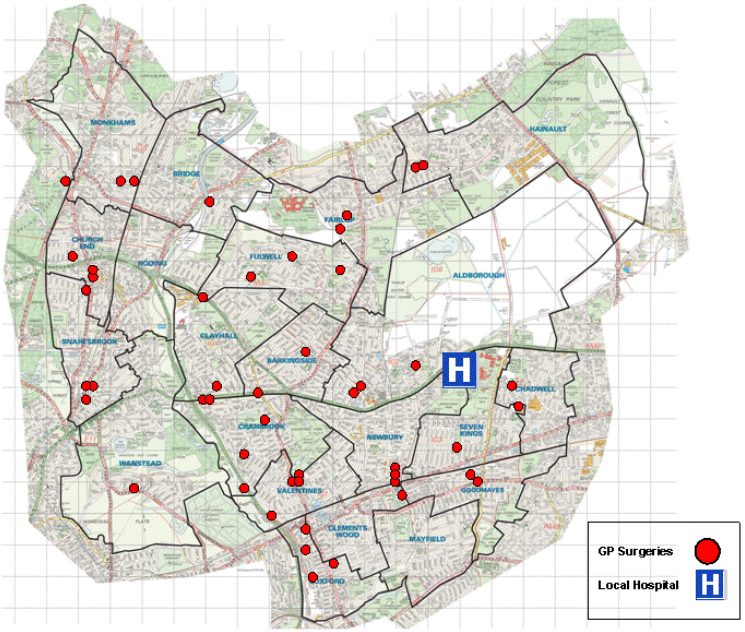
The Landscape

- 50+ GP practices
- 40+ Community Pharmacists
- 300+ Primary Care Professionals
- 2 Large Acute and 1 large mental health Trusts
- Range of community providers
- Voluntary Sector
- Community & Public
- Diverse Politically
- PolyPlan Events 1 - 4



PolyPlan Events: Dec 07- Nov 08

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Key Recommendations:

- Establish 5 'PolySystems'
- Develop Governance and Plan
- Community Pharmacy Commissioning
- Vertically Integrate…..

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As an integrated local healthcare delivery network 'PolySystems' will:

Promote the health & wellbeing of all people in the local community

Achieving improved health outcomes overall and for specific communities e.g.

- Childhood obesity
- Teenage conception
- Physical activity

Maximise Independence & quality of life for people with long-term needs

- Reduce emergency admissions
- Care Navigation & Coaching
- Improved care coordination & management
- Better quality of life measures
- Reduced cost per head

Improve service for people with non-critical acute care needs

- Reduced waiting RTT
- Improved patient satisfaction
- Better value for money
- Increased Access

PolySystems Development

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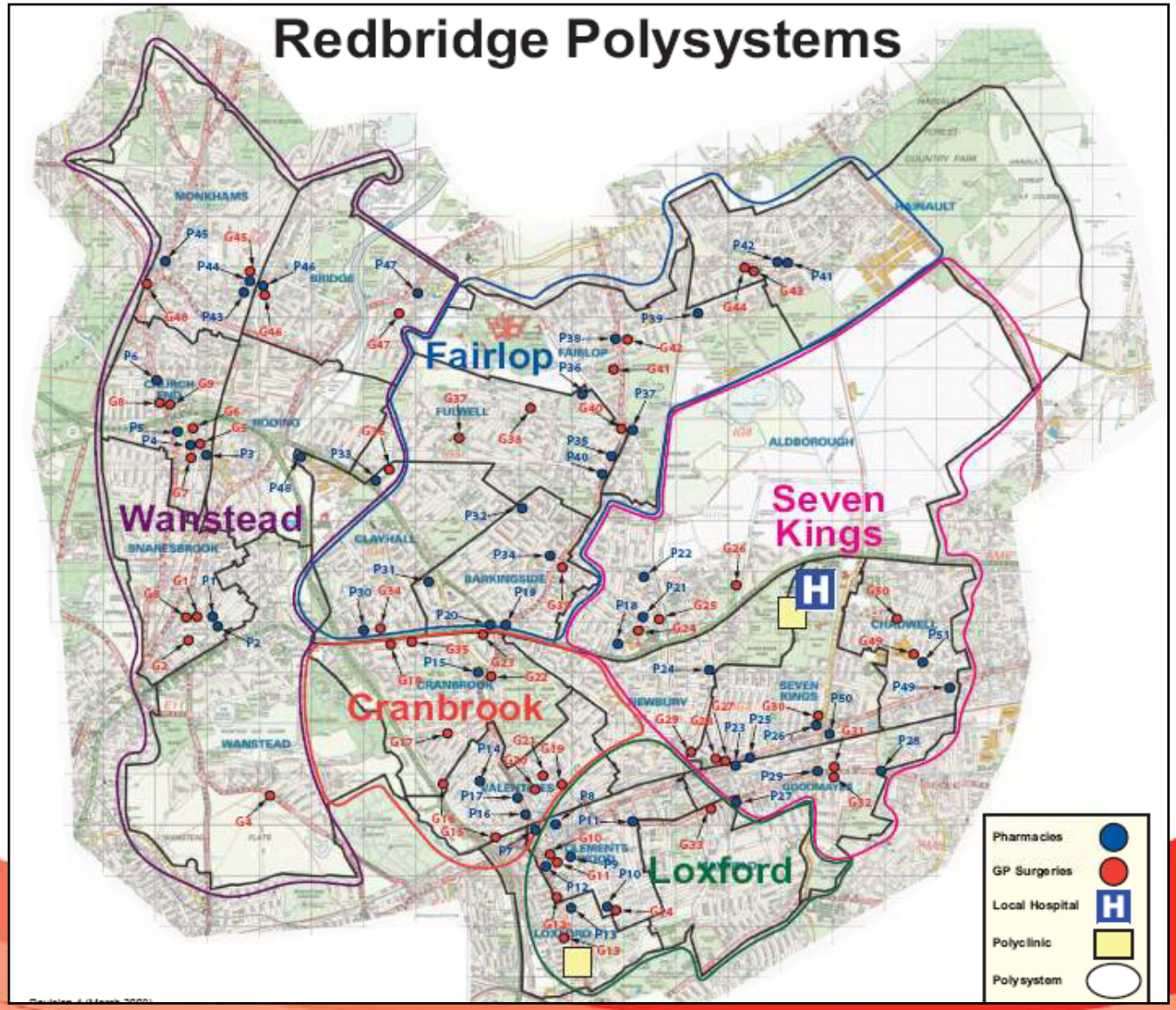

PolySystems – How they will work…

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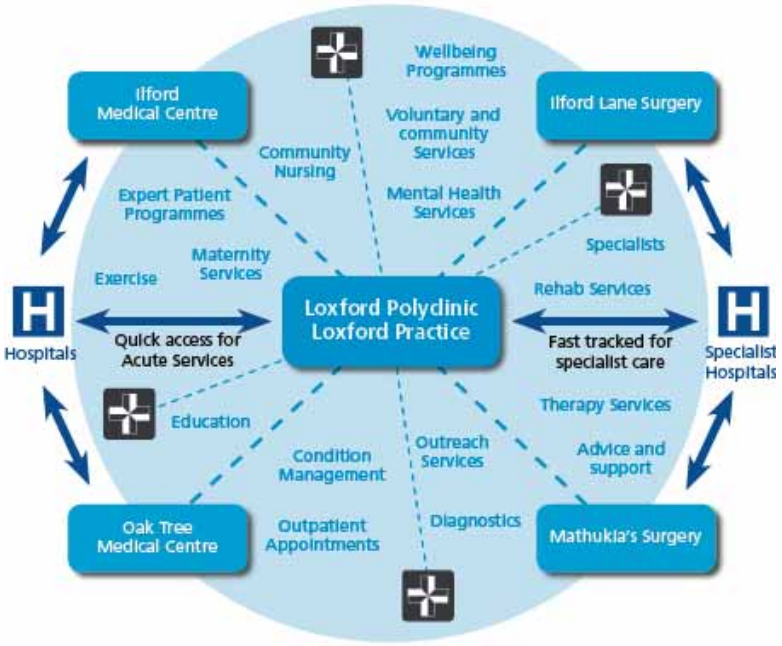
- Integrated -Commissioning and Delivery
- Led by Clinical Director
- Commissioning Primary and Community
- Enabling system for local population
- Brings together all providers
- Integrated IT
- Community Engagement
- Senior Management Support
- Accountable for Quality and Productivity



Incentives and Performance

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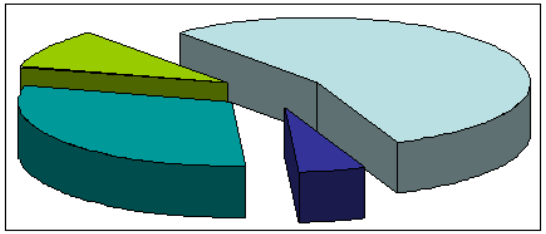
Polysystem Commissioning

09/10 Goals & Payment Scheme

Future Savings Split three Ways



- 5% Cash to GP practice
- 10%Polysystem bonus to GP Practices
- 55% Polysystem Investment
- 30% NHS Redbridge

PolySystem 'A' – worked example

				Reduction (referrals)			Savings (referrals)		
GPs	Practice population	Actual Referrals	Referral ratio (practice population)	Mean	Mean minus 1 SD	Mean minus 2 SD	Mean	Mean minus 1 SD	Mean minus 2 SD
GP A	5932	2551	43%	1976	1613	1250	575	938	1301
GP B	8592	2613	30%	2863	2337	1810	-250	276	803
GP C	5571	1499	27%	1856	1515	1174	-357	-16	325
GP D	6784	2368	35%	2260	1845	1429	108	523	939
GP E	4397	1608	37%	1465	1196	926	143	412	682
GP F	10270	4228	41%	3422	2793	2164	806	1435	2064
GP H	1963	481	25%	654	534	414	-173	-53	67
GP I	4025	1388	34%	1341	1095	848	47	293	540
GP J	6606	1785	27%	2201	1796	1392	-416	-11	393
Total	54140						482	3798	7114
mean	6016		33.32%	Poly-system savings			£72,347	£569,728	£1,067,108

Denotes referral rates under the mean referral rate

Denotes referral rates over the mean referral rate

Information Driving Change at all Levels

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Long Term Conditions Matrix

Risk Percentile

Selected Risk Percentile Range 0% to 100% (show all)
no patients below, 129,753 within, and none above this range

The percentile contains 129,753 patients of whom 26,916 20.74 % have one or more Long Term Condition as defined by the Combined Model.

Number with Condition Compared to Population

Select Condition

Asthma, Depression, CAD, Diabetes, Cancer, Hypertension, CHF, show all conditions, COPD

Click chart to drill down to the patient list.

Patient Details

NHS Number [redacted]

Episode List | Scoring | Timeline | Bar Chart

Inpatient Episodes

Show: Incident / Primary Diagnosis / Secondary Diagnoses

01 records

Spell #	Incident Date	Provider	Episode	Classification	Admission Method	Discharge Method
2918994	18/10/2006	RF4DG	1	Day case admission	Booked	Patient discharged on clinical advice

Outpatient Episodes

Show: Appointment / Clinical

03 records

Attendance #	Date	Provider	Commissioner	Referral Source	Priority	Attended or DNA	1st Attendance
10693920	24/01/2006	RF4DG	5NA00	04	Routine	Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT	Follow-up attendance face to face
10812844	28/04/2006	RF4DG	5NA00	11	Routine	Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT	First attendance face to face
11033021	15/06/2006	RF4DG	5NA00	11	Routine	Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT	Follow-up attendance face to face

A&E Episodes

Show: Episode / Clinical

03 records

Attendance #	Arrival Date	Arrival	Disposal	Patient Group	Category
051020841	29/11/2005	Other	02	Other accident	First A&E attendance
051028501	02/12/2006	Other	05	Other accident	First A&E attendance
060020531	07/01/2006	Other	02	Other	First A&E attendance

GP Episodes

79 records

Surgery ID	Practice	Incident Date	Read Code	Value 1	Value 2	Item
1452	Y00090	21/05/2004	XaIQe	0	0	Other White background - ethnic category 2001 census
1452	Y00090	20/10/2004	2469.	150	90	O/E - Systolic BP reading

Patient Care

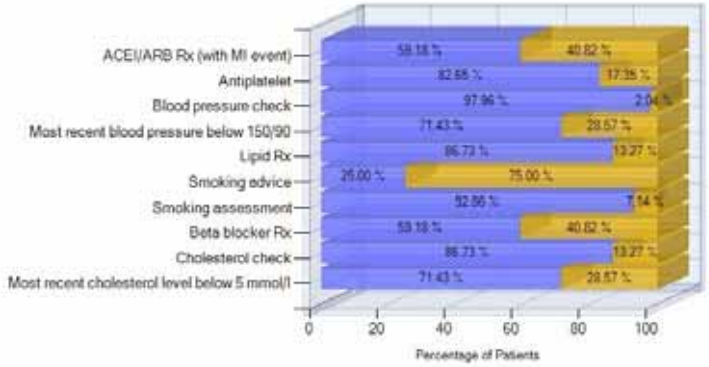
Risk Percentile

Surgery [redacted]

Selected Risk Percentile Range 0% to 100% (show all)
no patients below, 129,753 within, and none above this range

Asthma | CAD | CHF | COPD | Diabetes | Hypertension

Care Analysis for CAD



Clinical Commissioning - Governance

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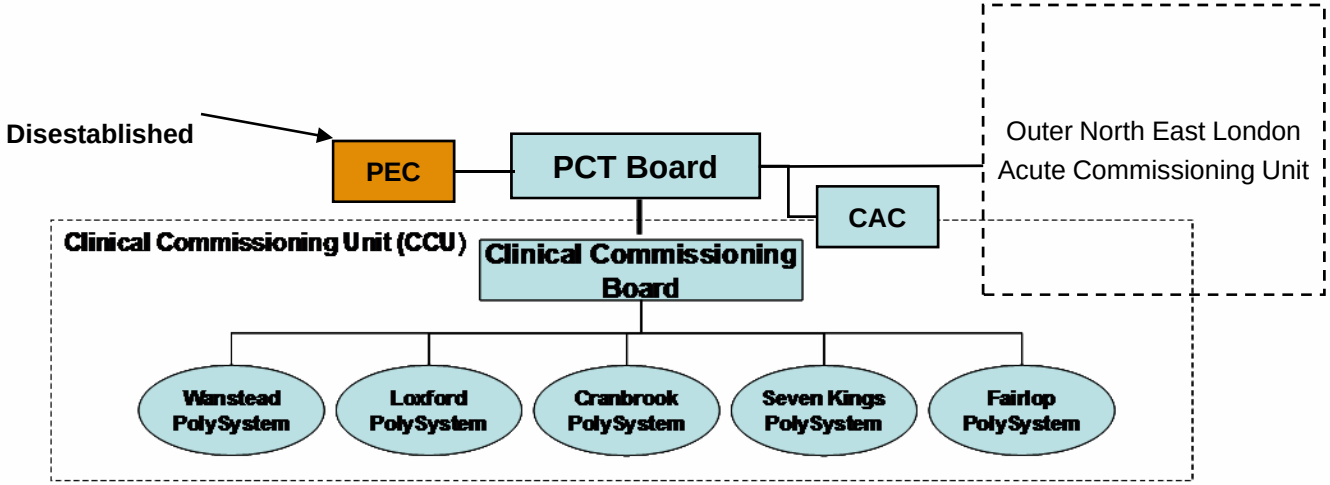
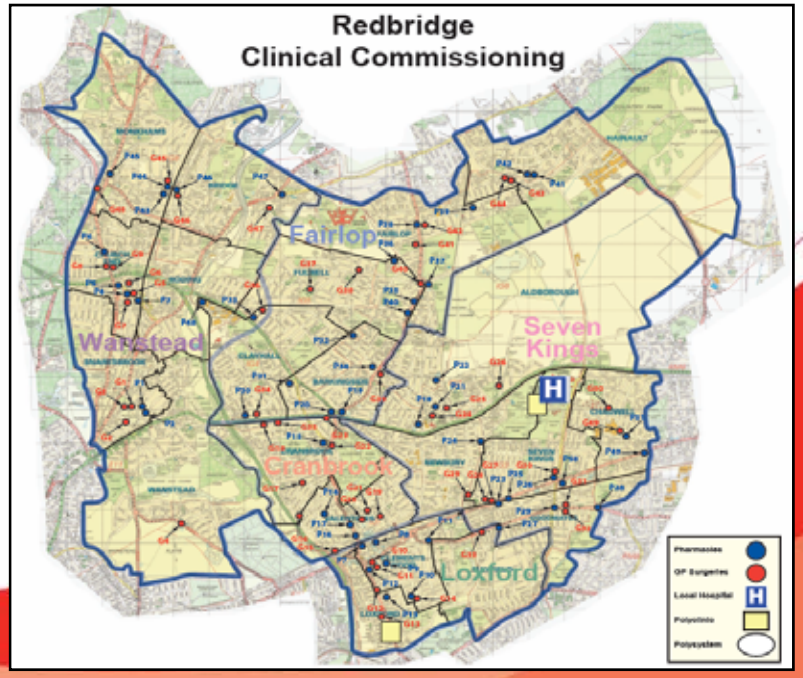


- Boroughwide Clinical Commissioning Board
- Clinical leadership team and self-monitored
- Accountability for PolySystem effectiveness
- Responsible for Pathway Development
- Manage budget and incentive schemes
- Partner relationship with PCT
- Establish Clinical Assurance Committee



Integrating Design & Delivery

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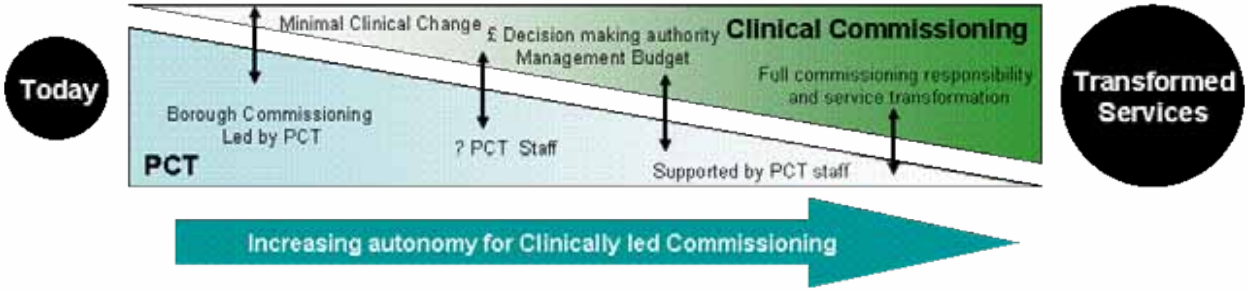
- PolySystems are the 'engine' which drives local change to meet the wider health and healthcare needs of its community.
- PolySystems are accountability for the delivery of high quality and productive services.
- PolySystems are held accountable for delivery and in return will be resourced and supported appropriately to enable change to happen.



"PolySystems will only achieve their full potential if they bring together primary and secondary clinicians to innovate by designing and delivering care models that enable system change."

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Thank You for Listening

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