

LOCSU Briefing

NHS England's New Care Models Programme

May 2015

The [NHS Five Year Forward View](#) (5YFV) launched in October 2014 sets out a vision for a number of New Care Models that are intended to dissolve some of the traditional boundaries between primary care, community services, hospitals, social care and mental health services, and give patients far greater control of their own more integrated care.

New Care Models that can be deployed in different combinations locally across England to meet the changing needs of patients, to capitalise on the opportunities presented by new technologies and treatments, and to encourage system efficiencies more widely, are being stimulated and supported.

The 5YFV acknowledges that while the answer is not one-size-fits-all nor is it simply to let “a thousand flowers bloom”.

The approach of the New Care Models Programme will be to identify the characteristics of similar health communities across England, and then jointly work with them to consider which of the new options signalled by the 5YFV constitute viable ways forward for their local health and care services over the next five years and beyond.

The 5YFV states that in all cases one of the most important changes will be to expand and strengthen primary and “out-of-hospital” care.

NHS England announced the 29 vanguard sites chosen to be the first wave of innovators in the [New Care Models Programme in March 2015](#). LOCSU will be supporting LOCs to engage with vanguards in their area and in the other areas that will follow. LOCSU has also offered support to the national team responsible for the New Care Models programme.

The New Care Models of most relevance to LOCs and community optical practices are Multispecialty Community Provider (MCP), Primary and Acute Care Systems (PACS) and Enhanced Health in Care Homes.

New care model – Multispecialty Community Providers (MCPs)

The Multispecialty Community Provider (MCP) model will expand the leadership of primary care beyond the GP to include nurses, therapists and other community-based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles and offering greater convenience for patients.

To offer this wider scope of services and enable new ways of delivering care, GPs will form extended group practices, either as federations, networks or single organisations.

These Multispecialty Community Providers (MCPs) would become the focal point for a far wider range of care needed by their registered patients.

As larger group practices the MCP could employ consultants, or other staff previously based in hospitals to work alongside community-based healthcare professionals to shift the majority of outpatient consultations and ambulatory care out of hospital settings.

Optical Practices and the MCP model

The MCP is the New Care Model that provides the greatest opportunity for LOCs and optical practices.

An important point for the vanguards developing the MCP model to be aware of is that not everyone who is part of the MCP needs to be working under the same roof. Optical practices can play a valuable role in enabling the MCP vanguards to provide more eye health services out of hospital in the same way that they have been providing services on behalf of CCGs across England. A similar principal applies to community pharmacies.

As a starting point an MCP should utilise the core skills and equipment available in the network of local optical practices to provide referral refinement, management of minor eye conditions and cataract post-op assessments as well as dedicated services for people with learning disabilities or low vision. Community-based monitoring of patients at low risk of deterioration, for example, patients with Ocular Hypertension should also be straightforward to implement. The LOCSU pathways provide national templates for all of these services.

An MCP can also take advantage of optometrists who are qualified as independent prescribers and/or have other higher qualifications, to provide services over and above those that require core skills.

To minimise the administrative burden associated with the management of community eye services, an MCP can contract with local optical practices via the LOC single provider company. This model will ensure that there is robust governance in place including national accreditation for optometrists and opticians delivering the services and measurement of patient outcomes.

More ambitious vanguards could engage the services of a consultant ophthalmologist to lead a community ophthalmology service with a multidisciplinary team providing an even

wider scope of services. The Clinical Council for Eye Health Commissioning is developing a Framework for Community Ophthalmology.

The LOCSU team will be supporting LOCs to work with the MCP vanguards to ensure the potential role community optical practices can play is fully understood.

New care model – Primary and Acute Care Systems (PACS)

The Primary and Acute Care Systems (PACS) model will allow single organisations to provide NHS list-based GP and hospital services, together with mental health and community care services.

The leadership to bring about these “vertically” integrated PACS may be generated from different places in different local health economies. For example, hospitals will be permitted to open their own GP surgeries with registered lists or a PACS model might be the next development for an MCP which takes over the running of its main district general hospital.

Optical Practices and the PACS model

The PACS model brings great potential for integrated eye health services across primary and secondary care, particularly where the vanguard is being led by a hospital that already has its own ophthalmology department.

The vanguards developing the PACS model should be made aware that optical practices can provide more eye health services out of hospital based on the services they have been providing on behalf of CCGs across England (see services listed in Optical Practices and the MCP).

It should also be highlighted to PACS vanguards that the concept of optical practices providing services on behalf of Foundation Trusts, whilst not common, is not new. For example, in the Bedford area optical practices are contracted by Moorfields Eye Centre at Bedford Hospital to provide pre and post operative cataract assessments.

A PACS vanguard is ideally placed to explore the benefits of implementing a consultant-led community ophthalmology service with a multidisciplinary team providing services in addition to the services optometrists and opticians with core skills can provide.

Similar to the MCP, the PACS can contract with local optical practices via the LOC single provider company to reduce the administrative burden associated with managing the network of optical practices and to ensure that there is robust governance in place. The LOCSU team will be supporting LOCs to work with the PACS vanguards to ensure the potential role community optical practices can play is fully understood.

New care model – Enhanced Health in Care Homes

One in six people aged 85 or over are living permanently in a care home. Yet data suggest that had more active health and rehabilitation support been available, some people discharged from hospital to care homes could have avoided permanent admission. Similarly, the Care Quality Commission and the British Geriatrics Society have shown that many people with dementia living in care homes are not getting their health needs regularly assessed and met. One consequence is avoidable admissions to hospital.

NHS England will work in partnership with local authority social services departments, the local NHS and the care home sector to develop new shared models of in-reach support, including medical reviews, medication reviews, and rehabilitation services.

Optical Practices and the Enhanced Health in Care Homes model

It is important that the vanguards developing the enhanced health in care homes model are well informed with regards to the importance of eye health in reducing falls and social isolation among residents, and that they understand the value of the domiciliary eye service brings in identifying and addressing eye health needs of individuals that cannot access practice-based services.

The LOCSU team will be supporting LOCs to work with the care home vanguards to ensure the potential role domiciliary eye care providers can play is fully understood.

Please direct any enquiries regarding this briefing note to info@locs.co.uk