



Trafford Care Co-ordination Centre

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Nyborg Denmark 2016



November 7, 2016

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5 July 1948: the then Health Minister Anueirin 'Nye' Bevan arrived to inaugurate the NHS by symbolically receiving the keys from Lancashire County Council. Nurses formed a 'guard of honour' outside the hospital to meet him. The National Health Service was born and, from that day forward, the healthcare of the nation changed forever.



Trafford

Trafford

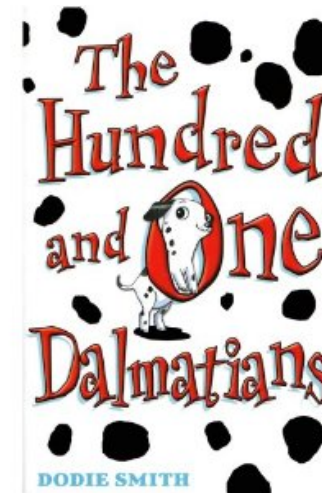
John Alcock



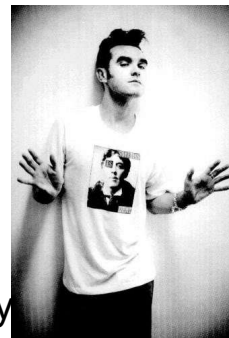
Robert Bolt



Dodie Smith



Lowry



Morrissey



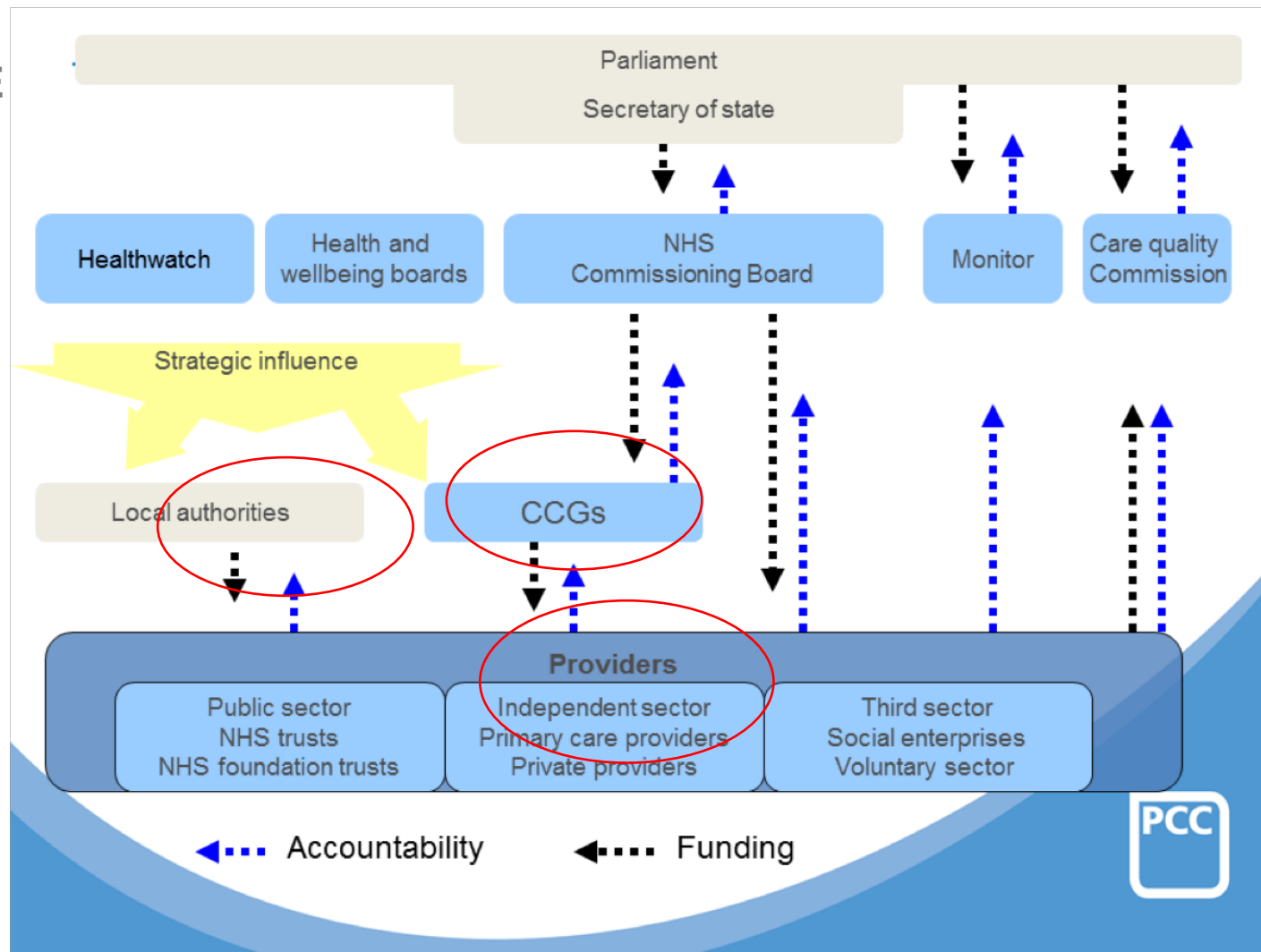
James Joule
"Heat Is work &
Work is Heat"

Gina Lawrence Chief Operating Officer Trafford Clinical Commissioning Group

- [https://dl.dropboxusercontent.com/u/24271281/Gary/Gina Lawrence.mp4](https://dl.dropboxusercontent.com/u/24271281/Gary/Gina%20Lawrence.mp4)

THE NHS STRUCTURE

FLUX



An NHS under pressure



Professor Berwick, who previously led the US federal agency responsible for overseeing Medicare and Medicaid questioned whether the NHS could be funded at its current level – roughly 7 per cent of GDP – without standards slipping. Professor Berwick said: “[People are] saying we’re going to try to have a universal health system, free at the point of care, government funded, [with] ever increasing excellence with the *Five Year Forward View* as the template, for about 7 per cent of GDP?”

Challenges- We need to do things differently not just the old things more efficiently

Richard Murray, Director of Policy at The King's Fund, said:

‘The health service enters the new financial year facing some of the biggest financial and performance challenges in its recent history. If last year was the most difficult for some time, this year promises to be much worse, with little confidence that the alarming deterioration in NHS finances can be arrested.

Looking further ahead, while there is still significant scope to improve productivity in the NHS, efficiencies are becoming harder to generate and there is considerable scepticism that the £22 billion in productivity improvements outlined in the NHS five year forward view can be achieved.’

NHS Workforce



Challenging Landscape



What is a Care Co-ordination Centre (CCC)?

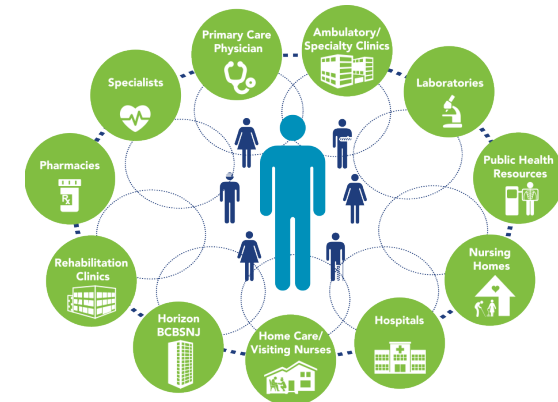
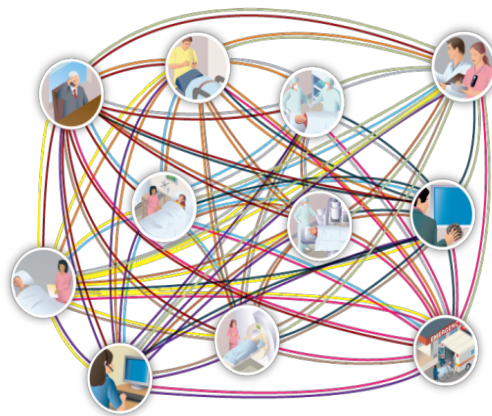
- A CCC is a '**control tower**' for the health economy



Risk stratification and analysis are the '**radar**' for the health economy



How do we move from current state to population health?

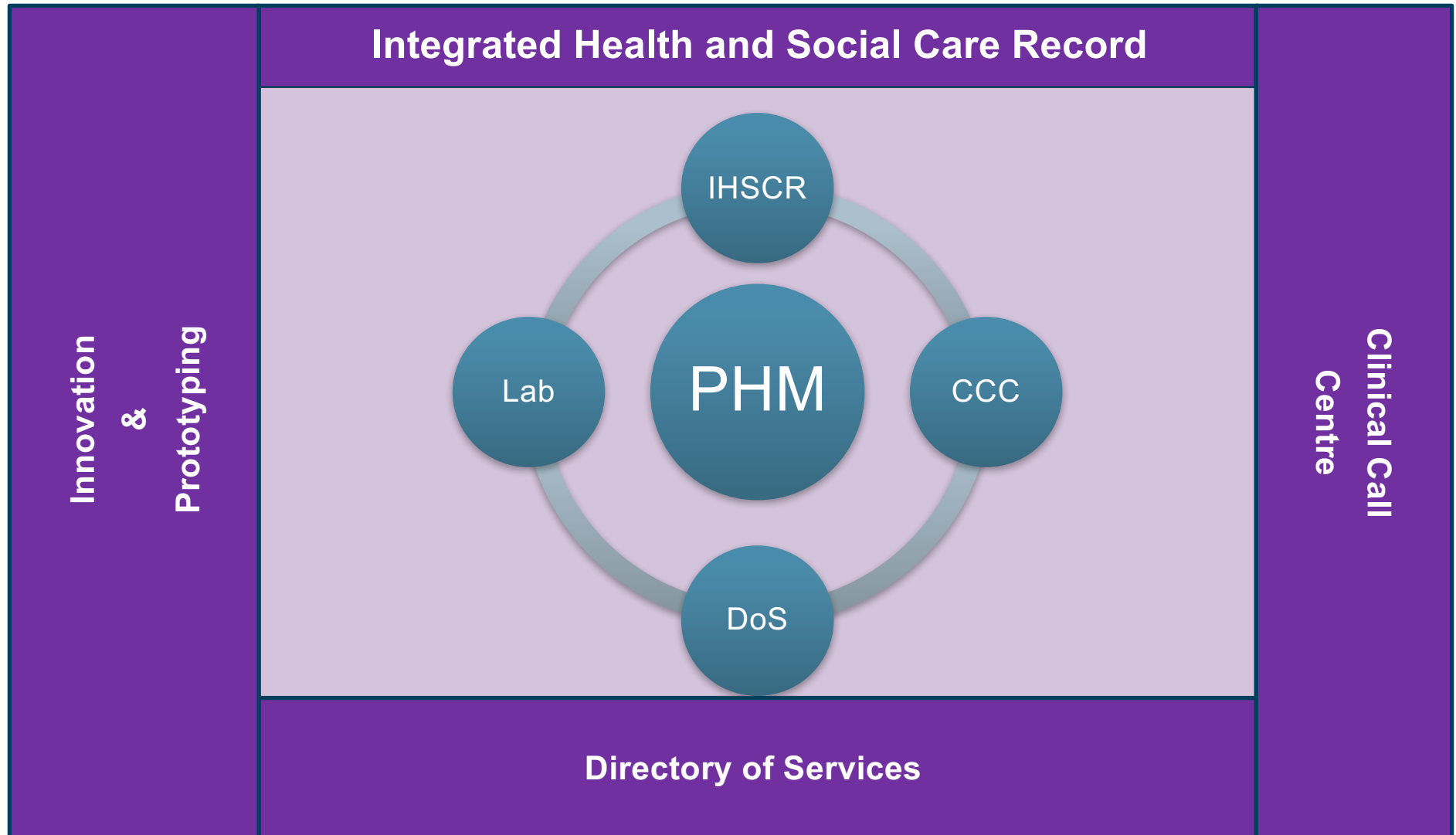


A Care Co-ordination Centre is the key enabler to Population Health

It is the platform for building prevention strategies, improving services, and delivering provider productivity benefits identified for Greater Manchester Health and Social Care Devolution



Population Health Management



What problems are we solving?



Referral Management

- 13% of all referrals have anomalies
- Variation in GP referrals
- Improved Demographics
- Improved clinical alignment with agreed policies and pathways

Discharge Management

- 1½ wards at UHSM (Wythenshawe) “blocked” by Trafford patients medically fit for discharge
- Significant Readmissions (up to 1 in 5 of complex patients)

Complex Care Co-ordination

- 30% of patients with chronic conditions use 70% of health and social care budget and still suffer poor outcomes
- Sometime lack of integration triggers admissions when people could have and would have preferred to stay at home

Enquiry Management

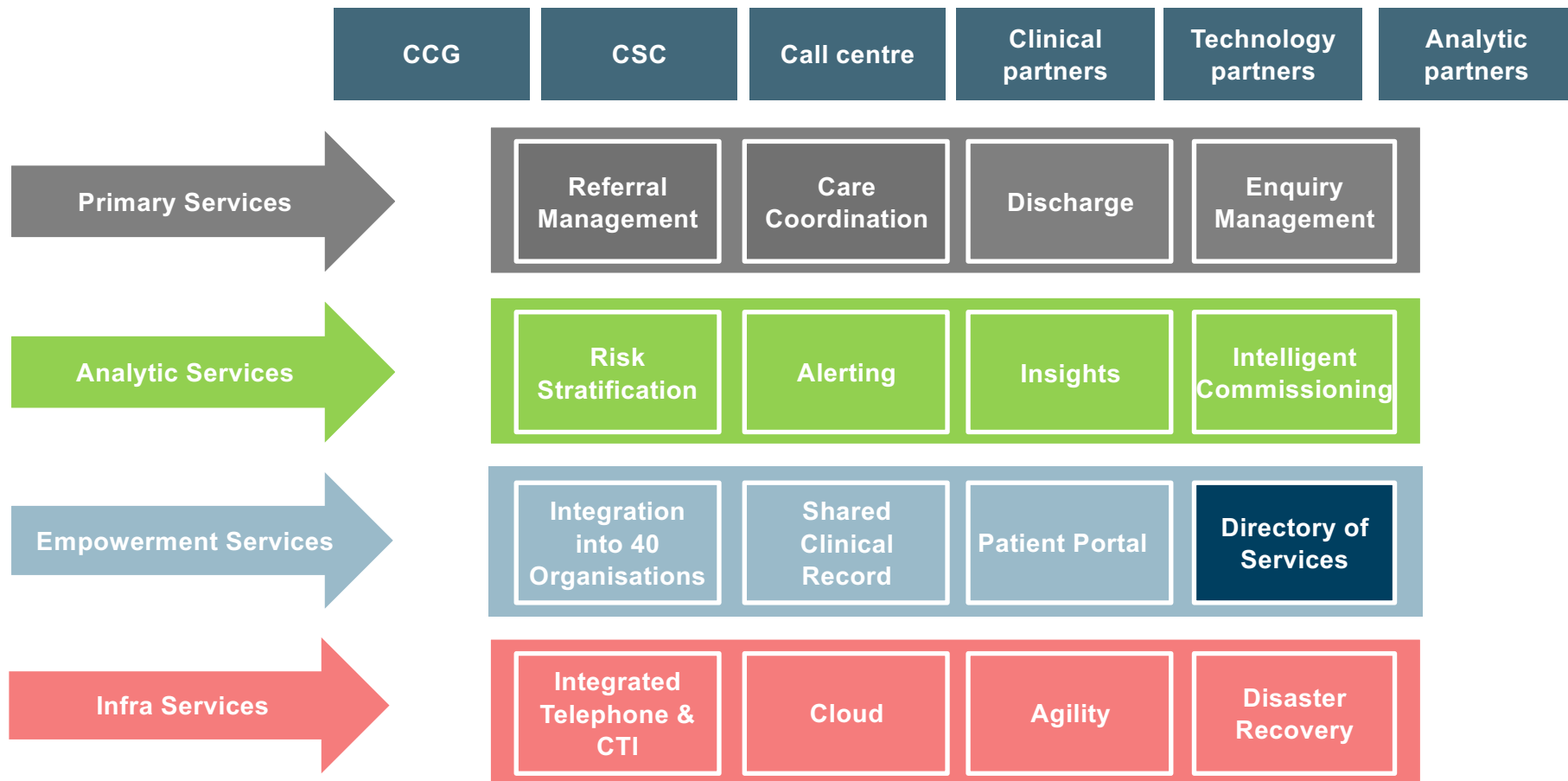
- More patient empowerment and self care
- Signposting
- Social Prescribing

Analytics

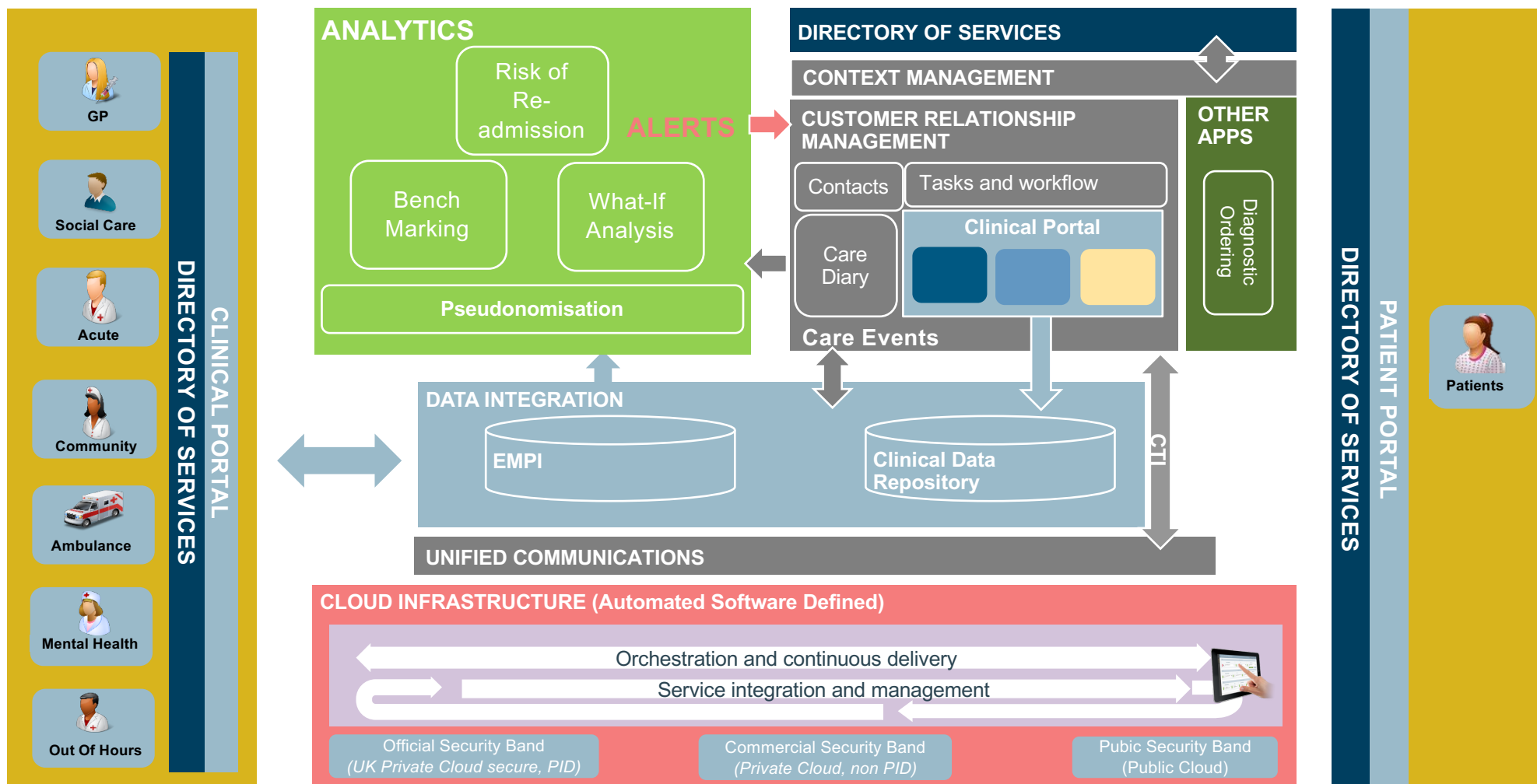
- To identify patients for complex care management
- Identify cohorts for care intervention
- To drive intelligent commissioning
- Wider population planning



Service Model



Solution Overview



Patient-centric approach: Use of Customer Relationship Management Solution



Care Diary with MS Dynamics

The screenshot displays the Microsoft Dynamics CRM interface for a patient named Sena Langenbach. The top navigation bar includes 'Microsoft Dynamics CRM', 'CASE WORK', 'People', and the patient's name 'Langenbach, Sena'. A search bar and a 'Create' button are also visible. Below the navigation bar, there are several action buttons: '+ NEW', 'DEACTIVATE', 'CONNECT', 'REQUEST DATA', 'ASSIGN', 'OPEN DOS', 'CMFT ICE', and a three-dot menu. The patient's profile section shows a placeholder for a photo, the name 'Langenbach, Sena', and personal details: 'Born 21-Apr-1945 (71y)', 'Gender Male', 'NHS No. 806-822-4754', 'Address 38 Avondale Rd #79, Sale, M32 7IN', and 'Phone 0161 964 5453'. The 'Country/Region' is listed as '--'. The 'GP' section shows 'GP DETAILS' with 'PRIMARY CARER' and 'NEXT OF KIN'. The 'Patient Diary' section features a search bar 'Search for records' and a table of appointments. The table has columns for 'Subject', 'Appointment Type...', 'Start Time', 'End Time', and 'Status'. The appointments listed are: 'carers' (Care Appointment, 10/10/2016 15:00 to 15:30, Scheduled), 'carers' (Care Appointment, 10/10/2016 15:00 to 15:30, Scheduled), 'carers' (Care Appointment, 11/10/2016 15:00 to 15:30, Scheduled), 'outpatient' (Medical Appointment, 12/10/2016 15:00 to 15:30, Scheduled), 'carers' (Care Appointment, 12/10/2016 15:00 to 15:30, Scheduled), and 'carers' (Care Appointment, 13/10/2016 15:00 to 15:30, Scheduled). To the right of the table is a calendar view showing dates from 26 to 2. The calendar cells contain text like '15 Appoin' and '15 Appoir'. A checkbox 'Include Connections' is located below the calendar. At the bottom, the 'Owner' is listed as 'One, Delegate' and the status is 'Active'.

Microsoft Dynamics CRM | CASE WORK | People | Langenbach, Sena | Create | Enter Search Item | One, Delegate CscHealth

+ NEW | DEACTIVATE | CONNECT | REQUEST DATA | ASSIGN | OPEN DOS | CMFT ICE

Langenbach, Sena | Born 21-Apr-1945 (71y) | Gender Male | NHS No. 806-822-4754 | Address 38 Avondale Rd #79, Sale, M32 7IN | Phone 0161 964 5453

Country/Region --

GP

GP DETAILS | PRIMARY CARER | NEXT OF KIN

Patient Diary +

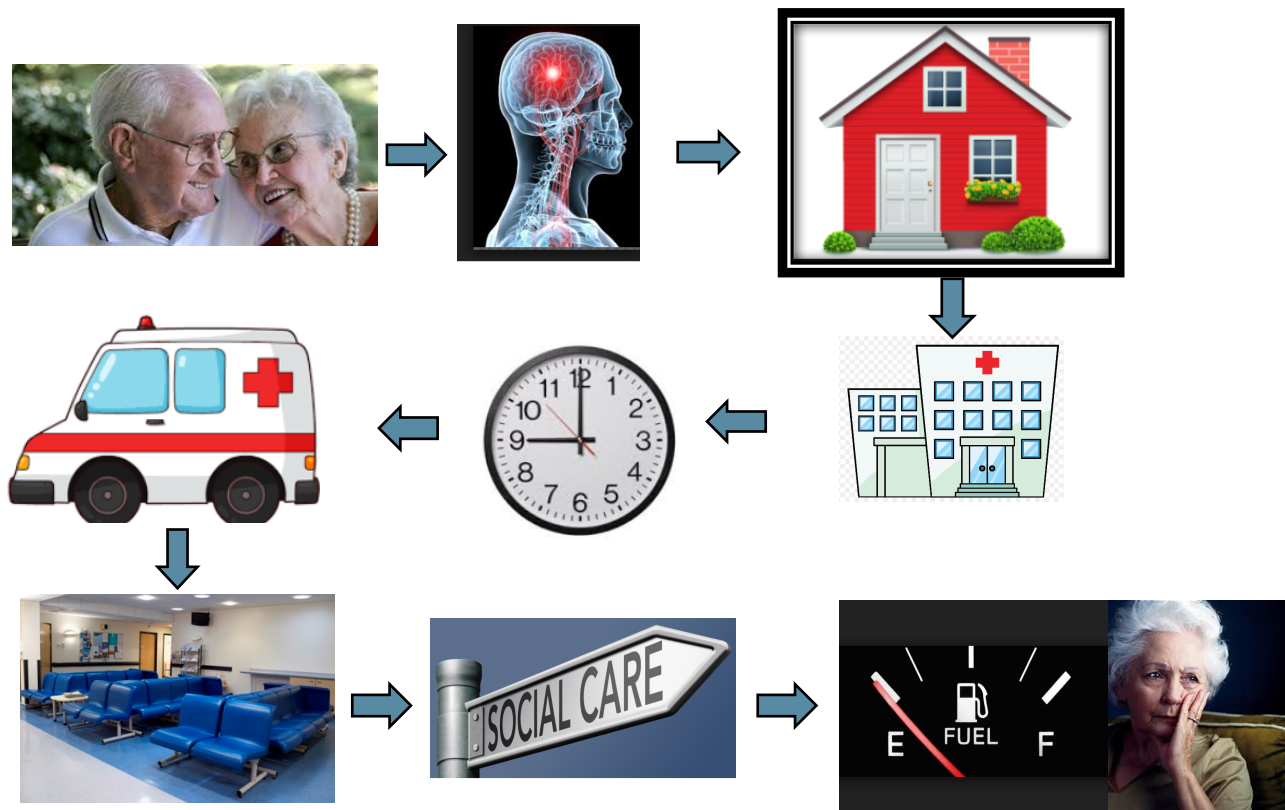
Search for records

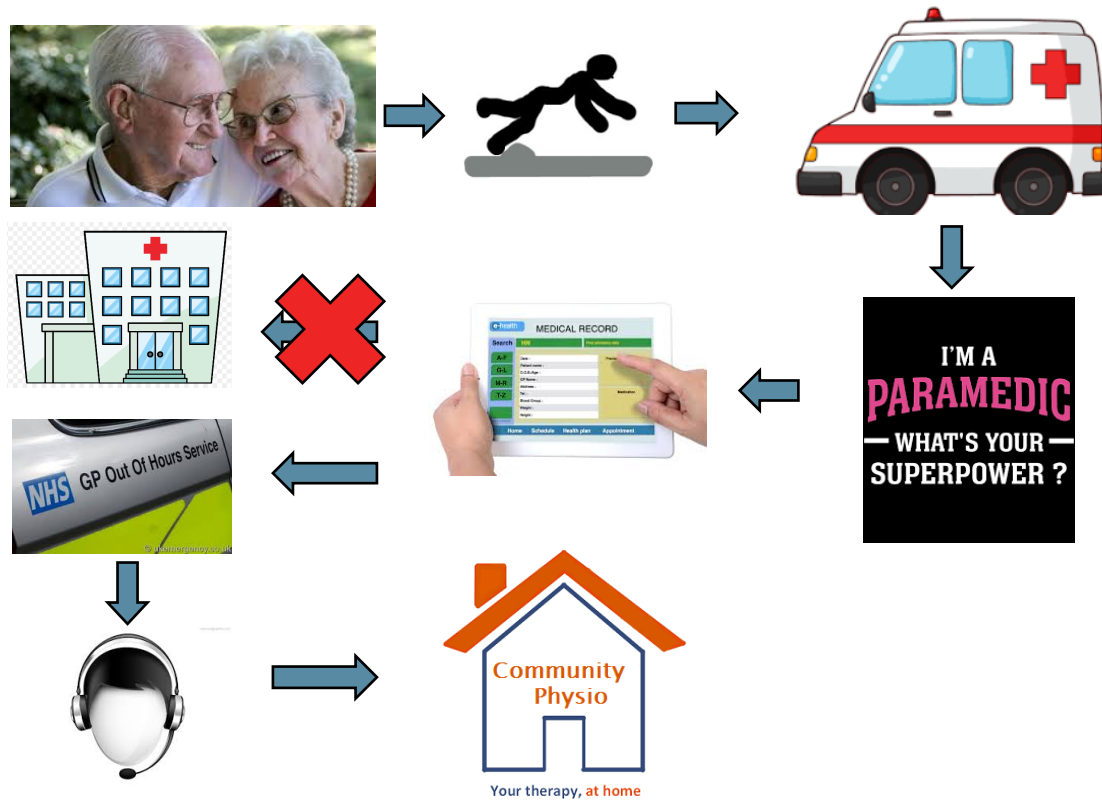
Subject	Appointment Type...	Start Time ↑	End Time	Status
carers	Care Appointment	10/10/2016 15:00	10/10/2016 15:30	Scheduled
carers		10/10/2016 15:00	10/10/2016 15:30	Scheduled
carers	Care Appointment	11/10/2016 15:00	11/10/2016 15:30	Scheduled
outpatient	Medical Appointment	12/10/2016 15:00	12/10/2016 15:30	Scheduled
carers	Care Appointment	12/10/2016 15:00	12/10/2016 15:30	Scheduled
carers	Care Appointment	13/10/2016 15:00	13/10/2016 15:30	Scheduled

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Owner: One, Delegate

Active





Diabetes



32
One in 32
People
Diabetic

60
Percent
increase in
cases over last
10 years

Diabetes in Numbers

3
One in 3
People
Pre-Diabetic

10
Percent convert
to diabetes
each year

24,000
People Die
Prematurely Each
Year
Linked to Diabetes



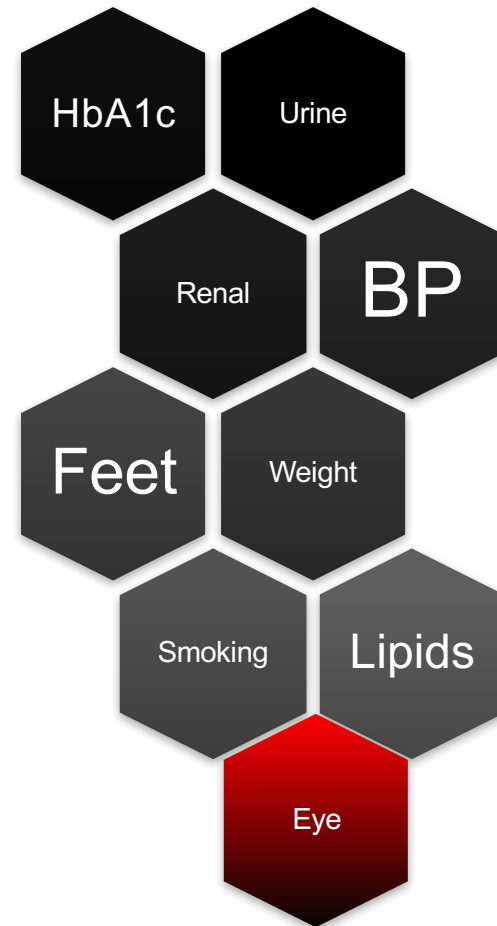
10
Billion
Annual NHS
cost diabetes



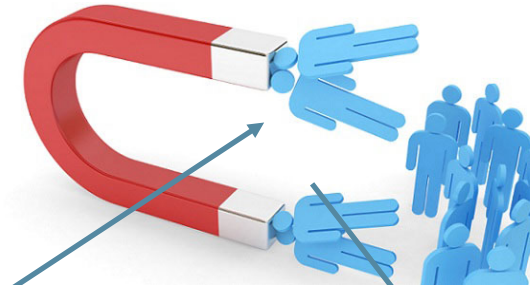
16.9
Billion
Annual NHS
Cost 2035

80
Percent of Total
Cost Spent on
Complications

Gaps in Care- Diabetes



Population Health Management



In Summary:



Analytics, education and performance management for primary care

Analyses to inform **intelligent** commissioning



Collaboration with specialist care subject matter experts to inform complex care management



TCCC **collates existing and additional datasets** from across multiple partners to permit extensive and novel analyses



Collaboration with other key players in Manchester)

TOC

Use theory of constraints to achieve **system-wide optimisation** rather than counter-productive local optimisation

