New care models

NHS

The multispecialty community provider (MCP) template Integration Agreement – overview

Supporting document to draft multispecialty community provider Contract

Our values:
clinical engagement, patient involvement, local ownership, national support

December 2016

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Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Context

In the partially integrated MCP model, practices continue to deliver core general practice under existing contracts general medical services (GMS)/personal medical services (PMS)/alternative provider medical services (APMS). The MCP Contract will set out requirements on the MCP provider to integrate services with general practice in order to deliver the whole care model with sufficient involvement of primary care. The Integration Agreement (IA) will ensure that GPs involved have the necessary commitment to integration for the MCP to succeed.

Given the need to ensure sufficient involvement of primary care, the current version of the IA is focused on the primary care element of the care model, with the MCP's element set out predominantly in the MCP Contract. Local sites are able to amend the IA as necessary so that it goes further and captures additional actions that the MCP will be committed to, and through which they can support GPs in delivering the care model. This would be over and above the integration requirements already set out in the MCP Contract.

The Integration Agreement will perform two main functions:

1. To create a framework for shared governance and decision making between practices and the MCP; and

2. To set out how the integration of services will be affected, setting out the primary care contribution to the MCP care model. This element should be able to evolve as local circumstances change, but will always need to mirror the MCP's obligations to integrate with primary care, as laid out in the MCP Contract.

Shared governance and decision making

Area	Requirement to be captured in an Integration Agreement
1. Shared vision and delivery of system outcomes	• Commit to delivery of system outcomes in terms of clinical matters, patient experience and resource allocation • Develop and participate in the risk reward scheme where all share in savings generated by reduction in acute activity • Commit to delivering the best possible care for the whole population • Adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support
2. Working together	• Commit to work together and to make system decisions on a 'best for service' basis • Establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance • Adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing our respective obligations in this agreement • Co-produce with others, especially service users, families and carers, in designing and delivering the service
3. Decision making	• Take responsibility to make unanimous decisions on a 'best for service' basis

The integration commitments

The integration commitments will reflect the national view of the level of integration that is required between primary care and other services in order to deliver the MCP care model. Whilst the specific commitments set out in the template IA will not be mandatory, the extent to which the providers have come together to deliver an integrated MCP care model will be tested through the Integrated Support and Assurance Process (ISAP), and therefore this draft should be seen as an indication of the level of commitment that we think is likely to be required to make the model a success. Alongside these, it is likely that local schedules will need to be completed, setting out the specific practice contribution and referencing local systems, processes and protocols. Suggestions for the local detail that could be set out in these schedules is captured in the template agreement, for example in clause 6.1 (e), where the locally determined clinical hub model is referenced, in order to be detailed in the schedule 3.

The requirements that reflect this national expectation (and the suggested interface with locally agreed elements) are captured in the table below, and are included in the template Integration Agreement.

Area	Requirement to be captured in an Integration Agreement
1. Shared vision	• Practices agree to the shared vision for MCP
2. Agreement of common protocols	• GPs work towards reducing variation and unnecessary admissions (where appropriate) by agreeing a common set of pathways and protocols with the MCP • Practices will support simplified integrated co-ordinated routes into unplanned care, including through the use of clinical hubs where agreed with the MCP • Practices adhere to local transfers of care protocols
3. Identification of patients	• Practices agrees stratification approach with the MCP, and how this will be applied at practice level [specific practice requirements set out in relevant schedule] • GPs to identify patients with potential acute illness and provide anticipatory care
4. Participation in and signposting to core MCP services	• Commitment to the preventative initiatives within the MCP care model [specific practice requirements set out in relevant schedule] • Practices will support signposting to services made available by the MCP as part of the care model
5. Multidisciplinary teams	• GPs and their teams will work with MDTs in an integrated way, including to ensure timely discharge [locally agreement for running of MDTs set out in relevant schedule] • GPs will support the clinical hub model where agreed by MCP [specific practice requirements set out in relevant schedule]

Area	Requirement to be captured in an Integration Agreement
6. Shared systems and access to information	• Practices need to be party to a 'data sharing agreement' with the MCP setting out how all key data will be available to inform decision-making • Practices will adhere to data quality standards in line with local agreement [refer to relevant schedule] • Practices to contribute to summary care record [the detailed requirements are set out in relevant schedule] and ensure the information they provide is kept up to date • Practices will need to make their booking system accessible to the MCP under agreed local protocols [specific practice requirements set out in relevant schedule] • Practices agree to strategic alignment in terms of the approach to systems and technology [specific practice requirements set out in relevant schedule] • Practices agree to supplying business intelligence for MCP model of care as this is key to enabling analysis to improve efficiency [specific practice requirements set out in relevant schedule]
7. Estates plan	• Practices contribute towards and agree a shared estates strategy for the MCP, setting out how current premises will be used to support delivery of the model
8. Workforce	• Practices contribute towards a shared workforce development strategy and workforce plan with the MCP • Practices will work with the MCP to utilise primary care resources effectively set out in relevant schedule • Practices will contribute to the MCP's organisational development, workforce and training and education strategies, and practices will participate in that process as part of sustainability of high quality services in the MCP • Practices agree that staff will participate in MCP development/ learning programme
8. Access	• GPs will work with the MCP to achieve local primary access requirements

The NHS Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including:

- NHS England
- Care Quality Commission
- Health Education England
- The National Institute for Health and Care Excellence
- NHS Improvement
- Public Health England

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