Independent Healthcare Providers Network

Community Health Services

What does good look like?

Foreword

When we think about healthcare in England, particularly if we look at both media and political coverage, hospital care and general practice continue to dominate the headlines. It's understandable, of course, but at times you would be forgiven for thinking that there's little or no care being delivered in the community.

Even the title that often gets used for community services – 'out-of-hospital care' – defines community services against those delivered in a hospital setting. It has never been more important to break that mindset and see community healthcare services as the essential building block to a modern, responsive health service.

This report demonstrates that community health services play a crucial role in enhancing overall population health and providing essential treatment in homes and other community settings. Most of us will know someone who has had contact with a community health service recently – in fact, NHS data estimates that over 100 million contacts are made with community services each year.

Moving more services into the community, and out of hospital, is core to the NHS long term plan, and it is disappointing to see that the aspirations are not being achieved as quickly as policy makers and patients might have wanted. The reasons for this are complex – some of which are discussed in the report – and with a changing commissioning landscape to boot, being able to procure community health services well is increasingly important.

Independent providers, many of whom are IHPN members, form an essential part of the group of organisations that currently deliver community services in England. The services they deliver bring much needed capacity, but more than that, they deliver capability in the form of innovation and improved productivity and patient outcomes.

This report showcases the good work that is going on around the country – where collaborative partnerships between systems and independent providers have resulted in excellently delivered services. Borrowing two well used phrases and the title of this report, the case studies depicted show "what good looks like" and "the art of the possible". I want to thank all the contributors who have shared examples of their work, which has made this report an engaging and informative read.

More than that, I hope that the case studies act as a catalyst for change and encourage the direction of travel that is wanted – more services like these being delivered for patients in the community.

—

David Hare
Chief Executive, IHPN

Context and the work of IHPN

Over the past few years, IHPN has developed a programme of work supporting our members and NHS England to deliver high quality health services in the community. Our work has ensured that we understand the complexities that sit around community health services, whether that be data, funding, workforce or commissioning.

Identifying and collecting robust data on community services has been a persistent challenge. IHPN and its members have collaborated closely with NHS England on this issue, initially to understand the challenges for non-NHS organisations to submit to the Community Services Data Set (CSDS), and more recently efforts have been directed towards enhancing data collection, ensuring its timeliness, usefulness and ease of submission. This has included work on the development of the CSDS, e-forms and the faster data flows project.

We have also supported "new" services as they develop, whether that be virtual wards, the new intermediate care framework, or community diagnostic centres. Independent providers bring much needed capacity as well as capability, and involving independent providers in discussions with NHS England as new services are being developed has been critical.

IHPN works closely with key stakeholders, and it's valuable when key NHS England community health services leaders come and talk to our members to explain their priorities, listen to feedback and build a greater understanding of the environment. Recent speakers from NHS England have included Matthew Winn, James Sanderson, Stephanie Somerville, Sam Sherrington, Amanda Doyle and Jenny Keane to name but a few.

When we look at the broader commissioning environment, aspects such as net zero, other NHSE supplier asks (including modern slavery and social value), and the new Provider Selection Regime (PSR) all impact on community health services. IHPN has been working closely on all of these, including our own voluntary industry wide net zero target of 2035 and the associated work programme that supports all providers on their organisational sustainability journey.

Progress towards implementing the new provider selection regime has been made, and we are pleased to see that the latest from the government is that rules around transparency for decision-making will be tighter when the new rules come into force. It is also a positive sign that there will also be a new independently-chaired panel to oversee complaints from providers around accreditation and patient choice.

Finally, IHPN's safety and quality work programme underpins everything we do. **CQC data shows that 91% of independent providers delivering community health services are rated good or outstanding**. Our Regulatory Team supports our community services members by running bespoke sessions on safety and quality for virtual wards as well as broadening the scope of existing activities, such as including community services providers in our Share and Learn sessions.

Community providers are also actively involved across our three main forums, Clinical, HR and Digital Leaders, as well as our newer forums like the Infection Prevention and Control and the Clinical Diagnostic and Imaging forums, supporting clinical leaders to keep up to date and network.

The transition from NHS England's Serious Incident Framework (SIF) to the Patient Safety Incident Response Framework (PSIRF) is an important change from a patient safety, regulatory and commissioning perspective.

Community providers have worked closely through IHPN's PSIRF Reference Group and Learning from Patient Safety Events (LFPSE) groups to make sure they are making the necessary changes to policy and plans, and that their staff are trained in the new approach.

This report features an array of case studies which show the variety and outstanding performance of the delivered services from independent providers.

These examples showcase a tangible impact on patients, reinforced by good data and positive patient feedback. Thank you to all our members who have contributed such great examples – it was inspiring to see the tangible positive changes that partnerships forged between the independent sector and the NHS have had on patient outcomes.

—

Millie Tozer, Policy Officer IHPN
Danielle Henry, Assistant Director Policy and Programmes IHPN

What do we know about Community Health Services in England?

The primary goal of community health services is to promote people's wellbeing and enable them to remain independent in their own homes. However, achieving the vision of moving more services out of hospitals and into the community is challenging.

A recent Nuffield Trust report found that when looking to other countries, reforms and strategies in the NHS have not been matched by the long-term reallocation of resources and aligned policy making that is needed to support more community-led service delivery.

The long-term strategic direction that our health system needs to take – less treatment in hospital, more delivered in the community or at home – is clearly spelt out and is stamped throughout NHS England's Long-Term Plan – but what is the reality of community health services in England?

Community health services can be complex to define, but are generally made up of physiotherapy, podiatry, nursing, intermediate care, virtual wards, to name but a few. Unlike the episodic nature of elective and emergency care, community care is often multi-layered and ongoing.

All this can make it challenging to comprehend what is the community services offer to patients. What can a patient expect to get, and do we really know what 'good' looks like when we get it?

Community care support is often provided over the longer term, and most frequently to children, older people, and those with chronic conditions, or those nearing the end of their lives. Services are delivered in a multitude of settings, including in people's own homes, community clinics, community centres, schools, and care homes, as well as hospitals.

We know that there are over 100 million contacts made with community services each year (NHS Digital) – these could be a visit from a district nurse at home, a child attending a speech and language clinic, or a patient getting a blood test.

Who provides community health services?

The provider landscape for community health services is made up of approximately 800 providers delivering services in the UK. NHS-delivered services remain an important part of the community health offer, however independent providers alongside voluntary groups and social enterprises, play a substantial role.

In fact, recent data suggests that as many as 70% of community health services are provided by non-NHS organisations, who bring not only much needed capacity but also innovation, agility, and high-quality patient outcomes.

The diversity of community health services means there is an extensive range of providers offering a wide variety of services, and this is reflected in IHPN's membership.

Community services provided by our members include the more conventional services like diagnostics delivered in community settings, virtual wards, discharge support and bridging care packages, as well as innovative musculoskeletal (MSK) and rheumatology programmes, dermatology services (including minor surgery), and hepatitis C treatment programmes in prisons.

Some providers deliver services in a small number of geographical locations whilst other are nationwide – so the picture is both broad and diverse.

What funding is available?

NHS England allocates approximately £10 billion annually to community health services, although the lack of clarity around defining what community health services include means that the actual spend and reach is probably far greater.

Nevertheless, this amount still accounts for a relatively small proportion of the total spend on health and care which stands at around £180 billion each year – around 6% of the total. Policy ambitions to shift services services from hospitals to the community should be seen within this context.

As well as NHS-funded services, local authorities also directly deliver or commission a substantial portion of community health services, most of which fall under the banner of "public health".

About a decade ago, these functions were transferred from the NHS to local government and are funded by an annual direct grant from the Department of Health and Social Care.

However, the Local Government Association (LGA) recently disclosed that the public health grant (approx. £3.5 billion per year) has been cut by 24% in real terms per capita since 2015/16, equivalent to a total reduction of £770 million since 22/23.

The LGA suggest that the cuts have predominantly impacted deprived areas with the highest levels of health inequalities. Notably, these areas of high economic deprivation are already where access to care outside of hospitals is most under pressure.

HCRG Care Group, in partnership with Barnardo's: Providing integrated support to families from before children are born until they are up to the age of 19 (or 25 for those with special educational needs)

The Challenge:

Essex Child and Family Wellbeing Service (ECFWS) wants to ensure that everyone in Essex has the best possible start in life by having access to free, high quality and easy access to services in their community, school, family home or within one of the family hubs.

The Solution:

The service established its family hub model in 2017. The hubs provide integrated services in the heart of local communities for children, young people and their families to easily access a variety of holistic support and activities from ECFWS and other organisations.

The Result:

- 99% of children and young people reached their personal goals following a period of support.
- 98% of risks removed/mitigated for children and young people following subsequent assessments.
- 98% of young parents making more positive lifestyle choices following support.
- 97% of mothers saying their emotional wellbeing improved after support.
- 97% of children and young people supported being able to manage their care at home and avoiding hospital admission/extended stay.

The Reaction:

Essex County Council – extract from Essex Quality Account 2022/23

"The service has worked closely with commissioners but also, helpfully, been extremely proactive in proposing innovative working methods to explore ways of best supporting children and families in Essex"

Patient feedback

"Due to the recession money is tight for our family. Being able to attend a free stay, play and learn has really helped us. I am very impressed by the child friendly space, the range of toys and activities and the relaxed atmosphere. Thank you."

"Baby massage was so helpful as I was very nervous about going out and overwhelmed with her crying and not being able to cope. The baby massage introduced me to a new group of mums that were in a similar situation and gave me confidence to go out on my own."

"I am so grateful that I am able to come to these events. Without you, I'm unable to go through the year with five children as a single parent. Thank you."

What does the workforce look like?

Community health services employ a broad range of health professionals such as community nurses, district nurses, allied health professionals (including physiotherapists, speech and language therapists, occupational therapists, and podiatrists), health visitors and dentists. Clinical input into care is most often provided from GPs, but other specialties are involved depending on the service provided.

The Nuffield Trust[1] recently reported that combined community staff make up an estimated one-fifth of the total NHS workforce. Information collected by NHS England estimates that, across providers commissioned by the NHS, 33% of community services staff are registered nurses, 25% are health care assistants and unregistered staff, 21% are allied health professionals, and 18% are other non-clinical staff.

Community service providers have raised concerns about staff recruitment and retention. These issues are apparent across the heath system, but it is worrying in the context of community services, especially when combined with a lack of staff, funding challenges, and increasing demand for services.

Medefer: Addressing workforce challenges in North East London

The Challenge:

A North London ICB faced a significant challenge in recruiting additional permanent consultants and using temporary locum workforce had negatively affected both waiting times for patients and the system's finances.

The Solution:

A CQC-regulated provider of remote specialist services, Medefer was commissioned to deliver remote clinical care for routine (non-cancer) gastroenterology referrals from GPs. However, remote care has its limitations, such as the reliance on local diagnostic services and the need for some patients to be seen face-to-face. This called for close collaboration between the Trust and Medefer, involving clinical teams, to align virtual-physical pathways for safety, and management teams to ensure seamless access to diagnostic facilities.

The Result:

- Average referral time reduced to 35 hours
- Reduced outpatient waiting time by 7+ weeks
- Achieved savings of 31% in comparison to Trust-delivered outpatient service

The Reaction:

Tracy Rubery, Director of Transformation, says: *"Medefer were open to listening and adapting their pathway to ensure it worked for everyone. Building the relationships with the GPs and Clinical Lead have paid dividends and that's a huge part of what finds us in the position we are in today with a successful service for our patients."*

Dr Sanomi, GP clinical lead: *"Medefer, as a virtual service has changed the landscape of Gastroenterology services locally, for good. It is great to have such a responsive provider, that is continually striving to deliver a quick, efficient, cost-effective and innovative service with the engagement and support of stakeholders."*

What is the demand for services?

Demand for community health services remains high. **Unfortunately, reliable data on community health services is still lacking in many areas.** While providers continue to work with NHS England on developing data collections which work for alternative care delivery methods, the statistical picture of community care is not yet on a par with hospital-based care data.

Based on the latest data (August 2023), **over one million people are waiting to receive community health services, with more than 208k waiting more than 18 weeks, and of that, nearly 32k have waited more than 52 weeks.** Approximately, 80% of people are being seen within 12 weeks, although there are problems in some areas - children's speech and language therapy, for example, where waiting times are far longer.

One of the questions which remains about the wider elective waiting lists (on which there are in excess of 7.7 million people waiting at time of publication), is the extent to which patients here could in fact be seen or treated in a community setting.

It may be advantageous to patients, and more cost effective, to consider whether a proportion of those patients could be identified and "relisted". Where it is possible, providing non-urgent medical care in community settings could free up hospital resources, reduce waiting times, and offer more . convenient and accessible care options for patients.

Healthshare Group: Rheumatology One Stop Mass Clinic in North West London ICS

The Challenge:

Secondary care rheumatology waiting lists in Northwest London (NWL) exceeded 40 weeks, placing the NWL ICS under significant stress and prolonging patients' care.

The Solution:

Imperial College Hospital Trust and Healthshare Group co-designed and delivered a Rheumatology One Stop Mass Clinic (ROSMaC) waiting list initiative as a pilot programme. The model employed consultant-led one-stop-shop mass clinics with point of care ultrasound as part of the orthopaedic and rheumatological pathway in the community. Under ROSMaC, patients were assessed by an Advanced Physiotherapy Practitioner (APP) with specialist rheumatology training. Following a clinical assessment and consultation with the onsite consultant rheumatologist, the APP agreed a management plan or arranged necessary investigations for a working diagnosis.

The Result:

- The region's rheumatology wait times dropped to 4 weeks on average
- The average number of appointments required to reach a definitive diagnosis was more than halved (from 3.19 to 1.23)
- Average savings per patient reached £125
- 43% of patients received diagnosis and management plans on the same day

The Reaction:

Relmran Sajid, NWL Clinical lead for MSK and Diagnostics action: *"The service enabled a rapid recovery of a sector-wide critical backlog within rheumatology services. It innovatively utilised advanced practitioners and GPs, working at the top of their license, to assess and treat an appropriate cohort of rheumatology patients, whilst also maximising consultant resource, allowing a single consultant to review and see around 50 new patients in a day."*

Circle Health Group: Community dermatology in the Black Country

The Challenge:

Circle Integrated Care (CIC), part of Circle Health Group, took charge of Wolverhampton's Community Dermatology Service in March 2020, during the pandemic, and subsequently inherited long backlogs from the acute trust and incumbent providers.

The Solution:

Operating under a hub and spoke model, the service collaborates actively with local providers to consistently improve care pathways, meet the demands of patients and achieve health objectives.

Tailored to the local population's needs, the service was developed in partnership with Black Country ICB and local stakeholders. Adopting digital services and innovative technology (including the use of e-forms and Robotics) enabled CIC to streamline processes, while remote patient management and shared decision making empowers patients. CIC's fully integrated digital patient record management reduced clinical variation in line with guidelines without disrupting care.

The Result:

- Successfully and safely transitioned 1,800 patients
- Delivered 96% of the activity in the community in Wolverhampton, with secondary care referrals reduce to 0.4% and Did Not Attend rates reduced to 7%
- 97% of patients feel they were treated with dignity, 96% felt actively involved in decision making, and 86% improvement post treatment as evidenced by clinical outcome measures.

The Reaction:

Commissioning Manager, Black Country ICB, says: *"Circle mobilised the entire service during Covid, overcoming workforce challenges as well as mobilising a community phototherapy service during Covid to support our local Trust. Circle also deliver an enhanced service - biologics and DMARDs (Disease-modifying* ely *anti-rheumatic drugs) in the community. The service was able to significantly reduce waiting times post Covid within 6 months and mobilised innovative digital pathways to connect directly with patients so they could access the service more easily."*

Connect Health: Community MSK services in Herts and West Essex

The Challenge:

In Hertfordshire and West Essex, data on musculoskeletal (MSK) related problems showed that 24% of the population consulted their GP annually with 16.5% with back pain, 17.1% with knee osteoarthritis, and 10.5% with hip osteoarthritis.

The Solution:

Connect Health stepped up to deliver community MSK services through personalised care and improved patients communications. This included the provision of Patient Initiated Follow Up care (PIFU), Shared decision-making conversations with patients on treatment and management plans included offering choice to patients in case of referral to secondary care and establishing a safety net for patients with worsening symptoms.

The Result:

- Patient quality of life improved by around 25%
- Waiting times reduced by 41% between January 2019 and July 2020
- Feedback surveys found the likelihood of recommending these services grew from 70% to 85%

What is the quality of community health services?

Community health services, like other health and care services, are regulated by the Care Quality Commission. The most recent ratings (reported in October 2022) found that 75% of all community services are rated as good and a further 13% rated as outstanding. When looking just at independent providers, CQC data shows that 91% of independent providers delivering community health services are rated good or outstanding.

The case studies described in this report show the positive experiences that patients have from independent providers delivering community services. Below are a sample of quotes from patients:

"Very helpful and efficient. The service allowed my case to move forward, getting the necessary tests and eventual diagnosis."

Medefer

"Excellent and thorough consultation, with the opportunity to discuss things without being hurried. Helpful explanations and given resources to help. All things clearly explained. Brilliant!" *Healthshare*

"I have just lost my partner of 25 years and the support I have received from all HomeLink staff was incredible. The support, compassion and care was… I can't put it into words. You can be proud of your staff."

HomeLink (N&W)

"Efficient, comprehensive, and affable. My questions were answered and my symptoms were effectively explained to me. A recovery program was proposed. My expectations and needs from the appointment were effectively met! Thank you CIC." Circle (Bedfordshire)

HomeLink Healthcare: Addressing capacity issues in Buckinghamshire Health Trust

The Challenge:

Ongoing delays in discharging patients meant that in-patient bed base was at capacity, with beds occupied by patients medically fit for discharge. This led to problems with patient flow and reduced availability of 'step down' care, as well as creating a continuous back log of patients for intermediate care teams.

The Solution:

Buckinghamshire Health Trust (BHT) commissioned HomeLink, who conducted a Point of Prevalence survey, consulting with the ward nursing team to estimate the percentage of patients that could be transferred into their care. Based on the results, they collaborated with BHT to create a bespoke service aimed at improving patient flow and supporting BHT's intermediate care teams.

The Result:

- Service mobilisation took just 9 weeks, with 115% of required visits completed in first six
- 951 bed days saved in first 18 weeks of operating (average of 9 hospital bed days per patient)
- 97% of patients would highly recommend

The Reaction:

Jenny Ricketts, Director of Community Transformation, BHT: *"I've worked with a lot of providers and HomeLink Healthcare are a very professional organisation. Every member of my team has said how respectful and courteous the staff are.…It has been a pleasure to work with a partner who does exactly what they say they will."*

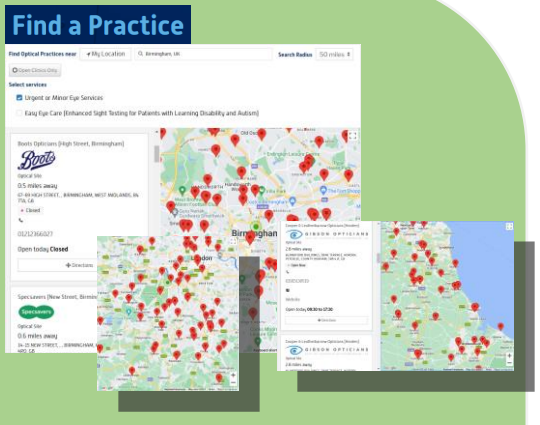
Patient: *"The staff have been brilliant. I'm going to miss everyone."*

Primary Eyecare Services is the largest not for profit primary and community eye care provider collaborative, partnering with Local Optical Committees (LOCs) to support the provision of a range of NHS-funded eye care services via more than 2,300 local optometry practices nationally.

Working with NHS commissioners and Trusts, Primary Eyecare Services' eye care services are delivered through a network of optometry practices, from small independents to large national chains. Their aim is to transform primary and community eye care for the benefit of patients, practices and NHS commissioners, by engaging the skills and resources of optical professionals.

Alongside LOCs, Primary Eyecare Services work with 29 ICBs (Integrated Care Boards), to support growing numbers of people through primary and community eye services, facilitating care for over 580,000 patients in 2022/23.

Access to Urgent Eye Care



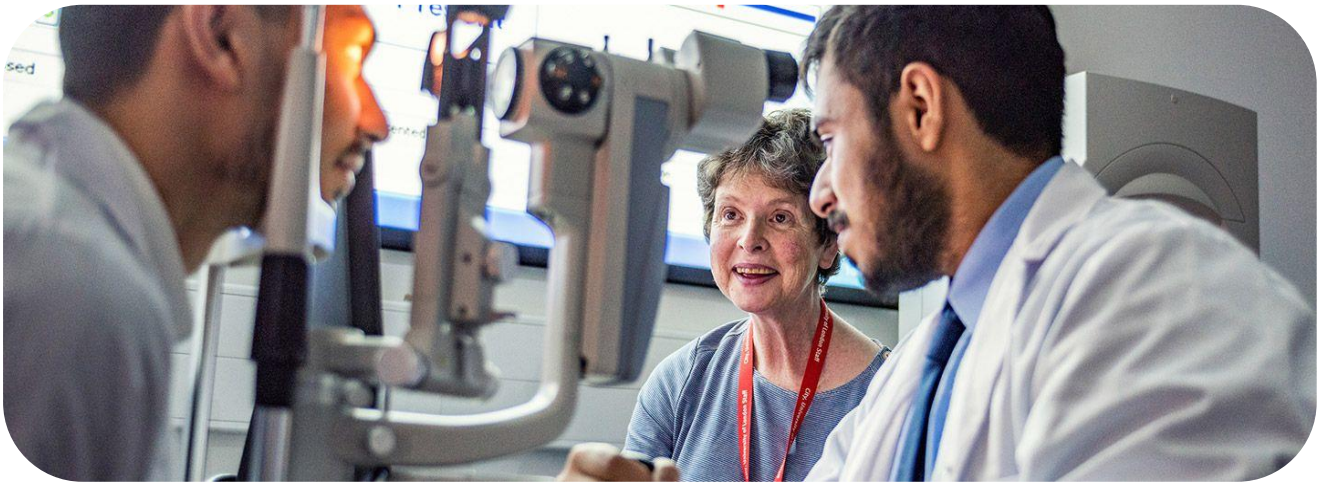
The Challenge:
Access to Urgent Eye Care during and following the COVID pandemic, with large demands on hospital eye services was the primary challenge. Primary Eyecare Services worked with the NHS and optometry partners to mobilise the COVID Urgent Eyecare Service (CUES) at pace, ensuring patients had safe, quick and easy access to urgent eye care without needing to go to hospital during the COVID pandemic.

The Solution:
CUES was developed in 2020 by national eye care organisations and NHS England. The service provides remote and face to face urgent assessment, treatment, or referral for sudden onset eye problems such as flashes, floaters, vision loss, red eyes, and minor eye injuries.

Delivered by a network of local optometry practices, the services have continued as the Community Urgent Eyecare Services. Delivered in 19 ICB areas by 1,158 optical practices, the service allows patients care closer to home supporting with ophthalmology capacity issues. CUES also utilises Independent Prescribing Optometrists and Ocular Coherence Tomography (OCT), imaging allowing clinicians to work at the top of their license freeing up hospital and GP appointments.

The Result:
In 2022/2023, there were 292,322 CUES episodes delivered across England in CUES services commissioned via Primary Eyecare Services. Of those episodes, 81.2% were managed exclusively within the CUES service and just 11% were referred onward to secondary care ophthalmology. 93,543 episodes were signposted into CUES from other healthcare professionals, releasing first contact care appointments across General Practice, hospital eye services, pharmacy, A&E, and NHS 111, as well as those released because of patients accessing the service directly through self-referral.

The Reaction:
Manisha Kumar, Chief Medical Officer, NHS Greater Manchester, said: "CUES provides patients accessible urgent eye care in the community, meaning patients can see an eye care specialist right away and reduce pressure on GPs and hospitals. The service shows the difference collaborative working across primary and secondary care can make, allowing us to treat residents with timely, high-quality care in the community."



Specsavers: Delivering optometry services across multiple regions

Specsavers delivers eye care in community settings, with over 750 Specsavers sites across England. Through their extensive network of optometrists and opticians, Specsavers ensures that people receive timely and quality eye care.

Their collaborations with NHS organisations underscore their commitment to providing accessible and reliable eye care to local populations.

In Greater Manchester, Specsavers partners with the NHS (via Primary Eyecare Services) to deliver eye care services through two pathways: the Glaucoma Enhanced Referral Service (GERS), which filters referrals from other services, and the stable glaucoma monitoring service, which is called Primary Eye care Glaucoma Service (PEGS).

Specsavers optometrists work with other primary care optometry practices in partnership with the NHS in Greater Manchester to support hundreds of patients through these services.

GERS helps to identify patients at risk of glaucoma and improves referrals to secondary care, optimising resource utilisation and benefiting patients. Through the glaucoma monitoring service, patients have their tests completed within the community and results are then shared securely with the patient's ophthalmologist, streamlining the patients' experience and enabling collaboration between optometrists and ophthalmologists.

Specsavers actively supports their optometrists' development with additional qualifications, which has been central to the success of their community services. Through upskilling their workforce and fostering strong relationships with hospitals and GPs, Specsavers ensures efficient community care. The approach has significantly reduced referrals and false positives in glaucoma testing, enhancing patient outcomes.

Patient Quote: *"You saved my sight. You should be branded as sight-savers instead of Specsavers and I cannot thank you enough. I want to highlight the excellent service I received and the expertise that optometrists in Specsavers community practices provide."*

What is new in the community services space?

Community health services are the bedrock underpinning the aim to extend care outside of hospital. They are recognised in the recent recovery plan for urgent and emergency care and supported by the new framework for intermediate care.

Virtual wards are another important development. The implementation of virtual wards allows patients to be remotely monitored and cared for at home, rather than in a hospital bed, increasing capacity in acute settings and helping patients who would rather receive treatment at home, all whilst maintaining the quality of clinical care.

HomeLink Healthcare: Addressing capacity challenges in Norfolk and Waveney ICB

The Challenge:

Norfolk and Norwich Hospital (NNUH) faced a longstanding need to create additional acute capacity, which became more severe in 2020. The local context of a rural, widely-dispersed population makes community and home-based care difficult to maintain in a consistent fashion.

The Solution:

Homelink began delivering at home services through a number of pathways: Virtual Wards, Reablement, Early Supported Discharge, and Discharge to Assess - some of which included patient monitoring - as well as Bridging Packages of Care. Initially, a 'test and learn' pilot was conducted at NNUH with the financial, patient and system benefits evaluation leading to conversations across the other acute hospitals, community providers, and Norfolk & Waveney ICS. A Virtual Ward was developed at NNUH in 2019 and findings were used to improve subsequent service development.

Since 2020, they have worked with a team from the trusts and ICB to design and create additional Hospital at Home services including treating patients with more complex needs. Homelink has also provided short-term wrap-around support to frail patients, to reduce hospital attendance, and to support independence.

The Result:

- 45,000 bed days saved between Jan 2019 and April 2023
- Services were delivered at 45% of the equivalent in-patient cost
- 17% improvement in self-reported clinical outcome measures between 2019 and 2023
- Success led to new partnerships with James Paget University Hospital, the Queen Elizabeth Hospital King's Lynn (leading to an HSJ partnership award in 2023)
- Over 99% of patients would highly recommend Homelink

The Reaction:

Wife of Patient: *"I have just lost my partner of 25 years and the support I have received from all HomeLink staff was incredible. The support, compassion and care was… I just can't put it into words. You can be proud of your staff."*

Circle Health Group: Community MSK services in Bedfordshire, Luton and Milton Keynes ICB and South East London (Greenwich)

The Circle Integrated Care (CIC), part of Circle Health Group, delivers fully integrated NHS services in both the Bedfordshire, Luton and Milton Keynes (BLMK) ICB and South East London (SEL) ICB, specifically Greenwich.

These services encompass the management of the entire MSK system, including secondary care activity for patients over the age of 18. The scope includes problems with the muscles, joints, bones, tendons, ligaments, some nerve-related conditions, associated pain.

The Result:

- 85% of MSK activity in the area now takes place in the community – a 40% increase
- Elective surgery for MSK-related issues has decreased by 33%
- £38 million in savings over 7 years for the BLMK ICB
- 97% patient satisfaction

The Reaction:

Deane Kennett, Deputy Director of Community Contracts SEL ICB (Greenwich & Bexley): *"'Circle has supported by delivering COVID-19 related service (outside of their contractual obligations) at speed and without hesitation. They consistently look to innovate and improve services and have developed positive relationships with local providers, in an integrated manner."*

Patient: *"I thought service like this from an NHS establishment was a thing of the past. I cannot rate my experience highly enough. They keep to appointment times, staff are friendly and the medical staff make you feel like you're more than just a number. "*

In addition, Community Diagnostic Centres (CDCs) aim to deliver non urgent imaging and tests away from acute settings, in locations based in the community. CDCs aim to offer quicker access to diagnostic tests, reduce waiting times, improve early detection of illnesses, and ultimately enhance overall patient experiences and outcomes.

According to NHS England, there are now approximately 160 CDCs, with around 90 operational and the rest due to open over the next 12-18 months. Currently, 12 CDCs are led by independent providers and a further proportion have independent sector providers involved in the delivery of imaging services.

This remains a small proportion of the total particularly when compared to earlier ambitions by NHS England. The case studies below show how the independent sector can bring much needed capital as well as capability. We remain committed to demonstrating how the independent sector running CDCs provides good value for the public purse as well as high quality care for patients.

InHealth Limited providing multi-modality, co located Direct Access diagnostics for GPs across North Central and Northeast London

The Challenge:

Historically, referral pathways across London were inefficient with many patients having unnecessary consultant led appointments only to be referred on for a diagnostic test. In most cases, no further secondary care intervention was required. This often resulted in a higher cost to the commissioner due to unnecessary consultation appointments and longer waiting times for patients.

The Solution:

The InHealth service provides multi-modality, co-located Direct Access diagnostics for GPs across North Central and Northeast London, treating 225k patients each year. GPs refer patients directly to the service for the required diagnostic tests, and within 48 hours, patients are offered a choice of appointment date, time and location across the InHealth CDC Network.

The Result:

- Accessibility – all of the CDCs are on high street locations or alongside GP practices, with dedicated parking or close to public transport links.
- Waiting times – In 2022/23 virtually all patients were seen within the NHS Constitution access time standard of 6 weeks, with a significant proportion seen within 4 weeks, compared to the national average of under 75% seen within 6 weeks. GPs receive a full clinical report of the diagnostic test within 72 hours (compared to a 28-day standard for routine diagnostic imaging).
- Efficiency – InHealth achieves >99% clinic booking utilisation, and for their London CDCs, deliver a DNA rate of between 3% and 5% depending on modality. 98% of patients are contacted within 48 hours of referral to arrange their appointment, and over 40% of patients book their own appointment through InHealth's digital portal.
- Productivity – each CDC is open for up to 14 hours per day, 7 days per week with a cancellation rate of fewer than 0.5% of appointments for non-clinical reasons.
- All sites are CQC rated as "Good", with staff recognised for the "pride in their work and the service they delivered to patients and their service partners". Fewer than 0.2% of patients wait beyond their allocated appointment time, and the service delivers a Friends and Family test patient satisfaction score of 98%.

The Reaction:

Director of Strategic Commissioning & Procurement, North Central London ICB: *"'InHealth are an excellent and responsive provider, who are able to provide an essential service for our population. The provider has opened up additional facilities to accommodate better access across North Central London. The provider has also been flexible with capacity to enable us to manage our finances within envelope and has also invested in Open MRI, a substantial issue for the sector."*

Patient feedback: *"No wait, understanding staff (for special needs), clean, spacious, not crowded and calm. Excellent for special needs unlike the hospital."*

"Good location, good booking in for appointment. The most important part was that I was made to feel comfortable and informed for not the easiest of scans by the person who undertook this"

"My appointment was allocated very fast, place is modern and clean, friendly environment, got seen on time (even minutes before), staff very professional and efficient, was explained the whole procedure."

Medical Imaging Partnership Limited (MIP) – a community diagnostics clinic at the Amex Football Stadium for University Hospitals Sussex Foundation Trust and Sussex MSK Central Partnership

The Challenge

There was a need for rapid access community based diagnostic service outside of a hospital setting which tackled health inequalities in the Sussex area.

The Solution

In 2015, MIP established a community diagnostics clinic at the Amex Football Stadium, home of Brighton and Hove Albion FC, offering rapid access community-based. The facility was formally designated a Community Diagnostics Centre (CDC) in 2021 in recognition of its excellent transport links and a location that is close to areas of deprivation.

The CDC offers consulting rooms for medical and physiotherapy practitioners supported by a range of diagnostic tests comprising X-Ray, MRI, CT, Ultrasound, Spirometry in support of a breathlessness pathway, and phlebotomy. The centre is open 6 days a week, between 07.30 and 20.00.

MIP's service comprises triage and bookings, imaging appointments and reported results for patients referred from across Sussex. The model is robust and safe, assuring patients paramedical attention on site in the event of an adverse reaction to their assessment or other medical emergency. Patients are offered a choice of date and time, reducing 'did not attend' rates significantly.

The Result:

Over 89% of patients referred to the Centre are scanned or examined and reported within 7 days, and 97% are examined and reported within 5 days.

They adapted IT systems effectively to link access to results fully with the local acute system to ensure that the clinic is an integrated part of the local healthcare system and results are available at all stages of the patient journey.

They are also working with the local acute system to support training of the NHS clinical workforce and rotation of key NHS staff so that all practitioners have an opportunity to be exposed to all case mix. This is important given the professional shortages in Radiography disciplines.

The co-location with Brighton and Hove Albion FC, whose community links and emphasis on health prevention initiatives is strong, means that they have been able to offer match day health events, to promote the importance of investigations into cancer conditions such as skin and prostate cancer.

The Reaction:

Director of Elective Care at NHS Sussex, said:

"We are proud of the partnership that we have with Karen and the team at Medical Imaging Partnership. One of the key priorities for health and care partners in Sussex this year is to reduce the time people are waiting for treatment, and the work with the team at Brighton Diagnostic and Treatment Centre is helping to achieve this and improve care and support for our communities…. they have worked with us to develop new pathways and increase their offer to local people, providing real opportunities to enhance elective pathways"

Patients' comments: *"The member of staff that was there was amazing. He was comforting and professional and helped me so much during and after my scan. He reassured me so much with my anxiety and answered all my questions and I couldn't ask for a more helpful person to be in there!"*

"Professionally conducted and I am a VERY Happy patient"

Alliance Medical Limited delivering a Community Diagnostic Centre (CDC) in Oldham commissioned by the Northern Care Alliance NHS Foundation Trust

The Challenge

Oldham, Rochdale and the Bury area of Greater Manchester, has some of the highest levels of deprivation and poorest population health in England, and needed services to support the early and rapid diagnosis of a range of health conditions including cancer and cardio-respiratory disease.

The Solution

Alliance built a new facility which has provided much needed diagnostic capacity in a community setting, and in a location with great access for both parking and public transport, focussing on those disease areas most relevant to the local population A joint workforce strategy was agreed and both Alliance and NHS staff work side by side and together. The CDC has enabled innovative ways of working which includes:

- Radiographer-led resuscitation, enabling scans with contrast to be delivered 12 hours a day/ 7days per week
- Introduction of 4 new pathways - Cancer RDC (non-specific symptoms), Lung cancer, Head and neck cancer, Breathlessness with further pathways coming on stream soon

The Result:

- 28-day Faster Diagnosis Standard improved from 52.2% in Dec 2022 to 71.6% in March 2023
- Average number of days from referral to a cancer diagnosis being confirmed or ruled out reduced from 34 days to 28 days over the same period
- Savings of 20 days in the lung cancer pathway, with the time from referral to decision to treat reduced from 52 days to 32 days
- Reduced the diagnostic patient pathway by 24 days (from 51 to 27 days)
- Patient feedback and satisfaction surveys have shown that patients are very satisfied with the care they receive at the Oldham CDC and would recommend it to their family and friends.

The Reaction:

Jude Adams, Chief Delivery Officer, Northern Care Alliance: *"'Alliance Medical have fulfilled all of the requirements of the CDC programme for us. They are a partner who brings vision, expertise, experience, capability and have walked with us every step of the way to get things right for patients."*

Professor Sir Mike Richards, leader of NHSE diagnostic strategy, officially opened the CDC in March 2023: *"I was delighted to visit the Oldham Community Diagnostic Centre and see the national vision for Community Diagnostic Centres being put into practice. I talked to staff and patients and heard how this innovative approach developed by the Northern Care Alliance NHS FT and Alliance Medical is already starting to deliver rapid diagnosis in an accessible convenient location within the local community. I think this centre will be a superb asset for patients in Greater Manchester.""*

Patient Comments:
"Punctual appointments with no waiting time in their clean, modern facilities and waiting room. Excellent staff! I'm very impressed!"

A patient representative perspective

Challenges in commissioning for Community Health Services

The commissioning landscape for community health services is undergoing significant changes, driven by two major factors. Firstly, the impending introduction of the Provider Selection Regime (PSR) as described below. Secondly, NHS England has introduced new requirements for suppliers, focussing on aspects like building social value, eliminating modern slavery from supply chains, and achieving net zero environmental impact.

This follows on from the establishment of Integrated Care Boards (ICBs) in England in July 2022 which, as statutory NHS organisations, are responsible for developing comprehensive plans to address the health needs of the population, managing the NHS budget, and ensuring the provision of health services in the Integrated Care System (ICS) area.

What we know about the Provider Selection Regime (PSR)

The Health and Care Act 2022 introduces new regulations for procuring healthcare services within the NHS. It makes provision for the introduction of the Health Care Services (Provider Selection Regime) Regulations 2023 with the Provider Selection Regime (PSR) due to come into force on 1 January 2024.

The PSR's stated purpose is two-fold: firstly, to facilitate integration by removing barriers and increasing transparency through the publication of opportunities and awards, and secondly, to encourage the coordination of services in the best interest of patients, taxpayers and the population.

The PSR will still require organisations to adhere to various processes to evidence decision-making, including record keeping and issuing transparency notices. Competitive tendering will also remain a vital mechanism for organisations to utilise when deemed beneficial.

Practice Plus Group: Hepatitis C treatment programmes in prisons across multiple commissioning regions

The Challenge:

The World Health Organisation (WHO) has set a goal to eliminate Hepatitis B and C as a public health threat by 2030. To address this, the UK Government has identified prisons as a priority. Prevalence of the Hepatitis C antibody in prisons is approximately 6%, compared to 0.7% in the community, due to the higher proportion of prisoners having a history of having injected drugs.

The Solution:

Practice Plus Group delivers screening for Hepatitis C in collaboration with the NHSE, Gilead and the Hepatitis-C Trust, with the goal of achieving Hep C elimination within the 48 prisons and Immigration Removal centres using the services prisons by 2025. They offer BBV testing to all patients and have achieved micro-elimination in over half of their nationwide service. The quick and easy testing approach has resulted in increased uptake, as patients are more inclined to accept the offer of testing due to the short amount of time it takes to receive results.

The Result:

- In 2021/22, they initiated 1 in every 12 Hepatitis-C treatment in England.
- Screenings rose from 29.3% to 90.4%
- 2078 Hepatitis-C patients have been identified and 2057 have begun treatment

Other NHS England "supplier asks" – social value, net zero and modern slavery

Schedule 1 (section 7) of the NHS Terms and Conditions now sets out the requirements around the NHS Net Zero Supplier Roadmap, which includes social value and modern slavery (as well as Evergreen and Carbon Reduction Plans). Commissioners (and providers) need to be mindful of these three important aspects and give them due consideration when it comes to deciding how services should be procured.

LivingCare: Community diagnostic services commissioned by Leeds and Wakefield ICBs

LivingCare operates in the Leeds and Wakefield ICB providing 2-week cancer wait services as well as routine diagnostic services in the community, including gastroenterology, ENT, MRI, minor operations and much more. LivingCare has a commendable social values policy, demonstrating their commitment to shape and support the future healthcare workforce.

LivingCare goes beyond clinical practice to engage with the next generation of healthcare professionals by regularly visiting educational institutes to inform students of careers in healthcare and providing placements for nursing and medical student as part of their training programme. LivingCare invests significant time in programs like Speakers for schools and Inspiring futures, collaborating with local facilities to inspire young people to pursue healthcare careers. This approach exemplifies the positive impact that healthcare providers can have on the communities they serve, especially with the growing emphasis on social value in the healthcare sector and new commissioning asks.

Sciensus Pharma Services Ltd: Dispensing complex medications to patient's homes across multiple regions

Sciensus is involved in the provision of clinical services within patients' homes and suitable community settings, including administration of medications to patients with complex, chronic, and long-term illnesses. The organisation also trains patients, relatives and carers to administer medications, physio and occupational therapy. This enables those in the sub-acute stage of an inpatient stay to be treated at home.

Sciensus' social value policy and commitment to NHS Supplier asks is indicative of the impact the organisation has on patients and the wider community. In addition to supporting charities and patient advocacy groups with fundraisers, Sciensus has taken a leading role in environmental sustainability, with a dedicated ESG lead who works directly with stakeholders to drive corporate social responsibility and Net Zero objectives. This includes route optimisation of vehicles and adopting more sustainable vehicles, implementing a sustainable procurement programme, and a programme to reduce the amount of single-use plastic waste (notably PPE).

An established Equality, Diversity, and Inclusion (EDI) Committee, chaired and led by a member of the Executive Board, ensures fair treatment and equal accessibility for all clients and patients. Sciensus is partnered with a third-party organisation to provide on demand access to British Sign Language interpreters, promoting equal accessibility for the deaf and hard-of-hearing community.

Patient:
"I would recommend Sciensus without hesitation. With a diagnosis of cancer and all that goes with that, you're on a journey for the rest of your life. It's not always pretty but Sciensus makes it as pleasant as possible for people. I had an unforeseen reaction, and the Sciensus nurse arranged for a transfer to hospital just in case; it was safe, seamless, and he dealt with it perfectly."

Conclusion

Even though community health services in England are central to plans for the future of the health and care system, they are still poorly understood in comparison to other parts of the NHS.

We hear strong support in favour of community health services as suggested by “new” provision such as virtual wards and community diagnostic centres. But to really translate the ambition of the long-term plan into reality, community services will need greater focus at local and national level.

The challenges facing community services have been detailed in the report – workforce, funding, lack of good data, and changes to the commissioning landscape.

This report has gone some way to share examples of services that are happening around the country. The case studies show the value that community services bring and how through good commissioning, can provide great value to the public purse and excellent outcomes for patients.

Independent Healthcare Providers Network

Independent Healthcare Providers Network
84 Ecclestone Square
London SW1V 1PX