

AN EARLY TEMPERATURE CHECK

The Five Year Forward View

The National Health Service is confronting growing demands on its service and the impact of both demographic and lifestyle changes, all at a time when the financial straitjacket has rarely been tighter. The NHS's Five Year Forward View, launched in late October, proposes several new models of healthcare delivery which aim to address these challenges.

NHS England Chief Executive Simon Stevens has acknowledged the scale of the challenge, describing the NHS as “at a crossroads,” but noted that there is no single blueprint for introducing the level of change needed. “England is too big for a one-size-fits-all plan, and nor is the answer to simply let ‘a thousand flowers bloom.’ It’s horses for courses.”

FTI Consulting

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Against the backdrop of this need for change, FTI Consulting surveyed 302 healthcare professionals, comprising provider CEOs, Clinical Commissioning Group (CCG) leads and GPs, in conjunction with the Health Service Journal, to gauge views on future models of healthcare delivery. Our research focused on two proposed models; Multispecialty Community Providers (MCPs) and Primary and Acute Care Systems (PACS), and attempts to identify the understanding of and reaction to each of these. In doing so, this report marks the first empirical assessment in relation to these models of where attitudes lie among healthcare professionals following the launch of the Five Year Forward View.

New models

According to the Five Year Forward View, Multispecialty Community Providers can be broadly summarised as extended group practices of GPs, structured either as federations, networks or single organisations. Primary and Acute Care Systems, by contrast, are vertically integrated groups such as hospitals with their own GP surgeries, or may take the form of MCPs taking over district hospitals, so that different types of care operate within the same NHS organisation.



A groundswell of support

There is substantial support for both MCPs and PACS within the healthcare sector, with 81% of those surveyed stating they felt supportive of the former model, and 70% supportive of the latter. There are subtle differences in the opinions of provider CEOs, CCG leads and GPs, which are explored later in this report, but the broad outlook on change appears to be positive.

Knowledge lags awareness

As expected, knowledge lags awareness. While majorities of all three groups of respondents say they are aware of both the MCP and PACS care models, they admit to having little in-depth understanding of either.

Encouragingly, provider CEOs and CCG leads report the highest levels of awareness of the new models, at 84% and 94%, respectively, in the case of MCPs and 93% and 98% in the case of PACS. Yet just 12% and 27%, respectively, report being knowledgeable about MCPs and 23% and 26% say they are knowledgeable about PACS.

Amongst GPs, both awareness and knowledge of the new models is substantially lower, with the numbers saying they are aware of the MCP and PAC models at 57% and 56%, respectively. Ten percent say they are knowledgeable about MCPs and eight percent say the same about PACS.



All three groups of respondents - 77% of GPs themselves, 67% of provider CEOs and 74% of CCG leads - agreed that the support of GPs for new models of care is critical to their success.



Considering the embryonic stage of the proposed new models, it is, perhaps, unsurprising that GP respondents have a number of concerns over their potential impact. Questions around increased workloads and whether GPs would maintain their autonomy were voiced in the study, with the latter of these

concerns also shared by CCG leads. Communicating how these models will look and work to healthcare professionals is the next phase in the transition, and will be a vitally important step in alleviating some of the concerns raised by GPs.

All three groups of respondents - 77% of GPs themselves, 67% of provider CEOs and 74% of CCG leads - agreed that the support of GPs for new models of care is critical to their success. This is the main provider group that NHS leaders will need to bring on board to achieve their ambitious goals for the service.



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MCP model garner higher levels of support

Despite the lack of knowledge about the new models, there appears to be more support for MCPs at this stage, especially among GPs and CCG leads. MCPs would allow for the formation of extended group practices – either as federations, networks or single organisations, and 73% of GPs, 74% of provider CEOs and 96% of CCG leads said they were supportive of the MCP model.

More than half of all respondents say MCPs would bring a greater range of primary care services or new ways of delivering care and strengthen the provision of primary care overall. GPs also believed the model would allow for better sharing of resources between GP practices.

CCG leads and provider CEOs were particularly supportive of the MCP model, which one CCG lead said could “modernise medicine” and help care pathways evolve into a “proactive preventative partnership, with patients assuming most of the responsibility for their help.”

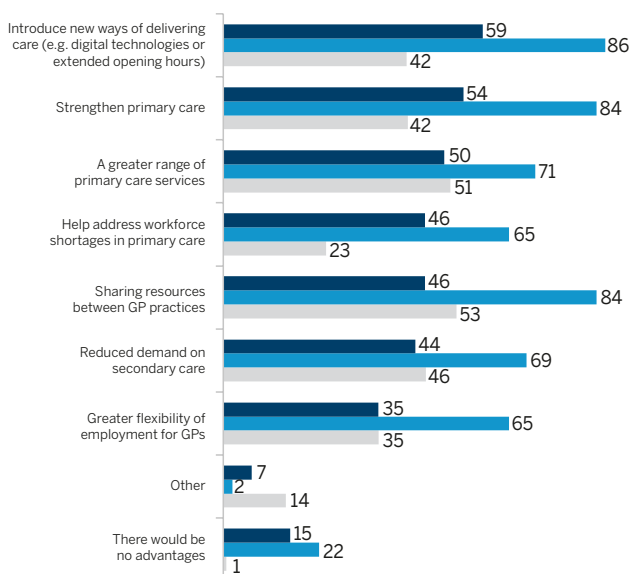
By providing multi-agency teams that are focused on local needs, rather than on those of individual practices, MCPs also have the potential to “reduce duplication,” another CCG lead said.

GPs also voice considerable support for MCPs. This may come as no surprise, as MCPs broadly aim to elevate the prominence of primary care, and allow for the expansion of GP practices. However, some concerns prevail. Sixty percent of all professionals surveyed believe that a potential decrease in GP earnings may deter them from fully embracing the model.

GP respondents, for their part, were also concerned that MCPs would undermine their clinical autonomy, with 61% expressing this concern. Although broadly supportive of the model, 68% of GPs say they would need assurance that MCPs would not undermine the future of their practice.

Advantages and disadvantages of MCPs

What advantages do you believe MCPs would bring to your area?



Base participating: Provider CEO (n=64), CCG Lead (n=70), GPs (n=168)

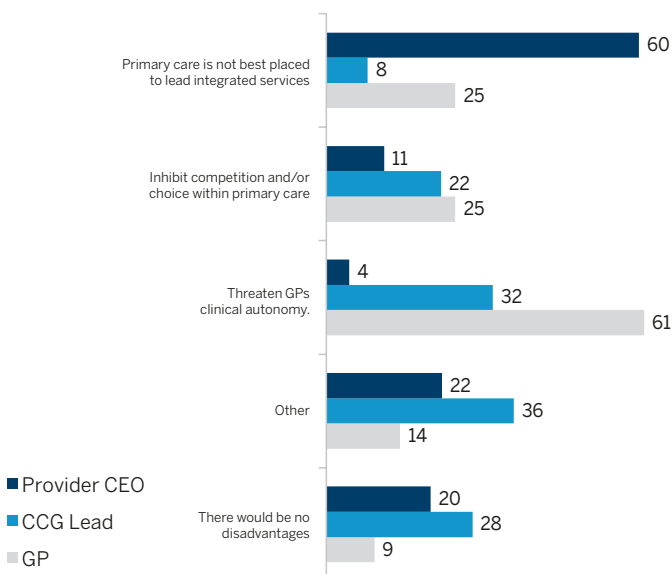
MCPs clearly have strong support among the key groups that would be charged with implementing them, and NHS leaders can look to address the concerns of healthcare providers and managers as they are to move forward with developing and communicating the model.

PACS model evokes wider questions

A majority of those surveyed are also supportive of the PACS model, although there is more variation among the respondent groups, with just over half of GPs (58%), 85% of provider CEOs and 68% of CCG leads stating their support.

While provider CEOs have no principal concern about the PACS model, CCG leads suspect that PACS may increase the dominance of secondary care (noted by 77% of those

surveyed) and weaken provision of traditionally neglected areas, such as mental health services.



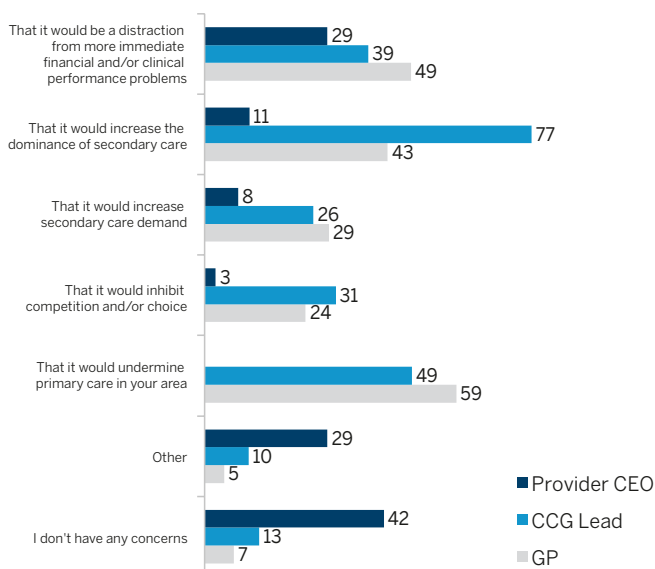
surveyed) and weaken provision of traditionally neglected areas, such as mental health services.

The survey results nevertheless suggest that there is a number of ways in which NHS leaders can reassure both healthcare providers and managers about the PAC model.

Nearly three-quarters of provider CEOs (74%) say a dedicated transformation fund to enable the initial establishment of a PACS in the area could make the model more appealing. An equivalent number of CCG leads, also say their concerns about PACs might be mitigated if there were financial incentives in place to ensure secondary providers do not boost revenue through increased hospital activity. Nearly half of GPs (47%) say that governance arrangements ensuring that no one provider dominates PACS management could make the model more appealing.

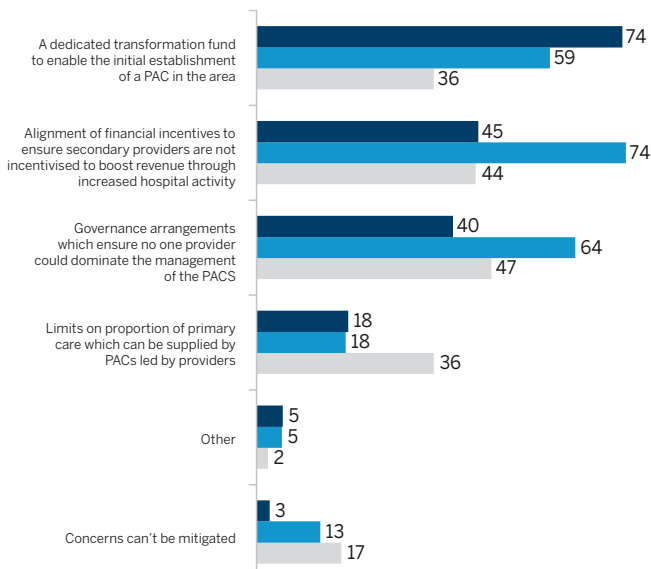
Concerns of PACs and how to mitigate against them

What concerns do you have about the creation of PACs in your area?



Base participating: Provider CEO (n=64), CCG Lead (n=70), GPs (n=168)

How might concerns about the creation of PACs be mitigated?



These results indicate that PACS has the potential to gather additional support from healthcare professionals as NHS leaders invest further to explain the mechanics of the model to those who would deliver it.

A question of leadership

The question of who is best placed to lead change underpins all proposed new models of care. At this early stage there is widespread uncertainty around who is capable of spearheading the transition. Focusing first on primary care, 38% of GPs feel that primary care lacks the capability to lead change to a model such as PACS. Fifty-five percent of provider CEOs also question whether professionals in primary care have sufficient bandwidth to lead the charge, in relation to PACS.

This concern may come as no surprise, considering the scale and complexity of change needed. The view may be compounded by the sizeable pressures already faced by GPs. "We don't have enough GPs in the country trained to be able to cope with the current workload and lead such a major transformation," says one GP respondent.

Nearly three-quarters of CCG leads (72%) and close to half of GPs (47%) are equally unsure about the ability of secondary care providers to lead change in the adoption of PACS. A majority of all three groups agree that incentives to providers will be necessary to make the implementation of new models successful.

GPs and CCG leads also stress the importance of addressing staff shortages, with 42% and 57%, respectively, saying that this will be crucial.

As FTI Consulting's research suggests, there is qualified enthusiasm for the models proposed in the Five Year Forward View. It is clear that NHS leaders now need to redouble their efforts in the next stage of transition, by communicating how different stakeholders will play a part in each proposed structure. By detailing the implications of each model, NHS leaders will address the concerns felt by healthcare professionals, thereby generating greater enthusiasm for change among both management and frontline clinicians.

RESEARCH METHODOLOGY

This research was conducted online from 21st November to 2nd December 2014 with 302 healthcare professionals, comprising provider CEOs (n=64), Clinical Commissioning Group (CCG) leads (n=70) and GPs (n=168). Over 40 questions were asked and further details of the results and methodology can be obtained by emailing dan.healy@fticonsulting.com

Please note that the standard convention for rounding has been applied and consequently some totals do not add up to 100%.

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