James Rimmer
Wessex Commissioning - Finance Staff Development Event
Rising to the challenge: the national context

James Rimmer
Chief Financial Officer
NHS Southampton City CCG
Context – The Financial Challenge

- £30bn funding gap by 2020/21
- UK Budget Deficit not cleared until 2018/19
• CCGs must manage within running cost target (10% reduction in 2015/16) – but what about additional work around commissioning primary care and specialist services?

• CSUs lead provider framework - Under this framework, NHS England will award between 10 to 15 support services providers a quality-assured status. Applications for this “lead provider” status can be made by CSUs, private firms or through joint bids.

• Externalisation of CSUs?
FTs to revisit year-two finance projections

By Seamus Ward

Monitor has asked foundation trusts to revisit their financial projections for 2015/16 after its initial review of their two-year operational plans.

The planning system has been changed in a bid to improve decision-making. Plans are triangulated between Monitor, the NHS Trust Development Authority and NHS England to ensure they align operationally and financially.

A letter from Mark Turner, the regulator’s regional director for London and annual plan review, said that in previous years, trusts had been ‘accurate’ at forecasting the first year of their plans. But expectations of ‘sustained recovery in outer years’ had not been delivered. He said new two-year operational plans appeared to ‘demonstrate this pattern’.

Foundations expected a continuing decline in earnings in 2014/15, but, overall, the plans forecast an increase in 2015/16. ‘This profile appears to be somewhat optimistic, given the expectation that financial pressures will increase in 2015/16 and with little concrete evidence to suggest that delivered cost savings are likely to be substantially ahead of recent years,’ Mr Turner said.

He acknowledged the current financial environment was particularly difficult, with commissioning uncertainty and concerns over the impact of the better care fund and the capacity to deliver cost savings year after year.

While it was likely that projections were based on reasonable assumptions, only some of which were supported by fully worked-up plans, boards and regulators needed the best information to make decisions.

When the planning process was launched, Monitor said the two-year plans should not be changed once submitted, but the initial review findings had prompted a rethink.

“To this end, we are inviting FTs to consider if their projections for 2015/16 need to be revisited and to encourage them to be realistic in their five-year plan submission due at the end of June 2014,” said Mr Turner. “We will also be seeking further information as to how providers have engaged with the better care fund as part of our work to review plans.”

While trusts may be concerned that showing a deficit could trigger regulator action, he insisted Monitor’s primary concern was to ensure boards were basing decisions on the ‘best and most realistic view of the future’.

Monitor did not expect many changes, but added that it would place more emphasis on performance against multi-year plans in future governance assessments.
Simon Stevens becomes CEO of NHS England on 1 April 2014. From 1997 to 2004 Simon was the Prime Minister’s Health Adviser at 10 Downing Street, and policy adviser to successive Health Secretaries. He joins NHS England from UnitedHealth Group, where as president of its global health division, Mr Stevens “asked to take a voluntary 10 per cent pay cut for the year ahead” in comparison to Sir David’s salary. He will be paid £189,900.

NHS England seeks to drop safety, revalidation and tech roles

CCGs receive details of Stevens' co-commissioning plan

Review of 'overdefined' specialised services underway

Exclusive: Stevens launches quick-fire NHS England 'structure' review

Stevens steps back from '15 specialist centres' plan

Mr Stevens said during his first three months he would carry out “due diligence on the state of NHS finances both for 2014-15 and 2015-16”.
On the issue of NHS funding, Burnham says putting in more money now would be "propping up a 20th century model of care". He says remodelling is necessary before assessing whether the health service needs more money and, if so, how much.

Burnham calls for the financial tide to "pull towards home, not hospital".

Burnham says his vision cannot be achieved without reforms to the "malnourished minimal social care system".

Burnham says he would like to see the 21st century healthcare system built on the "twin pillars of collaboration before competition, people before profits".
Better Care Fund

SPENDING ROUND 2013 Chancellor of the Exchequer = putting £3.8 billion in a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. With the aim of delivering better, more joined-up services to older and disabled people, to keep them out of hospital and to avoid long hospital stays.

7 May 2014 £3.8bn NHS Better Care Fund policy delayed after damning Whitehall review concluded that claims for policy to bring together health and social care services 'don't stack up'

DH plans tougher tests for better care fund
19 MAY, 2014 The Department of Health and the Cabinet Office will today meet with health and local government representatives to draw up a tougher set of tests for the better care fund.

Hunt moves to shield hospitals from integration fund failure 12 JUNE, 2014 Jeremy Hunt’s warning that there must be a “proper risk sharing profile” in all better care fund plans has been interpreted as a move to protect fragile acute hospital finances ahead of the general election.
How do we invest in QUALITY?

12 June 2014 - NHS waiting list passes 3m for first time in six years

10 June 2014 NHS facing summer crisis as A&E performance deteriorates, says Labour

5.3 History of enforcement action

% of foundation trust sector subject to enforcement action
Mark Orchard
PRE-ENGAGEMENT

Finance practitioners
Managerial leaders
Clinicians
Finance leaders
Arrived for @HFMA_UK Strategy session I'm optimistic bean counters might want to stop counting beans and make people count!
07/11/2013 12:35

Mark Orchard @OrchardMark
@ChrisMimnagh @HFMA_UK Thanks for your contribution today to the #value debate Chris
07/11/2013

Chris Mimnagh @ChrisMimnagh
@orchardmark @HFMA_UK thanks! Really enjoyed stretching the grey cells- will enjoy seeing non IT informatics merge with finance ( I hope).
07/11/2013
MAKING PEOPLE COUNT
NHS

EVENONE WILL
CONTINUE TO BE
PROUD OF
Fulfilling our Potential

Knowing the Business

Securing Excellence

Making People Count

Almost 15,000 people in over 400 organisations

Efficient processes and systems

Close partnering

Skills and strengths

Great place to work

Foundations for sustained improvement

Best possible value

Health business foundation
Almost 15,000 finance staff employed across over 400 organisations.

Some of the ways in which you can get more involved...
Register on the Communications Hub website: www.futurefocusedfinance.nhs.net
MAKE AND SHARE AN **FD DECLARATION**

**FINANCE DIRECTOR DECLARATION**

I declare that I shall be:

- Showing my commitment to the aims of Future-Focused Finance by:
  - leading by example through engaging with Future-Focused Finance
  - demonstrating enthusiasm for its aspirations and activities
  - registering on and contributing to the Future-Focused Finance communications hub
  - encouraging my team to self-nominate as champions for Future-Focused Finance

- Creating space and resource for my team to participate by:
  - holding a launch event with my team so that all are aware and involved
  - aligning my team’s agenda with the direction set out in Future-Focused Finance
  - encouraging my team to engage with the Future-Focused Finance website and social media

- Sharing ideas across our Future-Focused Finance community by:
  - sharing existing good practice and new initiatives
  - supplying news and information
  - contributing ideas for new initiatives consistent with the six action areas

- Volunteering to support delivery by:
  - providing people / piloting opportunities for Future-Focused Finance projects and initiatives
  - supporting individuals to offer skills / time in getting involved in local and national activities

- Taking this forward by (please insert your own ideas):
  - Ensuring our own colleagues lead part of the AG Team.

Signature: [Signature]
Name: [Name]
Date: 27/5/14
Run a Finance Team Workshop

Shared experiences, materials and learning on Communications Hub website

DIY Pack being made available for download shortly

FFF support team are also available to assist and/or offer advice as required
Are you committed to making a difference and passionate about the power of finance in supporting excellent patient care?

Finance, non-finance, clinicians and services users can apply to be amongst the first cohort.

Application deadline 30 June
Maximise existing **local networks**

**Wessex CFOS/ Commissioning Finance Peer Groups... Plus Cross Sector Relationships** including local providers, regulators (Monitor, TDA, CQC), HEE, PHE, PropCo... and South Central DoFs, HFMA, FSD...
GET DIRECTLY INVOLVED WITH ONE OR MORE OF THE ACTION AREAS

SECURING EXCELLENCE
We invest in services which give the best possible value for patients and the public

KNOWING THE BUSINESS
We run efficient processes and systems

FULFILLING OUR POTENTIAL
We work with others through close partnering across every part of the NHS

We all have the skills and strengths needed for our roles

We each play our part in making NHS Finance a great place to work

We create the foundations for sustained improvement
UNLEASH YOUR INNER GUERRILLA BECOME A RADICAL
<table>
<thead>
<tr>
<th>Troublemaker</th>
<th>Radical</th>
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<tr>
<td>break rules</td>
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<td>alone</td>
<td>together ✔</td>
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Sometimes leaders see radicals as troublemakers.

Source: Lois Kelly
www.foghound.com
We need to be Boatrockers!

Walk the fine line...

Rock the boat but manage to stay in it

Conform and rebel...

Challenge the status quo when we see that there could be a better way

Work with others to create success

Not destructive troublemakers
Taking on a big challenge

Building a sense of shared purpose amongst a passionate few – people at any level can contribute

Setting a few specific goals – things that people will notice

Using the resources you have, don’t fixate on what you don’t have – leverage your strengths

Act – don’t wait for permission

Be patient, but stick at it

Keep coming back to the shared purpose – what are we trying to change

Adapt as you learn what works

Becoming more radical using guerrilla tactics in Wessex

Individuals and small groups doing things but as part of a wider connected group of people across organisations
GUERRILLA FINANCE:
IT’S TIME TO TAKE THE LEAD IN BECOMING MORE RADICAL
Partha Kar
Integration in Diabetes..Dare to dream?

Dr Partha Kar
Challenges of the NHS…
Demand

Funding

2010

Self Pay, Co-Pay, Rationing, Entitlement, Legislation

Funding Flat-Line

Funding Resumes

2015
Portsmouth Experience 2009

- Catchment ~630,000
- Register ~29,000
- Very mixed socio-economic group
- Specialty Diabetes Team (SDT) based in Acute Trust
- Portsmouth City PCT, SE Hampshire PCT and 3 CCGs

SE Hampshire:
- 1.6 WTE Nurse
- 1 session/week with GPs with a special interest

Portsmouth:
- No intermediate team
Challenges for locality:

- Wage bill, financial envelope of acute Trust
- What does a chronic disease specialist ACTUALLY do in an acute Trust?
- Continued activity in spite of not being commissioned i.e. outside agreed N/F ratio/ demand management etc
- No control over demand management- no Community team in 1 PCT /CCG; No Consultant input in Hampshire CDT.
- No huge drop in referral patterns, pockets of GP surgeries reluctant to “accept” patients with “higher complexity”.
- Inefficiencies in the traditional pathway as long term follow ups were conducted in secondary care clinics
Re-defining the role of a specialist...

- Specialist
- Educator
- Leader
- Accountability
- Role model
Specialist diabetes: The Super Six
(WITHIN ACUTE TRUST)

1. A) **Patients in hospital** (20% of population pa)
   - In-patient care
   - Peri-operative care

   B) **MDT services:**

   - 2. Antenatal diabetes
   - 3. Foot diabetes
   - 4. Pumps
   - 5. Adolescent/Type 1 Diabetes (poor control)
   - 6. Renal (eGFR between 20-40 and less-in joint conjunction with Renal)
Situation locally..

- The **“Super Six”** model…
- Activities for acute Trust- using specialist skills
- Release activity for Commissioners to use

- Reduce workforce for acute Trusts – Consultants, as a group, drop PA sessions.

- Activities for Community Trust – using educator role

- Join existing Community Diabetes team
Situation locally…

- 52 week cover (Consultants)

- Phone service 5:30 – 7 pm Mon-Fri (based on GP advise)
- Nhs. Net email (24 hour response time)

- Visits to GP surgeries (service at GP discretion) - 2/ year

- Pre-existing nurse services continues

  - (Intermediary care role, DESMOND, Education programme for HCPs, Involved in planning training for carers to administer insulin in the community)

  - No case holding

- Key Performance indicators: short term / long term
Situation locally..

- Patients being discharged- BUT with GP consent AND patient consent

- Visits:
  - Virtual clinics (case-based discussions)
  - Audit
  - Educational session on area(s) of diabetes management of surgeries choice
  - Patient review
  - Review of database to discuss patients regards QoF targets
Since November 2011...

**Telephone calls:**
- Nurses: 1721
- Doctors: 152

**Emails:**
- Nurses: 692
- Consultants: 201
- Total referrals to specialist care: 8

**Response rate within 24 hours: 99.7%**

- Number of GP surgery visits completed: 52 (52)
- 3rd visit complete
- 4th / 5th visits in place
Portsmouth PCT / CCG agrees to Community diabetes tender: August 2012

- Same model of care
- No post code lottery
- Contract signed- due to start from June

Solent NHS Trust
- Same format, discharges started

3 providers in region- contracts with all 3, Consultant body integrated link between all organisations
Recognition and Outcomes
Patient feedback

- **89%** of patients strongly feel positive benefit of the Community Diabetes Team

- **95%** strongly agreed that the Diabetes Specialist Nurses were professional in their manner and a benefit to the patient and their partner/carer.
Primary care feedback...

- Would you like service to continue?  
  91% YES

  9% MAYBE (“too early to see the full impact of the service in improving diabetes care”)

- High level of satisfaction from Practice Nurses using service:

  - "Invaluable" /"thank you for very helpful and quick response" /"it's great knowing we have you there“/ "It's always very helpful"

Satisfaction with CDT
20th April 2012

Dear Community Diabetes Team

We are writing to congratulate you all formally following the 6 month community diabetes review meeting held on the 19th April 2012. The community diabetes team has gone from strength to strength since its launch, and the feedback received from both primary care and patients has been excellent.

We would like to take this opportunity to thank you all for accepting the challenge of working together as an integrated team to improve the quality of care provided to patients with diabetes across South East Hampshire. As you know part of the success of team has been measured against the number of discharges from Portsmouth Hospitals NHS Trust, and we are pleased to announce all your hard work and effort has ensured the target has been met.

Both Barbara Rushton (Clinical Commissioning lead for South Eastern Hampshire) and Koyih Tan (Clinical Commissioning Lead for Fareham and Gosport) would like to take this opportunity to personally thank you for all the hard work and effort you have put in to make this team a success, and both proudly promote your service within their respective commissioning areas.

We look forward to working with you in the future.

Yours sincerely,

Innes Richens
Executive Director

Dr Barbara Rushton
GP Clinical Commissioner
East Hants

Dr Koyih Tan
GP Clinical Commissioner
Fareham and Gosport
Recognition:

- **BMJ Group Awards 2013**: Shortlisted Diabetes Team & Clinical Leadership Team of Year

- **HSJ Awards 2012**: Shortlisted: Managing Long term conditions

- **Quality in Care Awards 2012**
  - Winner: Network Care Initiative
  - Best Commissioning Initiative
  - Shortlisted: Best cross organisational partnership

- **Care Integration Awards 2012**: Winner

- **NHS Innovations South East 2011**: Runner up

- **Quality in Care Awards 2011**: Silver award- best team of year

- **Healthcare and Social Awards 2010**: Winner across acute sector
2013

- Catchment ~670,000
- Register ~32,000
- Very mixed socio-economic group
- Specialty Diabetes Team (SDT) based in Acute Trust (*Super Six*)

SE Hampshire:
- 2.5 WTE Nurse *

Portsmouth:
- 1 WTE Nurse
- Consultant team within acute and community providers
- Total GP surgeries: 80
Future…

- Continue to use specialists services within hospital for appropriate patients
- Hypoglycaemia pathway- The “Hypo Hotline!”
Emergency Call out Procedure for patients with Diabetes Experiencing Hypoglycaemia

Patient/other dial is 999 and is attended by SCAS because of hypoglycaemia due to diabetes

**Yes** Is paramedic able to treat patient at home? **No** Convey and contact Diabetes Centre*

Diabetes Centre contact patient next working day. Does patient need review? **No** No further action

Flag to Community Diabetes Team or GP for review

**Yes** Does patient need referral to diabetes centre?

Refer to Diabetes consultant or GP surgery/Community Diabetes Team

**No** No further action

Diabetes Specialist Nurse to review within 1 working day* for diabetes review and signposting as required for dietetic advice etc.

*SCAS to leave message on 24hr phone line (no. to be agreed). This will be picked up by a member of the Community Diabetes team. Message to include:

- Patient name/address/ details of call/treatment/ no. attendances/ GP if known/ written summary of call out (inc. outcome to be faxed within 24hrs of ambulance attendance

- DSN to compile database of all calls including time received
(72 hours in event of bank holiday)
Data so far?

Between the period of November 2010 to November 2011 (pre launch of this hypo pathway) there were 124 attendances and 85 admissions.

Between the period of November 2011 to November 2012 there were 83 attendances and 63 admissions.

33% drop of attendances secondary to severe hypoglycaemia and an associated 20% drop of admissions subsequently.
Future…

- Continue to use specialists services within hospital for appropriate patients
- Hypoglycaemia pathway
- Working with industry:
  *Education portfolio (jointly commissioned by CCGs)*
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<tr>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
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<tr>
<td>Thurs 12 Sept 2013</td>
<td>09.00-12.30</td>
<td>St James' Hospital</td>
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<tr>
<td>Wed 15 Jan 2014</td>
<td>09.00-12.30</td>
<td>Queen Alexandra Hospital</td>
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<tr>
<td>Fri 11 April 2014</td>
<td>09.00-12.30</td>
<td>Gosport Memorial Hospital</td>
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<tr>
<td>Wed 18 June 2014</td>
<td>09.00-12.30</td>
<td>Fareham Community Hospital</td>
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<tr>
<td>Fri 28 June / Fri 5 July</td>
<td>09.00-17.00</td>
<td>Cowplain Family Practice</td>
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<td>Wed 25 Sept / Wed 2 Oct</td>
<td>09.00-17.00</td>
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<td>Wed 16 Oct - IMIT Update</td>
<td>12.30-17.00</td>
<td>Cowplain Family Practice</td>
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<td>09.00-17.00</td>
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<td>Wed 18 Dec 2013</td>
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**DIABETES PHARMACOLOGY**

Venues: Various as above
(Half-day course, choice of dates)

**IMIT (INJECTABLES)**

Venues: Various as above
(Two-day course, choice of dates)

Further details & registration, email Caron Bell at caron.bell@nhs.net

**DIABETES IN HOSPITAL INPATIENTS**

Venue: St James’ Hospital
(1½ day course - attendance required on both days)

**DIABETES IN PREGNANCY**

Venue: Queen Alexandra Hospital
(Half-day course)

**DIABETIC FOOT DISEASE**

Venues: Various as above
(Half-day course, choice of dates)

**DIABETES CARE FOR THE HOUSEBOUND RESIDENTIAL & CARE HOMES**

Venues: Various as above
(One-day course, choice of dates)

**ERECTILE DYSFUNCTION AND DIABETES**

Venue: Queen Alexandra Hospital
(2-hour course, choice of dates)

**DIABETES FOR NON REGISTERED HEALTHCARE PROFESSIONALS**

Venue: Queen Alexandra Hospital
(Half-day course)
Future...

- Continue to use specialists services within hospital for appropriate patients

- Hypoglycaemia pathway

- Working with industry: *Education portfolio (jointly commissioned by CCGs)*

- Measure long term outcomes

- Patient engagement

- Opportunity to innovate?
Paediatric Team: consider transition between 16 – 19 yrs

Transition Clinic:
• 1:1 appointments for welcome and introductions
• Provide with Welcome Pack and discuss contents
• Explain group education with parents
• Explain 1:1 appointments and ad-hoc availability
• Show topic assessment sheets

Group Education (max 3/12 later):
• Two simultaneous groups
  YPs  Parents
• Completion of post group topic assessment sheet in preparation for forthcoming 1:1 appointment

1:1 Appointment (max 3/12 later):
• Use completed post group topic assessment sheet to guide consultation

Subsequent 1:1 Appointments:
• Reception or clinic nurse to provide YP with pre-clinic topic assessment sheet to complete and guide consultation
So far…

- DNA rates down from 45% to 10-15%
- 7 “frequent-flyers”..down to 1
- Sessions in Universities on alcohol, sex
- Admission rates- both DKA and hypos down from 2011 to 2012 (17%)
"We don’t get a chance to do that many things, and every one should be really excellent. Because this is our life.

Life is brief, and then you die, you know?

And we’ve all chosen to do this with our lives. So it better be damn good. It better be worth it.”
Ben Lloyd
From Transactional to Transformational

Ben Lloyd
Finance Director/Deputy Chief Executive
Portsmouth Hospital NHS Trust
And it’s happening now!

Figures suggest NHS funding gap

The health service in England faces a funding gap of more than £1.5 billion in the next financial year, figures suggest.
The NHS’s secondary healthcare budget in England, which includes money for hospital and mental health services, is £78 billion, but analysis of figures from the health regulator Monitor suggest that in 2015/16 there will be a funding gap of £5.1 billion.
But even after all realistic efficiency savings are made there will still be a deficit of £1.6bn for 2015/16, according to the BBC analysis.
Health economists have said in the past that the NHS is facing a "looming financial crisis".
The King’s Fund has previously warned of a bleak financial outlook for the NHS in 2015/16.
The influential think tank said that a "significant" boost in funding is needed for the NHS to prevent an impending crash.
Health officials said that the NHS is "on track" to make £20 billion in efficiency savings it was tasked with making.
A Department of Health spokesman said: "The NHS is on track to make £20 billion savings this Parliament and we are confident that it will continue to make the savings necessary which will be reinvested to front line care to meet the rising demands of our ageing population."
But Labour said that the health service’s finances are on a "knife-edge" as a result of the controversial NHS reforms.
Shadow health secretary Andy Burnham said: "David Cameron chose to put NHS finances on this knife-edge when he wasted £3 billion on a damaging re-organisation and clawed back a further £3 billion to the Treasury in recent years. That is why the NHS is in a such a fragile financial position."
Internal - now

• Finance and commissioning
  – Lean transactional back office
  – Integrated business partnering for decision support with self service ‘cube’ information
  – Too much feeding the beast

• Organisation
  – From management led to clinically led
  – Increasingly managing across the scorecard
  – Tough!
Internal - future

- Finance and commissioning
  - Information from Board to individual clinician and team
  - Highly automated and all self serve
  - Resources focused on strategic change

- Organisation
  - Leadership focused on the next 5 years
  - Highly devolved decision making to small clinical teams
  - No decisions taken without improving the whole scorecard
System - now

- Finance and commissioning
  - Transactional and silo based
  - Organisational based information

- Organisation
  - Contractually based volume agreements
  - Annularity leads to risk aversion
  - Misaligned incentives and therefore behavior
Does this feel familiar!
System - future

- Finance and commissioning
  - One integrated team? Incentivised?
  - Integrated information - dashboards across the pathway
  - Capitated budgets for some service lines and or significant risk sharing

- Organisation
  - Fully integrated primary, community and secondary care teams with aligned incentives
Some final thoughts …