

# Health Foundation response to the Multispecialty Community Provider emerging care model and contract framework

## **1. Introduction**

- 1.1. Thank you for the opportunity to comment on the publication of the multispecialty community provider (MCP) emerging care model and framework. We were impressed by its complexity and depth and feel that it has potential to move things forward in the NHS.
- 1.2. We wish to draw your attention to our comments on the following topics: capability and capacity for change, the business model, business intelligence and spread and peer to peer learning.

## **2. About the Health Foundation**

- 2.1. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
- 2.2. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen. We use what we know works on the ground to inform effective policymaking and vice versa.
- 2.3. We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

## **3. Capability and capacity for change**

- 3.1. It is encouraging to see recognition in the framework that a MCP cannot be 'willed in to being' and of the complexity and scale of the change required. The balance of the document, however, is weighted towards 'what MCPs will do' as opposed to 'how they may achieve this'. Whilst section 2 does touch upon this, we would hope to see further detail in the resources that will be provided in the final publication. We anticipate these resources will be in line with the 10 enabler areas described in the New Care Models Support Package<sup>1</sup>.
- 3.2. There may also be benefit in articulating more strongly the amount of organisational development support required for change of this nature. In our visits and discussions with

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<sup>1</sup> NHS England, *The Five Year Forward View into Action* <https://www.england.nhs.uk/wp-content/uploads/2015/07/ncm-support-package.pdf>

vanguard teams we have been particularly struck by the extent of organisational development support deployed - Dudley MCP being a notable example.

#### **4. The business model**

4.1. It would be useful to provide further guidance on developing a workable business model. Within this we would include:

- Performance and quality metrics that include social care, mental health, and population health as well as representation of smaller sub-groups of the population.
- Budget setting arrangements that demonstrate how capitation will work and how equity and equal access for equal need is assured within this.
- Greater detail on risk sharing arrangements. It is good to see in the document that this is currently being tested.
- Information on how clinical governance will work in the three possible MCP organisational forms.
- Detail on TUPE, VAT and pension arrangements for NHS staff and social care staff transferring in.

4.2. MCPs like any provider need robust plans to ensure they are accountable for their performance – both in terms of their finances and the quality of care they provide. Therefore we are pleased to see the importance placed on assessing the robustness of such plans as part of the MCP procurement process. It is essential that that all commissioners are made aware of the lessons from David Stout's report on Cambridge and Peterborough.<sup>2</sup>

#### **5. Business intelligence**

5.1. We felt that there could be greater articulation of the basic informatics and analytical capacity required. MCPs are likely to need to procure these tools for areas such as predictive analytics and risk stratification. Further information on how they can define what is needed and judge that it is good quality would be useful.

#### **6. Spread and peer to peer learning**

6.1. We welcome the expectation, set out in the document, that vanguard MCPs and aspirant MCPs participate in two way learning. It is essential that they are supported to share successes and failures in real time to foster learning. This is an area we have considered in our research on the emerging evidence on outcomes based commissioning<sup>3</sup> and our work on understanding spread.<sup>4</sup>

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<sup>2</sup> Stout, D, *NHS England Review of Unit Care Contract* <https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2016/04/uniting-care-mar16.pdf>

<sup>3</sup> The Health Foundation *Need to Nurture: Outcomes-based commissioning in the NHS* <http://www.health.org.uk/publication/need-nurture-outcomes-based-commissioning-nhs>.

<sup>4</sup> .The Health Foundation, *February 2016 Newsletter – Spreading Innovation* <http://cmp.charityemail.org.uk/4Y2-425FM-DEL7IZ0E88/cr.aspx>