

# Creating our own Future

## Lakeside Healthcare Group

LAKESIDE  HEALTHCARE  
at Brigstock

LAKESIDE  HEALTHCARE  
at Forest Gate

LAKESIDE  HEALTHCARE  
at Headlands

LAKESIDE  HEALTHCARE  
at Lakeside

LAKESIDE  HEALTHCARE  
at Oundle

LAKESIDE  HEALTHCARE  
at St Mary's

LAKESIDE  HEALTHCARE  
at Sheepmarket

LAKESIDE  HEALTHCARE  
at Rushden





# The Perfect Storm

Rising Demand

Falling Spend

**End of local  
General Practice?**

Aging Population

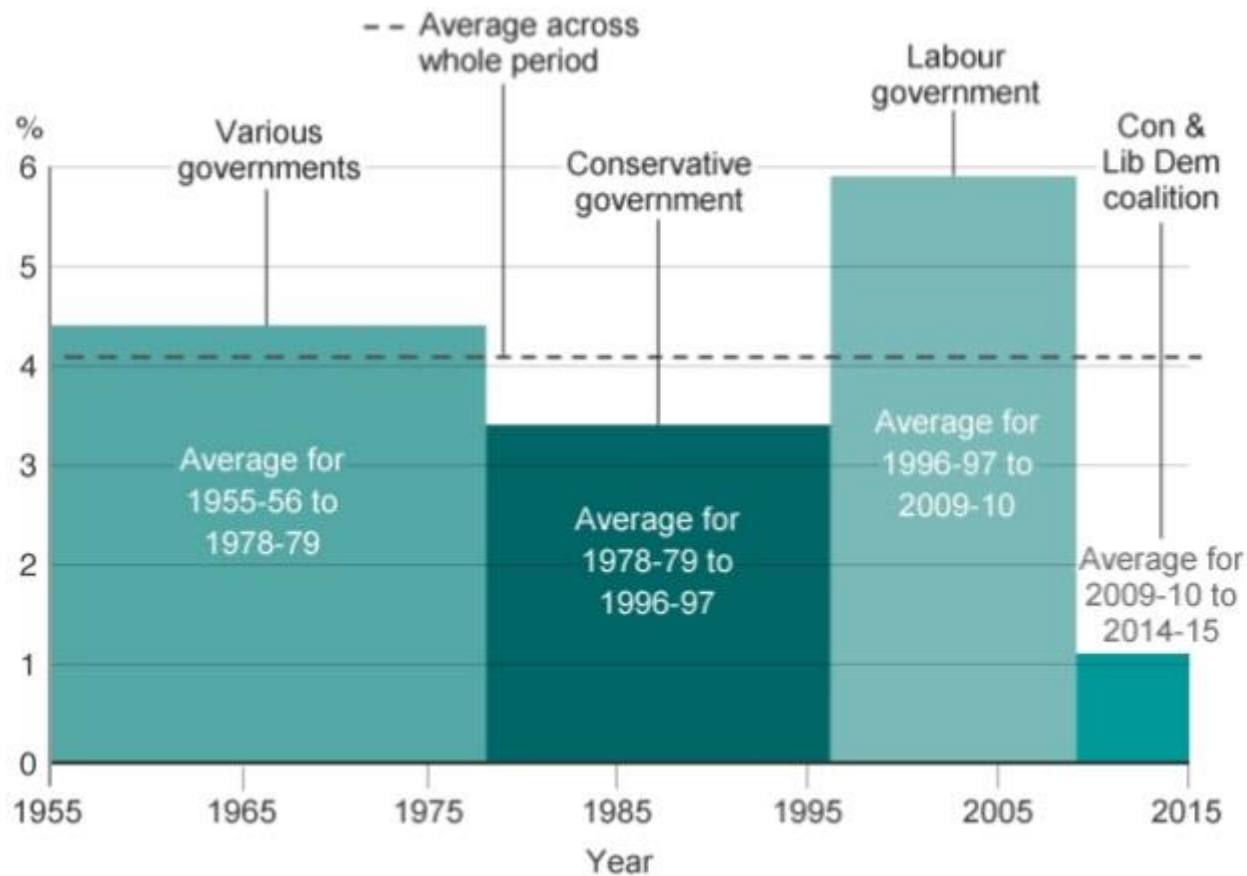
Fewer doctors



# NHS national funding settlements are affecting service provision

## How spending on health has slowed down

Average annual increase in government spending on health

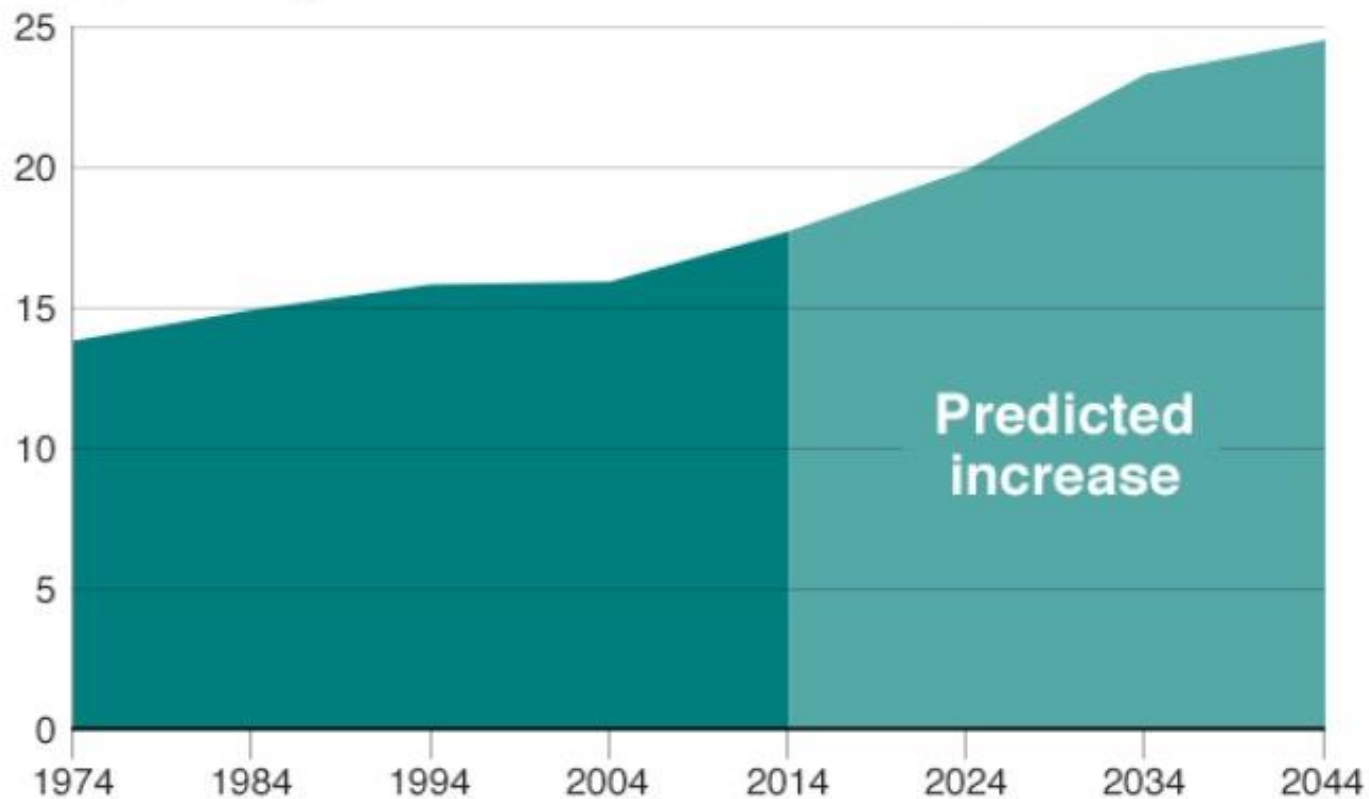




# We are all living much longer

## The UK's ageing population

% population aged 65 and over



Source: ONS

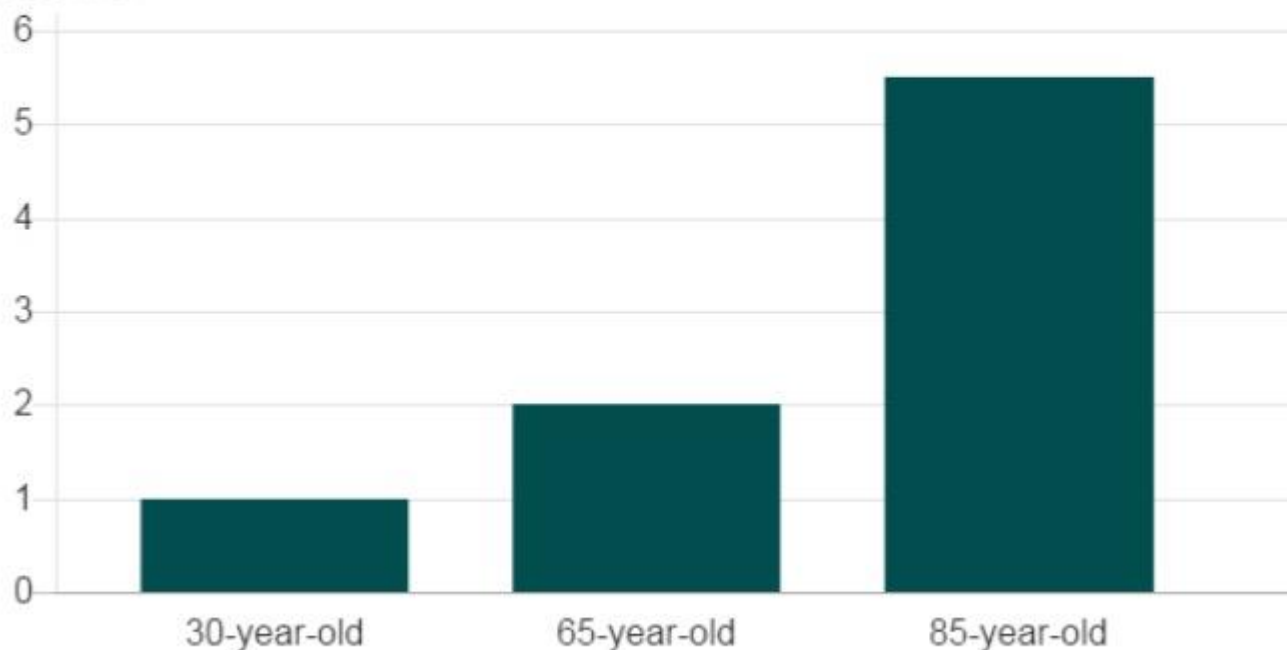


# But with age, medical costs increase

## Comparing NHS spending on people by age

Spending for patients increases as they get older

Relative  
cost in £



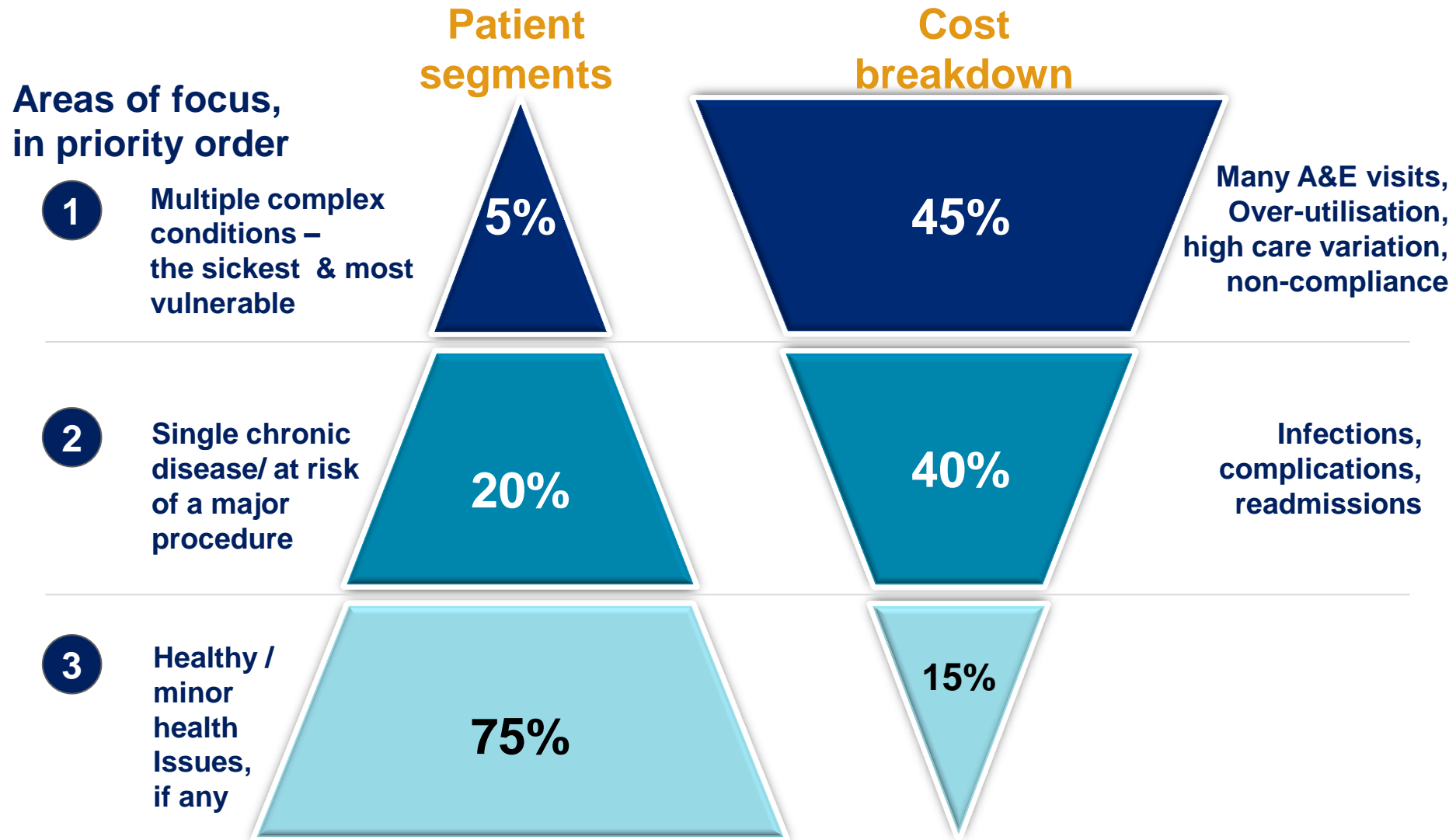
**5% of LHG patients  
account for 50% of costs**

Source: IFS

BBC



# We need to implement new ways of treating elderly & frail patients who have long term conditions



Source: HES Data, Team analysis. Costs include hospital admissions, outpatient consultations and A&E attendances



# General Practice Core Income Is Declining

## HFMA: Future of General Practice 2017

Q: How confident are you (GPs) that you shall remain financially viable in 2-3 years time?

A: **93% reported that they were either 'not at all confident' (56%) or had 'some concern' (37%)**

## The drivers of concerns:

Ability to meeting existing/growing demand with core funding

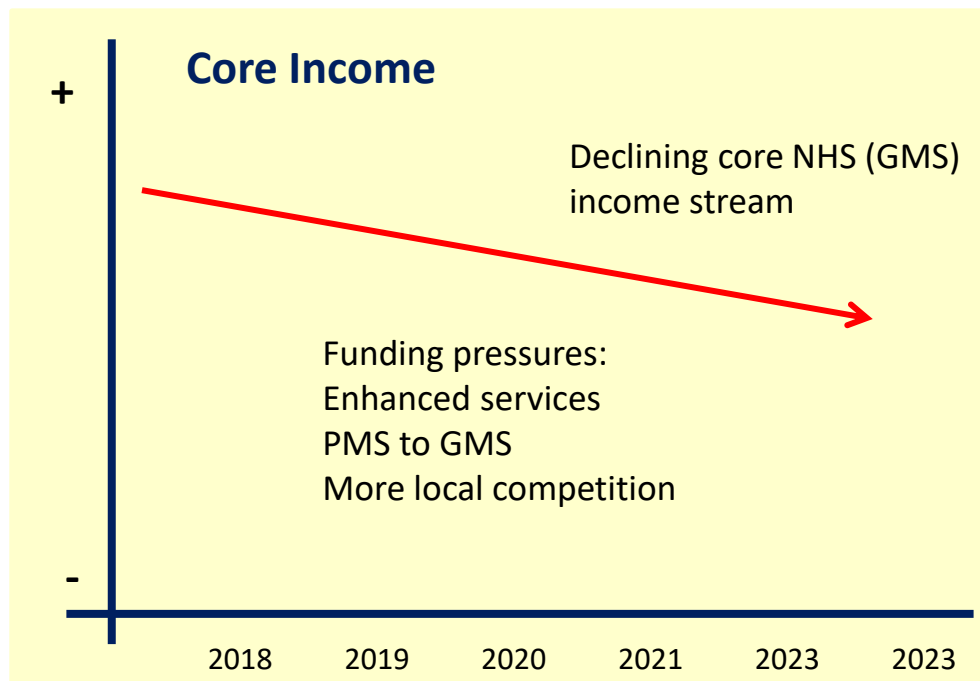
Cost of locum cover

Cost of other workforce, eg nursing

Capacity to provide additional activity

Maintenance/provision of suitable premises

£ m



## Other drivers of >90% negative concerns:

Indemnity costs

Recruitment & retention

Regulatory costs (CQC)

Declining notional rent

Loss of LES/DES/QoF

Greater competition from trusts

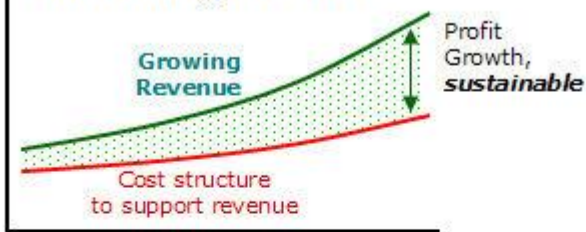
Greater competition from private sector



# Home Truths: Cost Cutting vs Growing Profits

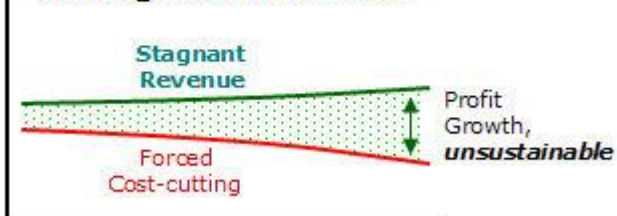


## A Growing Business

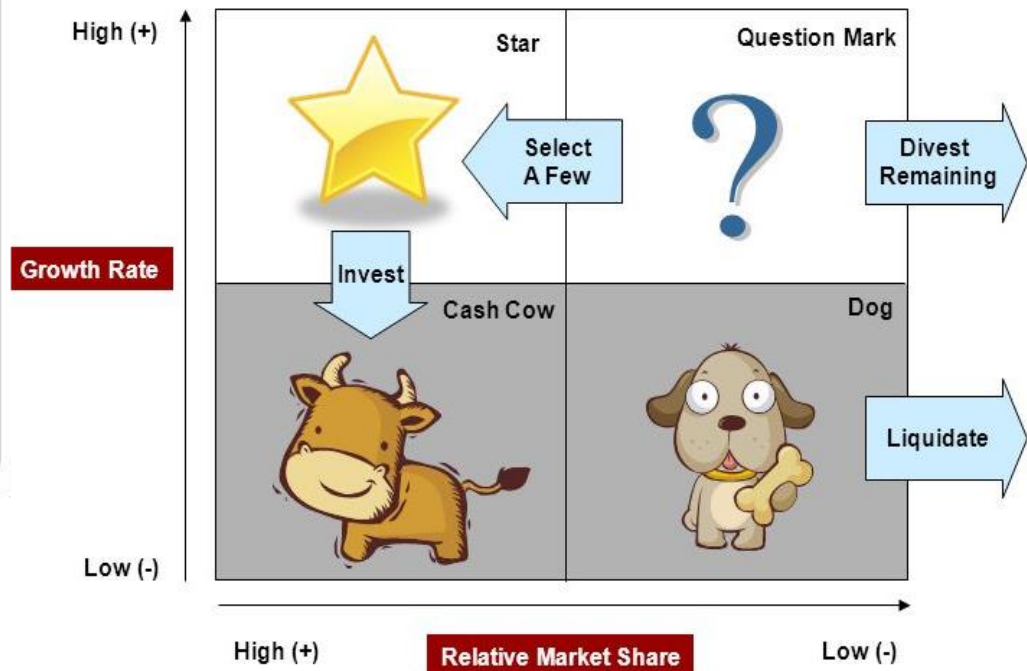


Growth is the only sustainable long-run strategy.

## A Stagnant Business

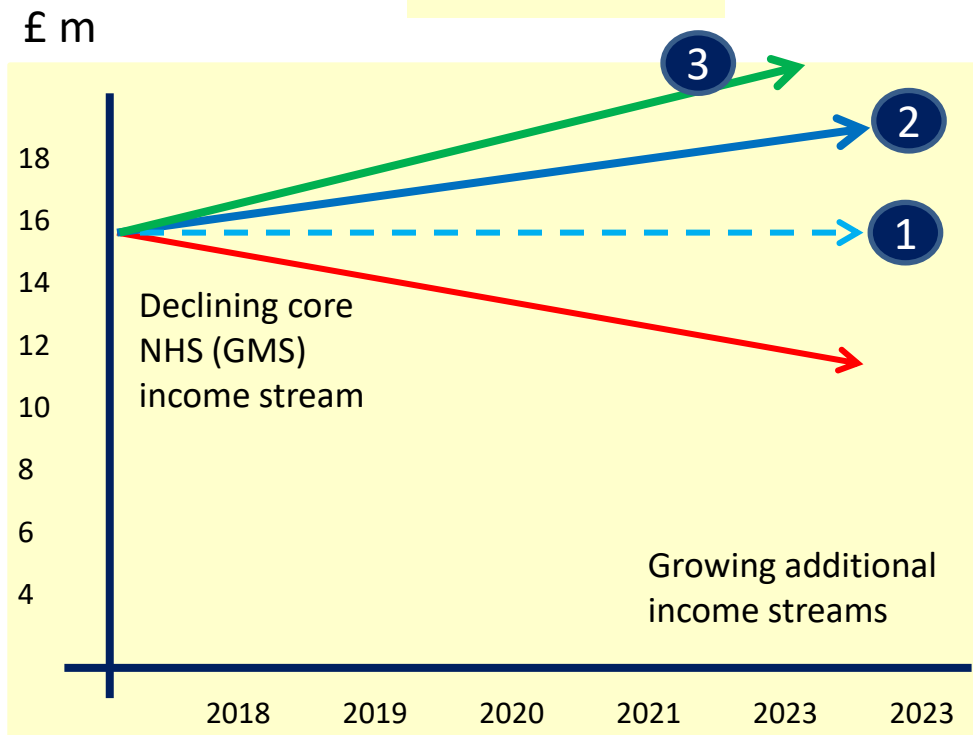


Sooner or later, cost-cutting is no longer an option. Without growth, the business will die.





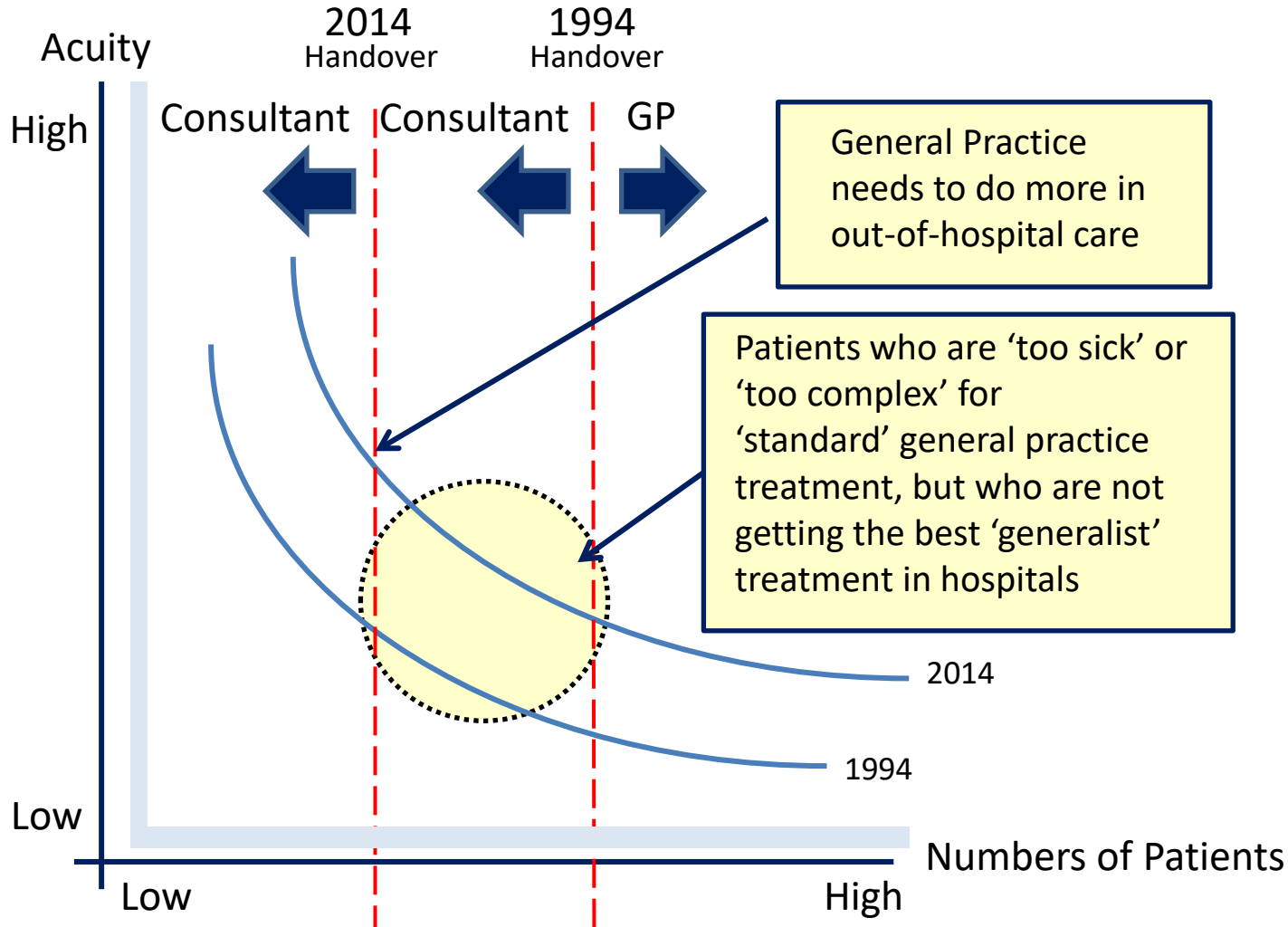
# If our core instream stream is in decline, how do we respond?



- What new services can primary care provide?
- What new assets are needed - e.g. premises or people?
- What are the new contractual forms necessary to make it happen?
- Do we reach the necessary ROI?

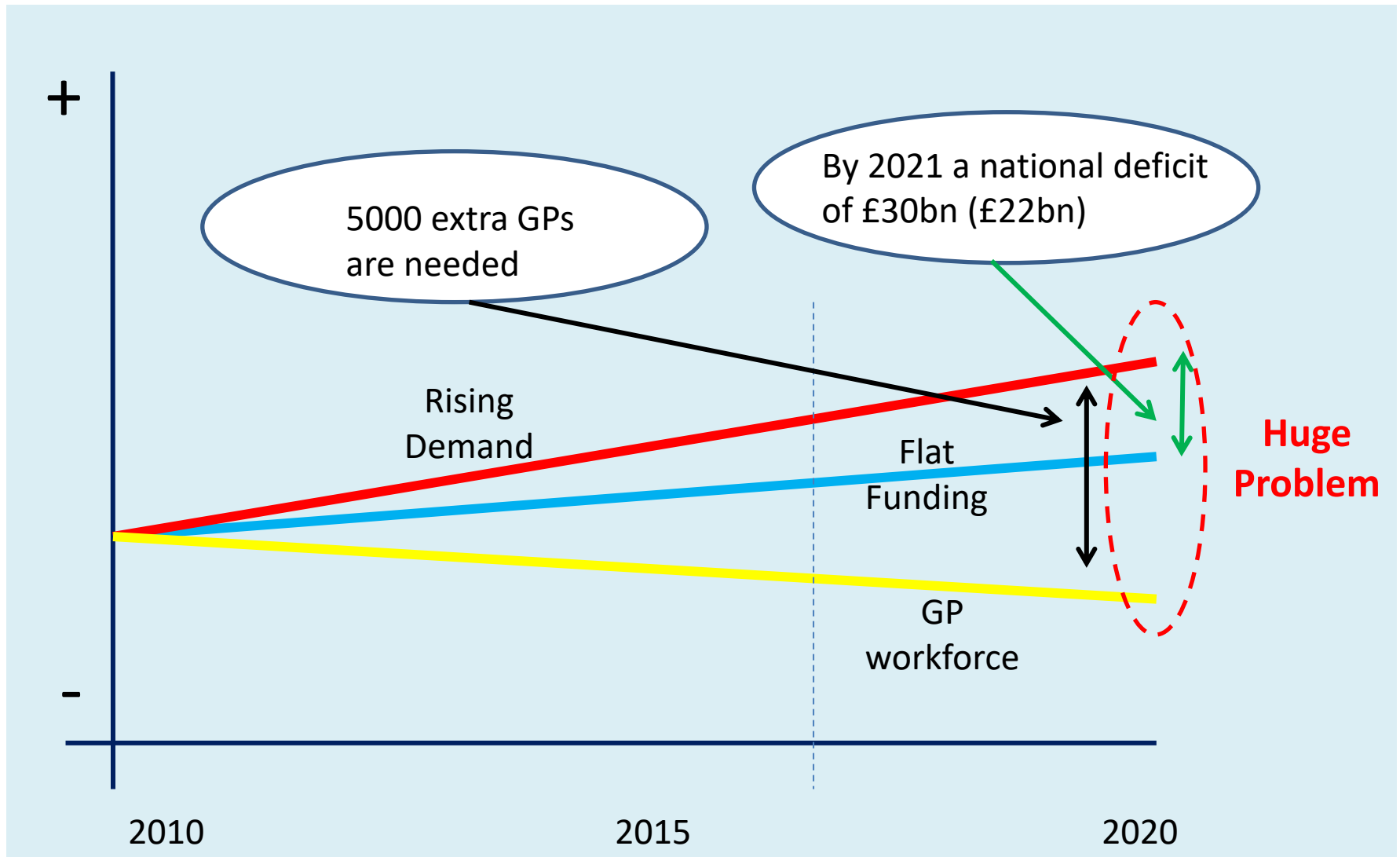


# Why primary care needs to expand to offer more services in Primary care 'poly clinics'





# The Problem in a Nutshell





# The traditional world of the family doctor is disappearing

## 1 Traditional Funding

Reduction in core GP income per patient  
QoF vanishing  
Enhanced service payments vanishing  
Notional rent vanishing  
Premises funding vanishing  
No central capital



## 2 Workforce

Far fewer med students wanting to be GPs  
Far too few 'partner' applicants  
Insufficient number nurses/other healthcare professionals  
Immigration controls on overseas workers

## 3 Patients

Older  
More demanding and more complex

## 4 Other providers

Rise of private sector national groups, Virgin, CareUK, Nuffield, BMI, Optum





## Stevens: GPs will change as their “backs are against the wall”

Health Foundation Annual Conference January 24<sup>th</sup> 2017

“Primary care transformation will be **won or lost over the next two years**”

“General Practice quality and outcomes framework is **past its use by date**”

“Very **dysfunctional working practices** have arisen since year 2000”



This is a very real and live threat to traditional General Practice...so we must adapt to survive.

News > UK > UK Politics

## Theresa May refuses to rule out private US firms taking over NHS services

Prime Minister faces repeated questions over the potential threats to public services and food standards, ahead of her talks with President Trump later this week

Rob Merrick Deputy Political Editor | @Rob\_Merrick | 20 hours ago | 321 comments



Click to follow  
Indy Politics



PM Theresa May refused in PMQs to guarantee that she will not open up the NHS to US firms.

Jeremy Corbyn urged the PM to rule out any deal that would give US healthcare giants a hold on NHS. She refused.



# Why LHG needs to be proactive and take action

- ★ By growing we will attract more funding - MCP or population based contracts - that can be invested in improving patient care
- ★ With more clinical staff on our payroll, we are be able to offer more out-of-hospital specialities, as envisaged by new contracts
- ★ We are a more attractive place to work – variety & resilience
- ★ We are able to maintain a healthy NHS primary care service in the areas where we operate
- ★ If we do not think creatively about how we can adapt and change, the future will be very, very challenging



# If we do nothing, the outcome is already known...

GPs

## Almost 300 GP surgeries in England could close due to finances - poll

BMA survey of 2,830 GP surgeries - a third of practices in England - find 10% believe they are financially 'unsustainable'

INDEPENDENT

Lifestyle > Health & Families > Health News

## GP closures could leave 5 million people without access to local practice

Total of 201 practices close in the past year and another 750 may follow

Shehab Khan @shehabkhan | Saturday 5 November 2016 09:37 GMT | 23 comments



## 18,000-practice set to close as GP partners hand back contract

19 September 2016 | By Michelle Madden

Share Print Save

Comments (29)

Why STPs could spell the end of general practice

Out-of-hours GPs are keeping hundreds of thousands of patients

As a result, one branch is closing from 3 October for the

the LINCOLNITE

## Lincoln GP surgeries among four to close, 11k patients affected

Emily Norton | November 28 2016 at 4:39 PM



Arboretum Surgery and Burton Road Surgery closed on January 7. Photo: Google

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EARTH TONES

SHOP THE TREND

M&S

EST. 1884

## Five million could be left without a GP in surgery closure crisis: Staffing issues and underfunding could see one in ten shut down over the next 12 months

- 10% of GPs in England claim their practice is at risk of closing in next year
- If they closed, more than five million patients would need a new doctor
- GPs blamed lack of staff, lack of funds and workload for their pessimism

## Lincolnshire GPs 'face pressure' from surgery closures

29 November 2016 Lincolnshire



Top Stories

US 'unwavering' in Nato support - Pence

The US vice-president also demands that Nato allies pay more for their joint defence.

1 hour ago

North Korean arrested over Kim killing

8 hours ago

Crystal caves hold long-dormant life

6 hours ago

Features



## Patients protest against closure of GP practice

surhammond | Posted: February 15, 2017



## Revealed: Sixty GP practices across the country facing imminent closure

2 July 2014 | By Christina Kenny, Jaimie Kaffash, Alex Matthews-King

Share Print Save

Comments (61)

Exclusive Around 60 practices across the UK are facing imminent closure due to issues over funding and recruiting staff, Pulse has learnt.

In a measure of the recruitment crisis and funding squeeze facing the profession, local GP leaders have warned that their

HOME - FINANCE AND PRACTICE LIFE NEWS

UPDATE ON DIABETES

CPD MODULE 1: UPDATES AND RECOMMENDATIONS FOR PATIENTS WITH TYPE 2 DIABETES

CLICK HERE

changing diabetes

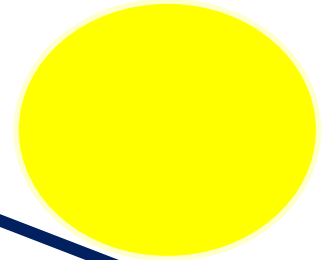
Comments (61)

Most Popular Most Commented

Why STPs could spell the end of general practice

Out-of-hours GPs are keeping hundreds of






## ***'A Caring Partnership for Life'***

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**To improve the health & well-being of  
our patients and communities through  
integrated clinical care,  
science and compassion**





# Lakeside Healthcare – our planned evolutionary journey

## Stages

## Total list size

1	 <p>2014</p> <p>Lakeside Surgeries : Corby, Forest Gate, Brigstock Surgeries</p>	50,000
2	 <p>2015</p> <p>As above plus: Headlands Surgery, Kettering Oundle Medical Centre St Marys Medical Centre, Stamford Sheepmarket Surgery Little Surgery</p>	100,000+
3	 <p>2017</p> <p>Above plus: Rushden Medical Centre Yaxley Medical Practice Bedford (Pemberley, Goldington Rd, De Parys) St Neots (Cedar House, Eaton Socon)</p>	200,000+
4	2018: Further merging practices from S Lincs, Cambs, Beds'	300,000+
5	2020: Possible national primary care partnership	1 million

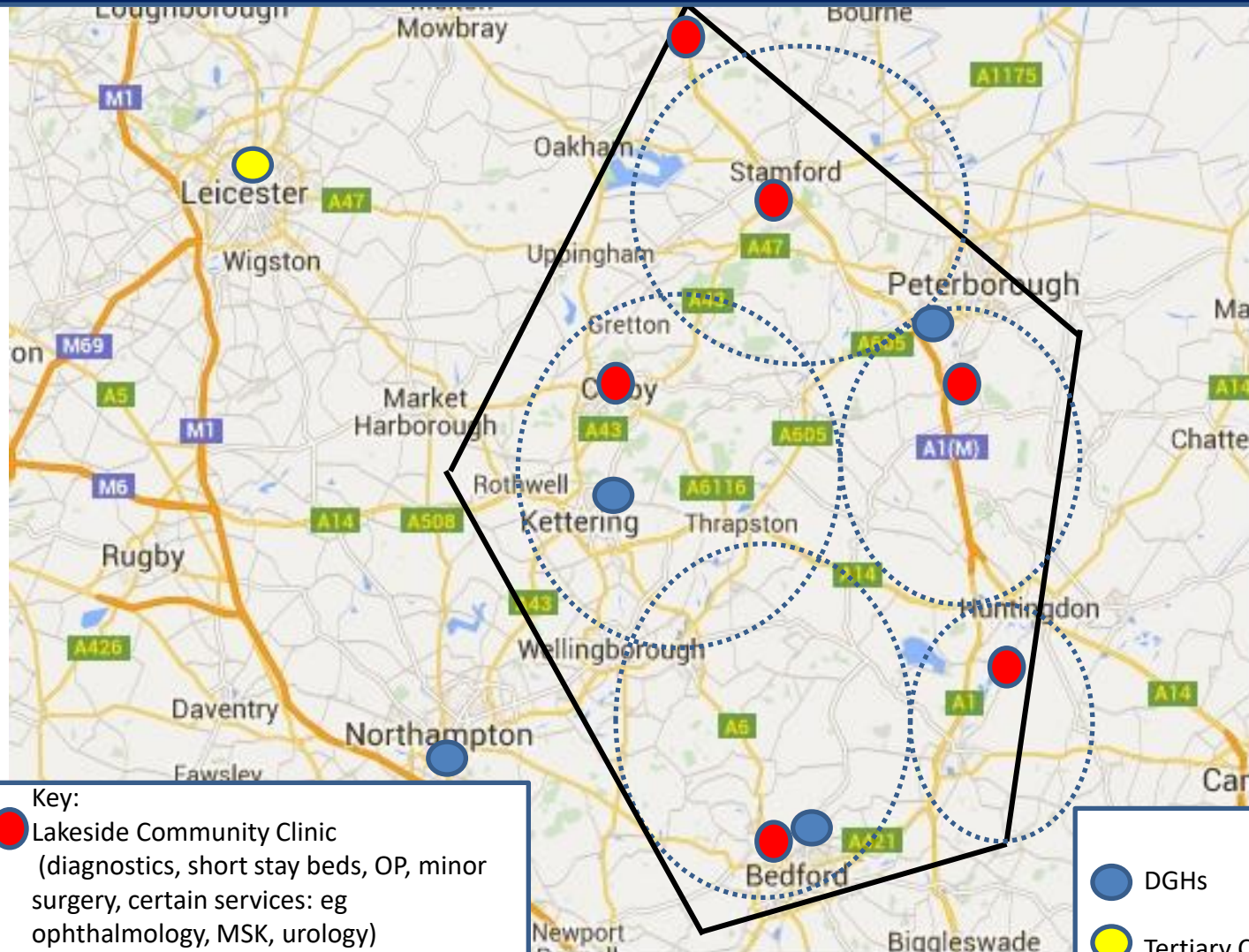
**Practice Ethos:**  
Equal pay  
For  
Equal work

**Single Approach:**  
Clinical Governance  
Corporate  
Governance  
IT Systems  
Finance, Payroll & HR  
Teaching  
Training  
Contracting

***Delivering the very best in high quality primary care led out-of-hospital services at scale for our **patients*****  
***Delivering the very best value and choice for our commissions and **taxpayers*****  
***Delivering the very best broad based career opportunities for our **staff*****  
***Delivering the very best year-on-year returns for equity **partners*****



# Planned Lakeside Healthcare: Community Clinic 'Hubs' & Primary Care 'Spokes'



Key:



Lakeside Community Clinic  
(diagnostics, short stay beds, OP, minor surgery, certain services: eg ophthalmology, MSK, urology)



Local primary care support spokes (GP surgeries)



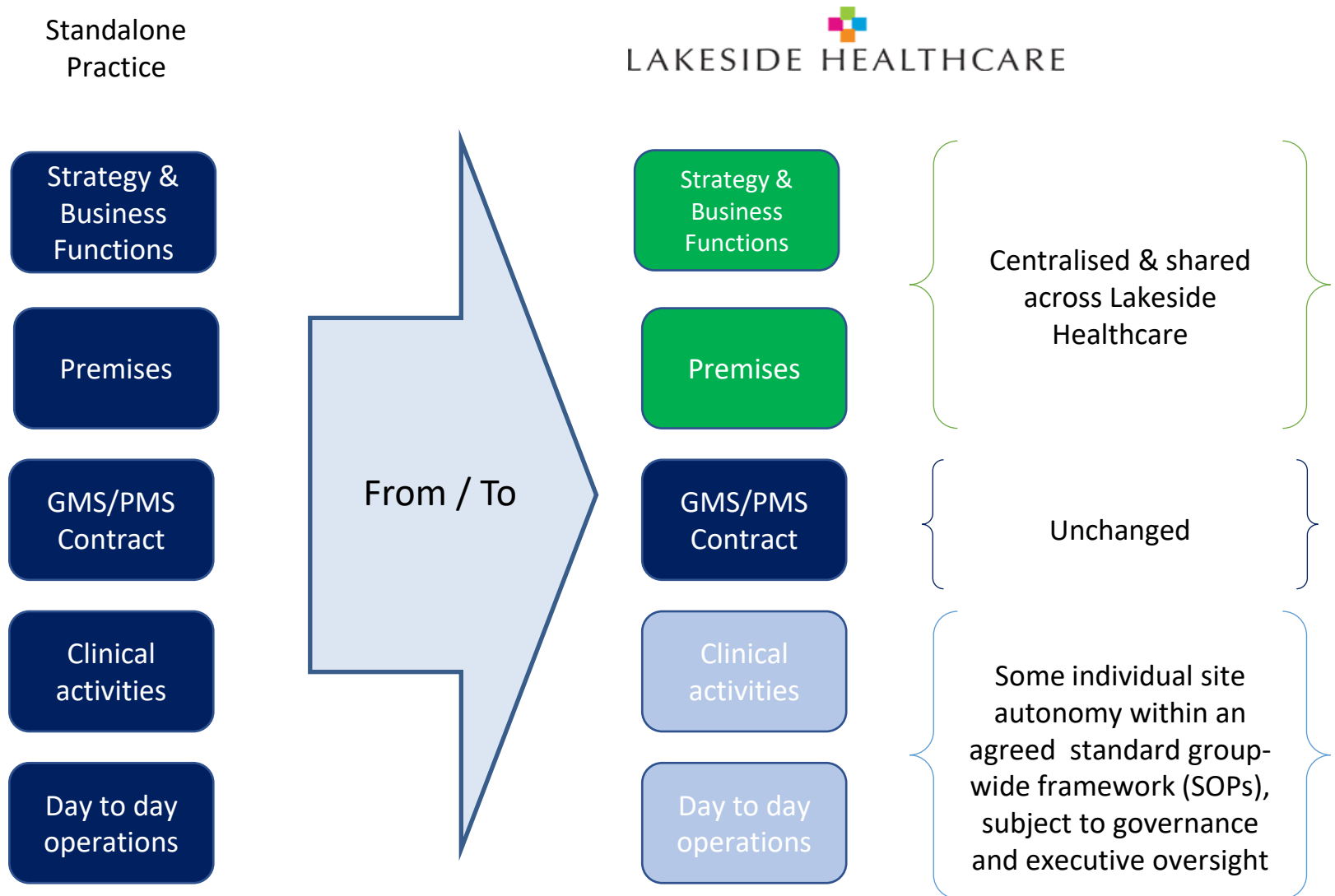
DGHs



Tertiary Centres

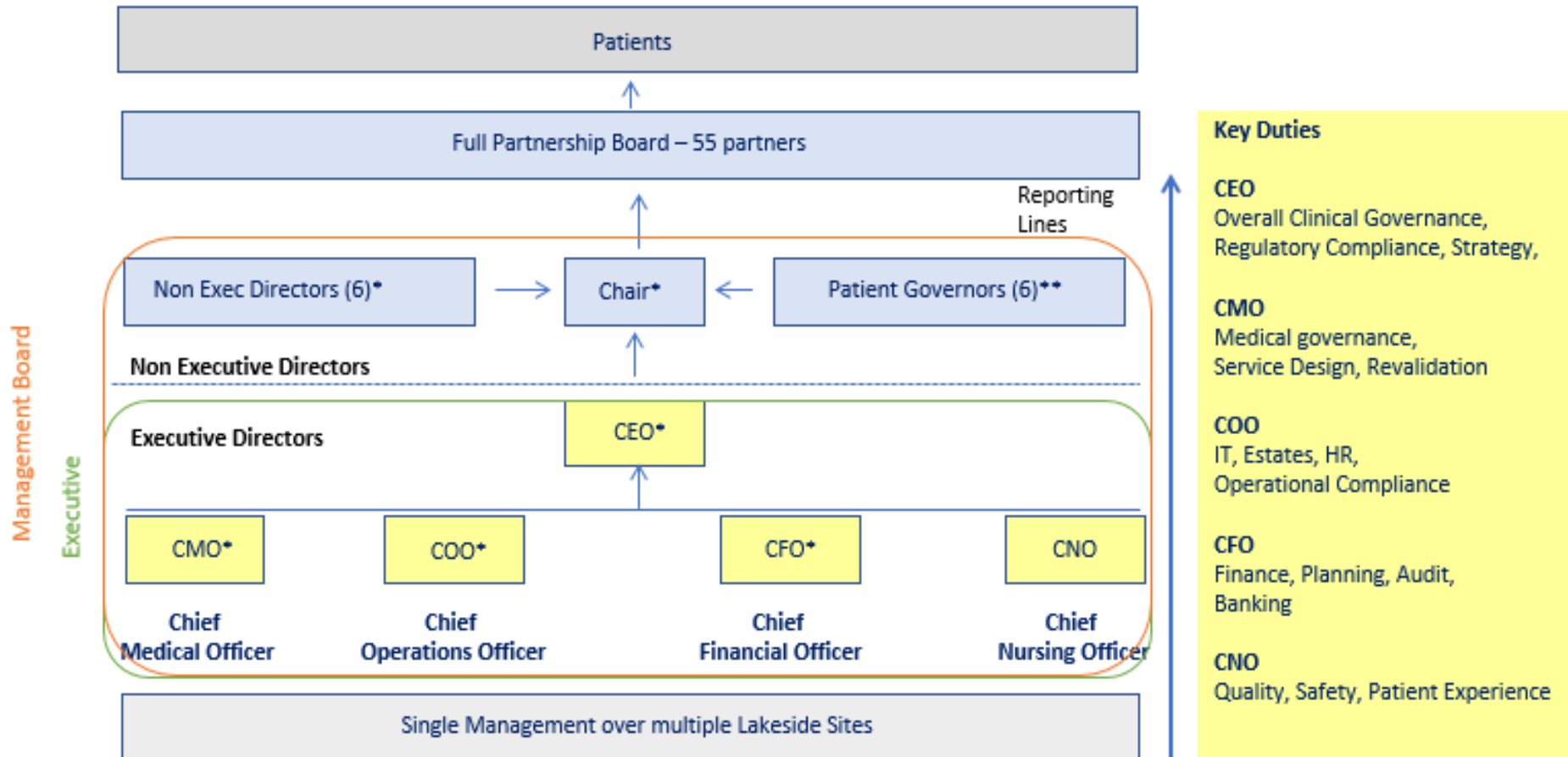


# What it means to be a Lakeside practice





# Lakeside Healthcare Group - Governance



Whilst Lakeside Healthcare is a partnership, it is run along corporate lines. The CEO manages the day-to-day business with executive colleagues. The chair and NEDs hold the executive to account for performance and represent all other shareholders.

\* Voting members of board

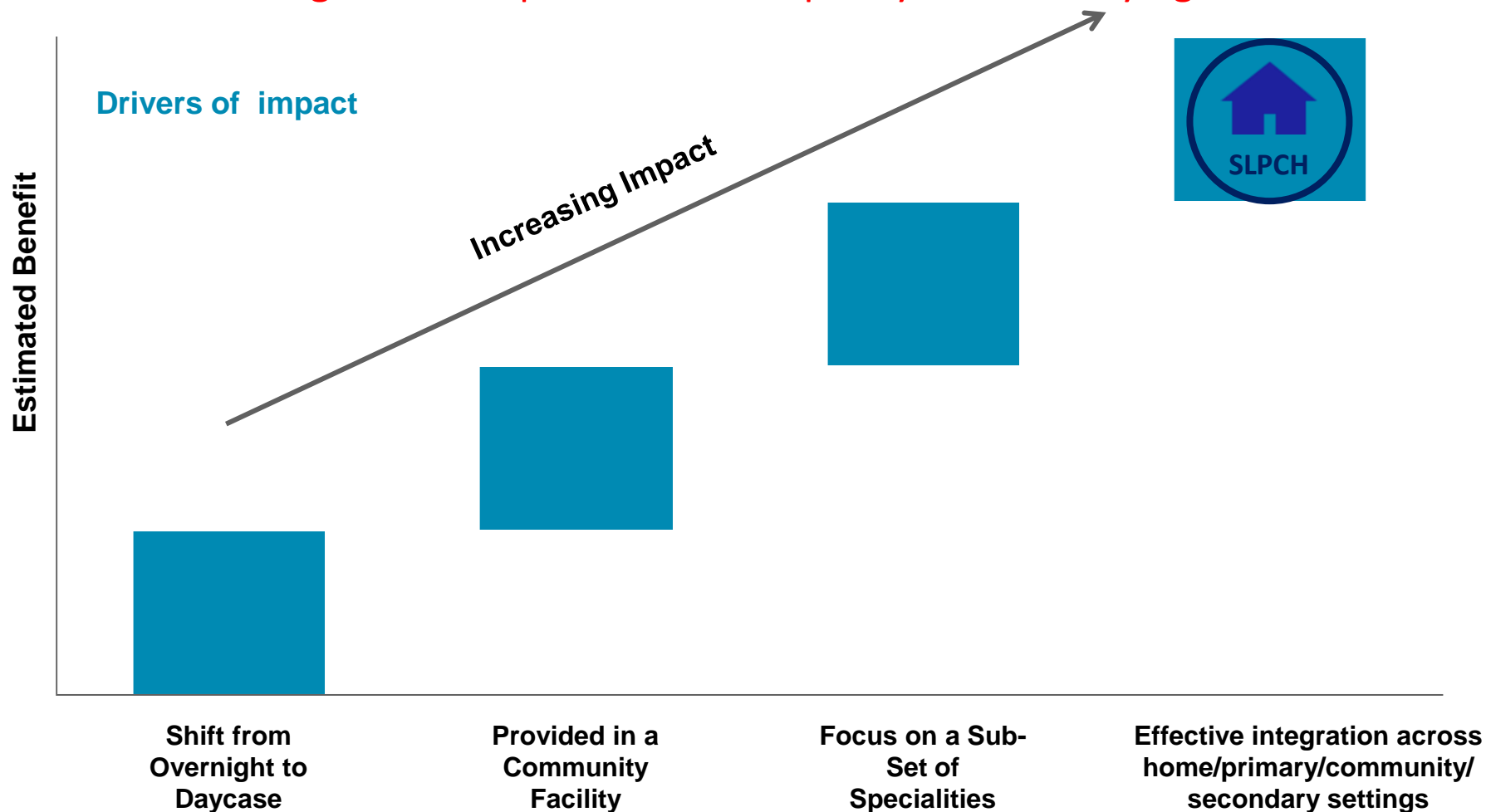
\*\*Patient Governors to be appointed from PPG chairs



# How we see or Care Models evolving



Lakeside Healthcare can have multiple impacts on the local health economy driving overall improvements in quality and underlying cost

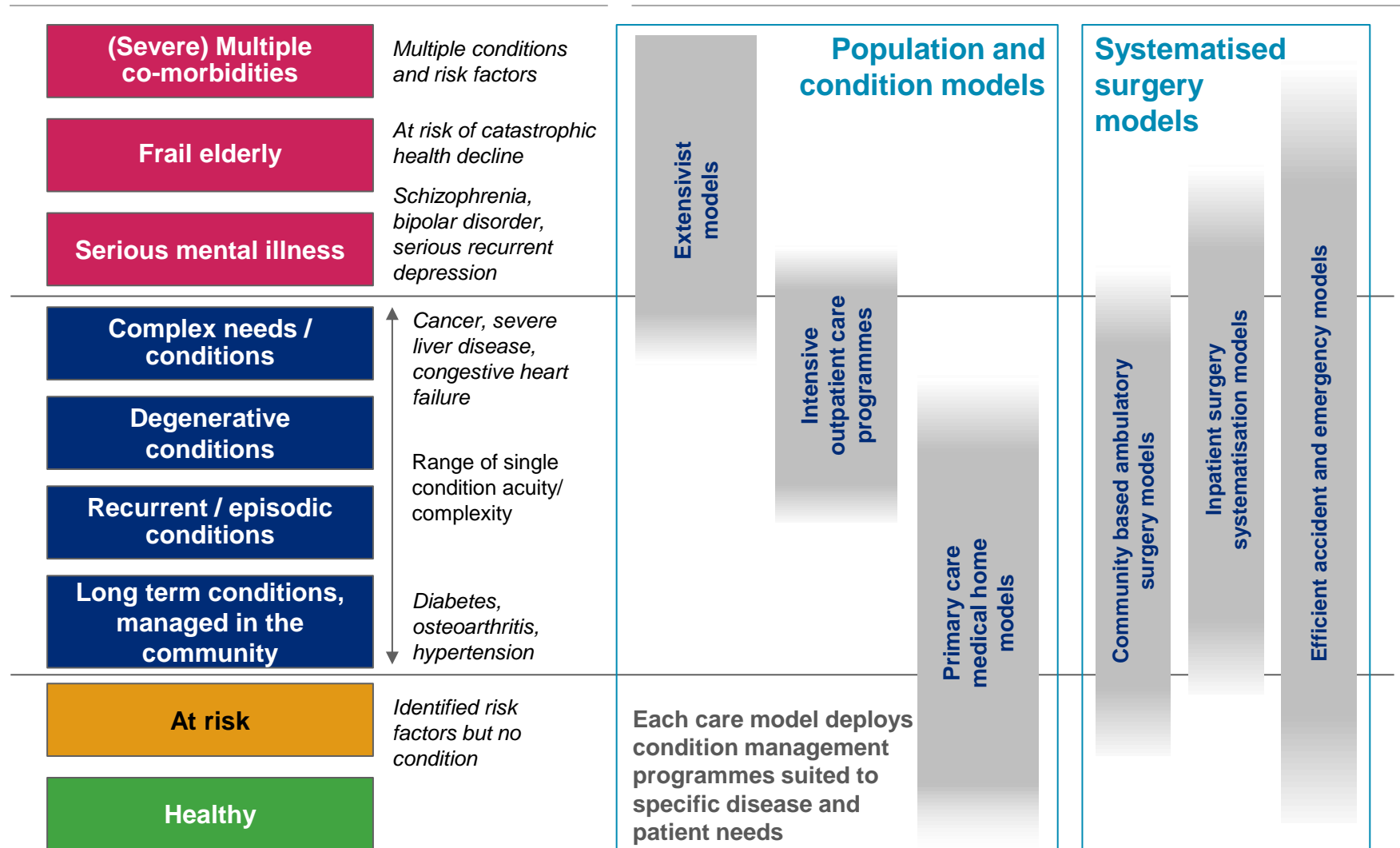




# Alignment of population segment needs and patient-centric models are at the centre of our New Care Models approach

## Population segments

## Landscape of care models





# Our innovative care models are able to support a patient-centric system that delivers high quality care based on underlying patient needs

1



## Lakeside Extensivist

*Holistic care system providing coordinated, comprehensive care to the most needy and frail patients*

- **Clinicians and other staff:**
  - Empowered to impact care and have capacity to do so
- **Patients:**
  - Receive highly personal care
  - Gain increased access
  - Are engaged in the management of their conditions
  - Become empowered to make informed decisions
  - Receive consistent, higher quality care in the GP surgery
  - Are supported through all phases of life, including end of life
- **Other carers / family:**
  - Gain comfort that loved ones are receiving superior care

2



## Lakeside Enhanced Primary Care

*Team based care that provides comprehensive and convenient medical care to a patient segment*

- **Clinicians and other staff:**
  - Practice to full scope of license / capability, while expanding system role
  - Have greater influence on patient outcomes through accountability
- **Patients:**
  - Receive whole person focussed care delivered by current GP
  - Can regularly access care and have questions fully addressed
  - Work in conjunction with GP to ensure condition mgmt. / wellness
- **Community based resources:**
  - Defined role in managing patient care and coordination across clinical resources

3



## Lakeside Ambulatory Surgery Centres\*

*Outpatient centres delivering high efficiency care in a convenient setting*

- **Clinicians and other staff:**
  - Gain professional autonomy
  - Supports increased patient choice by providing a more convenient setting and improved scheduling
  - Higher quality from standardisation and scale
  - Receive personalised attention pre, during and post surgery

\* In hospital or standalone provision

**Plus Urgent Care Provision – standalone or on hospital site**



# Extensivist: Lakeside extensivist clinics can focus on frail, elderly and vulnerable patients with the most significant needs



## 1 Frail, elderly and vulnerable overview



- Highest need patients aged over 65 at risk of catastrophic decline
- Uncoordinated care and inadequate access leads to unnecessary admissions and poor disease management
- Drive seven times more spend than the population average

**c3%+7% ~ £5,800**  
of the LHG population per capita

## Patient segmentation

### >2 comorbidities<sup>1</sup>

- Myocardial Infarction
- Congestive Heart Failure (CHF)
- Peripheral Vascular Disease
- Cerebrovascular Disease
- Dementia
- Chronic Obstructive Pulmonary Disease (COPD)
- Connective Tissue Disease
- Ulcer Disease
- Diabetes
- Hemiplegia
- Moderate to Severe Renal Disease
- Liver Disease
- Cancer – *all types*
- HIV / AIDS
- Multiple Sclerosis

### >1 risk factor

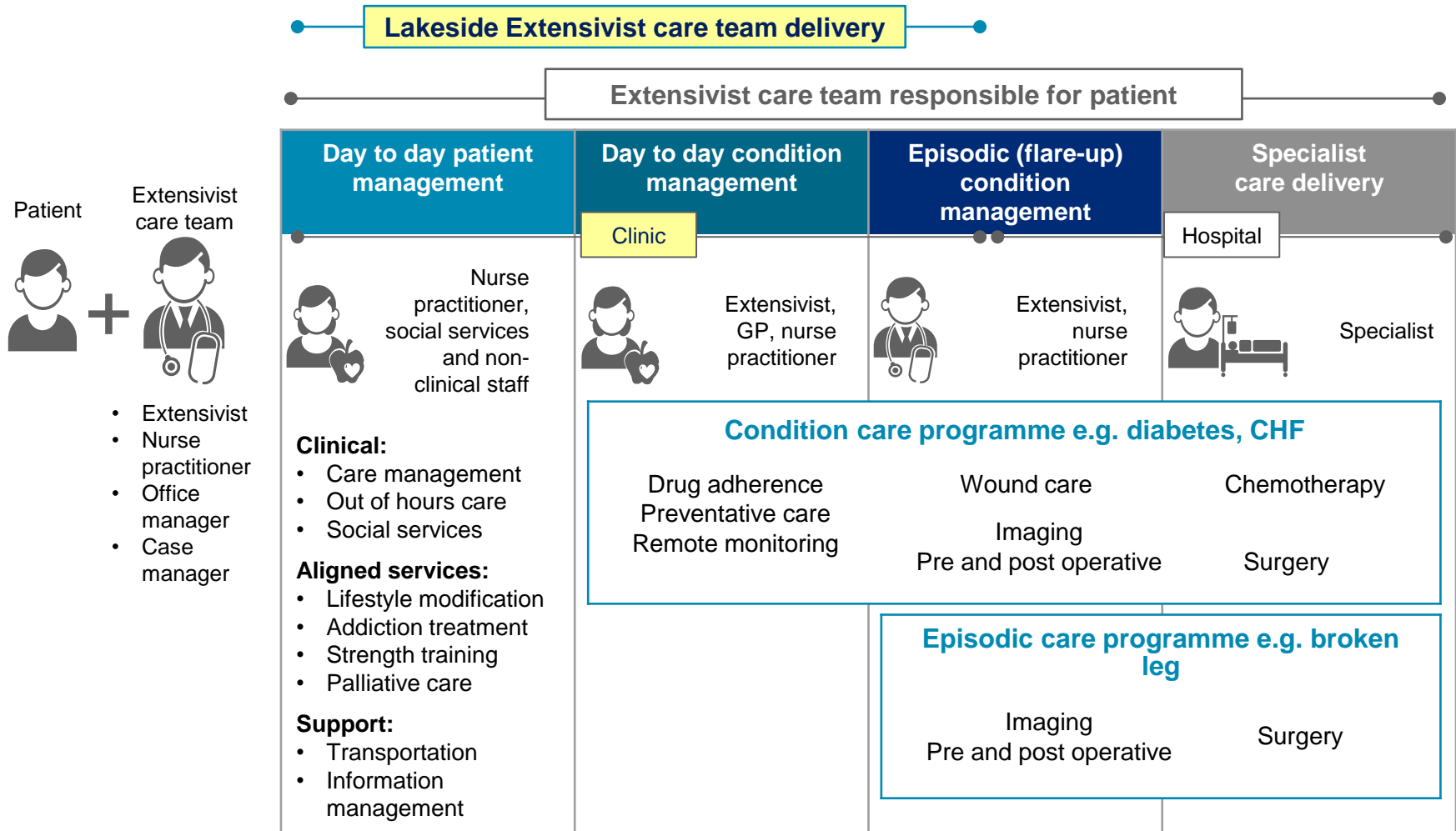
- Hypertension
- Obesity
- Severe Recurrent Major Depressive Disorders
- Schizophrenia
- Bipolar Disorder
- Addiction – *substance or alcohol*

Source: Hospital Episodes Statistics, Office of National Statistics, Team analysis

1. Defined according to Charlson Index, multiple sclerosis also included due to high complexity of patient needs



# Extensivists take responsibility for all aspects of a patient's care, supported by a multifunctional care team



The extensivist role requires a broad set of skills and desire to practice differently: not all physicians are ready or able to assume this role



# Enhanced Primary Care: Similar to frail elderly patients, the chronically ill drive significant costs due to disjointed and variable care

2

## Chronically ill overview



- Condition severity ranges from independent and low acuity (e.g. diabetes) to systemic and complex (e.g. severe liver disease)
- Require support to manage their disease day-to-day and proactive care during flare-ups
- Drive four times more spend than the population average

**c20%** ~ **£2,800**  
Of the LHG population per capita

## Patient segmentation

### Chronic conditions or comorbidities<sup>1</sup>

- Myocardial Infarction
- Congestive Heart Failure (CHF)
- Peripheral Vascular Disease
- Cerebrovascular Disease
- Dementia
- Chronic Obstructive Pulmonary Disease (COPD)
- Connective Tissue Disease
- Ulcer Disease
- Diabetes
- Hemiplegia
- Moderate to Severe Renal Disease
- Liver Disease
- Cancer – *all types*
- HIV / AIDS
- Multiple Sclerosis



# Ambulatory Care: Lakeside Ambulatory surgery centres provide efficient and convenient out-of-hospital care for straightforward surgical procedures

## 3 Example specialties

### Ophthalmology



- Cataract extraction / implant
- Vitreous retinal Procedures
- Oculoplastics

### Orthopaedics



- Arthroscopy
- Carpal tunnel release
- Wrist joint repair

### Dermatology



- BCC
- Cryotherapy
- Curettage
- Biopsy

## Example benefits

### For patients

- Shorter waiting times and more convenient appointments
- A relaxed non-hospital environment
- Higher levels of patient/ customer care

### For physicians

- Working in an efficient unit designed around their workflow
- Specialisation and high volume leads to superior clinical outcomes

### For commissioners

- Increased quality and outcomes
- Fewer hospitalisations post procedure
- Lower cost care
  - Small fixed cost base
  - Highly efficient
  - Economies of scale across practices



### Additional specialties in development

Diabetology  
Geriatric Medicine  
ENT

Urology  
Rheumatology

Cardiology  
Gynaecology



# Lakeside 'holds the ring' in terms of outcomes and financial performance

Lakeside Healthcare ACO responsible for full patient journey

Subcontracting service provision

**Lakeside Primary Care**

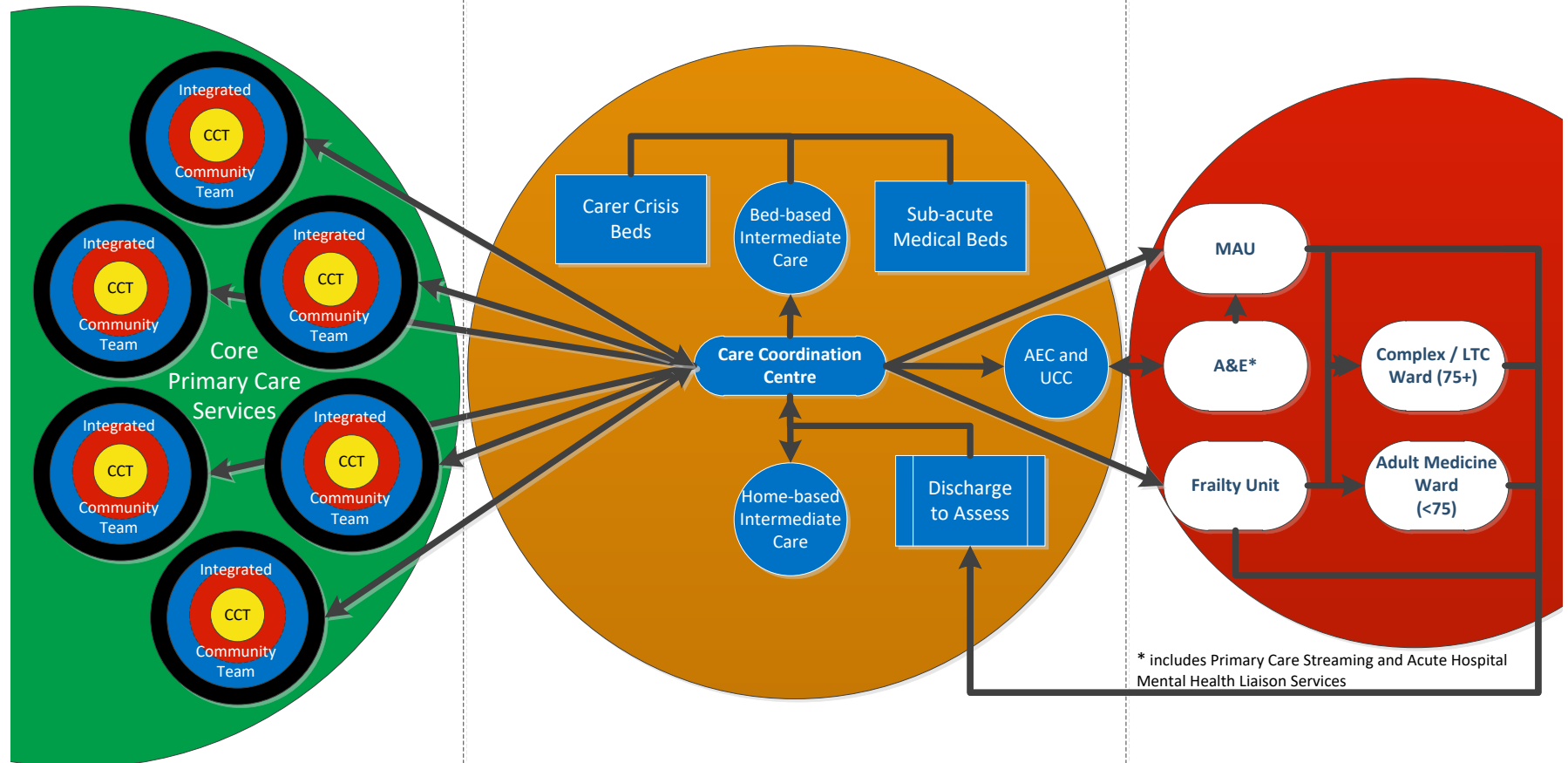
**Pharmacy / Social Care / Community Care**

**Local DGH**

Planned Care

Unplanned Care

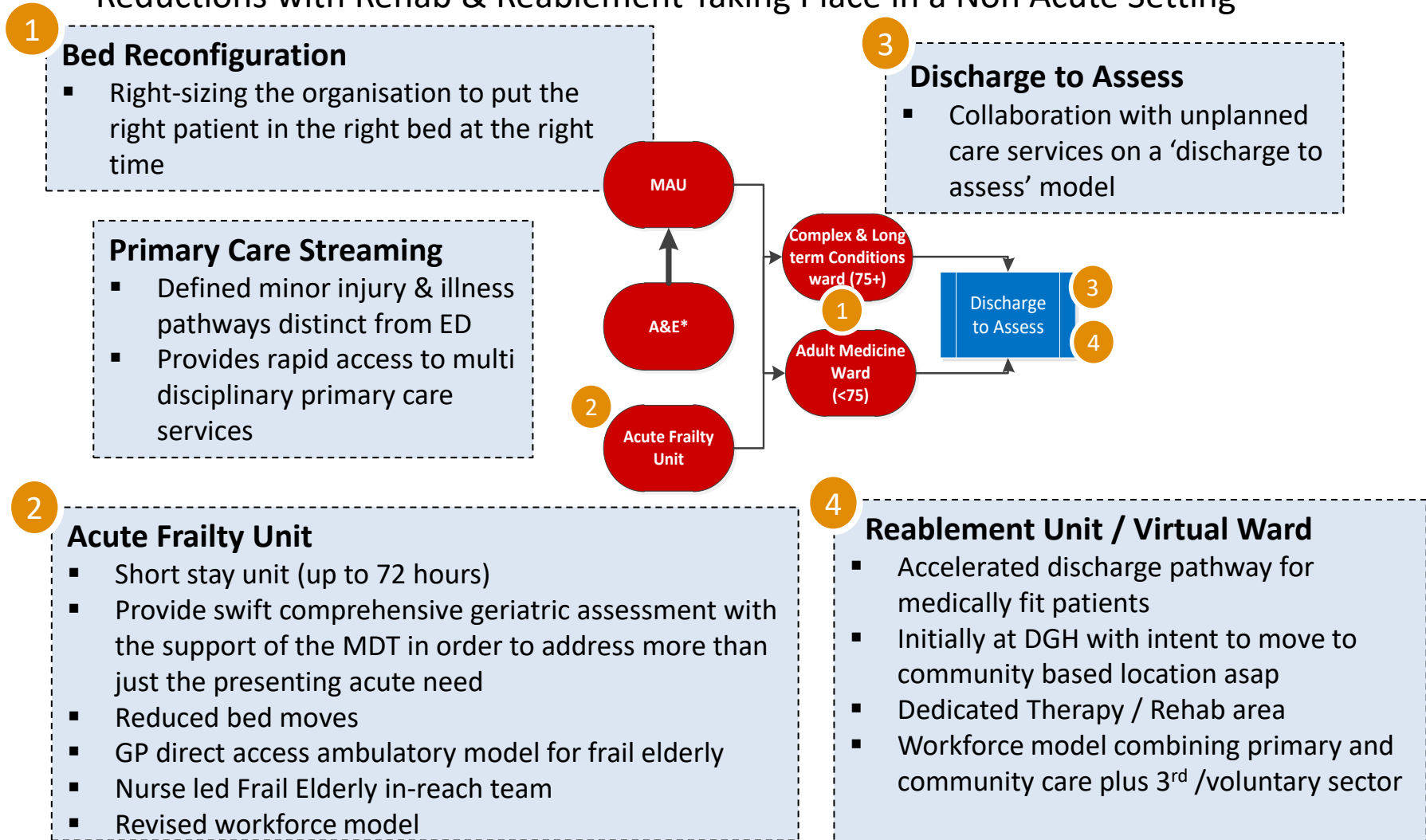
Acute Care





# We navigate frail patients across the whole system and Have responsibility for their well-being

Development of an Acute Frailty Unit and enhanced DTA will Support Length of Stay Reductions with Rehab & Reablement Taking Place in a Non Acute Setting





# So, where next...? 2020 and beyond



**Form:** Super-Practices covering >1 million registered patients

**Finance:** Introduction of consumer-payment mechanisms  
At risk contracts leading to commercial valuation

**Technology:** AI & medical algorithms driving consumer-led care

**Workforce:** Diamond shaped workforce: expert nurse led



# Creating our own Future

  
LAKESIDE HEALTHCARE

## Lakeside Healthcare Group



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