

# SUMMARY ECONOMIC CASE: APPENDICES

## Abstract

This document describes the summary economic case for the implementation of the new models of care developed as part of the Stockport Together covering the period to 2020/21

Appendix 1 – Benefits Realisation

DESCRIPTION	Reduction in GP workload	Increased capacity	Re-provision cost	Tariff Benefit Value 2020/21	Activity REDUCTION 2020/21	Evidence base
GP Practice						
Navigate and Signposting	5.5%		£376,450	£0	0	<ul style="list-style-type: none"> <li>• NHS Alliance 'Making Time in General Practice' suggests that 4% of GP time could be saved through enhanced navigation and signposting in General Practice. <sup>11</sup></li> <li>• Local assessment suggests this could be up to 8% of GP time.</li> <li>• We have used the NHS alliance data which constitutes the lower of the two figures</li> </ul>
<b>Total</b>			<b>£376,450</b>	<b>£0</b>		

DESCRIPTION	Reduction in GP workload	Increased capacity	Re-provision cost	Tariff Benefit Value 2020/21	Activity REDUCTION 2020/21	Evidence base
<b>Collaborative general practice</b>						
Find & Treat			£286,000	(£1,426,581)	3,860 non-elective admission deflected for Diabetes, COPD, Hypertension, AF & Dementia	National guidance from NICE, NHS England and PHE has been collated by NHS Right Care along with case studies for each disease group
Enhanced Pharmacy & Repeat Prescribing offer	5.5%		£2,000,000	(£5,000,000)	Not applicable	<ul style="list-style-type: none"> <li>GP 5 year forward view</li> <li>The Journal of MedEconomics<sup>8</sup> estimated that employing Pharmacists in Primary Care can save 7% of GP time just in dealing with patient medication queries generated by patient requests for prescriptions. This excludes other areas of GP workload that Pharmacy could impact</li> <li>GP Magazine reported a reduction in GP workload of 30-40% through the employment of primary care Pharmacists across East London.</li> </ul>
Enhanced physio offer	6.5%		£620,000	£0	Not applicable	<ul style="list-style-type: none"> <li>GP 5 year forward view</li> <li>The Chartered Society of Physiotherapists suggests that up to 30% of GP appointments are for MSK and could be impacted by Direct Access Physiotherapy<sup>9</sup></li> <li>Physio First, West Wakefield found that 20% of GP appointments were for MSK complaints. They were able to impact 70% of these appointments.<sup>10</sup></li> </ul> <p>For consistency, we have used the lower Wakefield findings which gives a net impact of 14% on GP workload</p>
Mental wellbeing support			£450,556	£0	Not applicable	GP 5 year forward view
Neighbourhood treatment room & minor injury			£250,000	£0	Not applicable	GP 5 year forward view
Back office (EMIS)			£100,000	(£846,385)	5632 in Out Patient First appointments	GP 5 year forward view
Healthy Communities	3.5%		£571,514	£0	Not applicable	<ul style="list-style-type: none"> <li>NHS Five Year Forward View: Empowering People &amp; Communities,</li> <li>Realising the Value economic modelling &amp; five year key impact: peer support, self-management education &amp; health coaching, group activities to support health &amp; wellbeing, asset based approaches in a health and wellbeing context, JSNA data.</li> <li>We have assumed that this service supports the deflections already set out in the Extensivist model set out above</li> </ul>
Neighbourhood clinical triage	5.0%		£100,000	(£27,175)	618 A&E (minors)	
Neighbourhood acute visiting	5.0%		£100,000	£0		
<b>Total</b>			<b>£4,478,070</b>	<b>(£7,300,141)</b>		

DESCRIPTION	Reduction in GP workload	Increased capacity	Re-provision cost	Tariff Benefit Value 2020/21	Activity REDUCTION 2020/21	Evidence base
<b>Integrated multidisciplinary teams</b>						
Remodelled Neighbourhood Teams	2.5%	20%	£2,115,902	(£10,864,874)	5,805 A&E Attendances 4,373 Non-elective admissions 3,058 Outpatient first appointments 21,591 Outpatient follow up appoint 569 Elective	<ul style="list-style-type: none"> <li>The evidence for the impact on non-elective activity of what is called the Extensivist Care and Case Management approach ranges from 25-30% reduction for the high user cohort.</li> <li>This business case has used the findings from the Fylde Coast Extensive Care Approach due to its similarity to the Stockport Neighbourhood Model</li> <li>We have profiled the impact of the model on the top 6% of users in 2017-2019 and the top 15% of users in 2019-2021</li> <li>The evidence for Falls Prevention is well documented and subject to NICE Guidance<sup>2</sup></li> </ul>
Home support worker night service			£428,558			
Neighbourhood Teams Extended Hours			£677,485			
Mental Health	3.5%		£704,648			
Integrated Fall Service			£428,200			
Home care support / Care home support		Additional 65 long term care packages (net 4% increase)	£1,190,579	(£2,300,000)	97 care home respite admissions 624 care home admissions 624 non elective admissions per week.	The Local Government Association undertook a review of the evidence regarding the impact of integrated care in general and case management specifically and found that there is evidence that it has resulted in a reduction in use of residential and nursing homes and an associated increase in use of home care services <sup>3</sup>
Enhanced Allied Health Professionals (Borough wide)			£587,343		Not applicable	
<b>Total</b>			<b>£6,132,715</b>	<b>(£13,164,874)</b>		
<b>Grand TOTAL</b>			<b>£10,987,235</b>	<b>(20,465,015)</b>		

Table 14- Benefits Realisation

DESCRIPTION	Reduction in GP workload	Increased capacity	Re-provision cost	Tariff Benefit Value 2020/21	Activity reduction 2020/21	Evidence base
<b>Intermediate Tier (Inc. Support for discharge &amp; Carers connect)</b>						
Intermediate Tier Hub		48% increase in staffing	£1,102,521	(£4,730,373)	<ul style="list-style-type: none"> <li>- 4,105 Non Elective admissions</li> </ul>	<ul style="list-style-type: none"> <li>The evidence<sup>1</sup> for the impact on non-elective activity of Intermediate Care ranges from 25-30% reduction for the high user cohort.</li> <li>Literature review of following systems:- Sunderland, Wakefield, South Warwickshire, Sheffield, Nottingham, Bradford and Leeds</li> <li>Strong evidence base in relation to the Discharge to Assess model in Sheffield; proven at truncating discharge process by up to 2 weeks (Reference - Health Foundation Improving the flow of older people)</li> <li>Discharge to Assess: ECIP recommended model</li> </ul>
Crisis Response						
Active Recovery						
Transfer to Assess						
Step Up/Step Down Beds						
<b>Total</b>			<b>£1,102,521</b>	<b>(£4,730,373)</b>		

<sup>1</sup> McKinsey 2015 ('The evidence for integrated care', March 2015), NHS England 2015 (Transforming urgent & emergency care services in England, August 15, GP 5 year forward view, Kings fund 2011: 'Case management: what it is and how it can best be implemented' Mid-Notts Better Together PAC - Local Integrated Care Teams, Fylde Coast, Extensive Care Approach, [click here](#) ,Wigan MBC unregistered social care workforce, Stockport Together: Impact of MDT working

DESCRIPTION	Reduction in GP workload	Increased capacity	Re-provision cost	Tariff Benefit Value 2020/21	Activity reduction 2020/21	Evidence base
<b>Acute Interface: Ambulatory Care</b>						
Ambulatory Care Unit			£1,290,300	(£3,778,164)	<ul style="list-style-type: none"> <li>-2,028 Non Elective admissions</li> </ul>	<ul style="list-style-type: none"> <li>The evidence base for both these areas is set out in the NHS England publication 'Transforming urgent &amp; emergency care services in England, August 15'. AI is now a mandatory element within ED.</li> <li><i>Ambulatory Emergency Care, The Middlesbrough Experience</i>, NHS Institute for Innovation and Improvement</li> <li><i>Directory of Ambulatory Emergency Care for Adults</i>, NHS Institute for Innovation and Improvement, November 2012</li> <li><i>Kettering General Hospital NHS Foundation Trust Case Study</i>, June 2016</li> <li><i>Directory of Ambulatory Emergency Care for Adults</i>, version 3 was published in 2012</li> <li>The Royal College of Physicians – Acute Medicine Task Force &amp; endorsed by the College of Emergency Medicine, 2012 Implementing AEC</li> </ul>
Ambulatory Illness (Primary Care Streaming)			£877,781	(£2,310,880)	<ul style="list-style-type: none"> <li>-26,260 ED attendances</li> </ul>	
Total			£2,168,081	(£6,089,044)		

DESCRIPTION	Reduction in GP workload	Increased capacity	Re-provision cost	Tariff Benefit Value 2020/21	Activity REDUCTION 2020/21	Evidence base
<b>Outpatients</b>						
1. Active support for patients to enable them to take more control of their condition including decision making and self-care and provision of advice			£41,000	(£816,662)	First Attendance -5,959 Follow Up -9,844	<ul style="list-style-type: none"> <li>Results from Stockport 100 day Rapid Testing initiatives across Trauma &amp; Orthopaedics, Gastroenterology (IBD and Fatty Liver Disease), Cardiology &amp; Respiratory (Breathlessness clinic) and Diabetes.</li> <li>Hibbard et al, 'Supporting People to Manage Their Health' Kings Fund 2014</li> <li>Derek Wanless – 'Our Future Health Secured – A review of NHS Funding and Performance' (2008)</li> <li>Lewisham Care Study by Dr B Fisher – Lewisham GP 2012 patient survey</li> <li>NHS Greenwich GP improvement and education programme</li> <li>Super 6 model of diabetes care</li> <li>Dr Partha Kar, Clinical Director Endocrinology/Diabetes, Consultant Physician, Portsmouth Hospitals NHS Trust, UK</li> <li>UCL GI diagnostic review initiative</li> <li>Chronic Kidney Disease in Tower Hamlets EMIS patient record review initiative</li> <li>Ashford CCG MSK clinical triage initiative</li> </ul>
2. Support for GPs in clinical decision making			£157,442	(£2,701,021)	First Attendance -4,956 Follow Up -9,913	
3. Appropriate clinical triage of referrals and diagnostics			£147,296	(£1,227,718)	First Attendance -3,614 Follow Up -7,228	
4. Alternative mechanisms for traditional appointments and support to enable discharge from outpatient clinic			£1,396,913	(£3,479,722)	First Attendance -7,407 Follow Up -25,031	
5. Identifying outpatient activity that can be stopped			£9,555	(£59,718)	First Attendance -98 Follow Up -483	
6. Coordinated support for complex patients			£0	£0		
7. Stopping OP activity			£365,089	(£3,479,722)	First Attendance -7,407 Follow Up -25,301	
			<b>£2,117,295</b>	<b>(£11,764,523)</b>		