# Executive summary

**Dudley Clinical Commissioning Group (CCG) carried out a public consultation on its proposal to develop a Multi-Speciality Community Provider (MCP) from the 15th July to the 9th September, 2016. This independent report presents the findings from the public consultation and from the exploratory equalities impact assessment undertaken alongside it.**

## The MCP

**The MCP will fundamentally change the way non-acute healthcare is organised and delivered in Dudley. A single provider, with an annual budget of over £200m, will be commissioned to deliver all non-acute healthcare in the borough. The selected provider will be awarded a long-term contract (over 10-15 years) and its performance will be measured primarily on the basis of the health outcomes it achieves for patients and the local population as a whole. A proportion of the funding it receives will also be dependent on these outcomes. This will replace the current situation in which the CCG has individual contracts of 1-2 years with 177 local providers, which are primarily based on the delivery of activities rather than outcomes.**

**The MCP model has been developed as part of the national NHS vanguard programme in response to a need to manage the challenges posed by people living longer and with more complex health issues, and at a time when there are constraints**

**on future NHS spending. It has also been designed to address the main issues that local people report with current provision: access to care; continuity or care; and communication and coordination. The MCP will bring together local GP practices, nurses, physical and mental health services, community-based services, relevant hospital specialists and others to provide care that is joined up and puts patients at the centre. Different healthcare providers will work together in Multi-Disciplinary Teams (MDTs) organised around local GP practices, and more services will be delivered in community settings rather than in hospital.**

**861,597 #MCPconsult impressions on Twitter**

**8,910 reaches on Facebook**

**374 completed surveys**

**347 attendees at 21 public events**

**80 attendees at 7 events for staff**

**80 recorded video diaries**

**30+ written submissions, by email and letter**

## The Public Consultation

**This formal public consultation is the latest stage of an on-going dialogue with local people around new care models and the development of an MCP. The consultation was built on the listening exercise which took place earlier this year to help shape the themes of the MCP – access, continuity and co-ordination, and to understand what was really important locally.**

**Explaining something as new and complex as the MCP, and gaining meaningful feedback from a large and diverse population, is not easy. Nonetheless, by giving people a range of ways to input and carefully communicating information about the key proposed features of the MCP, the consultation reached several thousand people and received over 800 contributions. These contributions were also rich in detail. Some confirm and reinforce the plans for the MCP. Others challenge aspects of these plans and highlight additional concerns that will merit further consideration by the CCG.**

# The Equalities Impact Assessment

**The exploratory Equalities Impact Assessment (EqIA) was undertaken in order to identify any potential ways in which the MCP could have a disproportionate or differential effect on specific groups in the local population. Disproportionate equality effects arise when a specific group comprises a high proportion of the users of the service or services that are being changed. Differential equality effects arise when a specific group is impacted in a different way to other users by the changes being made.**

**The 2010 Equality Act places a legal duty on public bodies to have due regard to advancing equality of opportunity for nine protected characteristic groups, relating to: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. A tenth characteristic, deprivation, was also considered in this EqIA.**

| Is this group likely to have a disproportionately high level of need for the kinds of care within the MCP? | |
|---|---|
| Older people | Yes |
| Children | Yes |
| Men | No |
| Women | No |
| Marriage and civil partnership | No |
| Religion or belief | No |
| Race | Yes |
| Disability | Yes |
| Sexual orientation | Possible |
| Gender reassignment | Possible |
| Pregnancy and maternity | Possible |
| Deprivation | Yes |

# The Dudley Population

**Dudley has an estimated population of 316,464, which is projected to increase to around 338,000 by 2039[1]. Overall, the population has a slightly older age profile than the West Midlands and national average. It also contains a higher proportion of people with a disability. Over 1 in 10 residents are in groups other than "White British".**

**The average income of Dudley's residents is comparatively low and the borough contains some areas of that are among the 10 per cent most deprived nationally.**

**Based on the available local and national data, the groups likely to comprise a disproportionately high proportion of the users of services potentially affected by the MCP are set out in the accompanying table.**

[1] Office for National Statistics (2015) Subnational Population Projections for Local Authorities.

## Findings: Dudley-wide themes

**The comments, concerns and questions raised throughout the consultation were wide-ranging, but mainly fell under the five themes identified by the CCG in advance:**

- **The priorities the MCP should address**
- **The scope of the MCP**
- **The characteristics of the MCP**
- **The outcomes the MCP will be expected to achieve**
- **The potential impacts of the MCP**

**One additional theme emerging unprompted from the consultation as a key area of concern: their identity and accountability of the MCP provider.**

## Priorities

**People in Dudley understand why there is a need for the MCP and agree on the local priorities it needs to address: access, continuity of care, and communication and coordination.**

**Local residents described the difficulties they and their families currently experience in getting GP appointments, disjointed care when dealing with more than one professional or provider, and a perceived lack of information sharing between different parts of the system. The main questions raised concerned how the MCP would offer a solution to these challenges. There were very positive reactions to the proposal to have MDTs at the heart of the MCP when information was provided about this in the consultation. People could easily see how it offered a potential solution to the current issues relating to communication and co-ordination.**

**Which of these do you think it is important the MCP improves?**

**66% access to services**

**55% continuity**

**66% communication & coordination**

## Scope

**Overall, people expressed satisfaction with the provisional list of services proposed for inclusion in the MCP. Most comments and questions revolved around why certain other services were not planned to be part of the MCP, and whether more services could be included.**

**Several queries were raised about why only some adult social care services would be included in the MCP, given the overlaps between social and health outcomes. Clarification was also sought as to whether certain specialist services would be included in the MCP. Local residents, volunteers and professionals also wanted reassurances that the MCP would involve and support community and voluntary services. This was underpinned by concerns about the future sustainability of these services in the light of reduced local authority funding.**

**The CCG confirmed that some adult social care services would be part of the MCP, with the possibility of more being incorporated over time. It is also exploring opportunities for adult social care staff to be seconded into the MCP. The inclusion of specialist services will be decided on a case-by-case basis, but the priority will be to ensure that existing care pathways are not broken up. The CCG sees the community and voluntary sector as central to the MCP model. Existing CCG funding for the sector will be maintained under the MCP and groups will also potentially be able to benefit from longer-term funding through the MCP.**

## Characteristics

**The majority of survey respondents reacted positively to the proposal for the MCP to have a single integrated telephone and online system for patients to access care. This reflected the common difficulties people report with access and the potential advantages they could foresee in a single system providing, in terms of convenience, speed and simplicity. Equally, it was felt that such a system would require certain features in order to deliver these advantages for all. It would have to be equally accessible by telephone and online, have the capacity to deal quickly with large numbers of patients at any given time, be simple to use and be staffed by people qualified to address the needs of all patient types.**

**The proposal for more services to be delivered in community settings under the MCP was occasionally a source of confusion in the consultation, with some people envisaging all services being delivered from one or a small number of MCP buildings. Where the proposal was understood, it was generally welcomed, on the basis that it would potentially make services more convenient to access. However, this was contingent on exactly where services would be located.**

**Views on the MCP having a single integrated telephone and online system to access care:**

**67% agree**
**21% disagree**
**12% don't know**

## Identity and accountability

**There was a degree of anxiety expressed by local residents, professionals and stakeholders about the possibility of a private sector organisation bidding for and winning the MCP contract. Questions were asked about whether this could happen, what basis the selected provider could operate on, and what safeguards would be in place to ensure it met its obligations under the contract. The CCG confirmed that there was no legal barrier to private sector organisations bidding for the contract, but emphasised that any bidder would have to have the support of local GP practices to be considered. The expectation is that profits would be reinvested in patient services. The performance of the provider will also be closely monitored by the CCG, which would be able to impose sanctions and fines, and could ultimately choose to terminate the contract.**

**The consultation feedback also highlighted a strong desire for members of the public to be represented in the procurement and operation of the MCP, in order to ensure it is publicly accountable. The CCG confirmed that plans for involving and engaging the local community will be key criteria that bids for the MCP contract are judged against. No plans have yet been made for representing the public in the procurement process, but the CCG will explore options for doing this.**

## Outcomes

**The intention that the MCP contract will be outcomes-based rather than events-based met with widespread approval. It was seen as being important to ensuring that resources were focused on bringing about meaningful improvements for local people and pre-empted some concerns that the MCP provider might artificially generate additional referrals and activities to access more funding.**

**Questions were asked about the types of outcomes that the MCP would be expected to achieve and when people were prompted with further information in the survey or at events, it attracted contrasting reactions. For example, reactions were very positive to the idea of patient-reported outcomes; but, at the same time, doubts were raised about how such outcomes could be reliably measured. There were also queries raised about the relationship between the MCP outcomes and existing public health targets, and about how the proposed outcomes would meaningfully reflect specific health conditions. This comparatively mixed response reflected two competing viewpoints. The main perceived advantage was that it would incentivise the provider to achieve better outcomes for patients. The main concern was that it could lead to reductions in services if the provider did not perform well and received less funding.**

**Views on linking the funding the MCP provider receives with outcomes:**

**53% agree**

**24% disagree**

**23% don't know**

**Having heard a little about the MCP, how do you think it may affect you and others in Dudley?**

**46% positive impact**

**19% negative impact**

**35% don't know**

## Impacts

**Just under half of survey respondents thought the MCP would have a positive impact on themselves and others. The positive impacts most widely reported were improved access, the integration of services and better communication between providers. Some respondents thought the MCP would have a negative impact. The most common concern was that it could lead to reduced levels of service delivery – either resulting from poor performance leading to reduced funding, or from resources being diverted from service provision to administration.**

**Concerns were also voiced about the potential impacts of the MCP on local staff and the healthcare sector in Dudley as a whole. These included concerns that it could lead to frontline jobs being cut, create stress and uncertainty, divert funding away from existing local providers, and increase overall complexity and management costs in the system. The CCG responded that the MCP is not being introduced to cut funding for frontline staff or services - but rather to create efficiencies by integrating services. Staff will be supported during the transition to the MCP. The CCG is also in dialogue with local providers to plan for and mitigate any risks, and it will be in the interests of the MCP provider to develop ways of reducing complexity and management costs in the system rather than increasing them.**

# Findings: Themes for specific groups in the Dudley population

**The existing literature and the various, complementary consultation inputs provide a steer towards *potential* equalities-related challenges that the MCP should take into account. In most areas, there is no clear pattern of views according to the protected groups for which evidence is available.**

**It is worth noting that support for the proposed integrated telephone and online system was stronger amongst older people, people with disabilities, and particular black and minority ethnic (BAME) groups. This appeared reflect some negative experiences in accessing and navigating current care services. The proposal to deliver more services in community settings could potentially create equality effects, positive or negative, depending on where these settings are in relation to the geographical distribution of different groups within Dudley. For example, some residents could experience quicker and easier access to certain services as a result, while others could feasibly experience the reverse.**

**Certain groups (those aged 65 and over, from a BAME group, and those with a more serious disability) were more likely than average to expect the impacts of the MCP to be positive. Equally, there were concerns that the MCP could lead to some negative equality effects. For example, if some GP practices did not sign up to the MCP, there was a concern that the local**

**population they served could lose out on access to MCP services. The CCG confirmed that if a GP practice did not sign-up to the MCP, then it is anticipated it would still host a multi-disciplinary team, and processes would be put in place to facilitate communication and co-ordination with MCP services.**

## Recommendations

**Although some elements of the MCP, such as the identity of the provider, are necessarily unconfirmed at this point in time, there other areas of concern that the CCG could usefully address now – either by providing further information on plans that have already been developed, or by developing plans now with the involvement of local people, staff and stakeholders:**

**1. The CCG should consider contractual requirements, or "minimum standards", for the single integrated access system, to include maximum waiting times, adequate staff resourcing, suitably qualified staff, and industry best-practice design and usability.**

**2. There is a need for further development of the MCP outcomes (building on the work that ICF and the CCG have already undertaken to identify meaningful and relevant patient-reported outcome measures). While this is likely to develop iteratively as part of the competitive dialogue, it will be important to draw on national and international best-practice and potentially to incorporate deliberative work with patients.**

**3. The CCG should explore potential mechanisms for the representation of members of the public in the procurement and subsequent monitoring and governance of the MCP. There is a strong appetite for and expectation about on-going public involvement. It will be important that whatever approach is followed, this is widely-communicated and clearly signalled within future**

**communications to the public about the development of the MCP.**

**4. Equalities impact assessment should be embedded within the competitive dialogue process. Identified themes with potential equalities impacts should be used as a checklist on an on-going basis to inform the competitive dialogue.**

**5. A formal equalities impact assessment should take place towards the end of the competitive dialogue process, but sufficiently in advance of contracts being signed in order to enable any identified impacts based on the actual design of the MCP to be addressed. Beyond this, the selected provider should also be required to make provision for any further equalities work required during the MCP contract.**

**6. While there are number of issues that the CCG and its partners will need to be mindful of from a equalities perspective, there are two areas that relate directly to the design of the MCP that are likely to be the source of any significant equalities effects and which should, therefore, be areas of further focus in the next phase:**

- **Ensuring that the single integrated access system guarantees equal quality of access both online and by telephone, and exploring realistic ways to ensure that non-English speakers and people with sensory, mental and learning disabilities are equally able to access the system.**

- **Undertaking further exploratory work on the relative accessibility (by car and public transport) of potential community venues for MCP services in relation to different local areas and populations within Dudley, including a requirement that bidders provide detailed analysis (e.g. GIS mapping) of this as part of their proposals.**