

Accountable Care Partnerships – the Future For Healthcare and Social Care Service Delivery in England

NHS and Local Authority bosses have been meeting in secret for over eight months concocting five year plans for delivering healthcare and social care services. The plans are called Sustainability and Transformation Plans (STPs). STPs have to achieve significant cost savings, integrate healthcare and social care services and implement seven day working. Each region (or footprint) in England is writing an STP. There are 44 footprints and ours is North West London. Approved versions of these plans are expected by October 2016. We expect there will be an STP for my town of Ealing.

The chosen vehicle for delivering all future State care services is Accountable Care Partnerships (ACPs).

On 5 September 2016 I attended a presentation on ACPs. It was delivered by David Freeman who is the ACP boss for CWHHE – a consortium of five NHS Clinical Commissioning Groups (CCGs) which includes Ealing CCG. What follows below is mostly what I gleaned from or had confirmed by Mr Freeman.

ACPs will be networks/alliances/consortia of NHS bodies and Local Authorities often joined by CCGs and sometimes by private care suppliers, care charities and voluntary care bodies. The problems ACPs will be aiming to address are fragmentation, misaligned incentives, unclear access and long term system sustainability. ACPs will be set up to provide specific care services for a specific population. Typically these populations will be aggregations of GP patient lists. ACP contracts will be fixed price and long term. ACP revenue will be calculated on a per capita basis. For example, if the ACP commissioner decides the specific service to be provided should cost £100 per head annually and there is a specific targeted population of 500,000, the annual sum paid to the ACP would be £50 million.

There are currently 50 ACP pilots operating in England since 2015. On average there are seven partners in each ACP. By no means incidentally 32 of these ACPs have CCGs as partners. 11 of the ACP pilots involve private companies as partners.

At some time in the future all State care services in England will be delivered by ACPs.

In NW London up to five ACPs will sometime in the future deliver all State care services for seven towns – Ealing, Hounslow, Hammersmith, Fulham, Westminster, Kensington and Chelsea. Up to five ACP contracts will be created. No decisions have yet been made as to what each ACP will be delivering. They might be geographic ACPs or there might be perhaps an ACP for end of life care. ACPs will serve populations of between 500,000 and one million. ACP contracts will be for ten years. The first ACP contract is scheduled to begin in April 2018. Full ACP coverage of all care services across all seven towns will be achieved sometime in the future.

The business type to be adopted by ACPs has apparently not been decided. Suggestions include alliances, joint ventures or Accountable Care Organisations (a US style business type). CWHHE will not dictate the business type to be adopted by ACPs, preferring the partners to agree one amongst themselves.

Ealing CCG has recently published a 124 page document on ACPs. There are also many STP documents in the public domain - including a draft of the NW London STP. However nowhere in all these documents can I find answers to these questions:

- + how free at point of use healthcare services and means tested social care services will be integrated?
- + how seven day healthcare services will be implemented?
- + the Health and Social Care Act 2012 created a market system with a strict separation of commissioners e.g. CCGs and service suppliers e.g. NHS Trusts. So how can it be legal for CCGs and NHS Trusts to be peer partners in ACPs?
- + when and how the shortage of care workers e.g. Doctors, Nurses, Paediatricians, Psychologists, Physiotherapists, District Nurses and Health Visitors – will be made good?
- + when will the destruction of my local Major Hospital - Ealing Hospital – be completed?
- + what will happen if an ACP runs out of money/exceeds its fixed budget?
- + how it can be possible or sensible to remove clinical and financial responsibility for care from public NHS and Local Authority bodies and hand that responsibility over to untested, private partnerships?

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