

Greater Nottingham Transformation Partnership

Frequently Asked Questions

Question 1: What is the transformation trying to achieve?

Transformation in Greater Nottingham is supporting the wider Notts Sustainability and Transformation Partnership (STP) to:

1. Improve health and wellbeing
2. Improve quality of care and outcomes
3. Reduce pressure on budgets across the system

We believe our health and care system needs to change:

- We want people to live happy, healthy lives and to be independent and well.
- We want to ensure that when people need help and support, they can easily access the right care, in the right place and for the right length of time.
- People tell us that they want this support to be more joined up across health and care so that it can be closer to home in their own communities – with hospitals for those who really need to be there for planned care and emergency care.

Question 2: Who is involved?

The work is being co-ordinated by the STP in Notts, with an early focus on Greater Nottingham. It involves:

- The NHS Clinical Commissioning Groups who pay for healthcare
- Our two councils – Nottingham City and Nottinghamshire County who are responsible for adult social care
- Nottingham University Hospitals – Queen’s Medical Centre and City Hospital
- Notts Healthcare Trust, responsible for mental health and community services
- CityCare Partnership, whose teams deliver community health services in the city
- Circle Nottingham, which runs the treatment centre at the QMC campus

We are also working closely with citizen and patient groups, such as Healthwatch and the Greater Nottingham Citizen’s Advisory Group.

Question 3: Why do we have to change?

We have to keep developing and adapting. Our population size is increasing – while people are living longer but not staying healthy for longer, and are more likely to need health and social care services. There isn’t enough current resource in the system to sustain this. We’re trying to develop a health and social care service that can keep pace with our growing and ageing population. But... it’s about more than just money. It’s about being more efficient and providing a better quality of healthcare for our patients and citizens. And it’s about people taking more responsibility for their own general health and wellbeing.

Question 4: What do you mean by ‘health and social care’?

We mean everything involved in keeping people healthy, well, treated and supported – from birth to old age. This could be advice, help, treatment or ongoing support, plus all of the systems and people who work behind the scenes to make this happen. It’s everything provided by the NHS, community care groups and the care and support given to adults and older people by local councils.

Question 5: What will this all mean for patients?

For patients and citizens, this will eventually mean:

- More care closer to home in the community, including support to take care of your own health
- Hospital care for those who really need planned care and emergency care
- High quality, accessible services
- Fewer barriers between services from the NHS, local councils and health providers

Involving local people and patients in how this system is developed will be an essential part of the work going forward.

Question 6: What is an integrated system?

Different organisations from the health and care system are working together to improve the health of their local population by integrating services and tackling the causes of ill health. It is about moving away from competition, towards collaboration between organisations delivering care and collaboration between the organisations paying for it. The emphasis is on places, populations and systems rather than organisations.

Question 7: How is this different to the Accountable Care System?

The NHS nationally is now using the term ‘Integrated Care System’ as a collective term for both devolved health and care systems and for those areas previously designated as ‘shadow accountable care systems’. An Integrated Care System is where health and care organisations voluntarily come together to provide integrated services for a defined population.

Question 8: How do you know what work you need to do? Where are you starting?

This is the beginning of a long journey of improvement. We’ve been exploring how we could transform health and care for a couple of years. We have some broad themes:

1. Out of hospital care (ie the support and services we receive in the community or in our own homes)
2. Urgent and emergency care (services for people who need immediate care)
3. Elective care (investigations and treatment for routine conditions)
4. Improving everyone’s health and supporting people to live more of their lives in good health

We have identified a number of areas where we think there are real improvements that can be made which benefit patients, improve quality and which make the best use of our resources. We have been doing further work to look in detail at the impact we can have if we commission and deliver services differently.

We also believe we can build on smaller examples of local service improvement that have already been made in our area, such as Principia MCP Vanguard work in Rushcliffe and the integrated health and care work in Nottingham City.

Question 9: Isn't this all about cuts and privatising the NHS?

Our work will not change the fundamental principles of the NHS. It will still be free at the point of use and available to all. We believe we can organise NHS and council services better around our population for the future. We're not trying to change the NHS in any way, other than to ensure it is strong enough to meet the needs of our population.

Question 10: How can you afford to do this?

We've secured national funding from NHS England to support us to make change happen. We're investing this money to help transform our system. We'll also save money by ensuring we become more efficient as a shared health and care system.

Question 11: Why not spend this money on more doctors and nurses?

The money has been given to us by NHS England specifically for one-off transformation work. We can't use this for ongoing salaries. Using this to pay for more doctors and nurses would only be a short-term, quick fix. We're using this money instead as a way of 'investing to save' by exploring how we can make real, long-lasting changes to our system that will reduce our spending further down the line. We're using the money to free-up the right people and secure the right expert advice to help us do this.

It's really important to understand: If we do nothing and continue to plan, fund and deliver services as we currently do, then we won't be able to meet the needs of local people. Currently, the resources we have – people, facilities and budget – are less than we need to deliver the current model of care which is reactive and 'bed-based'. There are significant gaps in the good health of local people, in the quality of care and in the resources to deliver care. So we have to change.

Question 12: Why have we been using external support?

The scale of transformation we need to deliver in the next five years has never been achieved locally or nationally before. But it has been achieved by others, in other parts of the world including in Europe and the USA, and so we have had the opportunity to learn from them, and assess how this could be adapted. We want to learn from and use the skills and knowledge of people who have already been successful. Centene is providing independent advice on how to create an integrated system. We have used funding provided by NHS England for this advice in 2017/18.

Question 13: When will this actually result in any real benefits given the immediate pressures on our system?

The transformation work is part of a long-term strategy to bring about lasting and sustainable change in health and social care. This is extremely complex work, but we are continuing to find new and better ways to join up our system in a more efficient way. This will take time – although we are having some early successes, such as the way we are discharging patients from hospital.

We are also looking at more immediate ways of improving our system, such as the flow of patients around our system, for example the way people are discharged from hospital.

Our work also builds and expands on the good practice already under way in Greater Nottingham, such as the Principia MCP Vanguard work in Rushcliffe and the City Care Homes Vanguard in Nottingham. We know this is difficult for staff and organisations that are facing the challenge of financial pressure. Our work will be the solution to these pressures in the medium-term.

Question 14: Does the whole system need to transform or are some parts more prone to breakdowns in quality of care and efficiency?

There are fantastic examples of best practice in our system that we plan to build upon, as well as examples of where our system is struggling, such as people attending A&E. We believe that we can create a better quality of health and care for our patients and citizens by transforming the whole system to create an Integrated Care System.

This will help to break down barriers between these often fragmented organisations in order to provide a shared approach to delivering healthcare, hospital care, mental health care and social care services. We think we can work more closely together, with shared aims, objectives and even a shared budget for the people of Greater Nottingham.

Question 15: How will the Integrated Care System ‘manage patient demand’ for NHS and social care services, in order to cut NHS and social care costs?

It’s vital that we find better ways of working together with our partners in health and care to create a more effective and more efficient system that benefits our patients and citizens. Managing patient demand isn’t simply about reducing demand; it’s about enabling people to better care for themselves and ensuring that they have a simpler ‘pathway’ through the system when they need help.

An integrated system has a much greater emphasis on self-care and prevention to allow people to improve and maintain their own health and wellbeing. An integrated system also uses data and information better to ensure we are being proactive in identifying and treating the early signs of ill health when patients get a better outcome and that reduces the more costly and time-consuming treatment further down the line. When people do need help and support, wherever possible this will be closer to home in the community, which is less expensive than hospital care. It’s about making sure that people get the right care at the right place in our system – with simplified pathways and more standardised care across our health and care organisations.

Question 16: Is there an intention to use population budgets, aligned incentives contracts or capitated budgets within the Integrated Care System?

We've spent the last year learning about how we might put the building blocks for this system into place. We've been exploring the different ways that we can develop and manage our budget based on our local population and best practice integrated care, rather than as individual organisations. We're exploring these options, but no decision has been made on future budget arrangements.

Glossary of new terminology

Integrated care: Integrated care happens when NHS organisations work together to meet the needs of their local population. Some forms of integrated care involve local authorities and the third sector in working towards these objectives alongside NHS organisations. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health.



Integrated care systems (ICSs) have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.