

Federations and different models of Primary Care

Federated Practices and PBC

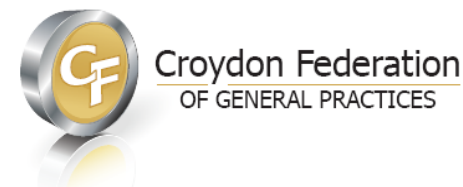
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Federated Practices and PBC

- **PBC (Practice Based Commissioning)**
 - Providing “indicative budgets” to GP Practices to “advise” PCT’s (Primary Care Trusts) on service developments; part savings for practice use
- **Federations**
 - Groups of practices coming together to work together “formally” to improve the care of their patients
 - **Federations can use PBC as “one” of their vehicles of delivery**

GP Federations

- **Barriers** to collective working between GP Practices
 - “Herding Cats!”
 - Opinionated individualism / self importance?
 - Corporate working? Strategic outlook?
 - Leadership qualities ?
 - Implementing Innovation – **“not invented here syndrome”**
 - Small business – **“corner shop mentality”** ?
 - “Invest to save” – “speculate to accumulate”?
 - **Are we other GP’s greatest critics?**
 - Equity?
 - Elitism?

GP Federations

Drivers:

- **Economic climate** - £15 - £20 billion deficit
- **QIPP** – Quality, Innovation, Productivity & Prevention
- **Economies of scale**
 - Sharing expertise and resources
 - Improving efficiency
 - Sharing for mutual benefit
 - Improving Patient Care
 - Financial rewards

GP Federations

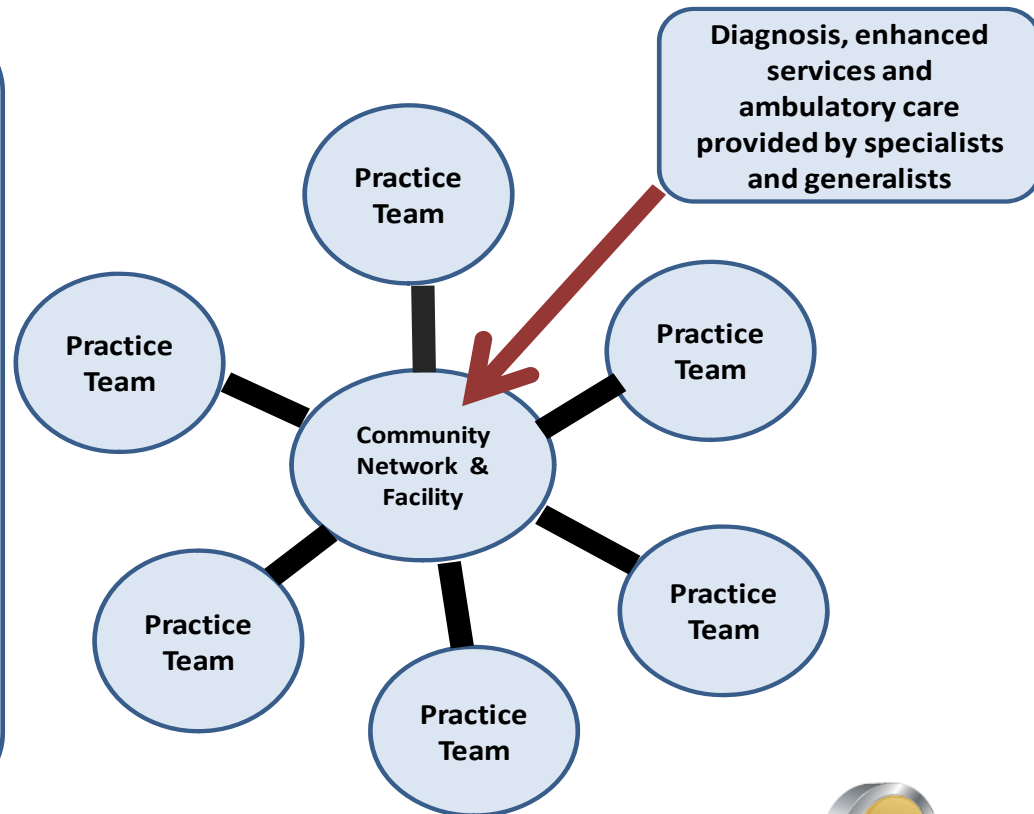
- The RCGP *Roadmap* (Sept 2007)
 - introduced the concept of Primary Care Federations, with practices working to share resources, expertise and services. (before Polyclinics!!)
- ***“Primary Care Federations – putting patients first”*** (June 2008)
 - builds on and preserves the strengths of general practice
 - shows how services can be extended to meet the new challenges ahead.

Is the federation model the way of the future for general practice?

Federated model championed by clinicians
(RCGP Roadmap for General Practice Sept 2007)

Systematic functions of a federated model in 2015:

- Improving health and equity
- Early diagnosis and problem definition
- Comprehensive and accessible services
- Navigation and integration of care
- Quality and safety systems
- Commissioning and Resource management
- Teaching and research
- Aggressive long-term condition management



GP Federations

- Strength in collective working between GP Practices to benefit **Patients**
 - Better access to GP services (cf opening hours)
 - Services closer to home in GP settings
 - Strong patient representation and involvement
 - Tailored services designed to address very local needs
 - Improved choice and access to a wider range of services
 - A greater emphasis upon **health promotion**
 - **Continuity of care**, with links to patients own GP

GP Federations

- Strength in collective working between GP Practices to benefit **Practices and GP's**
 - Reduce isolation, shared learning, improved quality and mutual support for regulation
 - Enable GP **autonomy** to drive the agenda pro-actively
 - **Economies of scale**; management, Admin, premises
 - Effective care – referrals, service range, **Integration**, EBM
 - Cost effectiveness – service delivery, maximising income
 - **Commissioning and beyond**
 - Joint ventures e.g. improvement projects
 - **Joint business vehicle**

GP Federations

- Structure and Governance – common themes
 - **Informal to Formal** arrangements – outcome related
 - Vision and shared values for collaboration – (**£** or **Q** or **both**)
 - **A formal legal structure - social enterprise, LLP, limited company, co-operative or charity????**
 - FUNDING???
 - A management board (including patient representatives)
 - An executive management team
 - A written public constitution
 - A public communication strategy
 - A public engagement strategy

GP Federations

- **Today's NHS in England**
 - Purchaser – Provider split
 - Competition
 - World Class Commissioning
- **What are GP Federations?**
 - Providers?
 - Commissioners?
 - Both?
 - Neither?
 - Integrated Care Organisations?

GP Federations



Croydon Federation
OF GENERAL PRACTICES

"Towards High Quality Responsive General Practice"

Croydon Federation of General Practices

- Set up in November 2007
- Confusion between Commissioning v Providing
- 17 self selected GP Practices (~140,000 registered population) from different parts of Croydon to work collaboratively

*“Towards High Quality Responsive
General Practice”*

- To explore new models of working to deliver **more improvements more rapidly.**

GP Federations



GP Federations

- Croydon Federation is underpinned by a legal “**accountability agreement**” between member practices
- It is a “**not for profit organisation**”
- It is **not** a Practice Based Commissioning (PBC) Group / Consortium, Limited Company, Limited Liability Partnership, Social Enterprise, nor is it a provider organisation
- The underpinning accountability agreement allows individual practices to lead and tender for services on behalf of the Croydon Federation

GP Federations

- Current management structure - a **steering group** where each of the sixteen practices representative
- The accountability agreement outlines the election of a **“Chairman”** by the majority of the steering group members for a time limited period of **six months** to stimulate leadership for new and innovative developments
- **Decision making** is by consensus or a majority vote
- All practice reps have **equal** opportunity and voting rights
- A **“Patient or Lay Representative”** also attends the monthly steering group
- Developments are with an **“outcome focus”** with **“early wins”**

GP Federations



GP Federations

- **Vision**

- *“Towards High Quality Responsive General Practice”*
- Improved service **“Availability”**
- with **“Convenience”** to patients
- that enhances the patient **“Experience”** of the NHS and
- that is unparalleled in its **“Effectiveness”**.

GP Federations

Model designed to exploit a range of service delivery vehicles

- 1. General Practice - “registered list”**
- 2. Practice Based Commissioning (PBC)**
- 3. Choice**
- 4. Tariff**
- 5. Contestability**
- 6. Competition**
- 7. Collaboration**

GP Federations

Model designed to exploit a range of service delivery vehicles

1. General Practice

- Maximising on the advantages of individual and collective **“registered list”**
- To share services and other resources for **“care closer to home”**
- To improve **“health and well being”** of the individual as well as the population.

2. Practice Based Commissioning (PBC)

- Influencing and working through established PBC groups
- Direct commissioning under PBC rules when current arrangements are ineffective
- Promoting, developing and implementing improved **“integrated care pathways”**

GP Federations

3. Choice

- Ensuring and implementing “**patient choice**” for timely access to quality diagnostics, treatments, services and providers in the redesign of care pathways (**e.g. use of Choose & Book for Diagnostics**)
- Implementing “**shared decision making**” as a clinical quality marker

4. Tariff

- As Practices which are part of the Federation to individually, jointly or severally seek to provide improved services that would ordinarily attract a tariff cost if provided in hospital
- To promote and enable “**Care closer to Home**” by acting individually, jointly or severally

GP Federations

5. Contestability

- Where a service or part of a service becomes **contestable** to tender for such if an improved service or care pathway is deemed possible

6. Competition

- When a service specification and an invitation to tender is served by the PCT, to individually, jointly or severally develop a **business case** to provide services (c.f. LLP developed with Assura)

7. Collaboration

- Through close collaboration of member Practices in a “**Federated**” model to facilitate all of the above to achieve the vision of “**High Quality Responsive General Practice**”

GP Federations



GP Federations

Achievements

- **November 2007** – Croydon Federation formed
- **November 2007** – priority to improve access to diagnostics
- **February 2008** – **Diagnostics in the Community** Pilot went live
 - Ultrasound & Echo from six GP surgeries & direct access to MRI
 - **less than 3 months from conception to implementation (an NHS first??)**
- **May 2008** – Pathway re-design
 - **Heart failure** – availability of echo and involvement of the Heart Failure nurse in the pathway
 - **Low back pain** pathway – due to availability of direct access MRI
 - **Musculoskeletal** pathway – supported by availability of *ultrasound of Joints* and direct access MRI
 - **Gynaecology** Pathway – due to convenient and easy access to Transvaginal ultrasound scanning

GP Federations

Achievements

- **June 2008** – Clinical Champions Programme started
 - **Objectives** : To develop the Croydon Federation as
 - an **“Accelerated Learning Set”**,
 - to promote the development of **“Clinical Leaders”** and
 - to deliver **improved “Clinical Outcomes”**
 - Croydon Federation Clinical Champion in **Heart Failure**
 - Croydon Federation Clinical Champion in **Learning Difficulties**
 - Croydon Federation Clinical Champion in **Cardiac Arrhythmias**
 - Croydon Federation Clinical Champion in **COPD**
 - Croydon Federation Clinical Champion in **Palliative Care**

GP Federations



GP Federations

Achievements 3

- **September 2008** – Funding secured by *Learning Difficulties* Clinical Champion for a pilot study involving Learning Difficulties and the patients in a range Federation Practices
- **December 2008** – Vascular Pilot Project scoped with Vascular Consultant to start early 2009
- **December 2008 – HSJ Award**
- **“Improving Access Category”**



GP Federations

Achievements

- **Dec /Jan 2009 - “improving GP Access” Pilot**
 - 3 month outcome focussed programme
 - including a Patient Survey
- **January 2009** – Further Clinical Champions – **Mental Health** appointed
- **January 2009** - Rt Hon Alan Johnson, Secretary of State for Health visits to congratulate the Croydon Federation

GP Federations



GP Federations

Achievements

- **June 2009** – Vascular Project pilot started
- **July 2009** – Learning Difficulties Project started
- **July 2009** – Future model / structure scoped
- **August 2009** – COPD project scoped
- **August 2009** – Short listed for HSJ Award 2009



Croydon Federation Feb 2008 – Sept 2009

Major Projects (Clinician leads in brackets)	INV	Q	HU	E&D	£	PR	other
(1)Diagnostics in the Community Project (AF/DL)	X	X	X	X	X	X	X
Direct Access MRI	X	X	X	X	X	X	X
Direct Access Community Echo	X	X	X	X	X	X	X
Direct Access Community U/S (incl joints)	X	X	X	X	X	X	X
(2)Improving GP Access Project (AF)	X	X	X	X	X	X	X
CLINICAL CHAMPIONS Project areas:							
Learning Disability Project (HA)	X	X	X	X	X	X	X
COPD (PB)	X	X	X	X	X		
Heart Failure (DL)	X	X	X	X	X	X	
Vascular Project (DG)	X	X	X	X	X	X	X
Palliative Care (CC)	X	X	X	X	X		
Mental Health Project (CC/HA/DM)	X	X	X	X	X	X	
Arrythmias (EP)	X	X	X	X	X		
Paediatrics (SR)	X	X		X			
Osteoporosis (KHJ)		X	X		X		
(3) Teledermatology (AF) (scoping)	X	X	X	X	X	X	

GP Federations

*“Think not what the Federation can do for you
but what you can contribute to the Federation”*

1. What works for you – like minded vs locality based
2. Use existing groups – **PBC** / Locality or forge new ones
3. Create a vision based on **Quality & Excellence**
4. Develop a **strategic outlook**
5. Provide **leadership yourself**
6. **Invest time & effort** – rewards will follow
7. **Early wins** catalyse future innovators & developments

GP Federations

*“Think not what the Federation can do for you
but what you can contribute to the Federation”*

- The future is bright the future is “Federated”
- Opportunities for GP Practices, Patients and the NHS
- *Our journey has only just begun*

