

Federations

- Rationale and opportunities for Federations
- Challenges of setting up Federations
- Things we have to be careful of
- What needs to happen next?

Demographics: increasing need for healthcare

- By 2029 the number of people aged:
 - 85 and over will double
 - Between 75-84 will grow by 50%; and
 - Between 65-74 will grow by 43%
 - Long term conditions

PLEDGE: HEALTH CHIEFS PROMISE TO IMPROVE SERVICE

GPS IN CITY SAY NO TO NEW CASES

Patients are being turned away from doctors' surgeries because lists are full, it emerged today.

A Leicester Mercury telephone survey of almost all the city's 63 GP practices revealed 16 - more than a quarter - were saying "no" to new patients.

A further 34 said they would take new patients - if they lived near the surgery.

Now health bosses at Leicester City Primary Care Trust, the body responsible for providing healthcare, have announced they are spending £1 million on services, and say more money is on the way.

The trust has prepared plans to improve services, which include paying for more doctors, opening surgeries during lunch hours, Saturday mornings and for longer in the evenings, and abolishing the Thursday half-day closing, used by many GPs for training.

by **CATHY BUSS** and **NIKKI JARVIS**

A troubleshooter has been appointed to help doctors work more efficiently, while the trust has named 11 practices it says have the lowest patient satisfaction scores in the city to help target where improvements most need to be made.

IMPROVEMENTS

Tim Rideout, the trust's chief executive, said: "I believe we will see tangible changes by Christmas."

Other improvements include plans to phase out surgeries' use of costly 084 numbers for patients, while a series of Saturday surgeries have been held for patients wanting flu jabs.

Mr Rideout said that it was expected that extra money from the Government would be coming to Leicester to fund further improvements, in addition to the £1 million.

He said: "The Government is promising money for more GP practices and health centres in areas with the worst provision - and it is inconceivable we won't get any of this investment."

The Mercury's survey revealed surgeries in Evington, Highfields and Belgrave are closed to new patients, as well as one in Aylestone Road. Among those not accepting new patients are the Belgrave-based Cross Street surgery and the Highfields Medical Centre branch surgery of Dr J.K.V. Patel and Partners.

Patients are so concerned about GP services they have taken to the streets to protest, picketing three meetings in the past month to get their message across to health bosses.

Zuffar Haq, chairman of Leicester Patients' Group, said: "Patients no longer have a choice of GPs, because very few are taking on new people."

GPs have welcomed the news of the investment.

Dr Azhar Farooqi, a GP at East Leicester Medical Practice, and chairman of the trust's professional executive committee representing doctors and health workers, said extended opening hours would make it easier for patients to see a doctor: He

TURN TO **NEW PATIENTS** P2

Rationale for collaborative working

- Rising demand: demographic changes and LTCs, better informed patients
- More can be done – technological advances
- Requirement for quality, safety and efficiency
- Contingency planning and business continuity (H1N1)
- To counter competition (APMS)

Sense of struggle and fire fighting

- Can any one single provider /practice meet all the needs of their patients?
- Sustainability of current models
- Variation in capacity and quality
- We want to spend more time with our patients
- Glittering Prize of 15 minute consultations

Build on the best

The practice as a basic unit of care

- Responsive
- Quick decision making
- Success of the independent contractor status
- Success of owner–provider models

Benefits of collaborative working

- Back office functions – e.g. management and IT
- Joint staff
- Share equipment and premises
- Mitigating risk and increase opportunities for profits.
- Cover during holidays
- Improved access
- Education training and research
- Internal referrals
- Provision of services
- Elderly care co-ordinator
- Pharmacist

Challenges

- Working together
- Scope of federation
- Type of entity (or corporate vehicle)
- Support to form federations

Challenge of working together between practices

- Lack of culture or history that enables working together or do not see the need
- Too busy to stand back and think of the big picture
- From Nottingham
- Desire to work together
- Leadership and enthusiasm
- clear aims and objectives
- Capacity and commitment to put towards infrastructure

Which type of entity?

- Informal co-operation
- Legal entity
- LLP (cannot hold GMS contracts)
- Social enterprises/
- Community interest
- Companies
 - Limited by shares
 - Limited by guarantee
- Expert advice needed!
- ->ability to hold contracts
- ->Governance, taxation and liability issues

Scope

- Core GP services
- Extended services
- PBC networks
- Consultants
- APMS bids
- Other independent contractors e.g. pharmacists, dentists

Start small

Organic evolution

One size will not fit all

Support needed

- Legal expertise
- Setting up management and governance
- GP time and leadership
- Funding for infrastructure
- Liaising with PCT
- Issue: federations will not happen unless there is dedicated support and funding

Principles

- Supporting each other
- Values: of patients at the centre and quality
- ‘give and take’, sharing approach
- Maintain practice identity but also contribute towards federation standards and make it a success

Things we have to be careful of

1. Loss of continuity of care: -> personal doctor and teams
2. Over – centralisation: big white elephants – super surgeries ->local accessible care
3. Diminution of importance of individual practices ->subsidiarity principle –federation to do things that practices cannot or are unwilling to do themselves
4. Inappropriate workforce models -> best option would be one that allows GPs to have a stake in the federation

What needs to happen next?

- Development needs to be accelerated - early adopters but need to mainstream it
- Ten year time span is realistic but Olympics 2012 significant milestone (with any developments in commissioning)
- Support to make this happen – examples of LMC schemes
- Advent of Federation Grant
- Unity between GPs is essential. Time for local GP leadership and drive: make things happen