

# Vale of York GP Federation – Paper for submission to City of York Health Overview & Scrutiny Committee

23 April 2014

## Why Federate?

### **The challenges facing general practice caused by an increasing patient demand:**

- Between 2010 and 2030 the number of people aged over 65 will increase by 51%
- 25% over 60 have two or more long-term conditions (LTC)
- Currently 50% of all GP appointments are taken up by people with LTCs
- In order to manage an ageing population with increasing incidence of LTCs, GP appointments will need to increase by 2.5% every year for the next 20 years just to stand still
  - 58% of people attending general practice have multi-morbidity and they account for 78% of consultations
  - There are increasing expectations by the general public for primary care to be available 24/7 and for new forms of access using email consultations and social media
  - Recent studies have shown that practice staff - GPs, nurses and management and administrative staff - are under considerable strain with insufficient capacity to meet current and expected patient needs.

### **The challenges facing general practice as a result of increased regulation and the need for service transformation:**

- The quality of primary care is a high priority for action by NHS England and CCG's
- More challenging quality standards and CQC compliance will put the same pressure on practices to improve as acute hospitals have had to do, but hospitals are able to use the resources and capability of a much larger organisation

- Transformation of services to meet the rising tide of frail elderly with multiple LTC's and lifestyle induced conditions are centred on general practice that has the capability to deliver integrated, pro-active care
- General practice needs to move from just treating illness to a major enabling role in promoting health, self-care and taking responsibility for population health
- With integrated care and other policies aiming to shift patients out of secondary care, the importance of primary care, with general practice at the heart, is increasing.

### **The challenges of a constrained economic environment:**

- General practice is the foundation of the health care system but the traditional “corner shop” model is not working economically as costs rise and income is frozen
- The financial squeeze on the NHS will have a major impact on all existing practices and potentially threaten the viability of many of them
- A recent report for the Royal College of General Practitioners (Under Pressure – The funding of patient care in general practice, April 2014) has highlighted the following:
  - Supply and demand issues are leading to a predicted funding gap in general practice of 24% by 2017/18
  - General practice funding would need to rise by around 1.5% to bridge this gap, yet in the last five years, the share of general practice funding has fallen

### **The way forward: Federation**

- The status quo is not an option, but practices and their patients value the “corner shop” identity and the freedom to choose a local, convenient practice – this is borne out by patient satisfaction ratings which consistently put general practice at the top of all NHS services
- There are major national reports on the future of general practice produced by the Royal College of General Practitioners and the Kings Fund which conclude that general practice “needs to change” but propose a bottom up organic process that engages practices

- A way forward would be to retain the local identity of general practices but give it the capacity and scale to create a strong and sustainable service and organisational capacity

The challenges set out here are being acutely felt by practices across the Vale of York. Practices that are now part of the newly formed federation also have their own particular reasons for wanting to become part of a larger organisation:

- Small practices that want to retain the highly-valued close relationship that they have with their patients and still provide the range of services currently on offer
- Practices keen to seek the operational savings that can be realised through enhanced “buying-power” afforded by membership of a larger organisation
- Estates challenges due to need for increased staff and therefore space to offer services patients want to see provided from their practice. Many premises are not well suited to meet future demand – could a federated approach provide coordinated solutions to these problems?
- There are services that will be put out to tender in the future. Could a local GP federation, with all of its collective experience and expertise, provide a high quality service for its patients by winning these contracts?

## Vale of York GP Federation Membership

The membership of the federation is as follows:

Practice Name	Practice Number	POSTCODE	List Size
MILLFIELD SURGERY	B82002	YO 61 3JR	7026
PETERGATE SURGERY	B82003	YO 30 4RZ	6349
PICKERING MEDICAL PRACTICE	B82033	YO 18 8BL	10325
MINSTER HEALTH	B82043	YO 31 7WE	6076
CLIFTON SURGERY	B82048	YO 30 6AE	7046
TOLLERTON SURGERY	B82064	YO 61 1QW	3278
HELMSLEY SURGERY	B82068	YO 62 5HD	3159
STILLINGTON SURGERY	B82079	YO 61 1LL	3250
YORK MEDICAL GROUP	B82083	YO 24 4HD	18540
FRONT STREET SURGERY	B82100	YO 24 3BZ	4296
TERRINGTON SURGERY	B82619	YO 60 6PS	995
<b>Total</b>			<b>70340</b>

Recent mergers between the York Medical Group and Minster Health practices will lead to a total of 10 practices covering a 70,000 patient population.

As you can see, the practices are located primarily in the north of the city and cover both the area of York south of the ring-road and the rural towns and villages to the north.

Each practice has contributed 50 pence per registered patient to the federation to assist with its establishment. Gillygate Practice have also contributed but for now are not intending to join the federation. This provides a “fighting-fund” of £38,268 to fund start-up and management costs.

## Vale of York GP Federation Priorities and Benefits to Patient Care

A recent meeting of the member practice leads has consolidated the priorities for the federation and these can be summarised as follows:

### **Organisational Development**

The federation is researching options for its corporate and legal structure. It was unanimously agreed that the desired form would be based on a social enterprise model with all profits being reinvested in developing and providing services

- Management support and internal organisational structure: the federation has established a shadow board or steering group that is responsible for overall strategy and is also actively researching how it obtains senior management and leadership to take it forward
- A detailed financial plan is being drafted, with a group looking specifically at what additional sources of funding could be applied for to help establish the organisation and fund the development of specific services and innovations.

Patient Benefit: It is crucial for the organisation to have robust management and governance arrangements coupled with a sound

financial plan if it is to develop and deliver on its aspiration to provide high quality services for its patients.

### **Operational Quick Wins**

- A group of practice managers are working specifically on a range of opportunities to reduce operating costs and importantly deliver efficiencies in how practices deliver their services. Some of these will not be visible to patients but some of the proposed developments will positively impact patients' experience, for example:
  - Development of centralised appointment booking and call handling – one practice has already implemented a new system across its surgeries that improves efficiency of call handling and takes pressure of administrative staff. This is being considered for roll-out federation-wide.

Patient Benefit: Though some changes will not directly impact the patient experience, improved efficiencies and economies of scale will ultimately benefit patients.

### **Prime Minister's Access Challenge Fund Bid**

- The federation submitted a bid for around £900k to support a project to improve access for patients. This innovative bid included a number of key elements, including the use of technology to deliver remote consultations and partnership with large health partners such as Boots and WebMD. The federation is currently waiting for the announcements about the successful bids.
- Regardless of whether or not it is successful in its bid, there are several proposals contained within the bid that the federation would hope to be able to develop and make happen.

Patient Benefit: Patients would experience new ways to gain health advice and to access general practice. Patients would have more choice of how and when they obtain advice and treatment from their GPs and other HCPs.

## **Integrated Care Hubs**

- The federation has submitted a proposal to the VoY CCG for delivery of integrated health and social care that incorporates case management and coordination for patients with complex health needs
- The federation has learned that it has been approved to receive funding and project management support, along with two other sites in the Vale of York, to deliver the proposed model as a “Care Hub”

Patient Benefit: Patients with complex health needs and those with one or more long term conditions, such as diabetes, will receive coordinated care, ensuring that there is seamless integration between general practice, community and social services.

## **Out of Hours, Mental Health and Community Services**

- All of these services will be re-tendered over the coming months and years and the federation intends to be in a position to bid to provide these services either in partnership with other organisations or alone.
- The federation firmly believes that as an organisation made up of general practices, it is well placed to develop and deliver innovative, high quality services for its patients.

Patient Benefit: Patients will ultimately benefit on a number of levels if the federation is successful in becoming either a lead or partner provider of the services mentioned. The practices in the federation understand the needs of their patients and the federation is a means for them to improve the way in which these services are delivered and ultimately the outcomes and experience for patients.

Whilst this is not an exhaustive list of the areas of work that the federation is considering, it is representative of the priorities that the federation will focus on in the next few weeks and months.

The federation is focusing its efforts on establishing itself and ensuring the appropriate governance and management structures are in place, looking for operating efficiencies to support member practices and therefore ensuring their continued existence and seeking opportunities to provide innovative, high quality services for its patients.

We look forward to being able to share progress and successes in the future.

### **Abbreviations**

**CCG** – Clinical Commissioning Group

**CQC** – Care Quality Commission

**HCP** – Health Care Professionals

**LTC** – Long-Term Condition