

10 High Impact Actions

1:
ACTIVE SIGNPOSTING



2:
NEW CONSULTATION TYPES



3:
REDUCE DNAs



4:
DEVELOP

7:

PARTNERSHIP WORKING



- **Productive federation**
- **Specialists**
- **Community pharmacy**
- **Community services**

7:
PARTNERSHIP WORKING

10:
DEVELOP QI EXPERTISE



Innovations from around England that release time for GPs to do more of what only they can do.

bit.ly/gpcapacityforum

#GPforwardview



7 Partnership working

Community pharmacy



The idea

- Community pharmacies are conveniently located and often open longer than other primary care providers.
- They can provide additional services such as minor ailments, emergency repeat medication supply and medicines management input.
- All of these are enhanced by giving access to the full GP record (with the patient's consent).

Impact

- Demand for GP appointments is reduced. (eg Devon GP Access Fund, working with 134 pharmacies, saved estimated 7,000 GP appointments + 2,600 OOH consultations + 360 A&E attendances).
- Better collaborative relationships with local pharmacies improves other aspects of medicines management for practices and patients.

Implementation tips

- Engagement of all professionals early on is essential. Ideally pharmacists and project managers need to meet with practices in person.
- If securing pharmacy commitment is slow, consider launching in phases.



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#GPforwardview



The idea

- The majority of practices are now in a collaborative arrangement with others. These collaborations take a variety of forms and legal underpinnings, ranging from loose networks to tightly integrated federations. A growing number of practices are also merging to form much larger practices or 'superpartnerships'. These vary in the extent to which the identity of individual practices or sites is maintained.
- In addition to creating new possibilities for service development, working at scale offers benefits for practices through sharing resources and releasing capacity. Increasingly, collaboration and mergers are being used to achieve efficiencies in purchasing, development of policies, administration, staff pooling, human resources and continuous professional development.
- With commissioners increasingly looking to procure innovative at-scale primary care, many GP federations are rethinking their purpose, and developing more comprehensive approaches to their functions, processes and capabilities.
- The General Practice Forward View includes support for the continued development of at-scale working, aiming both to sustain and transform services in primary care. Additionally, from April 2017, practices will have the option to join a Multispecialty Community Provider (MCP), collaborating with others such as the local community trust, mental health provider and social care to provide a more joined-up service to the registered list of patients. In many cases, it is expected that an MCP will be composed of several smaller 'hubs' built around a population of about 50,000.





7 Partnership working

At-scale primary care

The benefits

- Working at scale makes it easier to provide a comprehensive range of services in the community, and also offers benefits for practices and staff, including the potential to release pressure on GPs.



Resilience

Services can be more resilient to fluctuations in demand or unexpected changes in staffing. This can be realised through pooling of staff and arranging overflow support.



Skillmix

It is easier to broaden skillmix when working at scale. It is usually easier to employ new staff across several practices than to have part-time roles in each practice. For the staff themselves, working for a larger employer will often be more attractive.



Economies of scale

Economies of scale can be realised in areas such as purchasing supplies and services, shared functions, and more efficient approaches to specialist functions such as HR, finance, clinical governance, IM&T and business intelligence.



Innovation and improvement

Working at scale makes it easier to build expertise and systems for service redesign, patient engagement, analytics and project management. This supports faster and more sustainable improvement, allowing staff to improve through working smarter not harder.



System partnerships

Operating at scale makes it easier to form effective partnerships with other organisations in the health and care system such as acute and community trusts and the voluntary sector, and allow primary care providers to have a significant input into strategic planning.



Staff development

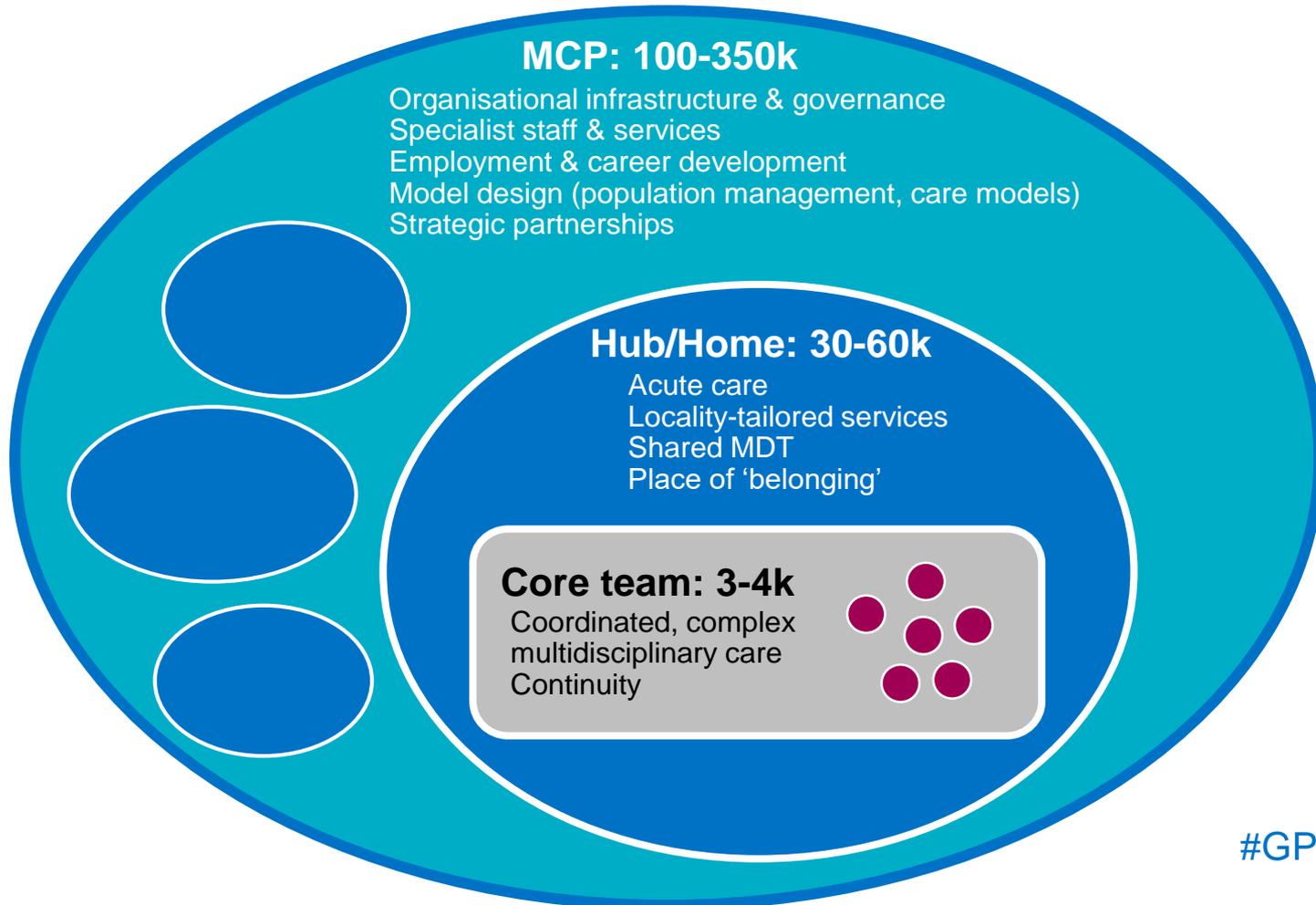
It is easier for larger organisations and networks to provide an enhanced employment experience for staff. Expert HR staff and shared resources enable a strong focus on professional development and create opportunities for a more diverse career.

Most of these benefits are not automatic
– leaders need to take action to realise them



Different scale for different things

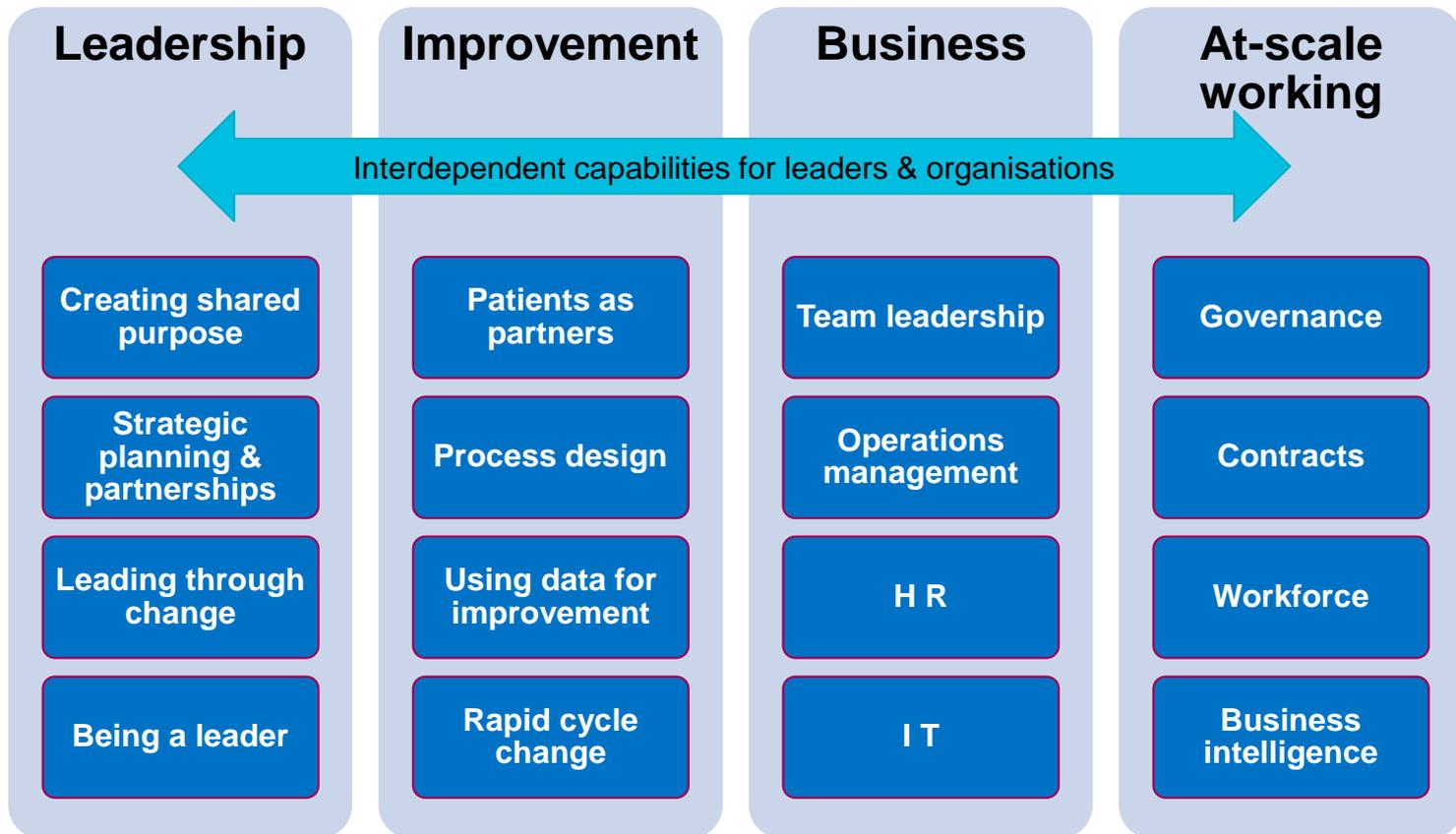
- Increasingly, practices are looking to create 'nested' structures, to allow different functions to be performed at the most appropriate scale. This includes deliberately designing small clinical core teams for care where continuity is important.





Key capabilities for at-scale primary care

- Observation of schemes such as the GP Access Fund shows that practices usually need to develop new and enhanced capabilities for leading change and running partnership-based services.





Questions for reviewing your external partnerships:

- What existing at-scale arrangements are you currently a part of? Is their purpose clear? Is it one you are proud of?
- What other organisations provide services to your patients? Where are the current overlaps or gaps in service? How could quality, safety or productivity be improved by collaborating more closely?
- Who could you share CPD with?
- What would be the best scale at which to:
 - provide personalised multidisciplinary care for complex patients
 - improve access when continuity is less important than waiting time
 - increase resilience through pooling or sharing of staff or services
 - work in partnership with local NHS trusts, the local authority and voluntary sector
 - employ new staff such as specialist nurses, pharmacists, physiotherapists and paramedics
 - create more diverse and flexible careers for clinicians
 - enable staff to feel they belong and have a contribution to make to the team
- What individual or team capabilities would you need to build in order for your practices to create and run innovative new services in the community?

