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# **GP Federations and Super-Partnerships**

## **RCGP Annual Symposium**

### **Debs Banerjee & David Pannell**

2015



# *Introductions*

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## **Debs Banerjee**

- Non-exec director  
Suffolk Fed
- Partner Barrack Lane  
Ipswich
- Trained Delhi & St Barts

## **David Pannell**

- CEO of Suffolk GP Fed
- Economist
- Worked City & 10 years  
PriceWaterhouse

## *Where we are now?*

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What are the disadvantages?

# Strategic context

## Challenges for practices

- 7 day working
- Recruitment
- Profits falling
- Workload & patient expectations
- Shrinking market share
- Some LES being tendered

## New (unrealised) expectations from NHS England/CCGs

- Integrated Care Organisations
- Contract with less organisations
- Provide consistent performance
- Shifting work out of acutes

## Practices want

- Evolutionary change - avoid mega-mergers
- Maintain independence & individual character
- Work more closely together as a hedge

**Our competitors**



West Suffolk Hospital   
NHS Trust

## *Strategic options*

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1. Do nothing/wait and see/retrench
2. Individual practices 'go it alone' e.g. Hurley Group
3. Merger e.g. Vitality, Lakeside (100,000 list)
4. Working more closely together e.g. by Federation

## *Why federate? The theory*

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- Worked in other industries
- Benefits a single practice would struggle to generate
  1. Facilitate practices working together in an open, democratic and transparent way
  2. Address issues which are optimally solved by collaboration (rather than by individual practices)
  3. Provide a management infrastructure
- Lowest common denominator

*RCGP definition - “an association of GP practices that come together to share responsibility for a range of functions, which may include providing services, training & education, back office functions, safety and clinical governance”.*

# ***Suffolk Federation***

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- One-off joining fee – 30ppp
- 61 practice members of 65 in Suffolk – 580,000 patients
- Practices remain independent partnerships
- Not for profit Community Interest Company – limited liability so no obligations for practices
- Elected Board of GPs, PMs & CEO – lucky GPs did not want to join CCG
- Board has delegated powers

# *Constitution*

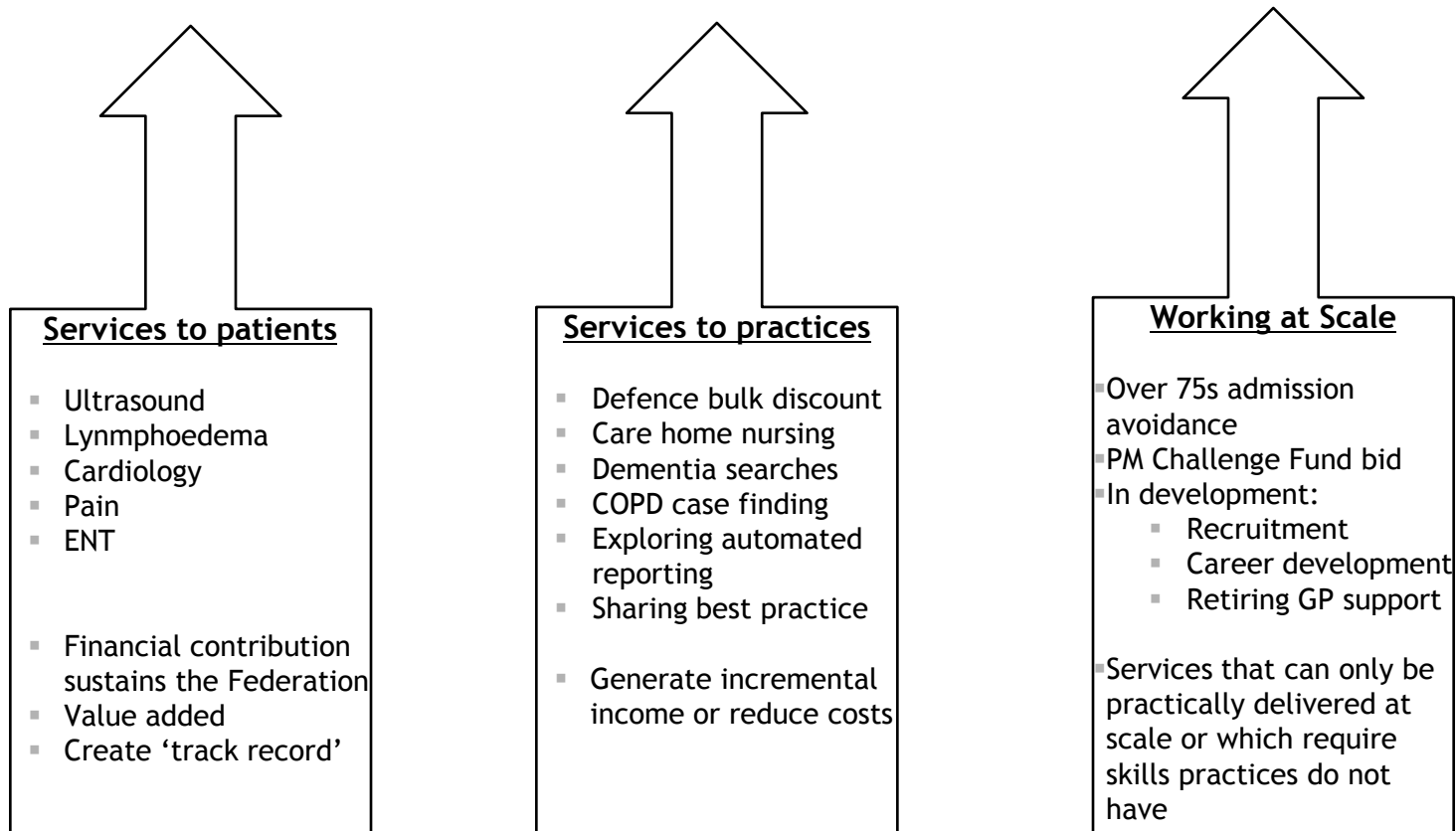
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- Members' Agreement
  - Elected Board
  - Most day to day decisions delegated to Board
  
- Obligations of membership
  - Act in the spirit of working together
  - Nominate a lead GP representative;
  - Communicate with the Fed and share relevant data
  - Allow access to practice manager
  - Act with courtesy in all dealings with any other Members and the Board.
  - Use reasonable endeavours to implement initiatives



# Our business model

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# Suffolk GP Federation CIC Board

## Integrated Governance Sub-committee

CQC Registered Manager – David Pannell (Board)  
Caldicott Guardian – Dr Paul Driscoll (Board)  
SIRO – David Pannell (Board)  
Information Governance Lead – Julie Smith  
Information Admin Assistant – Sam Clarke  
Safeguarding Lead – David Pannell (Board)  
Lead Safeguarding Nurse – Sue Diggines  
Clinical Governance Lead – Sue Diggines  
HR Lead – Julie Smith, supported by AP Partnership

Chair  
Dr Paul Driscoll

ICC Cardiology  
Dr Paul Venables

Care Home  
Nursing  
Sue Diggines

CEO  
David Pannell

GP Clinical Assistants

Lymphoedema  
Practitioners:  
Caroline Crosthwaite  
Kerry Topp

HCA:  
Joan Floyd

Finance Manager  
Frances Houslow

IT Support  
Paul McCormick  
Steve Dyson

Lymphoedema  
Lead Specialist  
Nurse  
Diane Cheevers

ENT  
Dr F Ayache

Operations Director  
Julie Smith

Administrator:  
Nuala Tugwell

Project Support Officer,  
Teresa Hart

Referral Booking  
Service  
Operational Manager  
Debs Paternoster

Central Administrator,  
Sam Clarke

Diabetes Specialist  
Nurses:  
Janette Streeting  
Helen Thompson  
Karen Turner  
Debbie Jarvis  
Ceri Jagger  
Emma Birbeck  
Corinne Maguire

Sonographers:  
Toni Keough  
Shav Patterson  
Sarah Scarlett  
Virginia Ferguson  
Jayne Taylor

Ultrasound  
Director of  
Ultrasound  
Karen Freeman

RBS Booking Clerks:  
Miranda Fosker  
Helen Bryan  
Lisa McCormick  
Samantha Wilson  
Harriet Barnett

Diabetes  
Lead Specialist  
Nurse  
Sheila Smyth

Specialist Midwife:  
Heather Chandler

Administrators:  
Angela Pickup - Lead  
Poppy Hewitt  
Anna Mixer  
Angela Poole  
Alison Miller  
Lizz Smith

Practice  
Services  
Director  
Linda West

Dieticians:  
Hannah Addington  
Adele Holcombe

Administrators:  
Jill Pickard  
Rose Ulyett  
Mo Minshull

## *Primary care at scale*

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- £2.5m pa - Diabetes & podiatry, outpatients & education  
- adult only
- 3 legged model
  1. Patient involvement - care planning & service delivery
  2. Investment in primary care capacity & expertise
  3. Diabetes Specialist Team - working in the community
- Monthly extract of data from practice systems

## 2014/15 outcomes

	April 2014	March 2015
Number on diabetes register	17,470	18,400 +5%
Patients receiving all 8 care processes	7,005 40.1%	11,095 60.3%
Newly diagnosed offered structured education	Unclear	T1's 95% & T2's 96%
HbA1c $\leq$ 64mmol/mol	11,687 66.9%	12,112 65.8%
Cholesterol $\leq$ 5	12,400 71.0%	13,657 74.2%
BP $\leq$ 140/80	11,777 67.4%	12,939 70.3%

# *Strengths & Weaknesses*

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## Strengths

- Work at a population level
- Third parties have 'someone to talk to'
- Retains the best part of the independent contractor model
- Facilitates change using peer pressure
- Avoids the disruption from mergers and destabilising 'super practices'
- Supports expanding scope of primary care e.g. extended access, shifting OPs into community

## Weaknesses

- Possibly too early - no scale commissioning
- Start-up costs high
- Expensive to run
- Non-exec Board roles are demanding
- Difficult to save money in independent partnerships

## ***Doing nothing is not an option***

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