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University Health Board



Pen Y Bont Health

Federated Working Across Bridgend East Cluster Network Project

Abertawe Bro Morgannwg University Health
Board (ABM UHB)

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21st September 2016

Summary of the Project

Extract from Delivery Agreement 2015

*“To form a legally recognised body
(Social Enterprise Business)
representing in excess of 60,000 patients,
engaging with the Health Board to provide
better health services to patients through local
delivery”.*

Extract from Delivery Agreement 2015

Summary of the Project

What this means for the East Network Pathfinder.....

- *“The six GP Practices in the East Network of Bridgend will join together to form a Federation / Social Enterprise Business which will **provide a platform for the individual independent contractors to legally join together and pool / hold funds, employ staff, and deliver services on behalf of each other for the population served** (with scope to also extend service delivery in the community beyond the cluster network, eg whole County Borough or ABM footprint) amongst other things”.*
- *“The federation will **accelerate maturity of cluster and focus individual practices on what services can be planned and delivered sustainably at a network level rather than practice basis**”.*

Extract from Delivery Agreement 2015

Why was it chosen?

- Summer 2014 - 6 practices in Bridgend East wanted to collectively tender for ABM Vasectomy contract & deliver service as an (*informal*) collaboration
- However ABM procurement regulations prevented this - contract had to be awarded to a single organisation
- Current GMS and Enhanced Service Framework do not provide an effective vehicle for practices to collectively work across boundaries
- Provided stimulus to the 6 practices to form a legal entity (Special Purpose Vehicle / Federation) - could lawfully pool funds, employ staff and work across practice boundaries to deliver (NHS) services on behalf of resident population
- Also provides solution to prevent recurrence of situation ~ to allow practices to tender for contracts as single provider

Aims of Project

What will be produced.....

- Social Enterprise Business (**Federation**) will be legally established in Bridgend East; federation will deliver services to network population working alongside independent contractor GMS
- **Feasibility Study** for the Federation to be commissioned and report made available across Wales
- Development of **Business Plans** for services to be delivered by the Federation
- From our learning, a **Toolkit** to be developed to support other networks in Wales to federate
- **Learning Log** kept throughout project to share learning
- **Pump-priming** in Years 2 and 3 of Programme **to support roll out** and / or establishment of federations across Wales

What will Success look like?

(Phase 1)

- Agreement across practices in the cluster to work collaboratively and form a legal entity
- Establishment of a GP Federation with legal and governance framework in place
- Publication of the Feasibility Study for the Federation recommending which services to progress
- A Toolkit and Learning Log available to share with Networks across Wales
- Change in Primary Legislation in relation to pensions and GMS Premises Directions

What will Success look like?

(Phase 2)

- A sustainable Business Plan to further develop and sustain the Federation
- The Federation independently delivering services to the population in Bridgend and beyond
- Tendering for services and taking on new business through the Federation
- Cultural shift to reflect increased collaboration and co-productive approach to delivering healthcare services to the population
- Learning from Bridgend East being adopted to establish other Legal entities (eg Federations) across Wales

What will Success look like?

What we hope will have changed as a result of the project:

- Change in 'attitude' of practices to consider service delivery across the cluster network via the Federation, rather than via their independent GMS contracts or core Health Board services
- Establishment of a range of services being delivered by the Federation

Process Measures

Phase 1:

- Agreement to federate amongst GP Partners
- Legal model identified, agreed and established
- Press and publicity
- Secure pump priming funding to incentivise GPs
- Provide protected time and capacity for GPs / Practice Managers to engage

Phase 2:

- Options appraisal to determine services to deliver
- Business Plan development for each service
- Tendering / Funding secured for each service

Outcome Measures

Phase 1:

- Articles of Association signed off
- Governance Framework endorsed
- Communications Strategy Developed
- Feasibility Study document published
- Toolkit published
- Learning Log published

Phase 2:

- Federation delivering effective services that impact on access and accessibility for the population (*detail of each which to be agreed within each Business Plan/tender*)
- Health Board commissioning services from the Federation

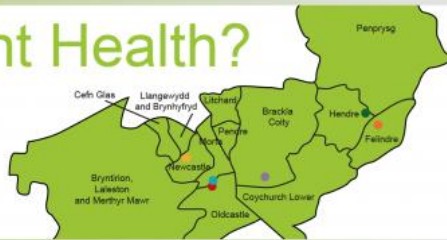
Balancing Measures

- Other Networks forming Federations or Special Purpose Vehicles across Wales
- Bridgend East cluster ~ impact on recruitment and retention of GP and practice staff
- Impact on other Secondary Care Services (*dependant on specific services delivered via the Federation*)
- Impact on GP and Practice Manger time in forming the federation and delivering services
- Access, demand and sustainability of core GMS

Who is Pen-Y-Bont Health?

Our Practices

- Ashfield Surgery
- Medical Centre Pencoed
- Newcastle Surgery
- New Surgery Pencoed
- Oak Tree Surgery
- Riversdale House



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What did you Learn ?

This project has raised more questions that we are collectively working though!

At a cluster level:

- *Clinical leadership vital – it has to come from the cluster*
- *Time, time, time*
- *GPs are not necessarily Business people! Critical role of experienced Practice Managers*
- *Engage with professionals to guide you through the process & learn from other areas*
- *Have a clear Vision of what you want to deliver through the SPV before setting up the structure : Form follows function*
- *Look forward not back*
- *Pace of development is slow*

What did you Learn ?

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At a Health Board level:

- *How is the Health Board going to transact with the SPV / Federation: Impact of SFIs, procurement, contracting, nature/classification of funding*
- *How are we assured of the governance arrangements of the SPV?*
- *Can we legally transfer the cluster grant funding to the SPV?*
- *Identification of (other) services currently delivered via Secondary Care / Community Services (Health Board teams) that could potentially transfer to Primary Care/ the SPV?*
- *Engagement across the Board – Finance, legal, workforce, procurement*

Ministerial Priorities 2015/16

Ministerial Priorities	Delivery
Achieving service sustainability	Increasing the portfolio of services the cluster network will have the potential to offer a more varied and comprehensive service which in turn would place those practices who are involved, in the best possible position to attract young trainees and salaried doctors so as to help further alleviate workload pressures in the short term, and begin succession planning for the long term should employed GPs wish to pursue a partnership position in the future
Improving access	GP practices working together to deliver network based services and services on behalf of other practices. The Federation will incentivise the cluster to share and invest in more local investigation and diagnostic tools and services to reduce the need for hospital attendance. Federation will provide the mechanism GPs with skills and interest to provide Additional and Enhanced Services at a cluster level, eg substance misuse, shared care, minor surgery, IUCD
Moving services out of hospitals into community settings	The Federation will provide the platform to accelerate the transfer of services and resources out of hospitals into local community for the benefit of local populations. For example transfer of Vasectomy service into Federated Business model, establishment of cluster network Diabetic Injectables service, cardiology, respiratory and dermatology services.

Cabinet Secretary Priorities 2016

- ✓ *Developing clusters*
- ✓ *Building the workforce of the future through the implementation of the Primary Care workforce plan*
- ✓ *Making linkages across different parts of the health and care system work better*
- ✓ *Delivering the shift of services, with resources, to out of hospital setting, focussed around the needs of the public*
- ✓ *More integration of services*
- ✓ *Reducing variation, improving consistency and embedding innovation that's worked at pace*

Prudent Healthcare

Prudent Health Care Principles	Delivery via East Cluster Federation
Co-production	<ul style="list-style-type: none"> •New service models will be co-produced with patient input •Questionnaires, surveys, focus groups, SNAP 11
Most effective use of all skills and resources	<ul style="list-style-type: none"> •Direct delivery via Federation, pass through to Third Party, Cost Benefit Analysis to service delivery
Do only what is needed and do no harm	<ul style="list-style-type: none"> •Minimum cost effective interventions to achieve patient / population health gain
Reduce inappropriate variation	<ul style="list-style-type: none"> •Standardising delivery across all 6 practices in East Network •Reducing practitioner variation for same services

Next Steps

- *Draft Business Plan received by Federation 14th Sept*
- *Federation–Health Board dialogue to inform IMTP 2017/20*
- *Toolkit published to help other clusters*
- *Clarity from Health Board on funding mechanisms and procurement / commissioning arrangements*
- *Pump priming funding available to give other cluster protected time to consider closer ways of working*

Discussion – 21st Sept 2016

- Established the federation as a legal entity – initially wished to deliver a vasectomy service legally as a consortium. Legal advice sought in the development
- Two distinct phases to development – delivery of Federation vs planning for new services
- Importance of ‘form follows function’ – *Company Limited by Guarantee* but may not have chosen same contractual arrangements again
- Website - www.pybhealth.com
- Clinical leadership is vital – continuous engagement with all GPs and GMS staff within cluster to buy into model; do not underestimate the time element!
- Critical role of practice manager - GPs are not primarily business people
- Challenges:
 - Financial - transfer of funding / impact of SFI / pension issues / cluster funding etc
 - Structuring company – requirements of Article 51
 - Contracting staff and sub-contracting functions
 - Premises issues
- Moving services into community – Phase 2; potential for:
 - DM injectables
 - Wound management
 - Joint injections
 - Social pxing
- Benefits over less formal cluster arrangements:
- Federation means cluster working is no longer optional to GP practices who have bought in - gives reliance on clusters in the future and commitment by GPs to new ways of working
- Federation = tool for delivering cluster functions – but different funding streams to traditional GP cluster; reminder that the cluster is ‘more’ than the federation in terms of partners.
- Pump priming available to give other clusters protected time to consider new ways of working
- Toolkit and learning log available for the future – potential for a Federation Handbook for Wales. Need cluster vision for HBs – as collective across the 1ry / 2ry interface, before embarking on Federations. How can clusters influence HBs to work differently?
- Use of the term ‘Federation’ – is it off-putting? What is the best organisational form for Welsh collaboration/flexibility vs organisational form?
- Lessons to be learnt from journey towards a PC model – sharing learning across HBs; requires clarity of vision and commitment.